



**Office of
Mental Health**

Mental Health Provider Data Exchange Change Request Manual

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Updating Agency/Facility Information

Introduction

The Edit Agency/Facility page is used when submitting a Change Request to edit Agency and/or Facility information. To navigate to the Edit Agency/Facility page, click on the Edit icon  located at the right side of the Facility record line on the Directory Search page.

Directory Search

Search Criteria

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

Program Type: Any

Program County: Any

Display: Facilities, Programs and Sites

OMH Licensed Programs and Sites are prefixed with *.

Name	City	Program Type	Actions
Facility: [98760/2222] - Test Facility (for user manual)			 A+ EZ CPAR
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	 A+ EZ CPAR
Site: [1000] - * [Main Site] Recovery PROS	Buffalo		 A+ EZ CPAR
Program: [456] - Test - Add a Program	Albany	[5070] - Supported/Single Room Occupancy (SRO)	
Site: [1000] - [Main Site] Test - Add a Program	Albany		
Program: [123] - Transportation Test	Albany	[0670] - Transportation	
Site: [1000] - [Main Site] Transportation Test	Albany		

The user can also click the Edit icon  in the Facility Header section of the View Agency/Facility page

View Agency/Facility

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

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

or the user can click the View Program or View Site page.

View Site

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

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

Program: [008] - Housing Coordinator 

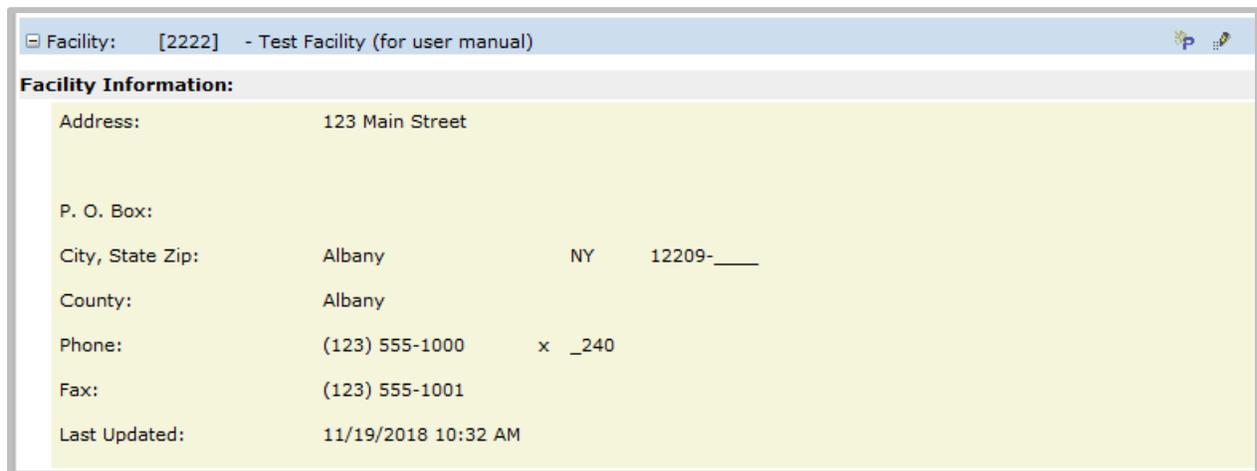
Site: [1000] - [Main Site] Housing Coordinator 

The View Agency/Facility page will only be available to users with Provider Admin, County Admin, or Field Office Admin security group access. If you need Provider Admin access, contact the Security Manager at your facility to update your access in the Security Management System (SMS). To locate your Security Manager, see the list on the Verify Contact Information page that displays upon logging into MHPD, or call the Help Desk at 1-800-HELP NYS (800-435-7697, select option 2). Further information about security groups is found in the [MHPD Basic User Manual](#).

For each data section of the Edit Agency/Facility page, functionality is split into two sections.

Current Information Section

All sections of pages in MHPD displaying information on a shaded background display current CONCERTS database information. This information is “Read Only.”

A screenshot of a web application window showing the "Facility Information" section. The window title is "Facility: [2222] - Test Facility (for user manual)". The "Facility Information" section is highlighted with a light yellow background and contains the following data:

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:	11/19/2018 10:32 AM		

Edit section

The Edit section immediately follows the current information in a white background and contains all fields from the shaded area. Fields that are available to edit are displayed in text boxes.

Name changes for a facility require a request in writing with the submission of the amended Certificate of Incorporation to OMH. 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:

NOTE: Some lines in the Edit section have a text balloon icon to the right of them. Click on the icon for more information on how to properly complete the field.

	Title:	First Name:	Last Name:	Degree:
Name:	<input type="text" value="Dr."/>	<input type="text" value="Susan"/>	<input type="text" value="Brown"/>	<input type="text" value="M.D."/>
Position:	<input type="text" value="Board Chair"/>			
Address:	<input type="text" value="123 Main Street"/> 			
	<input type="text"/>			
City, State Zip:	<input type="text" value="Albany"/>	<input type="text" value="NY"/>	<input type="text" value="12209-1010"/>	
Phone:	<input type="text" value="(123) 555-1000"/> x <input type="text" value="_414"/>			

Address X

Enter the physical street address such as house or building (11 Main St.), rural route box number (RR 4 State Highway 19) or 911-assigned number (1142 State Highway 19.)

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

Facility Information:

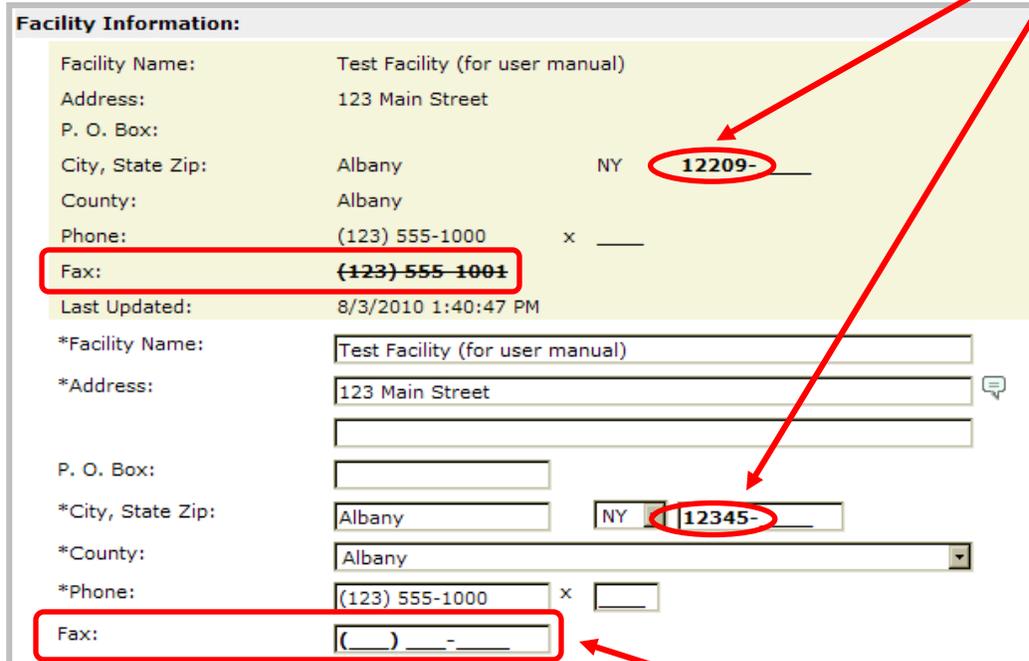
Modifying existing information

When you make a change to an existing value, values in both the current information section (shaded background) and the edit information section (white background) are displayed in bold as soon as you click another field. This is illustrated below using the “Address” and “Phone” fields. The changes you make are displayed in bold, as illustrated below with the zip code changed from 12209 to 12345.

