



**Office of
Mental Health**

Mental Health Provider Data Exchange Administrative Actions Manual

March 2021


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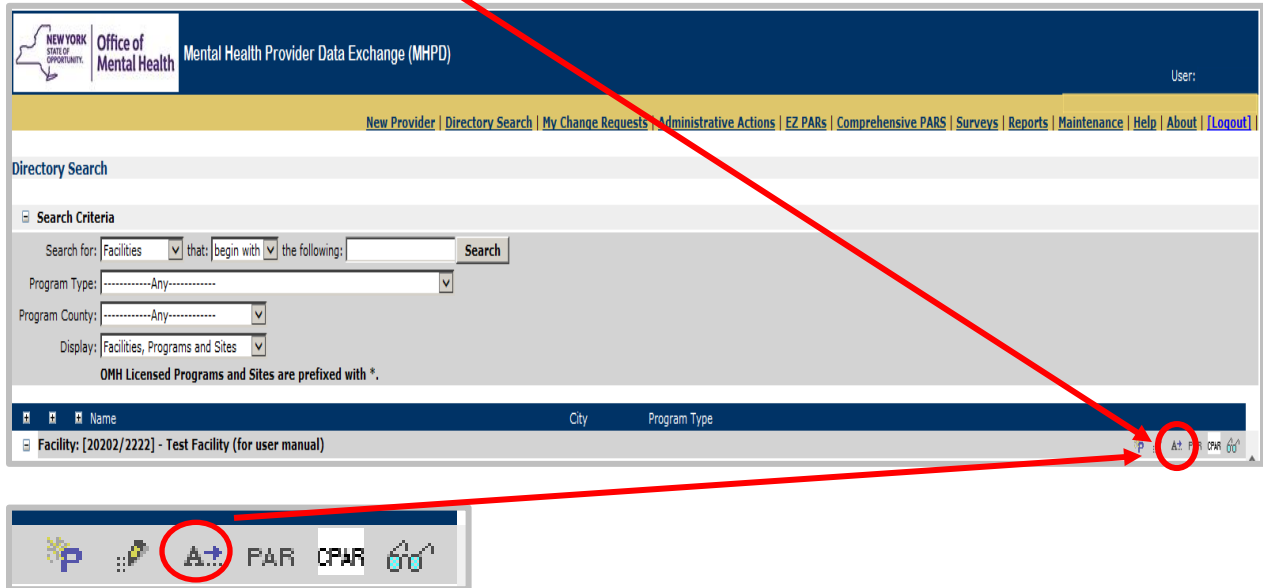
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Introduction

The Administrative Action feature in MHPD gives licensed providers an automated system to submit notification to OMH and counties of proposed changes to their licensed programs for changes that do not require submission of a PAR application per 14NYCRR Part 551 of the regulations. The provider may initiate an Administrative Action by going to the Directory Search screen, finding the facility or program which requires the action, and clicking on the

Administrative Action icon  on the right.



The screenshot displays the MHPD Directory Search interface. At the top, the header includes the New York State Office of Mental Health logo and the title "Mental Health Provider Data Exchange (MHPD)". A navigation menu contains links for "New Provider", "Directory Search", "My Change Requests", "Administrative Actions", "EZ PARs", "Comprehensive PARs", "Surveys", "Reports", "Maintenance", "Help", "About", and "Logout".

The "Directory Search" section features a "Search Criteria" form with the following fields:

- Search for: Facilities (dropdown) that begin with (dropdown) the following: (text input) [Search]
- Program Type: (dropdown menu)
- Program County: (dropdown menu)
- Display: Facilities, Programs and Sites (dropdown menu)

A note below the form states: "OMH Licensed Programs and Sites are prefixed with *."

The search results table has columns for "Name", "City", and "Program Type". A single result is shown: "Facility: [20202/2222] - Test Facility (for user manual)". In the bottom right corner of this row, there are icons for "P", "A" (circled in red), "PAR", "CPAR", and "OO".


Below the main interface, a magnified view of the bottom toolbar shows icons for "P", "A" (circled in red), "PAR", "CPAR", and "OO". A red arrow points from the "A" icon in the search results table to the "A" icon in this magnified view.

Administrative Actions for the Facility

NOTE: Licensed facilities, which only require an address correction or other minor change, can be fixed by submitting a Change Request. Administrative Actions are for relocations, changes to contracts, Certificates of Incorporation, ownership, and other major changes. Please contact your Field Office for guidance.



Clicking the Administrative Action icon brings up the Administrative Action – Facility screen.


User: _____

[Help](#) | [About](#)

Administrative Action - Facility

Sponsor:	[202020] - Test Facility (for user manual)
Agency:	[20202] - Test Facility (for user manual)
Facility:	[2222] - Test Facility (for user manual)

Administrative Actions:

* Management Contract:

* Clinical Services Contract:

* Certificate of Incorporation:

* Change in Ownership:

* Anticipated Date of Implementation: (mm/dd/yyyy)

* Proposed Changes: Describe the proposed changes and explain why they are necessary:

[Save Administrative Action](#)

[Save & Submit Administrative Action](#)

[Close without Saving or Submitting](#)

Fields prefixed with * are required.

The notification process begins when all documents are received by OMH. If supporting documents are not attached and will be mailed, please mail them to the address listed below.

