



**Office of
Mental Health**

MHPD User Manual EZ PAR

January 2021

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EZ PAR

Introduction


MHPD is an automated system through which providers of licensed programs inform OMH of certain changes to the licensed program and request review through the Prior Approval Review (PAR) process. Licensed programs may be directly edited in MHPD only to correct errors in their address. All other changes require the submission of either an Administrative Action (AA) or an EZ PAR. The EZ PAR feature in MHPD allows licensed providers an automated system to request prior approval from OMH pursuant to Part 551 of 14 NYCRR of a proposed change to their licensed programs, which is wider in scope than those changes covered under the AA.

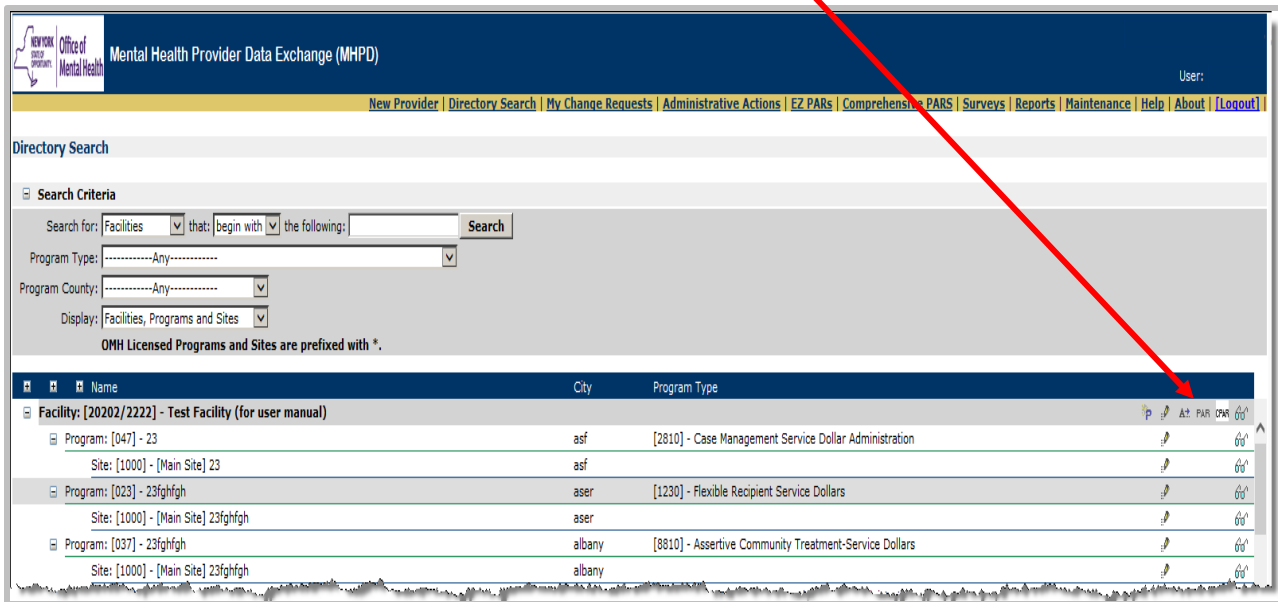
NOTE: For more details on EZ PAR, please see the Prior Approval Review (PAR) page at the following link: <http://www.omh.ny.gov/omhweb/par/>.

There is also an EZ PAR FAQ document located at the following link:
<https://www.omh.ny.gov/omhweb/par/faq.html>

and an EZ PAR Guidance Document located at the following link:
https://www.omh.ny.gov/omhweb/dqm/bic/ez_par/index.html#letter_of_support

Directory Search

EZ PARs may be requested at the Facility level, the Program (Primary Site) level, and the Satellite Site level. Initiate an EZ PAR by going to the Directory Search screen, finding the program that requires the action, and clicking the PAR icon  to the right.



Mental Health Provider Data Exchange (MHPD)

User: _____

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

Directory Search

Search Criteria

Search for: Facilities that begin with the following:


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

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

Display: Facilities, Programs and Sites

OMH Licensed Programs and Sites are prefixed with *.

Name	City	Program Type			
<input type="checkbox"/> Facility: [20202/2222] - Test Facility (for user manual)					
<input type="checkbox"/> Program: [047] - 23	asf	[2810] - Case Management Service Dollar Administration			
<input type="checkbox"/> Site: [1000] - [Main Site] 23	asf				
<input type="checkbox"/> Program: [023] - 23fghgh	aser	[1230] - Flexible Recipient Service Dollars			
<input type="checkbox"/> Site: [1000] - [Main Site] 23fghgh	aser				
<input type="checkbox"/> Program: [037] - 23fghgh	albany	[8810] - Assertive Community Treatment-Service Dollars			
<input type="checkbox"/> Site: [1000] - [Main Site] 23fghgh	albany				

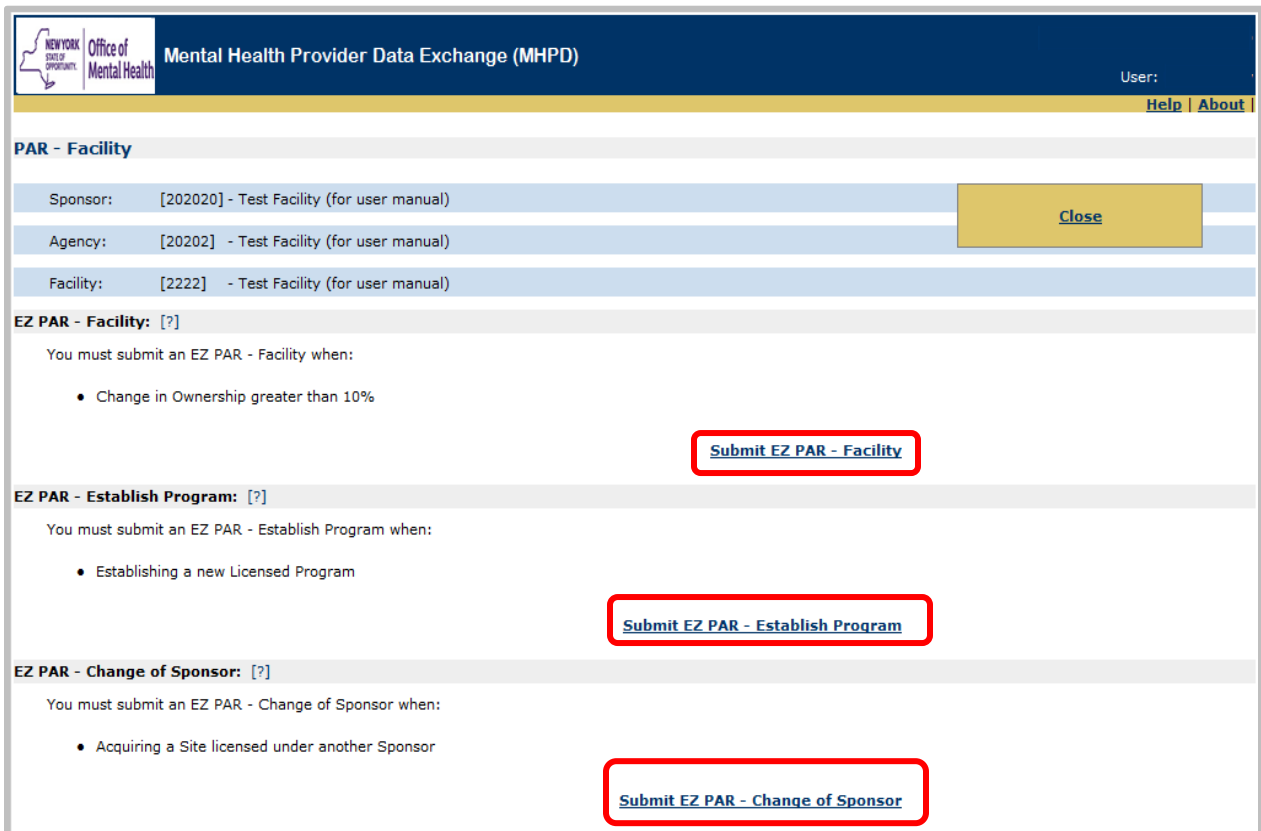
Clicking the PAR icon  will bring up the EZ PAR screen.



EZ PAR ON THE FACILITY LEVEL

Facility EZ PAR Options

The PAR – Facility screen allows access to three EZ PAR changes: “EZ PAR – Facility - Changes of Ownership (greater than 10%),” “EZ PAR – Establish Program - Establishing a new Licensed Program,” and “EZ PAR - Change of Sponsor – Acquiring a Site licensed under another Sponsor.” Select the appropriate option by pressing the “Submit EZ PAR” link to the right of it.



Submit EZ PAR - Facility

This EZ PAR option allows the provider to submit a “Change in Ownership greater than 10%” to a licensed program.


EZ PAR - Facility: [?]

You must submit an EZ PAR - Facility when:

- Change in Ownership greater than 10%

[Submit EZ PAR - Facility](#)

When “Submit EZ PAR – Facility” is clicked, the EZ PAR – Facility screen is shown.


Office of Mental Health
Mental Health Provider Data Exchange (MHPD)
User: _____

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

EZ PAR - Facility

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

[Save EZ PAR](#)

[Save & Submit EZ PAR](#)

[Close without Saving or Submitting](#)

Fields prefixed with * are required.

Letter of Support: [?]

Letter of Support: Please attach, fax or mail the Letter of Support from the County or Counties required for the EZ PAR.

Please indicate how the Letter of Support will be provided.

The Letter of Support is attached.
 The Letter of Support will be faxed.
 The Letter of Support will be mailed.
 The Letter of Support will not be provided.

Please explain why the Letter of Support will not be provided:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

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

Files Attached

There are no files attached.

Prior Consultation with OMH Field Office: [?]

EZ PAR requires prior consultation with an OMH Field Office staff person. Please enter the name of the Field Office person and date contacted.

* Field Office Contact Person:

* Date of Field Office Contact: (mm/dd/yyyy)

EZ PAR Options:

* Change in Ownership: ▼

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

* Proposed Changes: Describe the proposed changes:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

Mailing Address for Supporting Documents:

Please identify your agency name and EZ PAR # on the cover letter when submitting information by fax or mail.

