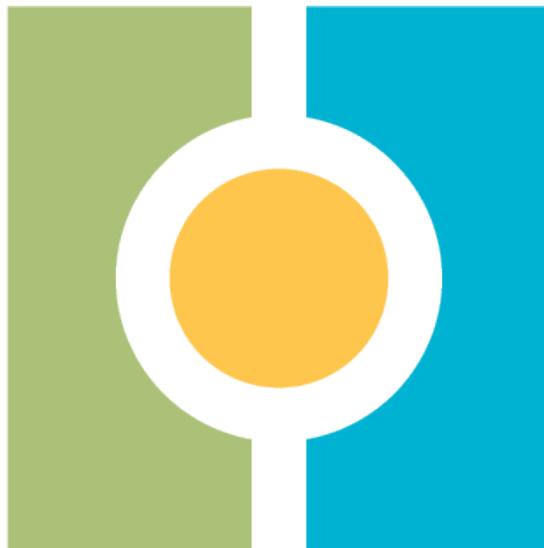


**MHPD User Manual**  
**New York State Office of Mental Health**



***EZ PAR May 2011***

New York State – Office of Mental Health

## EZ PAR

### Introduction

MHPD is an automated system through which providers of licensed programs apprise OMH of certain changes to the licensed program and request review through the 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 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 Administrative Action.

**Note:** For more details on EZ PAR, see <http://www.omh.ny.gov/omhweb/PAR/faq.html>

The screenshot displays the MHPD Directory Search interface. At the top, it shows the New York State Office of Mental Health logo and the title 'Mental Health Provider Data Exchange (MHPD)'. The date is Wednesday, January 19, 2011, and the user is Helen X Sacher. A navigation menu includes links for Directory Search, My Change Requests, Administrative Actions, EZ PARs, Surveys, Maintenance, Help, About, and Logout.

The 'Directory Search' section is active, showing search criteria:
 

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

 A note states: 'OMH Licensed Programs and Sites are prefixed with \*.'

Below the search criteria is a table with the following data:

Name	City	Program Type	Icons
<b>Facility: [20202/2222] - Test Facility (f...</b>			
Program: [003] - Blended Case Manag...	Anytown	[0820] - Blended Case Managem...	Icons
Site: [1000] - [Main Site] Blende...	Anytown		Icons
Program: [002] - Test Facility - HCBS ...	Albany	[2300] - Home and Community B...	Icons
Site: [1000] - [Main Site] Test Fa...	Albany		Icons

### Directory Search

EZ PARs may be requested on 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 entity which requires the action, and clicking the 'PAR' icon on the right between the 'A-Arrow' and 'Edit' icons. This action will summon the EZ PAR screen corresponding to the entity selected.

## ***EZ PAR on the Facility Level***

If the EZ PAR icon is clicked for the Facility, the following screen appears:

The screenshot displays the MHPD interface. At the top left is the New York State Office of Mental Health logo. The title bar reads "Mental Health Provider Data Exchange (MHPD)". The date "Monday, April 18, 2011" and the user "User: Provider 7531" are shown in the top right. A navigation bar contains "Help" and "About" links. The main content area is titled "PAR - Facility" and shows a summary of the current facility: Sponsor: [017099] - Allegany Rehabilitation Associates, Inc.; Agency: [50700] - Allegany Rehabilitation Associates, Inc.; Facility: [7531] - Allegany Rehabilitation Associates, Inc. A yellow "Close" button is positioned to the right of the Agency information. Below this, three sections describe when to submit an EZ PAR - Facility: "Change in Ownership greater than 10%", "Establishing a new Licensed Program", and "Acquiring a Site licensed under another Sponsor". Each section has a corresponding "Submit EZ PAR - Facility" link.

**PAR - Facility**

Sponsor: [017099] - Allegany Rehabilitation Associates, Inc. [Close](#)

Agency: [50700] - Allegany Rehabilitation Associates, Inc.

Facility: [7531] - Allegany Rehabilitation Associates, Inc.

