



**Office of
Mental Health**

**Mental Health Provider Data Exchange
(MHPD)
Facility Survey Manual**

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[Return to MHPD Manual](#)

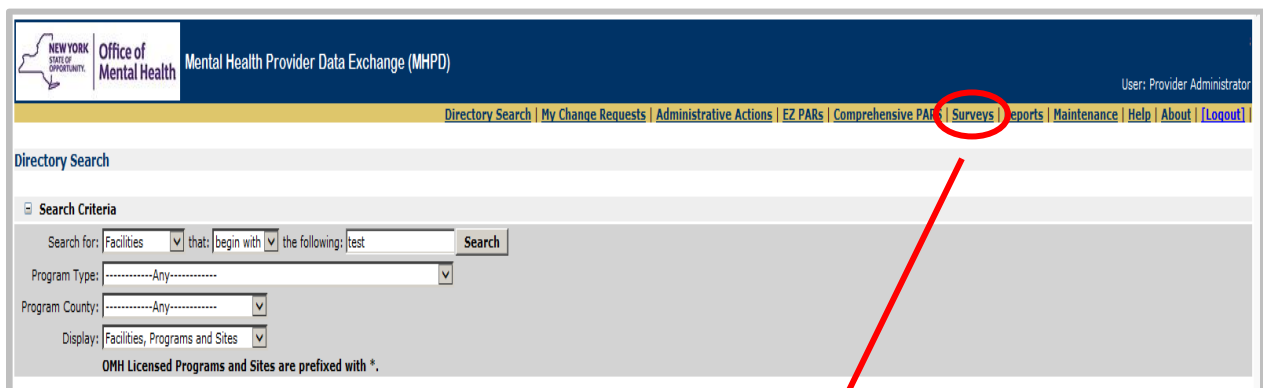
Facility Survey Overview

The Facility Survey has two primary purposes: to ensure the accuracy of facility information in preparation for the Patient Characteristics Survey (PCS) by allowing providers to review, correct, and update program details in the Mental Health Provider Data Exchange (MHPD) for programs delivering direct services to recipients, and to provide an opportunity for facilities with non-reporting PCS programs to review and verify their facility information.

Direct Services are services provided to recipients 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 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.

Surveys Tab

Once logged into MHPD, click on the "Surveys" tab in the gold toolbar to enter the Survey Menu.



NEW YORK STATE OF OPPORTUNITY | Office of Mental Health | Mental Health Provider Data Exchange (MHPD) | User: Provider Administrator

Directory Search | My Change Requests | Administrative Actions | EZ PARs | Comprehensive PARs | **Surveys** | Reports | Maintenance | Help | About | Logout

Directory Search

Search Criteria

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

Program Type: Any

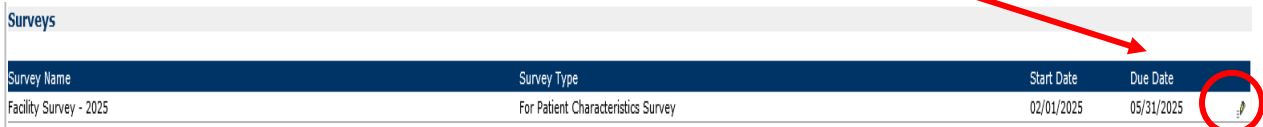
Program County: Any


Display: Facilities, Programs and Sites

OMH Licensed Programs and Sites are prefixed with *.



Select "Facility Survey 2025" using the Edit icon  to move to Survey View.



Survey Name	Survey Type	Start Date	Due Date	
Facility Survey - 2025	For Patient Characteristics Survey	02/01/2025	05/31/2025	

Facilities with No Direct Services

Facilities that do not provide 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.

Verify PCS Coordinator Information:

Response:

Last updated by:

Program/Site Listing:

Submitter's Information:

Name:

Email Address:

Phone #: (____) ____-____ x ____

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".

Verify PCS Coordinator Information:

NOTE: **The PCS Coordinator information is not complete. Fields prefixed with * are mandatory. Please click the 'Edit' icon below to update missing information.**

Response: **Not applicable - no direct or indirect services provided**

Last updated by: I have corrected the PCS coordinator information


Click "Submit Survey" in the floating gold menu box, and you are finished.

