



Office of  
Mental Health

# Comprehensive Prior Approval Review (CPAR) Application

Bureau of Inspection and Certification  
December 2024

# TRAINING OBJECTIVES

By the end of this training, you will understand:

- What a Comprehensive Prior Approval Review (CPAR) Application is and when it is required
- Steps to take prior to submitting a CPAR Application
- Recent updates made to the CPAR Application
- How to complete the CPAR Application

# **What is a CPAR Application?**

# PURPOSE of CPAR APPLICATION

Purpose of CPAR Application:

- Establishes the minimum standards to ensure that those seeking an Operating Certificate from the Office of Mental Health (OMH) meet the appropriate criteria for quality, safety, and fiscal viability
- Supports the Local Governmental Units (LGU) in the planning and funding local systems of mental health service
- Establish efficient and timely process for initial licensure and an effective process for notifying affected parties of changes to the local service system
- Establish a process ensuring that all entities applying for licensure are treated equally

# **Prior to Completing the CPAR Application**

# PROJECT PLANNING AND CONSULTATION

- Engage the community to identify need
- Analyze the service area and need
- Consult with the LGU and stakeholders which includes:
  - Notification of intent to the LGU and the OMH Field Office (FO)
  - Understanding of the local service plans
  - Obtaining relevant resources

# PRIOR CONSULTATION

Applicant shall meet with the OMH regional FO and LGU *prior* to submission of a CPAR Application to:

- Provide sufficient information on project being planned
- Demonstrate community need for the new project
- Evidence experience and knowledge of the requirements to operate the program

# PRIOR CONSULTATION FORM

- Provide evidence of readiness for the Prior Consultation Meeting
  - Provide project proposal, agency background and experience operating mental health and human services programs
  - Demonstrate fiscal viability
- Send to the OMH FO and the LGU in advance of the Prior Consultation Meeting

Comprehensive Prior Approval Review (CPAR) Application Prior Consultation Form			
The purpose of the Prior Approval Review Prior Consultation Form is to support providers in outlining the proposed project. This form should be submitted to the Local Governmental Unit (LGU) and OMH Field Office in advance of the prior consultation meeting. The proposed project and form will be reviewed during the prior consultation. Once the LGU and Field Office have completed the prior consultation and are in support of the applicant submitting a PAR application they will sign Part 2 of the form. Note, the LGU and Field Office signatures' do not constitute an agreement or inference that the proposed project will be approved or denied upon receipt of a formal application.			
Date of Consultation:			
Meeting Attendees	Organization	Name(s)	Title(s)
	Applicant participant(s)		
	Local Government Unit(s)		
	OMH Field Office Representative(s)		
PART 1: Project Summary To be completed by applicant			
Agency Name:			
Agency Type:			
Public: <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal			
Proprietary: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company			
Not-For-Profit: <input type="checkbox"/> Corporation			
Application Type: Choose the application type			
Program Type: Choose the program type			
Counties to be Served:			
Indicate the age range to be served: Minimum Age: up to Maximum Age:			
Applicant Request:			
Agency Background and Experience Operating Mental Health and Human Services Programs:			
Need:			