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	_____
Fax:	(123) 555-1001		
Last Updated:	8/3/2010 1:40:47 PM		

*Facility Name:	Test Facility (for user manual)		
*Address:	123 Main Street		
P. O. Box:			
*City, State Zip:	Albany	NY	12345- _____
*County:	Albany		
*Phone:	(123) 555-1000	x	_____
Fax:	() - - - -		



Removing existing information

In the above screenshot, when updating existing information, any data in the edited information section (white background) is deleted. The data in the current information section (shaded background) is displayed with a line across the value as soon as you move to another field. This is illustrated above using the Fax # field, where the phone number (123) 555-1001 has been deleted.

Adding new values

As seen in the above screenshot, when adding a new value, the data in the edited information section (white background) is displayed in bold whenever you move to another field. This is illustrated above in the zip code data field.

The Edit Agency/Facility page

Below is an example of an Edit Agency/Facility page.

Edit Agency/Facility

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

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

Agency Information:
 Web Site:
 Web Site:

Chairperson of the Board:

Name:	Title:	First Name:	Last Name:	Degree:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>			
Address:	<input type="text"/>			
City, State Zip:	<input type="text"/>			
Phone:	<input type="text"/> x <input type="text"/>			

Name:	Title:	First Name:	Last Name:	Degree111:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position:	<input type="text"/>			
Address:	<input type="text"/>			
City, State Zip:	<input type="text"/>			
Phone:	<input type="text"/> x <input type="text"/>			

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: 11/19/2018 10:32 AM

Name changes for a facility require a request in writing with the submission of the amended Certificate of Incorporation to OMH. 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:

Name:	Title:	First Name:	Last Name:	Degree:
Mr. John Jones				AD
Position:	Acting Executive Director			
Phone:	(518) 555-1212 x ____			
Email:	mjones@yahoo.com			
Information Email:	<input type="text"/>			

*Name:	*First Name:	*Last Name:	Degree:
Mr. John Jones			AD
Position:	Acting Executive Director		
*Phone:	(518) 555-1212 x ____		
*Email:	mjones@yahoo.com		
Information Email:	<input type="text"/>		

Facility Contacts:

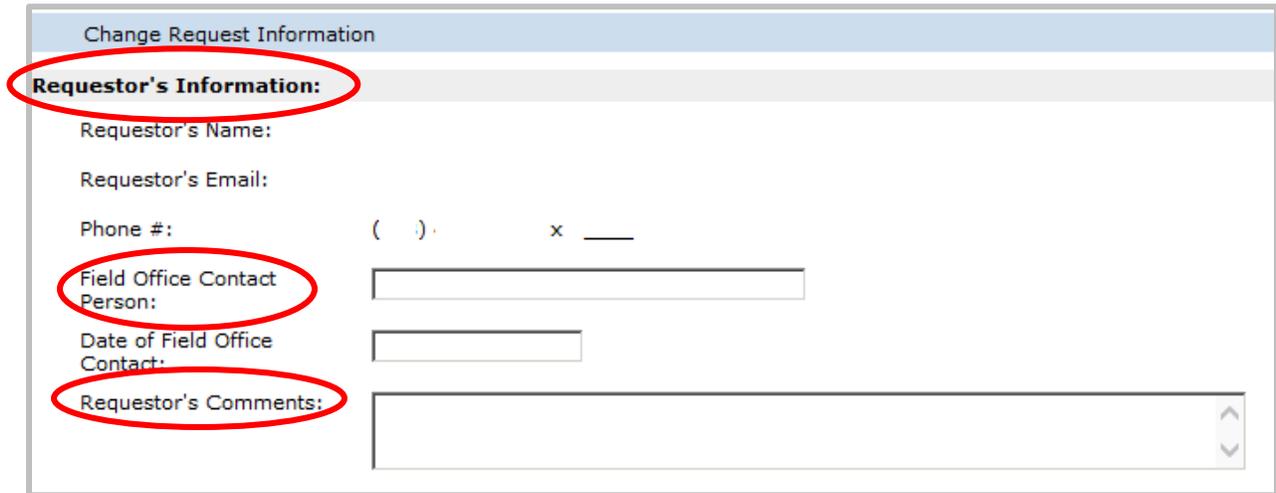
#	Contact Name	Email	Phone	Off Hours Phone
1:	Aaa123, Aaa1 Care Coordination, Children's Services, Facility Incident Management E-mail, PCS Coordinator	aaa@aa.com	(518) 474-1234	(518) 474-1234
2:	Bbbbbbb, Aaaaa PCS Coordinator	aa@bb.com	(963) 963-9639 x _555	
3:	Bbbbbbb, Aaaaa Children's Services, PCS Coordinator	asdf@asdf.com	(518) 555-1212	
4:	Blaahha, Asdf1 24/7 Incident Safety Check Contact, Adult Services, Care Coordination	asdf@asdf.com	(123) 456-7890	(123) 456-7890
5:	Blaahha, Test333 24/7 Incident Safety Check Contact	test@test.com	(987) 654-3211 x _333	(987) 654-3211 x _333
6:	Doe, John Inpatient	john.doe@omh.ny.gov	(518) 123-4567 x __89	

Person to be notified, in addition to Facility Director, for matters described by the contact.
[Edit Facility Contacts](#)

Change Request Information

Requestor's Information:
 Requestor's Name: Provider Administrator
 Requestor's Email: mhpd_pa@omh.state.ny.us
 Phone #: (123) 456-7890 x ____
 Field Office Contact Person:
 Date of Field Office Contact:
 Requestor's Comments:

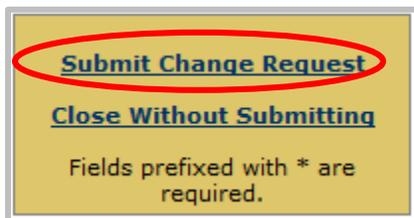
As shown in the screenshot below, the bottom data section in the Edit Agency/Facility screen, “Requestor’s Information,” fills in your contact information from your MHPD user data. Please correct this information, if necessary. You may also add comments in the space provided. Your correction will be saved and shown the next time you log into MHPD. If you have contacted the Field Office prior to making this change, you may enter the “Field Office Contact Person” and the “Date of Field Office Contact,” otherwise, you can leave it blank.



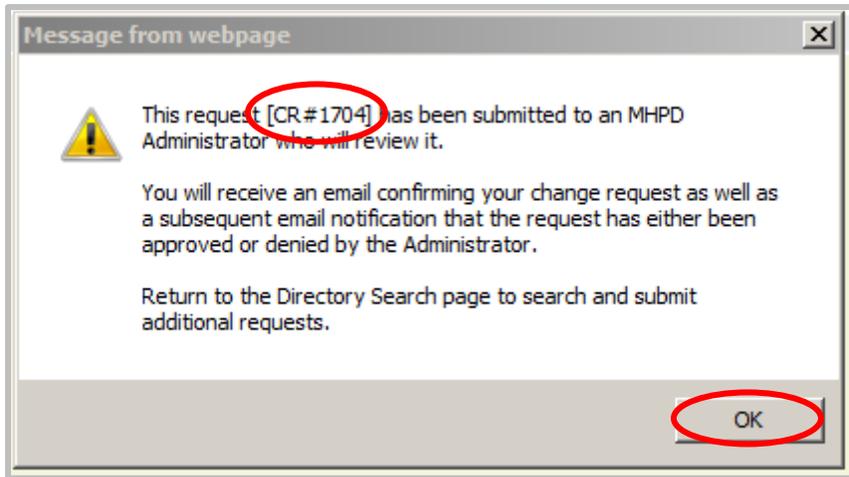
If you would like to request changes to information that cannot be requested using this page, please contact your Field Office. The Field Office contact information is available from the OMH website, [OMH Field Offices](#).

