

Administrative Actions

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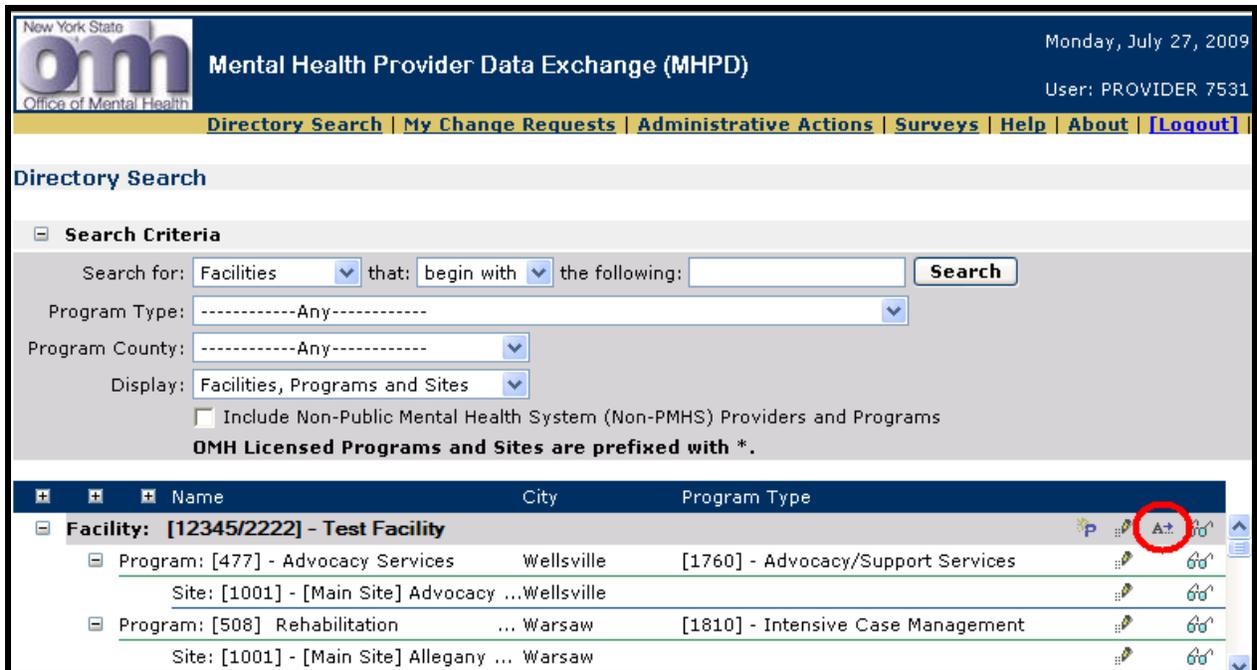
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Introduction

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 between the “View” and “Edit” icons.



Administrative Action Icon on the Directory Search Page

Clicking the “Administrative Action” icon brings up the Administrative Action Screen.

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 the Field Office for guidance.

If the Administrative Action icon is clicked for the Facility, the following screen appears:

Administrative Action Screen

In the section ‘Administrative Actions’, select an option from each dropdown menu in turn. You must select an option for each dropdown as they are all required fields, indicated by the * asterisk marks. If they are not relevant to the action, you must select ‘No Change’. Leaving any blank will result in the following error message, “Please specify an action or select ‘No Change’”. Click OK to return to the Administrative Action Screen and make corrections.

Enter the anticipated date (in 00/00/00 format) that the change will be effective, in the Anticipated Date of Implementation box, and then enter a description of the change and its reasons in the text area below it.

Selecting an item from one or more of the dropdown menus will generate a screen portion below which corresponds to the category of dropdown selected so that the changes can be entered. If you have more than one category of change, you should select all that apply, and multiple sections will appear. To correct a menu choice made in error, select another menu item from the dropdown (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 gold floating menu box. You may also exit the screen at any time by selecting Close without Saving or Submitting.

Management Contract

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

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.

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

Certificate of Incorporation:

If name is changed, enter the new Agency Name:

Supporting Documents: Please attach a copy of the new or amended Certificate of Incorporation 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 Certificate of Incorporation 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 Certificate of Incorporation will be mailed.

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

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.

♪ **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.

Change in Ownership

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"/>	0.00	0.00
2:	<input type="text"/>	<input type="text"/>	0.00	0.00
3:	<input type="text"/>	<input type="text"/>	0.00	0.00
4:	<input type="text"/>	<input type="text"/>	0.00	0.00

New Stockholder Information

New Stockholders:

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

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 1001) will be summoned. To bring up a site other than the main, click the action icon to the right of the particular site. In either case, the following screen is invoked:

Administrative Actions Screen Section One

Administrative Action - Site	
Sponsor:	[017099] - Test Facility
Agency:	[12345] - Test Facility
Facility:	[2222] - Test Facility
Program:	[103] - Mental Health Clinic
Site:	[1001] - Mental Health Clinic

[Save Administrative Action](#)

[Save & Submit Administrative Action](#)

[Close without Saving or Submitting](#)

Fields prefixed with * are required.

