
New York State
Electronic Certificate of Need
Public Authenticated Applicant Training

Submit Application

V3.2

NYS Department of Health

Revision History

Date	Version	Description	Author
05/06/2011	1.0	Initial Release	
01/14/2015	2.0	Added Executive Summary Updated all the screens to reflect Executive Summary tab.	Rishitha Patlolla
4/14/2015	3.0	Changed fig 2.12 to include to disclaimer on executive summary page. Added point 9 in rich text best practices. Changed fig 2.16 to include to disclaimer on modify executive summary page.	Sandhya Acha
12/03/2015	3.1	Updated figure numbers and fixed formatting.	Sanus Sharma Dulal
1/28/2016	3.2	Updated Executive summary section to include new rich text editor and added new rich text editor limitations.	Sandhya Acha

Table of Contents

SUBMITTING AN APPLICATION.....	5
CHAPTER OVERVIEW	5
CREATING A NEW APPLICATION	6
APPLICATION TYPE SELECTION	7
How to Select an Application Type.....	7
FACILITY SEARCH.....	8
How to Search for a Facility	8
Facility Search Result.....	9
How to Select a Facility	10
CREATE NEW APPLICATION – CHANGE IN OWNERSHIP	10
CREATE NEW APPLICATION – ESTABLISH NEW FACILITIES OR PROGRAMS	12
How to Enter Information and Save a New Application	16
GENERAL INFORMATION.....	17
SITES INFORMATION	19
EXECUTIVE SUMMARY.....	21
How to enter Executive Summary.....	22
RICH TEXT LIMITATIONS.....	23
MODIFY EXECUTIVE SUMMARY.....	24
How to modify the Executive Summary for a submitted project	25
APPLICATION DOCUMENTS	26
How to Add Applications to the Project.....	27
New Application Document	28
How to Add New Application Document to the Project	29
Update Application Document	30
How to Update an Application to the Project.....	31
Delete Application Document	32
How to Delete an Application Document from the Project.....	33
GRANTING ACCESS TO ANOTHER USER	34
How to Grant Access to an Application	35
MODIFY APPLICATION	36
How to Modify an Application.....	37
SUBMIT AN APPLICATION	38
How to Submit an Application to DOH	39

Table of Figures

<i>Figure 1: Sample Home Page</i>	6
<i>Figure 2: Sample NYSE-CON Tool Bar</i>	6
<i>Figure 3: Sample Application Type Selection</i>	7
<i>Figure 4: Sample Facility Search</i>	8
<i>Figure 5: Sample Facility Search Results</i>	9
<i>Figure 6: Sample Create New Application – Change in Ownership</i>	11
<i>Figure 7: Sample Create New Application – Establish New Facilities or Programs</i>	13
<i>Figure 8: Sample General Information page</i>	17
<i>Figure 9: Sample Sites page</i>	19
<i>Figure 10: Sample Executive Summary screen</i>	21
<i>Figure 11: Sample Modify Executive Summary screen</i>	24
<i>Figure 12: Sample Application screen</i>	26
<i>Figure 13: Sample New Application Document screen</i>	28
<i>Figure 14: Sample Update Application Document screen</i>	30
<i>Figure 15: Sample Confirm Document Deletion screen</i>	32
<i>Figure 16: Sample Access screen</i>	34
<i>Figure 17: Sample Modify Information screen</i>	36
<i>Figure 18: Sample Application Submitted screen</i>	38

Submitting an Application

Chapter Overview

Contents

In this chapter, you will learn how to:

- 1 Create New Application Link
 - 2 Selecting the Application Type
 - 3 Search for a Facility
 - 4 Creating a New Application
 - 5 Saving the New Application
 - 6 Entering Executive Summary
 - 7 Modifying Executive Summary
 - 8 Adding Application Documents
 - 9 Updating Application Documents
 - 10 Deleting Application Documents
 - 11 Grant access to the Application
 - 12 Modifying the Application
 - 13 Submitting the Application
-

This process is for Applicants who need to submit a CON application for Change in Ownership or Establishment of new facility/agency

You will need to create a NYSDOH public account or use your HCS account. If you need to create a new account select the ["Register for an Account"](#) link on the log in page.

Creating a New Application

Menu selection

The Create New Application module is reached via the Quick link **Create New Application** located on the Home page (Figure 1) or in the NYSE-CON Tool bar (Figure 2). This opens the Create a New Application – Application Type Selection screen. (Figure 3).

My Projects

Results are listed by CON Project Number and Facility Name, in ascending order. To sort by another column, select the column in the 'Sort By' drop down list and click submit. To view the facility address, click on the Show Address link. To view project details, click on the CON project number or the facility name.



Sort By

[Show Address](#)

CON Project Number	Facility Name	Project Description	Review Level	Application Type	Status	County
	Z Test Hospital			Full Review - Establishment: Change in Ownership/Mergers/Consolidations		ALBANY

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[Questions](#) o

Figure 1: Sample Home Page

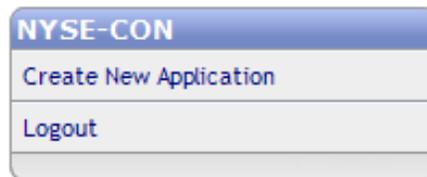
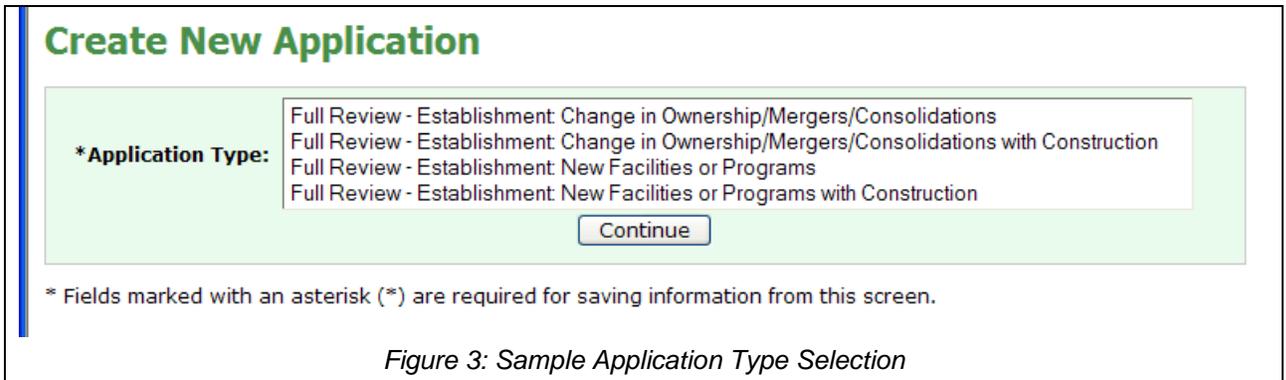


