
Facility Survey

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Facility Survey Overview

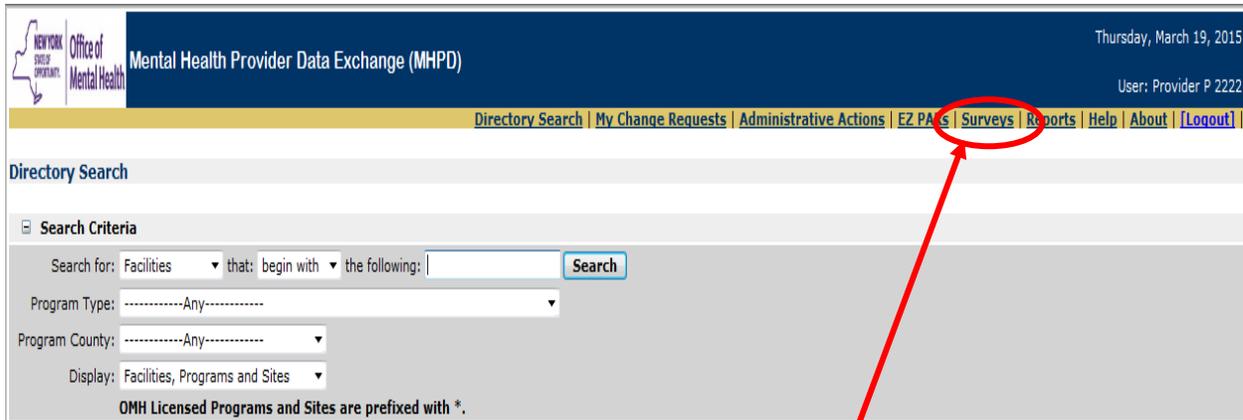
The Facility Survey is used to ensure accuracy of facility information in preparation for the Patient Characteristics Survey (PCS). The purpose of the Facility Survey is to give providers the chance to correct and update information in Mental Health Provider Data Exchange (MHPD) for programs that provide *direct* services to clients.

Direct Services are services provided to consumers or collaterals through face to face or telephone contact. Services may be provided individually or in a group setting. Services may be provided by the program itself or may be subcontracted. Programs offering ONLY administration (e.g., accounting, financial services, staff training, public education, discharge planning, coordination, linkage or referral are NOT considered "direct service" providers.)

Facilities that provide no direct services are still asked to complete the Facility Survey, even though they will not be required to complete the PCS. If your facility does not provide direct services, you will find there are no programs listed in the Facility Survey, only Facility Information and PCS Coordinator Information. Please make any corrections to the Facility Information that are needed, and, in the PCS Coordinator

Survey Response box, choose “Not applicable – no direct or indirect services provided”. Click “Submit Survey” in the floating gold menu box, and you are finished.

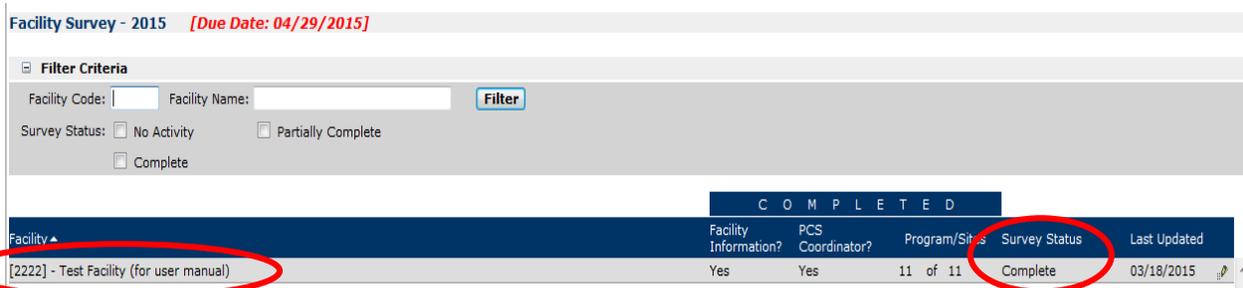
Surveys Tab



Once logged in to MHPD using Web Salute, click on the Surveys Tab to enter into the **Survey Menu**. Then select **Facility Survey** using the “edit/view” icon to move to **Survey View**.



