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**New York State**  
**Electronic Certificate of Need**  
**HCS Applicant Training**  
**Submit Transfer of Ownership Interest Notices**  
**Version 1.1**

**NYS Department of Health**

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## Revision History

Date	Version	Description
10/27/2015	1.0	Initial Draft
02/28/2017	1.1	Updated the Screens throughout to add "NY.gov ID" and "HCS ID" radio buttons as options for User ID.

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## Submit Transfer of Ownership Interest Notices

### Overview

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#### Contents

In this chapter, you will learn how to:

1. Create Transfer of Ownership Interest submission for a Facility or Agency
2. Search for a Facility or an Agency
3. Add Executive Summary
4. Add Documents to Submission
5. Submit the Application

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#### Security Roles

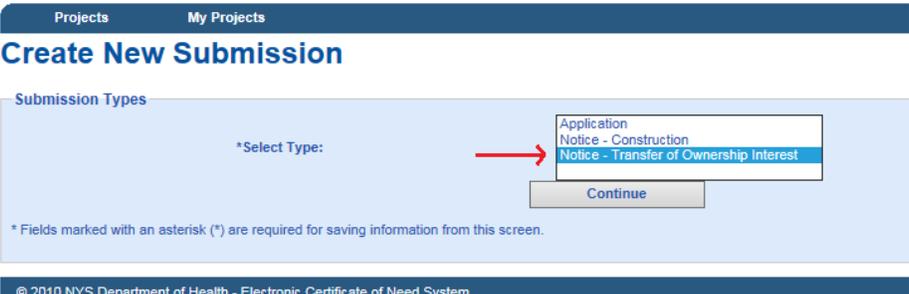
The HCS Coordinator will need to grant Submitter role for NYSE-CON access to HCS for each facility/agency in order to create a Transfer of Ownership Interest submittal in HCS.

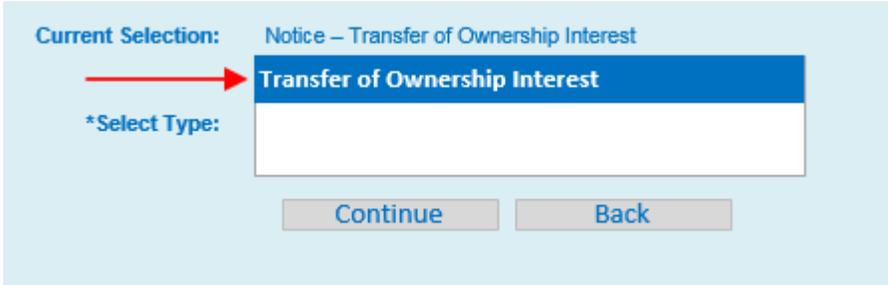
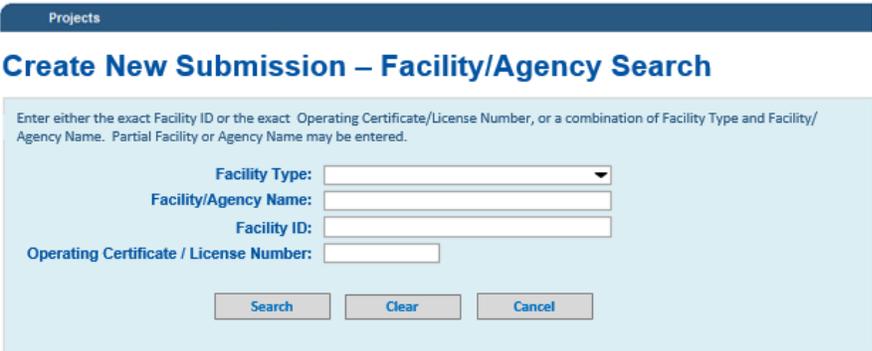
The applicant role has the ability to:

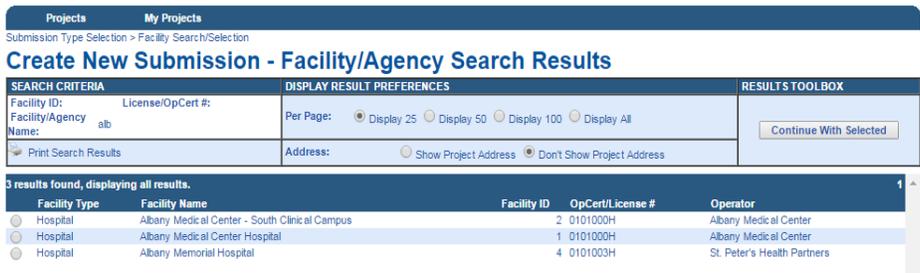
- Create new applications
  - Modify applications before submission
  - View all application documents
  - Upload and view application documents
  - Submit applications
  - View and reply to correspondences
  - Search for Facility/Agency
-

## Submitting Transfer of Ownership Interest Notices

Learning Objective: This section explains how to create and submit the Transfer of Ownership Interest notice for a facility or an agency.

Learning Objective	Step	Action
<p><b>How to Create and submit Transfer of Ownership Interest notice</b></p>	<p>1</p>	<p>On the NYSE-CON home page, select the link <b>Create New Submission</b>.</p>  <p><i>Figure 1: Sample NYSE-CON Home Page</i></p>
	<p>2</p>	<p>Create New Submission page with Submission Types list box is displayed. On this page, select <b>Notice – Transfer of Ownership Interest</b> option from the Select Type selection box.</p>  <p><i>Figure 2: Sample Submission Types Selection Page</i></p>
	<p>3</p>	<p>Click the <b>Continue</b> button.</p>