Submitting Change Request

When finished with editing, click “Submit Change Request” in the floating gold menu box in the upper right-hand corner of the screen.



A message box confirming your Change Request (CR), and indicating that the Change Request has been submitted, will display the Change Request number (CR #). Use this CR# in any future correspondence regarding this CR. Click “OK” to close the message box.



After you click “OK”, the Change Request is displayed in “Read Only” mode showing the Change Request in its entirety. You will also receive an e-mail confirming your Change Request. E-mail notifications are explained in detail under E-mail Notifications in the Appendix of the [MHPD Basic User’s Manual](#).

As shown in the screenshot below, an additional data section, Change Request Status, will appear below Change Request Information toward the bottom of the screen. It displays the “Change Request #”, the “Request Date”, the “Requestor’s information”, and the “Status” of the request, as well as the name and e-mail address of the Administrator who will review it. You can use this information to inquire about the status of the Change Request.

Change Request Information	
Change Request Status:	
Request #:	1931
Requested on:	02/14/2019 09:57 AM
Requested by:	"Provider Administrator" <mhpd_pa@omh.state.ny.us>
Administrator:	"Facility Administrator" <mhpd_ga@omh.state.ny.us>
Status:	New Request on 02/14/2019 09:57 AM

Reviewing changes

Once you submit your Change Request, both the current information section (shaded background) and the edit section (white section) displays in “Read Only” mode with the changes displayed in bold. When you are finished reviewing, select “Close” from the floating gold menu box in the upper right-hand corner to return to the Directory Search page.

Edit Program

Close

Agency:	[98760] - Test Agency (for user manual)		
Facility:	[2222] - Test Facility (for user manual)		
Program:	[008] - Housing Coordinator		
CFR Site ID #:	[2222008]		

Program Information:

Program Unit Code:	008		
Program Name:	Housing Coordinator		
Address:	123 Main Street, 2nd Floor		
P. O. Box:			
City, State Zip:	Buffalo	NY	14201-____
County:	Erie		
Counties Served (Main Site):			
Phone:	(123) 555-1003	x	____
Fax:	() ____-____		
OMH Licensed:	No		
Program Type:	[1760] - Advocacy/Support Services		
Recipient Run:	No		
Program Status:	Open		
Open Date:	06/27/2001		
Close Date:			
Last Updated:	11/14/2018 11:14 AM		

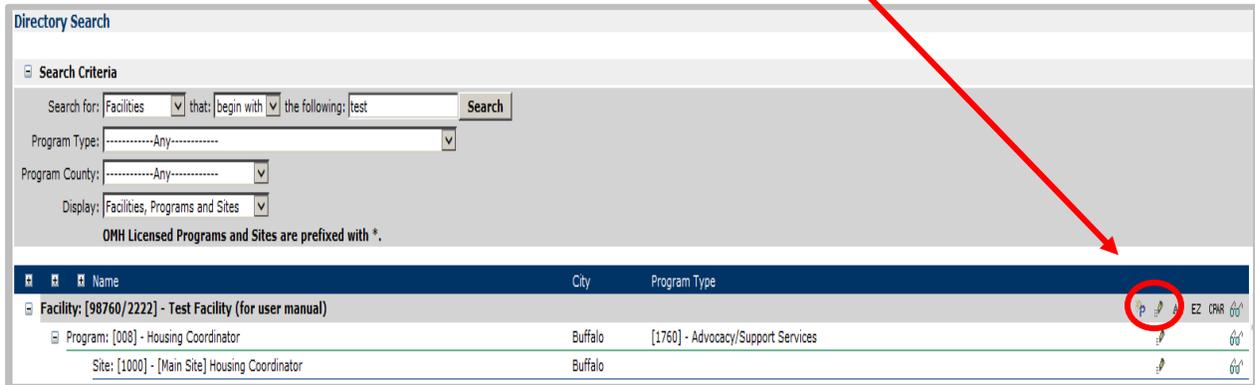
Program Unit Code:	008		
Program Name:	Housing Coordinator		
Address:	123 Main Street, 2nd Floor		
P. O. Box:			
City, State Zip:	Buffalo	NY	14201-____
County:	Erie		
Counties Served (Main Site):			
Phone:	(123) 555-1003	x	____
Fax:	() ____-____		
OMH Licensed:	No		
Program Type:	[1760] - Advocacy/Support Services		
Recipient Run:	No		
Program Status:	Open		
Open Date:	06/27/2011		
Close Date:			

Updating Unlicensed Program Information

Introduction

The Edit Program page is used when requesting changes to be made to Program information.

To navigate to the Edit Program page, click on the Edit icon  located at the right end of the Facility record display line on the Directory Search page.



Directory Search

Search Criteria

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

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

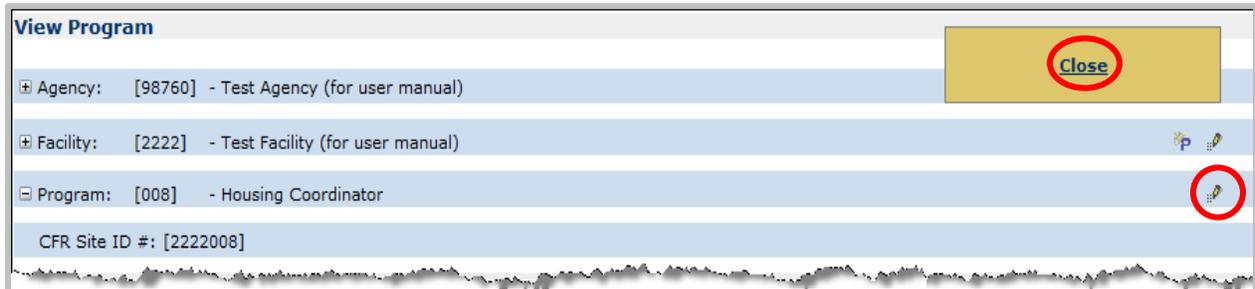
Program County: -----Any-----

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)				EZ	CR
Program: [008] - Housing Coordinator	Buffalo	[1760] - Advocacy/Support Services			
Site: [1000] - [Main Site] Housing Coordinator	Buffalo				

You may also click the Edit icon  in the Program Header section of the View Program or View Site page.



View Program

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

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

Program: [008] - Housing Coordinator 

CFR Site ID #: [2222008]

Editing information

Please refer to the section Editing Information under Updating Agency/Facility Information for details. The fields differ, but once the editing function has been invoked, the mechanism is the same.

Edit Program page

Proceed with changes in the same manner as described above in the Agency/Facility section. In the “Requestor’s Comments” field, please provide any background information that will help the Administrator accept the Change Request. In addition, if you have contacted the Field Office, please include the contact person and date of contact.

Please contact your Field Office for procedures to edit information not included in MHPD for unlicensed programs.

Program Type Changes

A request to change a program type initiates two processes: first, closing the original program as of the day prior to the effective open date; and second, opening a replacement program with the effective open date that you entered. The replacement program is assigned a new unit number. When you submit a program type change request, please review the program name to make sure it is consistent with the new program type.

To change a “Program Type,” select the new “Program Type” from the drop-down menu. Change the “Program Name” as appropriate for the new “Program Type.” Enter the “Effective Open Date” that reflects the date of the change, and the “Close Date” will fill in automatically. Change any other information such as phone numbers and address as needed.