# PRIOR CONSULTATION MEETING

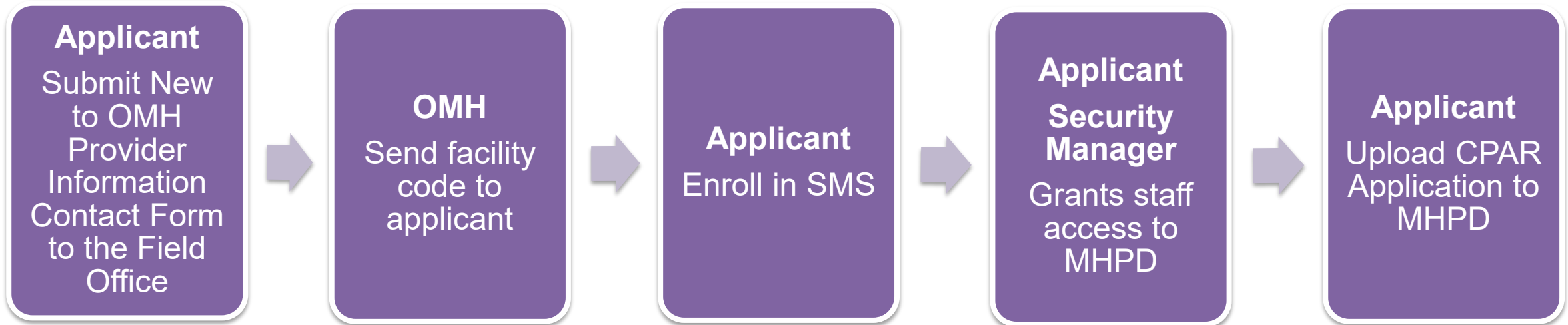
- Applicant presents project proposal which reflects:
  - Understanding service area and community need
  - Knowledge of applicable regulations and standards of care
  - Implementation Plan (staff recruitment, training, fiscal viability)

# PRIOR CONSULTATION MEETING

- The LGU and FO will:
  - Provide consultation and advice
  - Ensure applicant is aware of relevant application materials, budget tools, program regulations, standards of care, and guidance
  - Address concerns and questions
  - Review the CPAR process, timeframes, and Behavioral Health Services Advisory Council
  - LGU and FO sign Part 2 to confirm the prior consultation occurred and they support the provider submitting the CPAR Application

# ACCESS MENTAL HEALTH PROVIDER DATA EXCHANGE

- Mental Health Provider Data Exchange (MHPD) is the OMH web-based system where PAR applications are submitted
- Follow the steps outlined in the Guidance on Becoming a Licensed Provider to gain access to OMH's Security Management System (SMS) and the MHPD where PAR applications are submitted and reviewed



# **CPAR Application Updates**

# CPAR APPLICATION UPDATES

## Overview of Changes:

- Developed a standardized Prior Consultation Form
- Eliminated paper applications
- Clarified expectation for agency leadership to actively participate in the development of the project and PAR application
- Clarified the requirements to demonstrate need for the project
- Expanded Access and Equity section to include questions regarding cultural and linguistic competency in accordance with CLAS standards
- Developed new PAR Budget Tool

# CPAR Application

# REQUIREMENTS BY APPLICATION TYPE

*All Applicants must complete CORE Application - Sections A – E*

## **Project Specific Sections:**

Type of Project	Sections to Complete
Establish a new program by a new provider	F, G, H, I, J, O
Establish a new inpatient or residential treatment facility program	F, G, J, O
Expand or reduce an existing inpatient program or residential treatment facility by greater than 15% or greater than 10 beds	J, L
Close an inpatient program or residential treatment facility	N
Change sponsor of a licensed program to a new sponsor not currently licensed by OMH (New sponsor shall complete the CPAR)	H, I, M, O
Applications that also include capital projects	J, K, O

# **CPAR Application**

## **Part 1**

### **Core Application**



# PART 1: CORE APPLICATION

## Section A – Acknowledgements

- CEO or authorized person signs the application to:
  - Confirm the information provided is accurate and true
  - Certify if a consultant was utilized, the application was completed by the entity proposing the project with input and approval by the agency's leadership

## Section B – General Information

- Provide contact information for the agency applying for licensure. The agency contact and consultant, if applicable, will receive all correspondence regarding the application
- Indicate the legal name of the entity, as listed in the governance documents. Include any assumed names

# PART 1: CORE APPLICATION – SECTION C

## Section C – Project Description

- Complete all applicable subsections as outlined in C(1).
- Sections C(6) & C(7):
  - Article 28 licensed providers, indicate the corresponding Certificate of Need (CON) number. If Department of Health (DOH) does not require a CON for the project, indicate “not required” in the “CON Application Number” field.
- Section C(8): Change of Sponsor:
  - Include the legal name, as listed in the governance documents, of *both* the current and new sponsor and agency.