	<p><b>4</b></p>	<p>Create New Submission page with Notice – Transfer of Ownership Interest Types list box is displayed. On this page, select <b>Transfer of Ownership Interest</b> in the “Select Type” selection box.</p>  <p><i>Figure 3: Sample Create New Submission – Transfer of Ownership Interest Types</i></p>
	<p><b>5</b></p>	<p>Click the <b>Continue</b> button.</p>
	<p><b>6</b></p>	<p>Facility/Agency Search page is displayed.</p>  <p><i>Figure 4: Sample Create New Submission – Facility/Agency Search</i></p>
	<p><b>7</b></p>	<p><b>Enter</b> either the exact Facility ID, or the exact Operating Certificate/License Number, or the combination of Facility Type and Facility/Agency Name.</p> <p>Note: Facility ID must be exact          Facility/Agency name must be a minimum of 2 characters          Operating Certificate/ License Number must be exact</p>
	<p><b>8</b></p>	<p>Click the <b>Search</b> button.</p>

	<p><b>9</b></p>	<p>Facility/Agency Search Results page is displayed.</p>  <p><i>Figure 5: Sample Create New Submission – Facility/Agency Search Results</i></p>
	<p><b>10</b></p>	<p>Select the radio button next to the desired Facility Type.</p>  <p><i>Figure 6: Sample Create New Submission – Facility/Agency Search Results – Selection Made</i></p>
	<p><b>11</b></p>	<p>Click the <b>Continue with Selected</b> Button.</p>

**12** Create New Submission page with input form is displayed with selected facility/agency information auto-populated.

The screenshot shows the 'Create New Submission' page. At the top, there is a breadcrumb trail: 'Submission Type Selection > Facility Search/Selection > Submission Selection'. Below this, a red note states: 'Fields marked with a dagger (†) are required to proceed with the submission process.' The main heading is 'Create New Submission'. Underneath, the 'Submission Type' is set to 'Notice - Transfer of Ownership Interest' with a 'Change' button. The 'Main Site Information' section is pre-populated with: Facility Type: Hospital; Facility Name: Albany Memorial Hospital; Street 1: 600 Northern Blvd; City: Albany; State: NY; Zip Code: 12204; County: ALBANY. The 'Current Operator' section is pre-populated with: Name: St. Peter's Health Partners; Operating Certificate #: 0101003H; License #: 315 South Manning Boulevard; City: Albany; State: NY; Zip Code: 12208. The 'Contact Information' section contains several fields marked with a dagger (†): Title, First Name, Last Name, User ID, Account Type (radio buttons for NY.gov ID and HCS ID), Email, Phone, Fax, Street 1, Street 2, City, State (dropdown), and Zip Code. An 'Alternate Contact Information' section has fields for First Name, Last Name, and Email. A 'Save' button is at the bottom.

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

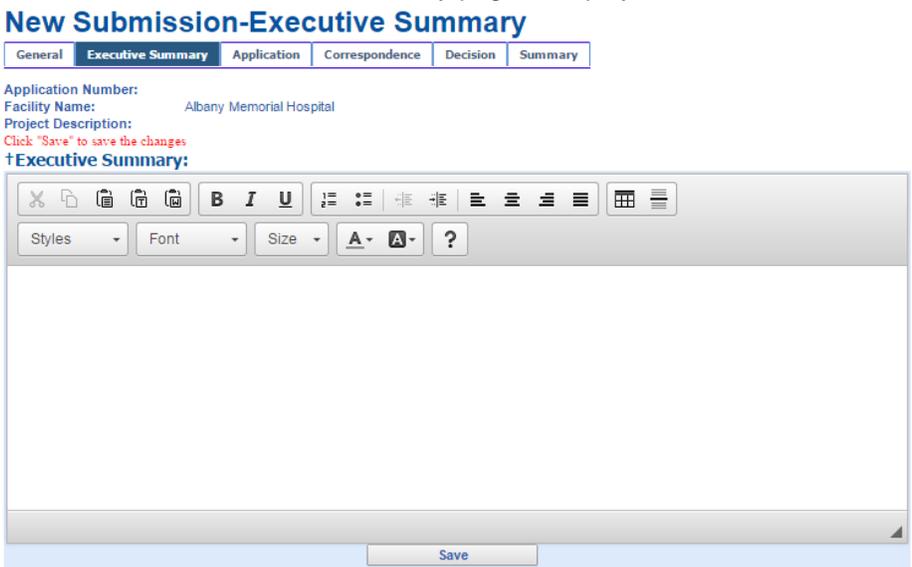
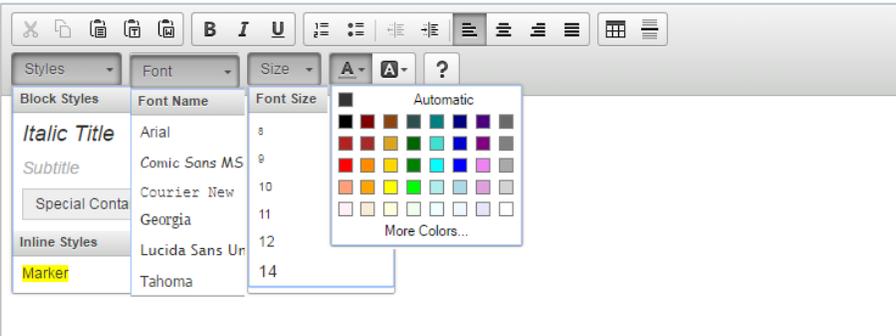
*Figure 7: Sample Create New Submission – Transfer of Ownership Interest*

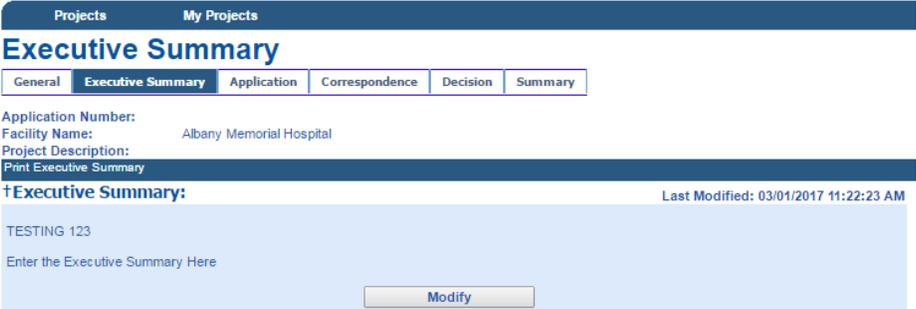
**13** Enter the Contact Information details.  
**\*\*Note:** Please specify if the entered User ID is “NY.gov ID” or “HCS ID”

This is a close-up of the 'Contact Information' section from the previous screenshot. It shows the following fields: †Title, †First Name, †Last Name, †User ID, †Account Type (with radio buttons for NY.gov ID and HCS ID), †Email, †Phone, Fax, †Street 1, Street 2, †City, †State (dropdown menu), and †Zip Code.

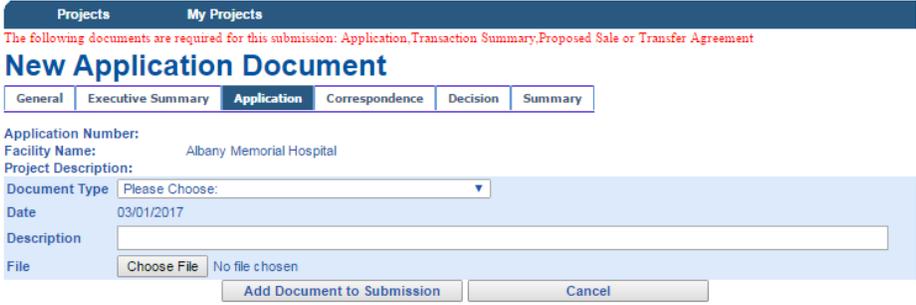
*Figure 7.1: Sample Create New Submission – Contact Information Section*

	<p><b>14</b></p>	<p><b>Enter</b> the details for an Additional Contact.</p> <div data-bbox="565 241 1481 688"> <p><b>Additional Contact</b></p> <p>+First Name: <input type="text"/></p> <p>+Last Name: <input type="text"/></p> <p>+Email: <input type="text"/></p> <p><b>Save</b> <b>Cancel</b></p> <p>*Fields marked with an asterisk (*) are required for saving information from this screen.              *Fields marked with a dagger (†) are required to proceed with the submission process.</p> <p>© 2010 NYS Department of Health - Electronic Certificate of Need System</p> </div> <p><i>Figure 7.2: Sample Create New Submission – Additional Contact Section</i></p>
	<p><b>15</b></p>	<p>Click <b>Save</b> button.</p>
	<p><b>16</b></p>	<p>General Information page is displayed.</p> <div data-bbox="565 892 1481 1528"> <p><b>General Information</b></p> <p><b>General</b> Executive Summary Application Correspondence Decision Summary</p> <p>Application Number:              Facility Name: Albany Memorial Hospital              Project Description:              Submission Type: Notice - Transfer of Ownership Interest              Project Status:              Review Level:</p> <p>Project Status Date:              Received Date:              Initial Review Date:              Acknowledgment Date:</p> <p><u>Facility Information</u>              Facility Name: Albany Memorial Hospital              Physical Address: 600 Northern Blvd Albany, NY 12204              County: ALBANY              Current Operator: St. Peter's Health Partners 315 South Manning Boulevard Albany, NY 12208              Facility Type: Hospital              Region:              Operating Certificate/License #: 0101003H              Current Operator County:</p> <p><u>Contact Information</u>              Name: John Philips              Email: nabin.kc@its.ny.gov              Title: MR              Address: 1234 HALL STREET Albany, NY 12209              User ID: nzk02              Phone: (518) 402-7826              Fax:</p> <p><u>Alternate Contact Information</u>              Name: Tom Wills              Email: nabin.kc@its.ny.gov  <b>Modify</b> <b>Submit</b></p> <p>© 2010 NYS Department of Health - Electronic Certificate of Need System</p> </div> <p><i>Figure 8: Sample General Information Page</i></p>
	<p><b>17</b></p>	<p>Select the <b>Executive Summary</b> tab from the General Information page.</p>

	<p><b>18</b></p>	<p>New Submission- Executive Summary page is displayed.</p>  <p><b>New Submission-Executive Summary</b></p> <p>General <b>Executive Summary</b> Application Correspondence Decision Summary</p> <p>Application Number:          Facility Name: Albany Memorial Hospital          Project Description:          Click "Save" to save the changes</p> <p>†Executive Summary:</p> <p>* 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.</p> <p><i>Figure 9: Sample New Submission- Executive Summary Page</i></p>
	<p><b>19</b></p>	<p><b>Enter</b> the executive summary in the text area.</p> <p>Note: Please refer to the Rich Text Formatting Best Practices section for formatting your text.</p>
	<p><b>20</b></p>	<p>Text can be formatted using the buttons provided. The options allow to apply a font style, size, color etc. to the entered text.</p>  <p><i>Figure 10: Sample formatting buttons- Executive Summary Page</i></p>
	<p><b>21</b></p>	<p>Click the <b>Save</b> button.</p>

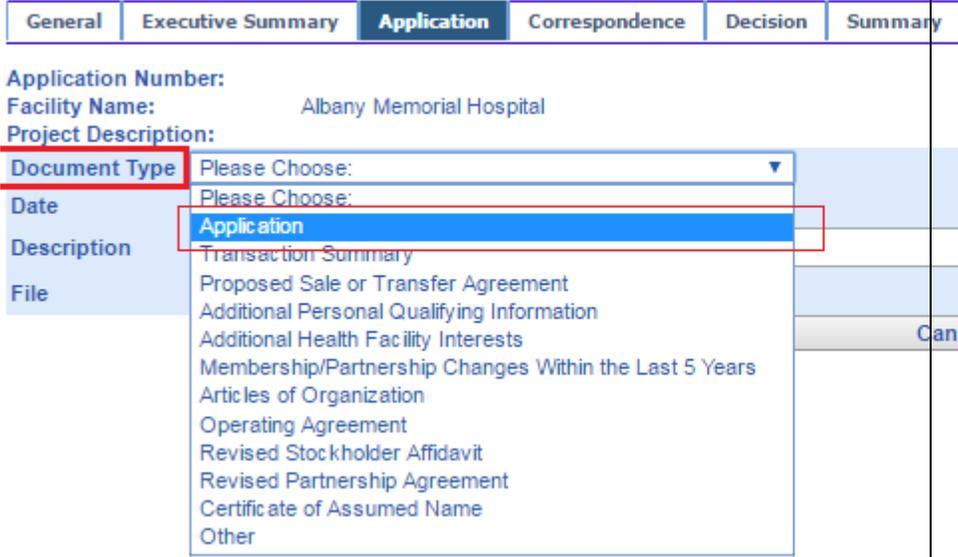
<p>22</p>	<p>The Executive Summary page is displayed</p>  <p><i>Figure 11: Sample Executive Summary Page</i></p>
<p>23</p>	<p>If changes need to be made to the executive summary, Click <b>Modify</b> button and repeat steps 19-21.</p> <p>If no changes are needed, select the <b>Application</b> tab.</p>
<p>24</p>	<p>The Application page is displayed.</p>  <p><i>Figure 12: Sample Application Page</i></p>
<p>25</p>	<p>On the Application page, click the <b>Add Document to Submission</b> button.</p>

**26** New Application Document page is displayed.



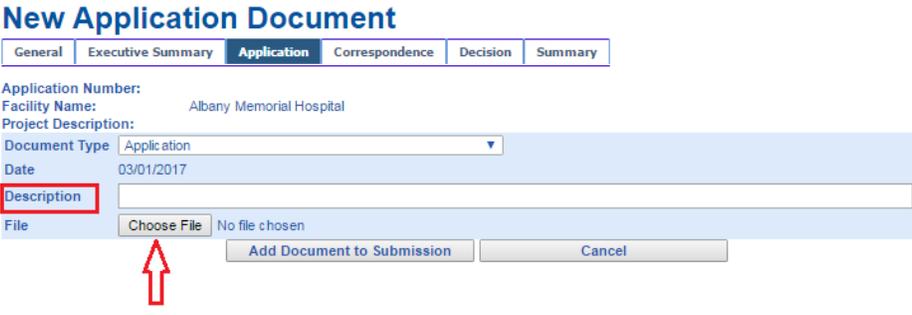
*Figure 13: Sample New Application Document Page*

**27** To add the completed application, select **Application** from Document Type drop-down.



*Figure 14: Sample Document Type Selection- Application- New Application Document Page*

**28** Enter a short description of the document to be added in the Description field.



**New Application Document**

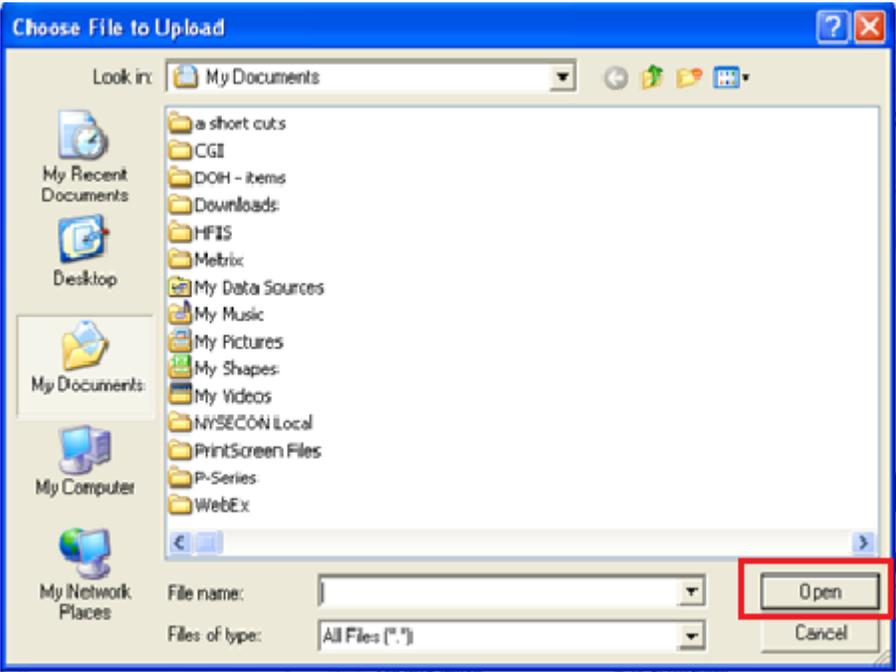
General | Executive Summary | **Application** | Correspondence | Decision | Summary

Application Number:  
 Facility Name: Albany Memorial Hospital  
 Project Description:  
 Document Type: Application  
 Date: 03/01/2017  
 Description:   
 File: Choose File No file chosen  
 Add Document to Submission Cancel

*Figure 15: Sample Description- Application- New Application Document Page*

**29** Click **Choose File** button.  
 (Depending on the browser, the button could be labeled as “**Browse**”)

**30** Depending on the browser the file upload window will open.  
 Locate and select the file to upload and then Click **Open**.