Mailing Address for Supporting Documents:

ATTN: Facility Administrator
 RE: Administrative Action # - {Click Save Administrative Action to assign one}
 OMH Bureau of Inspection and Certification
 44 Holland Avenue
 6th Floor
 Albany NY 12229-____

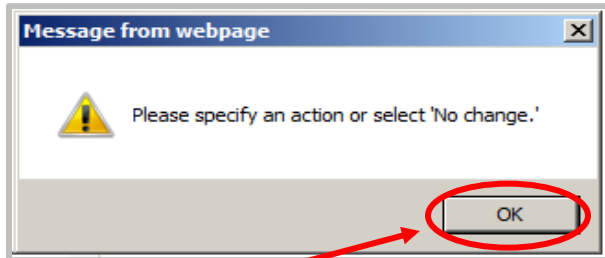
Administrative Action Information:

Requestor's Information:

Requestor's Name:
 Requestor's Email:
 Requestor's Phone #: () x ____

In the section Administrative Actions, select an option from each drop-down menu. You must select an option for each drop-down as they are all required fields, indicated by the asterisk. (*) If they are not relevant to the action, you must select “No Change.”

Leaving any drop-downs blank will result in the following error message:



Click “OK” to return to the Administrative Action screen and make corrections. Enter the anticipated date in (mm/dd/yyyy) format, so that the change will be effective in the “Anticipated Date of Implementation” box. In the “Proposed Changes” box, enter a “Description of the proposed changes and explain why they are necessary.”

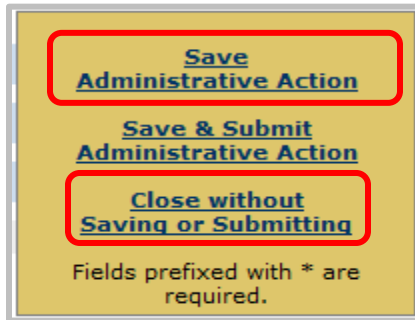
* Anticipated Date of Implementation: (mm/dd/yyyy)

* Proposed Changes: Describe the proposed changes and explain why they are necessary:

The notification process begins when all documents are received by OMH. If supporting documents are not attached and will be mailed, please mail them to the address listed below.

Selecting an item from one or more of the drop-down menus will generate a screen portion below which corresponds to the category of drop-down selected so that the changes can be entered. If you have more than one category of change, select all that apply, and multiple sections will appear. To correct a menu choice made in error, select another menu item from the drop-down (the wording of the associated screen portion may vary slightly based on the choice made). “No Change” will eliminate the associated portion of the screen.

NOTE: All fields marked with an asterisk (*) are required fields and must be answered. You may save data entered at any time by selecting “Save Administrative Action” from the floating gold menu box. You may also exit the screen at any time by selecting “Close without Saving or Submitting.”



Management Contract

Administrative Actions:

* Management Contract:

- New Management Contract
- Amended Management Contract
- No Change

In the Management Contract drop-down, clicking either “New Management Contract” or “Amended Management Contract” will bring up the Management Contract Supporting Documents section.

Management Contract:

* Supporting Documents: Please attach a copy of the new or amended Management Contract required to support this action.

Click Browse to attach files. Files larger than 5 MB will fail to upload.

Files Attached

There are no files attached.

If a copy of the new or amended Management Contract is not attached, please check the box below indicating that it will be mailed and mail it to the address listed below.

A copy of the new or amended Management Contract will be mailed.

Clinical Services Contract

Administrative Actions:

* Clinical Services Contract:

- New Clinical Services Contract
- Amended Clinical Services Contract
- No Change

In the “Clinical Services Contract” drop-down, clicking either “New Clinical Services Contract” or “Amended Clinical Services Contract” will bring up the Clinical Services Contract Supporting Documents section.

Clinical Services Contract:

* Supporting Documents: Please attach a copy of the new or amended Clinical Services Contract required to support this action.

Click Browse to attach files. Files larger than 5 MB will fail to upload. **Browse...**

Files Attached

There are no files attached.


If a copy of the new or amended Clinical Services Contract is not attached, please check the box below indicating that it will be mailed and mail it to the address listed below.

A copy of the new or amended Clinical Services Contract will be mailed.

Certificate of Incorporation

In each of the screens that appear after a menu item is selected, a copy of a new or amended document is required. Use the “Browse” button to select an electronic copy of the document to

upload or check the box to select the mailing option. When a file is attached, Delete  and

View  icons appear on the line with the attachment so the file may be accessed. The Certificate of Incorporation screen also allows a name change to be entered, if necessary.

* Certificate of Incorporation:

- New Certificate of Incorporation
- Amended Certificate of Incorporation
- New Articles of Organization (LLC, LLPC)
- Amended Articles of Organization (LLC, LLPC)
- Certificate of Merger
- Dissolution of Corporation
- No Change

NOTE: The language in the Certificate of Incorporation screen will vary with the selection. It may also feature Articles of Organization, Certificate of Merger, or Dissolution of Corporation.

Clicking on “New Certificate of Incorporation” or “Amended Certificate of Incorporation” brings up the following screen:

Certificate of Incorporation:

If name is changed, enter the new Agency Name:

* Supporting Documents: **Please attach a copy of the new or amended Articles of Organization required to support this action.**

Click Browse to attach files. Files larger than 5 MB will fail to upload.