Figure 2: Sample NYSE-CON Tool Bar

Application Type Selection



Create New Application – Application Type	
Field Name	Description
Application Type	Single select box displaying all available submission types
Button Name	Description
Continue	If the Application Type has been selected, the system navigates to either the "Facility Search" screen (on a change in ownership) or to the "Create New Application" screen.

Learning Objective	Step	Action
How to Select an Application Type	1	Select the desired Application Type.
	2	Click the Continue button. Result: The Create New Application – Facility Selection screen appears (Figure 4) if the Application Type selected contains 'Change in ownership'.

Facility Search

Facility Search

Enter either the exact Facility ID or the exact Operating Certificate, or a combination of Facility Type and Facility Name. Partial Facility Name may be entered.

Facility Type:

Facility Name:

Facility ID:

Operating Certificate Number:

Figure 4: Sample Facility Search

Create New Application – Facility Search Field Descriptions	
Field Name	Description
Facility Type	Facility Type to search.
Facility Name	Facility name to search
Facility ID	Facility ID to search
Operating Certificate Number	Operating Certificate number to search
Button Name	Description
Search	The Search button will initiate the facility search based on the criteria entered.
Clear	Selecting Clear will erase the search criteria and return to the “Facility Search” screen.

Learning Objective	Step	Action
How to Search for a Facility	1	Enter either the exact Facility ID or the exact Operating Certificate, or a combination of Facility Type and Facility Name. Partial Facility Name may be entered.
	2	Click the Search button Result: The Facility Results screen opens up. Note all data that matched the search criteria will be displayed. The following optional steps can be performed:

Facility Search Result

Refine Search

To go back, please use the "Refine Search" button instead of your browser's back button.

Facility Search Results

Click on the Facility Name to select the facility for this project. Results are listed by Facility Name in ascending order. To sort by another column, select the column in the 'Sort By' drop down list and click submit.

14 Results from Search Criteria:

Facility Name: Test

Sort By Facility Name Submit

Facility Name	Operating Certificate Number	Operator	Facility Type	Facility ID
Z Test Nursing Home ADHCP	1234H	Mercy 3 Albany	Adult Day Health Care Program - Offsite	10015
Z Test CHHA	8523K	Mercy 3 Albany	Certified Home Health Agency	10014
AMB Test DNTC	012012	Andrew M Bunk Test Legal Entity with more than seventy characters for defect	Diagnostic and Treatment Center	10017
Z Test D&TC	01234567	Mercy 3 Albany	Diagnostic and Treatment Center	9999

Figure 5: Sample Facility Search Results

Facility Search Results	
Field Name	Description
Facility Name	Facility name (Link)
Operating Certificate Number	Operating Certificate number
Operator	Operator Name
Facility Type	Facility Type
Facility ID	Facility ID

Learning Objective	Step	Action
How to Select a Facility	1	Select the Facility Name Link. Note: This will auto fill the Main Site Information and Current Operator sections of the New Application.

Create New Application – Change in Ownership

Create New Application

*Submission Type: Full Review - Establishment - Change in Ownership/Merger/Consolidation Change

Main Site Information

*Facility Type: Adult Day Health Care Program - Offsite
 *Facility Name: Z Test Nursing Home ADHCP
 Facility ID: 10015
 †Street 1: 1 ADHCP
 Street 2: DoB Rm 1234
 City: Albany
 State: NY
 †Zip: 12222
 *County: ALBANY Change

Current Operator

Name: Mercy 3 Albany
 Street 1: 2215 Burdett AVE
 Street 2:
 City: Troy
 State: NY
 Zip: 12180
 County: ALBANY

Proposed Operator

Same As Current Operator?

†Name:

†Street 1:

Street 2:

†City:

†State:

†Zip:

County:

Principal Applicant Member

†Title:

†First Name:

†Last Name:

†DOH or HCS User ID:

DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)

†Street 1:

Street 2:

†City:

†State:

†Zip:

†Phone Number:

Fax Number:

†Email Address:

Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary CON contact for application issues. For for-profit entities, it is recommended that the Principal Applicant Member be the majority equity shareholder. For not-for-profit entities, it is recommended that the Principal Applicant Member be someone in authority to make decisions on behalf of the to-be-established entity.

Alternate Contact

†First Name:

†Last Name:

†Email Address:

Project Site Information

Same As Main Site?

†Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip:

†County:

* Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) will be required before the project and application can be submitted.

Figure 6: Sample Create New Application – Change in Ownership

Create New Application – Establish New Facilities or Programs

Create New Submission

*Submission Type: Full Review - Establishment - New Facility or Agency Change

Main Site Information

*Facility Type:

*Facility Name:

Facility ID:

†Street 1:

Street 2:

†City:

State: NY

†Zip:

*County:

Proposed Operator

†Name:

†Street 1:

Street 2:

†City:

†State:

†Zip:

County:

Principal Applicant Member

†Title:

†First Name:

†Last Name:

†DOH or HCS User ID:

DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)

†Street 1:

Street 2:

†City:

†State:

†Zip:

†Phone Number:

Fax Number:

†Email Address:

Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary CON contact for application issues. For for-profit entities, it is recommended that the Principal Applicant Member be the majority equity shareholder. For not-for-profit entities, it is recommended that the Principal Applicant Member be someone in authority to make decisions on behalf of the to-be-established entity.

