**New York State** 

**Electronic Certificate of Need** 

**Applicant Training:** 

**Request Regional Office Review** 

Version 4.0

**Public Authentication** 

# **Revision History**

Date	Version	Description
04/20/2015	1.0	Initial Release
07/15/2015	2.0	<ul> <li>Release 2:</li> <li>General information Functionality - with enhancements</li> <li>Screen layout changed</li> <li>Phase ID can be manually changed</li> <li>Federal 855 does not default to yes or no.</li> <li>Federal 855 expiration date field added</li> <li>Data can be modified after submission</li> <li>Reviewer Schedules surveys-</li> <li>Schedule, reschedule and confirm functionality provided</li> <li>Changes in Survey schedule history table</li> <li>Added Secure and Non- secure general correspondence</li> <li>Added checklist functionality and checklist correspondence</li> <li>Correspondence can be filtered for focused search</li> </ul>
2/23/2016	3.0	Release 3: Findings and CAPs functionality
11/01/2016	3.1	Release 6.0.4.0.0: Updated Steps and screens for "Adding a Phase". Correspondence tab will not be available for a phase which is not saved/submitted
8/16/2018	4.0	Release 7.0.0.0.0: Updated screens for Checklist Documents

# **Table of Contents**

Revision History	2	)
Applicant initiates Regional Office review		
SUBMITTING A REQUEST FOR REVIEW		
Create a Phase		
Add Contacts		
Attach / Delete Notice of Appearance (NOA) for contacts		
Change Primary contact		
Expire a Contact		
Reactivate a Contact		
Submit a Request to Regional Office		
Modify the general information after submitting the request to RO		
Modify Target opening date		
Modify Requested Survey Date range		
Modify Federal 855 expiration date		
Modify Federal Tax ID #		
Add, Cancel, Delete a new phase		
CHECKLIST DOCUMENTS		
Uploading, Deleting, Saving and Submitting Checklist Documents	31 -	•
Changing status of a checklist item to N/A		
CORRECTIVE ACTION PLAN (CAP)		
Add, Save and Submit CAP		
Modify CAP		
Request Extension for CAP submission		
Delete CAP		
COMMENT ON FINDING		
NOTIFICATIONS		
Schedule Survey correspondence		
VIEW CORRESPONDENCE	46 -	•
REPLY TO CORRESPONDENCE	47 -	•
Appendix 1	49 -	
Referencing the Survey Schedule History Table		
Adding an Attachment		

# **Table of Figures**

Figure 1: Regional office: General Information page	(	6 -
Figure 2: Creating a Phase	{	9 -
Figure 3: Saving a Phase	- 1(	0 -
Figure 4: Add Contact –General Information page		
Figure 5: New Contact Information	- 12	2 -
Figure 6: Contact type	- 12	2 -
Figure 7 Contacts have been added	- 13	3 -
Figure 8: Add NOA Attachment		
Figure 9: Add NOA Attachment		
Figure 10: Browse for document		
Figure 11: Attachment path is reflected in the File		
Figure 12: Attachment Added and 'Delete' button visible.		
Figure 13: Name link in contact table on General Information page		
Figure 14: Modify Contact Information		
Figure 15: Modified Contact Information	- 10	6 - C
Figure 16: Name link in contact table on General Information page		
Figure 17: Select Primary in 'Type'		
Figure 18: Type Changed: Changes reflected in contact table		
Figure 19: 'Name hyperlink - Expire the contact		
Figure 20: Contact Table- Contact Expired.		
Figure 21: Contact Table- Contact Expired.	- 18	შ- ი
Figure 22: Click name marked 'Expire'		
Figure 23: Reactivate contact information screen		
Figure 24: Reactivated contact: Expire marking removed		
Figure 25: Requested Survey Dates		
Figure 26: Federal 855 Information		
Figure 27: Screen To Submit		
Figure 28a: Modification		
Figure 28b: Screen to Modify	- 22	2 -
Figure 29: Select cell to modify Target opening date	- 22	2 -
Figure 30a: New date Saved- Toggle on the side.	- 23	3 -
Figure 30b: New date Saved- Showing History toggle down.	- 23	3 -
Figure 31: Modify Survey date From	- 23	3 -
Figure 32: Modify Survey Date TO		
Figure 33: New survey dates saved		
Figure 34: On clicking Modify Fed 855 expiration date allows editing	- 24	4 -
Figure 35a: Save		
Figure 35b: New Date Saved	- 2	5 -
Figure 35c: History accessible by toggle.	- 2!	5 -
Figure 36a: Clearing the earlier entry		
Figure 36b: Enter New Tax ID #	- 21	6 -
Figure 37: Click Save		
Figure 38: Adding new phase		
Figure 39: New phase –General Information screen		
Figure 40: New phase –General Information screen- Delete Phase		
Figure 40. New phase –General monnation screen- Delete Phase		
Figure 41: Selecting the Survey Checklist rab.		
Figure 43: Uploading document for building construction type.	- J4 2'	2 - 2
Figure 44: Add Checklist Attachment		
Figure 45: Add Checklist Attachment		
Figure 46: Add Attachment		
Figure 47: Document uploaded can be deleted before saving		
Figure 48: Saving the Uploaded document		
Figure 49: Submission confirmation	- 3!	5 -