Address: ATTN: PAR Unit
 RE: EZ PAR # - {Click Save EZ PAR to assign one}
 OMH Bureau of Inspection and Certification
 44 Holland Avenue
 6th Floor
 Albany NY 12229-____

Fax #: (518) 486-5587 x ____

EZ PAR Information:

Requestor's Information:

Requestor's Name: _____

Requestor's Email: _____

Requestor's Phone #: () . x ____

EZ PAR - Facility

Begin by clicking the appropriate circle button indicating how the Letter of Support will be provided. If “The Letter of Support is attached” is selected, click “Browse” to locate the letter on the workstation. Highlight it in the browse window and press “Open.”

Letter of Support: [?]

Letter of Support: Please attach, fax or mail the Letter of Support from the County or Counties required for the EZ PAR.

Please indicate how the Letter of Support will be provided.

The Letter of Support is attached.
 The Letter of Support will be faxed.
 The Letter of Support will be mailed.
 The Letter of Support will not be provided.

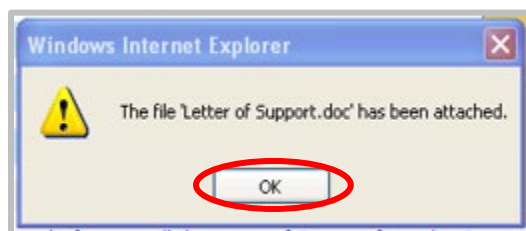
Please explain why the Letter of Support will not be provided:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.



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

Files Attached
There are no files attached.

A message will inform you the letter has been attached. Click “OK.”



Letter of Support

The user may review the letter by clicking the View icon  or remove it by clicking the Delete icon . If a Letter of Support will not be provided, give the reason in the text box provided.

Letter of Support:



Letter of Support: Please attach, fax or mail the Letter of Support from the County or Counties required for the EZ PAR.

Please indicate how the Letter of Support will be provided.

The Letter of Support is attached.
 The Letter of Support will be faxed.
 The Letter of Support will be mailed.
 The Letter of Support will not be provided.

Please explain why the Letter of Support will not be provided:

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

Files Attached
Letter of Support.doc  

Prior Consultation with the OMH Field Office

Prior Consultation with the OMH Field Office is an important part of the effort to expedite the process and ensure that local parties are involved in planning and support for the project. The county will also have an opportunity to comment on specific aspects of the proposal during the review stage.

Prior Consultation with OMH Field Office: [?]

EZ PAR requires prior consultation with an OMH Field Office staff person. Please enter the name of the Field Office person and date contacted.

* Field Office Contact Person:

* Date of Field Office Contact: (mm/dd/yyyy)

EZ PAR Options

Under EZ PAR Options, you must answer “Change of Ownership,” “Anticipated Date of Change,” and “Proposed Changes – Describe the proposed changes.”

EZ PAR Options:

- * Change in Ownership:
- * Anticipated Date of Change: (mm/dd/yyyy)
- * Proposed Changes: Describe the proposed changes:


Change in Ownership

Click the “Change in Ownership” drop-down and select “Yes.” Enter “Anticipated Date of Change” and enter a “Description of the proposed changes” in the text box provided. Then, move to the special screen section generated by this selection.

EZ PAR Options:

- * Change in Ownership: (dropdown menu)
- * Anticipated Date of Change: (mm/dd/yyyy)
- * Proposed Changes: Describe the proposed changes:
The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

Current Stockholders


Enter data for “Current Stockholders” in the required text fields, selecting “Yes” or “No” in the two drop-downs. To add sections for other current stockholders, press the green plus sign  in the lower right corner. When finished, move to the section for “New Stockholders”:

NOTE: The term ‘stockholders’ is intended to cover any and all ownership interests in a for-profit organization. ‘Shares’ should be understood to include either shares of stock in a business corporation or percentage of ownership interest in a non-corporate for-profit organization.

Change in Ownership greater than 10% (applicable only to for-profits, LLC's and business corporations):


Current Stockholders:

#	Current Stockholder	% of Shares Held Before Change	% of Shares Held After Change
1:	Current Stockholder's Name: <input type="text"/>	0.00 %	0.00 %
	Current Stockholder's Legal Address: <input type="text"/>		
	Will shares of stock be purchased or be compensated by proposed new stockholder(s)? <input type="button" value="v"/>		
	If yes, describe what type of compensation and identify its dollar value to be given for stocks acquired by each proposed new stockholder. (e.g. \$100 per share for 100 shares)		
	<input type="text"/>		
	Is the stockholder a natural person? <input type="button" value="v"/>		
	If no, identify the actual stockholder (e.g. another corporation, limited partnership, or partnership.)		
	<input type="text"/>		



New Stockholders

Enter data for “New Stockholders” in the required text fields, selecting “Yes” or “No” in the four drop-downs. In the resume section, press “Browse” to attach the document, if one resides on the workstation. If not, use the text area to describe the individual’s background. To add

sections for other new stockholders, press the green plus sign  in the lower right corner.

New Stockholders:

# New Stockholder	% of Shares Held After Change
<p>1: New Stockholder's Name: <input style="width: 90%;" type="text"/></p> <p style="text-align: right;">0.00 %</p> <p>New Stockholder's Legal Address: <input style="width: 90%;" type="text"/></p> <p>Attach the new stockholder's resume OR provide experience with individuals with mental illness or any related experience:</p> <p>New Stockholder's Resume: <input style="border: 2px solid red;" type="button" value="Browse..."/></p> <p>Provide experience with individuals with mental illness or any related experience: <input style="width: 90%;" type="text"/></p> <p>Has the stockholder been convicted of a crime or are they currently charged with a crime? <input style="border: 2px solid red;" type="button" value="v"/></p> <p>If yes, describe the nature of the crime: <input style="width: 90%;" type="text"/></p> <p>Is this new stockholder related to any of the current stockholders? <input style="border: 2px solid red;" type="button" value="v"/></p> <p>If yes, provide the names of the individual stockholders and identify the relationship (e.g. son, wife, brother in-law): <input style="width: 90%;" type="text"/></p> <p>Will shares of stock be purchased or be compensated by proposed new stockholder(s)? <input style="border: 2px solid red;" type="button" value="v"/></p> <p>If yes, describe what type of compensation and identify its dollar value to be given for stocks acquired by each proposed new stockholder. (e.g. \$100 per share for 100 shares) <input style="width: 90%;" type="text"/></p> <p>Is the stockholder a natural person? <input style="border: 2px solid red;" type="button" value="v"/></p> <p>If no, identify the actual stockholder (e.g. another corporation, limited partnership, or partnership.) <input style="width: 90%;" type="text"/></p>	

NOTE: Unless section 31.22 c (3&4) of Mental Hygiene Law has changed, an owner that is not a natural person would be prohibited from holding an ownership interest in an organization that operates a licensed program.

SUBMIT EZ PAR - ESTABLISH PROGRAM

The “Submit EZ PAR – Establish Program” option allows the provider to establish a new licensed program.

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

EZ PAR - Establish Program: [?]

You must submit an EZ PAR - Establish Program when:

- Establishing a new Licensed Program

[Submit EZ PAR - Establish Program](#)

When “Submit EZ PAR - Establish Program” is selected in the Facility EZ PAR Option screen, following the “Letter of Support” section (see EZ PAR - Facility above), the screen on the next page appears.

All text areas marked with asterisks are required. If there is no impact, type a message to that effect into the space. When the text areas are completed, go down the list of possible documents, and press one of the five circle button options for each one. If any of the documents are on the workstation, press "Browse," go out to their location, and press "Open" in the browse window to attach them.

EZ PAR Options:

* Rationale: Provide a rationale that addresses the need for the new program and, if possible, provide data to support need (waiting lists, recent caseloads, referrals, etc.):

* Impact on Staffing: Describe how establishing the new program will impact on current staffing (relocating staff, reassigning caseload, etc.):

* Impact on Recipients: Describe how establishing the new program will impact the recipients currently enrolled in existing programs (transportation needs, space needs, staff availability, etc.):

Supporting Documents:

The EZ PAR review will begin when required documents are received by OMH. Not all documents listed are required for all projects. Some documents may be required to complete a project but may not be required for OMH to begin PAR review (e.g. Certificate of Occupancy, lease, architect's verification.) If required documents are not attached to this application, please fax or mail them to the fax number/address listed below.

Please indicate the supporting documents that will be provided.

Document	Attached	Faxed	Mailed	Not Provided	Not Applicable
Staffing Plan:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Plan (Clinic Treatment O...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budget:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labeled Floor Plan:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lease:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of Occupancy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Architect's or Engineer's Verific...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please attach supporting documents below.

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

Files Attached

There are no files attached.

EZ PAR Options for Establishing a Licensed Program

Proceed to the next two sections, which operate in tandem.


Program and Sites

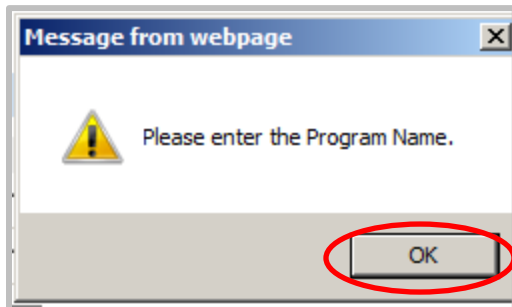
Once you fill out the program name under the program information, the program name will appear in the Programs and Sites information below.

Program and Sites:

#	Program or Site	Name
1:	Program:	Program Name is not specified.
2:	Site:	Click the [+] icon to add a site.

Program: [###] -

If you click the  prior to filling out the Program information, you will get the following message. Click "OK."



Program Information

In the Program Information section, enter the general data for the Program either by direct entry or drop-down. The “Program Type” drop-down will display all available OMH licensed program types. All data fields are asterisked and required.

Program Information:

* Program Name:

* Address:

* City, State Zip: **NY** -

* County: **Allegany**

* Phone: () - x

* Primary Site: **Yes**


* Program Type:

* Proposed Open Date: (mm/dd/yyyy)

* Is this location within the same building where other OMH programs are currently located?

* Will the property be leased or owned by the provider?

* Capital Project:

 **Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.**

NOTE: MHPD considers Program and Primary (Main) Site to be identical. The sites are separately distinguished in the Directory Search list for ease of submitting Change Requests, which distinguish between the more general information contained in the Program record and the more ‘site specific’ information contained in the Site record. This distinction is reflected here in the separation of the Program Information screen section from the more specialized screen sections below.

Other Tenants

If the answer selected in the drop-down is “Yes” for the preceding question, the following data section will appear with a required response.

* Is this location within the same building where other OMH programs are currently located?

* Other Tenants of the Building: Please identify all other tenants of the building:
The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

* Will the property be leased or owned by the provider?