**EZ PAR - Facility:**

You must submit an EZ PAR - Facility when:

- Change in Ownership greater than 10%

[Submit EZ PAR - Facility](#)

**EZ PAR - Establish Program:**

You must submit an EZ PAR - Establish Program when:

- Establishing a new Licensed Program

[Submit EZ PAR - Establish Program](#)

**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](#)

### **Facility EZ PAR Options**

This option screen allows access to three facility-level changes: Changes of Ownership (greater than 10%), Establishment of Licensed Programs, and Changes of 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 to a licensed program. When Submit EZ PAR - Facility is pressed, the EZ PAR - Facility screen is called up.



**Mental Health Provider Data Exchange (MHPD)**

Monday, April 18, 2011

User: Provider 7531

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

---

**EZ PAR - Facility**

Sponsor:	[017099] - Allegany Rehabilitation Associates, Inc.	<p><a href="#">Save EZ PAR</a></p> <p><a href="#">Save &amp; Submit EZ PAR</a></p> <p><a href="#">Close without Saving or Submitting</a></p> <p>Fields prefixed with * are required.</p>
Agency:	[50700] - Allegany Rehabilitation Associates, Inc.	
Facility:	[7531] - Allegany Rehabilitation Associates, Inc.	

**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

There are no files attached.

**EZ PAR - Facility**

Begin by pressing 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 work station. Highlight it in the browse window and press Open. A messenger will inform you that the letter has been attached:

New York State  
**om**  
Office of Mental Health

**Mental Health Provider Data Exchange (MHPD)**

Thursday, January 20, 2011  
User: Helen X Sacher  
[Help](#) | [About](#)

**EZ PAR - Facility - [EZ PAR #: 22]**

Sponsor: [202020] - Test Faci  
Agency: [20202] - Test Faci  
Facility: [2222] - Test Faci

**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.

Windows Internet Explorer  
The file 'Letter of Support.doc' has been attached.  
OK

**Save EZ PAR**  
**Save & Submit EZ PAR**  
**Close without Saving or Submitting**  
Fields prefixed with \* are required.

### Letter of Support Attachment

The screen section now appears thus:

**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

### Letter of Support

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

**Note:** Prior consultation with the Local Government Unit (LGU) 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.

Proceed now to the EZ PAR Options screen section:

**EZ PAR Options:**

\* Change in Ownership:

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

\* Proposed Changes: Describe the proposed changes:

**EZ PAR Options - Change in Ownership**

Click the Change in Ownership drop down and select Yes. Enter Anticipated Date of Change and a description of the proposed changes in the text box provided. Then move to the special screen section generated by this selection:

**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 style="width: 90%;" type="text"/>	0.00	%	0.00	%

Current Stockholder's Legal Address:

Will shares of stock be purchased or be compensated by proposed new stockholder(s)?

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)

Is the stockholder a natural person?

If no, identify the actual stockholder (e.g. another corporation, limited partnership, or partnership.)

### Change in Ownership Current Stockholders

Enter data for Current Stockholders in the required text fields, selecting Yes or No in the two dropdowns. 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 here 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.

New Stockholders:		% of Shares Held After Change
#	New Stockholder	
1:	New Stockholder's Name:	0.00 %
	New Stockholder's Legal Address:	
Attach the new stockholder's resume OR provide experience with individuals with mental illness or any related experience:		
	New Stockholder's Resume:	<input type="button" value="Browse..."/>
	Provide experience with individuals with mental illness or any related experience:	
	Has the stockholder been convicted of a crime or are they currently charged with a crime?	<input type="button" value="v"/>
	If yes, describe the nature of the crime:	
	Is this new stockholder related to any of the current stockholders?	<input type="button" value="v"/>
	If yes, provide the names of the individual stockholders and identify the relationship (e.g. son, wife, brother in-law):	
	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)	
	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.)	
		+

### Change in Ownership New Stockholders

Enter data for New Stockholders in the required text fields, selecting Yes or No in the four dropdowns. In the resume section, press Browse to attach the document if one resides on the work station. 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.