Figure 50: Drop down list of Status_ Selecting N/A	- 36 ·	-
Figure 51: Providing comments for N/A	- 36 -	-
Figure 52: Survey F&C tab		
Figure 53: Add CAP page		
Figure 54a: F&C table After Saving the CAP	- 39 -	-
Figure 54b: F&C table After Submitting the CAP	- 39 -	-
Figure 55: Survey F&C tab, Showing CAP hyperlink		
Figure 56: Modify CAP		
Figure 57: Survey F&C Table recording Modification Submission, with history		
Figure 58: Survey F&C tab		
Figure 59: Survey F&C tab- Delete after Save		
Figure 60: Comment for Finding.		
Figure 61: Sample Notification Email for Schedule Survey correspondence		
Figure 61: Correspondence Screen		
Figure 62: View Survey Correspondence Screen		
Figure 63: Reply Button on View correspondence screen		
Figure 64: Reply Correspondence screen	18	-
Figure 65: Survey table	10	
Figure 66: Records created for Surveys Scheduled	49.	•
Figure 67: Add Attachment button	- 49 -	•
Figure 68: Drop down selection of Document Type		
Figure 69: Description of attachment		
Figure 70: Browser Window for Attachments		
Figure 71: Attachment add to system	- 51 -	-

#### **Applicant initiates Regional Office review**

Regional office tab has been added to NYSE-CON to facilitate the Regional office review and approval. The views and actions available will depend on the user's role. The Regional Office module is reached via the **Regional office** tab. This tab opens the **General Information** page for the Regional Office (Figure 1).

The **Regional Office** tab will be displayed for a project only after the CON project has been Approved and all contingencies have been satisfied. The Applicant should initiate contact with the Regional Office <u>at least 60 days</u> <u>prior</u> to the facility's target opening date.

The Regional Office tab will be located between the Post Approval and Summary tabs.

Decienal Offi	
Regional Offic	ce
CON Project Number:	131159
Facility Name:	Morningside House Nursing Home Company Inc
Project Description:	Establish Morningside Acquisition I, LLC as the new owner and operator of Morningside House Nursing Home Company
<< Correspondence	Decision Contingencies Post Approval Regional Office Access Summary
Samanal Tufan	
General Infor	mation
Phase 1	
General Information	Correspondence
*Phase ID:	1 (e.g: 1a, 1(a),1(i),2b)
*Phase Description:	
Federal Tax Id #:	(If Applicable)
	(ii Appinane)
Contacto	
Contacts	Company Office Phone Mobile Phone Email NOA
**All Dates in MM/DD/YYYY *Target Opening D:	te †Requested Survey Dates †Applicant's Name/Date From: To:
Survey Type	Required Scheduled Date Confirm Date Reviewer
Environmental	
Clinical	
Administrative	
	Save Clear Submit
	k (*) are required for saving information from this screen.
Fields marked with a dagger	(†) are required to proceed with the submission process.
lotice	
Public access to NYSE-CON is i contained within NYSE-CON is	ntended solely to allow the public convenient and immediate access to public information. Much of the information provided by applicants, and much of it is historic information that may no longer be accurate or complete. While al
ttempts are made to provide nechanical error and that info fficers and agents make no re	scurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or mation captured at a point in time other becomes obsolete. Therefore, the Department of Health, its employees, presentation, warranty or guarantee as to the accuracy, completeness, currency, or suitability of the information
provided here.	gure 1: Regional office: General Information page