[Submit Survey](#)

[Return](#)

Facility Survey Status View

NOTE: Records displayed are filtered internally based on security group. If a user has Statewide access, they can see all Facilities, Programs, and Sites. If their security group is County, they can view all Facilities and Programs for their county, as well as Facilities located in other counties that have a program in their county. A Provider can only see their own Facility, Programs, and Sites.

In Survey View, the “Facility Code” and “Facility 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 icon  to move to the survey.



COMPLETED				
Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)			0 of 3	No Activity

For the convenience of larger Service Providers and entities with multiple facilities, a filter is available for locating the requested facility.



COMPLETED				
Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated

A Facility may be searched by its code or name. To execute a search, enter the “Facility Code” or “Facility Name” in Filter Criteria, then click the “Filter” button. 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 Criteria also allows you to search by survey status.

NOTE: This feature is only available to Central Office Admins and County Admins.

To filter by “Survey Status,” check the appropriate status box or boxes in the Filter Criteria section, then click “Filter” to execute the search.

The three survey 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.

The List of Facilities contains the following information:

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. A “No” response indicates that this section is not complete.


PCS Coordinator: Indicates with a “Yes” that the PCS Coordinator Information has been approved or updated in the Facility Survey. A “No” response indicates that this section is not complete.

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

Survey Status: Indicates at which of the three stages of completion the Facility Survey currently 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 Icon : Allows you to view, verify, and respond to the accuracy of information. Click on the Edit icon to view the latest information on file for the Facility and its Programs in the “Survey Review & Response” (edit) section. This is where you can change the information through MHPD or accept it as correct.

C O M P L E T E D					
Facility ▲	Facility Information?	PCS Coordinator?	Program/Sites	Survey Status	Last Updated
[2222] - Test Facility (for user manual)	Yes	Yes	26 of 51	Complete	

Facility Survey Information

While in the Facility Survey form, you can view, verify, and make any necessary edits to:

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

Facility Survey Form

The following screenshots illustrate the various sections of the 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 Administrator on

Security Manager's Information:

Security Managers:	Security Manager's Name	Email Address	Phone #
	Smith, John	john.smith@test.org	518-555-1212

Directions for Updating Security Manager:

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.

PCS Coordinator Information:

NOTE:

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.

PCS Coordinators:

*PCS Coordinator's Name	*Email	*Phone
Smith, John	john.smith@test.org	518-555-1212

[View Facility Contacts](#)

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:

Program Type: [1760] - Advocacy/Support Services

Program: [010] - Advocacy for PCS Test xxx

Response: Change

Completed: 1 of 1

Program/Main Site Information:

*Program Name: Advocacy for PCS Test xxx

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

*Address: 123 Main Streetxxx

P. O. Box:

*City, State Zip: Albany NY 12345-__

*County: Albany

*Direct Services: [?] Our records indicate that this program DOES NOT provide direct services [?]. If this is NOT the case, then please click this ----> <----, 'Edit' icon, to submit an 'Edit Site' change request.

Once submitted, complete the 'Survey Response' section below by selecting 'I submitted a change request' for the Response and entering the CR# in the box that appears.

Survey Response:

Response:

CR# of Change Request:

Last updated by:


Submitter's Information:

Name:

Email Address:

Phone #:


Direct Services Definition

You will see the “Definition of Direct Services” icon  several times in the Facility Survey. Clicking on this symbol brings up the definition of Direct Services.

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

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.**

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.

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:   

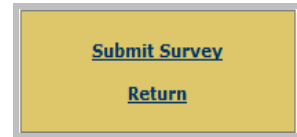
Last updated by:

Security Manager's Information:

Security Managers:	Security Manager's Name	Email Address	Phone #
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The Floating Gold Menu Box

The floating gold menu box is always available and remains on the top right side of the screen while in the Facility Survey form. The two responses available are “Submit Survey” and “Return.”



“Submit Survey”: Allows you to search for missing responses. Once all Survey Responses have been completed, click “Submit Survey.” When this response is selected, a pop-up box appears asking you to confirm the 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 display “Complete” until this option has been selected and all sections of the survey are completed.

“Return”: Allows you to navigate away from the survey at any time and return to the List of Facilities whether the survey has been completed.

Facility Information and Director’s Information

The information presented in the shaded area displays the Facility and Director information that currently exists in CONCERTS (OMH internal database).