Files Attached
There are no files attached.

If a copy of the new or amended Articles of Organization is not attached, please check the box below indicating that it will be mailed and mail it to the address listed below.

A copy of the new or amended Articles of Organization will be mailed.

Please list other supporting documents, if any, that will be mailed:

Clicking on “New Articles of Organization (LLC, LLPC)” or “Amended Articles of Organization (LLC, LLPC)” brings up the following screen:

Certificate of Incorporation:

If name is changed, enter the new Agency Name:

* Supporting Documents: **Please attach a copy of the new or amended Articles of Organization required to support this action.**

Click Browse to attach files. Files larger than 5 MB will fail to upload.

Files Attached
There are no files attached.

If a copy of the new or amended Articles of Organization is not attached, please check the box below indicating that it will be mailed and mail it to the address listed below.

A copy of the new or amended Articles of Organization will be mailed.

Please list other supporting documents, if any, that will be mailed:

Clicking on “Certificate of Merger” brings up the following screen:

Certificate of Incorporation:

If name is changed, enter the new Agency Name:

* Supporting Documents: **Please attach a copy of the Certificate of Merger required to support this action.**

Click Browse to attach files. Files larger than 5 MB will fail to upload.

Files Attached
There are no files attached.

If a copy of the Certificate of Merger is not attached, please check the box below indicating that it will be mailed and mail it to the address listed below.

A copy of the Certificate of Merger will be mailed.

Please list other supporting documents, if any, that will be mailed:

Clicking on “Dissolution of Corporation” brings up the following screen:

Certificate of Incorporation:

If name is changed, enter the new Agency Name:

* Supporting Documents: **Please attach a copy of the Dissolution of Corporation required to support this action.**

Click Browse to attach files. Files larger than 5 MB will fail to upload.

Files Attached
There are no files attached.

If a copy of the Dissolution of Corporation is not attached, please check the box below indicating that it will be mailed and mail it to the address listed below.

A copy of the Dissolution of Corporation will be mailed.

Please list other supporting documents, if any, that will be mailed:

Change in Ownership

* Change in Ownership:

Change in Ownership

No Change

Clicking on “Change in Ownership” brings up the following two screenshots:

Current Stockholder Information

Change in Ownership (applicable only to for-profits, LLC's and business corporations):


Current Stockholders:

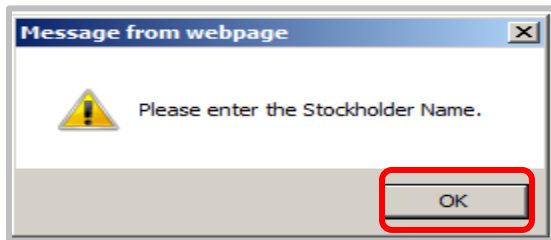
#	Current Stockholder Name	Legal Address	% of Shares Held Before Change	% of Shares Held After Change
1:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

New Stockholder Information

New Stockholders:


#	New Stockholder Name	Legal Address	% of Shares Held After Change
1:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
2:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
3:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>
4:	<input type="text"/>	<input type="text"/>	<input type="text" value="0.00"/>

Clicking on the  in either of the two screenshots above will bring up the following message. Click "OK."























Add the names, addresses, and percentage of shares held by current and new stockholders. If you need to add information for more than 4 stockholders, click the green cross on the right of Slot 4 to add another slot. When the Administrative Action is saved, delete icons appear to the right of each slot so each may be removed, if necessary.

Administrative Actions for the Program-Site

If the Administrative Action icon  is clicked for the Program, the Main Site (Site 1000) will be displayed. To bring up a site other than the main, click the Administrative Action icon to the right of the particular site.

In either case, the following screen is shown:

Facility: [20202/2222] - Test Facility (for user manual)						
Program: [008] - * ACME Mohawk Clinic5	Mohawk	[2100] - Clinic Treatment				
Site: [1000] - * [Main Site] ACME Mohawk Clinic5	Mohawk					
Site: [1001] - * ACME Mohawk Satellite 1	Mohawk					
Site: [1002] - * ACME Mohawk Satellite 2	Mohawk					

Administrative Actions Screen – Site

Similar to the top of the Change Request page, the Administrative Actions floating gold menu box has the additional option of "Saving the Administrative Action." This allows you to save during the process of completing the Administrative Action without submitting and to make additional changes as you go.