Survey View



In **Survey View**, the Facility Code and Name will be displayed along with the completion status for each section of the Facility’s survey, overall Survey Status, when the survey was last updated and the “edit/view” icon to move to the survey.

For the convenience of larger Service Providers and entities with multiple Facilities, a filter to locate the requested Facility is available. A Facility may be searched through the filter by its code or name. To execute a search, enter the facility name or code, then click the Filter icon and the requested Facility will be filtered out of the list of available Facilities. Providers with only one Facility will see only their own Facility in the list. The filter also allows you to search by survey status. The three status options are:

Status	Description
No Activity	The survey has not yet been started
Partially Complete	The survey has been started, but not all sections have been completed.
Complete	All sections of the survey have been completed and the survey has been submitted.

To filter by status, check the appropriate status box or boxes in the menu bar before executing a search.

♪ **Note:** Records displayed are internally filtered based on security group. If a user has Statewide access, he is able to see all Facilities, Programs and Sites. If his security group is County, he will be able to view all Facilities and Programs for his county, as well as Facilities located in other counties that have a program in his county. A Provider can only see his own Facility and its Programs and Sites.

COMPLETED					
Facility ▲	Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)	Yes	Yes	11 of 11	Complete	03/18/2015

In the List of Facilities, you will see:

Facility: The facility code and the name of the facility.

Facility Information? Indicates with a YES that the Facility Information has been approved or updated in the Facility Survey. No response indicates that this section has not been completed.

PCS Coordinator? Indicates with a YES that the PCS Coordinator Information has been approved or updated in the Facility Survey. No response indicates that this section has not been completed.

Program/Sites: Indicates the number of Survey Response portions (one follows each program and each site) that have been answered out of the total response portions requiring answers.

Survey Status: As above, the Survey Status indicates at which of the three stages of completion the Facility Survey stands.

Last Updated: Indicates the date of the last edit to the Facility Survey. Updates are indicated in real time here as well as in each section of the survey.

The edit/view icon: Allows you to view, verify and respond to the accuracy of information. Click on the edit/view icon to view the latest information on file for the Facility and its Programs in the **Survey Review & Response (edit)** section. There you can change the information through MHPD or accept it as correct.



Survey Review & Response (edit)

While in the **Survey Review & Response (edit)** mode, you can view, verify, and make any necessary changes to:

- Facility Information
- Director's Information
- PCS Coordinator Information
- Specific Programs grouped by Program Type
- Program Sites

Direct Services Definition

[?] You will see this symbol several times in the facility survey. Clicking on this symbol brings up the definition of Direct Services.

Definition of Direct Services



Direct Services are services provided to consumers or collaterals through face to face or telephone contact. Services may be provided individually or in a group setting. Services may be provided by the program itself or may be subcontracted. Programs offering ONLY administration (e.g., accounting, financial services), staff training, public education, discharge planning, coordination, linkage or referral are NOT considered "direct service" providers.

Facility Survey Form

About the Facility Survey:

NOTE: The purpose of the Facility Survey is to give providers the chance to correct and update information in MHPD for programs that provide direct services to clients. These programs are expected to report data in the Patient Characteristics Survey (PCS). Facilities that provide no direct services are still required to complete the Facility Survey, even though they will not be expected to complete the PCS.

[Submit Survey](#)
[Return](#)

Facility Information:

*Facility Name: Test Facility (for user manual)

*Address: 123 Main Street

P. O. Box:

*City, State Zip: Albany NY 12209-____

*County: Albany

Director's Information:

*Name: John Doe

*Phone: (123) 555-1000 Ext. ____

*Email: john@email.com

Survey Response:

NOTE: Please make sure that the Facility Information and Director's Information is correct and that each of your program units offering direct services is listed below. If any Facility Information and/or Director's Information is incorrect or programs are missing, please click the 'Edit Facility' and/or 'Add Program' icons below.

Response:  

Last updated by: Provider P 2222 on 03/17/2015 10:27 AM

Security Manager's Information:

Security Managers:	Security Manager's Name	Email Address	Phone #

The “Floating” Menu Box

The “Floating” gold menu box is always available and remains on the top right side of the screen while in the **Survey Review & Response (edit)** mode. The two responses available are:

[Submit Survey](#)
[Return](#)

“Submit Survey”: This allows you to search for missing responses, and, once all Survey Responses have been completed, allows you to “Submit” the completed survey. When this response is selected, a pop up box appears asking you to confirm submission of the completed survey. If the survey is not complete, a series of error messages direct you to each problem area of the survey until all sections have been completed. Survey Status will not say “Complete” unless this option has been selected and all sections of the survey are complete.