Facility Information

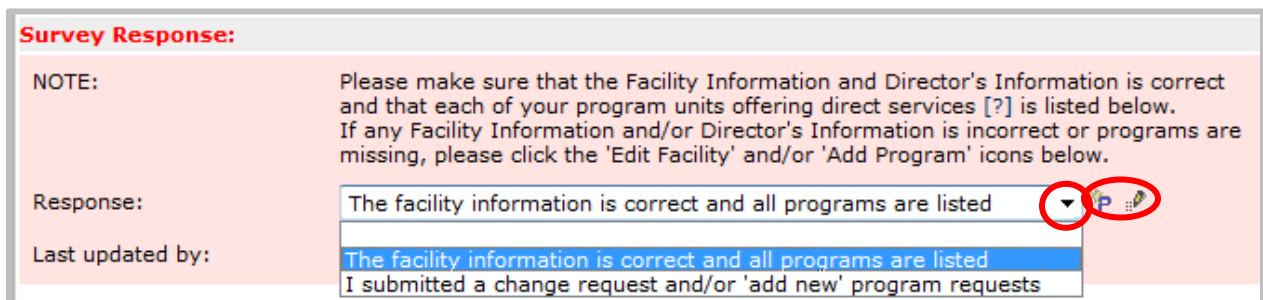
- Facility Name, Address, City/State/Zip, County



Director’s Information


- Name, phone, e-mail

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

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.

A screenshot of a web form titled "Survey Response:". It has a light pink background. On the left, there are labels: "NOTE:", "Response:", and "Last updated by:". The "NOTE:" text says: "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." The "Response:" label is next to a dropdown menu. The dropdown menu is open, showing three options: "The facility information is correct and all programs are listed" (highlighted in blue), "The facility information is correct and all programs are listed", and "I submitted a change request and/or 'add new' program requests". To the right of the dropdown menu are two icons: a blue square with a white 'P' and a green square with a white pencil. Both icons are circled in red. The "Last updated by:" label is next to a text input field that is currently empty.


You can accept the current information as correct. If the information is not correct, you can edit 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  icons to the immediate right of the “Response” field.

Edit: If the data that appears in the Facility Information and/or Director's Information sections is incorrect, click the Edit icon  to bring up the MHPD application to make edits in 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 e-mail address



NOTE: In order to edit Facility or Director level information, you must have Provider Admin access in MHPD. If you have Provider User access in MHPD, the pencil icon will appear in grey and will not open the Facility or Director's information for editing. Please contact your Security Manager to have your access updated from Provider User to Provider Admin. Once the access has been updated, the user must wait one hour for the databases to update before accessing MHPD.

Add an Unlicensed Program

If the program list which follows the Facility and PCS Coordinator Information is incomplete, click the "Add a program" icon  to submit a Change Request to add a program.

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:

In each of these areas, a menu "floating" 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.

Survey Response:

Response:  

CR# of Change Request:

Last updated by:

NOTE: The edits will not appear on the Facility Survey page until the submitted Change Request is approved by OMH.

Add a Licensed Program

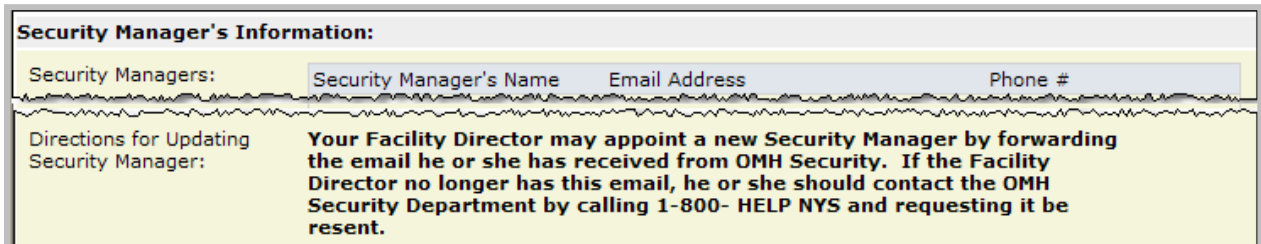
If you need to add a Licensed Program, choose “Return” to leave the survey. Click on the Administrative Action tab or EZ PAR tab to add a new licensed program.



Information on how to submit an Administrative Action (AA) or EZ PAR to open a licensed program is found in the [manuals](#) link. Once the Administrative Action or EZ PAR is submitted, resume the survey and proceed with your edits.