Similar to the top of the Change Request page, the Administrative Actions 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, to allow you to make additional changes as you go.

Administrative Actions Screen Second Section

Administrative Action:

* Satellite Site Closure:

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

* Capital Construction Project under \$250,000:

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

* Change in Population Served:

* Change in Additional Services offered:

* Change in Optional Services offered:

* Change in Days/Hours of Operation that will have minimal impact on program operation: Significant changes require submission of an EZ PAR application.

* Proposed Effective Date of Change: (mm/dd/yyyy)

* Rationale: Provide a rationale that addresses the need for this change and if possible provide data statistics 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.

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.

* 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.

Supporting Documents: Please attach documents 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 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.

In the section 'Administrative Action', you may add data in the non-dropdown boxes before proceeding with the dropdowns. Enter the anticipated date that the changes will be effective in

the appropriate data box and then enter text-form information in the appropriate boxes for Rationale, Staffing, etc. You may attach supporting documents in the Supporting Documents Mailed section (5MB limit) by clicking the Browse button or you may mail paper documents to the Field Office address given in the 'Mail Supporting Documents to:' section below. See illustration below. Next, proceed to the dropdown sections by pressing the dropdown arrow reflecting the category desired and select the specific type of change from the ensuing menu. This will generate a screen portion immediately below the Site Information section which corresponds to the category of dropdown selected so that the changes can be entered. In the following pages we will illustrate the various screens which can be invoked here.

Note: If you have more than one category of change, you may select all which apply, and multiple sections will appear. To correct a menu choice made in error, select another menu item from the dropdown (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.

Administrative Actions Screen Third Section

Site Information:			
Site Name:	Mental Health Clinic		
Address:	123 Main Street		
City, State Zip:	Anytown	NY	14569-____
County:	Wyoming		
Phone:	() ____-____	x	____
Main Site:	Yes		
Program Type:	[2100] - Clinic Treatment		
Operating Certificate #:	123456789A		
Mailing Address for Supporting Documents:			
ATTN: Field Office Western New York			
RE: Administrative Action # - {Click Save Administrative Action to assign one}			
Western New York - Field Office			
737 Delaware Avenue, Suite 200,			
Buffalo	NY	14209-	____
Administrative Action Information:			
Requestor's Information:			
* Email Address:	<input type="text" value="istcd@omh.state.ny.us"/>		
* Phone #:	<input type="text" value="(111) 222-3333"/>	x	<input type="text"/>
Comments:	<input type="text"/>		

Satellite Site Closure

Satellite Site Closure Information:

* 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:

Provide the requested information in the three boxes displayed.

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, or Split:

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

* Site Name:

* Address:

* City, State Zip:

County: Wyoming

* 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.

For Relocation or Split, enter the new location information and select the appropriate answers from the Yes or No dropdowns at the bottom. If the Site in question is not already primary, the dropdown for designating it as such will be open. In the case of a Split, an additional screen will appear.

♪ **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.

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

	Current:	Proposed:
Caseload:	<input style="width: 80%;" type="text" value="0"/>	<input style="width: 80%;" type="text" value="0"/>
Volume of Services:	<input style="width: 80%;" type="text" value="0"/>	<input style="width: 80%;" 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 invoked 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.

Sites closing due to consolidation:

OC#	Site Name	Current Capacity	Current Annual Caseload	Current Volume of Services	Close?
753110	Central School Satellite		0	0	<input type="checkbox"/>
753110	Arcade satellite		0	0	<input type="checkbox"/>
753110	Middle School Satellite		0	0	<input type="checkbox"/>

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 open up. Enter those values there. If the choice from the dropdown is Relocation and Consolidation, all three associated screens will appear.

Capital Construction Project under \$250,000

Capital Construction 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 Construction 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:

* Labeled Floor Plan: Please attach a copy of a clearly labeled floor plan that identifies room usage, room sizes, waiting areas, bathrooms, handicapped accessibility features. Provide a Certificate of Occupancy where applicable.
 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 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. Also either attach (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

If the choice from the dropdown 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 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 there will be calculated for you. If you enter a change greater than 25%, the following error message will occur. Click OK to return and make changes, or to cancel by clicking "Close without Submitting or Saving" in the gold menu box.

Microsoft Internet Explorer

 The percent change is 100.00%. You must submit an EZ PAR application for changes greater than 25%.

In the case of Expansion, this screen will also 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"/>

Budget Deficit:

* Will the program operate with a deficit?

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

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 dropdown and, if Yes, provide the requested information in the text area.