Capital Project Section

If the user selects “Yes” in the Capital Project section,

* Capital Project:

Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.

the following screen section appears:

Capital Project:

* Project Type:

Project Type	
New Construction:	<input type="checkbox"/>
Addition to Existing Building:	<input type="checkbox"/>
Substantial Renovation:	<input type="checkbox"/>
Alteration:	<input type="checkbox"/>
Acquisition:	<input type="checkbox"/>

* 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"/>
Commercial Loans:	\$ <input type="text" value="0"/>
DASNY Funds:	\$ <input type="text" value="0"/>
Donations:	\$ <input type="text" value="0"/>
State or Local Government Funds:	\$ <input type="text" value="0"/>
Other - <input type="text" value=""/>	\$ <input type="text" value="0"/>

* Is the property leased or owned?

* Will any program space be shared with any other program in the building?

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

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

Answer all sections described on the next several pages, clicking on the drop-downs wherever necessary. If you answer "Yes" for the drop-down question: "Will any program space be shared?" the "Shared Space" and "Project Description" data sections appear, requiring a response.

* Will any program space be shared with any other program in the building?

Shared Space

In the text box, describe how the shared space will be used by each program.

Shared Space:	<p>Please describe how the shared space will be used by each program:</p> <p>The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
----------------------	--

Project Description

In the text box describe the proposed Capital Project and any physical plant work required before the space can be occupied.

* Project Description:	<p>Describe the proposed Capital Project and any physical plant work required before the space can be occupied:</p> <p>The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
-------------------------------	--

NOTE: "Project Description" appears regardless of "Shared Space" status.

Recipient and Staff Safety

In the text box, describe how the program will manage services to ensure recipients and staff are not exposed to any danger.

* Recipient and Staff Safety:	<p>Describe how the program will manage services to ensure recipients and staff are not exposed to any danger:</p> <p>The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div>
--------------------------------------	---

Proposed Capacity-Caseload-Volume

In the boxes, enter the “Average Monthly Caseload” and “Annual Volume of Services.”

Proposed Capacity, Caseload and/or Volume of Services:	
	Proposed: _____
Average Monthly Caseload:	<input type="text" value="0"/>
Annual Volume of Services:	<input type="text" value="0"/>

Population Served

In the boxes, check off which population is being served – “Adolescents,” “Adults,” and “Children.” In the boxes, enter the “Proposed age range” for the population you selected.

Population Served:			
Adolescents:	<input type="checkbox"/>	Proposed age range:	<input type="text"/> to <input type="text"/>
Adults:	<input type="checkbox"/>	Proposed age range:	<input type="text"/> to <input type="text"/>
Children:	<input type="checkbox"/>	Proposed age range:	<input type="text"/> to <input type="text"/>

Special Population Served

If your program will serve a “Special Population,” please check the box for the specific Special Population Served.

Special Population Served:	
Eating Disorders:	<input type="checkbox"/>
Family:	<input type="checkbox"/>
Geriatric:	<input type="checkbox"/>
Hearing Impaired:	<input type="checkbox"/>
Homeless:	<input type="checkbox"/>
MI/MR:	<input type="checkbox"/>
MICA:	<input type="checkbox"/>
Physically Challenged:	<input type="checkbox"/>
Sight Challenged:	<input type="checkbox"/>

Additional Services

This is applicable only for outpatient programs: Clinic programs do not have additional services. Place a check mark in the appropriate box, if there are any “Additional Services.”

Additional Services:	
Activity Therapy:	<input type="checkbox"/>
Case Management:	<input type="checkbox"/>
Clinical Support:	<input type="checkbox"/>
Crisis Intervention:	<input type="checkbox"/>
Supportive Skills Training:	<input type="checkbox"/>
Verbal Therapy:	<input type="checkbox"/>

Optional Services (applicable only to clinic programs)

Optional Services that are only applicable to clinic programs are listed in this section. If you are opening a clinic program, and there are Optional Services being offered, please check the appropriate box.

Optional Services:	
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"/>

Optional Services (applicable only to non-clinic programs)

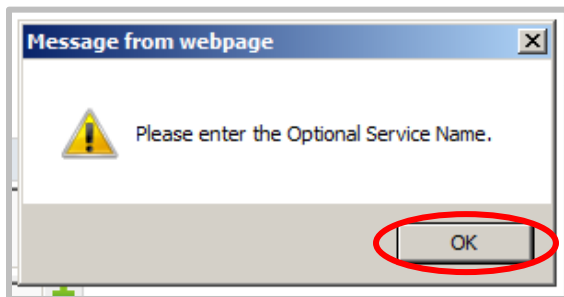
Optional Services that are only applicable to non-clinic programs are listed in this section. If you are opening a non-clinic program, and there are Optional Services being offered, please enter them in the “Optional Service Name” box with a “Optional Service Description.” If you need additional lines, click the green plus sign and enter the “Optional Service Name” and “Optional Service Description.” Click “OK” when you are done.

Optional Services: [?]

Add Optional Services:

Please provide specific details about the optional service; include full description of service, staff expertise to provide this service and indicate whether this service is available elsewhere in the community:


#	Optional Service Name	Optional Service Description	
1:	test 1		⌵ ⌶ ✖
2:	test 2		⌵ ⌶ ✖
3:			⌵ ⌶ ⌕ ✖



Days/Hours of Operation

Enter “Primary Start Time,” “Primary End Time,” “Secondary Start Time,” Secondary End Time,” and “Comment” for each day of operation.

Days/Hours of Operation:					
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, fax or mail a staffing plan that demonstrates adequate coverage for the proposed hours of operation.

If there are no Satellite Sites to add, or if you wish to add them after the program has been established in the directory, select “Save & Submit EZ PAR” from the floating gold action box.

[Save EZ PAR](#)
[Save & Submit EZ PAR](#)
[Close without Saving or Submitting](#)

Fields prefixed with * are required.

If any sites are to be added now, click the green plus sign in the Program and Sites section. Line 1 displays the Program name with an edit pencil.

Program and Sites:		
#	Program or Site	Name
1:	Program:	Orion Clinic 
2:	Site:	Click the [+] icon to add a site. 

Program and Sites when Adding First Satellite

The Program Information screen section below has been replaced by a Site Information screen section.

Site Information:

* Site Name:

* Address:

* City, State Zip: **NY** -

* County: **Albany**

* Phone: () - x

* Primary Site: **No**


* Program Type: **[2100] - Clinic Treatment**

* Proposed Open Date: (mm/dd/yyyy)

* Is this location within the same building where other OMH programs are currently located?

* Will the property be leased or owned by the provider?

* Capital Construction Project:



 **Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.**

Site Information

Respond to all items in this section. This section is identical to that of the Program Information section above. The site-specific screens, which follow it, are also the same as those for the Primary Site. If a second satellite is required, click the green plus sign to invoke a new Site Information screen section. Satellite 1 appears in the Program and Sites section with its own Edit icon and a red 'X' Delete icon to be used, if the user decides to remove it before submitting. The same procedure is followed for the addition of all subsequent satellites. If you wish to save the EZ PAR and return to it after more information has been gathered, you may do so now. The EZ PAR is added to the EZ PAR queue (see section below 'Saving and Submitting EZ PARs') and when re-opened, will appear exactly as it does now. The Edit icons can then be used to reopen the various sections to add or correct data.

Program and Sites when Adding Second Satellite

Program and Sites:

#	Program or Site	Name	
1:	Program:	Orion Clinic	  
2:	Site:	Satellite 1	
3:	Site:	Click the [+] icon to add a site.	

When you are finished adding sites, click on a response in the floating gold menu box in the upper right corner of your screen.

[Save EZ PAR](#)
[Save & Submit EZ PAR](#)
[Close without Saving or Submitting](#)

Fields prefixed with * are required.

SUBMIT EZ PAR – CHANGE OF SPONSOR

Under this feature of the facility level EZ PAR, an OMH licensed provider submits an EZ PAR to become the new sponsor of a program currently licensed to another provider. When a submitted “Change of Sponsor” EZ PAR is approved and the necessary changes in the CONCERTS database are made, the new sponsor will see the acquired programs and/or sites in their Directory Search listing, and the associated data comes under their control.

PAR - Facility

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

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

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

EZ PAR - Change of Sponsor: [?]

You must submit an EZ PAR - Change of Sponsor when:

- Acquiring a Site licensed under another Sponsor

[Submit EZ PAR - Change of Sponsor](#)

EZ PAR Options and Programs and/or Sites Changing of Sponsor

In EZ PAR Options, fill in the “Proposed Effective Date of Change” and “Rationale.” In “Programs and/or Sites Changing Sponsor,” fill in the “Operating Certificate #” (which has 7 digits, plus a capital letter indicating the program-site). The capital letter, ‘A’ represents the Primary Site for outpatient programs. For inpatient programs, the “Operating Certificate #” includes only the 7 digits. Click the green plus sign to add a site. If an invalid number is entered, a message will be returned that it is incorrect.

EZ PAR Options:

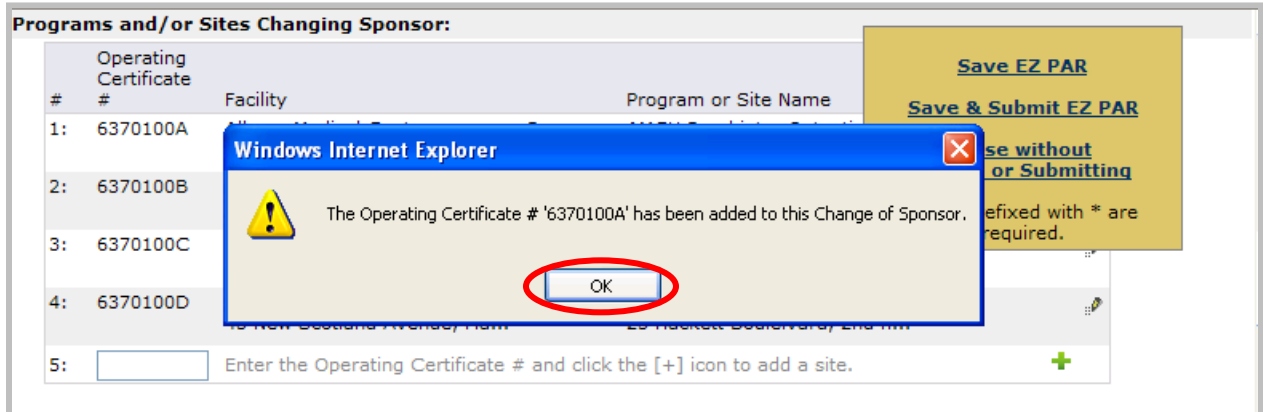
* Proposed Effective Date of Change: (mm/dd/yyyy)

* Rationale: Describe the reason(s) for the change of sponsor and, if possible, provide data to support the reasons:

Programs and/or Sites Changing Sponsor:

#	Operating Certificate #	Facility	Program or Site Name	Change of Sponsor?
1:	<input style="width: 80%;" type="text"/>	Enter the Operating Certificate # and click the [+] icon to add a site.		<input style="border: 1px solid green; border-radius: 50%;" type="button" value="+"/>

If it is valid, the following Operating Certificate # (OC #) acceptance message is returned.