“Return”: This allows you to quit out of the survey at any time and return to the List of Facilities whether or not the survey has been completed.

Facility Information and Director’s Information

The information presented in the shaded area shows the information that currently exists in CONCERTS about the Facility and Director.

Facility Information

- Facility Name, Address, City/State/Zip, County

Director’s Information

- Name, phone, email

Survey Response: The **Survey Response** box appears directly below each section of the survey that requires a response. For both the Facility Information and Director’s Information section, one box appears:

Survey Response:

NOTE: Please make sure that the Facility Information and Director's Information is correct and that each of your program units offering direct services [?] is listed below. If any Facility Information and/or Director's Information is incorrect or programs are missing, please click the 'Edit Facility' and/or 'Add Program' icons below.

Response:   

Last updated by: The facility information is correct and all programs are listed
I submitted a change request and/or 'add new' program requests

Click the down arrow in the Response field to see the list of available responses to the information presented. From this list choose the applicable response. The answer will be populated in the Response Field. Once you choose a response in one of the **Survey Response** fields, it is accepted. There will be no message window indicating acceptance.

You can accept the current information as correct, or if the information is not correct, you can make corrections to the information in the shaded sections of Facility & Director’s Information and/or add new program requests. This is done through the “add program” or “edit/view” icons to the immediate right of the Response Field.

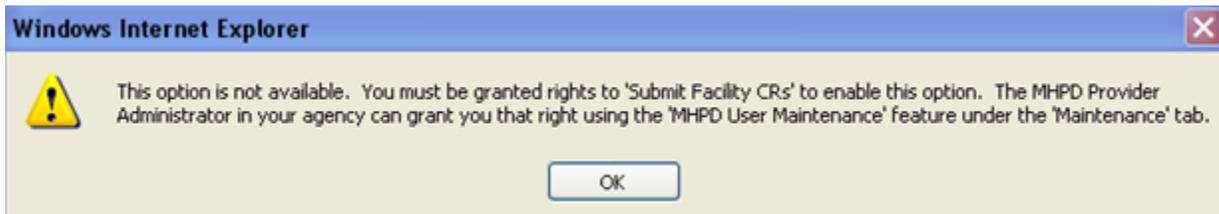
Edit/View: If the information which appears in the Facility Information and/or Director’s information sections is incorrect, click the pencil icon to invoke the MHPD application to edit information on the Facility Record.



Any information on the record can be corrected, but it is important to correct, at the minimum, the information shown on this Survey tab:

- Facility name, address and county
- Director’s name, phone number and email address

Note: In order to edit Facility or Director’s information, you must have rights to “Submit Facility CRs” in MHPD. If you do not have this level of access, the pencil icon will appear in grey and will not open the Facility or Director’s information for editing. The error message below will be displayed. Please contact your MHPD Provider Admin to open User Maintenance and select “Can submit facility CRs” for you.



Add an Unlicensed Program: If the program list which follows the **Facility** and **PCS Coordinator Information** is incomplete, click the P icon to invoke the MHPD application for Adding a Program (Unlicensed) for the current Facility that is being edited.



Survey Response:

Response:

CR# of Change Request:

Last updated by: Provider P 2222 on 03/18/2015 01:23 PM

In each of these areas, a “Floating” menu box with various options appears. Once you enter the information for the change request and choose “Submit Change Request” or “Close Without Submitting”, you are returned to the **Survey** screen. You will need to make note of the assigned change request number so that you can input it in the Facility Survey. You will not be allowed to submit the survey without that information being filled out. Note that the edits will not appear on the Facility Survey page until the submitted change request is approved by OMH.

Add a Licensed Program – If you need to add a Licensed Program, choose “Return” to leave the survey. Follow the directions outlined in the Administrative Actions or EZ PAR [manuals](#). Once the AA or PAR is submitted, resume the survey and proceed with your edits.

Security Manager's Information

The Security Manager's Information section lists your Security Manager's name, email address, and phone number. The Security Manager information was added so that the user would know who to contact to correct his or her phone number, email address or name, reset a password, or obtain proper access. The Security Manager is designated by the Facility Director to use SMS to grant staff persons from his facility access to certain OMH applications and the security groups within the applications. In the SMS application, the Security Manager also associates persons in the "Submitter" security group with selected units or sites for reporting in the PCS application. Multiple active Security Managers are allowed from each facility. A person may serve as Security Manager for two facilities, but must register separately for each facility—using each facility's control ID—and will be assigned a separate User ID for each facility.

Security Manager's Information:			
Security Managers:	Security Manager's Name	Email Address	Phone #
Directions for Updating Security Manager:	<p>Your Facility Director may appoint a new Security Manager by forwarding the email he or she has received from OMH Security. If the Facility Director no longer has this email, he or she should contact the OMH Security Department by calling 1-800- HELP NYS and requesting it be resent.</p>		

PCS Coordinator Information

The PCS Coordinator is the person at the Facility appointed by the Facility Director who serves as the point of contact with OMH for matters regarding the Patient Characteristics Survey. In the PCS Coordinator Information section, you can view & verify PCS coordinator information.

PCS Coordinator Information:			
NOTE:	<p>The PCS Coordinator is designated by your Facility Director to be the contact person for PCS related issues. You must designate at least one person as the PCS Coordinator. Coordinator information from the last PCS may be displayed. Please update this information if necessary.</p>		
PCS Coordinators:	*PCS Coordinator's Name	*Email	*Phone
	Doe, John	john.doe@omh.ny.gov	(518) 123-4567 x 89
			View Facility Contacts
Verify PCS Coordinator Information:			
NOTE:	<p>If the PCS Coordinator information is not correct, please click the 'Edit' icon below to update it.</p>		
Response:	<input type="text"/> 		
Last updated by:	Provider P 2222 on 03/19/2015 10:02 AM		

PCS Coordinator Information defaults to the person last designated by the Executive Director. Each Survey year, this should be updated for new director-appointed coordinators.

Facility Contact Information

If the PCS Coordinator Information is not correct click the “edit/view” icon to the right of the Survey response field in the pink box below the PCS Coordinator Information to update the information. You may also click the View Facility Contacts link to update the PCS Coordinator information.

Facility Contacts

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

[New Facility Contact](#) [Return](#)

Name	Email Address	Phone #	Contact Type
Doe, John	john.doe@omh.ny.gov	(518) 123-4567 x__89	Patient Characteristics Survey (PCS) Coordinator

If there is no name in the facility contact list, click on New Facility Contact or the pencil. To edit an already existing contact, click on the “X” to delete the contact or click on the pencil to edit the contact.

New Facility Contact

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

Facility Contact Information:

Title: *First Name: M. I.: *Last Name:

Name:

Position:

*Email:

*Phone: () - x

Fax: () -

Phone number is generally not required. However, when requested you must enter the phone number.

*Address:

Enter address only if different from Facility's address. If entering a different address, please enter the complete address.

P. O. Box:

*City, State Zip: NY

***Contact Types: (Check at least one or more)**

Contact Types:

Contact Type	<input type="checkbox"/>
Adult Services	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>
Children's Services	<input type="checkbox"/>
Clinic	<input type="checkbox"/>
Fiscal Contact	<input type="checkbox"/>
Health Alerts	<input type="checkbox"/>
Housing	<input type="checkbox"/>
Information	<input type="checkbox"/>
Inpatient	<input type="checkbox"/>
Justice Center	<input type="checkbox"/>
NIMRS	<input type="checkbox"/>
PCS Coordinator	<input checked="" type="checkbox"/>
PROS	<input type="checkbox"/>
Quality Improvement	<input type="checkbox"/>
Recipient Run Services	<input type="checkbox"/>

Fill out the information for the PCS Coordinator, check the box for PCS Coordinator, and click Update Facility in the Gold Box in the upper right corner.

[Update Facility Contact](#)

[Delete Facility Contact](#)

[New Facility Contact](#)

[Return](#)

Fields prefixed with * are required.

Click "Return" in the gold menu box to return to the survey after completing edits to the PCS Coordinator Information. After returning to the survey, these changes will appear immediately on the Facility Survey page.