**Choose File to Upload**

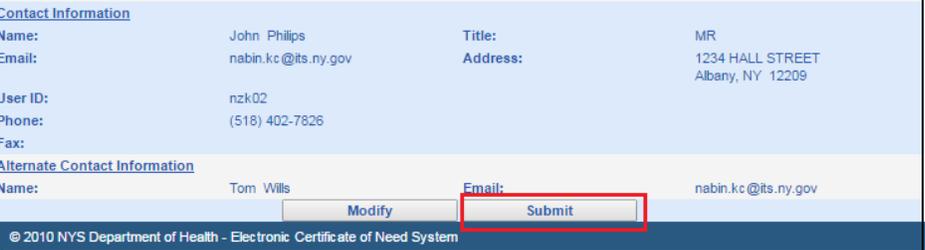
Look in: My Documents

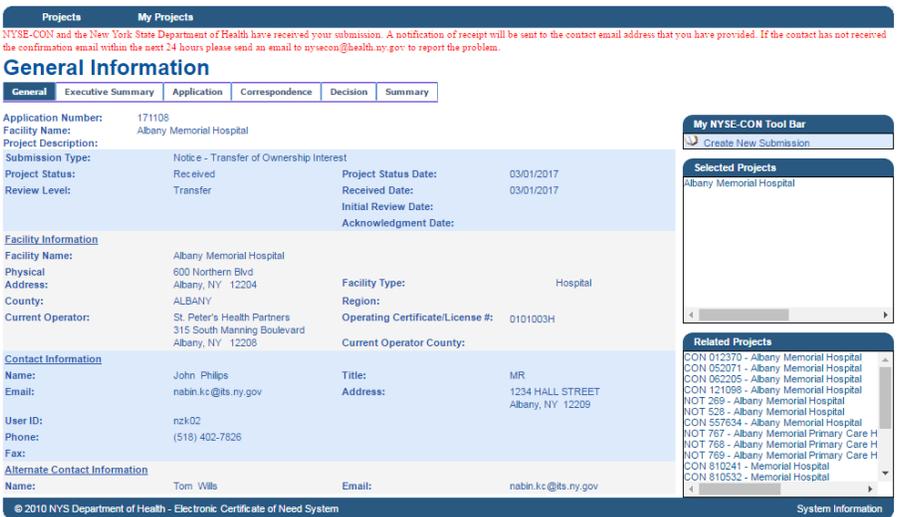
My Recent Documents  
 Desktop  
 My Documents  
 My Computer  
 My Network Places

a short cuts  
 CGI  
 DOH - items  
 Downloads:  
 HFIS  
 Metrix  
 My Data Sources  
 My Music  
 My Pictures  
 My Shapes  
 My Videos  
 NYSEC&N Local  
 PrintScreen Files  
 P-Series  
 WebEx

File name:   
 Files of type: All Files (\*.\*)  
 Open Cancel

*Figure 16: Sample File to Upload Window*

	<p><b>31</b> The New Application Document page is displayed showing the name of the file uploaded.</p>  <p><i>Figure 17: Sample New Application Document Page- Application File Selected</i></p>
	<p><b>32</b> Click the <b>Add Document to Submission</b> button.</p>
	<p><b>33</b> The Application page is displayed. The list shows the document uploaded to the submission.</p>  <p><i>Figure 18: Sample Application Document Page- Application File Added</i></p>
	<p><b>34</b> Repeat steps 25-33 as necessary to attach all required documents and any other additional documentation.</p>
	<p><b>35</b> Select the <b>General</b> tab.</p>
	<p><b>36</b> On the General Information page, click <b>Submit</b> button.</p>  <p><i>Figure 19: Sample General Information Page- Submit</i></p>

	<p><b>37</b></p>	<p>The Confirm Submission page is displayed.</p>  <p style="text-align: center;"><i>Figure 20: Sample Confirm Submission Page</i></p>
	<p><b>38</b></p>	<p>Click the <b>Confirm</b> button.</p>
	<p><b>39</b></p>	<p>The General Information page with success message is displayed.</p>  <p style="text-align: center;"><i>Figure 21: Sample General Information Page- Success Message</i></p>
	<p><b>40</b></p>	<p>The Transfer of Ownership Interest notice has been successfully submitted.</p>

## ***Rich Text Formatting Best Practices***

### **Do's:**

1. It is always recommended to enter the text manually in the text box.
2. Highlight, Bold, Italicize and Underline the text.
3. Change the Color, Style and Size of the font.
4. Use the Alignment icons to increase or decrease the indent of the paragraph.
5. Use the Background fill color icon to change the color behind the selected text, paragraph or table cell.
6. Create a bulleted list and numbered list using the icons.
7. Insert a horizontal line using the Horizontal rule icon to separate the paragraphs.
8. Insert table using the icon. Select the number of rows and columns to be added while inserting the table.
9. The Rich Text features are dependent on browser type and browser version. If the user experiences any adverse behavior, it is recommended to use another browser.

### **Don'ts:**

1. Do not enter languages other than English.
2. Copying the text from other sources is not recommended.
3. Do not copy and paste Quotations (Single/Double) from any source.
4. Do not copy bulleted list from MS Word or any other source.
5. Adding a row after inserting the table is not recommended.

*Note: Please refer to rich text included in Figure 9 and 10.*

## Detailed Screen Descriptions

### Homepage

<b>Homepage</b>	New York State Electronic Certificate of Need System home page.
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**Projects**    **My Projects**

## Welcome To The Electronic Certificate of Need System

Use this site to find information about pending and closed submissions to establish and/or construct health care facilities and home care agencies or to modify their services. If you are authorized to submit or update CON applications and other submissions on behalf of a facility or home care agency, you may also use this site for those purposes.

Please note that 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.

**Try These Quick Links To Get Started:**

- Create New Submission
- Find a project
- Find your projects
- Find your projects

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*Figure: Sample NYSE-CON Homepage*

### Field Descriptions

Field Name	Description
Submission Types/Select Type	Single select box for submission types in NYSE-CON
Hyperlinks	Description
Create New Submission	Allows the applicant to create a new submission
Find your projects	Opens the Project search page
Find a project	Opens the Project search page

## Create New Submission- Select Submission Type

**Select Submission Type** This page allows to select the intended type of submission to be made.

### Create New Submission

**Submission Types**

**\*Select Type:**

Application  
 Application – Licensed Home Care Services Agency  
 Notice  
 Notice – Transfer of Ownership Interest

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

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*Figure: Sample Select Submission Type*

<b>Field Descriptions</b>	
<b>Field Name</b>	<b>Description</b>
Submission Types/Select Type	Displays the options for submission types in NYSE-CON. Users can select only one option.
<b>Buttons</b>	<b>Description</b>
Continue	When selected the Submission Type is saved and user is forwarded to the next screen.

## Create New Submission- Select Transfer of Ownership Interest Types

**Select Application Type** This page allows to select the type of Transfer of Ownership Interest submission.

*Figure: Sample Select Transfer of Ownership Interest Types*

### Field Descriptions

Field Name	Description
Current Selection	Displays the selected submission type.
Select Type	Displays the options based on the submission type selected. Allows user to select only one option.
Buttons	Description
Continue	When selected the Submission Type is saved and the next screen is displayed.
Back	When selected the User is returned back one level to the Submission Type selection page.

## Create New Submission- Facility/Agency Search

**Facility/ Agency Search** This page allows to search the facility or agency for which the Transfer of Ownership Interest notice is being submitted.

*Figure: Sample Facility/Agency Search Page*

Field Descriptions	
Field Name	Description
Facility Type	Dropdown list that allows users to select a Facility Type.
Facility/Agency Name	Editable. Users enter the name of the Facility/Agency to be searched.
Facility ID	Editable. Users enter the Facility ID of the facility to be searched.
Operating Certificate/ License #	Editable. Users enter the Operating Certificate Number of the Facility or the License number of the Agency to be searched.
Buttons	Description
Search	When selected the database is searched with the provided values and the result screen is displayed.
Clear	When selected all the entered information is cleared and the fields are set to blank.
Cancel	When selected the User is returned back one level to the Submission Type selection page.

## Create New Submission- Facility/Agency Search Results

**Facility/ Agency Search Results** This page displays the matching results based on the search criteria. This page allows the users to select the facility or agency for which the Transfer of Ownership Interest notice is being submitted.

The screenshot shows a web interface for searching facilities/agencies. It includes a navigation bar with 'Projects' and 'My Projects' tabs. Below the navigation bar is a breadcrumb trail: 'Submission Type Selection > Facility Search/Selection'. The main heading is 'Create New Submission - Facility/Agency Search Results'. The interface is divided into three main sections: 'SEARCH CRITERIA', 'DISPLAY RESULT PREFERENCES', and 'RESULTS TOOLBOX'. The 'SEARCH CRITERIA' section contains fields for 'Facility ID:', 'License/OpCert #:', 'Facility/Agency Name:' (with the value 'alb'), and a 'Print Search Results' button. The 'DISPLAY RESULT PREFERENCES' section contains 'Per Page:' (with radio buttons for 25, 50, 100, and All) and 'Address:' (with radio buttons for 'Show Project Address' and 'Don't Show Project Address'). The 'RESULTS TOOLBOX' contains a 'Continue With Selected' button. Below these sections, a summary states '3 results found, displaying all results.' followed by a table of results.

Facility Type	Facility Name	Facility ID	OpCert/License #	Operator
<input type="radio"/> Hospital	Albany Medical Center - South Clinical Campus	2	0101000H	Albany Medical Center
<input type="radio"/> Hospital	Albany Medical Center Hospital	1	0101000H	Albany Medical Center
<input type="radio"/> Hospital	Albany Memorial Hospital	4	0101003H	St. Peter's Health Partners

Figure: Sample Facility/Agency Search Results Page

### Field Descriptions

Field Name	Description
Search Criteria	Section that displays the criteria that the results are based on. Date displayed from the user input in previous screen.
Display Result Preferences	Section Label
Per Page	Radio buttons that allow users to set the number of results to be displayed per page. Defaulted to 25 results per page.
Address	Radio buttons that allow users to display or hide the project address from the result. Defaulted to "Don't Show Project Address"
Facility Type	Displays the Facility Type.
Facility Name	Name of the Facility/Agency
Facility ID	Displays the corresponding Facility ID.
OpCert/License #	Displays the Operating Certificate Number of the Facility or the License number of the Agency.
Operator	Displays the name of the Current Operator
Buttons	Description
Continue With Selected	When selected the new submission input page for the selected facility/agency is displayed.
Hyperlinks	Description
Print Search Results	Allows user to print the results displayed on the page.

## Create New Submission- Input Form

### Saving Submission

This page allows the applicant to enter the data to be saved.

Projects
My Projects

Submission Type Selection > Facility Search/Selection > Submission Selection  
Fields marked with a dagger (†) are required to proceed with the submission process.

### Create New Submission

\*Submission Type: Notice - Transfer of Ownership Interest Change

**Main Site Information**

Facility Type: Hospital  
 Facility Name: Albany Memorial Hospital  
 Street 1: 600 Northern Blvd  
 Street 2:  
 City: Albany  
 State: NY  
 Zip Code: 12204  
 County: ALBANY Change

**Current Operator**

Name: St. Peter's Health Partners  
 Operating Certificate/  
 License #: 0101003H  
 Street 1: 315 South Manning Boulevard  
 Street 2:  
 City: Albany  
 State: NY  
 Zip Code: 12208  
 County:

**Contact Information**

†Title:   
 †First Name:   
 †Last Name:   
 †User ID:   
 †Account Type:  NY.gov ID  HCS ID  
 †Email:   
 †Phone:   
 Fax:   
 †Street 1:   
 Street 2:   
 †City:   
 †State:   
 †Zip Code:

**Alternate Contact Information**

†First Name:   
 †Last Name:   
 †Email:

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

Figure: Sample Create New Transfer of Ownership Interest Submission- Input Form

Field Descriptions		
Field Name	Description	
*Submission Type	Display of the submission type selected.	
Main Site Information	Facility Type	Auto Filled, non-editable
	Facility Name	
	Street 1	
	Street 2	
	City	
	State	
	Zip Code	
Current Operator	County	Auto Filled, non-editable
	Name	
	Operating Certificate/License #	

	Street 1	
	Street 2	
	City	
	State	
	Zip Code	
	County	
Contact Information	Title	Editable  **Account Type has options "NY.gov ID" and "HCS ID" as radio buttons.
	First Name	
	Last Name	
	User ID	
	Account Type**	
	Email	
	Phone	
	Fax	
	Street 1	
	Street 2	
	City	
	State	
	Zip Code	
Alternate Contact Information	First Name	Editable
	Last Name	
	Email	
<b>Buttons</b>	<b>Description</b>	
Change	Allows the user to change the submission type. When selected the system cancels the Create New Submission form and displays the Select Submission Type page.	
Save	When selected the system saves the data entered in the submission and displays the General Information page.	
Cancel	User is taken to previous page without saving any information entered.	

## General Information

**View General Information** This page allows to submit or modify the submission.

### General Information

General
Executive Summary
Application
Correspondence
Decision
Summary

Application Number: Albany Memorial Hospital

Facility Name: Albany Memorial Hospital

Project Description:

Submission Type: Notice - Transfer of Ownership Interest

Project Status: Project Status Date:

Review Level: Received Date:

Initial Review Date:

Acknowledgment Date:

Facility Information

Facility Name: Albany Memorial Hospital

Physical Address: 600 Northern Blvd  
Albany, NY 12204

County: ALBANY

Current Operator: St. Peter's Health Partners  
315 South Manning Boulevard  
Albany, NY 12208

Facility Type: Hospital

Region: Operating Certificate/License #: 0101003H

Current Operator County:

Contact Information

Name: John Philips

Email: nabin.kc@its.ny.gov

User ID: nzk02

Phone: (518) 402-7826

Fax:

Title: MR

Address: 1234 HALL STREET  
Albany, NY 12209

Alternate Contact Information

Name: Tom Wills

Email: nabin.kc@its.ny.gov

Modify
Submit

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*Figure: Sample General Information*

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Submission Type	Submission Type of the displayed application
Project Status	Current status of the application
Review Level	Current Review level of the project
Project Status Date	Project Status Date for the Application
Received Date	Date the application was received
Initial Review Date	Date the displayed application was initially reviewed by PMU
Acknowledgment Date	Date the Acknowledgment letter was signed for the selected application
Facility Information	Section label

Facility Name	Facility/Agency name the application was submitted for.
Physical Address	Physical Address of the facility/agency in format: Street line 1, Street line 2, City, State and Zip Code
County	NYS County of the address for the facility/agency
Current Operator	Name and Address of the current operator of the facility/agency in format: Operator Name, Street 1, Street 2, City, State, and Zip Code
Facility Type	The type of facility the application is for
Region	Corresponding region of the county in which the facility/agency is located
Operating Certificate/ License #	The Operating Certificate Number of the Facility or the License Number of the Agency, whichever is applicable.
Current Operator County	County of the address for the Current Operator
Contact Information	Section label
Name	Full Name of the person who will receive all official correspondence from DOH
Title	Personal title of the Contact person
Email	Email where official notification by DOH can be sent
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
Phone	Phone number where the contact can be reached
Fax	Fax number where the contact can be sent official correspondence from DOH
Alternate Contact Information	Section label
Name	Full Name of alternate individual who will also receive all official correspondence from DOH
Email	Email address of the alternate contact person
<b>Buttons</b>	<b>Description</b>
Modify	When selected the Modify Submission Page displays which allows the user to make any changes to the general information entered before Submission.
Submit	When selected the system saves the data entered in the submission. If any required information is missing, a message for the User will be displayed. If the required information is entered the Confirm Submission page is displayed.

## Create Executive Summary

<b>Executive Summary</b>	This page allows the user to provide the executive summary of the proposed project.
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## New Submission-Executive Summary

General
**Executive Summary**
Application
Correspondence
Decision
Summary

Application Number:  
 Facility Name: Albany Memorial Hospital  
 Project Description:  
 Click "Save" to save the changes

**†Executive Summary:**

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Save

\* 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.

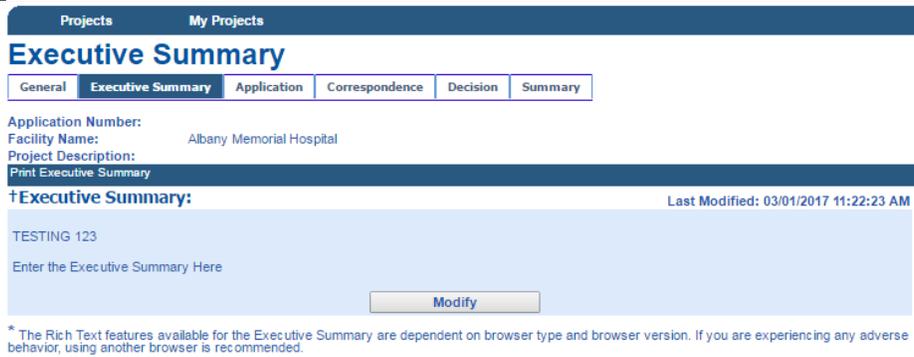
*Figure: Sample New Submission- Executive Summary*

<b>Field Descriptions</b>	
<b>Field Name</b>	<b>Description</b>
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
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 text sizes
Executive Summary Text Box	Allows User to enter text to provide the overview details of the project.
<b>Buttons</b>	<b>Description</b>
Save	When selected saves entered information and displays the Executive Summary page

### Modify Executive Summary

<b>Modify the Executive</b>	This page allows to modify the Executive Summary before submission.
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## Summary



*Figure: Sample Executive Summary*

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Executive Summary Text Box	Displays the text entered by the user.
Buttons	Description
Modify	When selected displays the Executive Summary page to allow the user to make any changes.

## Application

**Application Tab** This page allows the User to add documents to the submission, view and update any added documents.

*Figure: Sample Application Page*

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Submitted By	Displays the name of the submitter
Submitted Date	Displays the date the documents were first added.
Document Type	Displays the document type selected by the user.
Filename	Displays the file name of the document uploaded.
Description	Displays the description entered by the user.
Document	Displays the Icon with a link to the actual document.
Date	The Date the file was uploaded.
Buttons	Description
Add Document to Submission	When selected the New Application Document page will display which allows users to upload documents
Expand All	When selected displays all documents that have been added for all document types; including all versions.
Hyperlinks	Description
Print Application View	Allows the user to print the table with the list of documents uploaded.

## New Application Document

**New Application Document** This allows users to upload documents to the submission. Documents can be attached to the submission by selecting the Document Type from the drop-down box, entering a Description and using the Choose File button.

The following documents are required for this submission: Application, Transaction Summary, Proposed Sale or Transfer Agreement

### New Application Document

General Executive Summary **Application** Correspondence Decision Summary

Application Number:

Facility Name: Albany Memorial Hospital

Project Description:

Document Type Please Choose: ▾

Date 03/01/2017

Description

File  No file chosen

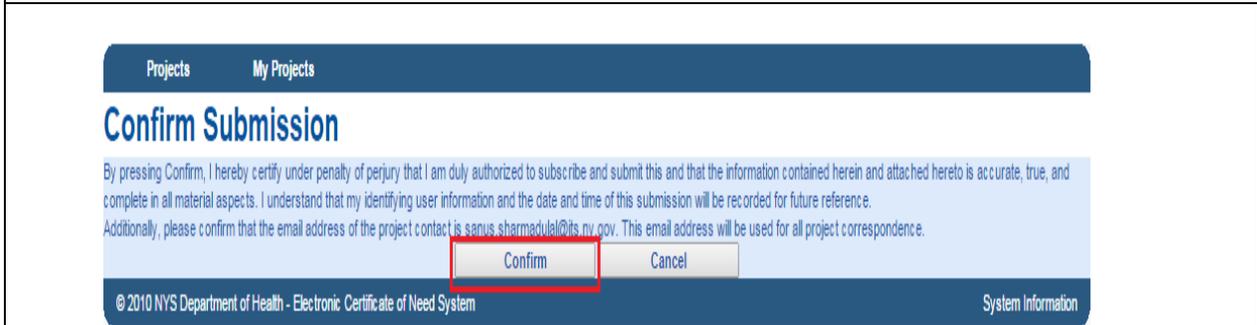
*Figure: Sample New Application Document Page*

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Document Type	Drop down list of document types pertaining to the submission.
Date	Auto filled with the current system date. Non-editable
Description	Information entered that describes the document being added to the submission
File	File selected
Buttons	Description
Choose File	When selected a browser window opens for the User to select a file to upload to the submission.
Add Document to Submission	When selected the selected document is uploaded and the Application page is displayed.
Cancel	When selected the document and information added will not be saved. Application page is displayed.

## Confirm Submission

**Confirm Submission** When all required information and documents are added, system provides an option to confirm or cancel the submission.



*Figure: Sample Confirm Submission*

### Field Descriptions

Buttons	Description
Confirm	When selected the submission is submitted, the notification of receipt is generated and the General Information page with successful submission message is displayed.
Cancel	When selected the submission is not submitted and the General Information page is displayed. Modifications can still be made.

## General Information- Successful Submission Message

**General Information** This page displays the general information along with the success message. An application number is assigned to the submission.

The screenshot displays the 'My Projects' page for application 171108. At the top, a red notification states: 'NYSE-CON and the New York State Department of Health have received your submission. 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.ny.gov to report the problem.' Below this is the 'General Information' section with tabs for General, Executive Summary, Application, Correspondence, Decision, and Summary. The 'General' tab is active, showing details for Albany Memorial Hospital. The submission type is 'Notice - Transfer of Ownership Interest', and the project status is 'Received' as of 03/01/2017. The review level is 'Transfer'. The facility information includes the address '600 Northern Blvd, Albany, NY 12204' and facility type 'Hospital'. The current operator is 'St. Peter's Health Partners' with operating certificate '0101003H'. Contact information for John Philips (nabin.kc@its.ny.gov) is provided, along with an alternate contact Tom Wills. On the right, there is a 'My NYSE-CON Tool Bar' with a 'Create New Submission' button, a 'Selected Projects' list containing 'Albany Memorial Hospital', and a 'Related Projects' list with various CON and NOT numbers for Albany Memorial Hospital. The footer shows '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

Figure: Sample General Information

### Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Facility/Agency the application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Submission Type	Submission Type of the displayed application
Project Status	Current status the application is in
Review Level	Current Review level of the project
Project Status Date	Project Status Date for the Application
Received Date	Date the application was received
Initial Review Date	Date the displayed application was initially reviewed by PMU
Acknowledgment Date	Date the Acknowledgment letter was signed for the selected application
Facility Information	Section label
Facility Name	Name of the selected facility/agency

Physical Address	Address of the selected facility/agency in format: Street line 1, Street line 2, City, State and Zip Code
County	NYS County of the address for the facility/agency
Current Operator	Name and Physical location of the proposed agency in format: Name, Street line 1, Street line 2, City, State, and Zip code
Facility Type	The selected facility type selected
Region	Region the facility is located in
Operating Certificate/ License #	The Operating Certificate Number of the Facility or the License Number of the Agency selected
Current Operator County	NYS County of the address for the current operator
Contact Information	Section label
Name	Full Name of the person who will receive all official correspondence from DOH
Title	Personal title of the Contact person
Email	Email where official notification by DOH can be sent
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
Phone	Phone number where the contact can be reached
Fax	Fax number where the contact can be sent official correspondence from DOH
Alternate Contact Information	Section label
Name	Full Name of alternate individual who will also receive all official correspondence from DOH
Email	Additional email where official contact between application and DOH can be sent