Alternate Contact

†First Name:

†Last Name:

†Email Address:

Project Site Information

Same As Main Site?

†Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip:

†County:

* Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) will be required before the project and application can be submitted.

Figure 7: Sample Create New Application – Establish New Facilities or Programs

Create New Application											
Field Name	Description										
*Submission Type	Display of the selected Application/Submission Type										
Main Site Information	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">*Facility Type</td> <td rowspan="9" style="padding: 5px; vertical-align: top;">Auto filled from HFIS for Facility selected on Facility Search Result screen. If Application Type is Establishment of a new facility each field will need to be filled in.</td> </tr> <tr> <td style="padding: 2px;">*Facility Name</td> </tr> <tr> <td style="padding: 2px;">Facility ID</td> </tr> <tr> <td style="padding: 2px;">†Street Line 1</td> </tr> <tr> <td style="padding: 2px;">Street Line 2</td> </tr> <tr> <td style="padding: 2px;">†City</td> </tr> <tr> <td style="padding: 2px;">State</td> </tr> <tr> <td style="padding: 2px;">†Zip</td> </tr> <tr> <td style="padding: 2px;">*County</td> </tr> </table>	*Facility Type	Auto filled from HFIS for Facility selected on Facility Search Result screen. If Application Type is Establishment of a new facility each field will need to be filled in.	*Facility Name	Facility ID	†Street Line 1	Street Line 2	†City	State	†Zip	*County
*Facility Type	Auto filled from HFIS for Facility selected on Facility Search Result screen. If Application Type is Establishment of a new facility each field will need to be filled in.										
*Facility Name											
Facility ID											
†Street Line 1											
Street Line 2											
†City											
State											
†Zip											
*County											

Create New Application		
Field Name	Description	
Current Operator	†Name	Auto filled from HFIS for Facility selected on Facility Search Result screen. If Application Type is Establishment of a new facility this section is not displayed. Note: County is not maintained in HFIS for Operator so this will always default to blank
	†Street Line 1	
	Street Line 2	
	†City	
	†State	
	†Zip	
	County	
Proposed Operator	†Name	
	†Street Line 1	
	Street Line 2	
	†City	
	†State	
	†Zip	
	County	
Principal Applicant Member	†Title	If you enter a different user than yourself please make sure that User ID has been setup first because the USER ID and email address are checked to see if they exist in the DOH Public user system.
	†First Name	
	†Last Name	
	†DOH or HCS User ID	
	†Street Line 1	
	Street Line 2	
	†City	
	†State	
	†Zip	
	†Phone Number	
	Fax Number	
	†Email Address	
Alternate Contact	†First Name	
	†Last Name	
	†Email	

Create New Application	
Field Name	Description
Project Site Information	†Project Site Name
	†Street Line 1
	Street Line 2
	†City
	State Auto filled with NY
	†Zip
	†County
Total Project Cost	†Total Project Cost amount (also known as the Submitted Capital Cost)
Button Name	Description
Change	This button is used to change the application type. The system will navigate to the application type selection.
Save	When this button is selected the system will save the data entered, if it passes validation. If the fields with asterisks have been entered but the fields with daggers have not been entered, the Create screen will be redisplayed with a message that the data was saved. If all fields with asterisks or daggers have been entered, the General Information screen will be displayed
Cancel	When this button is selected no data is saved. The system navigates back to the "My Projects" page.

Learning Objective	Step	Action
How to Enter Information and Save a New Application	1	Main Site Information will auto fill from HFIS. If you have chosen to a Change of Owner Application type. Other wise Enter the Information for each field as required.
	2	Current Operator Information will display and auto fill from HFIS. If you have chosen to a Change of Owner Application type.
	3	Enter Proposed Operator Information data as required. If applicable you can select the same as Current Operator checkbox.
	4	Enter the Primary Applicant Member Information as required.
	5	Enter Alternate Contact information as required.
	6	Enter the Project Site Information as required. If applicable you can select the same as main site checkbox.
	7	Enter the Total Project Cost amount (also known as the Submitted Capital Cost)
	8	Select the Save button. Result: If all of the data required is entered the General Information page will appear with the information entered displayed, along with instructions of what to do next.

General Information

General Information

Information

- The application identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit".
- Fields marked with a dagger (†) are required to proceed with the submission process.

CON Project Number:

Facility Name: ABC Hospital

Project Description:

General Executive Summary Application Correspondence Sites Decision Contingencies >>

Status:	Submission Type:	Full Review - Establishment - New Facility or Agency
Status Date:	Application Received Date:	
Review Level:	Initial Review Date:	
County:	MADISON	Acknowledgement Date:
Region:		
Total Project Cost:	\$0.00	

Principal Applicant Member

Name:	Shilpa Meghanathan	Title:	Mrs
DOH or HCS User ID:	shilpa	Address:	200 Madison Avenue Albany, NY 12203
Email:	shilpa.meghanthan@its.ny.gov	Fax:	
Phone:	(123) 456-7893		

Alternate Contact

Name:	Rishitha Patlolla	Email:	rishitha.patlolla@its.ny.gov
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Impact on Operating Certificate

Bed/Service	Action	Count
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Modify

Notice

Public access to NYSE-CON is intended solely to allow the public convenient and immediate access to public information. Much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Figure 8: Sample General Information page

