
New York State
Electronic Certificate of Need
Public Authenticated
LHCSA Submit Application Training
Version 1.0

NYS Department of Health

Revision History

Date	Version	Description	Author
4/20/2015	1.0	Initial Draft	Sanus Sharma Dulal

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Create LHCSA submittal

Overview

Contents

In this chapter, you will learn how to:

1. Create LHCSA submission for New Agency
2. Create LHCSA submission for Change of Ownership
3. Search for an Agency
4. Add Executive Summary
5. Add Documents to Submission
6. Submit the LHCSA Application

Security Roles

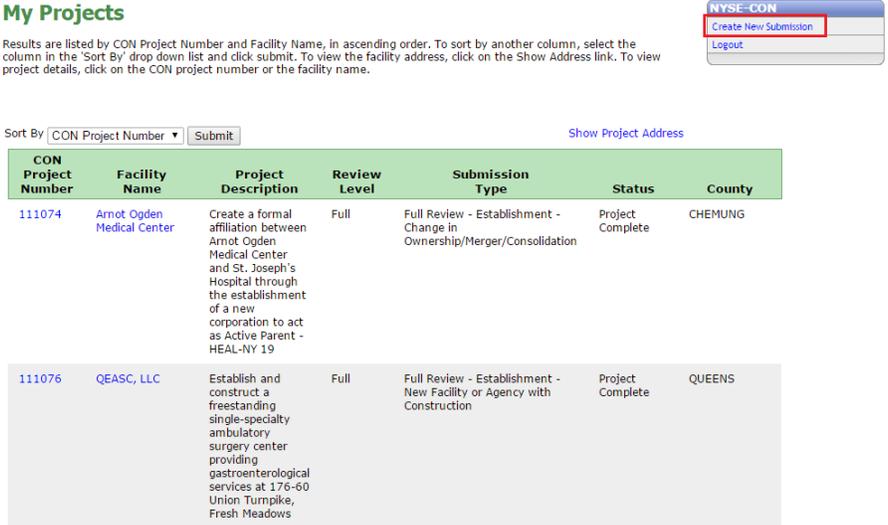
You will need to create a NYSDOH public account or use your HCS account. If you need to create a new account select the "Register for an Account" link on the log in page.

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 Agency
-

Submitting LHCSA application for New Agency

Learning Objective: This section explains how to create and submit the LHCSA application for a New Agency.

Learning Objective	Step	Action																					
<p>How to Create and submit LHSCA application for New Agency type</p>	<p>1</p>	<p>On the NYSE-CON home page, under NYSE-CON toolbar, select the link Create New Submission.</p>  <p>My Projects</p> <p>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.</p> <p>Sort By: <input type="button" value="CON Project Number"/> <input type="button" value="Submit"/> Show Project Address</p> <table border="1"> <thead> <tr> <th>CON Project Number</th> <th>Facility Name</th> <th>Project Description</th> <th>Review Level</th> <th>Submission Type</th> <th>Status</th> <th>County</th> </tr> </thead> <tbody> <tr> <td>111074</td> <td>Arnot Ogden Medical Center</td> <td>Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19</td> <td>Full</td> <td>Full Review - Establishment - Change in Ownership/Merger/Consolidation</td> <td>Project Complete</td> <td>CHEMUNG</td> </tr> <tr> <td>111076</td> <td>QEASC, LLC</td> <td>Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows</td> <td>Full</td> <td>Full Review - Establishment - New Facility or Agency with Construction</td> <td>Project Complete</td> <td>QUEENS</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Figure 1: Sample NYSE-CON home page</i></p>	CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County	111074	Arnot Ogden Medical Center	Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19	Full	Full Review - Establishment - Change in Ownership/Merger/Consolidation	Project Complete	CHEMUNG	111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS
CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County																	
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	<p>2</p>	<p>Create New Submission page with Submission Types list box is displayed. On this page, select Licensed Home Care Services Agency – New Agency option from the Select Type selection box.</p>  <p>Create New Submission</p> <p>*Submission Type: <input type="text" value="Full Review - Establishment - Change in Ownership/Merger/Consolidation"/> <input type="text" value="Full Review - Establishment - Change in Ownership/Merger/Consolidation with Construction"/> <input type="text" value="Full Review - Establishment - New Facility or Agency"/> <input type="text" value="Full Review - Establishment - New Facility or Agency with Construction"/> <input type="text" value="Licensed Home Care Services Agency - Change of Ownership"/> <input type="text" value="Licensed Home Care Services Agency - New Agency"/> <input type="button" value="Continue"/></p> <p>* Fields marked with an asterisk (*) are required for saving information from this screen.</p> <p style="text-align: center;"><i>Figure 2: Sample Submission Types selection page</i></p>																					
	<p>3</p>	<p>Click the Continue button.</p>																					

4 Create New Submission page with input form is displayed.

Create New Submission

*Submission Type: Licensed Home Care Services Agency - New Agency Change

Operator/Applicant

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

Proposed Agency

*Agency Name:
 †Street 1:
 Street 2:
 †City:
 †State:
 †Zip:
 *County:

Contact Information

†Title:
 †First Name:
 †Last Name:
 †User ID:
DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)
 †Email:
 †Phone:
 Fax #:
 †Street 1:
 Street 2:
 †City:
 †State:
 †Zip:

Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary 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.

Additional Contact

†First Name:
 †Last Name:
 †Email:

Save Cancel

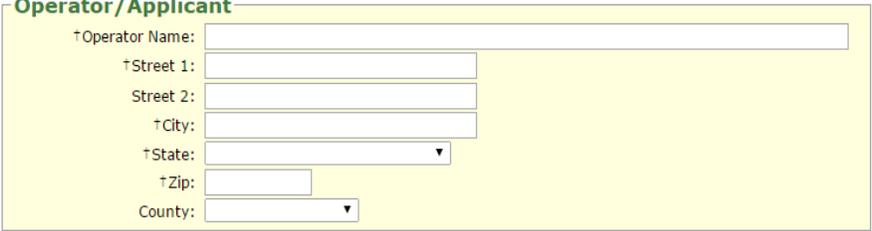
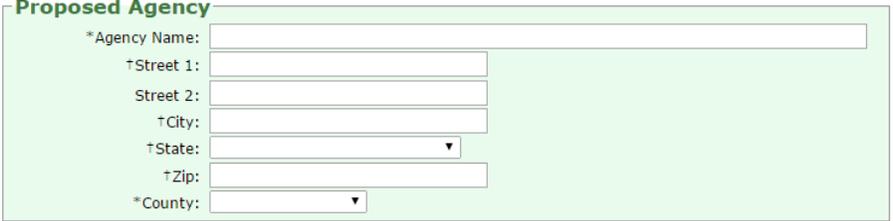
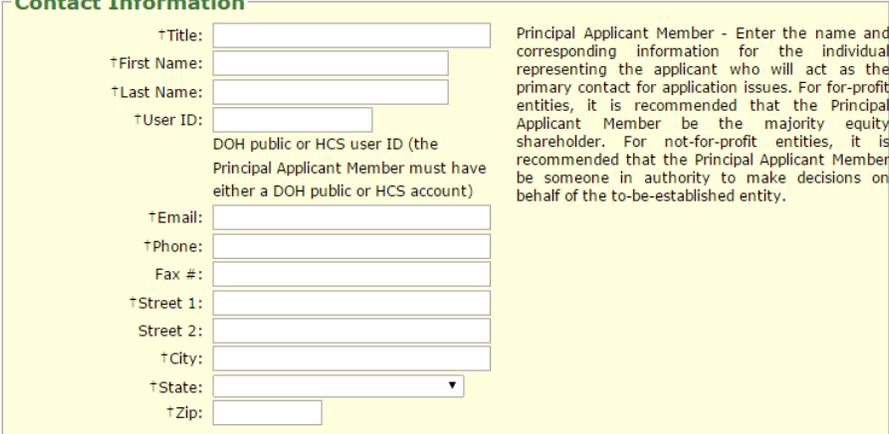
* Fields marked with an asterisk (*) are required for saving information from this screen.
 † Fields marked with a dagger (†) will be required before the project and application can be submitted.