**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

This EZ PAR option allows the provider to establish a new licensed 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 following screen section appears:

**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"/>				
Crisis Plan (Clinic Treatment O...	<input type="radio"/>				
Budget:	<input type="radio"/>				
Labeled Floor Plan:	<input type="radio"/>				
Lease:	<input type="radio"/>				
Certificate of Occupancy:	<input type="radio"/>				
Architect’s or Engineer’s Verific...	<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

All text areas are asterisked and therefore 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 work station, press Browse, go out to their location, and press Open in the browse window to attach them. Now proceed to the next two sections, which operate in tandem:

**Program and Sites:**

#	Program or Site	Name
1:	Program:	Program Name is not specified.
2:	Site:	Click the [+] icon to add a site. <span style="float: right; color: green;">+</span>

Program: [###] -

### Program and Sites

**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.

### Program Information

In the Program Information section, enter the general data for the Program either by direct entry or dropdown. The Program Type dropdown will display all available OMH licensed program types. Note that all data fields are asterisked and thus required.

**Note:** MHPD considers Program and Primary (Main) Site to be identical. They are separately distinguished in the Directory Search list for ease of doing 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.

If the answer selected in the dropdown beginning 'Is this location' is Yes, the following data section will appear and require a response:

* Other Tenants of the Building:	Please identify all other tenants of the building:
	<input type="text"/>

### Other Tenants

If the user selects Yes in the Capital Project section, 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"/>	\$ <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:

**Capital Project Screen Section**

Answer all sections, employing dropdowns where necessary. If the answer to the dropdown beginning ‘Will any program space be shared’ is Yes, the following data section appears, requiring a response:

Shared Space:	Please describe how the shared space will be used by each program:
	<input style="width: 100%; height: 40px;" type="text"/>

**Shared Space**

Proceed now with the remaining sections required for detailing the Primary Site, entering numerical data or checking boxes as required:

Proposed Capacity, Caseload and/or Volume of Services:	
	Proposed: _____
Average Monthly Caseload:	<input style="width: 80px;" type="text" value="0"/>
Annual Volume of Services:	<input style="width: 80px;" type="text" value="0"/>

**Proposed Capacity-Caseload-Volume**

Population Served:	
Adolescents:	<input type="checkbox"/>
Adults:	<input type="checkbox"/>
Children:	<input type="checkbox"/>

**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"/>

**Special Population Served**

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"/>

**Additional Services (applicable to outpatient programs except clinic)**

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 clinics)**

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

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

### Days/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 menu. If any are to be added now, click the green plus sign in the Program and Sites section above.

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

Line 1 displays the Program name with an edit pencil. The Program Information screen section below it has been replaced by a Site Information screen section:

Site Information:	
* Site Name:	<input type="text"/>
* Address:	<input type="text"/> <input type="text"/>
* City, State Zip:	<input type="text"/> <input type="text" value="NY"/> <input type="text"/>
* County:	<input type="text" value="Albany"/>
* Phone:	<input type="text" value="( ) - -"/> x <input type="text"/>
* Primary Site:	<b>No</b>
* Program Type:	<b>[2100] - Clinic Treatment</b>
* Proposed Open Date:	<input type="text"/> (mm/dd/yyyy)
* Is this location within the same building where other OMH programs are currently located?	<input type="text"/>
* Will the property be leased or owned by the provider?	<input type="text"/>
* Capital Construction Project:	<input type="text"/>
 <b>Please attach, fax or mail a labeled floor plan, Certificate of Occupancy and any other supporting document, if applicable.</b>	

### Site Information

Respond to all items. The workings of this section are 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:		
#	Program or Site	Name
1:	Program:	Orion Clinic 
2:	Site:	Satellite 1  
3:	Site:	Click the [+] icon to add a site. 