Security Manager's Information


The Security Manager Information section informs the user of contact information, such as the Security Manager's e-mail address and phone number. In addition, the Security Manager can reset a password or grant proper access for the user. The Security Manager is designated by the Facility Director to use the Security Management System (SMS) to grant staff persons, from their facility, access to certain OMH applications (e.g., MHPD, PCS, PSYCKES, and NYESS) and the security groups within the applications. In the SMS application, the Security Manager also associates persons in the “Supervisor” or “Submitter” roles with selected units, sites, or for reporting in the PCS application. Multiple active Security Managers are allowed for 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.



If you need to add a Security Manager or update your Security Manager, follow the above directions.

PCS Coordinator Information

The PCS Coordinator is the person at each facility appointed by the Facility Director to serve as the point of contact with OMH for matters regarding the Patient Characteristics Survey (PCS). In the PCS Coordinator Information section, information can be viewed and verified. The PCS Coordinator Information is carried over from the last conducted PCS. Each Survey year, this should be updated with new director-appointed coordinators.

If the PCS Coordinator Information is not correct, click the Edit 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.

PCS Coordinator Information:

NOTE: **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.**

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

Response:

Last updated by:

Facility Contact Information

If you need to update the Facility Contact information, click on the "View Facility Contacts" link.



PCS Coordinator Information:

NOTE: **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.**

PCS Coordinators:

*PCS Coordinator's Name	*Email	*Phone
Doe, John	john.doe@omh.ny.gov	(518) 123-4567 x 89

[View Facility Contacts](#)



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

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

Fill out the Facility Contact Information for the PCS Coordinator and check the box in “Contact Types” for PCS Coordinator. Any information preceded by an (*) asterisk is mandatory and must be filled in.

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: () ___ - ___

*Address:

P. O. Box:

*City, State Zip: NY -

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

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

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

Contact Types:

Contact Type	
24/7 Incident Safety Check Contact	<input type="checkbox"/>
Adult Services	<input type="checkbox"/>
Bed Availability Survey	<input type="checkbox"/>
Care Coordination	<input type="checkbox"/>
Children's Services	<input type="checkbox"/>
Clinic	<input type="checkbox"/>
COVID-19 Vaccination	<input type="checkbox"/>
CPEP	<input type="checkbox"/>
Facility Incident Management E-mail	<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"/>
OMH Pre-Employment Checks (SEL, CBC, SCR)	<input type="checkbox"/>
PCS Coordinator	<input type="checkbox"/>
PROS	<input type="checkbox"/>
Quality Improvement	<input type="checkbox"/>
Recipient Run Services	<input type="checkbox"/>

Click "Update Facility Contact" in the floating gold menu box in the upper right corner. Once you have completed your edits to the PCS Coordinator Information, click "Return" in the floating gold menu box to return to the survey.



Update Facility Contact

Delete Facility Contact

New Facility Contact

Return

Fields prefixed with * are required.

After returning to the survey, these changes will appear right away on the Facility Survey page.

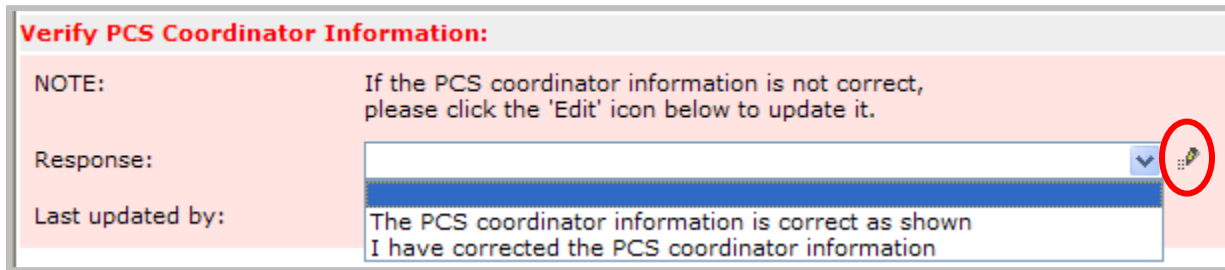
In the Survey Response section, you can accept the old information on file as correct or make note that corrections have been made. Respond by clicking on a choice from the drop-down.

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:




NOTE: In order to edit PCS Coordinator information, you must have Provider Admin access in MHPD. If you have Provider User access in MHPD, the pencil icon will appear in grey and will not open the Facility or Director's information for editing. Please contact your Security Manager to have your access updated from Provider User to Provider Admin. Once the access has been updated, the user must wait one hour for the databases to update before accessing MHPD.


