
New York State
Electronic Certificate of Need
Public Authenticated Applicant Training

Submit Application

Version 4.0

NYS Department of Health

Revisions

January 2015

1. Page 21: Added Executive Summary and updated all screen images to reflect Executive Summary tab.

January 2016

1. Page 21: Added rich text features to the Executive Summary.

June 2018

1. Updated screen images throughout for the improved submission process.

Table of Contents

SUBMITTING AN APPLICATION	5
CHAPTER OVERVIEW	5
CREATING A NEW SUBMISSION	6
SUBMISSION TYPE SELECTION	7
How to Select a Submission Type	7
Facility/Agency Search Results	9
How to Select a Facility	9
How to Select a Submission Type	10
CREATE NEW APPLICATION – CHANGE IN OWNERSHIP	11
How to Enter Information and Save a New Application	11
CREATE NEW SUBMISSION – ESTABLISH NEW FACILITY OR AGENCY	14
GENERAL INFORMATION	16
EXECUTIVE SUMMARY	17
How to enter Executive Summary	17
MODIFY EXECUTIVE SUMMARY	19
How to modify the Executive Summary for a submitted project	19
SITES	20
APPLICATION DOCUMENTS	20
How to Add Applications to the Project	20
New Application Document	22
How to Add New Application Document to the Project	22
Update Application Document	24
How to Update an Application to the Project	24
Delete Application Document	26
How to Delete an Application Document from the Project	26
GRANTING ACCESS TO ANOTHER USER	27
How to Grant Access to an Application	27
MODIFY APPLICATION	28
How to Modify an Application	28
SUBMIT AN APPLICATION	30
How to Submit an Application to DOH	30

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 Submission Type Selection</i>	7
<i>Figure 4: Sample Facility/Agency Search</i>	8
<i>Figure 5: Sample Facility/Agency Search Results</i>	9
<i>Figure 6: Sample Submission Type Selection</i>	10
<i>Figure 7: Sample Create New Application – Change in Ownership</i>	13
<i>Figure 8: Sample Create New Submission – Establish New Facility or Agency</i>	15
<i>Figure 9: Sample General Information page</i>	16
<i>Figure 10: Sample Executive Summary screen</i>	18
<i>Figure 11: Sample Modify Executive Summary screen</i>	20
<i>Figure 12: Sample Application screen</i>	21
<i>Figure 13: Sample New Application Document screen</i>	23
<i>Figure 14: Sample Update Application Document screen</i>	25
<i>Figure 15: Sample Confirm Document Deletion screen</i>	26
<i>Figure 16: Sample Access screen</i>	27
<i>Figure 17: Sample Modify Information screen</i>	29
<i>Figure 18: Sample Application Submitted screen</i>	31

Submitting an Application

Chapter Overview

Contents

In this chapter, you will learn how to:

- 1 Create New Submission Link
 - 2 Selecting the Submission Type
 - 3 Search for a Facility
 - 4 Creating a New Submission
 - 5 Saving the New Submission
 - 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 NY.gov account or use your HCS account. If you need to create a new account select the ["Don't have an Account"](#) on the NY.gov sign in page.

Creating a New Submission

Menu selection

The Create New Submission module is reached via the **Create New Application** link located on the Home page (Figure 1) or in the NYSE-CON Tool bar (Figure 2). This opens the Create New Submission – Submission 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 Project Address](#)

CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County
162150	Z Test Hospital		Full	Full Review - Establishment - Change in Ownership/Merger/Consolidation	Told To Contact Area Office	ORANGE

Figure 1: Sample Home Page



Figure 2: Sample NYSE-CON Tool Bar

Submission Type Selection

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

Create New Submission

Instructions

We will need to get a starting point for your submission, in order that we may ask you more specific questions later.

New Facility/Agency is to apply to establish and/or construct a new facility, agency, program or hospice.

Change in Ownership/Operator of Existing Facility/Agency is to apply to change or transfer ownership of a facility, agency, program or hospice.

What type of submission would you like to create? (Select one)

New Facility/Agency
 Changes in Ownership/Operator of Existing Facility/Agency

Figure 3: Sample Submission Type Selection

Create New Submission - Facility/Agency Search

Instructions

You have selected **Changes in Ownership/Operator of Existing Facility/Agency**.

Enter either the exact Facility ID or the exact Operating Certificate/License Number, or a combination of Facility Type and Facility/Agency Name.

Partial Facility or Agency Name may be entered.

Facility Type:

Facility/Agency Name:

Facility ID:

Operating Certificate/License #:

Figure 4: Sample Facility/Agency Search

Facility/Agency Search Results

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.

Refine Search

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

Facility/Agency 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.

5 Results from Search Criteria:

Facility Type: Hospital; Facility Name: alb

Sort By

Facility Name	Operating Certificate Number	Operator	Facility Type	Facility ID
Albany Medical Center - South Campus	0101005H	Albany Medical Ctr & Albany Medical Ctr - South Clinical Campus	Hospital	2
Albany Medical Center Hospital	0101000H	Albany Medical Center Hospital & Albany Medical Center	Hospital	1
Albany Memorial Primary Care Hospital	0101703C	Northeast Health Inc.	Hospital	4
Albert Lindley Lee Memorial Hospital	3701000H	Oswego County Opportunities Inc	Hospital	724
New Albany Med Ext Site	0101000H	Albany Medical Center Hospital & Albany Medical Center	Hospital	9001

Figure 5: Sample Facility/Agency Search Results

Learning Objective	Step	Action
How to Select a Submission Type	1	Select the desired Submission Type.
	2	Click the Continue button. Result: The Create New Submission screen appears (Figure 6).

Create New Submission - Select Submission Type

Instructions

You have selected **Changes in Ownership/Operator of Existing Facility/Agency** for facility **Albany Medical Center Hospital (1)**.

Select one submission type and select Continue to proceed.

Current Selection: None

***Select Submission Type:**

- Change in Ownership
- Change in Ownership with Construction
- Notice - Transfer of Ownership Interest

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

Figure 6: Sample Submission Type Selection

Create New Application – Change in Ownership

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 a Change in Ownership application type. Otherwise enter the information for each field as required.
	2	Current Operator Information will display and auto fill from HFIS, if you have chosen a Change in Ownership Application type.
	3	Enter Proposed Operator Information data as required. If applicable you can select the “Same as Current Operator?” checkbox.
	4	Enter the Principal Applicant Member Information as required.
	5	Enter Alternate Contact information as required.
	6	Enter the Total Project Cost amount (also known as the Submitted Capital Cost)
	7	Select the Save button. Result: If all the data required is entered the General Information page will appear with the entered information displayed, along with instructions of what to do next.

Create New Submission

Information

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

*Submission Type: Change in Ownership

Change

Main Site Information

*Facility Type: Hospital
*Facility Name: Albany Medical Center Hospital
Facility ID: 1
†Street 1: 43 New Scotland Avenue
Street 2:
†City: Albany
State: NY
†Zip Code: 12208
*County: ALBANY

Current Operator

†Name: Albany Medical Center Hospital
†Street 1: New Scotland Avenue
Street 2:
†City: Albany
State: NY
†Zip Code: 12208
County:

Proposed Operator

Same as Current Operator?

†Name:
†Street 1:
Street 2:
†City:
†State:
†Zip Code:
†County:

Principal Applicant Member

†Title:

†First Name:

†Last Name:

User ID:

†Account Type: NY.gov ID HCS ID
NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov 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 Information

†First Name:

†Last Name:

†Email:

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator.

* 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 – Change in Ownership

Create New Submission – Establish New Facility or Agency

Create New Submission

*Submission Type: New Facility or Agency Change

Main Site Information

*Facility Type: Hospital

*Facility Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip Code:

*County:

Proposed Operator

†Name:

†Street 1:

Street 2:

†City:

†State:

†Zip Code:

†County:

Principal Applicant Member

†Title:

†First Name:

†Last Name:

User ID:

†Account Type: NY.gov ID HCS ID
 NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov 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 Information

†First Name:

†Last Name:

†Email:

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator.

* 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 8: Sample Create New Submission – Establish New Facility or Agency

General Information

General Information

Information

- The submission identifying information has been saved. Please select the Executive Summary tab to enter a project proposal summary, the Sites tab to add project sites, beds and/or services, and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit", located at the bottom of the screen.

CON Project Number:
Facility Name: Albany Medical Center Hospital
Project Description:

General
Executive Summary
Sites
Application
Correspondence
Decision
Contingencies
>>

Status:	Submission Type: Application - Full Review - Establishment - Change in Ownership
Status Date:	
Review Level:	Application Received Date:
County: ALBANY	Initial Review Date:
Region:	Acknowledgement Date:
Total Project Cost: \$0.00	

Main Site Information

Facility Name: Albany Medical Center Hospital	Facility Type: Hospital
Physical Address: 43 New Scotland Avenue Albany, NY 12208	Region:
County: ALBANY	Operating Certificate/License #: 0101000H
Current Operator: Albany Medical Center Hospital New Scotland Avenue Albany, NY 12208	Current Operator County:
Proposed Operator: Albany Medical Center Plaza New Scotland Avenue Albany, NY 12208	Proposed Operator County: GENESEE

Principal Applicant Member

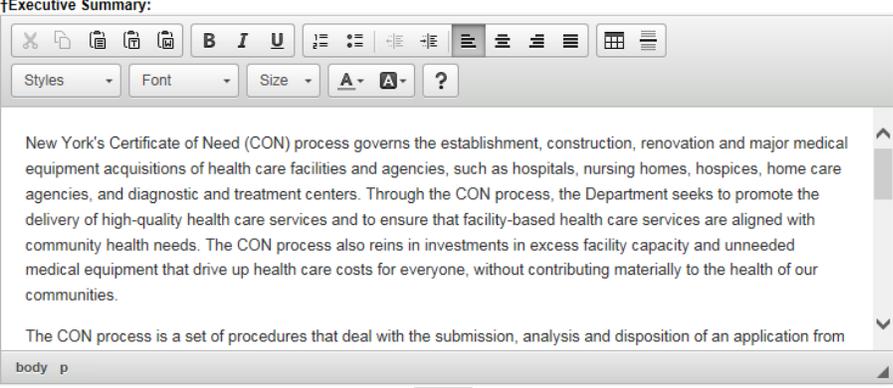
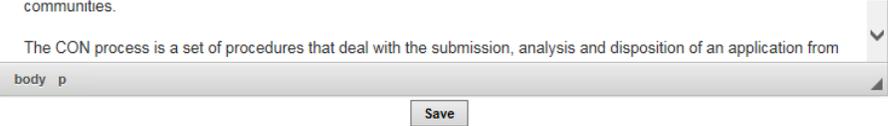
Name: sheetal Kande	Title: mrs
User ID: tsxk4201	Address: Madison ave, 333, 333 Albany, AZ 12098
Email: sheetal.kande@its.ny.gov	Fax:
Phone: (518) 789-8765	

Alternate Contact

Name: sheetal Kande	Email: Shilpanjali.Guduru@its.ny.gov
----------------------------	---

Figure 9: Sample General Information page

Executive Summary

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>

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:

Rich text editor toolbar with icons for Cut, Copy, Paste, Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Outdent, Undo, Redo, Table, and Table of Contents. Below the toolbar are dropdown menus for Styles, Font, and Size, and buttons for text color, background color, and a help icon.