Figure 3: Sample Create New Submission – LHCSA – New Agency

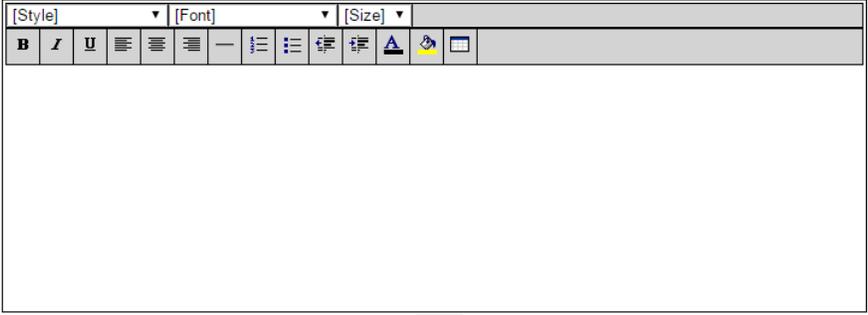
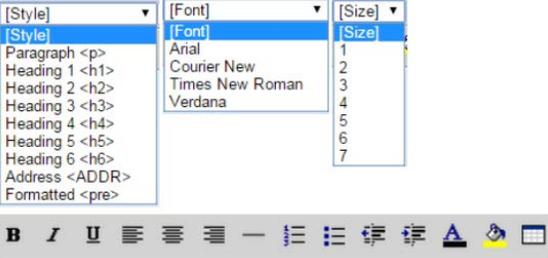
Note:

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.

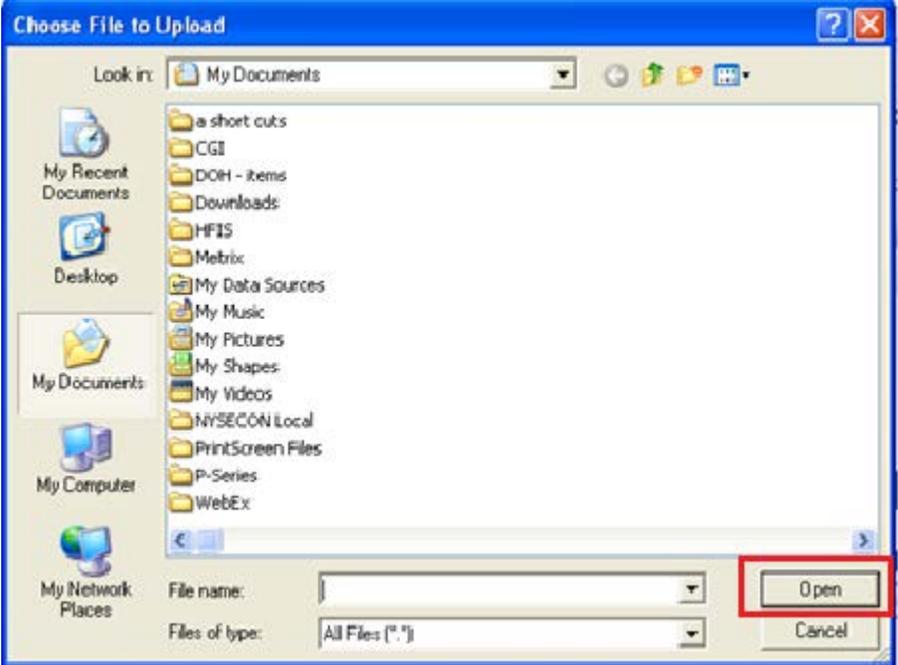
	<p>5 To change the Submission Type, click Change button and repeat steps 2-4. If no change is required continue.</p> <p>Create New Submission</p>  <p><i>Figure 3.1: Sample Create New Submission- Submission Type</i></p>
	<p>6 Enter the Operator/Applicant information. If the Operator/Applicant's State is New York, select a County from the drop-down.</p>  <p><i>Figure 3.2: Sample Create New Submission – Operator/Applicant Section</i></p>
	<p>7 Enter the details of the Proposed Agency.</p>  <p><i>Figure 3.3: Sample Create New Submission – Proposed Agency Section</i></p>
	<p>8 Enter the Contact Information details.</p>  <p><i>Figure 3.4: Sample Create New Submission – Contact Information Section</i></p>

	9	<p>Enter the details for an Additional Contact.</p> <div data-bbox="573 247 1458 401"> <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> </div> <p><i>Figure 3.5: Sample Create New Submission – Additional Contact Section</i></p>
	10	Click Save button.
	11	<p>General Information page is displayed.</p> <div data-bbox="573 583 1430 1591"> <p>General Information</p> <p>Information</p> <ul style="list-style-type: none"> The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit". <p>Application Number:</p> <p>Agency Name: Test LHCSA New</p> <p>Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <div data-bbox="589 842 1417 1035"> <p>Status: Submission Type: Application - Licensed Home Care Services Agency - New Agency</p> <p>Status Date:</p> <p>County: ALBANY Application Received Date:</p> <p>Initial Review Date:</p> <p>Acknowledgement Date:</p> </div> <div data-bbox="589 1073 1425 1167"> <p>Operator/Applicant</p> <p>Operator Name: Test LHCSA New</p> <p>Operator Address: 1 Central Ave Albany, NY 12203</p> </div> <div data-bbox="589 1205 1425 1276"> <p>Proposed Agency</p> <p>Agency Name: Test LHCSA New Agency Address: 1 Central Ave Albany, NY 12208</p> </div> <div data-bbox="589 1314 1425 1436"> <p>Contact Information</p> <p>Name: Sanus Sharma Dulal Title: Mr</p> <p>DOH or HCS User ID: ssd04 Address: 1 Corning Tower Albany, NY 12206</p> <p>Email: sanus.sharmadulal@its.ny.gov Fax: 5189999999</p> <p>Phone: 5181231234</p> </div> <div data-bbox="589 1474 1425 1545"> <p>Alternate Contact</p> <p>Name: Sanus Dulal Email: sanus.sharma@outlook.com</p> <p><input type="button" value="Modify"/> <input type="button" value="Submit"/></p> </div> </div> <p><i>Figure 4: Sample General Information Page</i></p>
	12	Select the Executive Summary tab from the General Information page.