### Program and Sites when Adding Second Satellite

#### Submit EZ PAR - Change of Sponsor

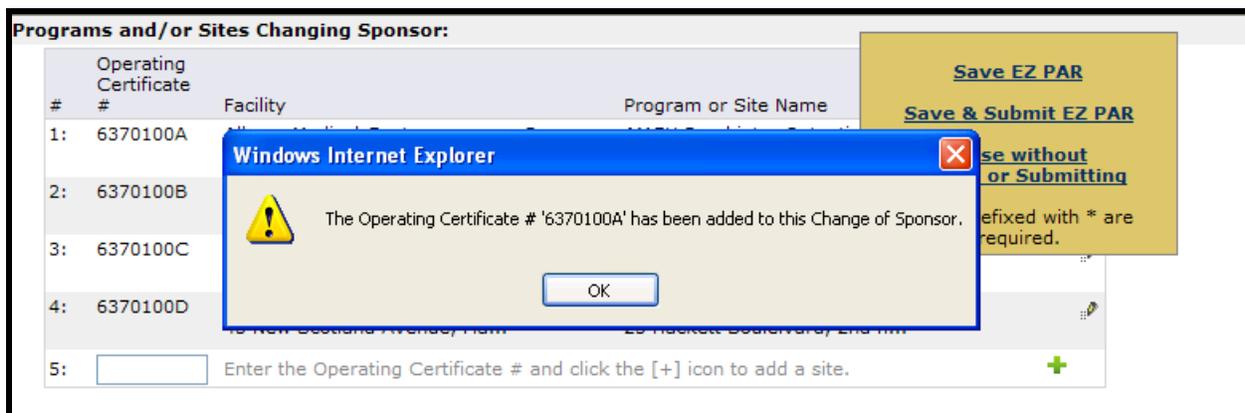
Under this feature of the facility level EZ PAR, an OMH licensed provider submits an EZ PAR to become the new sponsor of a program currently licensed to another provider. When a submitted Change of Sponsor EZ PAR is approved and the necessary changes in the CONCERTS database are made, the new sponsor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

When Submit EZ PAR - Change of Sponsor is pressed, following the Letter of Support section (see EZ PAR - Facility above), the following two screen sections appear:

EZ PAR Options:				
* Proposed Effective Date of Change:	<input type="text"/>	(mm/dd/yyyy)		
* Rationale:	Describe the reason(s) for the change of sponsor and, if possible, provide data to support the reasons:			
	<input style="height: 40px;" type="text"/>			
Programs and/or Sites Changing Sponsor:				
#	Operating Certificate #	Facility	Program or Site Name	Change of Sponsor?
1:	<input type="text"/>	Enter the Operating Certificate # and click the [+] icon to add a site.		

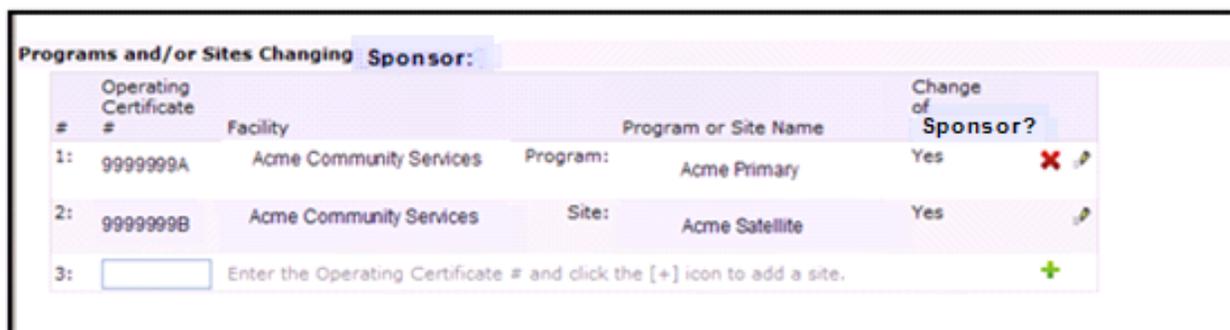
### EZ PAR Options and Programs and/ or Sites Changing of Sponsor

In EZ PAR Options, fill in the Proposed Effective Date and Rationale. In Programs and/or Sites Change of Sponsor, fill in the Operating Certificate # (7 digits plus a capital letter indicating the program-site, 'A' being the Primary Site for outpatient programs (for inpatient programs, the Operating Certificate # includes only the 7 digits). Click the green plus sign. If an invalid number is entered, a message will be returned that it is incorrect. If it is valid, the following message is returned:



### OC# Acceptance Messenger

The Programs and/or Sites screen section now displays the Primary Site of the OC# and all of its Satellites.



### Programs and/or Sites Changing Sponsor

Edit icons appear beside all items and may thus 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. The special screen sections below it are preceded by an information area indicating which entity in Programs and/or Sites is being addressed. The special screen sections appear as follows:

**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.

### Change of Sponsors and EZ PAR Options for Change of Sponsor

If the site under consideration qualifies for the change, the user will allow the default and proceed to the dropdowns. 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 dropdowns which appear in Submit EZ PAR - Program; see that section below for details). 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:

**Change of Sponsor:**

\* Change of Sponsor:

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

### Reason for No Change in 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:	99999999A	Acme Community Services	Program: Acme Primary	No	 
2:	99999999B	Acme Community Services	Site: Acme Satellite	Yes	
3:	<input type="text"/>	Enter the Operating Certificate # and click the [+] icon to add a site.			