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

body p

Save

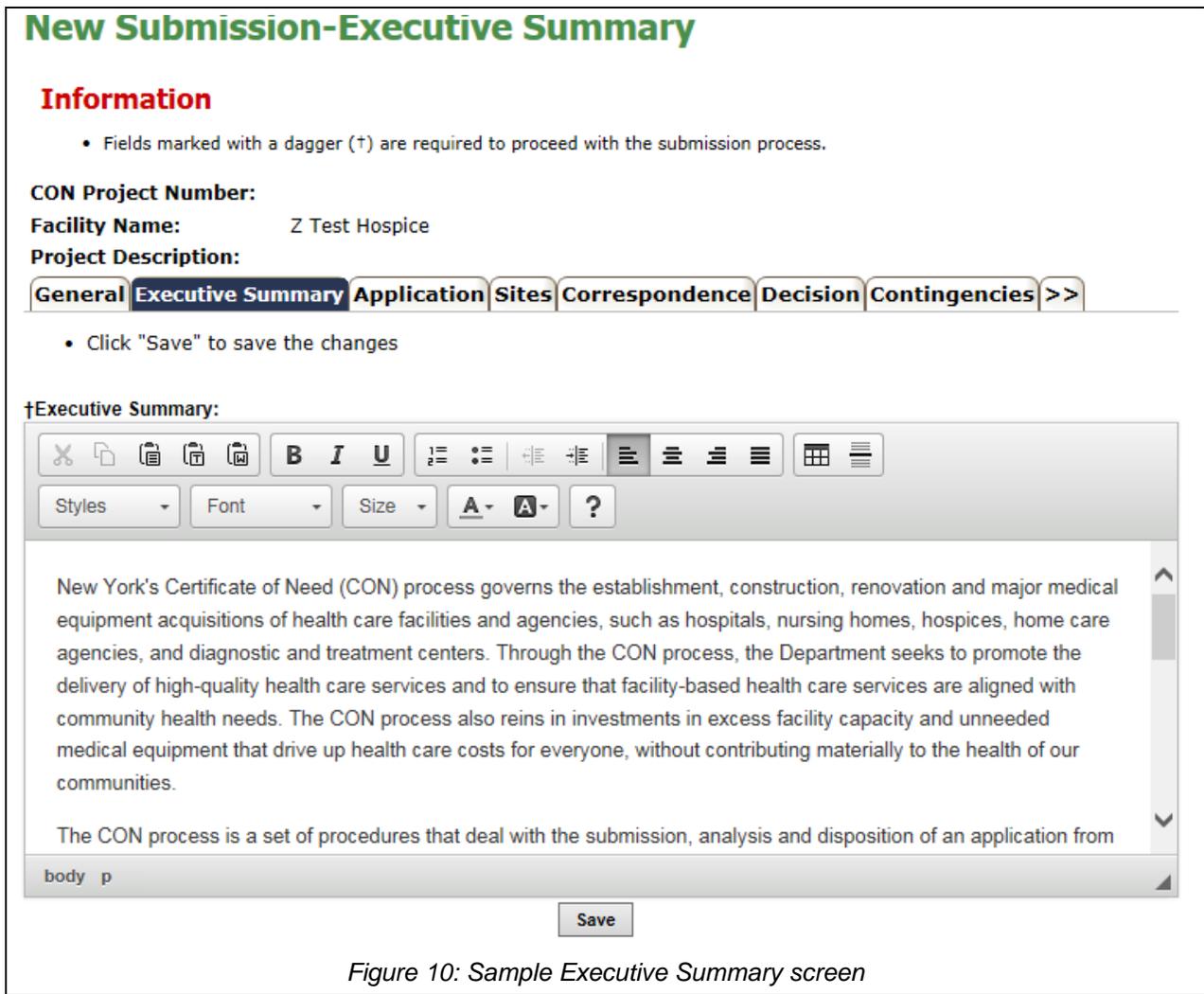
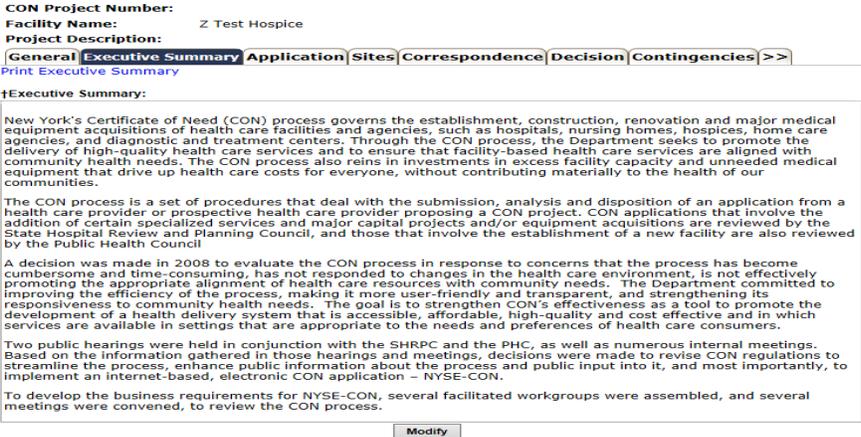
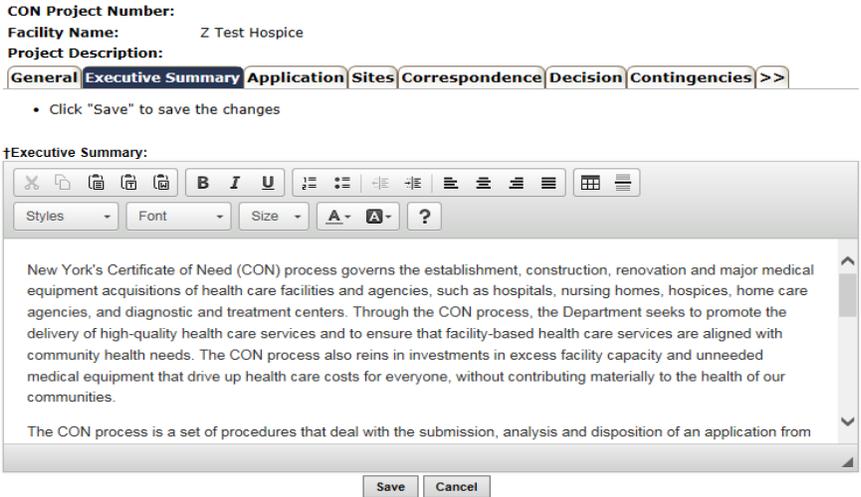
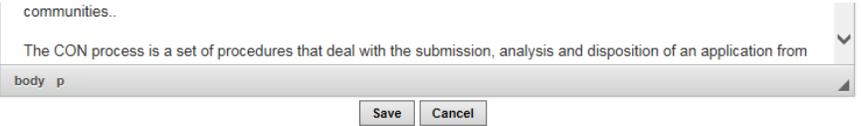


Figure 10: Sample Executive Summary screen

Modify Executive Summary

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

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.

[Modify](#)

* 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

Sites

Please refer to the training document **“Public Authenticated Applicant Training Sites v1.0”**

Application Documents

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.

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:

General **Executive Summary** **Application** **Correspondence** **Sites** **Decision** **Contingencies** >>

Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date
---------------	----------	-------------	----------	------

[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

New Application Document

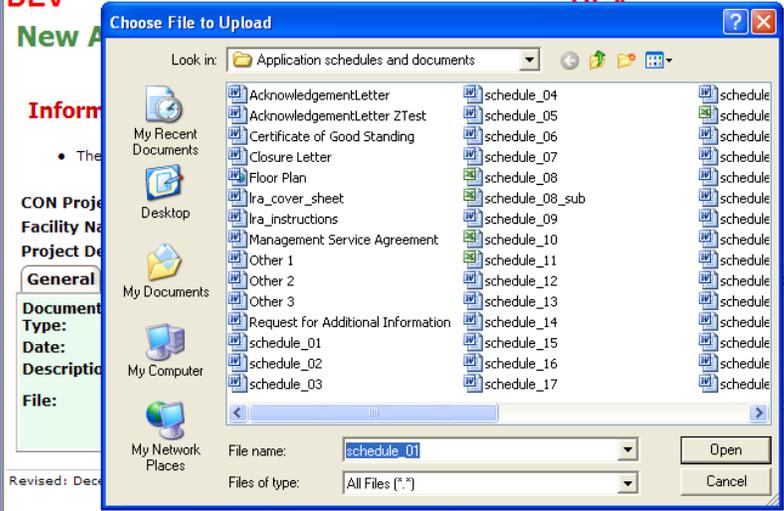
Learning Objective	Step	Action
<p>How to Add New Application Document to the Project</p>	1	<p>Select the Document Type Dropdown. Each required schedule is listed along with other optional documents.</p>
	2	<p>Enter a description.</p>
	3	<p>Select the Browse button. Note depending on your browser you 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> 
	4	<p>Select the document and then the Open button.</p>
	5	<p>Select Add Document to Application button.</p>

Figure 13.1.: Sample Browse window

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: Schedule 1 General Information
Date: 04/11/2011
Description:
File: I:\ChildHealthPlus_HFIS\NYSECON\Testing\Testing Data\Application schedules and documents\sched1 Browse...
Add Document to Application Cancel

Figure 13: Sample New Application Document screen

Update Application Document

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: <input type="button" value="General"/> <input type="button" value="Executive Summary"/> <input checked="" type="button" value="Application"/> <input type="button" value="Correspondence"/> <input type="button" value="Sites"/> <input type="button" value="Decision"/> <input type="button" value="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> <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><input type="button" value="Update"/> <input type="button" value="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><input type="button" value="Update"/> <input type="button" value="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><input type="button" value="Update"/> <input type="button" value="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><input type="button" value="Update"/> <input type="button" value="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><input type="button" value="Update"/> <input type="button" value="Delete"/></td> </tr> </tbody> </table> <p style="text-align: center;"><input type="button" value="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><small>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.</small></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	<input type="button" value="Update"/> <input type="button" value="Delete"/>	▶ Schedule 2 Personal Qualifying Information	schedule_02.doc	test delete	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>	Schedule 5 Working Capital Financial Plan	schedule_05.doc	add 5	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>	Schedule 21 Certified Home Health Agencies	schedule_21.doc	aad 21	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>	▶ Schedule LRA 8 Staffing	schedule_08.xls	add for removal	*	03/31/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>
	Document Type	Filename	Description	Document	Date																																	
	Schedule 1 General Information	schedule_01.doc	add 1	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>																																
	▶ Schedule 2 Personal Qualifying Information	schedule_02.doc	test delete	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>																																
Schedule 5 Working Capital Financial Plan	schedule_05.doc	add 5	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>																																	
Schedule 21 Certified Home Health Agencies	schedule_21.doc	aad 21	*	03/30/2011	<input type="button" value="Update"/> <input type="button" value="Delete"/>																																	
▶ Schedule LRA 8 Staffing	schedule_08.xls	add for removal	*	03/31/2011	<input type="button" value="Update"/> <input type="button" value="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>																																					