Program Unit Code: 010

*Program Name:

*Address:

P. O. Box:

*City, State Zip:

*County:

Counties Served (Main Site):

<input type="checkbox"/> Albany	<input type="checkbox"/> Allegany	<input type="checkbox"/> Bronx	<input type="checkbox"/> Broome	<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Cayuga
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Chemung	<input type="checkbox"/> Chenango	<input type="checkbox"/> Clinton	<input type="checkbox"/> Columbia	<input type="checkbox"/> Cortland
<input type="checkbox"/> Delaware	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Erie	<input type="checkbox"/> Essex	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton
<input type="checkbox"/> Genesee	<input type="checkbox"/> Greene	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Kings
<input type="checkbox"/> Lewis	<input type="checkbox"/> Livingston	<input type="checkbox"/> Madison	<input type="checkbox"/> Monroe	<input type="checkbox"/> Montgomery	<input type="checkbox"/> NYS - Unknown
<input type="checkbox"/> Nassau	<input type="checkbox"/> New York	<input type="checkbox"/> Niagara	<input type="checkbox"/> Non USA	<input type="checkbox"/> Oneida	<input type="checkbox"/> Onondaga
<input type="checkbox"/> Ontario	<input type="checkbox"/> Orange	<input type="checkbox"/> Orleans	<input type="checkbox"/> Oswego	<input type="checkbox"/> Otsego	<input type="checkbox"/> Putnam
<input type="checkbox"/> Queens	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Richmond	<input type="checkbox"/> Rockland	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Schenectady
<input type="checkbox"/> Schoharie	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Seneca	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Steuben	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Sullivan	<input type="checkbox"/> Tioga	<input type="checkbox"/> Tompkins	<input type="checkbox"/> USA Not NYS	<input type="checkbox"/> Ulster	<input type="checkbox"/> Unknown
<input type="checkbox"/> Warren	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne	<input type="checkbox"/> Westchester	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Yates

*Phone: x

Fax:

OMH Licensed: No

A request to change a program type initiates two processes; closing the first program as of the day prior to the date you enter into the "effective open date" for the change, and opening the replacement program as of the "effective open date" that you enter. Note that the replacement program receives a new unit code (CFR site-id). Please be sure to edit program name to agree with the new program type and edit other fields, if needed.

*Program Type:

*Effective Open Date:

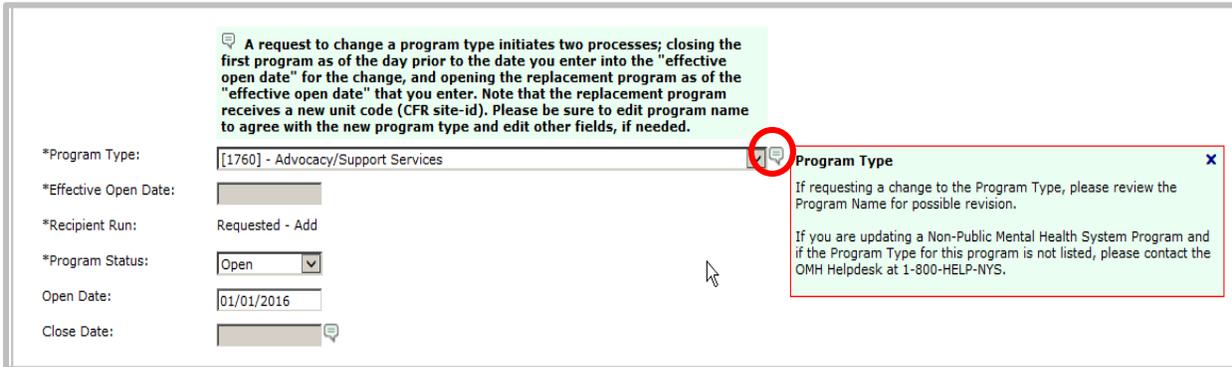
*Recipient Run:

*Program Status:

Open Date:

Close Date:

NOTE: The “Program Type” information balloon to the right of the “Program Type” drop-down menu: If requesting a change to the “Program Type,” please review the “Program Name” for possible revision. If you are updating a Non-Public Mental Health System Program and the “Program Type” for this program is not listed, please contact the MHPD Help Desk at (800) 430-3586 or e-mail mhpd@omh.ny.gov.



A request to change a program type initiates two processes; closing the first program as of the day prior to the date you enter into the "effective open date" for the change, and opening the replacement program as of the "effective open date" that you enter. Note that the replacement program receives a new unit code (CFR site-id). Please be sure to edit program name to agree with the new program type and edit other fields, if needed.

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

*Effective Open Date:

*Recipient Run: Requested - Add

*Program Status:

Open Date:

Close Date:

Program Type

If requesting a change to the Program Type, please review the Program Name for possible revision.

If you are updating a Non-Public Mental Health System Program and if the Program Type for this program is not listed, please contact the OMH Helpdesk at 1-800-HELP-NYS.

Editing a Program Type

If the program needing updates has open CAIRS episodes of care, a message box will display to the user as follows: “This request cannot be approved at this time. The request is to change a Program Type of a Program that has open CAIRS episodes of care that must be resolved prior to closing.”

To resolve, you must first Add a Program of the new Program Type (see the Add a Program section of this manual). In the Requestors Comments, enter “Change of program codes,” which was formerly the unit code [insert the old unit number here]. Once the Change Request to open the new program has been approved, and the new program has been added into MHPD, transfer the CAIRS cases from the old program in CAIRS to the new program. Contact the Helpdesk at (800) 435-7697, select option 2, for assistance with transferring episodes of care in CAIRS.

After finishing the transfer, close the old program in MHPD (see Closing a Program in this manual for more information). In the Requestors Comments box, enter a reason for submitting the change request, such as: “Change of program codes - This unit is being replaced by [insert the new unit number here].”

Submitting Change Request

When finished with editing, click “Submit Change Request” in the floating gold menu box in the upper right-hand corner of the screen. A message box confirming your Change Request and indicating that the Change Request has been submitted will display the CR# (Change Request Number.) Use this CR# in any future correspondence regarding this CR. Click “OK” to close the message box.

After you click “OK,” the Change Request is displayed in “Read Only” mode showing the Change Request in its entirety. You will also receive an e-mail confirming your Change Request. E-mail notifications are explained in detail under “E-mail Notifications” in the Appendix of the [MHPD Basic User’s Manual](#).

Certain minor changes to Program Information may be approved automatically. For Licensed Programs, this includes changes to the Program Manager fields. For Unlicensed Programs, this includes changes to the following: P.O. Box, Telephone Number, Fax Number, E-mail Address, and Program Manager fields. When these changes are submitted, a Change Request will be created and flagged as Automatically Approved. No e-mail notifications are generated. If fields in addition to these fields are changed, automatic approval will NOT take place, and it will follow the regular approval process.



NOTE: Relocations of Licensed Programs require submission of an Administrative Action. Licensed Programs will see this message when in edit mode. For more information, see the [Administrative Actions Manual](#) or contact your Field Office.