The Programs and/or Sites Changing Sponsor screen section now displays the Primary Site of the OC# and all its Satellites. Edit icons appear beside all items and may be altered. Note that each item originally defaults to “Yes” in answer to “Change of Sponsor?” The selection of the OC # also generates two subsequent screen sections (see below). The sections initially default to the Primary Site. By clicking the Edit icon on a Satellite line, the sections will change to the selected Satellite. The red ‘X’ to the right of the Primary allows the user to cancel the EZ PAR for the program selected (all items are then removed from the display). The bottom line allows the user to continue with other changes of sponsorship as required.



Change of Sponsors and EZ PAR Options for Change of Sponsor

The special screen sections below are preceded by an information area indicating which entity in Programs and/or Sites are being addressed.

Sponsor:	[] -
Agency:	[] -
Facility:	[] -
Program:	[] -

If any changes are necessitated by the new sponsorship, they may be made here. This section, EZ PAR Options for Change of Sponsor, is a modification of the drop-downs, which appear in Submit EZ PAR - Program; see that section below for details.

Change of Sponsor:

* Change of Sponsor:

EZ PAR Options for Change of Sponsor:

* Relocation:

* Capital Project under \$600,000:

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

* Change in Population Served:

* Change in Optional Services offered:

* Change in Days/Hours of Operation:

Supporting Documents:
 ⓘ The EZ PAR review will begin when required documents are received by OMH. Not all documents listed are required for all projects. Some documents may be required to complete a project but may not be required for OMH to begin PAR review (e.g. Certificate of Occupancy, lease, architect's verification.) If required documents are not attached to this application, please fax or mail them to the fax number/address listed below.

[Save EZ PAR](#)
[Save & Submit EZ PAR](#)
[Close without Saving or Submitting](#)

Fields prefixed with * are required.

Reason for No Change in Sponsor

If the site under consideration does not qualify for the change, the user will answer “No Change” to “Change of Sponsor” and will then be prompted to explain the exception under “Reason for no Change of Sponsor.”





Change of Sponsor:

* Change of Sponsor:

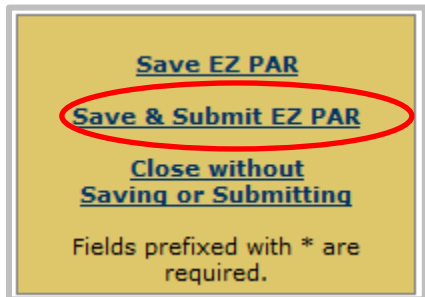
* Reason for no Change of Sponsor: Please explain why this site is excluded from the Change of Sponsor:

When such an exception is made, the “Change of Sponsor?” column in the display reflects the change.

Programs and/or Sites Changing Sponsor:

#	Operating Certificate #	Facility	Program or Site Name	Change of Sponsor?	
1:	9999999A	Acme Community Services	Program: Acme Primary	No	 
2:	9999999B	Acme Community Services	Site: Acme Satellite	Yes	
3:	<input type="text"/>	Enter the Operating Certificate # and click the [+] icon to add a site.			

NOTE: The unselected item, in this case, the main site shows “No” under “Change of Sponsor?” When finished with all necessary changes (including possible other programs and/or sites), select “Save & Submit EZ PAR” from the floating gold menu box in the upper right corner of the screen.



Options for Change of Sponsor

If the “Yes” option is selected in the drop-down under the EZ PAR Options for Change of Sponsor section, then “Impact on Staffing,” “Impact on Budget,” “Impact on Recipients,” and “Supporting Documents,” are required.

Under the EZ PAR Options for Change of Sponsor, if any of the drop-downs are “Yes,” complete the questions that have the “Yes” response, as indicated below.

EZ PAR Options for Change of Sponsor: [?]

* Relocation: Yes

* Capital Project under \$600,000: Yes

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

* Change in Population Served: Yes

* Change in Optional Services offered: Yes

* Change in Days/Hours of Operation: Yes

* Impact on Staffing: [?]

Describe how the change will impact staff of the program. Explain how the agency will address this impact (hiring staff, reassigning caseload, etc.):

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

* Impact on Budget: [?]

Describe how the change will impact the current budget of the program. If the program expects to operate with a deficit, please identify how the agency will cover the deficit:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

Be advised that OMH's approval or conditional approval of your EZ PAR 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 EZ PAR is complete.

*** Impact on Recipients:**
[?]

Describe how the change will impact the recipients currently enrolled in the program (transportation needs, space needs, staff availability, etc.):

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

Supporting Documents:
[?]

The EZ PAR review will begin when required documents are received by OMH. Not all documents listed are required for all projects. Some documents may be required to complete a project but may not be required for OMH to begin PAR review (e.g. Certificate of Occupancy, lease, architect's verification.) If required documents are not attached to this application, please fax or mail them to the fax number/address listed below. Please note your application will not be approved without the complete information required for your project.

Please indicate the supporting documents that will be provided.

Document	Attached	Faxed	Mailed	Not Provided	Not Applicable
Staffing Plan:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Plan (Clinic Treatment O...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budget:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labeled Floor Plan:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lease:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of Occupancy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Architect's or Engineer's Verific...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please attach supporting documents below.

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

Files Attached

There are no files attached.

NOTE: Submission should include evidence of concurrence by the currently licensed provider to the Change of Sponsor.

Relocation or Change to Primary Site

The information we have in our databases for Primary Site address and contact information is in the shaded background. Enter the updated information in the white section.

Relocation or Change to Primary Site: [?]

Site Name:

Address:

City, State Zip:

County:

Phone: () - x

Primary Site:

* Site Name:

* Address:

* City, State Zip: NY

* County:

* Phone: () - x

* Will this site be the Primary Site?

* Is the relocation within the same building where other OMH programs are currently located?

* Will the property be leased or owned by the provider?

Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.

Capital Project under \$600,000

For the Capital Project section, please fill out the required areas: “Project Type,” “Proposed total cost of the project,” “Funding Sources,” “Is the property leased or owned,” “Project Description,” “Recipient and Staff Safety,” and “Service Continuity during Construction Period.”

Capital Project: [?]

* Project Type:

Project Type	
New Construction:	<input type="checkbox"/>
Addition to Existing Building:	<input type="checkbox"/>
Substantial Renovation:	<input type="checkbox"/>
Alteration:	<input type="checkbox"/>
Acquisition:	<input type="checkbox"/>

* 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"/>
Commercial Loans:	\$ <input type="text" value="0"/>
DASNY Funds:	\$ <input type="text" value="0"/>
Donations:	\$ <input type="text" value="0"/>
State or Local Government Funds:	\$ <input type="text" value="0"/>
Other - <input type="text" value=""/> :	\$ <input type="text" value="0"/>

<p>* Is the property leased or owned?</p>	<input type="text"/>
<p>* Project Description:</p>	<p>Describe the proposed Capital Project and any physical plant work required before the space can be occupied:</p> <p>The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.</p> <div data-bbox="540 411 1421 531" style="border: 1px solid black; height: 57px;"></div>
<p>* Recipient and Staff Safety:</p>	<p>Describe how the program will manage services to ensure recipients and staff are not exposed to any danger:</p> <p>The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.</p> <div data-bbox="540 695 1421 816" style="border: 1px solid black; height: 58px;"></div>
<p>* Service Continuity during Construction Period:</p>	<p>Describe how and where will services be provided to recipients during the construction period:</p> <p>The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.</p> <div data-bbox="540 980 1421 1102" style="border: 1px solid black; height: 58px;"></div>

Expansion in Capacity, Caseload and/or Volume of Services

If there is an expansion in capacity, caseload, and/or volume of services, the Increase in Annual Revenue after Expansion section must be completed.

Expansion or Reduction in Capacity, Caseload and/or Volume of Services: [?]			
	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"/> %
Increase in Annual Revenue after Expansion: [?]			
* Expected total increase in annual revenue after expansion:	\$ <input type="text" value="0"/>		
* 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"/>	
	Private Insurance:	\$ <input type="text" value="0"/>	
	Agency - Funds/Contributions:	\$ <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"/>	

Decrease in Capacity, Caseload and/or Volume of Services

If there is a reduction in capacity, caseload, and/or volume of services, the Decrease in Annual Revenue after Expansion section must be completed.

Expansion or Reduction in Capacity, Caseload and/or Volume of Services: [?]			
	<u>Current:</u>	<u>Proposed:</u>	<u>% Change:</u>
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"/> %
Decrease in Annual Revenue after Reduction: [?]			
* Expected total decrease in annual revenue after reduction:	\$ <input type="text" value="0"/>		

Change in Population Served

The information we have in our databases for Population Served is in the shaded background. Enter the updated information in the white boxes.

Population Served: [?]			
Adolescents:	No		
Adults:	No		
Children:	No		
Adolescents:	<input type="checkbox"/>	Proposed age range:	<input type="text"/> to <input type="text"/>
Adults:	<input type="checkbox"/>	Proposed age range:	<input type="text"/> to <input type="text"/>
Children:	<input type="checkbox"/>	Proposed age range:	<input type="text"/> to <input type="text"/>

Change in Special Population Served

The information we have in our databases for Special Population Served is in the shaded background. Enter the updated information in the white boxes.

Special Population Served: [?]	
Eating Disorders:	No
Family:	No
Geriatric:	No
Hearing Impaired:	No
Homeless:	No
MI/MR:	No
MICA:	No
Physically Challenged:	No
Sight Challenged:	No
Eating Disorders:	<input type="checkbox"/>
Family:	<input type="checkbox"/>
Geriatric:	<input type="checkbox"/> Proposed age range: <input type="text"/> to <input type="text"/>
Hearing Impaired:	<input type="checkbox"/>
Homeless:	<input type="checkbox"/>
MI/MR:	<input type="checkbox"/>
MICA:	<input type="checkbox"/>
Physically Challenged:	<input type="checkbox"/>
Sight Challenged:	<input type="checkbox"/>

Change in Optional Services Offered

The information we have in our databases for Optional Services is in the shaded background. Enter the updated information in the white boxes.