Update Application Document

CON Project Number:
Facility Name: 123456789 123456789 123456789 123456789 123456789 123456789 123456789
123456789 1234567890

Project Description:

General **Executive Summary** **Application** **Correspondence** **Sites** **Decision** **Contingencies** >>

Document Schedule 1 General Information
Type:
Date: 03/30/2011
Description: add 1
File: I:\ChildHealthPlus_HFIS\NYSECON\Testing\Testing Data\Application schedules and documents\sched1 Browse...
Update Document Cancel

Figure 14: Sample Update Application Document screen

Delete Application Document

Learning Objective	Step	Action																																				
<p>How to Delete an Application Document from 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 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 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> <p><small>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.</small></p> </div> <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	Update Delete
	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	Update Delete																																	
3	<p>Select the Yes button.</p> <p>Note: the button will only be available until the application is submitted.</p>																																					

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	tbl01

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

Figure 15: Sample Confirm Document Deletion screen

Granting Access to another user

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" data-bbox="607 711 1430 936"> <thead> <tr> <th>Alternate Step</th> <th>Action</th> </tr> </thead> <tbody> <tr> <td>1.1</td> <td>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.				

Access

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

<<
Correspondence
Sites
Decision
Contingencies
Post Approval
Access
Summary

User ID Grant Access

User ID	Granted By	Granted Date	Revoke
tbl01	Application Creator	04/18/2011 10:12 AM	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

Modify Application

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.

Modify Submission

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

Main Site Information

*Facility Type: Hospital

*Facility Name:

*Street 1:

Street 2:

*City:

State: NY

*Zip Code:

*County: ▼

Proposed Operator

*Name:

*Street 1:

Street 2:

*City:

*State: ▼

*Zip Code:

*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:

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

Alternate Contact Information

*First Name:

*Last Name:

*Email:

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator.

*Total Project Cost:

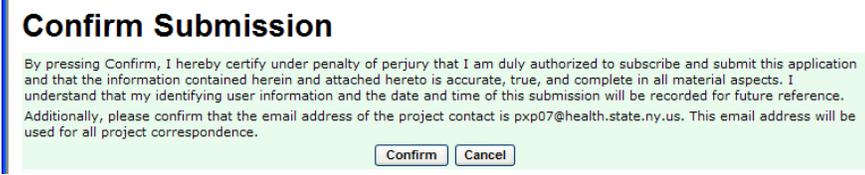
Total Project Cost for Admin and Full Review CONs that involve construction is the figure entered on Schedule 8B, column C, line 10.

For Limited Review Applications that involve construction and/or equipment purchase, the total project cost is located in Schedule LRA 2, line 8.1.

For limited review applications that have no costs, please enter zero.

Figure 17: Sample Modify Information screen

Submit an Application

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>  <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>

General Information

Information

- 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.

CON Project Number: 182109
Facility Name: Albany County Nursing Home
Project Description:

General
Executive Summary
Sites
Application
Correspondence
Decision
Contingencies
>>

Status:	Received	Submission Type:	Application - Full Review - Establishment - Change in Ownership
Status Date:	08/22/2018	Application Received Date:	08/22/2018
Review Level:	Full	Initial Review Date:	
County:	ALBANY	Acknowledgement Date:	
Region:			
Total Project Cost:	\$0.00		

Main Site Information

Facility Name:	Albany County Nursing Home	Facility Type:	Residential Health Care Facility
Physical Address:	Albany-Shaker Road Albany, NY 12211	Region:	
County:	ALBANY	Operating Certificate/License #:	0153302N
Current Operator:	County of Albany 112 State Street Albany, NY 12207	Current Operator County:	
Proposed Operator:	County of Albany 112 State Street Albany, NY 12207	Proposed Operator County:	ALBANY

Principal Applicant Member

Name:	ankit Sharma	Title:	Mr.
User ID:	azs06	Address:	Eratus corning tower Albany, ND 12585
Email:	ankit.sharma@its.ny.gov	Fax:	
Phone:	(425) 879-6305		

Alternate Contact

Name:	ankit Sharma	Email:	ankit.sharma@its.ny.gov
--------------	--------------	---------------	-------------------------

Figure 18: Sample Application Submitted screen