General Information	
Field Name	Description
CON Project #	(Is only created when the application is submitted)
Facility Name	Facility Name of the project.
Project Description	Project description will be entered by Bureau of Project Management (PMU) when the application is reviewed.
Status	Current status of the project. It will remain blank until the application is submitted.
Application Type	Application Type of the project.
Status Date	Last date the project status changed. It will remain blank until the application is submitted.
Review Level	Review Level will be entered by PMU when the application is reviewed.
County	County of the Facilities Main Site
Application Received Date	Date the Application was submitted.
Region	Region will be entered by PMU when the application is reviewed.
Initial Review Date	Initial Review Date will be entered by PMU when the application is reviewed.
Acknowledgment Date	Date the Acknowledgment letter was signed and entered by PMU
Total Project Cost	Submitted Total Project Cost for the project.
Principal Applicant Member	
Name	The name of the person who will receive all official correspondence from DOH.
Title	Title of the person.
User ID	The User ID for the person
Address	Street line 1, street line 2, city, state and zip for the person.
Email	Email for the User ID where official contact from DOH can be sent.
Phone	Phone number where the contact can be reached.
Fax	Fax number where the contact can be sent official correspondence from DOH.
Alternate Contact	
Name	The name of another person who can also receive all official correspondence from DOH.
Email	Email where official contact from DOH can be sent.
Impact on Operating Certificate	
Bed/Service	Filled in by Bureau of Project Management when the application is reviewed.
Action	Filled in by Bureau of Project Management when the application is reviewed.
Count	Filled in by Bureau of Project Management when the application is reviewed.
Button	Description

General Information	
Field Name	Description
Modify	Button will be displayed until the application is submitted. When selected the system will navigate to the "Modify Application" page.
Submit	Button will be displayed until the application is submitted. When selected it will navigate to the "Confirm Submission" page.

Sites Information

Sites

CON Project Number:
Facility Name: X Test LTHHCP
Project Description:

General
Executive Summary
Application
Correspondence
Sites
Decision
Contingencies
>>

Main Site Information

Facility Name:	X Test LTHHCP	Facility ID:	
Facility Type:	Long Term Home Health Care Program	Operating Certificate:	
Physical Address:	Hopital Way Test 1 Albany, NY 12222		
Current Operator:			
Operator County:	N/A		

Project Site Information

Name:	X Test LTHHCP	County:	ALBANY
Physical Address:	Hopital Way Test 1 Albany, NY 12222		
Proposed Operator:	PA Test Operator 1 1 PAO Rd RM 123 Albany, NY 12222		
Operator County:	ALBANY		

Modify

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Figure 9: Sample Sites page

Public Authentication Applicant Training
 Submit Application

19

1/29/2016

Sites	
Field Name	Description
CON Project #	(Is only created when the application is submitted)
Facility Name	Facility Name of the project.
Project Description	Project description will be entered by Bureau of Project Management when the application is reviewed.
Main Site Information	
Facility Name	Facility Name of the project.
Facility ID	DOH Identification number for the facility.
Facility Type	Type of facility for the project.
Operating Certificate #	Operating certificate number for the project.
Physical Address	Street line 1, street line 2, city, state and zip of the physical address of the main site for the facility.
Current Operator	Operator Name for the facility.
Operator County	County where the Operator is located.
Project Site Information	
Name	The name for the project site.
Physical Address	Street line 1, street line 2, city, state and zip for the Project site for the facility.
County	County of the physical address for the project site.
Proposed Operator	The proposed Operator Name.
	Street line 1, street line 2, city, state and zip for the proposed Operator for the project site.
Operator County	The county for the proposed project site.
Button Name	Description
Modify	Button will be displayed until the application is submitted. When selected the system will navigate to the "Modify Application" page.

Executive Summary

New Submission-Executive Summary

Information

- Fields marked with a dagger (†) are required to proceed with the submission process.

CON Project Number:
Facility Name: Z Test Hospice
Project Description:

General
Executive Summary
Application
Sites
Correspondence
Decision
Contingencies
>>

- Click "Save" to save the changes

†Executive Summary:

✂ 📄 📄 📄 📄
B *I* U
☰ ☰ ☰ ☰
☰ ☰ ☰ ☰
☰ ☰

Styles Font Size
A A ?

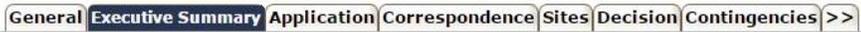
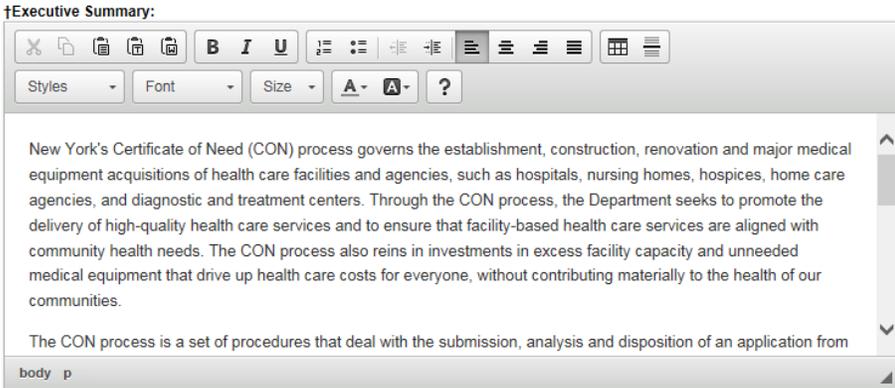
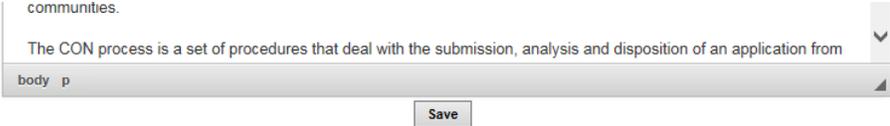
New York's Certificate of Need (CON) process governs the establishment, construction, renovation and major medical equipment acquisitions of health care facilities and agencies, such as hospitals, nursing homes, hospices, home care agencies, and diagnostic and treatment centers. Through the CON process, the Department seeks to promote the delivery of high-quality health care services and to ensure that facility-based health care services are aligned with community health needs. The CON process also reins in investments in excess facility capacity and unneeded medical equipment that drive up health care costs for everyone, without contributing materially to the health of our communities.