# PART 1: CORE APPLICATION – SECTION D

## Section D – Staffing

- Submit a staffing schedule that demonstrates coverage consistent with regulatory requirements
- Describe the required credentials, experience, and duties for each staff position
- Submit an organizational chart that identifies lines of supervision
- Describe the plan for staff supervision including frequency and format
- Describe the agency's efforts to hire individuals who are representative of the population(s) to be served
- Describe the plan to ensure focus on diversity

# PART 1: CORE APPLICATION – SECTION E

## Section E – Financial

- Complete the appropriate budget template located on the OMH PAR website
- Provide the logic and assumptions used for each budgeted line item
- Indicate payors with whom the agency plans to establish contracts
- Provide a sliding scale fee
- Describe how a projected deficit will be covered, if applicable
- Submit the last three years of financial statements prepared by a certified public accountant
  - If the entity has been established for less than three years, submit all available financial statements (e.g., income tax returns) for the members or owners

# **CPAR Application Part 2**

## **Project Specific Sections**

## **PART 2: PROJECT SPECIFIC SECTIONS**

### **Section F – Demonstration of Need for the Establishment of New Programs**

- Provide a thorough description of the proposed service area and an assessment of the needs of the target population
- Provide concrete evidence of the need for the program. This may include information gathered from the County Local Service Plan and other data sources
- Analyze the information and provide a synopsis of how the program will meet the needs of the service area and target population

## **PART 2: PROJECT SPECIFIC SECTIONS – SECTION G**

### **Section G – Program Information**

The purpose of this section is to describe how the program will:

- Meet the needs of population to be served
- Function within the existing system of care including relationships with other providers in the service area
- Recruit staff, contract with payors, and other phase-in activities

The agency must also provide:

- The mission, treatment philosophy, expected program outcomes, and organization of the agency
- Admission, treatment, and discharge processes
- Quality assurance and continuous quality improvement processes

## PART 2: PROJECT SPECIFIC SECTIONS – SECTION H

### Section H – Agency: Character and Competence

- Provide the agency's governance documents and administrative organizational chart
- Describe the agency's experience operating or managing human services program within the last ten years
- Identify management, clinical services, or administrative functions that will be provided by individuals who are not employees of the agency
- Indicate any conflicts of interest



# PART 2: PROJECT SPECIFIC SECTIONS – SECTION I

## Section I – Ownership: Character and Competence

Each board member and owner must complete this section and provide:

- Demographic information is required, including date of birth, which allows OMH to complete a comprehensive character and competence check
- Potential conflicts of interest and past legal offenses
- A description of their experience operating or managing human services programs within the last ten years

# **PART 2: PROJECT SPECIFIC SECTIONS – SECTION J**

## **Section J – Facility Description**

Submit the following:

- Property Information
- Shared space agreements, if applicable
- Lease, if applicable
- Describe how physical space is therapeutic and meets the needs of the program
- Valid Certificate of Occupancy
- Attach evidence of site selection process pursuant to MHL § 41.34, if applicable
- NFPA 101 Life Safety Code Checklist, if applicable.

## **PART 2: PROJECT SPECIFIC SECTIONS – SECTION K**

### **Section K – Capital Project**

- Capital projects are defined in 14 NYCRR Part 551.4
- Complete the appropriate subsection based on the type of capital project (e.g., new construction, substantial renovation, acquisition, alteration).
- Identify the funding source for the capital project (e.g., self-funded, State Aid).
- Describe the project scope and timeline
- For inpatient capital projects, submit itemized hardware list

## **PART 2: PROJECT SPECIFIC SECTIONS – SECTION L**

### **Section L – Inpatient or Residential Treatment Facility Program Expansion or Reduction of an Existing Program by Greater than 15% or Greater than 10 Beds**

Describe:

- Rationale for the expansion or reduction including utilization data
- Impact of the change on the service area
- Coordination with children and adolescents, families, and schools, if applicable
- Fiscal impact and plan to address any anticipated deficit

## PART 2: PROJECT SPECIFIC SECTIONS – SECTION M

### Section M – Change of Sponsor

- Completed by the entity requesting to become the new sponsor
- Provide reasons for changing sponsorship, indicate financial considerations, and provide information requested in below table:

Program Type	Operating Certificate #	Current Sponsor	Current Provider of Service	Proposed Sponsor	Proposed Provider of Service

- Submit a transition plan, relevant governance documentation, and a Resolution of the Board of Directors or other such documentation signifying an authorization to transfer the program(s) to the proposed sponsor

## **PART 2: PROJECT SPECIFIC SECTIONS – SECTION N**

### **Section N – Inpatient or Residential Treatment Facility Program Closure**

- Describe efforts to preserve operations, how the closure will impact the service area, and the rationale for the proposed closure
- Submit a transition plan that includes:
  - Disposition list
  - Storage and record retention
  - Notification to individuals, family, and stakeholders
  - Proposed effective date
- Submit a Resolution of the Board of Directors from the provider of service authorizing the closure

## **PART 2: PROJECT SPECIFIC SECTIONS – SECTION 0**

### **Section 0 – Additional Requirements Prior to Final Approval**

This section outlines additional requirements that must be addressed prior to final approval including:

- Pre-employment Checks (PEC)
- Architect Letter of Substantial Completion
- Certificate of Occupancy
- Satisfactory pre-occupancy site visit with OMH Field Office

The above items do not need to be submitted with the PAR application but will be requested by the OMH near the end of the review process

# Addendums



# PROGRAM ADDENDUMS

In addition to the PAR application, applicants may be required to submit a program specific addendum

Program Addendums can be found on the PAR website

Mental Health Outpatient Treatment and Rehabilitative Services (MHOTRS) Program Addendum			
For items requiring narrative responses include an attachment labeled "MHOTRS Addendum" that addresses all requested information. Clearly identify the item number each response corresponds to (e.g., 2).			
Name of MHOTRS Team:			
Address of Program, including zip + 4:			
MMIS:		NPI:	
Program Manager's Name:		Program Manager's Email:	
Additional Services:			
<input type="checkbox"/> Developmental Testing	Diagnostic services including the administration, interpretation, and reporting of screening and assessment instruments for children and adolescents to assist in the determination of the child's developmental level for the purpose of facilitating the mental health diagnosis and treatment planning processes.		
<input type="checkbox"/> MHOTRS Based Intensive Outpatient Program (IOP)	IOP approval allows MHOTRS programs to bill Medicaid for additional outpatient services provided to individuals who may benefit from more intensive, time-limited treatment. Note: a separate Administrative Action (AA) must be submitted to request to provide IOP as an optional service.		
<input type="checkbox"/> Integrated Outpatient Services (IOS) – Primary Care	The Integrated Outpatient Services (IOS) license is site specific. If you intend to integrate primary care services at this site, you must submit an <a href="#">IOS application</a> outside of MHPD unless utilizing the <a href="#">Streamlined IOS Application Process</a> .		
<input type="checkbox"/> Integrated Outpatient Services (IOS) - SUD	The Integrated Outpatient Services (IOS) license is site specific. If you intend to integrate substance use disorder services at this site, you must submit an <a href="#">IOS application</a> outside of MHPD unless utilizing the <a href="#">Streamlined IOS Application Process</a> .		
<input type="checkbox"/> Neurobehavioral Status Exam	A clinical assessment of thinking, reasoning and judgment, including attention, language, memory, problem solving and visual spatial abilities and interpretation of the results for treatment planning.		
<input type="checkbox"/> Psychological Testing	A psychological evaluation, including psychological testing evaluation services and test administration and scoring, using standard assessment methods and instruments to assist in mental health assessment and the treatment planning processes.		
<input type="checkbox"/> Telehealth	Attach the completed <a href="#">Attestation of Compliance</a> and Telehealth Policy and Procedures.		
Functional Program			
1. Describe the intake process for new referrals and admissions, including workflow and staff responsible.			

# RESOURCES

- [OMH Guidance on Becoming a Licensed Provider](#)
- [Prior Approval Review website](#)
- [Comprehensive Prior Approval Review Application](#)
- [PAR - Frequently Asked Questions](#)
- [Local Governmental Units website](#)
- Questions? Email [par@omh.ny.gov](mailto:par@omh.ny.gov)