Program Unit Code: 008

*Program Name: ACME Mohawk Clinic5

*Address: 600 North Main St, APO

P. O. Box:

*City, State Zip: Mohawk NY 12345-____

*County: Oneida

Counties Served (Main Site):

<input type="checkbox"/> Albany	<input type="checkbox"/> Allegany	<input type="checkbox"/> Bronx	<input type="checkbox"/> Broome	<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Cayuga
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Chemung	<input type="checkbox"/> Chenango	<input type="checkbox"/> Clinton	<input type="checkbox"/> Columbia	<input type="checkbox"/> Cortland
<input type="checkbox"/> Delaware	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Erie	<input type="checkbox"/> Essex	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton
<input type="checkbox"/> Genesee	<input type="checkbox"/> Greene	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Kings
<input type="checkbox"/> Lewis	<input type="checkbox"/> Livingston	<input type="checkbox"/> Madison	<input type="checkbox"/> Monroe	<input type="checkbox"/> Montgomery	<input type="checkbox"/> NYS - Unknown
<input type="checkbox"/> Nassau	<input type="checkbox"/> New York	<input type="checkbox"/> Niagara	<input type="checkbox"/> Non USA	<input type="checkbox"/> Oneida	<input type="checkbox"/> Onondaga
<input type="checkbox"/> Ontario	<input type="checkbox"/> Orange	<input type="checkbox"/> Orleans	<input type="checkbox"/> Oswego	<input type="checkbox"/> Otsego	<input type="checkbox"/> Putnam
<input type="checkbox"/> Queens	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Richmond	<input type="checkbox"/> Rockland	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Schenectady
<input type="checkbox"/> Schoharie	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Seneca	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Steuben	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Sullivan	<input type="checkbox"/> Tioga	<input type="checkbox"/> Tompkins	<input type="checkbox"/> USA Not NYS	<input type="checkbox"/> Ulster	<input type="checkbox"/> Unknown
<input type="checkbox"/> Warren	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne	<input type="checkbox"/> Westchester	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Yates

*Phone: (315) 555-4445 x _____

Fax: (____) ____-____

OMH Licensed: Yes

Program Type: [2100] - Clinic Treatment

*Recipient Run: No

Program Status: Open

Close Date:

Updating Licensed Program Information

A limited number of edits can be submitted for Licensed Programs. The procedure used is the same as for editing Unlicensed Programs. Changes to an address are for corrections only. For actual relocations, an Administrative Action or a PAR is required depending on the type of program. See [PAR Frequently Asked Questions](#), and the [Administrative Action and EZPAR Manuals](#) for more information.

Closing Unlicensed Programs

The following editing instructions are used when you wish to close an unlicensed program. To perform this edit, you must change the “Program Status” field to “Closed” on the Edit Program page and enter the date you are closing the program in the “Closed Date” field. If the program is already closed, enter the last day it was in operation as the closing date.

*Program Status:
Open Date:
Close Date:

Below, in the “Requestor’s Comments” field, please provide any background information that will help the Administrator to accept the Change Request, such as the reason for the closing.

Requestor's Information:

Requestor's Name:
Requestor's Email:
Phone #: () x _____
Field Office Contact Person:
Date of Field Office Contact:
Requestor's Comments:

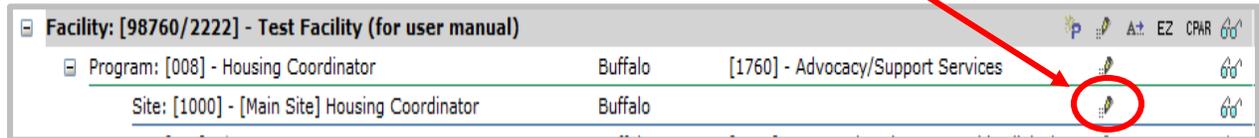
When finished with editing, click “Submit Change Request” in the floating gold menu box in the upper right-hand corner of the screen.



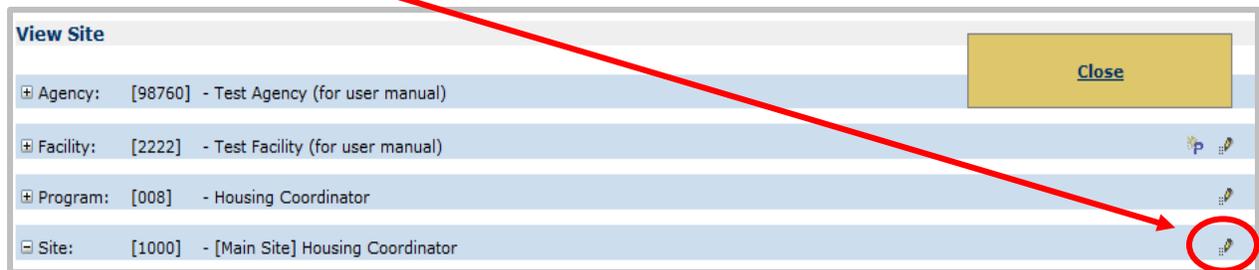
NOTE: If the program to be closed has open CAIRS episodes of care, a message box will be displayed to the user as follows: “This request cannot be approved at this time. The request is to close a program that has open CAIRS episodes of care that must be resolved prior to closing.” Please close the CAIRS episodes (contact OMH Help Desk if you need assistance) and then submit a request to close this program.”

Updating Site Information

The Edit Site page is used when requesting changes to be made to Site information. You can navigate to the Edit Site page either by clicking the Edit icon  in-line with the Site record on the Directory Search page



or by clicking the Edit icon  in the Site Header section of the View Site page.



Editing information

Please refer to section [Editing Information](#) under “[Updating Agency/Facility Information](#).” Procedures for editing Sites are the same as those for editing Facilities or Programs.

NOTE: When Program Name and Address Information is changed, the Site Name and Address of the Main Site are also updated.

Edit Site page

The Edit Site page may vary showing additional sections of the site based on the program served. Some pages may include “Days/Hours of Operation” or “Population Served.”

NOTE: The choice of Population Served (Children, Adolescent, Adult) is limited by the program type. The user will be prompted by a message box to make corrections when an incorrect Population Served box is checked.

If the site has a program code of a type that generally offers direct services (i.e. services provided to recipients or collaterals through face-to-face or telephone contact), then "Direct Services are Provided" will be pre-selected. If the program only provides discharge planning, coordination, linkage, referral, or other non-direct services, that box may be unchecked. When choosing the option to uncheck "Direct Services are Provided", the user must provide a description of the program's services in the “Requestor’s Comment” box.

Population Served: *Select one or more

Direct services are provided to consumers or collaterals through face to face or telephone contact. If the site ONLY provides discharge planning, coordination, linkage or referral or other non-direct services, please uncheck this box.

Direct Services are provided by this program or its subcontractor:

Adolescents:

Adults:

Children:

Change Request Information

Requestor's Information:

Requestor's Name:

Requestor's Email:

Phone #: () . x ____

Field Office Contact Person:

Date of Field Office Contact:

Requestor's Comments:

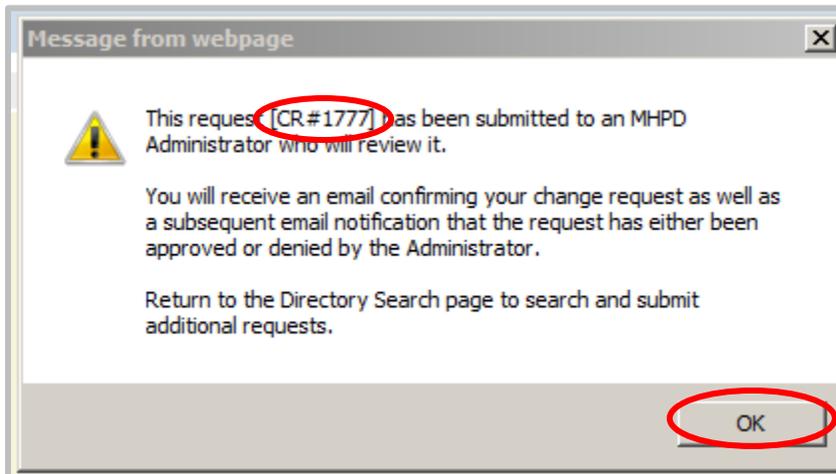
Sites that do not provide direct services will not appear on the OMH “Find a Mental Health Program in Your Community” portal. If you have contacted the Field Office prior to making this change, you may enter the “Field Office Contact Person” and the “Date of Field Office Contact.” In the “Requestor’s Comments” field, please provide any background information that will help the Administrator to accept the Change Request. Please contact your Field Office for procedures to edit information for licensed programs or to edit information not included in MHPD for non-licensed programs.