The CON process is a set of procedures that deal with the submission, analysis and disposition of an application from

Save

Figure 10: Sample Executive Summary screen

Application Documents	
Field Name	Description
Style	Drop down list of all the available styles
Font	Drop down list of all the available fonts
Size	Drop down list of all the available alphabet sizes
Executive Summary	Overview of the Project Proposal
Button Names	Description
Save	When selected saves the description entered

Learning Objective	Step	Action
<p>How to enter Executive Summary</p>	<p>1</p>	<p>Select the Executive Summary tab.</p>  <p><i>Figure 10.1: Available tabs</i></p>
	<p>2</p>	<p>Enter overview of the project proposal in the text box.</p>  <p><i>Figure 10.2: Executive Summary text box</i></p>
	<p>3</p>	<p>Select the Save button.</p>  <p><i>Figure 10.3: Save button on Executive Summary tab</i></p>

Rich text Limitations

- When pasting something from word and if the word has an image, image is not copied in to the CKE clipboard
- When copying data from XL to CKE Editor, the table format is not displayed appropriately.
- When trying to Cut/Delete, a security pop up is displayed which prompts the user to select 'allow access' option.
- When modifying the executing summary, system will display 'Modify Executive Summary 'page before loading new rich text editor (this could happen because of IE Delay).
- When 'Marker' style is selected from styles menu, Marker feature is not applied in the clip board.

Modify Executive Summary

Executive Summary

CON Project Number: 142237
Facility Name: albany medical center
Project Description:

General
Executive Summary
Application
Correspondence
Sites
Decision
Contingencies
>>

†Executive Summary:

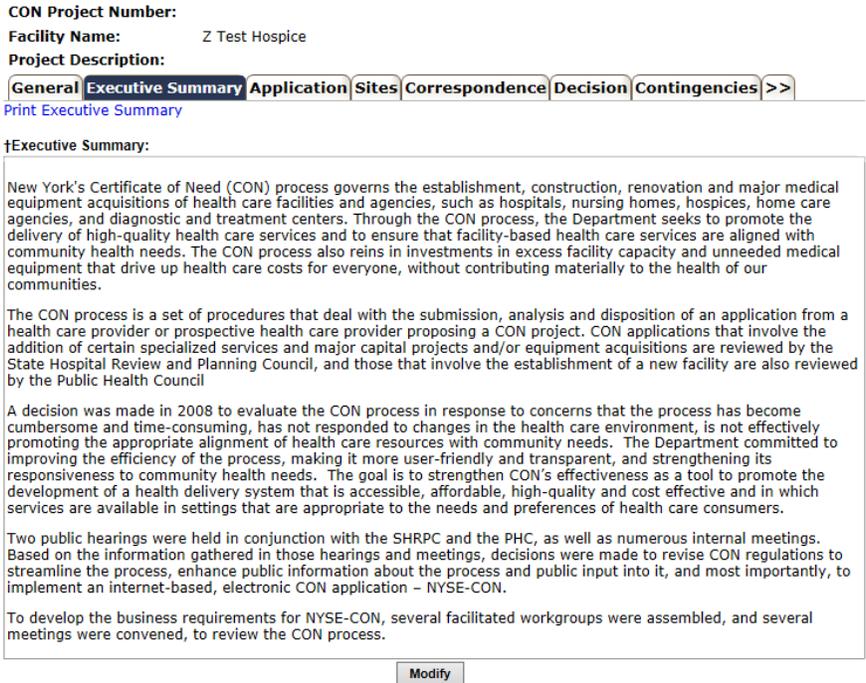
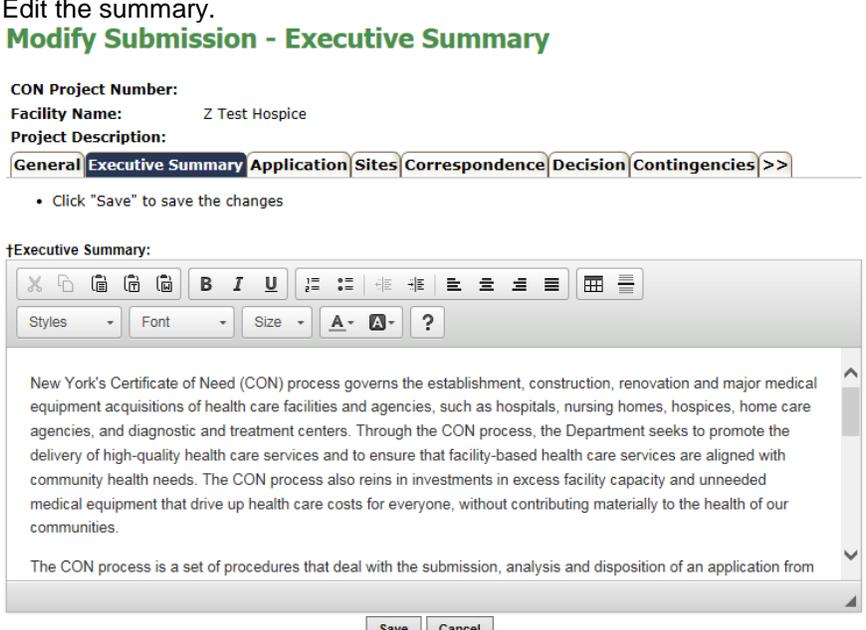
The user selects a project to view from the search results. The system displays the "General Information" screen showing data for the selected project. The information on the submission is presented, along with the schedules, additional information and any correspondence. Refer to the NYSE-CON HCS User Interface document. The applicant will be able to see the identifying information on all projects and the application and correspondence for their affiliated facilities or those projects they have been given access to. The data items are listed below along with any restrictions to viewing them (per business rule 586). See alternate flow 5.5 for additional sections that are displayed for applications.

* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.