Administrative Action - Site		<div style="border: 1px solid black; padding: 5px; background-color: #fff9c4;"> <p style="text-align: center; margin: 0;">Save Administrative Action</p> <p style="text-align: center; margin: 0;">Save & Submit Administrative Action</p> <p style="text-align: center; margin: 0;">Close without Saving or Submitting</p> <p style="font-size: small; margin: 0;">Fields prefixed with * are required.</p> </div>
Sponsor:	[202020] - Test Facility (for user manual)	
Agency:	[20202] - Test Facility (for user manual)	
Facility:	[2222] - Test Facility (for user manual)	
Program:	[008] - ACME Mohawk Clinic5	
Site:	[1000] - ACME Mohawk Clinic5	

Administrative Actions Screen – Administrative Action

The following screenshots illustrate the various Administrative Action segments:

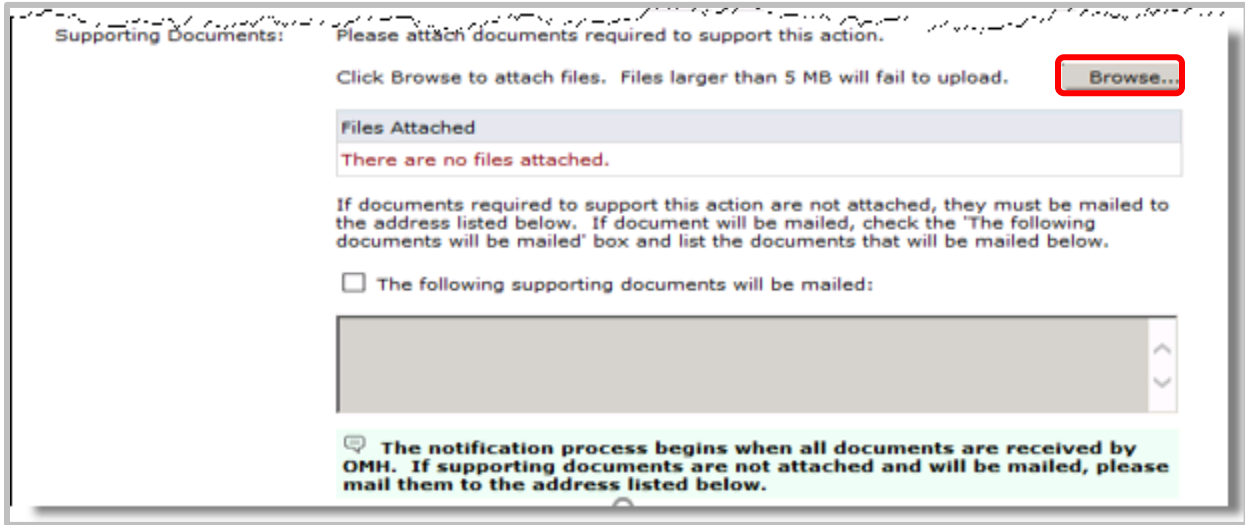
In the section Administrative Action, you may add data in the non-drop-down boxes before proceeding with the drop-downs. Enter the anticipated date that the changes will be effective in the “Proposed Effective Date of Change” box, followed by text-form information in the appropriate boxes for “Rationale,” “Impact on Staffing,” etc.

The screenshot shows a web form for administrative actions. At the top left, there is a red rectangular box highlighting the field labeled "* Proposed Effective Date of Change:" with a placeholder "(mm/dd/yyyy)". Below this are several sections, each with a label, a description, and a text input area with scroll arrows:

- * Rationale:** Provide a rationale that addresses the need for this change and, if possible, provide data to support need (current waiting lists, recent caseloads, etc.):
- * Impact on Staffing:** Describe how this action will impact on staff of the program. Explain how the agency will address this impact (hiring staff, reassigning caseload, etc.):
 No impact on staffing.
- * Impact on Budget:** Describe how this action will impact on the programs' current operating budget. If the program expects to operate with a deficit, please identify how the agency will cover the deficit:
 No impact on budget.
- * Impact on Recipients:** Describe how this change will impact the recipients currently enrolled in the program (transportation needs, space needs, staff availability, etc.):
 No impact on recipients.

At the bottom, there is a section for "Supporting Documents;" with the instruction "Please attach documents required to support this action." A green highlighted box contains the following text: "Be advised that OMH's support or conditional support of your administrative action does not assure that funding required to implement this action is or will be available through State, Local and other government sources. It remains the responsibility of the agency to ensure that the program remains fiscally viable after the proposed administrative action is complete."

You may attach supporting documents in the “Supporting Documents” section (5MB limit) by clicking the “Browse” button.



Supporting Documents: Please attach documents required to support this action.

Click Browse to attach files. Files larger than 5 MB will fail to upload. **Browse...**

Files Attached
There are no files attached.

If documents required to support this action are not attached, they must be mailed to the address listed below. If document will be mailed, check the 'The following documents will be mailed' box and list the documents that will be mailed below.

The following supporting documents will be mailed:

The notification process begins when all documents are received by OMH. If supporting documents are not attached and will be mailed, please mail them to the address listed below.

or you may mail paper documents to the Field Office address given in the Mail Supporting Documents section to:

Site Information:			
Site Name:	ACME Mohawk Clinic5		
Address:	500 North Main St. ABC		
City, State Zip:	Mohawk	NY	12345-____
County:	Oneida		
Phone:	(315) 555-4445	x	____
Main Site:	Yes		
Program Type:	[2100] - Clinic Treatment		
Operating Certificate #:			
Mailing Address for Supporting Documents:			
ATTN: Field Office C N Y User			
RE: Administrative Action # - {Click Save Administrative Action to assign one}			
Central New York Field Office			
545 Cedar Street			
Syracuse	NY	13210-2319	
Administrative Action Information:			
Requestor's Information:			
Requestor's Name:			
Requestor's Email:			
Requestor's Phone #:	()	x	____

Next, proceed to the drop-down sections by pressing the drop-down arrow reflecting the category desired and select the specific type of change from the subsequent menu. This will generate a screen immediately below the Site Information section that corresponds to the category of drop-down selected, so that the changes can be entered.