Change in Population Served

Population Served:	
Adolescents:	Yes
Adults:	No
Children:	No
Adolescents:	<input checked="" type="checkbox"/>
Adults:	<input type="checkbox"/>
Children:	<input checked="" type="checkbox"/>

Alter the screen by checking or unchecking the boxes to reflect the change. In this example, Children were added to the population served by checking the box. The old response of “No” then appears in bold to indicate where a change has occurred. After the Administrative Action is saved by clicking “Save & Submit. Administrative Action” in the gold floating menu box, the answer after Children will be changed to Yes in the bottom half of this section, as shown below.

Population Served:	
Adolescents:	Yes
Adults:	No
Children:	No
Adolescents:	Yes
Adults:	No
Children:	Yes

Changes in Population Served shown after Administrative Action is submitted.

Change in Additional Services Offered

Additional Services:	
Activity Therapy:	No
Case Management:	No
Clinical Support:	No
Crisis Intervention:	No
Supportive Skills Training:	No
Verbal Therapy:	No
Activity Therapy:	<input type="checkbox"/>
Case Management:	<input checked="" type="checkbox"/>
Clinical Support:	<input checked="" type="checkbox"/>
Crisis Intervention:	<input checked="" type="checkbox"/>
Supportive Skills Training:	<input type="checkbox"/>
Verbal Therapy:	<input type="checkbox"/>

The top of the screen shows the existing additional services profile. The bottom of the screen allows you to check or uncheck the services as needed. As in the Population Served example

above, the bottom half of this section will indicate changes after you click “Save & Submit Administrative Action”.

Change in Optional Services Offered

Optional Service:

*Optional Service Name:

*Service Description: Please provide specific details about the optional service; include full description of service and staff expertise to provide this service. Identify if this service is available elsewhere in the community:

Enter the Optional Service Name and Description in the boxes provided. Follow the directions about providing specific details including descriptions, staff expertise and indicate whether the service is available elsewhere in the community.

Change in Days/Hours of Operation

Days/Hours of Operation:

Day	Primary Start Time	Primary End Time	Secondary Start Time	Secondary End Time	Comment
Monday	08:00 AM	04:00 PM			
Tuesday	08:00 AM	04:00 PM			
Wednesday	08:00 AM	04:00 PM			
Thursday	08:00 AM	06:00 PM			
Friday	08:00 AM	04:00 PM			
Saturday					
Sunday					
Holiday					
Other					

Day	Primary Start Time	Primary End Time	Secondary Start Time	Secondary End Time	Comment
Monday	<input type="text" value="08:00 AM"/>	<input type="text" value="05:00 PM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuesday	<input type="text" value="08:00 AM"/>	<input type="text" value="04:00 PM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Wednesday	<input type="text" value="08:00 AM"/>	<input type="text" value="05:00 PM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Thursday	<input type="text" value="08:00 AM"/>	<input type="text" value="06:00 PM"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Friday	<input type="text" value="08:00 AM"/>	<input type="text" value="04:00 PM"/>	<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.

The top of the screen shows the data as it currently exists. The bottom presents data boxes, allowing you to make the changes in scheduling information. Fill in any corrections needed,

which then appear bolded. Significant changes in hours of operation require an EZ PAR. Consult with your Field Office for further clarification.

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 this invokes a new screen section, Current Status, just under the ‘Administrative Action Information’ line:

Administrative Action Information:	
Current Status:	
Administrative Action #:	25
Requested by:	Provider 753 on
Last updated by:	Provider 753 on 07/28/2009 03:02 PM
Requestor's Email:	df@omh.state.ny.us
Requestor's Phone #:	(111) 222-3333 x ____
Status:	Saved
Status Date:	07/28/2009 03:02 PM

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. When satisfied that all of the data changes are completed, you can verify the accuracy of the information in the Requestor's Information at the end of the form. There is a Comments box for your use.

Requestor's Information:	
*Email Address:	<input type="text" value="istcddf@omh.state.ny.us"/>
*Phone #:	<input type="text" value="(111) 222-3333"/> x <input type="text"/>
Comments:	<input type="text"/>

♪ **Note:** Requestor's information is only saved during the **Submit**, not the **Save**. This is to prevent the clearing of the email address, which is used by other modules in MHPD.

The Administrative Action having been completed, submit it by clicking “Save & Submit Administrative Action” in the floating menu. Thus begins its progress through the course of review and evaluation by the system's administrators.

Viewing Administrative Actions

To view your saved or submitted Administrative Actions, click the Administrative Actions link in the main menu of the Directory Search screen. The resulting list will look like this:

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

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):

By choosing the option 'Subscribe', you will be included in the email notification process which accompanies changes of status in the Administrative Action:



Upon subscribing, you will see a pop up indicating that you have been added as an email subscriber to the Administrative Action. You will also see a change in the Floating Menu accompanying the action, with the option to unsubscribe. You may use this option to stop receiving further email notifications.

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