Submitting Change Request

When finished with editing, click “Submit Change Request” in the floating gold menu box in the upper right-hand corner of the screen.



A message box confirming your Change Request and indicating that the Change Request has been submitted will display the CR# (Change Request Number.) Use this CR# in any future correspondence regarding this CR. Click “OK” to close the message box.

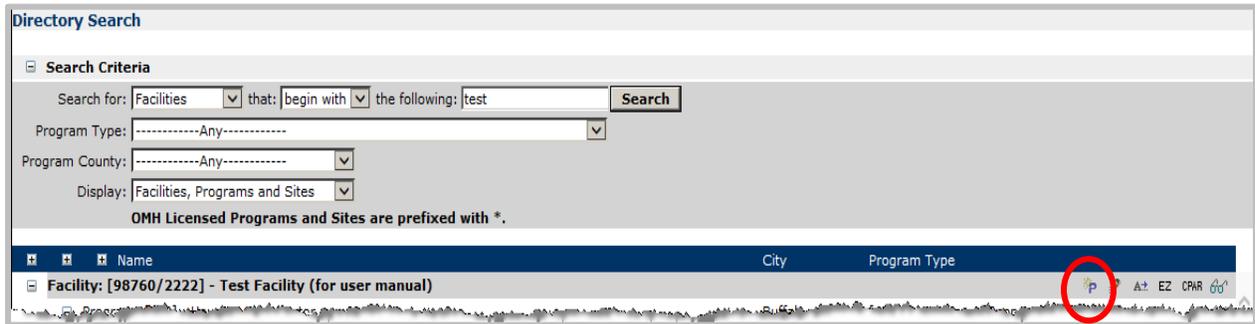


You will also receive an e-mail confirming your Change Request. E-mail notifications are explained in detail under E-mail Notifications in the Appendix of the MHPD Basic User’s Manual. After you click “OK,” the Change Request is displayed in its entirety in “Read Only” mode.

The “Change Request Status” section at the bottom displays the “Change Request #”, the “Request Date”, and the “Status” of the request, as well as the name and e-mail address of the Program Administrator who will review your request. You can use this information, if necessary, to respond regarding the status of the Change Request.

Adding Unlicensed Programs

The Add Program page is used when requesting to add unlicensed programs. You can navigate to the Add Program page by clicking the Add icon  found to the right side of the Facility information line on the Directory Search page. The user may also click the Add icon  found in the Facility Header section of the View Agency/Facility, View Program, or the View Site page.



Directory Search

Search Criteria

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

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)		

NOTE: There is no feature to add new sites to an unlicensed program. If an unlicensed program has multiple locations, please contact your [Field Office](#) to determine if additional program units are needed.

The Add Program page

Please complete the sections under “Program Information,” making sure to enter a physical street address, and select “Program Type” carefully. For assistance, click the information balloons



by these items.

Add Program

Sponsor:	[202020] - Test Facility (for user manual)	Submit Change Request Close Without Submitting <small>Fields prefixed with * are required.</small>
Agency:	[20202] Test Facility (for user manual)	
Facility:	[2222] - Test Facility (for user manual)	
Program:	[###] -	

Program Information:

Program Unit Code: ##

*Program Name:

Short Name:

*Address:

P. O. Box:

*City, State Zip: NY

*County:

Counties Served:

<input type="checkbox"/> Albany	<input type="checkbox"/> Allegany	<input type="checkbox"/> Bronx	<input type="checkbox"/> Broome	<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Cayuga
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Chemung	<input type="checkbox"/> Chenango	<input type="checkbox"/> Clinton	<input type="checkbox"/> Columbia	<input type="checkbox"/> Cortland
<input type="checkbox"/> Delaware	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Erie	<input type="checkbox"/> Essex	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton
<input type="checkbox"/> Genesee	<input type="checkbox"/> Greene	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Kings
<input type="checkbox"/> Lewis	<input type="checkbox"/> Livingston	<input type="checkbox"/> Madison	<input type="checkbox"/> Monroe	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Nassau
<input type="checkbox"/> New York	<input type="checkbox"/> Niagara	<input type="checkbox"/> Non USA	<input type="checkbox"/> NYS - Unknown	<input type="checkbox"/> Oneida	<input type="checkbox"/> Onondaga
<input type="checkbox"/> Ontario	<input type="checkbox"/> Orange	<input type="checkbox"/> Orleans	<input type="checkbox"/> Oswego	<input type="checkbox"/> Otsego	<input type="checkbox"/> Putnam
<input type="checkbox"/> Queens	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Richmond	<input type="checkbox"/> Rockland	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Schenectady
<input type="checkbox"/> Schoharie	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Seneca	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Steuben	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Sullivan	<input type="checkbox"/> Tioga	<input type="checkbox"/> Tompkins	<input type="checkbox"/> Ulster	<input type="checkbox"/> Unknown	<input type="checkbox"/> USA Not NYS
<input type="checkbox"/> Warren	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne	<input type="checkbox"/> Westchester	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Yates

*Phone: () - - x

Fax: () - -

OMH Licensed: No

*Program Type:

*Recipient Run: No

*Open Date:

Program Manager:

Title: First Name: Last Name: Degree:

Name:

Position:

Phone: () - - x

Email:

Site: [###] -

Site Information:

Address:

City, State Zip: NY

County:

Main Site: **Yes**

Program Type:

Change Request Information

Requestor's Information:

Requestor's Name:

Requestor's Email:

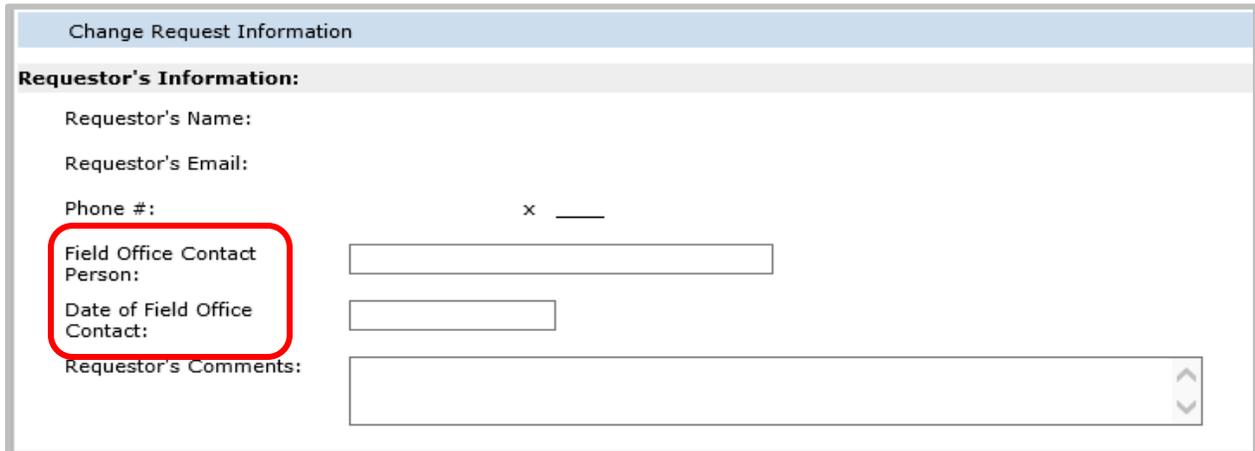
Phone #: x

Field Office Contact Person:

Date of Field Office Contact:

Requestor's Comments:

To expedite your request, if you have contacted someone in the Field Office about this program, please complete the following fields: “Field Office Contact Person” and the “Date of Field Office Contact” fields.