Verify PCS Coordinator Information:

NOTE: If the PCS coordinator information is not correct, please click the 'Edit' icon below to update it.

Response:

Last updated by:

In the Survey Response section, you can accept the old information on file as correct or make note that corrections have been made. Respond with a choice from the dropdown.

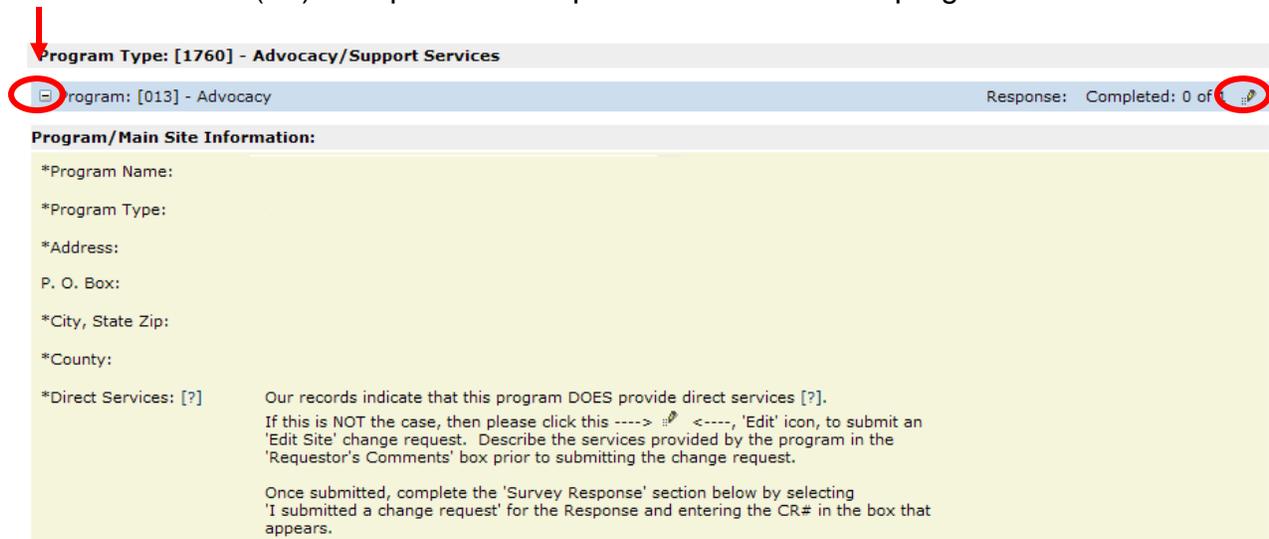
⚠ **Note:** In order to edit Facility or Director’s information, you must have rights to “Submit Facility CRs” in MHPD. If you do not have this level of access, the pencil icon will appear in grey and will not open the PCS Coordinator information for editing. The error message below will be displayed. Please contact your MHPD Provider Admin to open User Maintenance and select “Can submit facility CRs” for you.



Program/Site Information

Viewing/Editing Unlicensed Programs

Programs for a Facility are listed, grouped by Program Type. Program Types appear in bold in alphabetical order on shaded backgrounds. Each Program listed will have a “view/hide” icon (+/-) to expand or collapse the details for that program.

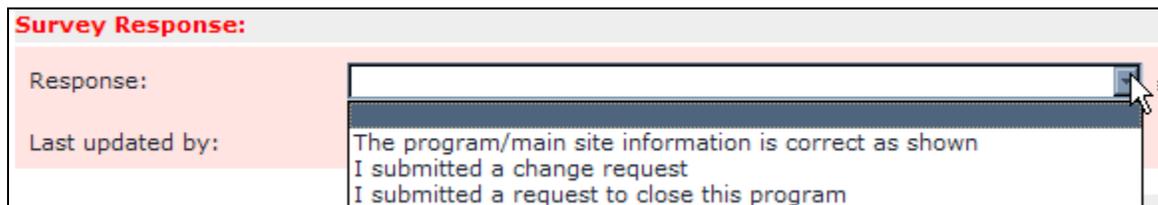


Or depending on the program type, you might see the following response by the Direct Services section:

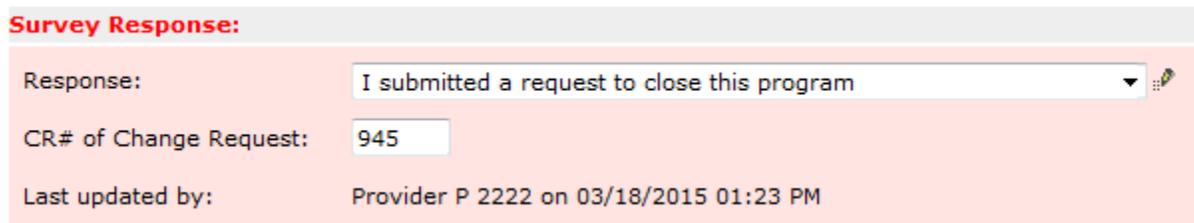
*Direct Services: [?] By definition, this program provides direct services [?].

You can accept the current information in the yellow shaded area as correct by selecting the appropriate response in the pink Survey Response box, or make corrections as needed. To open the program edit screen to correct the information either click the “edit/view” icon found on the extreme right side of the Program name bar or the “edit/view” icon found to the right of the **Survey Response** field.

Clicking the “edit/view” icon will bring up a Change Request, where the program information can be edited or the program deleted. After submitting the Change Request, clicking “Close” in the gold menu box will return you to the Facility Survey. Next select the appropriate choice in the Survey Response box.



If you choose “I submitted a request to **close** this program” the following box appears under the response drop down.



You must enter the Change Request number in the box or you will not be permitted to “Submit” the Facility Survey. If it is an old request, you can go to “My Change Requests” in the menu to locate the request number. If you are “Submitting a Change Request” in conjunction with the survey, click the pencil icon to the right side of the Response drop down, “Submit the Change Request” noting the number, and then enter it in the box.

If you are not prepared to complete the Change Request, you can exit the survey without submitting by selecting “Return” in the gold floating menu box, with any information you have entered being saved for later review. Once you have gathered the necessary information to complete the Change Request, return and complete the survey.

Viewing/Editing Licensed Sites

Program Type: [2100] - Clinic Treatment

Program: [100] - * Response: A- PAR

Program/Main Site Information:

*Program Name:

*Program Type: [2100] - Clinic Treatment

*Address:

P. O. Box:

*City, State Zip:

*County:

*Direct Services: [?] By definition, this program provides direct services [?].

Survey Response:

Response: A- PAR

Last updated by:

Site: [4001] - * Response: A- PAR

Site Information:

*Site Name:

*Address:

*City, State Zip:

*County:

Survey Response:

Response: A- PAR

Last updated by:

Licensed programs with multiple sites list satellite sites below the main site. A Survey Response must be entered for each site. The banner for a main program is blue, while the site banner is green, and slightly indented.

Below each Program or Site section you will find the **Survey Response** box. If you need to make changes to a licensed program or site, you will use an Administrative Action or EZPAR, available by clicking the “A-arrow” or “PAR” icons to the right of the response box. After completing any needed edits, return to the Survey Response box.

Survey Response:

Response: A- PAR

Last updated by:

The program/main site information is correct as shown
I have/will submit an AA, PAR or Amendment to Oper.Cert.

Clicking the down arrow in the Response field shows the list of available responses to the information presented. From this list, choose the appropriate response. The answer will populate the response field. Once you choose a response in one of the

Survey Response fields, it is accepted. There will be no message window indicating acceptance.

Note: To close a Licensed Program or Site, a PAR (Prior Approval Review) must be filed directly with the local Field Office. Please contact the local Field Office for more information.

PAR

After clicking on “I have/will submit an AA, PAR, or Amendment to Oper. Cert.” in the drop down menu, the user clicks on the PAR button. When the user chooses this option, the following screen appears:

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 Clinic	
Site:	[1001] - ACME Mohawk Satellite 1	

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](#)

AA

After clicking on “I have/will submit an AA, PAR, or Amendment to Oper. Cert.” in the drop down menu, the user clicks on AA button. When the staff member chooses this option, the following screen appears:

Administrative Action - 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:	[1001] - ACME Mohawk Satellite 1

[Save Administrative Action](#)
[Save & Submit Administrative Action](#)
[Close without Saving or Submitting](#)

Fields prefixed with * are required.