	<p>13</p>	<p>New Submission- Executive Summary page is displayed.</p> <p>New Submission-Executive Summary</p> <p>Information</p> <ul style="list-style-type: none"> Fields marked with a dagger (†) are required to proceed with the submission process. <p>Application Number:</p> <p>Agency Name: Test LHCSA New</p> <p>Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <ul style="list-style-type: none"> Click "Save" to save the changes <p>†Executive Summary:</p>  <p><small>* 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.</small></p> <p><i>Figure 5: Sample New Submission-Executive Summary Page</i></p>
	<p>14</p>	<p>Enter the executive summary in the text area.</p> <p><i>Note: Please refer to the Rich Text Formatting Best Practices section for formatting your text.</i></p>
	<p>15</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 5.1: Sample formatting buttons-Executive Summary Page</i></p>
	<p>16</p>	<p>Click the Save button.</p>

	<p>17</p>	<p>The Executive Summary page is displayed. If changes need to be made to the executive summary, Click Modify button and repeat steps 15-17.</p> <p>Executive Summary</p> <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>†Executive Summary:</p> <p>Test Executive Summary The summary goes here Text can be formatted This is the area for typing Executive Summary Test</p> <p style="text-align: center;"><input type="button" value="Modify"/></p> <p><small>* 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.</small></p> <p style="text-align: center;"><i>Figure 6: Sample Executive Summary Page</i></p>										
	<p>18</p>	<p>Select the Application tab.</p>										
	<p>19</p>	<p>The Application page is displayed.</p> <p>Application</p> <p>Information</p> <ul style="list-style-type: none"> • The following documents are required for this submission: Application,Resolution,Schedule 1 • No Documents are associated with this project. <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p> Print Application View</p> <p>Submitted By: Submitted Date:</p> <table border="1" data-bbox="592 1245 1425 1276"> <thead> <tr> <th>Document Type</th> <th>Filename</th> <th>Description</th> <th>Document</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;"><input type="button" value="Add New Application Document"/></td> </tr> </tbody> </table> <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>Notice</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> <p style="text-align: center;"><i>Figure 7: Sample Application Page</i></p>	Document Type	Filename	Description	Document	Date	<input type="button" value="Add New Application Document"/>				
Document Type	Filename	Description	Document	Date								
<input type="button" value="Add New Application Document"/>												
	<p>20</p>	<p>On the Application page, click the Add New Application Document button.</p>										

	<p>21 New Application Document page is displayed.</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Please Choose: Date: 04/17/2015 Description: File: Choose File No file chosen</p> <p>Add Document to Application Cancel</p> <p><i>Figure 8: Sample New Application Document Page</i></p>
	<p>22 Select document to be added from Document Type drop-down.</p> <p>New Application Document</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Please Choose: Date: Description: File:</p> <p>Notice</p> <p>Public access to NY... contained within N... attempts are made... mechanical error a... and agents make e...</p> <p>Anticipated Sources of Referrals Business Corporation - Bylaws Business Corporation - Certificate of Incorporation Business Corporation - List of Board Officers and Directors Business Corporation - List of Principal Shareholders Certificate of Assumed Name Counties Requested Description of Client and Patient Groups to be Served Description of Organizational Structure Franchise Agreement Governmental Subdivision - List of Agencies/Facilities Limited Liability Company - Articles of Organization Limited Liability Company - List of Managing Members Limited Liability Company - List of Members</p> <p>Information. Much of the information... is accurate or complete. While all... the possibility of human and/or... ment of Health, its employees, officers... ibility of the information provided here.</p> <p><i>Figure 10: Sample New Application Document Page- Document Type Selection</i></p>
	<p>23 Enter a short description of the document to be added in the Description field.</p> <p>New Application Document</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Application Date: 04/20/2015 Description: File: Choose File No file chosen</p> <p>Add Document to Application Cancel</p> <p><i>Figure 11: Sample New Application Document Page- Description</i></p>

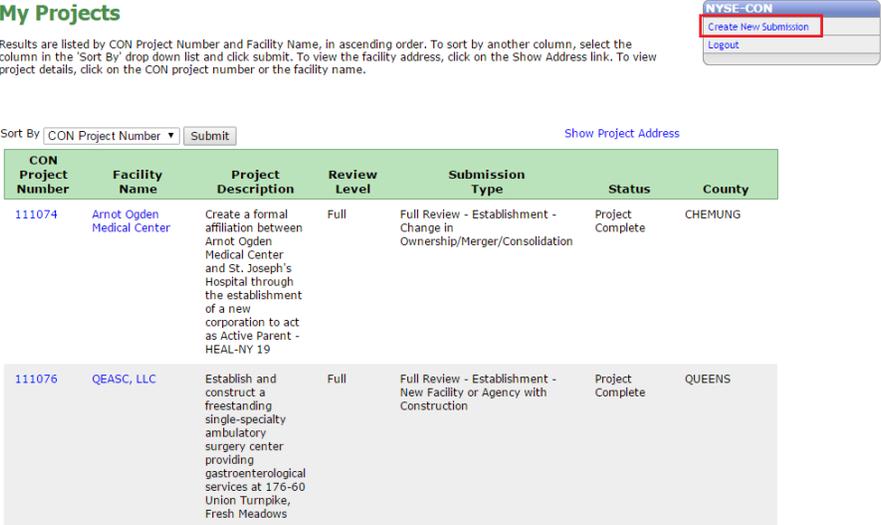
	24	Click Choose File button.
	25	<p>Depending on the browser, a file upload window will open. Locate and select the document to upload and then Click Open.</p>  <p style="text-align: center;"><i>Figure 12: Sample File Upload Window</i></p>
	26	<p>The New Application Document page is displayed showing the name of the selected file uploaded.</p> <p>New Application Document</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Application Date: 04/20/2015 Description: Test Application</p> <p>File: Choose File SampleDoc1.docx</p> <p style="text-align: right;">Add Document to Application Cancel</p> <p style="text-align: center;"><i>Figure 13: Sample New Application Document Page- Application File Selected</i></p>
	27	Click the Add Document to Submission button.

<p>28</p>	<p>The Application page is displayed. The list shows the document uploaded to the submission. The information message will update to show the remaining documents that are required for submission to the department.</p> <p>Application</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Resolution, Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Print Application View</p> <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>Application</td> <td>SampleDoc1.docx</td> <td>Test Application</td> <td></td> <td>04/20/2015</td> <td>Update Delete</td> </tr> </tbody> </table> <p>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><i>Figure 14: Sample Application Document Page- Application File Added</i></p>	Document Type	Filename	Description	Document	Date		Application	SampleDoc1.docx	Test Application		04/20/2015	Update Delete
Document Type	Filename	Description	Document	Date									
Application	SampleDoc1.docx	Test Application		04/20/2015	Update Delete								
<p>29</p>	<p>Repeat steps 20-29 as necessary to attach all required documents, multiple Resolution documents and any other additional documentation.</p>												
<p>30</p>	<p>Select the General tab.</p>												
<p>31</p>	<p>On the General Information page, click Submit button.</p> <p>Contact Information</p> <p>Name: Sanus Sharma Dulal Title: Mr DOH or HCS User ID: ssd04 Address: 1 Corning Tower Email: sanus.sharmadulal@its.ny.gov Fax: Albany, NY 12206 Phone: 5181231234 Fax: 5189999999</p> <p>Alternate Contact</p> <p>Name: Sanus Dulal Email: sanus.sharma@outlook.com</p> <p>Modify Submit</p> <p><i>Figure 15: Sample General Information Page- Submit</i></p>												
<p>32</p>	<p>The Confirm Submission page is displayed.</p> <p>Confirm Submission</p> <p>By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is sanus.sharmadulal@its.ny.gov. This email address will be used for all project correspondence.</p> <p>Confirm Cancel</p> <p><i>Figure 16: Sample Confirm Submission Page</i></p>												
<p>33</p>	<p>Click the Confirm button.</p>												

	<p>34 The General Information page with success message is displayed.</p> <p>General Information</p> <p>Information</p> <ul style="list-style-type: none"> 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. <p>Application Number: 151173 Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Status: Received Status Date: 04/20/2015 County: ALBANY</p> <p>Submission Type: Application - Licensed Home Care Services Agency - New Agency Application Received Date: 04/20/2015 Initial Review Date: Acknowledgement Date:</p> <p>Operator/Applicant</p> <p>Operator Name: Test LHCSA New Operator Address: 1 Central Ave Albany, NY 12203</p> <p>Proposed Agency</p> <p>Agency Name: Test LHCSA New Agency Address: 1 Central Ave Albany, NY 12208</p> <p>Contact Information</p> <p>Name: Sanus Sharma Dulal DOH or HCS User ID: ssd04 Email: sanus.sharmadulal@its.ny.gov Phone: 5181231234</p> <p>Title: Mr Address: 1 Corning Tower Albany, NY 12206 Fax: 5189999999</p> <p>Alternate Contact</p> <p>Name: Sanus Dulal Email: sanus.sharma@outlook.com</p> <p><i>Figure 17: Sample General information Page- Success Message</i></p>
	<p>35 The LHCSA application for New Agency has been successfully submitted.</p>

Submitting LHCSA application for Change of Ownership

Learning Objective: This section explains how to create and submit the LHCSA application for a Change of Ownership.