The screenshot shows a form titled "Administrative Action:" with several drop-down menus. The options are: "* Satellite Site Closure:", "* Relocation or Change to Primary Site, Split, or Consolidation:", "* Capital Project under \$250,000:", "* Expand or Reduce Capacity, Caseload and/or Volume of Services:", "* Change in Population Served:", "* Change in Optional Services offered:", and "* Change in Days/Hours of Operation that will have minimal impact on program operation:". A note at the bottom right states: "Significant changes require submission of an EZ PAR application."

NOTE: If you have more than one category of change, you may select all that apply, and multiple sections will appear. To correct a menu choice made in error, select another menu item from the drop-down (the wording of the associated screen portion may vary slightly based on the choice made). Selecting "No Change" will eliminate the associated portion of the screen.

Satellite Site Closure

A close-up of the "Administrative Action:" form showing the "* Satellite Site Closure:" drop-down menu. The word "Yes" is selected and highlighted in blue. A red arrow points to the drop-down arrow.

If the user is on the Primary Site and "Yes" is clicked in the Satellite Site Closure tab, the following message comes up. Click "OK."

A dialog box titled "Message from webpage" with a warning icon. The text reads: "You must submit an EZ PAR to close the Program's Primary Site. An Administrative Action can only be used to close a satellite site." The "OK" button is highlighted with a red rectangle.

If the user is closing a satellite site and "Yes" is clicked in "Satellite Site Closure", the rest of the drop-downs default to "No Change."

Administrative Action:

* Satellite Site Closure: Yes

* Relocation or Change to Primary Site, Split, or Consolidation: No Change

* Capital Project under \$250,000: No Change

* Expand or Reduce Capacity, Caseload and/or Volume of Services: No Change

* Change in Population Served: No Change

* Change in Optional Services offered: No Change

* Change in Days/Hours of Operation that will have minimal impact on program operation: No Change

Significant changes require submission of an EZ PAR application.

The following Satellite Site Closure Information must be completed:

Satellite Site Closure Information:

* FTE Staff at Satellite Site: 0.0

* General Plan for Closure: Provide a general plan for referring existing clients to alternative programs and describe the agency's plan to ensure linkages are made:

* Notification of Recipients, Families and Local Service Providers: Describe what arrangements will be made to inform recipients, families and local service providers of the proposed closure:

* Storage and Retrieval of Closed Records: Identify where closed records will be securely stored. Explain how recipients can access stored records and describe how recipients will be informed of the process for obtaining access to closed records:

NOTE: You must submit an EZ PAR to close the program's Primary Site. An Administrative Action can only be used to close a Satellite Site.

Relocation, Split, or Consolidation

* Relocation or Change to Primary Site, Split, or Consolidation:

- Relocation or Change to Primary Site
- Split
- Consolidation
- Relocation or Change to Primary Site, and Consolidation
- No Change

If “Relocation or Change to Primary Site” or “Split” or “Consolidation” is selected in the drop-down menu, the following section appears:

Relocation or Change to Primary Site, or Split:

If this is a split, please enter the new sites' name and address.

* Site Name:

* Address:

* City, State Zip:

County:

* Phone: ×

* Will this site be the Primary Site?

* Is the relocation within the same building where the program is currently located?

* Will the new space be leased?

Please attach or mail a floor plan as a supporting document, if applicable.

For “Relocation” or “Split”, enter the new location information and select the appropriate answers from the “Yes” or “No” drop-downs at the bottom. If the Site in question is not already primary, the drop-down for designating it as such will be open.

* Will this site be the Primary Site?

In the case of a “Split or Consolidation,” an additional screen will appear.

Change in Capacity, Caseload and/or Volume of Services after a Split or Consolidation:

	Current:	Proposed:
Caseload:	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>
Volume of Services:	<input style="width: 100%;" type="text" value="0"/>	<input style="width: 100%;" type="text" value="0"/>

Please attach or mail a staffing plan as a supporting document, if applicable.

Enter the “Current” and “Proposed” Caseload and “Volume of Service.” If the choice is “Consolidation”, this screen will be seen ahead of the screen just mentioned (top portion shown here):

NOTE: “Caseload” refers to the annual number of persons being served. “Volume of Services” refers to the annual number of visits being made.

For “Consolidation,” the following screen will appear:

Sites closing due to consolidation:

OC#	Site Name	Current Capacity	Current Annual Caseload	Current Volume of Services	Close?
	ACME Mohawk Clinic5		0	0	<input type="checkbox"/>
	ACME Mohawk Satellite 1		0	0	<input type="checkbox"/>
2222005	AOT for tst1	10			<input type="checkbox"/>

NOTE: For Licensed Programs, only address corrections may be edited by using a Change Request; relocations require the submission of an Administrative Action or a PAR. For details, see [PAR Frequently Asked Questions](#) on the OMH Website.

Check the box or boxes corresponding to site or “Sites closing due to consolidation.” When one is checked, the “Current Annual Caseload” and “Volume of Services” areas are enabled in the application. Enter those values there.