Figure 11: Sample Modify Executive Summary screen

Executive Summary Field Descriptions	
Field Name	Description
Style	Drop down list of all available styles
Font	Drop down list of all available fonts
Size	Drop down list of all available sizes
Executive Summary	Overview of the Project Proposal
Save	When selected saves the description entered
Cancel	When selected the modifications will be cancelled

Learning Objective	Step	Action
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<p>How to modify the Executive Summary for a submitted project</p>	<p>1</p>	<p>Select the Executive Summary tab.</p>
	<p>2</p>	<p>Select Modify button below the text box.</p>  <p><i>Figure 11.1: Modification screen after submitting</i></p>
	<p>3</p>	<p>Edit the summary.</p>  <p><i>Figure 11.2: Screen with Save button</i></p>

4	<p>Select the Save button.</p>
---	---------------------------------------

Application Documents

Application Documents

Information

- The following schedules are required: Schedule 1,2,3,4,5,9,13,14,15,16
- No Documents are associated with this project.

CON Project Number:
Facility Name: Z Test Hospital
Project Description:

Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date
<input type="button" value="Add New Application Document"/>				

* DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.

Public access to NYSE-CON is intended solely to allow the public convenient and immediate access to public information. Much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Figure 12: Sample Application screen

Application Documents	
Field Name	Description
Submitted By	Displays the user name.
Submitted Date	Displays the date the application was submitted.
Document Type	Displays the Document Type.
Filename	Displays the file name of the document
Description	Description entered when added.
Document	Link to the actual document. When the link is selected the document will open.
Date	The Date the file was loaded in to the project.
Button Names	Description
Add New Application Document	Navigates to "Add Application Document" page.

Learning Objective	Step	Action
How to Add Applications to the Project	1	Select the Application tab. Result: Application page will appear it will display a message listing any required documents.
	2	Select Add New Application Document button.

New Application Document

New Application Document

Information

- The following schedules are required: Schedule 1,2,3,4,5,9,13,14,15,16

CON Project Number:
Facility Name: Z Test Hospital
Project Description:

General Executive Summary Application Correspondence Sites Decision Contingencies >>

Document Type:

Date: 04/11/2011

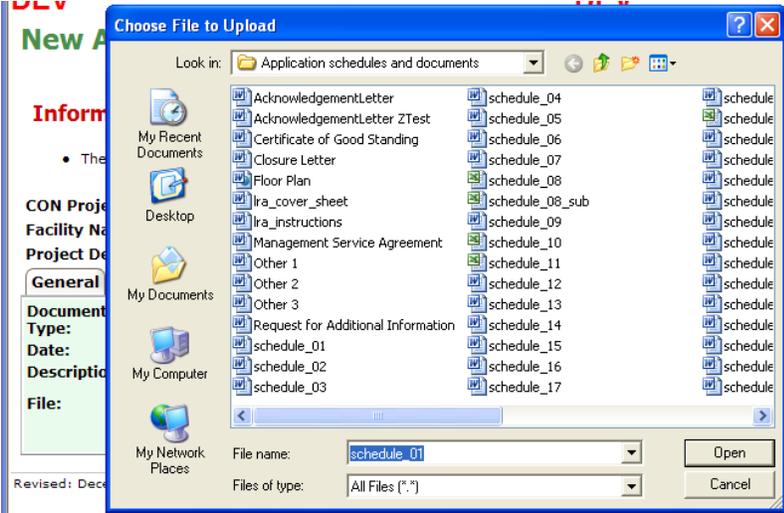
Description:

File:

Figure 13: Sample New Application Document screen

New Application Document	
Field Name	Description
Document Type	Drop down list of all schedules and required documents.
Date	Auto filled with today's date
Description	Entered information is displayed when the document is added to the list of documents.
File	Exact directory structure and file name where the system can find the file to add to the project.
Button Names	Description
Browse	When selected the "Choose File" window opens.
Add Document to application	When selected the system will save the document to the system and return to the Application page with the newly added document displayed in the list.
Cancel	When selected the system will close this page and return to the Application page without saving the information.

Learning Objective	Step	Action

<p>How to Add New Application Document to the Project</p>	1	<p>Select the Document Type Dropdown.</p> <p>Each required schedule is listed along with other optional documents.</p>
	2	<p>Enter a description.</p>
	3	<p>Select the Browse button.</p> <p>Note depending on your browser you see different windows – locate the file you want to add. You must still download the schedules from the Public website and fill them out prior to adding them.</p>
		
	<p><i>Figure 13.1: Sample Browse window</i></p>	
4	<p>Select the document and then the Open button.</p>	
5	<p>Select Add Document to Application button.</p>	

Update Application Document

Figure 14: Sample Update Application Document screen

Update Application Document	
Field Name	Description
Document Type	Auto Filled with the document type
Date	Auto filled with today's date
Description	Entered information is displayed when the document is
File	Exact directory structure and file name where the system can find the file to add to the project.
Button Names	Description
Browse	When selected the "Choose File" window opens.
Update Document	When selected the system will save the document to the system and return to the Application page with the updated document displayed in the list.
Cancel	When selected the system will close this page and return to the Application page without saving the information.