**Programs and/or Sites Showing Exclusion**

Note that 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 and Submit EZ PAR from the beige floating menu.

**Note:** Submission should include evidence of concurrence by the currently licensed provider to the change of sponsor.

***EZ PAR on the Program (Primary Site) Level***

This EZ PAR option allows the provider to request changes to existing licensed programs, including the addition of Satellite Sites. When the EZ PAR icon is clicked for the Program (Primary or Main Site), the following option screen appears:

**EZ PAR - Program:**

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

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

- Closing the Program
- Requesting a 9.39 Waiver for general hospitals
- Relocating an outpatient program or 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 - Program](#)

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**EZ PAR - Add Site:**

You must submit an EZ PAR - Add Site when:

- Adding a new site to the program

[Submit EZ PAR - Add Site](#)

## EZ PAR – Program

Select Submit EZ PAR - Program to make changes to the Primary Site. Select Submit EZ PAR – Add Site to add satellite sites to the Primary.

**Note:** Before selecting Submit EZ PAR - Program, consider the list of criteria for EZ PAR submission. The criteria reflect the scope of the proposed changes and the impact of the changes on the program and/or on the local service system. In cases where the distinction between categories is somewhat less precise, the provider should exercise best judgment in appraising the scope and type of the changes proposed.

### 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 dropdowns which do not apply).

**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.):

**EZ PAR Options for Changing the Primary Site**

Select the proposed changes from the dropdowns 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 dropdowns (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 dropdowns in turn.

**Note:** The various screen sections are prefaced by beige 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 actually changed something. If the data entry portion of the section looks identical to the beige area, it means you have inadvertently not entered your change. The data entry area must be DIFFERENT from the beige area for the submission to proceed.

**Program Closure**

When Yes is selected for this dropdown, the other dropdowns default to No Change, and three screen sections are generated below the beige Program Information section.

**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:

\* 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:

**Program Closure Information**

The screen section concludes with an area requiring the user to provide the Resolution of the Board of Directors authorizing the closure:

\* 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:

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

### Resolution of the Board of Directors

**Note:** 'Board of Directors' is taken to equal 'Owners' in the case of for-profit organizations

Starting with the two dropdowns at the top, answer all items in this section. Selecting Leased in the first dropdown generates the following Yes/No dropdown:

\* Will the lease expire upon program closure?

Selecting No in this dropdown generates the following item:

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

Selecting Owned in the first dropdown generates the following Yes/No dropdowns

\* Is there an outstanding mortgage on the property?

\* Does the agency plan on selling the property?

Selecting Yes in the first of these dropdowns generates the following:

\* What is the loan balance? \$

Selecting No in the second of these dropdowns generates the following:

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

Selecting Yes in the second ('Was the building acquired') dropdown generates the following:

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

After the dropdown 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 no copy is provided, an explanation is needed.

**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"/>

**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.

**Satellite Sites Impacted by Closure:**

OC#	Site Name	Closing?
	ACME Mohawk Satellite 1	<input checked="" type="checkbox"/>
	If not closing, please explain:	
	<div style="border: 1px solid gray; height: 30px;"></div>	
	ACME Mohawk Satellite 2	<input checked="" type="checkbox"/>
	If not closing, please explain:	
	<div style="border: 1px solid gray; height: 30px;"></div>	

**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.

### Relocation

If Yes is selected in the dropdown, 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."/> <input type="text"/>
* 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"/>
Primary Site:	Yes
* Is the relocation within the same building where other OMH programs are currently located?	<input type="text"/>
* Will the property be leased or owned by the provider?	<input type="text"/>

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

### Relocation

Fill in all screen items. If Yes is selected in the first dropdown, the following 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

If Yes is selected in this dropdown, 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 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?

\* 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:

**Capital Construction Project**

Address all items in this section.

**Change Program Type**

Use this feature to change the program type of the program to another, related, type. Selecting Yes in the dropdown generates the following two screen sections (note that its dropdown defaults to the program type being changed).