Learning Objective	Step	Action																					
<p>How to Create and submit LHSCA application for Change of Ownership</p>	<p>1</p>	<p>On the NYSE-CON home page, under NYSE-CON toolbar, select the link Create New Submission.</p>  <p>My Projects</p> <p>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.</p> <p>Sort By: <input type="button" value="CON Project Number"/> <input type="button" value="Submit"/> <input type="button" value="Show Project Address"/></p> <table border="1"> <thead> <tr> <th>CON Project Number</th> <th>Facility Name</th> <th>Project Description</th> <th>Review Level</th> <th>Submission Type</th> <th>Status</th> <th>County</th> </tr> </thead> <tbody> <tr> <td>111074</td> <td>Arnot Ogden Medical Center</td> <td>Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19</td> <td>Full</td> <td>Full Review - Establishment - Change in Ownership/Merger/Consolidation</td> <td>Project Complete</td> <td>CHEMUNG</td> </tr> <tr> <td>111076</td> <td>QEASC, LLC</td> <td>Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows</td> <td>Full</td> <td>Full Review - Establishment - New Facility or Agency with Construction</td> <td>Project Complete</td> <td>QUEENS</td> </tr> </tbody> </table> <p><i>Figure 18: Sample NYSE-CON home page</i></p>	CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County	111074	Arnot Ogden Medical Center	Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19	Full	Full Review - Establishment - Change in Ownership/Merger/Consolidation	Project Complete	CHEMUNG	111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS
CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County																	
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111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS																	
	<p>2</p>	<p>Create New Submission page with Submission Types list box is displayed. On this page, select Application – Licensed Home Care Services Agency option from the Select Type selection box.</p>  <p>Create New Submission</p> <p>*Submission Type:</p> <ul style="list-style-type: none"> Full Review - Establishment - Change in Ownership/Merger/Consolidation Full Review - Establishment - Change in Ownership/Merger/Consolidation with Construction Full Review - Establishment - New Facility or Agency Full Review - Establishment - New Facility or Agency with Construction Licensed Home Care Services Agency - Change of Ownership Licensed Home Care Services Agency - New Agency <p><input type="button" value="Continue"/></p> <p>* Fields marked with an asterisk (*) are required for saving information from this screen.</p> <p><i>Figure 19: Sample Submission Types selection page</i></p>																					
	<p>3</p>	<p>Click the Continue button.</p>																					

	<p>4 Create New Submission page with Application Types list box is displayed. On this page, select Change of Ownership in the "Select Type" selection box.</p> <p>Agency Search</p> <p>Enter the License number or Operator Name or Agency name.</p> <div style="border: 1px solid #ccc; padding: 10px; background-color: #e6f2ff;"> <p>Agency Name: <input type="text"/></p> <p>License #: <input type="text"/></p> <p>Operator Name: <input type="text"/></p> <p><input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/></p> </div> <p style="text-align: center;"><i>Figure 20: Sample Agency Search page</i></p>																								
	<p>5 Enter the search criteria* into one of the available text boxes.</p> <p><i>*Note: Agency information must be valid and entered as follows:</i></p> <ul style="list-style-type: none"> Agency Name must be a minimum of 2 characters License # must be exact <p><i>Operator Name must be a minimum of 2 characters</i></p>																								
	<p>6 Click the Search button.</p>																								
	<p>7 Agency Search Result page is displayed.</p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> Refine Search To go back, please use the "Refine Search" button instead of your browser's back button. </div> <p>Agency Search Results</p> <p><small>Click on the Agency Name to select the agency for this project. Results are listed by Agency Name in ascending order. To sort by another column, select the column in the 'Sort By' drop down list and click submit.</small></p> <div style="background-color: #e6f2ff; padding: 5px; text-align: center; margin-bottom: 10px;"> <p>385 Results from Search Criteria:</p> </div> <p>Sort By Agency Name ▼ Submit</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e6f2ff;"> <th style="text-align: left;">Agency Name</th> <th style="text-align: left;">License #</th> <th style="text-align: left;">Operator Name</th> </tr> </thead> <tbody> <tr> <td>PERSONAL TOUCH HOME CARE, INC.</td> <td>0021L001</td> <td>PERSONAL TOUCH HOME CARE, INC.</td> </tr> <tr style="background-color: #e6f2ff;"> <td>WELLNESS HOME CARE, LTD. ←</td> <td>0023L001</td> <td>WELLNESS HOME CARE, LTD.</td> </tr> <tr> <td>HOME HEALTH CARE AND COMPANION AGENCY, INC.</td> <td>0031L001</td> <td>HOME HEALTH CARE AND COMPANION AGENCY, INC.</td> </tr> <tr style="background-color: #e6f2ff;"> <td>HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.</td> <td>0034L002</td> <td>HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.</td> </tr> <tr> <td>TELFORD HOME ASSISTANCE, INC.</td> <td>0044L004</td> <td>TELFORD HOME ASSISTANCE, INC.</td> </tr> <tr style="background-color: #e6f2ff;"> <td>HOMEMAKERS OF STATEN ISLAND, INC.</td> <td>0046L001</td> <td>HOMEMAKER'S OF STATEN ISLAND, INC.</td> </tr> <tr> <td>PROFESSIONAL HOME CARE, INC.</td> <td>0055L001</td> <td>PROFESSIONAL HOME CARE, INC.</td> </tr> </tbody> </table> <p style="text-align: center;"><i>Figure 21: Sample Agency Search Result page</i></p>	Agency Name	License #	Operator Name	PERSONAL TOUCH HOME CARE, INC.	0021L001	PERSONAL TOUCH HOME CARE, INC.	WELLNESS HOME CARE, LTD. ←	0023L001	WELLNESS HOME CARE, LTD.	HOME HEALTH CARE AND COMPANION AGENCY, INC.	0031L001	HOME HEALTH CARE AND COMPANION AGENCY, INC.	HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.	0034L002	HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.	TELFORD HOME ASSISTANCE, INC.	0044L004	TELFORD HOME ASSISTANCE, INC.	HOMEMAKERS OF STATEN ISLAND, INC.	0046L001	HOMEMAKER'S OF STATEN ISLAND, INC.	PROFESSIONAL HOME CARE, INC.	0055L001	PROFESSIONAL HOME CARE, INC.
Agency Name	License #	Operator Name																							
PERSONAL TOUCH HOME CARE, INC.	0021L001	PERSONAL TOUCH HOME CARE, INC.																							
WELLNESS HOME CARE, LTD. ←	0023L001	WELLNESS HOME CARE, LTD.																							
HOME HEALTH CARE AND COMPANION AGENCY, INC.	0031L001	HOME HEALTH CARE AND COMPANION AGENCY, INC.																							
HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.	0034L002	HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.																							
TELFORD HOME ASSISTANCE, INC.	0044L004	TELFORD HOME ASSISTANCE, INC.																							
HOMEMAKERS OF STATEN ISLAND, INC.	0046L001	HOMEMAKER'S OF STATEN ISLAND, INC.																							
PROFESSIONAL HOME CARE, INC.	0055L001	PROFESSIONAL HOME CARE, INC.																							
	<p>8 Click on the Agency Name link of the desired agency for submission.</p> <p><i>Note: To refine the search criteria, click on the Refine Search button and repeat steps 5-8.</i></p>																								

- 9 Create New Submission page with input form is displayed with selected agency information auto-populated. Fields are editable.