Change Request Information

Requestor's Information:

Requestor's Name: _____

Requestor's Email: _____

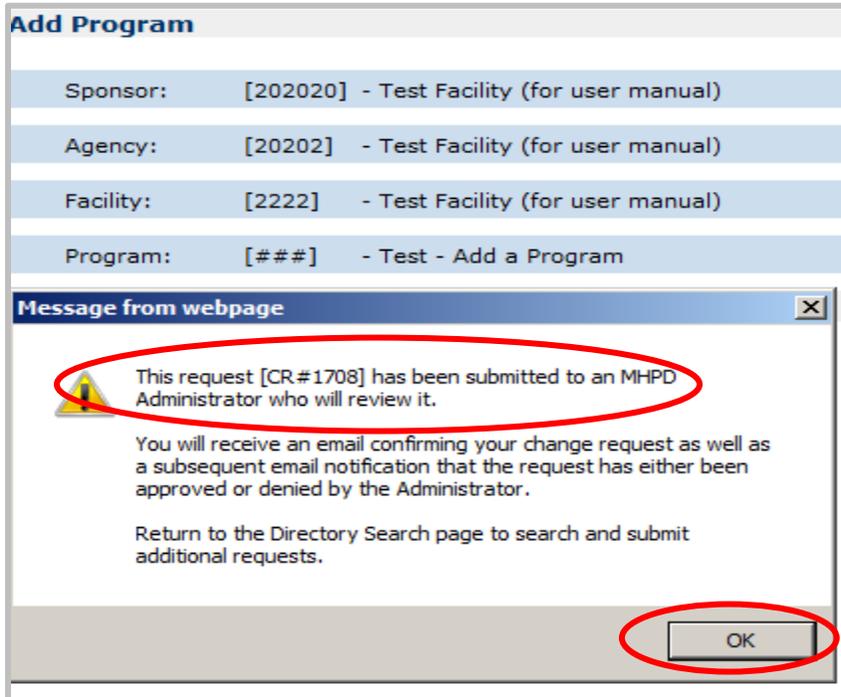
Phone #: _____ x _____

Field Office Contact Person: _____

Date of Field Office Contact: _____

Requestor's Comments: _____

When finished, click “Submit Change Request.” Upon doing so, a message box will display confirming your Change Request submission. The message box also displays the CR# (Change Request Number.) You can use this CR# in any future correspondence regarding this Change Request. Click “OK” to close the message box. Click “Close” to return to the Directory Search page.



Add Program

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

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

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

Program: [###] - Test - Add a Program

Message from webpage

 This request [CR #1708] has been submitted to an MHPD Administrator who will review it.

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

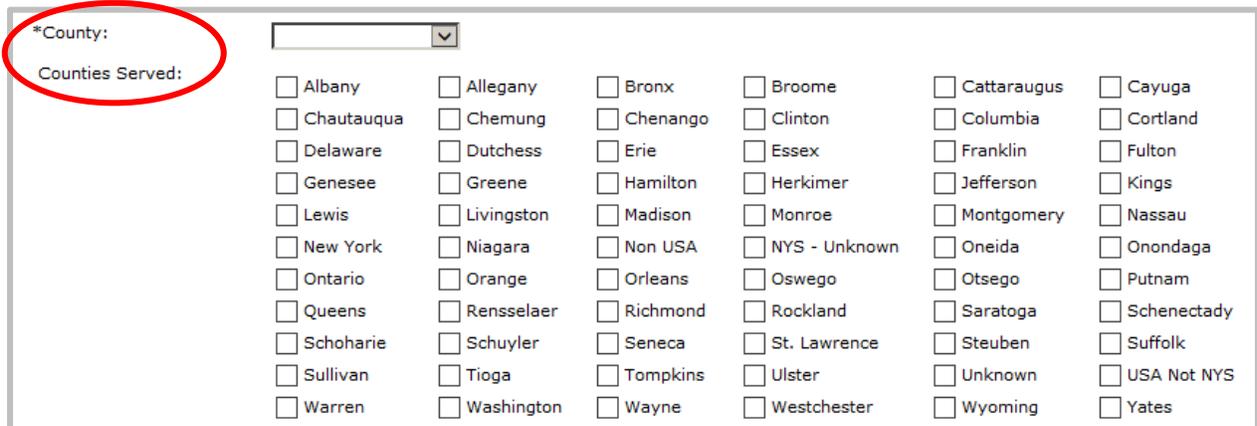
Return to the Directory Search page to search and submit additional requests.

OK

NOTE: To add a licensed program, a user cannot submit a change request. Please see the [Prior Approval Review \(EZ PAR\) Manual](#).

County Information

When a user clicks “Add Program” or “Edit Program,” multiple counties served can be indicated. The mandatory “County” field immediately above the “Counties Served” section is where the main program/site is located. The user clicks the drop-down arrow to select the main location. The “Counties Served” checkboxes refer to all counties that are served by any sites that belong to the program that you are adding or editing. The user will click in the checkbox for each county served for the program.



*County: ▼

Counties Served:

<input type="checkbox"/> Albany	<input type="checkbox"/> Allegany	<input type="checkbox"/> Bronx	<input type="checkbox"/> Broome	<input type="checkbox"/> Cattaraugus	<input type="checkbox"/> Cayuga
<input type="checkbox"/> Chautauqua	<input type="checkbox"/> Chemung	<input type="checkbox"/> Chenango	<input type="checkbox"/> Clinton	<input type="checkbox"/> Columbia	<input type="checkbox"/> Cortland
<input type="checkbox"/> Delaware	<input type="checkbox"/> Dutchess	<input type="checkbox"/> Erie	<input type="checkbox"/> Essex	<input type="checkbox"/> Franklin	<input type="checkbox"/> Fulton
<input type="checkbox"/> Genesee	<input type="checkbox"/> Greene	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Herkimer	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Kings
<input type="checkbox"/> Lewis	<input type="checkbox"/> Livingston	<input type="checkbox"/> Madison	<input type="checkbox"/> Monroe	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Nassau
<input type="checkbox"/> New York	<input type="checkbox"/> Niagara	<input type="checkbox"/> Non USA	<input type="checkbox"/> NYS - Unknown	<input type="checkbox"/> Oneida	<input type="checkbox"/> Onondaga
<input type="checkbox"/> Ontario	<input type="checkbox"/> Orange	<input type="checkbox"/> Orleans	<input type="checkbox"/> Oswego	<input type="checkbox"/> Otsego	<input type="checkbox"/> Putnam
<input type="checkbox"/> Queens	<input type="checkbox"/> Rensselaer	<input type="checkbox"/> Richmond	<input type="checkbox"/> Rockland	<input type="checkbox"/> Saratoga	<input type="checkbox"/> Schenectady
<input type="checkbox"/> Schoharie	<input type="checkbox"/> Schuyler	<input type="checkbox"/> Seneca	<input type="checkbox"/> St. Lawrence	<input type="checkbox"/> Steuben	<input type="checkbox"/> Suffolk
<input type="checkbox"/> Sullivan	<input type="checkbox"/> Tioga	<input type="checkbox"/> Tompkins	<input type="checkbox"/> Ulster	<input type="checkbox"/> Unknown	<input type="checkbox"/> USA Not NYS
<input type="checkbox"/> Warren	<input type="checkbox"/> Washington	<input type="checkbox"/> Wayne	<input type="checkbox"/> Westchester	<input type="checkbox"/> Wyoming	<input type="checkbox"/> Yates

Viewing Your Change Requests

Introduction

Each time a Change Request is submitted, an automated e-mail is generated from a pre-defined Administrator notifying the Requestor, the Field Office, and the County Mental Health Department, that the request has been submitted. Each of these individuals can view this Change Request. The Administrator of the request, upon review and follow-up with necessary parties at the Field Office and/or County, will either approve or deny the request. When the request is acted upon by the Administrator, a subsequent e-mail is generated to the same individuals notifying them of the action. If a request is denied, the Administrator will provide the basis for the denial in the e-mail. The requestor can then resubmit denied requests once any issues have been resolved.