**Change Program Type:**

Program Type: [2100] - Clinic Treatment

Proposed Program Type: [2100] - Clinic Treatment

**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"/>

### Change Program Type

Clicking the dropdown 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 thus:

**Change Program Type:**

Program Type: [2100] - Clinic Treatment

Proposed Program Type: [0200] - Day Treatment

**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		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>		
9999999B	Acme Community 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"/>
9999999C	Acme Community Satellite 2		<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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.

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

If Expand is selected from this dropdown, the following screen sections appear below Program Information:

**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: \$

\* 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"/>

**Expansion and Increase after Expansion**

Answer all screen items. % Change is calculated for you by clicking on the box after entering your numbers. If Reduce is selected from the dropdown, the following screen sections appear:

**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: \$

**Reduction and Decrease after Reduction**

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

**Change in Population Served**

If Yes is selected from the dropdown, the following two screen sections appear 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 beige areas at the top of the two sections 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**

If Yes is selected from the dropdown, the following screen section appears below Program Information:

Optional Services:	
Developmental Testing:	Yes
Health Monitoring:	Yes
Health Physicals:	No
Injectable Psychotropic Medication Admin:	No
None:	No
Psychiatric Consultation:	No
Psychological Testing:	No
Developmental Testing:	<input checked="" type="checkbox"/>
Health Monitoring:	<input checked="" 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 Screen Section**

The beige area at the top of the section refers to the data as it currently stands. Check or uncheck the boxes below it to alter the data.

**Change in Days/Hours of Operation**

If Yes is selected from the dropdown, the following screen section appears below Program Information:

Days/Hours of Operation:					
Day	Primary Start Time	Primary End Time	Secondary Start Time	Secondary End Time	Comment
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
Holiday					
Other					

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

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

**Days/Hours of Operation**

The beige 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.

**Submit EZ PAR - Add Site**

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 is appears:

New York State  
om  
Office of Mental Health

Mental Health Provider Data Exchange (MHPD)

Monday, January 31, 2011

User: Helen X Sacher

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

**EZ PAR - Add Site**

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

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

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

Program: [008] - ACME Mohawk Clinic

Site: [###] -

**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.

### EZ PAR - Add Site

Following the Letter of Support section (see under Submit EZ PAR - Facility), EZ PAR Options 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"/>				
Crisis Plan (Clinic Treatment O...	<input type="radio"/>				
Budget:	<input type="radio"/>				
Labeled Floor Plan:	<input type="radio"/>				
Lease:	<input type="radio"/>				
Certificate of Occupancy:	<input type="radio"/>				
Architect's or Engineer's Verific...	<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

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 dropdown 'Is this location...' the following data section appears:

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

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

### 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:

**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](#)

**EZ PAR - Site**

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. Selecting Submit EZ PAR - Site summons the standard Letter of Support section (see above 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.):

### EZ PAR Options for Site

The section concludes with a Supporting Documents element (see the illustration above under Submit EZ PAR - Add Site). If the first dropdown, Satellite Site Closure is answered Yes, the remaining dropdowns default to No Change, and the following screen section is generated:

**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:

### Satellite Site Closure Information

Enter the required text narratives. The remaining dropdowns 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.

## Saving and Submitting EZ PARs

### Saving the EZ PAR

Saving an EZ PAR, either by selecting Save EZ PAR or Save and Submit EZ PAR from the floating menu, invokes a new screen section, Current Status, toward the bottom of the page just under the EZ PAR Action Information line:

EZ PAR Information:

**Current Status:**

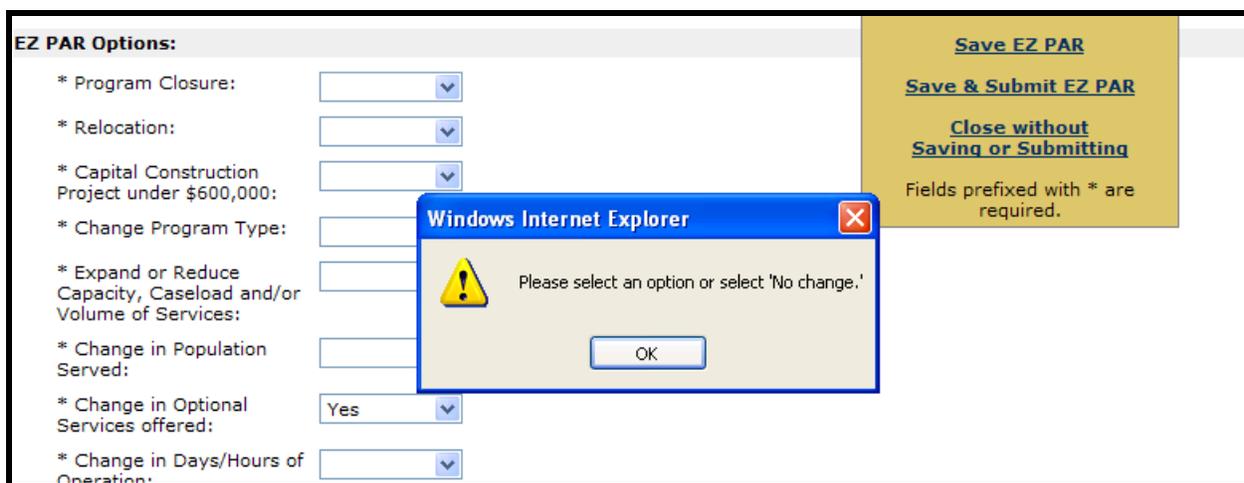
EZ PAR #:	4
Requested by:	Provider 7531 on
Last updated by:	Provider 7531 on 12/28/2010 03:24 PM
Requestor's Name:	Provider 7531
Requestor's Email:	mhpd_p1@omh.state.ny.us
Requestor's Phone #:	(123) 456-7890 x ____
Status:	Saved
Status Date:	12/28/2010 03:24 PM

### 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 PAR's with a status of Saved remain open for further data entry. 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 PAR's below).

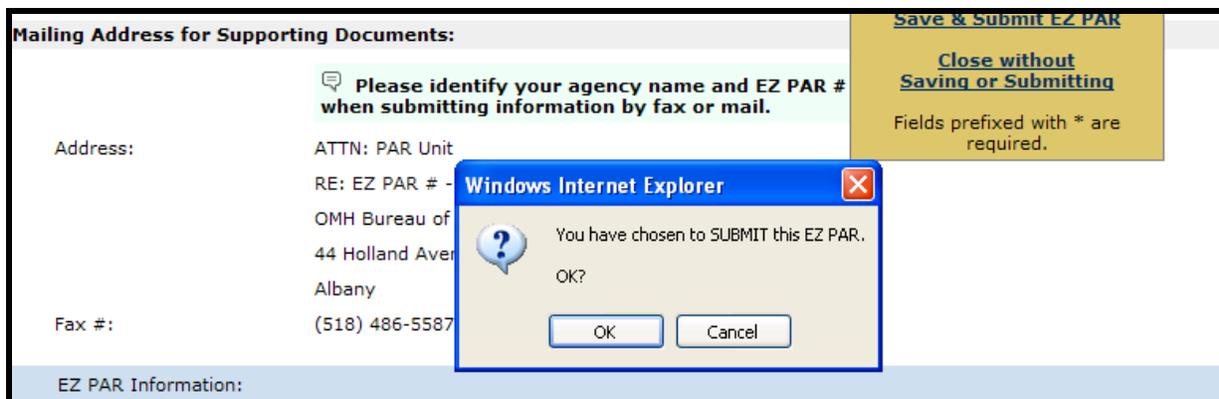
### Submitting the EZ PAR

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, e.g.:



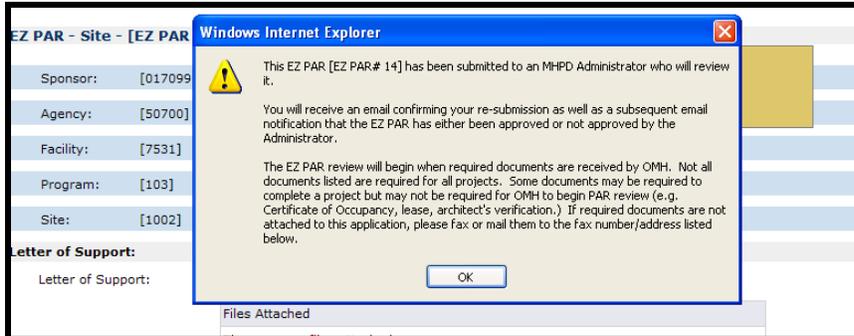
### Sample Submission Error Message

This indicates that the response 'No Change' was not selected in the remaining dropdowns, and the user must correct the omission. When no omissions are discovered, a message appears allowing the user to either cancel or go ahead with the submission:



### 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 PAR's below):



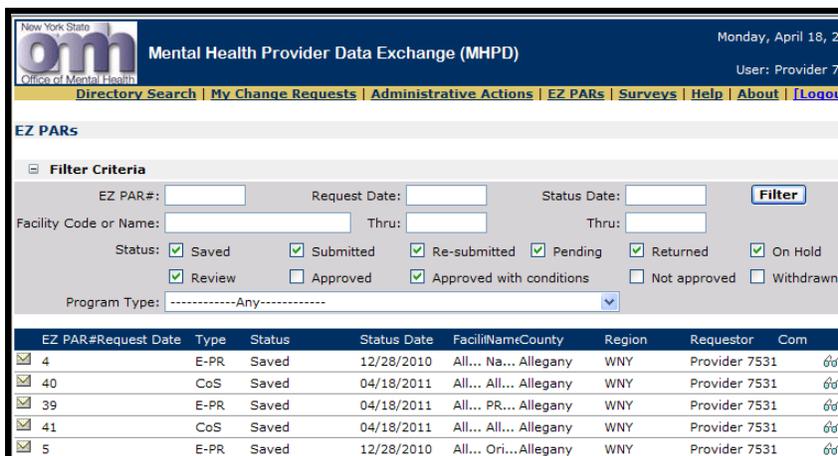
### Submission Completion Message

An email 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 email address contained in Requestor's Information will automatically receive all subsequent email notifications from the reviewer pertaining to the EZ PAR (the option to subscribe applies only to users beside the Requestor who may wish to be included in the email 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 PARs tab in the main menu of the initial MHPD screen. The resulting list will look like this:



**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. These statuses are:

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.

You may click the view icon to open a particular EZ PAR and view the item as it was submitted.

### EZ PAR as Opened from Queue

If a viewer other than the Requestor wishes to be included in the email loop flowing from this EZ PAR, they may press Subscribe, and their email (taken from their user information) will be added to the notification list. If they subsequently decide to remove themselves from the list, they may select Unsubscribe, and their email address will be withdrawn from the loop.

**Mental Health Provider Data Exchange (MHPD)**  
 Friday, January 21, 2011  
 User: Helen X Sacher  
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**EZ PAR - Program - [EZ PAR #: 24]**

Sponsor:	[202020] - Test
Agency:	[20202] - Test
Facility:	[2222] - Test
Program:	[007] - Test

**Letter of Support:**

Letter of Support: The Letter of Support is attached.

Files Attached  
 Letter of Support.doc

### 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 #: 14  
 Requested by: Provider 7531 on 01/05/2011 11:30 AM  
 Last updated by: Provider 7531 on 01/05/2011 11:30 AM  
 Requestor's Name: Provider 7531  
 Requestor's Email: mhpd\_p1@omh.state.ny.us  
 Requestor's Phone #: (123) 456-7890 x \_\_\_\_  
 Status: Submitted  
 Status Date: 01/05/2011 11:30 AM  
 Additional Supporting Documents: Please attach additional supporting documents below.  
 Click Browse to attach files. Files larger than 5 MB will fail to upload.

Files Attached  
 There are no files attached.

**Current Status for a Submitted EZ PAR**

An additional screen section, Status History, is appended to the bottom of the EZ PAR. This will chronicle the various stages of the item as wends its way through the review process. Reviewer’s comments are also included when available to the provider.

Status History:			
Status	Date	User Name	From
Re-submitted	01/04/2011	Provider 7524	ClearView Center, Inc.
Returned	12/03/2010	Facility Administrator	OMH Central Office
Reason for Return:		Identify the county location for this site	
Pending	12/03/2010	Facility Administrator	OMH Central Office
Submitted	12/03/2010	Provider 7524	ClearView Center, Inc.

**Status History**

**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 PAR’s 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.

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