General Information Page - Field Descriptions		
Field Name	Description	
Application Number	CON number assigned to the application	
Facility Name	Name of the facility	
Project description	The description entered by Project Management Unit (PMU) during initial review	
Phase Tab	Every project has at least one phase, but more phases may be added by the Applicant. Surveys, Checklists, and Findings and Caps are organized by phase.	
General Information Tab	Tab Title	
Phase ID	The phase number to identify the phase. A sequential number is assigned at creation. The Phase ID may be changed by the Applicant.	
Phase Description	A general description of the phase entered by the Applicant.	
Federal tax ID #	The 9 digit Federal Tax Identification number.	
Contacts	Individuals identified by the Applicant who are authorized to take actions pertaining to the project.	
*Target Opening date	The date on which the facility is expected to be open for services. Note: Target opening date must be greater than Requested Survey Date.	
*Requested survey Date 'From' and 'To'	The date entered by the Applicant to provide the date range within which survey(s) should be scheduled. The date must be earlier than the 'Target opening date' entered	
Federal 855 required?	Radio buttons to indicate if a Federal 855 is required.	
*Approved Date	This field indicates the date on which the Federal 855 was approved by CMS.	
Expiration date	This field indicates the date on which the Federal 855 will expire. The date is provided by CMS.	
Buttons		
Add Contact Button	Button used for navigating the Applicant to the Add New Contact Information screen.	
Submit	Sends a notification to the Regional Office that the Applicant is requesting regional office review. Information must be <b>SUBMITTED</b> for the Regional Office reviewer to take <u>ANY</u> action on a request. Once the <b>Submit</b> button is clicked, the only functionality available to the Applicant would be <b>Add contact</b> .	
Clear	Clears any unsaved data	
Save	Entered and selected data is saved. Saved information may be modified. The regional office can not take action and does not receive a notification.	
Tables		

Contacts	Table listing the details of the <b>Primary</b> and <b>Additional</b> contacts entered by the Applicant. Contacts on this list may be contacted via phone or email to facilitate the regional office review. Contacts must have a HCS account to work in NYSECON.
Survey	Table indicating which surveys will be conducted for the phase. Includes types of surveys, dates of surveys, and the date surveys were assigned by the Reviewer. Also includes the date the survey was confirmed with the Applicant and the Reviewer's name.

\*Dates must be entered in month-day-year order format. If entered dates are punctuated by slashes: The year must have either two or four digits (examples: 02/01/2011 or 02/01/11). – Entry of a two-digit year implies current century. – Month and day may be entered without leading zeros (example: 2/1/2011)

#### Submitting a request for review

Submitting a review request to the Regional office	Only an Applicant can initiate the request for regional office review Having received a "Contact the Regional Office" direction, the Applicant will access the <b>Regional Office General Information</b> page by selecting the <b>Regional Office</b> tab for the project.
	In order to submit a request for review, the Applicant must do the following:
	Create a phase
	<ul> <li>Provide contact details for the project</li> </ul>
	Provide Survey date range
	<ul> <li>Indicate Federal 855 requirement and provide the related information.</li> </ul>
	Refer to Figure 1 above for the screen and table above for the field descriptions

#### Create a Phase

Learning	Step	Action
Objective		

How to Create and Save a Phase	1	On the Regional Office tab, find the <b>Phase 1</b> tab containing the <b>General Information</b> and <b>Correspondence</b> tabs. Correspondence Decision Contingencies Post Approval Regional Office Access Summary General Information Phase 1
		General Information       Correspondence         *Phase ID:       1         *Phase Description:       0         Federal Tax Id #:       (If Applicable)
		Name Title Company Office Phone Mobile Phone Email NOA
		Add Contact
		**All Dates in MMDD/YYYY format *Target Opening Date  +Requested Survey Dates  +Applicant's Name/Date
		From: To:
		Figure 2: Creating a Phase
	2	<ol> <li>Edit the <b>Phase ID</b>, if desired. The system will sequentially number the Phases if the Applicant chooses not to change the ID.</li> </ol>
		2> Enter the Phase Description.
		3> Enter the <b>Federal Tax ID #</b> (If applicable).
		4> Enter the Target Opening Date.