If the choice from the drop-down is “Relocation and Consolidation,” all three associated screens will appear.

Relocation or Change to Primary Site, or Split:

If this is a split, please enter the new sites' name and address.

* Site Name:

* Address:

* City, State Zip:

County:

* Phone: x

* Will this site be the Primary Site?

* Is the relocation within the same building where the program is currently located?

* Will the new space be leased?

Please attach or mail a floor plan as a supporting document, if applicable.

Sites closing due to consolidation:

OC#	Site Name	Current Capacity	Current Annual Caseload	Current Volume of Services	<input type="checkbox"/> Close?
	ACME Mohawk Clinic5		0	0	<input type="checkbox"/>
	ACME Mohawk Satellite 1		0	0	<input type="checkbox"/>
2222005	AOT for tst1	10			<input type="checkbox"/>

Change in Capacity, Caseload and/or Volume of Services after a Split or Consolidation:

	Current:	Proposed:
Caseload:	<input type="text" value="0"/>	<input type="text" value="0"/>
Volume of Services:	<input type="text" value="0"/>	<input type="text" value="0"/>

Please attach or mail a staffing plan as a supporting document, if applicable.

Capital Construction Project under \$250,000

* Capital Project under \$250,000:

Yes

No Change

Clicking "Yes" in the drop-down, brings up the following screen:

Capital Project under \$250,000:

* Proposed total cost of the project: \$

* Funding Sources: Identify the funding sources below for the capital project:

Source	Amount
Agency Funds:	\$ <input type="text" value="0"/>
Donations/Contributions:	\$ <input type="text" value="0"/>
Commercial Loans:	\$ <input type="text" value="0"/>
DASNY::	\$ <input type="text" value="0"/>
Funds - Federal:	\$ <input type="text" value="0"/>
Funds - State:	\$ <input type="text" value="0"/>
Funds - County:	\$ <input type="text" value="0"/>
Funds - City:	\$ <input type="text" value="0"/>
Grant - Federal:	\$ <input type="text" value="0"/>
Grant - State:	\$ <input type="text" value="0"/>
Grant - County:	\$ <input type="text" value="0"/>
Grant - City:	\$ <input type="text" value="0"/>
Other - <input type="text" value=""/> :	\$ <input type="text" value="0"/>

* Project Description: Describe the proposed Capital Project and any physical plant work required before the space can be occupied:

* Recipient and Staff Safety: How will the program manage services to ensure recipients and staff are not exposed to any danger:

* Service Continuity during Construction Period: How and where will services be provided to recipients during the construction period:

Files Attached

There are no files attached.

If a copy of the Labeled Floor Plan and/or Certificate of Occupancy is not attached, it must be mailed to the address listed below.

A copy of the Labeled Floor Plan will be mailed.

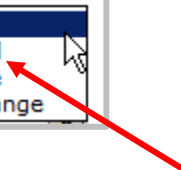
A copy of the Certificate of Occupancy will be mailed.

Enter Total Cost, Funding Source breakdown, and the information requested in the three text areas. Either attach a file (using the “Browse” button; 5MB limit) or mail a Labeled Floor Plan (and a Certificate of Occupancy, where applicable). If mailed, check the appropriate boxes and send it to the Field Office address given below.

Expand and Reduce Capacity, Caseload, Volume of Services

* Expand or Reduce Capacity, Caseload and/or Volume of Services:

Expand
 Reduce
 No Change




If the choice from the drop-down is either “Expand” or “Reduce,” the following screen is displayed:

Expansion or Reduction in Capacity, Caseload and/or Volume of Services:


% Change over 25% requires submission of an EZ PAR application.

	Current:	Proposed:	% Change:
Average Monthly Caseload:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input style="border: 2px solid red;" type="text" value="0.00"/> %
Annual Volume of Services:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/> %



Enter the “Current” and “Proposed” amounts for the two lines. By clicking on the “% Change” boxes, the total will be calculated for you. If you enter a change greater than 25%, the following error message will occur:

Message from webpage ✕

 The percent change is %. You must submit an EZ PAR application for changes greater than 25%.

Click “OK” to return and make changes, or to cancel by clicking “Close without Submitting or Saving” in the floating gold menu box.

If you click “Expand,” this screen will appear:

Increase in Annual Revenue after Expansion:

* Expected total increase in annual revenue after expansion: \$

* Revenue Sources: Identify below the source of any revenue related to the expansion:

Source	Amount
Medicaid:	\$ <input type="text" value="0"/>
Medicaid - Managed Care:	\$ <input type="text" value="0"/>
Medicare:	\$ <input type="text" value="0"/>
COPS:	\$ <input type="text" value="0"/>
Self-Pay:	\$ <input type="text" value="0"/>
Patient Fees:	\$ <input type="text" value="0"/>
Private Insurance:	\$ <input type="text" value="0"/>
Agency Funds:	\$ <input type="text" value="0"/>
Donations/Contributions:	\$ <input type="text" value="0"/>
Funds - State:	\$ <input type="text" value="0"/>
Funds - County:	\$ <input type="text" value="0"/>
Funds - City:	\$ <input type="text" value="0"/>
Grant - Federal:	\$ <input type="text" value="0"/>
Grant - State:	\$ <input type="text" value="0"/>
Grant - County:	\$ <input type="text" value="0"/>
Grant - City:	\$ <input type="text" value="0"/>
Other - <input type="text" value=""/> :	\$ <input type="text" value="0"/>

Enter the “Expected Total Increase in Revenue” in the data box at the top and fill in the funding source breakdown in the boxes below. Then, answer the Budget Deficit question from the drop-down and, if “Yes,” provide the requested information in the text area.