Program/Site Information

Viewing/Editing Unlicensed Programs

Facility programs are grouped by Program Types. 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 and an Edit icon  to update program information including: "Program Name," "Program Type," "Address," "P.O. Box," "City, State, Zip," and "County".

Program Type: [1760] - Advocacy/Support Services

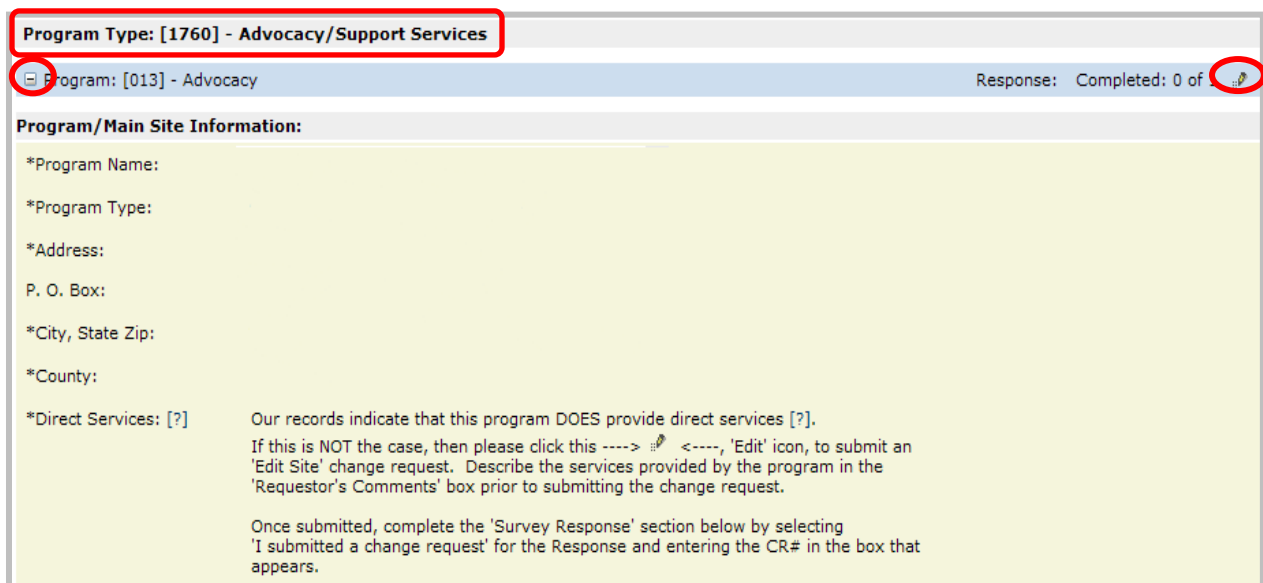
Program: [013] - Advocacy Response: Completed: 0 of 

Program/Main Site Information:

*Program Name:
*Program Type:
*Address:
P. O. Box:
*City, State Zip:
*County:

*Direct Services: [?] Our records indicate that this program DOES provide direct services [?].
If this is NOT the case, then please click this ---->  <----, 'Edit' icon, to submit an 'Edit Site' change request. Describe the services provided by the program in the 'Requestor's Comments' box prior to submitting the change request.

Once submitted, complete the 'Survey Response' section below by selecting 'I submitted a change request' for the Response and entering the CR# in the box that appears.



Depending on the program type, you might see the following response displayed in the Direct Services section.

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

All programs require a review of the direct services section. If a program does not meet the direct services definition, then select the appropriate response in the pink "Survey Response" box.

You can accept the current information in the shaded area as correct by selecting the appropriate response in the pink Survey Response box, or make corrections as needed.

Program Type: [1770] - Drop In Centers

▣ Program: [003] - Test - Program

Program/Main Site Information:

*Program Name: Test - Program

*Program Type: [1770] - Drop In Centers

*Address: 321 South Main St.

P. O. Box:

*City, State Zip: Albany NY 12229-____

*County: Albany

*Direct Services: [?] Our records indicate that this program DOES provide direct services [?].
If this is NOT the case, then please click this ----> 🖱️ <----, 'Edit' icon, to submit an 'Edit Site' change request. Describe the services provided by the program in the 'Requestor's Comments' box prior to submitting the change request.



Once submitted, complete the 'Survey Response' section below by selecting 'I submitted a change request' for the Response and entering the CR# in the box that appears.