Once a Change Request has been submitted, you can review or check the status of the request on a later date by using the My Change Request page. You may navigate to the My Change Requests page using the “My Change Requests” menu.



Once you click the “My Change Requests” menu, the My Change Request page is displayed listing all your submitted Change Requests.

My Change Requests

Filter Criteria

CR#: Auspice: State Non-State **Filter**

Request Date: Status: New Request Pending Status Date:

Thru: Approved Denied Thru:

Program Type:

CR#	Request Date	Type	Status	Status Date	County	Facility	Name	Requestor	Com
1705	10/12/2016	Update Prg O... New Re...	New Re...	10/12/2016	Albany	Test Facility (for user manual)	Advocacy for PCS Test xxx		
1704	10/12/2016	Update Prg O... New Re...	New Re...	10/12/2016	Albany	Test Facility (for user manual)	Advocacy for PCS Test xxx		
1647	07/14/2016	Update Prg O... Pending	Pending	07/14/2016	Cayuga	Test Facility (for user manual)	23rttttr11	Provider P ...	
1626	06/14/2016	Update Prg O... Pending	Pending	07/13/2016	Albany	Test Facility (for user manual)	Test Facility - HCBS Waiver test1		CF
1623	06/13/2016	Add Program	Pending	07/15/2016	Albany	Test Facility (for user manual)	new test m2	Provider P ...	
1607	06/06/2016	Add Program	Pending	07/13/2016	Columbia	Test Facility (for user manual)	mon3	Provider P ...	

Also, if you belong to the security group “Field Office” or “County,” you will see Change Requests submitted for your region and county.

The “My Change Request” List

The Change Request list is sorted by the “Status” followed by “Status Date” (descending order).

New Requests  are displayed on top, followed by Pending  requests, Approved  requests, and Denied  requests displayed at the end of the list. The other columns display an assortment of information about the request, such as the Request Type (e.g. Add Program), Status Date, County, Facility, Name (Facility, Site, or Program), Requestor, and Comments (Com). The Comments column indicates that someone in the Field Office role (F) or County role (C) has entered comments to the Administrator to aid in processing the request.

My Change Requests

Filter Criteria

CR#: Auspice: State Non-State **Filter**

Request Date: Status: New Request Pending Status Date:

Thru: Approved Denied Thru:

Program Type:

CR#	Request Date	Type	Status	Status Date	County	Facility	Name	Requestor	Com
745	11/24/2010	Add Program	New Re...	11/24/2010	Albany	Test Facility (for user manual)	Drop In Center	System Au...	
730	08/10/2010	Add Program	Approved	08/10/2010	Albany	Test Facility (for user manual)	Transportation Program	System Au...	
723	08/03/2010	Close Program	Approved	08/03/2010	Albany	Test Facility (for user manual)	HCBS Waiver Individualized Care Coordination	System Au...	
732	09/07/2010	Update Prg T...	Denied	09/07/2010	Albany	Test Facility (for user manual)	Test Facility (for user manual)	System Au...	F

NOTE: If a column entry is followed by three dots, move the cursor arrow over the dots to see the full description. You may also re-sort a column by clicking on the column heading.

Filtering and Finding a Change Request

This page allows you to filter Change Requests based on information you provide in the Filter Criteria section of the page.

My Change Requests

Filter Criteria

CR#: Auspice: State Non-State **Filter**

Request Date: Status: New Request Pending Status Date:

Thru: Approved Denied Thru:

Program Type: -----Any----- ▼

You may filter the list by Change Request Number (CR#), Auspice (State or Non-State; i.e. State-Owned - Facility Codes 0000 to 0099, or Non-State-Owned - Facility Codes 0100 to 9999), Request Date (date or date range), Status (select as many as needed), Status Date (date or date range), and Program Type (select from drop-down). Each time you change the Filter Criteria, you must click the “Filter” button to refresh the list.

You can also view the Change Request screen (e.g. Edit Site, Add Program) by clicking the View icon  on the right side of the request line.

My Change Requests

Filter Criteria

CR#: Auspice: State Non-State **Filter**

Request Date: Status: New Request Pending Status Date:

Thru: Approved Denied Thru:

Program Type: -----Any----- ▼

CR#	Request Date	Type	Status	Status Date	County	Facility	Name	Requestor	Com
2124	08/27/2020	Add Program	New Re...	08/27/2020	Rensselaer	Test Facility (for user manual)	Test Facility (for user manual)	Co Admin	

Once an edit to a field (e.g., open date) is approved, the old information will no longer be visible.

Edit Program Close

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

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

Program: [008] - Housing Coordinator

CFR Site ID #: [2222008]

Program Information:

Program Unit Code: 008

Program Name: Housing Coordinator

Address: 123 Main Street, 2nd Floor

P. O. Box:

City, State Zip: Buffalo NY 14201-____

County: Erie

Counties Served (Main Site):

Phone: (123) 555-1003 x ____

Fax: (____) ____-____

OMH Licensed: No

Program Type: [1760] - Advocacy/Support Services

Recipient Run: No

Program Status: Open

Open Date: **06/27/2001**

Close Date:

Last Updated: 11/14/2018 11:14 AM

Program Unit Code: 008

Program Name: Housing Coordinator

Address: 123 Main Street, 2nd Floor

P. O. Box:

City, State Zip: Buffalo NY 14201-____

County: Erie

Counties Served (Main Site):

Phone: (123) 555-1003 x ____

Fax: (____) ____-____

OMH Licensed: No

Program Type: [1760] - Advocacy/Support Services

Recipient Run: No

Program Status: Open

Open Date: **06/27/2010**

Close Date:

Resubmitting a Denied Change Request

If your request has been denied, you will receive an e-mail informing you. You can find your Change Request on the Change Request list, and then click the View icon  to view the original Change Request with the County, Field Office, and/or Administrator's comments as to why the request was denied. Next, click on "Resubmit Change Request" in the floating gold menu box. Your Change Request will be refreshed to its original state and ready for editing. When you have completed editing the request, click "Submit Change Request" in the floating gold menu box to "Resubmit Change Request."

County Information:		
County Comments:		
Field Office Information:		
Field Office Comments:	incorrect case numbers	
Added on:		
Updated on:		
Administrator's Information:		
Administrator's Comments:		

After a Change Request, has been reviewed and approved by the Administrator, the new or updated information will appear in MHPD and an e-mail will be sent to inform you that your Change Request has been approved.

Change Request Information	
Change Request Status:	
Request #:	42713
Requested on:	12/06/2020 01:36 PM
Requested by:	
Administrator:	
Status:	Approved on 12/07/2020 09:42 AM
Approved by:	

[Return to Manuals](#)