Budget Deficit:

* Will the program operate with a deficit?

If yes, describe below how the agency will cover anticipated deficits:


If you click on “Reduce,” the following screen will appear:

Decrease in Annual Revenue after Reduction:

* Expected total decrease in annual revenue after reduction: \$

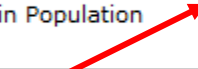
Then, answer the Budget Deficit question from the drop-down and, if “Yes,” provide the requested information in the text area.

Budget Deficit:

* Will the program operate with a deficit? 

If yes, describe below how the agency will cover anticipated deficits:

Change in Population Served

* Change in Population Served: 

Clicking “Yes” in the dropdown will display the Population Served section:

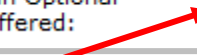
Population Served:

Adolescents:	No
Adults:	No
Children:	No
Adolescents:	<input type="checkbox"/>
Adults:	<input type="checkbox"/>
Children:	<input type="checkbox"/>

Change in Optional Services Offered

* Change in Optional Services offered:

Yes
No Change



Clicking "Yes" in the drop-down will display Optional Services section.

Optional Services:

Developmental Testing:	No
Health Monitoring:	No
Health Physicals:	No
Injectable Psychotropic Medication Admin:	No
None:	No
Psychiatric Consultation:	No
Psychological Testing:	No

Developmental Testing:	<input type="checkbox"/>
Health Monitoring:	<input type="checkbox"/>
Health Physicals:	<input type="checkbox"/>
Injectable Psychotropic Medication Admin:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Psychiatric Consultation:	<input type="checkbox"/>
Psychological Testing:	<input type="checkbox"/>

Change in Days/Hours of Operation

NOTE: Significant changes in Days/Hours of Operation require the submission of an EZ PAR application.

* Change in Days/Hours of Operation that will have minimal impact on program operation:

Yes
No Change


Significant changes require submission of an EZ PAR application.

Clicking “Yes” in the drop-down will display the Days/Hours of Operation that will have minimal impact on program operation information.

Days/Hours of Operation:

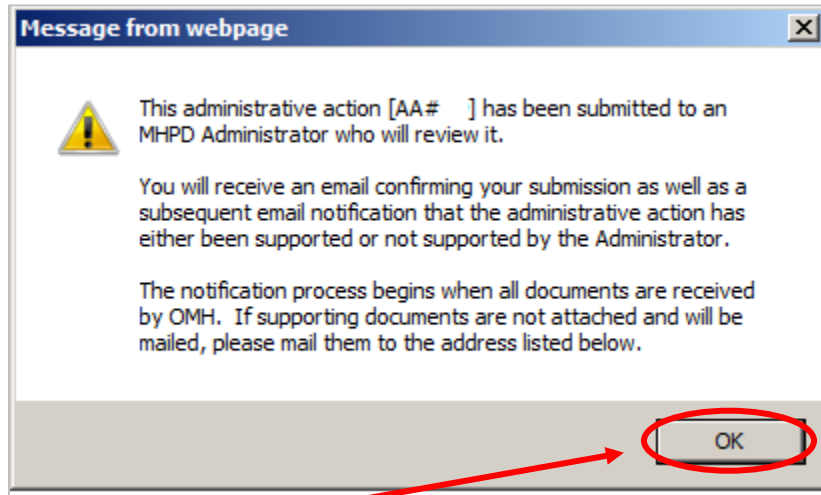
Day	Primary Start Time	Primary End Time	Secondary Start Time	Secondary End Time	Comment
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Holiday					
Other					

Day	Primary Start Time	Primary End Time	Secondary Start Time	Secondary End Time	Comment
Monday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Saturday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sunday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Holiday	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 **Please attach or mail a staffing plan that demonstrates coverage for the proposed hours of operation.**

Saving and Submitting Administrative Actions

You may save changes at any time during data entry by clicking “Save & Submit Administrative Action” in the floating menu. Doing so brings up a webpage message.



Clicking “OK” invokes a new screen section, Current Status, just under the Administrative Action Information line. The action is assigned a number which can be referred to in status inquiries. The section includes other routine information pertaining to the Requestor and Status.

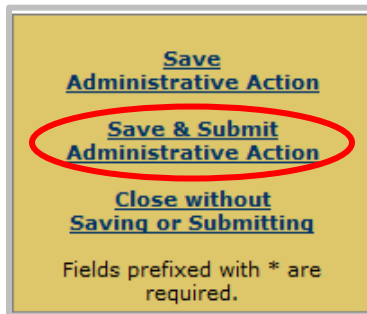
Current Status:	
Administrative Action #:	
Requested by:	
Last updated by:	
Requestor's Email:	
Requestor's Phone #:	() x
Status:	Submitted
Status Date:	

When satisfied that all data changes are completed, you can verify the accuracy of the information in the Requestor's Information at the end of the form.