Learning Objective	Step	Action																																				
<p>How to Update an Application to the Project</p>	1	<p>Select the Application tab.</p> <p>Result: Application page contain all Application documents and any item added through the correspondence tab.</p>																																				
	2	<p>Select Update button next to the document you want to update.</p> <p>Application Documents</p> <p>CON Project Number: Facility Name: 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 1234567890</p> <p>Project Description: General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <div style="border: 1px solid gray; padding: 5px;"> <p>Submitted By: Submitted Date:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0f0e0;"> <th>Document Type</th> <th>Filename</th> <th>Description</th> <th>Document</th> <th>Date</th> <th></th> </tr> </thead> <tbody> <tr> <td>Schedule 1 General Information</td> <td>schedule_01.doc</td> <td>add 1</td> <td>*</td> <td>03/30/2011</td> <td style="text-align: right;">Update Delete</td> </tr> <tr> <td>Schedule 2 Personal Qualifying Information</td> <td>schedule_02.doc</td> <td>test delete</td> <td>*</td> <td>03/30/2011</td> <td style="text-align: right;">Update Delete</td> </tr> <tr> <td>Schedule 5 Working Capital Financial Plan</td> <td>schedule_05.doc</td> <td>add 5</td> <td>*</td> <td>03/30/2011</td> <td style="text-align: right;">Update Delete</td> </tr> <tr> <td>Schedule 21 Certified Home Health Agencies</td> <td>schedule_21.doc</td> <td>add 21</td> <td>*</td> <td>03/30/2011</td> <td style="text-align: right;">Update Delete</td> </tr> <tr> <td>Schedule LRA 8 Staffing</td> <td>schedule_08.xls</td> <td>add for removal</td> <td>*</td> <td>03/31/2011</td> <td style="text-align: right;">Update Delete</td> </tr> </tbody> </table> <p style="text-align: center; margin-top: 5px;">Add New Application Document</p> <p style="font-size: small; margin-top: 5px;">* DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.</p> </div> <p>Public access to NYSE-CON is intended solely to allow the public convenient and immediate access to public information. Much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.</p> <p><i>Figure 14.1: Sample Application Document screen</i></p>	Document Type	Filename	Description	Document	Date		Schedule 1 General Information	schedule_01.doc	add 1	*	03/30/2011	Update Delete	Schedule 2 Personal Qualifying Information	schedule_02.doc	test delete	*	03/30/2011	Update Delete	Schedule 5 Working Capital Financial Plan	schedule_05.doc	add 5	*	03/30/2011	Update Delete	Schedule 21 Certified Home Health Agencies	schedule_21.doc	add 21	*	03/30/2011	Update Delete	Schedule LRA 8 Staffing	schedule_08.xls	add for removal	*	03/31/2011	Update Delete
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Schedule LRA 8 Staffing	schedule_08.xls	add for removal	*	03/31/2011	Update Delete																																	
3	<p>Enter a description.</p>																																					
4	<p>Select the Browse button.</p> <p>Note depending on your browser you see different windows – locate the file you want to add – for training purpose we have setup the following directory on your desktop – NYSE-CON. Select the file that matches the Document Type you selected.</p>																																					
5	<p>Select Update Document button.</p>																																					

Delete Application Document

Confirm Document Deletion

CON Project Number:
Facility Name: T Test
Project Description:

General
Executive Summary
Application
Correspondence
Sites
Decision
Contingencies
>>

Document Type	Filename	Description	Date Uploaded	Uploaded By
Schedule 4 Ownership Transfers	schedule_05.doc	sch 5	04/18/2011 17:28:21 PM	tb101

Select "Yes" to delete these documents. Select "No" to return without deleting.

Figure 15: Sample Confirm Document Deletion screen

Confirm Document Deletion	
Field Name	Description
Document Type	Auto Filled with the document type
Filename	Auto filled with the file name
Description	Auto filled with the description entered for the file
Date Uploaded	Auto filled with the date the document was uploaded
Uploaded by	Auto filled with the user ID who uploaded the file
Button Name	Description
Yes button	Select 'Yes' to delete these documents.
No button	Select 'No' to return without deleting.

Learning Objective	Step	Action																																			
<p>How to Delete an Application Document from the Project</p>	<p>1</p>	<p>Select the Application tab.</p> <p>Result: Application page contain all Application documents and any item added through the correspondence tab.</p>																																			
	<p>2</p>	<p>Select Delete button next to the document you want to delete.</p> <p>Application Documents</p> <p>CON Project Number: Facility Name: 123456789 123456789 123456789 123456789 123456789 123456789 123456789 123456789 1234567890</p> <p>Project Description: General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <div style="border: 1px solid gray; padding: 5px;"> <p>Submitted By: Submitted Date:</p> <table border="1"> <thead> <tr> <th>Document Type</th> <th>Filename</th> <th>Description</th> <th>Document</th> <th>Date</th> <th></th> </tr> </thead> <tbody> <tr> <td>Schedule 1 General Information</td> <td>schedule_01.doc</td> <td>add 1</td> <td></td> <td>03/30/2011</td> <td>Update Delete</td> </tr> <tr> <td>Schedule 2 Personal Qualifying Information</td> <td>schedule_02.doc</td> <td>test delete</td> <td></td> <td>03/30/2011</td> <td>Update Delete</td> </tr> <tr> <td>Schedule 5 Working Capital Financial Plan</td> <td>schedule_05.doc</td> <td>add 5</td> <td></td> <td>03/30/2011</td> <td>Update Delete</td> </tr> <tr> <td>Schedule 21 Certified Home Health Agencies</td> <td>schedule_21.doc</td> <td>aad 21</td> <td></td> <td>03/30/2011</td> <td>Update Delete</td> </tr> <tr> <td>Schedule LRA 8 Staffing</td> <td>schedule_08.xls</td> <td>add for removal</td> <td></td> <td>03/31/2011</td> <td>Update Delete</td> </tr> </tbody> </table> <p style="text-align: center;">Add New Application Document</p> <p><small>* DOH cannot guarantee that documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should ensure that their anti-virus software is operating and is up-to-date with the latest anti-virus signature files.</small></p> </div> <p>Public access to NYSE-CON is intended solely to allow the public convenient and immediate access to public information. Much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.</p> <p><i>Figure 15.1: Sample Application Document screen</i></p>	Document Type	Filename	Description	Document	Date		Schedule 1 General Information	schedule_01.doc	add 1		03/30/2011	Update Delete	Schedule 2 Personal Qualifying Information	schedule_02.doc	test delete		03/30/2011	Update Delete	Schedule 5 Working Capital Financial Plan	schedule_05.doc	add 5		03/30/2011	Update Delete	Schedule 21 Certified Home Health Agencies	schedule_21.doc	aad 21		03/30/2011	Update Delete	Schedule LRA 8 Staffing	schedule_08.xls	add for removal		03/31/2011
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Schedule LRA 8 Staffing	schedule_08.xls	add for removal		03/31/2011	Update Delete																																
<p>3</p>	<p>Select the Yes button.</p> <p>Note: the button will only be available until the application is submitted.</p>																																				