Administrative Action:

- * Satellite Site Closure:
- * Relocation or Change to Primary Site, Split, or Consolidation:
- * Capital Project under \$250,000:
- * Expand or Reduce Capacity, Caseload and/or Volume of Services:
- * Change in Population Served:
- * Change in Optional Services offered:
- * Change in Days/Hours of Operation that will have minimal impact on program operation: Significant changes require submission of an EZ PAR application.
- * Proposed Effective Date of Change: (mm/dd/yyyy)
- * Rationale: Provide a rationale that addresses the need for this change and, if possible, provide data to support need (current waiting lists, recent caseloads, etc.):

Completing Survey/Finding Incomplete Responses

The “**Submit Survey**” option on the “floating” menu can be used as a search tool to locate missing responses. If the survey is incomplete, a warning message will appear when “**Submit Survey**” is clicked, directing you to the section or sections where a response is necessary before a final submission will be accepted. Select a response in the **Survey Response** field, then click the X in the warning message box and the warning message box will close. Choosing **Return** in the “floating” menu will close the warning message box and return you to the Survey View without submitting the survey.

Please select a response before you submit the survey. ✕

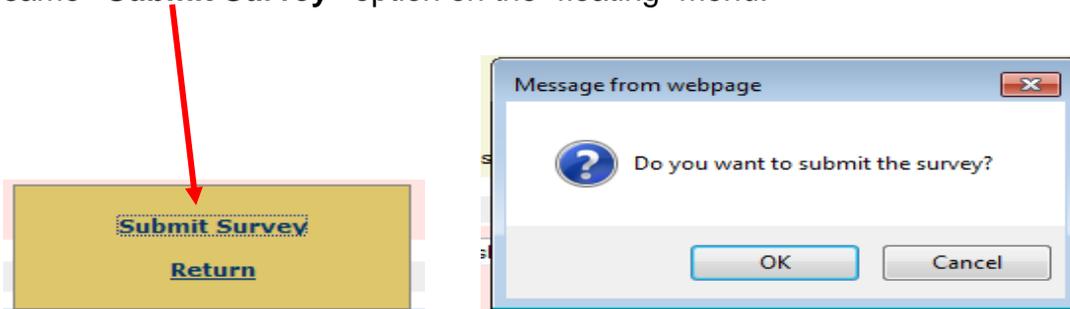
Verify PCS Coordinator Information

NOTE: If the PCS Coordinator information is not correct, please click the 'Edit' icon below to update it.

Response:

Last updated by: Provider P 2222 on 03/19/2015 10:02 AM

Once all areas of the survey have been completed, make a final submission using the same “**Submit Survey**” option on the “floating” menu.



Clicking the “Submit Survey” option will bring up a pop up box with the question “Do you want to submit the survey?” and two options, “OK” and “Cancel”. If you have completed the survey, clicking the “OK” icon submits the survey and returns you to the **Survey View Menu** page. Clicking the “Cancel” icon returns you to the survey to continue editing.

♪ **Note:** Even after a survey has been submitted, corrections can be made. From the Survey Menu page choose the “edit/view” icon to the far right and continue making changes as needed. After completing additional changes, clicking the “Submit Survey” option on the “floating” menu resubmits the survey.

COMPLETED					
Facility ▲	Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)	Yes	Yes	11 of 11	Complete	03/19/2015

When a survey is submitted as complete, the **Survey View Menu** page will indicate a “Yes” under **Facility Information** and **PCS Coordinator** and number (here 11 of 11) under **Program/Sites** which will show that all the necessary sections of the survey have been completed. Additionally, the **Survey Status** will read “Complete” and the date last updated will reflect the date and time that the survey was submitted.

At any time, including after submitting the survey, you can return to the survey to edit or correct information by using the “edit/view” icon to the far right.

If you were to add a new program to your facility, you would notice, under **Program/Sites** and **Survey Status**, that it appears that your survey was no longer “complete;” for example, it might read “10 of 11 Complete.” In the past, whenever a new program was added during the Facility Survey, OMH required you to go back into the survey and review the new program. To help streamline the process, we have eliminated this requirement. Once a survey is “Complete,” the survey status stays “Complete.”

[Return to MHPD Manual](#)