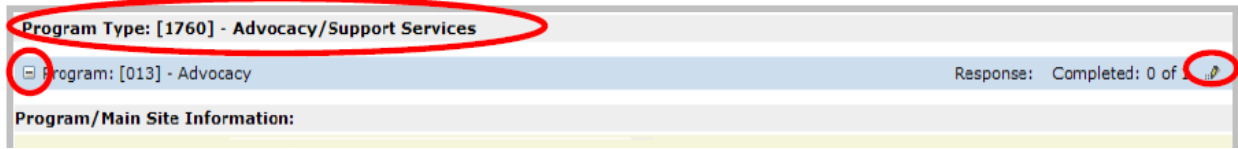
Survey Response:


Response:

Last updated by:


The program/main site information is correct as shown
I submitted a change request
I submitted a request to close this program

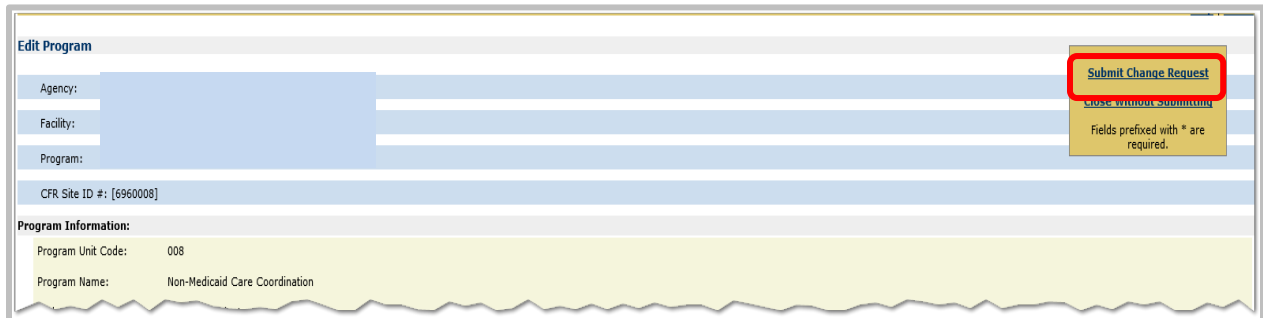
To correct the information, open the program edit screen, either click the Edit icon  found on the right side of the Program name bar, or the Edit icon  found to the right of the Survey Response field.



This screenshot shows the Edit icon  found to the right of the Survey Response field.



Clicking the Edit icon  will bring up a Change Request, where the program information can be edited, or the program can be closed. After submitting the Change Request, click “Close” in the floating gold menu box to return to the Facility Survey. Clicking “Submit Change Request” or “Close Without Submitting” will bring you back to the Facility Survey. Next, select the appropriate choice in the Survey Response box.



Survey Response:

Response:
 I submitted a change request
 I submitted a request to close this program

Last updated by:

If you choose, "I submitted a Change Request" or "I submitted a request to close this program," "CR# of Change Request" 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.

Survey Response:


Response:

CR# of Change Request:


Last updated by:

If it is an old request, you can go to "My Change Requests" in the menu to locate the Change Request number.



If you are "Submitting a Change Request" in conjunction with the survey, click the Edit icon  to the right side of the response drop-down, "Submit the Change Request." Next, write down the number, and then enter it in the box.

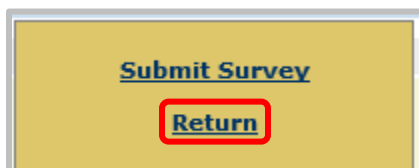
Survey Response:

Response: 

CR# of Change Request:

Last updated by:

If you are not prepared to complete the Change Request, you can exit the survey without submitting by selecting "Return" in the floating gold 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, click return and complete the survey.

Viewing/Editing Licensed Sites

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

The screenshot displays a web interface for managing licensed programs and sites. At the top, a blue banner indicates the "Program Type: [2100] - Clinic Treatment". Below this, a blue header bar shows "Program: [100] - *" and "Response: A+ PAR". The main section is titled "Program/Main Site Information:" and contains fields for Program Name, Program Type (set to [2100] - Clinic Treatment), Address, P. O. Box, City, State Zip, County, and Direct Services (set to [?] with a note: "By definition, this program provides direct services [?]"). Below this is a "Survey Response:" section with a "Response:" dropdown menu (set to A+ PAR) and a "Last updated by:" field. A green banner below indicates "Site: [4001] - *" and "Response: A+ PAR". Underneath is a "Site Information:" section with fields for Site Name, Address, City, State Zip, and County. A final "Survey Response:" section at the bottom has a "Response:" dropdown menu (set to A+ PAR) and a "Last updated by:" field.