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

The information we have in our databases for Days / Hours of Operation is in the shaded background. Enter the updated information in the white boxes.

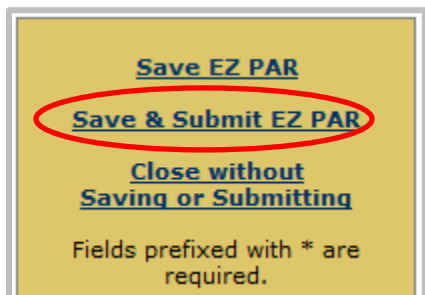
Days/Hours of Operation: [?]

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, fax or mail a staffing plan that demonstrates adequate coverage for the proposed hours of operation.**

When you are finished filling in the required information, click on a response in the floating gold menu box in the upper right corner of your screen.



SUBMIT EZ PAR - PROGRAM

When “Submit EZ PAR – Program” is selected, the screen section which follows begins with the Letter of Support section (see the Submit EZ PAR - Facility section above). Following that is the EZ PAR Options section. All items in this section must be addressed by the user (select “No Change” in the drop-downs that do not apply).

EZ PAR Options for Changing the Primary Site

Select the proposed changes from the drop-downs and then fill out all other items in this section. Concluding this section is an area for Supporting Documents. Complete this section as described above (Submit EZ PAR - Facility). By selecting positive options from the drop-downs (i.e. options other than “No Change”), special screen sections will open below the Program Information section, which require filling out. We will address these drop-downs in order.

EZ PAR Options:

- * Program Closure: ▼
- * Relocation: ▼
- * Capital Project under \$600,000: ▼
- * Change Program Type: ▼
- * Expand or Reduce Capacity, Caseload and/or Volume of Services: ▼
- * Change in Population Served: ▼
- * Change in Optional Services offered: ▼
- * Change in Days/Hours of Operation: ▼
- * Proposed Effective Date of Change: (mm/dd/yyyy)
- * 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 the change will impact staff of the program. Explain how the agency will address this impact (hiring staff, reassigning caseload, etc.):
- * Impact on Budget: Describe how the change will impact the current budget of the program. If the program expects to operate with a deficit, please identify how the agency will cover the deficit:
- Be advised that OMH's approval or conditional approval of your EZ PAR 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 EZ PAR is complete.**
- * Impact on Recipients: Describe how the change will impact the recipients currently enrolled in the program (transportation needs, space needs, staff availability, etc.):

NOTE: The various screen sections are prefaced by shaded areas which display the data configuration as it currently exists in the database for that section. If in submitting the EZ PAR, you are prompted to make a change or select “No Change” in your area of interest, go to that screen section and make sure that you have changed something. If the data entry portion of the section looks identical to the shaded area, it means you have not entered your change. The data entry area must be different from the shaded area for the submission to proceed.

PROGRAM CLOSURE

When “Yes” is selected for this drop-down, the other drop-downs default to “No Change.”

EZ PAR Options: [?]

* Program Closure:	<input type="text" value="Yes"/>
* Relocation:	<input type="text" value="No Change"/>
* Capital Project under \$600,000:	<input type="text" value="No Change"/>
* Change Program Type:	<input type="text" value="No Change"/>
* Expand or Reduce Capacity, Caseload and/or Volume of Services:	<input type="text" value="No Change"/>
* Change in Population Served:	<input type="text" value="No Change"/>
* Change in Optional Services offered:	<input type="text" value="No Change"/>
* Change in Days/Hours of Operation:	<input type="text" value="No Change"/>
* Proposed Effective Date of Change:	<input type="text"/> (mm/dd/yyyy)

The following screen sections are generated below the Program Closure Information section, and each section is required to be filled out.

Program Closure Information: [?]

* Is the property leased or owned by the provider?

* Was the building acquired/renovated using NY State funding (DASNY, OMH Funds)?

* 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:
The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

* 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:
The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

* 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:
The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

Starting with the two drop-downs at the top, answer all items in this section. Selecting "Leased" in the first drop-down

* Is the property leased or owned by the provider?

generates the following "Yes/No" drop-down: "Will the lease expire upon program closure?"

* Will the lease expire upon program closure?

Selecting “No” in this drop-down:

* Will the lease expire upon program closure?

generates the following comment field.

* Usage of Space/Building after Closure: What will the space/building be used for in the future?

Selecting “Yes” in the drop-down below,

* Was the building acquired/renovated using NY State funding (DASNY, OMH Funds)?

generates the following item:

* How many years has the program operated at this site since aquisition/renovation?

Selecting “No” adds no further items.

Selecting “Owned” in the first drop-down generates the following “Yes/No” drop-downs:

* Is the property leased or owned by the provider?

* Is there an outstanding mortgage on the property?

* Does the agency plan on selling the property?

* Was the building acquired/renovated using NY State funding (DASNY, OMH Funds)?

Selecting “Yes” in the “Is there an outstanding mortgage on the property?” drop-down generates the following:

* What is the loan balance? \$

Selecting “No” in “Does the agency plan on selling the property?” drop-downs generates the following comment box:

* Usage of Space/Building after Closure: What will the space/building be used for in the future?

Selecting “Yes” in the “Was the building acquired...” drop-down generates the following:

* How many years has the program operated at this site?

After the drop-down responses, fill in the text areas with the various narratives. Concluding the section, the provider is required to submit a copy of the Resolution of the Board of Directors either by attachment, fax, or mail. If a copy isn't provided, an explanation is required.

Resolution of the Board of Directors

NOTE: Board of Directors corresponds to 'Owners' in for-profit organizations.

* Resolution of the Board of Directors Authorizing the Closure:

Please attach, fax or mail the Resolution of the Board of Directors authorizing the closure.

Please indicate how the Resolution of the Board of Directors authorizing the closure will be provided.

The Resolution of the Board of Directors is attached.
 The Resolution of the Board of Directors will be faxed.
 The Resolution of the Board of Directors will be mailed.
 The Resolution of the Board of Directors will not be provided.

Please explain why the Resolution of the Board of Directors will not be provided:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

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

Files Attached

There are no files attached.

Closing Capacity, Caseload and/or Volume of Services

Fill in the boxes with statistics for "Annual Caseload" and "Volume of Services" for the two years.

Closing Capacity, Caseload and/or Volume of Services of the Program: [?]

Annual Caseload: Enter the number of individuals enrolled.

Annual Volume of Services: Enter the volume of services provided.

	Previous Year:	This Year:
Annual Caseload:	<input type="text" value="0"/>	<input type="text" value="0"/>
	Previous Year:	This Year:
Annual Volume of Services:	<input type="text" value="0"/>	<input type="text" value="0"/>

Satellite Sites Impacted by Closure

All satellites are listed. The default response is “Closing” (already checked indicating “Yes”). If the user unchecks the box, an explanation is needed in the text area.

Satellite Sites Impacted by Closure:

OC#	Site Name	Closing?
	ACME Mohawk Satellite 1	<input checked="" type="checkbox"/>
	If not closing, please explain:	
	<input type="text"/>	
	ACME Mohawk Satellite 2	<input checked="" type="checkbox"/>
	If not closing, please explain:	
	<input type="text"/>	

Relocation

Under Relocation, there is a “Yes/No” drop-down.

EZ PAR Options: [?]

* Relocation:

If “Yes” is selected in the EZ PAR Options drop-downs, the following screen section is opened following Program Information and the existing location information:

Relocation:

Program Name:	ACME Mohawk Clinic		
Address:	500 North Main St.		
City, State Zip:	Mohawk	NY	12345-____
County:	Oneida		
Phone:	(315) 555-4444	x	____
Primary Site:	Yes		

* Program Name:	<input type="text" value="ACME Mohawk Clinic"/>		
* Address:	<input type="text" value="500 North Main St."/>		
* City, State Zip:	<input type="text" value="Mohawk"/>	<input type="text" value="NY"/>	<input type="text" value="12345-____"/>
* County:	<input type="text" value="Oneida"/>		
* Phone:	<input type="text" value="(315) 555-4444"/>	x	<input type="text" value=""/>
Primary Site:	Yes		
* Is the relocation within the same building where other OMH programs are currently located?	<input type="text" value=""/>		
* Will the property be leased or owned by the provider?	<input type="text" value=""/>		

Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.

Other tenants of the building

A “Yes/No” option is available in the drop-down for the “Is the relocation within the same building where other OMH programs are currently located?” section.

* Is the relocation within the same building where other OMH programs are currently located?

If “Yes” is selected in the first drop-down under Relocation, the following text box is generated:

* Other Tenants of the Building:	Please identify all other tenants of the building:
	<input style="width: 100%; height: 40px;" type="text"/>

Capital Construction Project Under \$600,000

A “Yes/No” option is available in the drop-down for the “Capital Project under \$600,00” question.

EZ PAR Options: [?]

* Capital Project under \$600,000: Yes ▼

If “Yes” is selected in the Relocation drop-down, the following screen section is generated:

Capital Construction Project:

* Project Type:

Project Type	
New Construction:	<input type="checkbox"/>
Addition to Existing Building:	<input type="checkbox"/>
Substantial Renovation:	<input type="checkbox"/>
Alteration:	<input type="checkbox"/>
Acquisition:	<input type="checkbox"/>

* Proposed total cost of the project: \$

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

Source	Amount
Agency Funds:	\$ <input style="width: 80px;" type="text" value="0"/>
Commercial Loans:	\$ <input style="width: 80px;" type="text" value="0"/>
DASNY Funds:	\$ <input style="width: 80px;" type="text" value="0"/>
Donations:	\$ <input style="width: 80px;" type="text" value="0"/>
State or Local Government Funds:	\$ <input style="width: 80px;" type="text" value="0"/>
Other - <input style="width: 150px;" type="text"/>	\$ <input style="width: 80px;" type="text" value="0"/>

* Is the property leased or owned? ▼

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

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

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

Change Program Type

A “Yes/No” option is available in the drop-down for the “Change Program Type” question.

EZ PAR Options: [?]

* Change Program Type: Yes v

Use this feature to change the program type to another related type. Selecting “Yes” in the drop-down generates the following screen sections:

NOTE: The drop-down defaults to the program type being changed.

Change Program Type:

Program Type: [2100] - Clinic Treatment

Proposed Program Type: [2100] - Clinic Treatment v

Capacity, Caseload and/or Volume of Services for the New Program Type:

OC#	Program/Site Name	Current Capacity	Proposed Capacity	Current Annual Caseload	Proposed Annual Caseload	Current Annual Volume of Services	Proposed Annual Volume of Services	Close?
9999999A	Acme Community Central							
9999999B	Acme Community Satellite 1							<input type="checkbox"/>
9999999C	Acme Community Satellite 2							<input type="checkbox"/>

Clicking the drop-down for “Proposed Program Type” displays a list of the program type change options available for this particular program type. Selecting the desired option alters the Capacity screen section as shown below.

Change Program Type:

Program Type: [2100] - Clinic Treatment

Proposed Program Type: [0200] - Day Treatment v

Capacity, Caseload and/or Volume of Services for the New Program Type:

OC#	Program/Site Name	Current Capacity	Proposed Capacity	Current Annual Caseload	Proposed Annual Caseload	Current Annual Volume of Services	Proposed Annual Volume of Services	Close?
9999999A	Acme Community Central		0	0	0	0		
9999999B	Acme Community Satellite 1		0	0	0	0		<input type="checkbox"/>
9999999C	Acme Community Satellite 2		0	0	0	0		<input type="checkbox"/>

Change Program Type after Selecting New Program

The program and its satellites are displayed. The columns added to this section varies depending on the choice of target program type. Fill in the data boxes with the requisite numbers. If a satellite will be closed due to the change, the box in the “Close?” column is checked, resulting in the withdrawal of certain data boxes.

Capacity, Caseload and/or Volume of Services for the New Program Type: [?]

OC#	Program/Site Name	Current Capacity	Proposed Capacity	Current Annual Caseload	Proposed Annual Caseload	Current Annual Volume of Services	Proposed Annual Volume of Services	Close?
	ACME Mohawk Clinic5		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		
	ACME Mohawk Satellite 1		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		<input type="checkbox"/>
	ACME Mohawk Satellite 2		<input type="text" value=""/>	<input type="text" value="0"/>	<input type="text" value=""/>	<input type="text" value="0"/>		<input checked="" type="checkbox"/>

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

Select either “Expand” or “Reduce” available in the drop-down.

EZ PAR Options: [?]

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

If “Expand” is selected from this drop-down, the following screen sections appear below Program Information. Answer all screen items. “% Change” is calculated for you by clicking on the box after entering your numbers.

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

	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 style="border: 2px solid red;" type="text" value="0.00"/> %

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"/>
Private Insurance:	\$ <input type="text" value="0"/>
Agency - Funds/Contributions:	\$ <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 style="width: 200px;" type="text"/>	\$ <input type="text" value="0"/>

If “Reduce” is selected from the drop-down,

EZ PAR Options: [?]

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

the following screen sections appear. Answer all screen items. The “% Change” is calculated for you by clicking on the box after entering your numbers.

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

	Current:	Proposed:	% Change:
Average Monthly Caseload:	<input type="text" value="10"/>	<input type="text" value="100"/>	<input type="text" value="900.00"/> %
Annual Volume of Services:	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0.00"/> %

Decrease in Annual Revenue after Reduction:

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

Change in Population Served

A “Yes/No” option is available in the drop-down for the “Change in Population Served” question.

EZ PAR Options: [?]

* Change in Population Served:

If “Yes” is selected from the drop-down, the following screen section appears below Program Information.

Program Information:	
Program Name:	Test Facility Licensed Program #1
Address:	100 West Main St.
City, State Zip:	Oneida NY 12002-____
County:	Onondaga
Phone:	(315) 555-7373 x ____
Primary Site:	Yes
Program Type:	[2010] - Hospital for Mentally Ill
Operating Certificate #:	2222007
Population Served:	
Adolescents:	No
Adults:	Yes
Children:	No
Adolescents:	<input type="checkbox"/> Proposed age range: <input type="text"/> to <input type="text"/>
Adults:	<input checked="" type="checkbox"/> Proposed age range: <input type="text"/> to <input type="text"/>
Children:	<input type="checkbox"/> Proposed age range: <input type="text"/> to <input type="text"/>
Special Population Served:	
Eating Disorders:	No
Family:	No
Geriatric:	Yes
Hearing Impaired:	No
Homeless:	No
MI/MR:	No
MICA:	No
Physically Challenged:	No
Sight Challenged:	No
Eating Disorders:	<input type="checkbox"/>
Family:	<input type="checkbox"/>
Geriatric:	<input checked="" type="checkbox"/> Proposed age range: <input type="text"/> to <input type="text"/>
Hearing Impaired:	<input type="checkbox"/>
Homeless:	<input type="checkbox"/>
MI/MR:	<input type="checkbox"/>
MICA:	<input type="checkbox"/>
Physically Challenged:	<input type="checkbox"/>
Sight Challenged:	<input type="checkbox"/>

Population Served and Special Population Served

The shaded areas at the top of the two sections above refer to the data as it currently stands. Check or uncheck the boxes below them to make new population choices and fill in the other boxes indicating the age parameters as your agency applies them.

Change in Optional Services Offered

A “Yes/No” drop-down option is available for the “Change in Optional Services offered” question.

EZ PAR Options: [?]

* Change in Optional Services offered: Yes

If “Yes” is selected from the drop-down, the following screen section appears below Program Information. The shaded area at the top of the section refers to the data as it currently stands. Check or uncheck the boxes below it to change the data.

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

A “Yes/No” drop-down option is available for the “Change in Days/Hours of Operation” question.

EZ PAR Options: [?]


* Change in Days/Hours of Operation: Yes ▼

If “Yes” is selected from the drop-down, the following screen section appears below Program Information. The shaded area at the top of the section refers to the data as it currently stands. Alter the times given in the data boxes to make your changes.

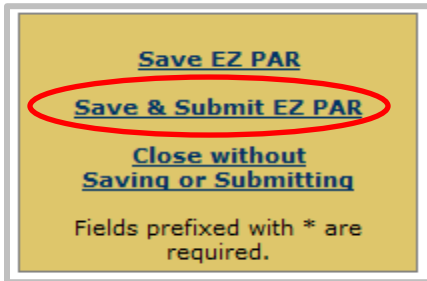
Days/Hours of Operation:

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, fax or mail a staffing plan that demonstrates adequate coverage for the proposed hours of operation.**

When the user is finished with the above information, the user should click the “Save & Submit EZ PAR” button found in the upper right-hand corner of the screen.

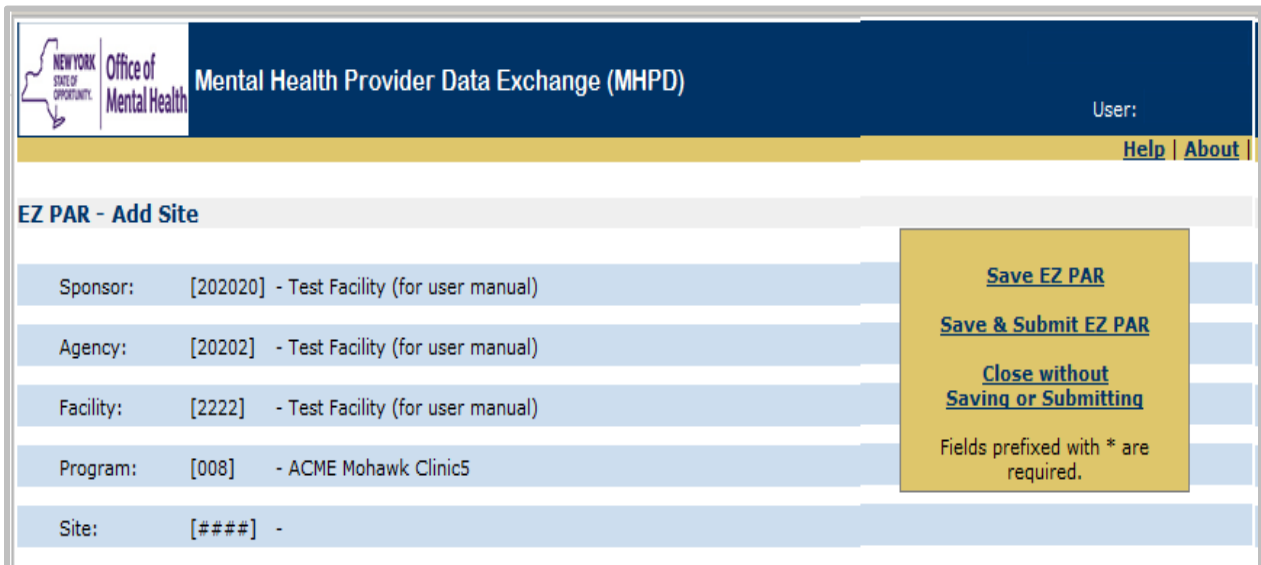


EZ PAR – ADD SITE

You must submit an EZ PAR – Add Site when you are adding a new site to an existing program.



This option on the PAR – Program option screen allows the provider to add new sites to existing programs. When “Submit EZ PAR - Add Site” is selected, the following screen appears:



Following the Letter of Support section (see under “Submit EZ PAR – Facility”), the EZ PAR Options section is displayed.

EZ PAR Options:

*** Rationale:** Provide a rationale that addresses the need for this change and, if possible, provide data and current statistics to support need (waiting lists, recent caseloads, referrals, etc.):

*** Impact on Staffing:** Explain how establishing a new site will impact on current staffing (relocating staff, reassigning caseload, etc.):

*** Impact on Recipients:** Describe how this change will impact the recipients currently enrolled in existing programs (transportation needs, space needs, staff availability, etc.):

Supporting Documents:

The EZ PAR review will begin when required documents are received by OMH. Not all documents listed are required for all projects. Some documents may be required to complete a project but may not be required for OMH to begin PAR review (e.g. Certificate of Occupancy, lease, architect's verification.) If required documents are not attached to this application, please fax or mail them to the fax number/address listed below.

Please indicate the supporting documents that will be provided.

Document	Attached	Faxed	Mailed	Not Provided	Not Applicable
Staffing Plan:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crisis Plan (Clinic Treatment O...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Budget:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labeled Floor Plan:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lease:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Certificate of Occupancy:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Architect's or Engineer's Verific...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please attach supporting documents below.

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

Files Attached

There are no files attached.

EZ PAR Options for Add Site

Prior to adding site information, the box below is blank.

Sites: [?]

#	Site Name	
1:	Site Name is not specified.	
2:	Click the [+] icon to add a site.	+

Once the Site information is added, the box below is updated to display site information. Also

displayed is the  to delete site information and  to edit the site information.

Sites: [?]

