

## New Provider Access Request Form

To submit a Comprehensive Prior Approval Review (CPAR) application, applicants must have access to the Office of Mental Health’s (OMH) Security Management System (SMS) and Mental Health Provider Data Exchange (MHPD). Applicants who are not currently licensed by the OMH and do not have access to the SMS and MHPD must complete the following steps to obtain access in advance of submitting a CPAR application:

1. Following the prior consultation with the Local Governmental Unit (LGU) and the OMH Field Office, applicants will begin completing the PAR application form.
2. At least three (3) weeks in advance of submitting the PAR application, applicants must submit the “New to OMH Provider Contact Information Form” (Found below) to the OMH Field Office.
3. Once the form has been processed by OMH, the applicant will receive an email from [par@omh.ny.gov](mailto:par@omh.ny.gov) with the four-digit numeric facility code assigned to the applicant.
4. The applicant should then follow the steps for Enrollment in the Security Management System (SMS) outlined in the [Guidance on Becoming a Licensed Provider](#) (page 21 – 23).
5. Once the applicant has access to SMS, the security manager can grant users access to MHPD.
6. Within MHPD, the applicant will select “Submit CPAR – Establish Program” or “Submit CPAR –Change of Sponsor”. Complete all required components and attach the CPAR Application file(s).

For additional guidance or support contact the appropriate resource listed below:

- Obtain four-digit numeric facility code contact: [OMH Prior Approval Review Unit](#) or call 518-474-5570
- Access SMS or MHPD contact: [ITS Service Desk](#) or call 1-800-435-7697
- Complete the CPAR Application contact: [OMH Field Office](#)

<b>New to OMH Provider Contact Information Form</b>	
<b>Provider</b>	
Provider Name (This must match the exact legal name of the entity):	
Entity Type:	
Address:	
City:	State:
Zip + 4:	County:
Phone:	Fax:
Email:	Employee Identification Number (EIN):
<b>Executive Director/President/CEO</b>	
Name:	Title:
Position:	Degree:
Phone:	Email:
<b>Chairperson of the Board (if applicable)</b>	
Name:	
Title:	Position:
Address:	
City:	State:
Zip + 4:	County:
Phone:	Email: