
New York State
Electronic Certificate of Need
HCS Applicant Training
Submit Transfer of Ownership Interest Notices
Version 1.0

NYS Department of Health

Revision History

Date	Version	Description	Author
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Submit Transfer of Ownership Interest Notices

Overview

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

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.

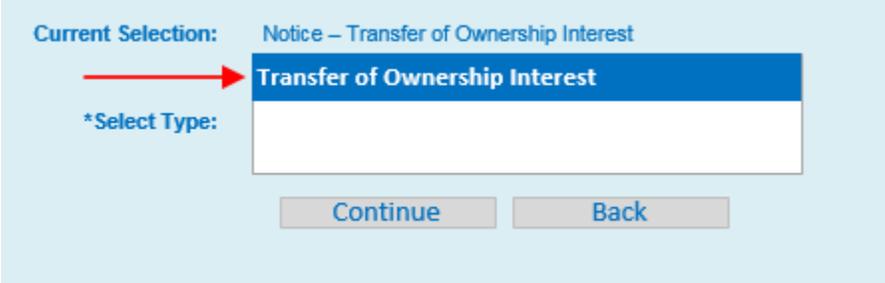
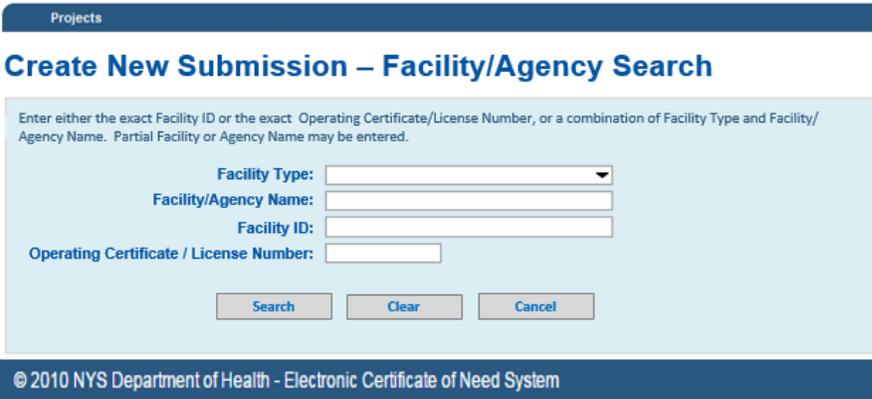
The applicant role has the ability to:

- 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>How to Create and submit Transfer of Ownership Interest notice</p>	<p>1</p>	<p>On the NYSE-CON home page, select the link Create New Submission.</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 Notice – Transfer of Ownership Interest 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 Continue button.</p>

	<p>4 Create New Submission page with Notice – Transfer of Ownership Interest Types list box is displayed. On this page, select Transfer of Ownership Interest in the “Select Type” selection box.</p>  <p><i>Figure 3: Sample Create New Submission – Transfer of Ownership Interest Types</i></p>
	<p>5 Click the Continue button.</p>
	<p>6 Facility/Agency Search page is displayed.</p>  <p><i>Figure 4: Sample Create New Submission – Facility/Agency Search</i></p>
	<p>7 Enter 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>8 Click the Search button.</p>

	<p>9</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>10</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>11</p>	<p>Click the Continue with Selected Button.</p>

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

Projects My Projects

Submission Type Selection > Facility Search/Selection > Submission Selection

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.

Create New Submission

*Submission Type: Notice - Transfer of Ownership Interest Change

Main Site Information

Facility Type: Hospital
 Facility Name: 2 Test Hospital
 Street 1: 11 Kennedy Parkway
 Street 2:
 City: Cortland
 State: NY
 Zip Code: 13045
 County: CORTLAND Change

Current Operator

Name: Cortland County Department of Health
 Operating Certificate/License #: 1101503F
 Street 1: 60 Central Avenue
 Street 2:
 City: Cortland
 State: NY
 Zip Code: 13045
 County:

Contact Information

†Title:
 †First Name:
 †Last Name:
 †User ID:
 †Email:
 †Phone:
 Fax:
 †Street 1:
 Street 2:
 †City:
 †State:
 †Zip Code:

Alternate Contact Information

†First Name:
 †Last Name:
 †Email:

Save

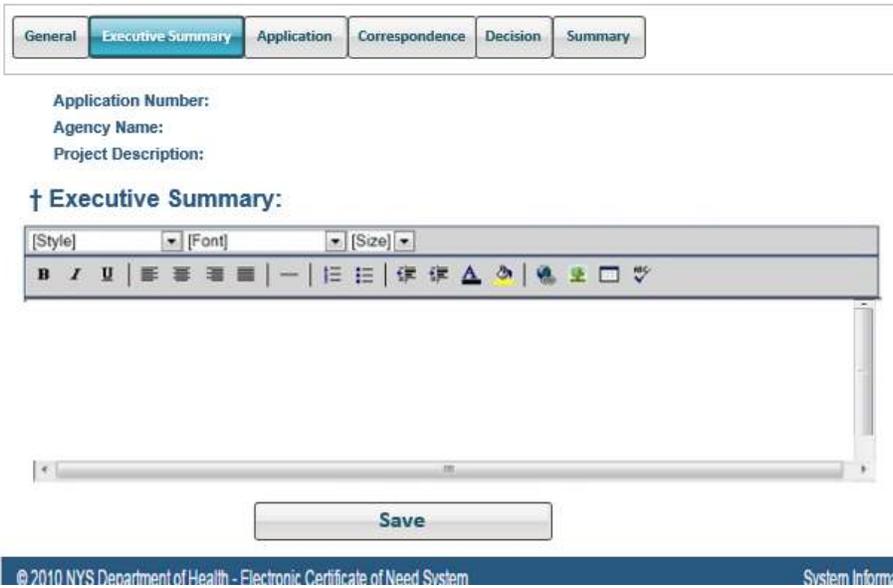
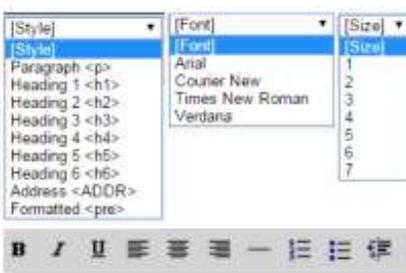
* Fields marked with an asterisk (*) are required for saving information from this screen.
 † Fields marked with a dagger (†) are required to proceed with the submission process.

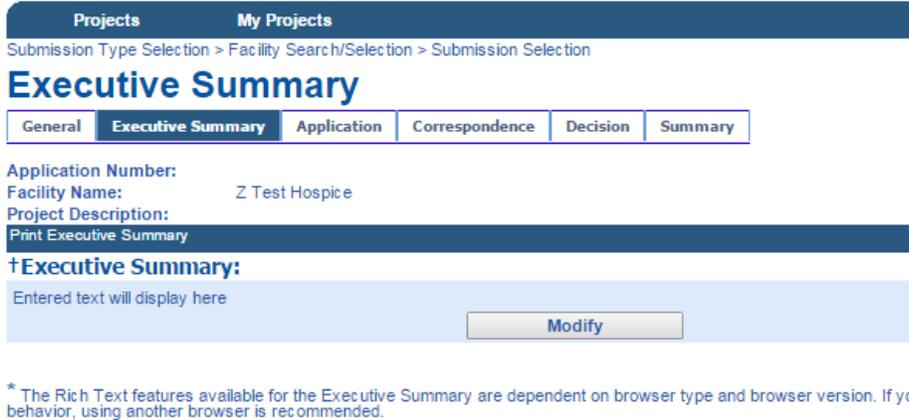
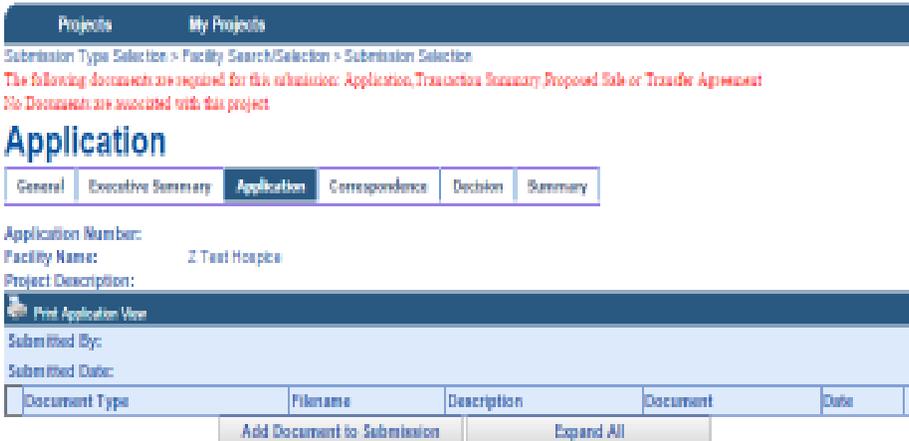
Figure 7: Sample Create New Submission – Transfer of Ownership Interest

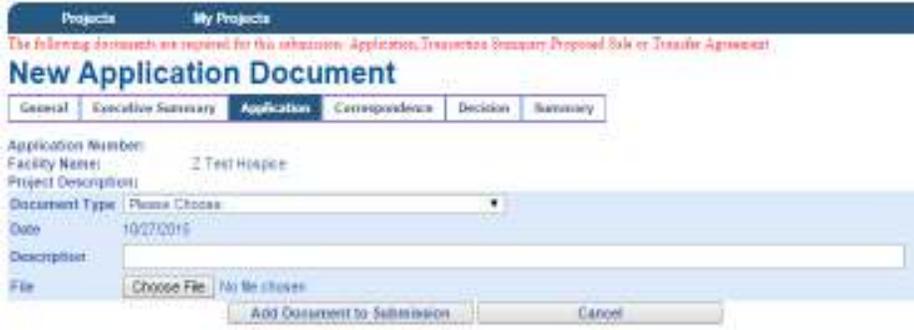
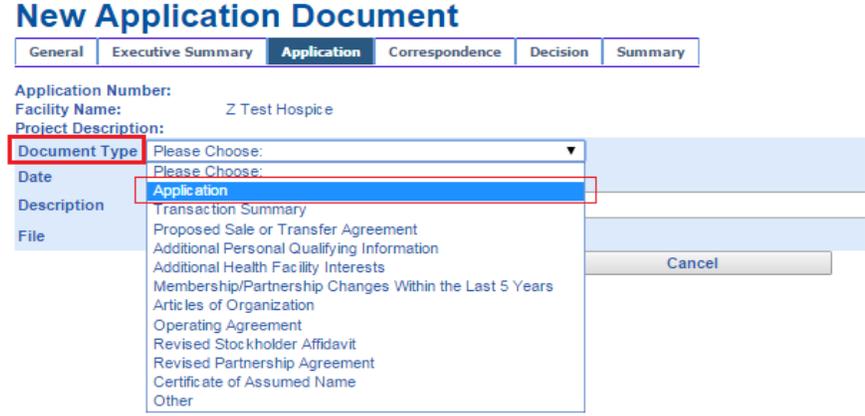
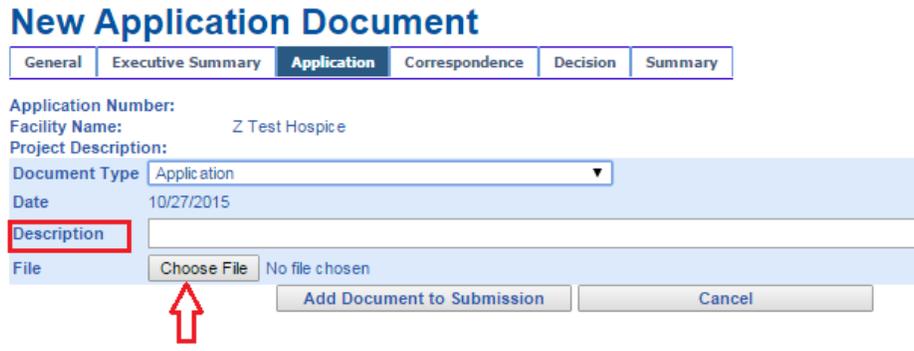
	<p>13</p>	<p>Enter the Contact Information details.</p> <div data-bbox="565 241 1481 682"> <p>Contact Information</p> <p>+Title: <input type="text"/></p> <p>+First Name: <input type="text"/></p> <p>+Last Name: <input type="text"/></p> <p>+User ID: <input type="text"/></p> <p>+Email: <input type="text"/></p> <p>+Phone: <input type="text"/></p> <p>+Fax: <input type="text"/></p> <p>+Street 1: <input type="text"/></p> <p>Street 2: <input type="text"/></p> <p>+City: <input type="text"/></p> <p>+State: <input type="text"/></p> <p>+Zip Code: <input type="text"/></p> </div> <p><i>Figure 7.1: Sample Create New Submission – Contact Information Section</i></p>
	<p>14</p>	<p>Enter the details for an Additional Contact.</p> <div data-bbox="565 798 1481 1249"> <p>Additional Contact</p> <p>+First Name: <input type="text"/></p> <p>+Last Name: <input type="text"/></p> <p>+Email: <input type="text"/></p> <p><input type="button" value="Save"/> <input type="button" value="Cancel"/></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>15</p>	<p>Click Save button.</p>

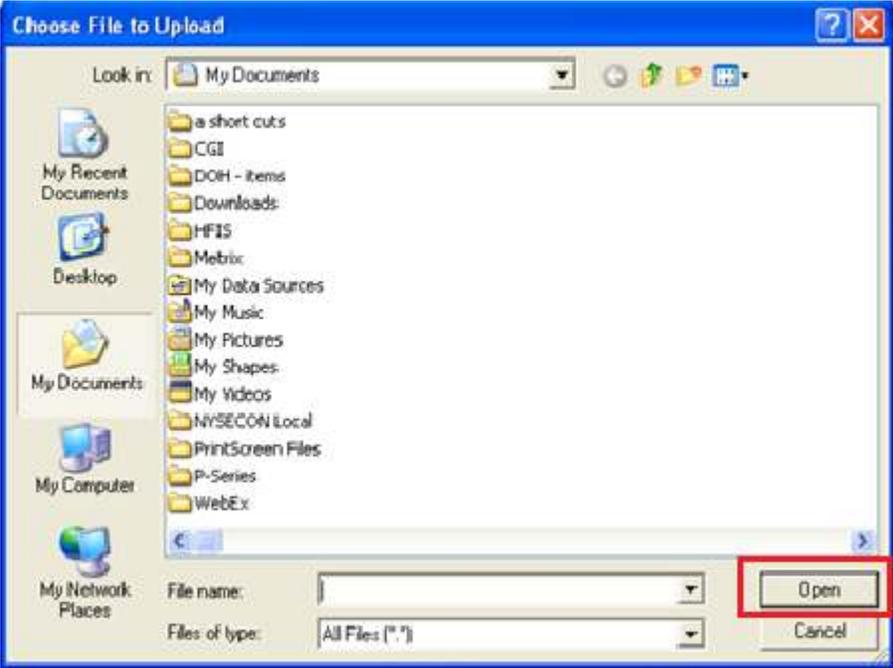
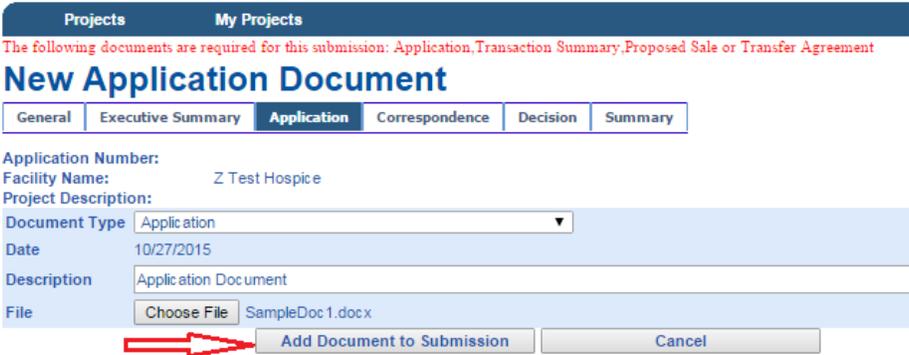
	<p>16</p>	<p>General Information page is displayed.</p>  <p>General Information</p> <p>Application Number: Facility Name: Z Test Hospice Project Description: Submission Type: Notice - Transfer of Ownership Interest Project Status: Project Status Date: Review Level: Received Date: Initial Review Date: Acknowledgment Date:</p> <p><u>Facility Information</u></p> <p>Facility Name: Z Test Hospice Physical Address: 11 Kennedy Parkway Cortland, NY 13045 County: CORTLAND Current Operator: Cortland County Department of Health 60 Central Avenue Cortland, NY 13045 Facility Type: Hospice Region: Operating Certificate/License #: 1101500F Current Operator County:</p> <p><u>Contact Information</u></p> <p>Name: Sonus Sharma Dahi Email: sonus.sharmadahi@ts.ny.gov User ID: 88804 Phone: (518) 123-4567 Title: Mr Address: 1 Corning Tower Albany, NY 12037 Fax:</p> <p><u>Alternate Contact Information</u></p> <p>Name: Sirsha Kote Email: sirsha.kote@ts.ny.gov</p> <p>Modify Submit</p> <p>© 2010 NYS Department of Health - Electronic Certificate of Need System</p>
	<p>17</p>	<p>Select the Executive Summary tab from the General Information page.</p>

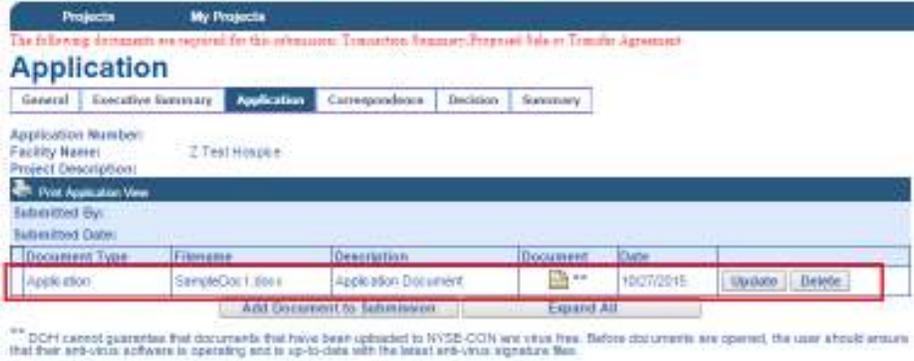
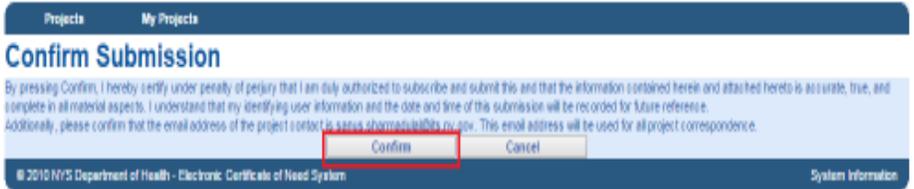
Figure 8: Sample General Information Page

	<p>18</p>	<p>New Submission- Executive Summary page is displayed.</p> <p>Create New Submission - Executive Summary</p>  <p><i>Figure 9: Sample New Submission- Executive Summary Page</i></p>
	<p>19</p>	<p>Enter 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>20</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>21</p>	<p>Click the Save button.</p>

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

	<p>26 New Application Document page is displayed.</p>  <p style="text-align: center;"><i>Figure 13: Sample New Application Document Page</i></p>
	<p>27 To add the completed application, select Application from Document Type drop-down.</p>  <p style="text-align: center;"><i>Figure 14: Sample Document Type Selection- Application- New Application Document Page</i></p>
	<p>28 Enter a short description of the document to be added in the Description field.</p>  <p style="text-align: center;"><i>Figure 15: Sample Description- Application- New Application Document Page</i></p>
	<p>29 Click Choose File button. (Depending on the browser, the button could be labeled as “Browse”)</p>

	<p>30 Depending on the browser the file upload window will open. Locate and select the file to upload and then Click Open.</p>  <p style="text-align: center;"><i>Figure 16: Sample File to Upload Window</i></p>
	<p>31 The New Application Document page is displayed showing the name of the file uploaded.</p>  <p style="text-align: center;"><i>Figure 17: Sample New Application Document Page- Application File Selected</i></p>
	<p>32 Click the Add Document to Submission button.</p>

	<p>33</p>	<p>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>34</p>	<p>Repeat steps 25-33 as necessary to attach all required documents and any other additional documentation.</p>
	<p>35</p>	<p>Select the General tab.</p>
	<p>36</p>	<p>On the General Information page, click Submit button.</p>  <p><i>Figure 19: Sample General Information Page- Submit</i></p>
	<p>37</p>	<p>The Confirm Submission page is displayed.</p>  <p><i>Figure 20: Sample Confirm Submission Page</i></p>
	<p>38</p>	<p>Click the Confirm button.</p>

<p>39</p>	<p>The General Information page with success message is displayed.</p>  <p>The screenshot shows the 'General Information' page for a project. At the top, there is a success message in red text: '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 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. The information displayed includes: Application Number: 152479; Facility Name: Z Test Hospice; Project Description: Z Test Hospice; Submission Type: Notice - Transfer of Ownership Interest; Project Status: Received; Project Status Date: 10/27/2015; Review Level: Transfer; Received Date: 10/27/2015; Initial Review Date: [blank]; Acknowledgment Date: [blank]. There are three sub-sections: 'Facility Information' (Facility Name: Z Test Hospice, Physical Address: 11 Kennedy Parkway, Corland, NY 13045, Facility Type: Hospice, County: CORTLAND, Region: [blank], Current Operator: Corland County Department of Health, 60 Central Avenue, Corland, NY 13045, Operating Certificate/License #: 1101500P, Current Operator County: [blank]), 'Contact Information' (Name: Sanus Sharma Dula, Title: Mr, Email: sanus.ahamadula@ts.ny.gov, Address: 1 Corning Tower, Albany, NY 12237, User ID: sad04, Phone: (518) 123-4567, Fax: [blank]), and 'Alternate Contact Information' (Name: Sirisha Kote, Email: sirisha.kote@ts.ny.gov). At the bottom, there is a footer: '© 2010 NYS Department of Health - Electronic Certificate of Need System'.</p> <p><i>Figure 21: Sample General Information Page- Success Message</i></p>
<p>40</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

Homepage	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 your projects](#)
- [Find a project](#)

© 2010 NYS Department of Health - Electronic Certificate of Need System [System Information](#)

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

Figure: Sample Select Submission Type

Field Descriptions

Field Name	Description
Submission Types/Select Type	Displays the options for submission types in NYSE-CON. Users can select only one option.
Buttons	Description
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.

Create New Submission – Facility/Agency Search Results

SEARCH CRITERIA		DISPLAY RESULT PREFERENCES		RESULTS TOOLBOX
Facility ID:	OpCert/License#:	Per Page:	<input checked="" type="radio"/> Display 25 <input type="radio"/> Display 50 <input type="radio"/> Display 100 <input type="radio"/> Display All	Continue With Selected
Facility Name: Hospice		Address:	<input type="radio"/> Show Project Address <input checked="" type="radio"/> Don't Show Project Address	
Print Search Results				

2 results found, displaying all results. 1,2 [Next/Last]

Facility Type	Facility Name	Facility ID	OpCert/License#	Operator
<input type="radio"/> Hospice	Z Test Hospice	3108	1101500F	Cortland County Department of Health
<input type="radio"/> Hospice	Caring Hospice Services of New York, LLC	6501	7001503F	Caring Hospice Services of New York, LLC

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: Hospice
 Facility Name: Z Test Hospice
 Street 1: 11 Kennedy Parkway
 Street 2:
 City: Cortland
 State: NY
 Zip Code: 13045
 County: CORTLAND Change

Current Operator

Name: Cortland County Department of Health
 Operating Certificate/License #: 1101500F
 Street 1: 60 Central Avenue
 Street 2:
 City: Cortland
 State: NY
 Zip Code: 13045
 County:

Contact Information

†Title:
 †First Name:
 †Last Name:
 †User ID:
 †Email:
 †Phone:
 Fax:
 †Street 1:
 Street 2:
 †City:
 †State:
 †Zip Code:

Alternate Contact Information

†First Name:
 †Last Name:
 †Email:

Save

* 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.

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	Auto Filled, non-editable
	Facility Type
	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	
Contact Information	County	Editable
	Title	
	First Name	
	Last Name	
	User ID	
	Email	
	Phone	
	Fax	
	Street 1	
	Street 2	
	City	
	State	
Alternate Contact Information	Zip Code	Editable
	First Name	
	Last Name	
	Email	
Buttons		Description
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:
 Facility Name: Z Test Hospice
 Project Description:
 Submission Type: Notice - Transfer of Ownership Interest
 Project Status:
 Review Level:

Project Status Date:
 Received Date:
 Initial Review Date:
 Acknowledgment Date:

Facility Information

Facility Name: Z Test Hospice
 Physical Address: 11 Kennedy Parkway
 Cortland, NY 13045
 County: CORTLAND
 Current Operator: Cortland County Department of Health
 60 Central Avenue
 Cortland, NY 13045

Facility Type: Hospice
 Region:
 Operating Certificate/License #: 1101500F
 Current Operator County:

Contact Information

Name: Sanus Sharma Dulal
 Email: sanus.sharmadulal@its.ny.gov
 User ID: ssd04
 Phone: (518) 123-4567
 Fax:

Title: Mr
 Address: 1 Corning Tower
 Albany, NY 12037

Alternate Contact Information

Name: Sirisha Kota
 Email: sirisha.kota@its.ny.gov

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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
Buttons	Description
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

Executive Summary

This page allows the user to provide the executive summary of the proposed project.

Figure: Sample New Submission- 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
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.
Buttons	Description
Save	When selected saves entered information and displays the Executive Summary page

Modify Executive Summary

Modify the Executive Summary This page allows to modify the Executive Summary before submission.

Executive Summary

General **Executive Summary** Application Correspondence Decision Summary

Application Number:
 Facility Name: Z Test Hospice
 Project Description:
 Print Executive Summary

† Executive Summary:

Transfer of Ownership Interests can include the addition of new members, the withdrawal of current members, the transfer between existing members, or any combination thereof. Which transactions require notification to the department depends on not only the transfers proposed, but the corporation type as well. A processing fee may also be required, again, depending on the transaction. Once the applicable fee is received, an acknowledgement letter will be sent to the applicant. The Department of Legal Affairs (DLA) and the program area responsible for the type of facility requiring the notice will perform any reviews.

Modify

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

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.

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.

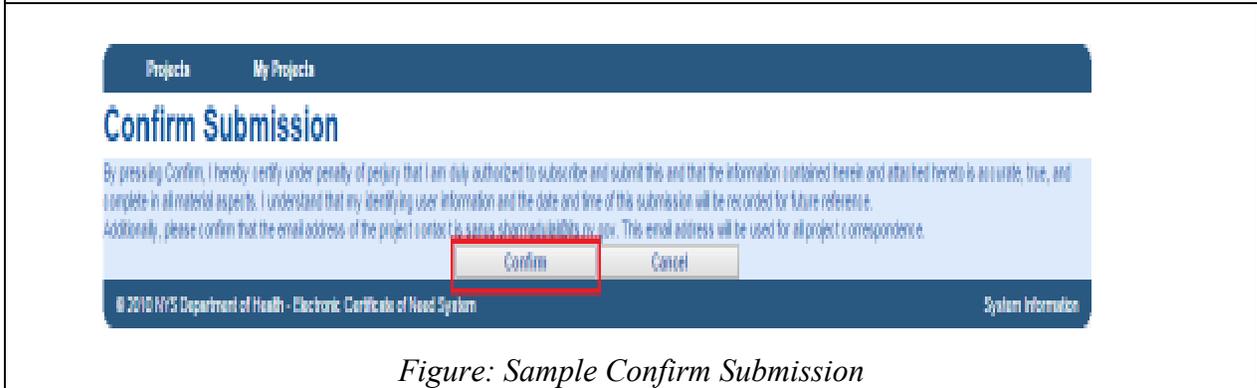


Figure: Sample Confirm Submission

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 shows a web interface with a dark blue header containing 'Projects' and 'My Projects'. Below the header is a red notification message: '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 the confirmation email within the next 24 hours please send an email to nysecon@health.ny.gov to report the problem.' The main content area is titled 'General Information' and has a tabbed interface with 'General' selected. The 'General' tab displays the following information:

- Application Number: 152479
- Facility Name: Z Test Hospice
- Project Description: Notice - Transfer of Ownership Interest
- Submission Type: Notice - Transfer of Ownership Interest
- Project Status: Received
- Review Level: Transfer
- Project Status Date: 10/27/2015
- Received Date: 10/27/2015
- Initial Review Date:
- Acknowledgment Date:

Below this is the 'Facility Information' section:

- Facility Name: Z Test Hospice
- Physical Address: 11 Kennedy Parkway, Cortland, NY 13045
- County: CORTLAND
- Current Operator: Cortland County Department of Health, 60 Central Avenue, Cortland, NY 13045
- Facility Type: Hospice
- Region:
- Operating Certificate/License #: 1101500F
- Current Operator County:

Next is the 'Contact Information' section:

- Name: Sanus Sharma Dulal
- Email: sanus.sharmadulal@its.ny.gov
- User ID: ssd04
- Phone: (518) 123-4567
- Fax:
- Title: Mr
- Address: 1 Corning Tower, Albany, NY 12037

Finally, the 'Alternate Contact Information' section:

- Name: Sirisha Kota
- Email: sirisha.kota@its.ny.gov

At the bottom of the screenshot is a footer: '© 2010 NYS Department of Health - Electronic Certificate of Need System'.

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