#	Site Name	
1:	Manual test abc	<div style="border: 2px solid red; padding: 2px; display: inline-block;">   </div>
2:	Click the [+] icon to add a site.	+

Fill in the text narratives as required and indicate the disposition of all supporting documents. Following this screen section is the Site Information section.

Site Information:

* Site Name:

* Address:

* City, State Zip: NY ▾ -

* County: Wyoming ▾

* Phone: () - x

* Primary Site: **No**


* Program Type: **[2100] - Clinic Treatment**

* Proposed Open Date: (mm/dd/yyyy)

* Is this location within the same building where other OMH programs are currently located? ▾

* Will the property be leased or owned by the provider? ▾

* Capital Construction Project: ▾

 **Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.**

Fill in the required fields. If “Yes” is selected in the drop-down,

Site Information: [?]

* Is this location within the same building where other OMH programs are currently located? ▾

the “Other Tenants of the Building” data section appears.

* Other Tenants of the Building: Please identify all other tenants of the building:

The choices in the drop-down for “Will the property be leased or owned by the provider?” are “Leased” or “Owned.”

* Will the property be leased or owned by the provider?

Leased

Owned

If the “Capital Construction Project” drop-down is “Yes,” a special “Capital Construction” screen section is invoked (for instructions, see the “Submit EZ PAR - Establish Program” section). The concluding screen sections: “Proposed Capacity,” “Population Served,” “Special Population Served,” “Optional Services,” and “Days/Hours of Operation,” are also illustrated under “Establish Program.”

Capital Project: [?]

* Project Type:

Project Type	
New Construction:	<input type="checkbox"/>
Addition to Existing Building:	<input type="checkbox"/>
Substantial Renovation:	<input type="checkbox"/>
Alteration:	<input type="checkbox"/>
Acquisition:	<input type="checkbox"/>

* 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"/>
Commercial Loans:	\$ <input type="text" value="0"/>
DASNY Funds:	\$ <input type="text" value="0"/>
Donations:	\$ <input type="text" value="0"/>
State or Local Government Funds:	\$ <input type="text" value="0"/>
Other - <input type="text"/>	: \$ <input type="text" value="0"/>

* Is the property leased or owned?

* Are there any liens on the property?

* Lien Holders:

#	Lien Holder	Amount
1:	<input type="text"/>	\$ <input type="text" value="0"/>
2:	<input type="text"/>	\$ <input type="text" value="0"/>

* Will any program space be shared with any other program in the building?

Shared Space: Please describe how the shared space will be used by each program:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

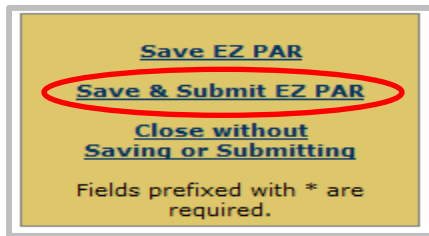
* Project Description: Describe the proposed Capital Project and any physical plant work required before the space can be occupied:

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

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

The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

When the user is finished with the above information, the user should click the “Save & Submit EZ PAR” button found in the upper right-hand corner of the screen.



EZ PAR ON THE SITE LEVEL

This EZ PAR option allows the provider to make changes to existing Satellite Sites. If the EZ PAR icon is clicked for any site other than the Main Site; the following screen appears. Included on the screen is a list of criteria which the user will find helpful in determining what should constitute an EZ PAR for a given satellite.

PAR - Site

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

EZ PAR - Site: [?]

You must submit an EZ PAR - Site when at least one criteria are met:

e.g.: If the site is relocating to another county and includes a capital project under \$250,000, you must submit an EZ PAR.

- Closing a satellite with more than 5.5 FTE staff
- Relocating an outpatient satellite to another county
- Relocating a community residence, crisis residence or SRO
- Proposing Capital Projects between \$250,000 and \$600,000 for inpatient or outpatient programs
- Proposing Capital Projects greater than \$250,000 for community residences
- Changing the caseload/volume of services over 25% for clinic treatment programs
- Changing the capacity/caseload over 10% for all outpatient programs, except clinics
- Changing the inpatient bed capacity over 5% and not by more than 15%, or by a maximum of 10 beds, whichever is less
- Substantially changing the Population Served for outpatient programs
- Substantially changing the Services Provided for outpatient programs
- Changing the Program Type for outpatient programs and community residences
- Projects have a substantial impact on mental health services
- Projects are reclassified from Administrative Action to EZ PAR

[Submit EZ PAR - Site](#)

Selecting “Submit EZ PAR – Site” summons the standard Letter of Support section (see section under “EZ PAR – Facility”), followed by the section EZ PAR Options.

EZ PAR Options:

* Satellite Site Closure: ▼

* Relocation or Change to Primary Site: ▼

* Capital Construction Project under \$600,000: ▼

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

* Change in Population Served: ▼

* Change in Optional Services offered: ▼

* Change in Days/Hours of Operation: ▼

* 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: Explain how the change will impact staff of the program. Explain how the agency will address this impact (hiring staff, reassigning caseload, etc.):

* Impact on Budget: Describe how the change 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:

Be advised that OMH's approval or conditional approval of your EZ PAR 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 EZ PAR is complete.

* Impact on Recipients: Describe how the change will impact the recipients currently enrolled in the program (transportation needs, space needs, staff availability, etc.):

Satellite Site Closure

The section concludes with a Supporting Documents element (see the illustration above under “Submit EZ PAR - Add Site”). If the first drop-down, “Satellite Site Closure” is answered “Yes,” the remaining drop-downs defaults to “No Change.”

EZ PAR Options: [?]

- * Satellite Site Closure: Yes
- * Relocation or Change to Primary Site: No Change
- * Capital Project under \$600,000: 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: No Change

The following screen section is generated. Enter the required text narratives. The remaining drop-downs are all illustrated under “Submit EZ PAR - Program.” When these have been addressed and the text narratives which follow them have been supplied, the EZ PAR may be saved and submitted as shown above.

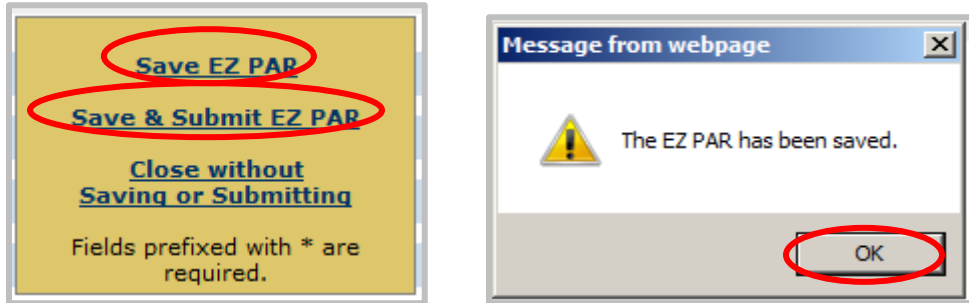
Satellite Site Closure Information:

- * 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:

SAVING AND SUBMITTING EZ PARs

Saving the EZ PAR

Save an EZ PAR, either by selecting “Save EZ PAR” or “Save & Submit EZ PAR” from the floating menu, and a webpage message appears. Click “OK.”



A new screen section, Current Status, can now be found toward the bottom of the page just under the EZ PAR Action Information line.

Current Status

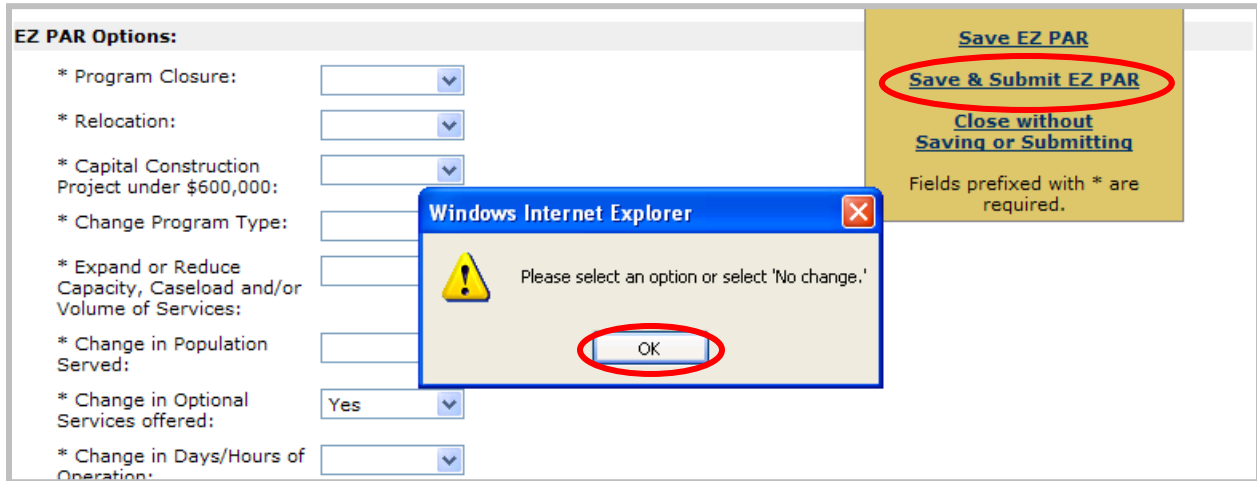
The unique system-assigned number of the EZ PAR is given at the top. The section also includes other routine information pertaining to the requestor and status. EZ PARs with a status of “Saved” remain open for further data entry.

EZ PAR Information:	
Current Status:	
EZ PAR #:	
Requested by:	
Last updated by:	
Requestor's Name:	
Requestor's Email:	
Requestor's Phone #:	
Status:	Saved
Status Date:	

If the user chooses to close MHPD at this time, the item may be re-accessed later by going to the EZ PAR queue and clicking the View icon to open it (see Viewing EZ PARs section).