Create New Submission

*Submission Type: Licensed Home Care Services Agency - Change of Ownership Change

Operator/Applicant

†Operator Name: Z TEST LHCSA
 †Street 1: 875 CENTRAL AVE
 Street 2:
 †City: ALBANY
 †State: New York
 †Zip: 12242
 County:

Proposed Agency

*Agency Name: Z Test LHCSA
 †Street 1: 875 CENTRAL AVE
 Street 2:
 †City: ALBANY
 †State: New York
 †Zip: 12242
 *County:

Contact Information

†Title:
 †First Name:
 †Last Name:
 †User ID:
DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)
 †Email:
 †Phone:
 Fax #:
 †Street 1:
 Street 2:
 †City:
 †State:
 †Zip:

Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary 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.

Additional Contact

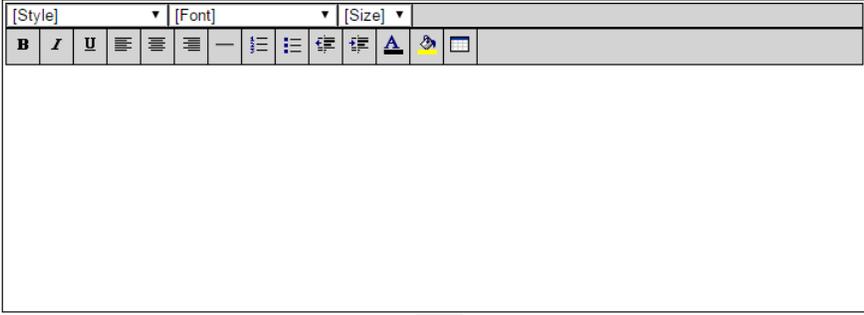
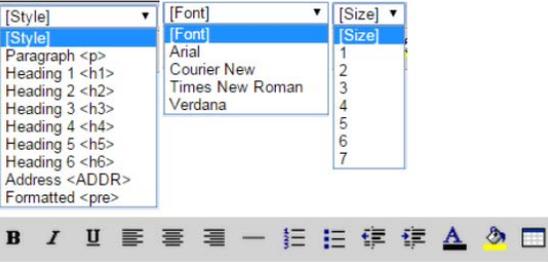
†First Name:
 †Last Name:
 †Email:

Save Cancel

* 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.

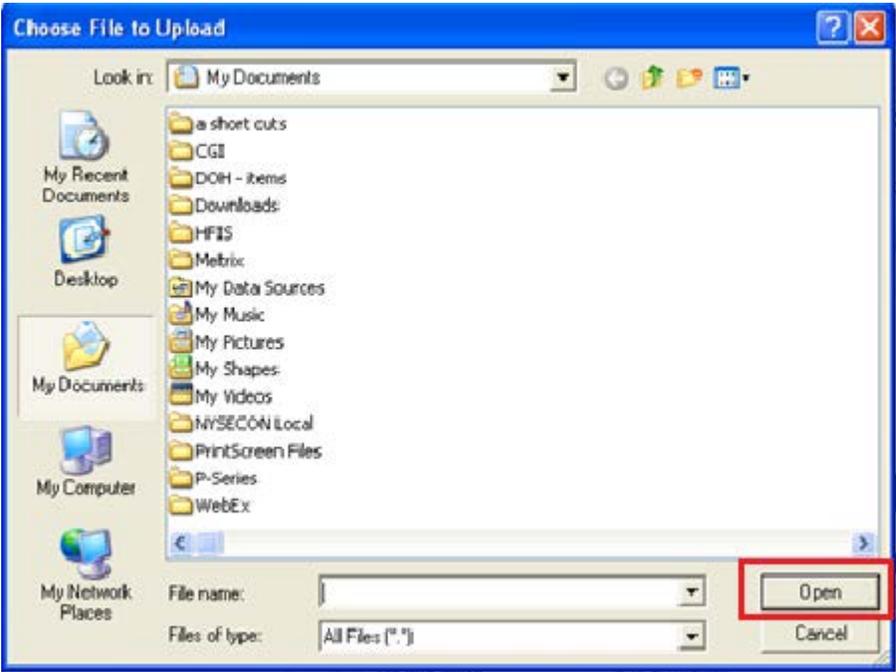
Figure 22: Sample Create New Submission – LHCSA – Change of Ownership

	<p>10 Enter the Contact Information details.</p> <div data-bbox="574 247 1463 688" style="border: 1px solid black; padding: 5px;"> <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>DOH public or HCS user ID (the Principal Applicant Member must have either a DOH public or HCS account)</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: <input type="text"/></p> <p>Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary 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.</p> </div> <p><i>Figure 22.1: Sample Create New Submission – Contact Information Section</i></p>
	<p>11 Enter the details for an Additional Contact.</p> <div data-bbox="574 804 1463 957" style="border: 1px solid black; padding: 5px;"> <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> </div> <p><i>Figure 22.2: Sample Create New Submission – Additional Contact Section</i></p>
	<p>12 Click Save button.</p> <p>Note: <i>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.</i></p>

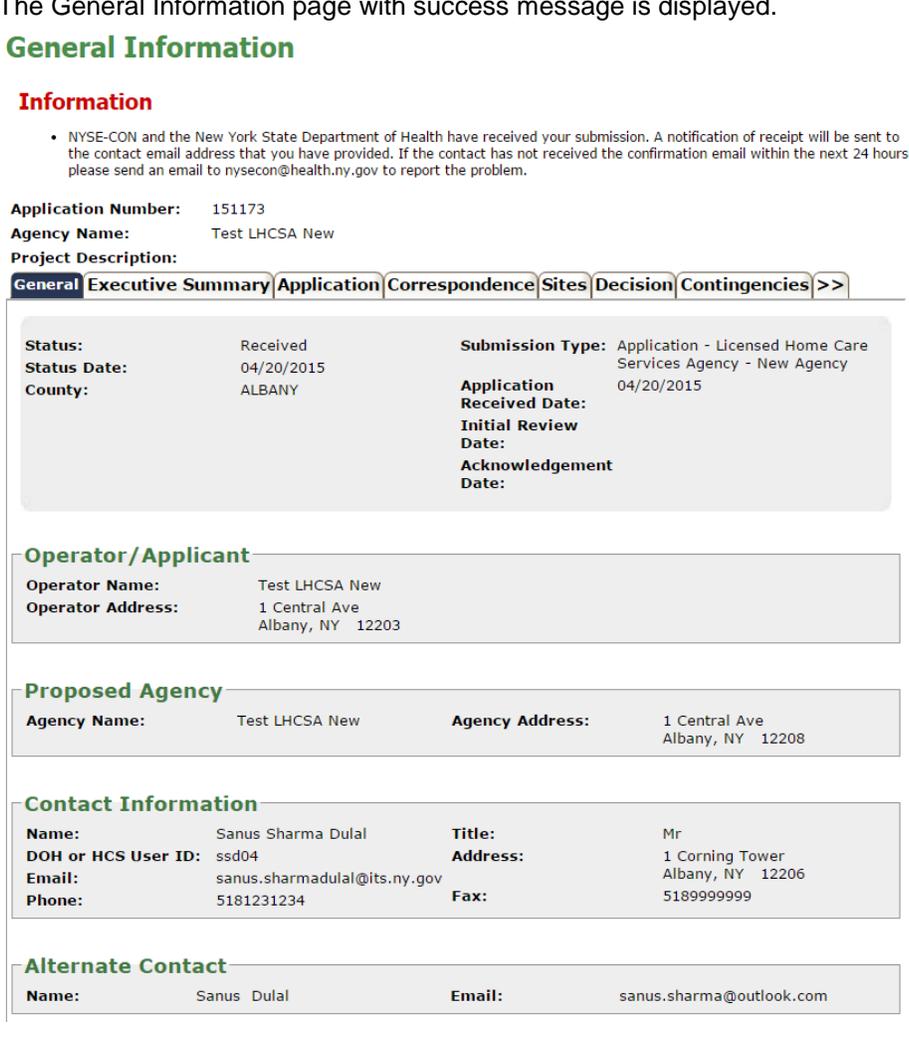
	<p>15 New Submission- Executive Summary page is displayed.</p> <p>New Submission-Executive Summary</p> <p>Information</p> <ul style="list-style-type: none"> Fields marked with a dagger (†) are required to proceed with the submission process. <p>Application Number:</p> <p>Agency Name: Test LHCSA New</p> <p>Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <ul style="list-style-type: none"> Click "Save" to save the changes <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 24: Sample New Submission-Executive Summary Page</i></p>
	<p>16 Enter the executive summary in the text area.</p> <p><i>Note: Please refer to the Rich Text Formatting Best Practices section for formatting your text.</i></p>
	<p>17 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 24.1: Sample formatting buttons-Executive Summary Page</i></p>
	<p>18 Click the Save button.</p>

	19	<p>The Executive Summary page is displayed. If changes need to be made to the executive summary, Click Modify button and repeat steps 15-17.</p> <p>Executive Summary</p> <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>†Executive Summary:</p> <p>Test Executive Summary The summary goes here Text can be formatted This is the area for typing Executive Summary Test</p> <p style="text-align: center;"><input type="button" value="Modify"/></p> <p><small>* 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.</small></p> <p style="text-align: center;"><i>Figure 25: Sample Executive Summary Page</i></p>										
	20	<p>Select the Application tab.</p>										
	21	<p>The Application page is displayed.</p> <p>Application</p> <p>Information</p> <ul style="list-style-type: none"> • The following documents are required for this submission: Application,Resolution,Schedule 1 • No Documents are associated with this project. <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p> Print Application View</p> <p>Submitted By: Submitted Date:</p> <table border="1" data-bbox="592 1245 1425 1276"> <thead> <tr> <th>Document Type</th> <th>Filename</th> <th>Description</th> <th>Document</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td colspan="5" style="text-align: center;"><input type="button" value="Add New Application Document"/></td> </tr> </tbody> </table> <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>Notice</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> <p style="text-align: center;"><i>Figure 26: Sample Application Page</i></p>	Document Type	Filename	Description	Document	Date	<input type="button" value="Add New Application Document"/>				
Document Type	Filename	Description	Document	Date								
<input type="button" value="Add New Application Document"/>												
	22	<p>On the Application page, click the Add New Application Document button.</p>										

	<p>23 New Application Document page is displayed.</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Please Choose: Date: 04/17/2015 Description: File: Choose File No file chosen</p> <p>Add Document to Application Cancel</p> <p><i>Figure 27: Sample New Application Document Page</i></p>
	<p>24 Select document to be added from Document Type drop-down.</p> <p>New Application Document</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Please Choose: Date: Description: File:</p> <p>Notice</p> <p>Public access to NY... contained within N... attempts are made... mechanical error a... and agents make r...</p> <p>Affirmative Statement of Qualification Agreements Related to the Proposed Change of Ownership/Change in Controlling Person Anticipated Sources of Referrals Business Corporation - Bylaws Business Corporation - Certificate of Incorporation Business Corporation - List of Board Officers and Directors Business Corporation - List of Principal Shareholders Certificate of Assumed Name Counties Requested Description of Client and Patient Groups to be Served Description of Organizational Structure Franchise Agreement Governmental Subdivision - List of Agencies/Facilities Limited Liability Company - Articles of Organization Limited Liability Company - List of Managing Members Limited Liability Company - List of Members</p> <p>Information. Much of the information... is accurate or complete. While all... the possibility of human and/or... ment of Health, its employees, officers... ibility of the information provided here.</p> <p><i>Figure 28: Sample New Application Document Page- Document Type Selection</i></p>
	<p>25 Enter a short description of the document to be added in the Description field.</p> <p>New Application Document</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Application Date: 04/20/2015 Description: File: Choose File No file chosen</p> <p>Add Document to Application Cancel</p> <p><i>Figure 29: Sample New Application Document Page- Description</i></p>

	26	Click Choose File button.
	27	<p>Depending on the browser, a file upload window will open. Locate and select the document to upload and then Click Open.</p>  <p style="text-align: center;"><i>Figure 30: Sample File Upload Window</i></p>
	28	<p>The New Application Document page is displayed showing the name of the selected file uploaded.</p> <p>New Application Document</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Application,Resolution,Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Document Type: Application Date: 04/20/2015 Description: Test Application</p> <p>File: Choose File SampleDoc1.docx Add Document to Application Cancel</p> <p style="text-align: center;"><i>Figure 31: Sample New Application Document Page- Application File Selected</i></p>
	29	Click the Add Document to Submission button.

	<p>30 The Application page is displayed. The list shows the document uploaded to the submission. The information message will update to show the remaining documents that are required for submission to the department.</p> <p>Application</p> <p>Information</p> <ul style="list-style-type: none"> The following documents are required for this submission: Resolution, Schedule 1 <p>Application Number: Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Print Application View</p> <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>Application</td> <td>SampleDoc1.docx</td> <td>Test Application</td> <td></td> <td>04/20/2015</td> <td>Update Delete</td> </tr> </tbody> </table> <p>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><i>Figure 32: Sample Application Document Page- Application File Added</i></p>	Document Type	Filename	Description	Document	Date		Application	SampleDoc1.docx	Test Application		04/20/2015	Update Delete
Document Type	Filename	Description	Document	Date									
Application	SampleDoc1.docx	Test Application		04/20/2015	Update Delete								
	<p>31 Repeat steps 20-29 as necessary to attach all required documents, multiple Resolution documents and any other additional documentation.</p>												
	<p>32 Select the General tab.</p>												
	<p>33 On the General Information page, click Submit button.</p> <p>Contact Information</p> <p>Name: Sanus Sharma Dulal Title: Mr DOH or HCS User ID: ssd04 Address: 1 Corning Tower Email: sanus.sharmadulal@its.ny.gov Albany, NY 12206 Phone: 5181231234 Fax: 5189999999</p> <p>Alternate Contact</p> <p>Name: Sanus Dulal Email: sanus.sharma@outlook.com</p> <p>Modify Submit</p> <p><i>Figure 33: Sample General Information Page- Submit</i></p>												
	<p>34 The Confirm Submission page is displayed.</p> <p>Confirm Submission</p> <p>By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is sanus.sharmadulal@its.ny.gov. This email address will be used for all project correspondence.</p> <p>Confirm Cancel</p> <p><i>Figure 34: Sample Confirm Submission Page</i></p>												
	<p>35 Click the Confirm button.</p>												

	<p>36</p>	<p>The General Information page with success message is displayed.</p>  <p>General Information</p> <p>Information</p> <ul style="list-style-type: none"> 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. <p>Application Number: 151173 Agency Name: Test LHCSA New Project Description:</p> <p>General Executive Summary Application Correspondence Sites Decision Contingencies >></p> <p>Status: Received Status Date: 04/20/2015 County: ALBANY</p> <p>Submission Type: Application - Licensed Home Care Services Agency - New Agency Application Received Date: 04/20/2015 Initial Review Date: Acknowledgement Date:</p> <p>Operator/Applicant</p> <p>Operator Name: Test LHCSA New Operator Address: 1 Central Ave Albany, NY 12203</p> <p>Proposed Agency</p> <p>Agency Name: Test LHCSA New Agency Address: 1 Central Ave Albany, NY 12208</p> <p>Contact Information</p> <p>Name: Sanus Sharma Dulal DOH or HCS User ID: ssd04 Email: sanus.sharmadulal@its.ny.gov Phone: 5181231234</p> <p>Title: Mr Address: 1 Corning Tower Albany, NY 12206 Fax: 5189999999</p> <p>Alternate Contact</p> <p>Name: Sanus Dulal Email: sanus.sharma@outlook.com</p> <p><i>Figure 35: Sample General information Page- Success Message</i></p>
	<p>37</p>	<p>The LHCSA application for New Agency 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 Figures 5 and 24.

Screen Descriptions

Homepage

Homepage New York State Electronic Certificate of Need System home page after login from the Public Authenticated Site.

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
111074	Arnot Ogden Medical Center	Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19	Full	Full Review - Establishment - Change in Ownership/Merger/Consolidation	Project Complete	CHEMUNG
111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS

Figure : Sample Create New LHCSA Submission Type

Field Descriptions

Field Name	Description
Sort By	Drop down that allows sorting of the projects NYSE-CON
CON Project Number	Displays the project number assigned to the project
Facility Name	Displays the name of the facility.
Project Description	Displays the description provided for the project
Review Level	Displays the level of review selected for the project

Submission Type	Displays the type of submission applicable to the project
Status	Displays the current status the project is in
County	Displays the NYS county related to the project
Hyperlinks	Description
Create New Submission	Allows the applicant to create a new submission
Logout	Allows the user to sign out of the NYSE-CON page
Show Project Address	Allows the user to displays the project address under the facility name for each project.
Buttons	Description
Submit	Allows the user to sort the displayed results by the selected option.

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 Type:

- Full Review - Establishment - Change in Ownership/Merger/Consolidation
- Full Review - Establishment - Change in Ownership/Merger/Consolidation with Construction
- Full Review - Establishment - New Facility or Agency
- Full Review - Establishment - New Facility or Agency with Construction
- Licensed Home Care Services Agency - Change of Ownership
- Licensed Home Care Services Agency - New Agency

Continue

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

Revised: November 2014 [Disclaimer](#) | [Privacy Policy](#) | [Accessibility](#)

Figure 2: Sample Create New LHCSA Submission Type

Field Descriptions	
Field Name	Description
Submission Types/Select Type	Single select box for submission types in NYSE-CON
Buttons	Description
Continue	When selected the Submission Type is saved and user is forwarded to the next screen.

Create New Submission- Agency Search

Search Agency	This page allows to search for an agency.
<h3 style="color: green;">Agency Search</h3> <p>Enter the License number or Operator Name or Agency name.</p> <div style="border: 1px solid #ccc; padding: 10px; background-color: #e6f2ff;"> <p>Agency Name: <input type="text"/></p> <p>License #: <input type="text"/></p> <p>Operator Name: <input type="text"/></p> <p> <input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/> </p> </div> <p>Revised: November 2014 Disclaimer Privacy Policy Accessibility</p>	

Figure 3: Sample Create New LHCSA Submission Type

Field Descriptions	
Field Name	Description
Agency Name	Textbox for partial or full entry of an agency name. (minimum 2 characters)
License #	Textbox to enter an agency's exact license number.
Operator Name	Textbox for partial or full entry of an Operator for agencies. (minimum 2 characters)
Buttons	Description
Search	When selected the system searches for the agency.
Clear	When selected any entered information in the Agency Search fields is cleared.
Cancel	When selected returns the user back one level to the application type selection page.

Create New Submission- Agency Search Results

View Agency Search Results	This page allows to view the results of searched agency.

Refine Search

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

Agency Search Results

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

366 Results from Search Criteria:

Agency Name: home

Sort By

Agency Name	License #	Operator Name
HOMEMAKERS SERVICES OF ORANGE COUNTY, INC.	0001L002	HOMEMAKERS SERVICES OF ORANGE COUNTY, INC.
PERSONAL TOUCH HOME CARE, INC.	0021L001	PERSONAL TOUCH HOME CARE, INC.
WELLNESS HOME CARE, LTD.	0023L001	WELLNESS HOME CARE, LTD.

Figure 4: Sample Create New LHCSA Submission Type

Field Descriptions	
Field Name	Description
Search Criteria	Displays the user entered criteria from Figure 5.
Sort By	Drop-down selection box. Search results can be resorted by changing the value.
Agency Name	Name of each respective agency.
License #	Identification number of each respective agency.
Operator	Operator of each respective agency.
Buttons	Description
Refine Search	When selected provides a PDF output of the search display.
Submit	When selected the system sorts the search results by the value in the Sort By field.

Create New Submission- Input Form

Saving Submission	This page allows the applicant to enter the data to be saved.
--------------------------	---

Create New Submission

*Submission Type: Licensed Home Care Services Agency - New Agency Change

Operator/Applicant

†Operator Name:

†Street 1:

Street 2:

†City:

†State:

†Zip:

County:

Proposed Agency

*Agency Name:

†Street 1:

Street 2:

†City:

†State:

†Zip:

*County:

Contact Information

†Title:

†First Name:

†Last Name:

†User ID:

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

†Email:

†Phone:

Fax #:

†Street 1:

Street 2:

†City:

†State:

†Zip:

Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary 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.

Additional Contact

†First Name:

†Last Name:

†Email:

Save Cancel

* 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 5: Sample Create New LHCSA Submission- Input Form

Field Descriptions							
Field Name	Description						
*Submission Type	Display of the submission type selected.						
Operator/Applicant	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Operator Name</td> <td rowspan="5" style="width: 50%;">Change of Ownership Applications: Auto filled if it exists from search on existing agencies.</td> </tr> <tr> <td>Street 1</td> </tr> <tr> <td>Street 2</td> </tr> <tr> <td>City</td> </tr> <tr> <td>State</td> </tr> </table>	Operator Name	Change of Ownership Applications: Auto filled if it exists from search on existing agencies.	Street 1	Street 2	City	State
Operator Name	Change of Ownership Applications: Auto filled if it exists from search on existing agencies.						
Street 1							
Street 2							
City							
State							

	Zip	If State = NY then County is required.
	County	
Proposed Agency	Agency Name	Change of Ownership Applications: Auto filled if it exists from search on existing agencies
	Street 1	
	Street 2	
	City	
	State	
	Zip	
	County	
Contact Information	Title	.
	First Name	
	Last Name	
	User ID	
	Email	
	Phone	
	Fax	
	Street 1	
	Street 2	
	City	
	State	
Zip		
Additional Contact	First Name	
	Last Name	
	Email	
Field Name	Description	
Change Submission Type	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	When selected system closes the Create New Submission page and displays the NYSE-CON home page.	

General Information

General Information Page	This page allows to select the type of LHCSA submission. Options are New Agency and Change of Ownership.
---------------------------------	--

General Information

Information

- The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit".

Application Number:

Agency Name: Test LHCSA New

Project Description:

General Executive Summary Application Correspondence Sites Decision Contingencies >>

Status:		Submission Type: Application - Licensed Home Care Services Agency - New Agency
Status Date:		
County:	ALBANY	Application Received Date:
		Initial Review Date:
		Acknowledgement Date:

Operator/Applicant

Operator Name: Test LHCSA New
Operator Address: 1 Central Ave
Albany, NY 12203

Proposed Agency

Agency Name: Test LHCSA New **Agency Address:** 1 Central Ave
Albany, NY 12208

Contact Information

Name: Sanus Sharma Dulal	Title: Mr
DOH or HCS User ID: ssd04	Address: 1 Corning Tower Albany, NY 12206
Email: sanus.sharmadulal@its.ny.gov	Fax: 5189999999
Phone: 5181231234	

Alternate Contact

Name: Sanus Dulal **Email:** sanus.sharma@outlook.com

Figure 6: Sample General Information page

Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Agency Name	Agency the LHCSA application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Status	Current status the LHCSA application is in
Status Date	Project Status Date for the Application
County	NYS County of the address for the operator for the proposed agency
Submission Type	Submission Type of the displayed application
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
Operator / Applicant	Section label
Operator Name	Operator Name for the proposed agency
Operator Address	Address of the operator for the proposed agency in format: Street line 1, Street line 2, City, State and Zip Code
Proposed Agency	Section label
Agency Name	Name of the proposed agency
Agency Address	Physical location of the proposed agency in format: Street line 1, Street line 2, City, State and Zip code
Contact Information	Section label
Name	Full Name of the person who will receive all official correspondence from DOH
DOH or HCS User ID	The applicant's User ID.
Email	Email where official notification by DOH can be sent
Phone	Phone number where the contact can be reached
Title	Personal title of the Contact person
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
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
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 8: Sample Executive Summary

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Agency the LHCSA application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Executive Summary Text Box	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.
------------------------	--

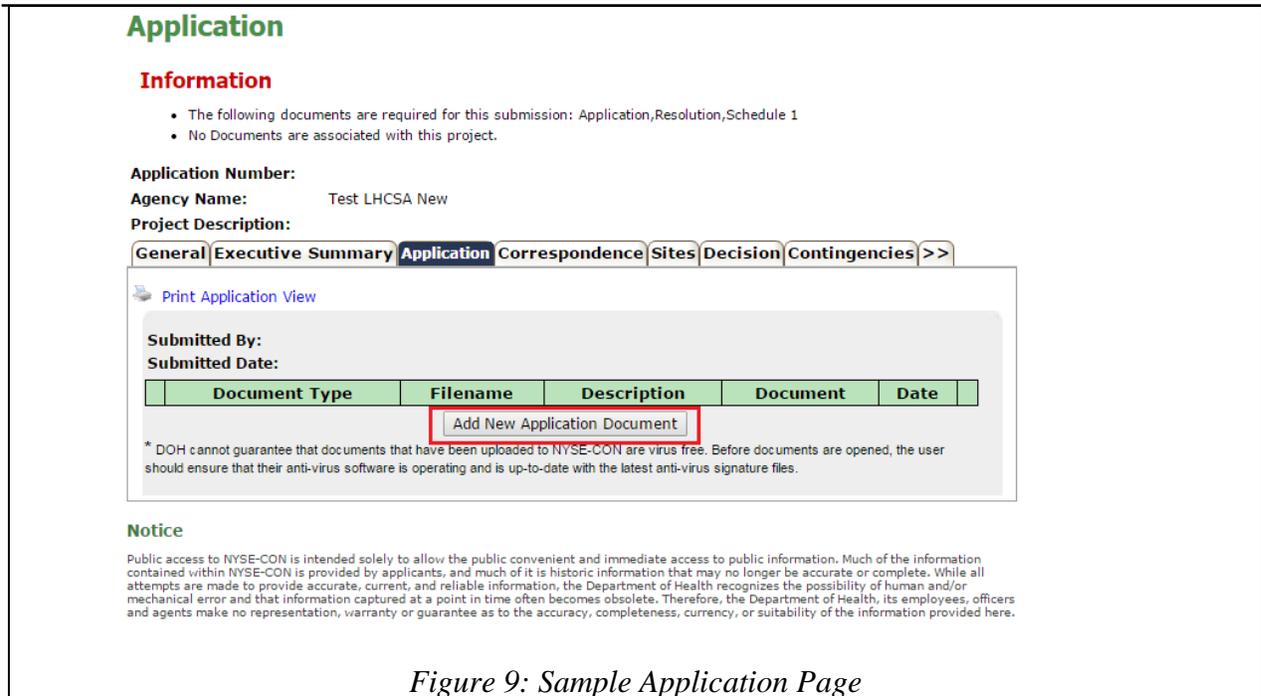


Figure 9: Sample Application Page

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Agency Name	Agency the LHCSA 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 (Figure 20).
Hyperlinks	Description
Print Application View	Allows the user to print the table with the list of documents uploaded.

New Application Document

New Application Document 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.

Information

- The following documents are required for this submission: Application,Resolution,Schedule 1

Application Number:

Agency Name: Test LHCSA New

Project Description:

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

Document Type:

Date: 04/17/2015

Description:

File: No file chosen

Figure 10: Sample New Application Document Page

Field Descriptions

Field Name	Description
Application Number	Generated by the system when the application is submitted
Agency Name	Agency the LHCSA 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.
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 This page allows to confirm or cancel the submission.

Confirm Submission

By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is sanus.sharmadulal@its.ny.gov. This email address will be used for all project correspondence.

Figure 11: Sample Confirm Submission Page

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.
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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.

Application Number: 151173
Agency Name: Test LHCSA New
Project Description:

General
Executive Summary
Application
Correspondence
Sites
Decision
Contingencies
>>

Status: Received	Submission Type: Application - Licensed Home Care Services Agency - New Agency
Status Date: 04/20/2015	Application Received Date: 04/20/2015
County: ALBANY	Initial Review Date:
	Acknowledgement Date:

Operator/Applicant

Operator Name: Test LHCSA New
Operator Address: 1 Central Ave
 Albany, NY 12203

Proposed Agency

Agency Name: Test LHCSA New **Agency Address:** 1 Central Ave
 Albany, NY 12208

Contact Information

Name: Sanus Sharma Dulal	Title: Mr
DOH or HCS User ID: ssd04	Address: 1 Corning Tower Albany, NY 12206
Email: sanus.sharmadulal@its.ny.gov	Fax: 5189999999
Phone: 5181231234	

Alternate Contact

Name: Sanus Dulal **Email:** sanus.sharma@outlook.com

Figure 12: Sample General Information- Success Message

Field Descriptions	
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Agency the LHCSA 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 LHCSA 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
Operator/Applicant	Section label
Name	Operator Name for the proposed agency
Address	Address of the operator for the proposed agency in format: Street line 1, Street line 2, City, State and Zip Code
County	NYS County of the address for the operator for the proposed agency
Proposed Agency	Section label
Agency Name	Name of the proposed agency
Physical Address	Physical location of the proposed agency in format: Street line 1, Street line 2, City, State and Zip code
County	NYS County of the physical location for the proposed agency
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