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 (AA) or

EZPAR (PAR), available by clicking the "A+"  or PAR  icons to the right of the response box. After completing any needed edits, return to the Survey Response box.

Clicking the down arrow in the "Response" field shows the list of available responses to the information presented. Using the drop-down 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.

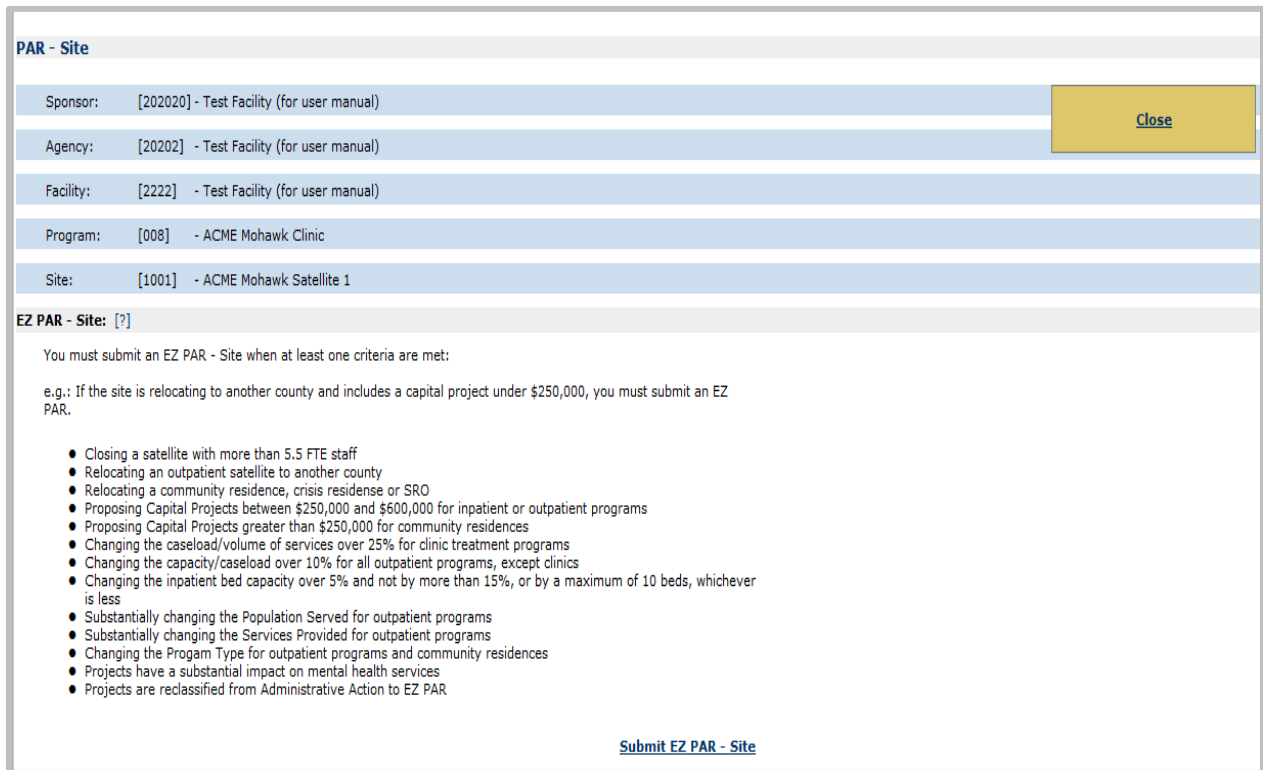
This close-up shows the "Survey Response:" section. The "Response:" dropdown menu is open, displaying a list of options. The "A+ PAR" option is highlighted. A message window is visible over the dropdown, stating: "The program/main site information is correct as shown I have/will submit an AA, PAR or Amendment to Oper.Cert." The "A+ PAR" icon and the message window are circled in red.

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

If a User needs to edit an AA or PAR, click on the selection, “I have/will submit an AA, PAR, or Amendment to Oper. Cert.” in the drop-down menu, then, click on the PAR icon  .



When the staff member chooses this option, the “PAR – Site” screen appears.