Granting Access to another user

Access

CON Project Number:
Facility Name: T Test
Project Description:

<< **Correspondence** **Sites** **Decision** **Contingencies** **Post Approval** **Access** **Summary**

User ID

User ID	Granted By	Granted Date	Revoke
tbl01	Application Creator	04/18/2011 10:12 AM	<input type="button" value="Revoke Access"/>
Devtest1	Application Creator	04/18/2011 10:12 AM	Principal

User ID	Revoked By	Revoked Date	Granted By	Granted Date
---------	------------	--------------	------------	--------------

Public access to NYSE-CON is intended solely to allow the public convenient and immediate access to public information. Much of the information contained within NYSE-CON is provided by applicants, and much of it is historic information that may no longer be accurate or complete. While all attempts are made to provide accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mechanical error and that information captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers and agents make no representation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.

Figure 16: Sample Access screen

Access	
Field Name	Description
User Id	Data entry field.
User ID	Displays User ID
Granted By	Displays who granted the Access
Granted Date	Displays the date access was granted
User ID	Displays User ID.
Revoked By	Displays who revoked the Access.
Revoked Date	Displays the date access was revoked.
Granted By	Displays who granted the Access.
Granted Date	Displays the date access was granted.
Button Name	Description
Grant Access button	When selected the User ID will be granted access
Revoke Access button	When selected the User ID will appear in the lower section of the screen.

Learning Objective	Step	Action			
How to Grant Access to an Application	1	Select the Access tab.			
	2	Enter the User ID of the person you want to grant access to. . Note: The ID must have been created prior to you entering it here.			
	3	Select the Grant Access button.			
		<table border="1"> <thead> <tr> <th data-bbox="591 598 743 680">Alternate Step</th> <th data-bbox="743 598 1490 680">Action</th> </tr> </thead> <tbody> <tr> <td data-bbox="591 680 743 825">1.1</td> <td data-bbox="743 680 1490 825"> Revoke Access – will remove access the application. Select the Revoke Access button. </td> </tr> </tbody> </table>	Alternate Step	Action	1.1
Alternate Step	Action				
1.1	Revoke Access – will remove access the application. Select the Revoke Access button.				

Modify Application

Modify Application

***Application Type:** Full Review - Establishment: New Facilities or Programs with Construction Change

Main Site Information

***Facility Type:** Hospital ▼

***Facility Name:** X Test Hospital

Facility ID:

***Street 1:** Hospital Way

Street 2: Test 1

***City:** Albany

State: NY

***Zip:** 12222

***County:** ALBANY ▼

Proposed Operator

***Name:** PA Test Operator 1

***Street 1:** 1 PAO Rd

Street 2: RM 123

***City:** Albany

***State:** New York ▼

***Zip:** 12222

County: ALBANY ▼

Principal Applicant Member

***Title:** Administrator

***First Name:** Sharon

***Last Name:** Smith

***DOH or HCS User ID:** DevtestX1

DOH public or HCS user ID (the principal applicant member must have either a DOH public or HCS account)

Alternate Contact

***First Name:** Daniel

***Last Name:** Lacey

***Email Address:** Terri.lamarche@cgi.com

Project Site Information

Same As Main Site?

***Name:** X Test Hospital

***Street 1:** Hospital Way

Street 2: Test 1

***City:** Albany

State: NY

***Zip:** 12222

***County:** ALBANY ▼

***Total Project Cost:** 99999999.99

Save Cancel

* Fields marked with an asterisk (*) are required for saving information from this screen.

Figure 17: Sample Modify Information screen

Learning Objective	Step	Action
How to Modify an Application	1	Select a Modify button on the General Information page. Result: Modify Application page will appear with the information entered.
	2	Enter/Change any of the information.
	3	Select Save button.

Submit an Application

Information

- Your application has been submitted to NYSE-CON and the New York State Department of Health. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours please send an email to nysecon@health.state.ny.us to report the problem.

CON Project Number: 111042

Facility Name: T Test

Project Description:

General Executive Summary Application Correspondence Sites Decision Contingencies >>

Status:	Application Received	Application Type:	Full Review - Establishment: New Facilities or Programs with Construction
Status Date:	04/18/2011	Application Received Date:	04/18/2011
Review Level:		Initial Review Date:	
County:	ALBANY	Acknowledgement Date:	
Region:			
Total Project Cost:	\$9,999,999,999.99		

Principal Applicant Member

Name:	T Test T Test	Title:	T Test
DOH or HCS User ID:	Devtest1	Address:	T Test T Test, NY 12121
Email:	pxp07@health.state.ny.us	Fax:	(555) 123-8745
Phone:	(555) 123-4569		

Alternate Contact

Name:	T Test T Test	Email:	test1@testone.com
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Impact on Operating Certificate

Bed/Service	Action	Count
-------------	--------	-------

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Figure 18: Sample Application Submitted screen

Learning Objective	Step	Action
<p>How to Submit an Application to DOH</p>	<p>1</p>	<p>Select the General Information tab.</p>
	<p>2</p>	<p>Select the Submit button.</p> <p>Note only when all required application documents have been added to the project will you be allowed to proceed.</p> <p>Result: The Confirmation screen appears</p> <div data-bbox="574 674 1442 842" style="border: 1px solid #ccc; padding: 10px;"> <p>Confirm Submission</p> <p>By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is pxp07@health.state.ny.us. This email address will be used for all project correspondence.</p> <p style="text-align: right;"> <input type="button" value="Confirm"/> <input type="button" value="Cancel"/> </p> </div> <p><i>Figure 18.1: Sample Application Submission screen</i></p>
	<p>3</p>	<p>Select the Confirm button.</p> <p>Result: The Application now has a CON Project #, and an email notification has been sent to PMU and the Applicant.</p>