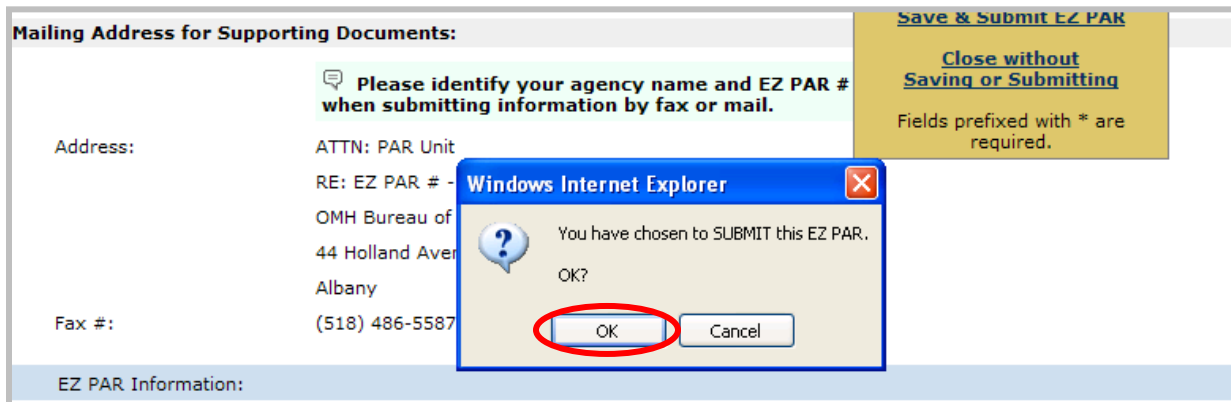
Submitting the EZ PAR

When the user is satisfied that the EZ PAR has been completed, it may be submitted by selecting “Save & Submit EZ PAR” from the floating menu. The EZ PAR will be scanned from the top, and if any required data fields have been omitted, the item will neither save nor submit. Instead, a message will prompt the user for further action. For example:



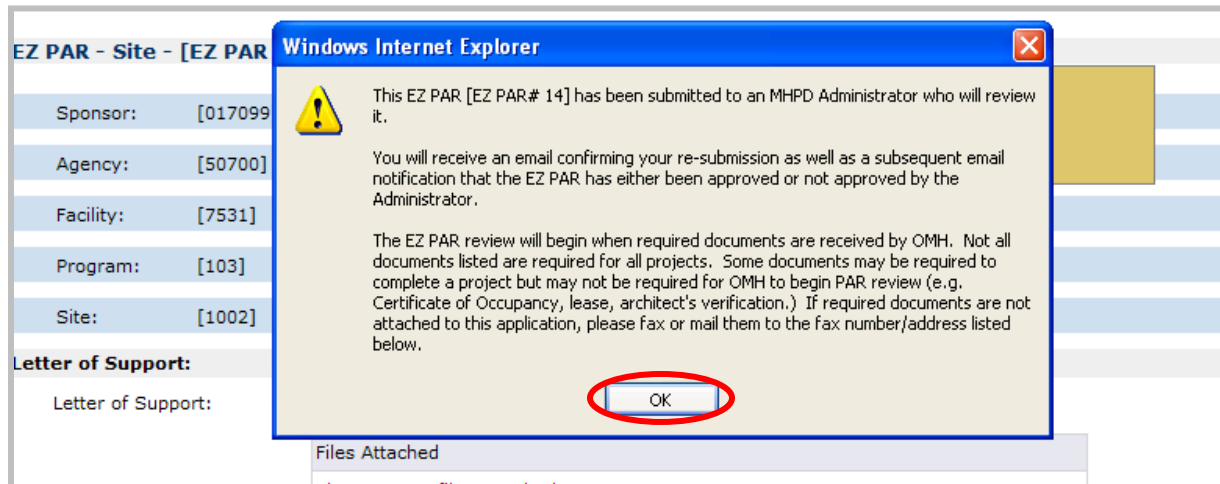
Sample Submission Error Message

This indicates that the response “No Change” was not selected in the remaining drop-downs, and the user must correct the omission. If no omissions are discovered, a message appears allowing the user to either click “OK” to go ahead with the submission or “Cancel.”



Pre-Submission Option Message

If the response is “OK,” a message appears containing the unique system generated EZ PAR number, which may be used for later reference in monitoring status (see Viewing EZ PARs below):



Submission Completion Message


An e-mail will automatically be generated and sent to the designated Administrator in Central Office notifying them of the submission. At this time, the EZ PAR is closed for further data entry, and it now appears exactly as it would in the viewing queue (see next section). The e-mail address contained in Requestor's Information will automatically receive all subsequent e-mail notifications from the reviewer pertaining to the EZ PAR. The option to subscribe applies only to users, besides the Requestor, who may wish to be included in the e-mail loop as they open it in the viewing queue. The Requestor may not unsubscribe from this loop.

NOTE: Submission of an EZ PAR initiates a timetable according to which, by regulation, OMH must make a final determination about the request within 30 business days. If required documentation is not attached to the electronic submission, the clock for OMH starts only after all materials have been received.

VIEWING EZ PARs

To view your saved or submitted EZ PAR, click the “EZ PAR” tab in the gold toolbar.



The EZ PAR list will be displayed. You may click the View icon  to open a particular EZ PAR and view the item as it was submitted.

EZ PARs

Filter Criteria

EZ PAR#: Request Date: Status Date:

Facility Code or Name: Thru: Thru:


Status: Saved Submitted Re-submitted Pending Returned On Hold

Review Approved Approved with conditions Not approved Withdrawn

Program Type:

EZ PAR#	Request Date	Type	Status	Status Date	Facility	Name	County	Region	Requestor	Com
<input checked="" type="checkbox"/> 22		FA	Saved	09/14/2015	Test Facility (for user manual)	Test Facility (for user manual)	Albany	HR	Provider P ...	
<input checked="" type="checkbox"/> 197		E-PR	Saved	11/02/2016	Test Facility (for user manual)	rfgbdgchzsd	Albany	HR	Provider P ...	
<input checked="" type="checkbox"/> 23		E-PR	Saved	09/14/2015	Test Facility (for user manual)	NP	Albany	HR	Provider P ...	
<input checked="" type="checkbox"/> 196		ST	Saved	11/02/2016	Test Facility (for user manual)	ACME Mohawk Satellite 2	Oneida	CNY		

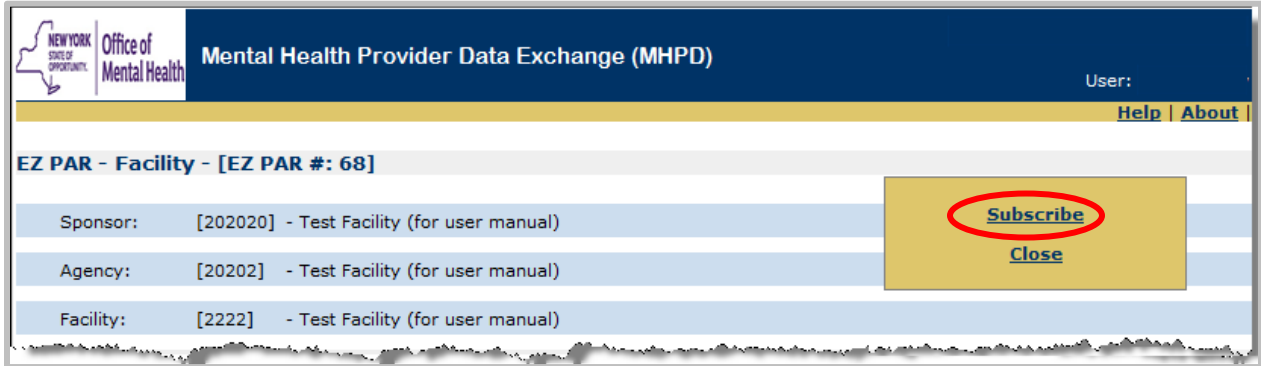
Provider’s EZ PAR Queue List

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 items. The status indicates what stage of the review process the action has reached and a description of what each status means.

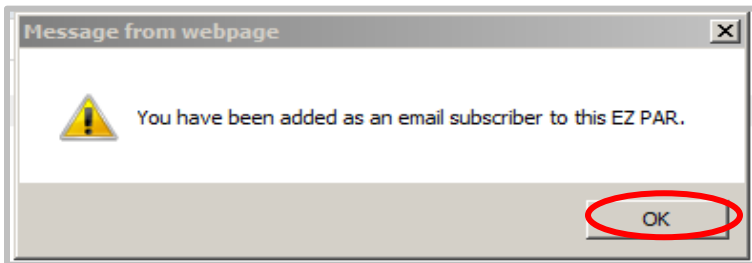
Status	Description
Saved:	The EZ PAR has been saved.
Submitted:	The EZ PAR has been submitted.
Pending	The EZ PAR has been opened by an administrator.
Returned:	The EZ PAR has been returned to the requestor for additional information or changes.
Resubmitted	The EZ PAR, having been returned by the reviewer, has been altered and submitted again.
On Hold	The EZ PAR is frozen in place because of some special difficulty. It will resume its normal timetable once the obstacle has been surmounted.
Approved with Conditions:	The EZ PAR has been approved contingent upon meeting specified conditions (e.g. a site visit). When the conditions are met, the EZ PAR will then receive “Approved” status.
Approved:	The EZ PAR has been approved.
Not Approved:	The EZ PAR has not been approved.
Withdrawn	The EZ PAR has been rescinded either at the request of the provider or by the action of the administrator because of noncompliance with requests for information or documentation.

EZ PAR as Opened from Queue

If a viewer, other than the Requestor, wishes to be included in the e-mail loop flowing from this EZ PAR, they may press “Subscribe.”



Their e-mail address (taken from their user information) will be added to the notification list. Click “OK” in the message box that displays.



If they subsequently decide to remove themselves from the list, they may select “Unsubscribe,” and their e-mail address will be withdrawn from the loop.

Message of Subscription

Submitted, returned, and re-submitted EZ PARs also have an extra section in Current Status that allows for attachment of additional documents. Furthermore, documents mailed or faxed by the provider can be scanned by Central Office and attached to the EZ PAR:

Current Status:

EZ PAR #:

Requested by:

Last updated by:

Requestor's Name:

Requestor's Email:

Requestor's Phone #: () : x _____

Status: Review

Status Date:

Additional Supporting Documents: [?]

Please attach additional supporting documents below.

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

Files Attached

There are no files attached.

Counties Involved: Albany

Comments: The box below has an upper limit of 4000 characters. Please attach a Word document and enter the document name in this box if contents exceeds 4000 characters.

Status History for a Submitted EZ PAR

An additional screen section, Status History, is attached to the bottom of the EZ PAR. The Status History tracks the EZ PAR as it moves through the review process. The Reviewer's comments are included when available to the provider.

Status History:

Status	Date	User Name	From
Inquiry			
Review			
Pending			
Submitted			

NOTE: The list of EZ PARs in the viewing queue displays by default only those items which are in active status. If the user wishes to view EZ PARs which have received their final determination, they may check the unchecked status boxes: "Approved," "Not Approved," "Withdrawn," and press "Filter". Any EZ PARs bearing those statuses will then be shown in the list.