The screenshot shows the "PAR - Site" screen with the following content:

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](#)

Once the information has been entered, click an option in the floating gold menu box in the upper right-hand corner of your screen. Any information entered will not be saved unless you click a "Save" option.

EZ PAR - Add Site - [EZ PAR #: 398]

Sponsor: _____

Agency: _____

Facility: _____

Program: _____

Site: _____

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.

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

Also, 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.

Program: [099] - * PROS Response: Completed: 0 of 1 **AA** EZ

When the staff member chooses this option, the “Administrative Action – Site” screen appears. Once the information has been entered, please click an option in the floating gold menu box in the upper right-hand corner of your screen. Any information entered will not be saved, unless you click a “Save” option.

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

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.):

Save Administrative Action

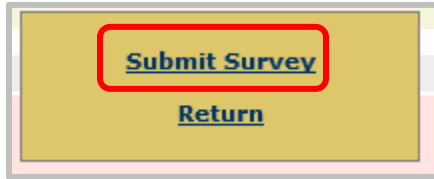
Save & Submit Administrative Action

Close without Saving or Submitting

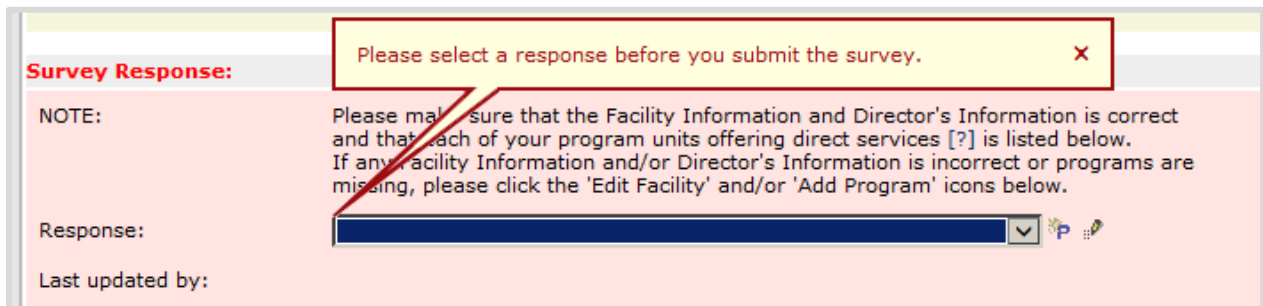
Fields prefixed with * are required.

Completing Survey/Finding Incomplete Responses

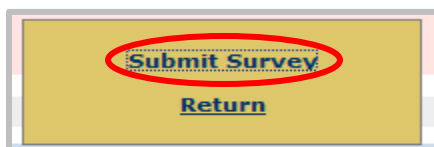
The “Submit Survey” option in the floating gold menu box can be used as a search tool to locate missing responses.



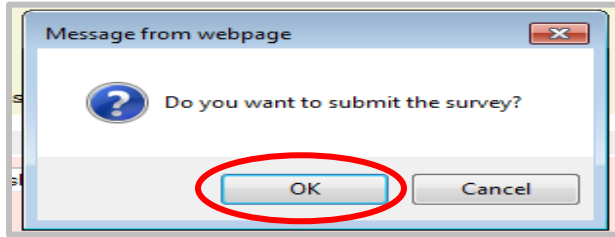
If the survey is incomplete, a warning message will appear when “Submit Survey” is clicked, directing you to the section or sections where a response is necessary before a final submission will be accepted. Select a response in the Survey Response field, then click the “X” in the warning message box to close the message box. Choosing “Return” in the floating gold menu box will close the warning message box and return you to the Survey View without submitting the survey.




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




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



NOTE: After a survey has been submitted, corrections can still be made by selecting the Edit icon  to the right. Continue making changes as needed. After additional changes are completed, click the “Submit Survey” option on the floating menu to resubmit the survey.

When a survey is submitted as complete, the “Survey View” Menu page will indicate a “Yes” under “Facility Information” and “PCS Coordinator” columns. A number under “Program/Sites” 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.

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 is no longer “Complete”. For example, it might read “10 of 11 Complete.” Once a survey is “Complete,” the survey status stays “Complete.”

At any time, including after submitting the survey, you can return to the survey to edit or correct information by using the Edit icon  to the right.

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

If you have additional questions or concerns, please contact us at mhpd@omh.ny.gov or (800) 430-3586.

[Return to MHPD Manual](#)