Requestor's Information:	
Requestor's Name:	
Requestor's Email:	
Requestor's Phone #:	() x

NOTE: Requestor's Information is only saved during the submit, not the save. This is to prevent the clearing of the e-mail address, which is used by other modules in MHPD.


When the Administrative Action has been completed, submit it by clicking “Save & Submit Administrative Action” in the floating gold menu box. This begins the review and evaluation process by the System’s Administrators.



Viewing Administrative Actions

To view your saved or submitted Administrative Actions, click the “Administrative Actions” tab in the gold toolbar at the top of the page in the main menu.



This brings up your list of Administrative Actions. Use the “Filter Criteria” to narrow the search if you wish. Click the Edit icon  on the right side of the line to view details of individual actions.

Administrative Actions

Filter Criteria

AA#: Request Date: Status Date: **Filter**

Facility Code or Name: Thru: Thru:


Status: Saved Submitted Re-submitted Pending Returned
 Supported Supported with conditions Not supported Cancelled

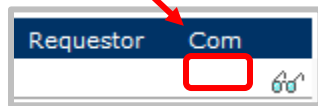
Program Type: -----Any-----

AA#	Request Date	Type	Status	Status Date	Facility	Name	County	Region	Requestor
<input checked="" type="checkbox"/> 59	11/17/2016	Site	Submitted	11/17/2016	Test Facility (for user manual)	ACME Mohawk Satellite 2	Oneida	CNY	
<input checked="" type="checkbox"/> 58		Facility	Saved	11/15/2016	Test Facility (for user manual)	Test Facility (for user manual)	Albany	HR	
<input checked="" type="checkbox"/> 40		Site	Saved	07/12/2016	Test Facility (for user manual)	ACME Mohawk Clinic5	Oneida	CNY	
<input checked="" type="checkbox"/> 37		Facility	Saved	09/18/2015	Test Facility (for user manual)	Test Facility (for user manual)	Albany	HR	
<input checked="" type="checkbox"/> 35		Facility	Saved	09/03/2015	Test Facility (for user manual)	Test Facility (for user manual)	Albany	HR	
<input type="checkbox"/> 29	09/09/2015	Site	Pending	05/16/2016	Test Facility (for user manual)	ACME Mohawk Clinic5	Oneida	CNY	Provider P ...
<input checked="" type="checkbox"/> 24	07/12/2016	Facility	Supported with	07/12/2016	Test Facility (for user manual)	Test Facility (for user manual)	Albany	HR	Provider P ...

The status indicates what stage of the process the action has reached.

Status	Description
Saved	The Administrative Action has been saved.
Submitted	The Administrative Action has been submitted.
Returned	The Administrative Action has been returned to the requestor for additional information or changes.
Resubmitted	The Administrative Action has been altered and submitted again.
Pending	The Administrative Action is being viewed for the first time by an Administrator.
Supported with Conditions	The Administrative Action is supported with conditions that must be met (e.g. a site visit, if applicable).
Supported	The Administrative Action is supported.
Not Supported	The Administrative Action is not supported.

NOTE: A capital letter or letters to the left of the View icon  on the right side of the display line indicates that the Field Office (F), the County (C), or the Bureau of Inspection and Certification (B) has appended a comment or comments to the Administrative Action.



You may double click to open the selected Administrative Action and view the action as it was originally submitted (top of screen only shown here).

Administrative Action - Site - [AA #: 59]

Sponsor:	[202020] - Test Facility (for user manual)	<div style="background-color: #f0e68c; padding: 5px; border: 1px solid #ccc;"> Subscribe Close </div>
Agency:	[20202] - Test Facility (for user manual)	
Facility:	[2222] - Test Facility (for user manual)	
Program:	[008] - ACME Mohawk Clinic5	
Site:	[1002] - ACME Mohawk Satellite 2	

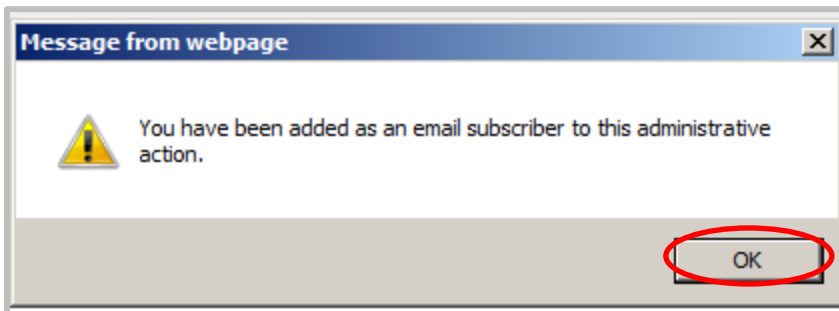
Administrative Action:

- * Satellite Site Closure: Yes
- * Relocation or Change to Primary Site, Split, or Consolidation: No Change

By choosing the option “Subscribe” in the floating gold menu box in the upper right-hand corner,



you will be included in the e-mail notification process regarding the status of the Administrative Action. Click “OK.”



Upon subscribing, you will see a pop up indicating that you have been added as an e-mail subscriber to the Administrative Action. You will also see a change in the floating gold menu box accompanying the action, with the option to “Unsubscribe.” You may use this option to stop receiving further e-mail notifications.



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