3	Click <b>Save</b> button to save the phase
	General Information
	Phase 1 General Information Correspondence
	*Phase ID:       1A (e.g: 1a, 1(a), 1(i), 2b)         *Phase Description:       Project phase created for training purposes         Federal Tax Id #:       123458789 (If Applicable)
	Contacts Name Title Company Office Phone Mobile Phone Email NOA
	Add Contact
	**All Dates in MM/DD/YYYY format  *Target Opening Date  TRequested Survey Dates  *Target Opening Date  C2142019  From: To:
	Federal 855 required? Ores ONo Approved Date: Expiration Date:      **Date as provided by CMS
	Survey           Type         Required         Scheduled Date         Confirm Date         Reviewer
	Environmental Clinical Administrative
	Save Clear Submit
	Figure 3: Saving a Phase
	*Alternatively, clicking <b>Add Contact</b> button will also save the phase and navigate to the <b>New Contact Information</b> screen at the same time.
	The Applicant can then add the contacts associated with the project.
	On clicking Save, the functionality to Add Phase will be activated.
	Conditions that apply: The Phase Description, and Target Opening Dates are mandatory fields and must be
	completed in order to create another phase and save it. Once a phase has been created, the Applicant can save the information without submitting it to the Regional Office.
4	To clear any unsaved data Click <b>Clear</b> Note:
	If information has been 'Saved', then the entered data can be cleared by placing the cursor in the field and clearing the information using the Backspace/ Delete keys from the keyboard.

#### Add Contacts

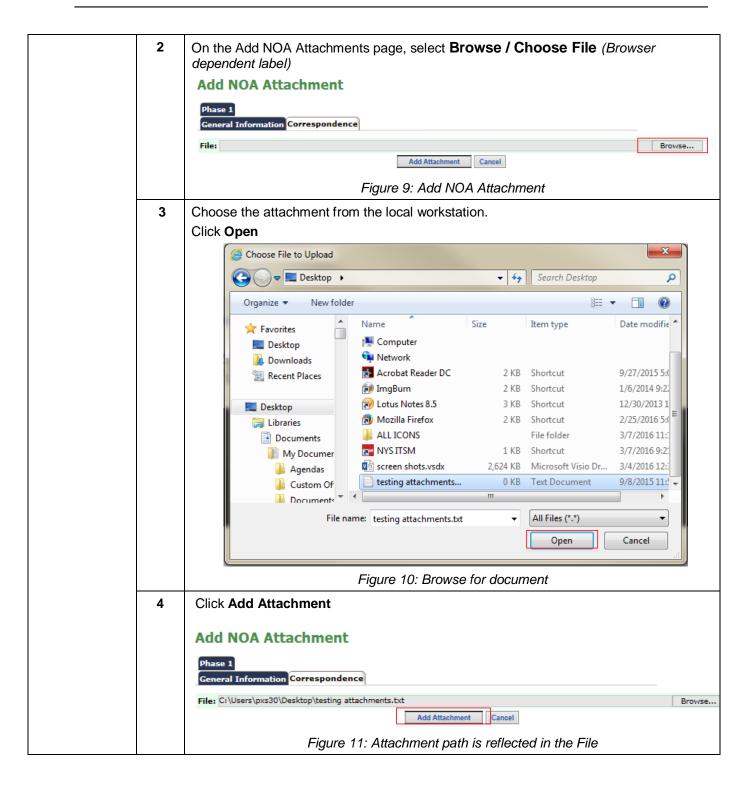
Add Contacts Learning Objective	Step	Action
How to Add a contact	1	On the Regional Office General Information page, Click the Add Contact button General Information Phase 1 General Information Correspondence *Phase ID: 1A (e.g: 1a, 1(a),1(i),2b) *Phase Description: Project phase created for training purposes C Federal Tax Id #: 123458789 (If Applicable)
		Contacts       Name       Title       Company       Office Phone       Mobile Phone       Email       NOA         Add Contact
		+Federal 855 required?       Yes       No       Approved Date:       Expiration Date:       **Date as provided by CMS         **Date as provided by CMS         Survey         Image: Survey       Environmental         Clinical         Administrative
		Save Clear Submit Figure 4: Add Contact –General Information page

	New Contact Information screen displays
	New Contact Information
	Phase 1
	General Information Environmental Checklist Clinical Checklist Administrative Checklist >>
	Contact Information
	†Type: Please Choose  ** All Fields are required for saving information on this screen
	†Title:
	†First Name:
	†Last Name:
	†Company:
	†Office Phone:
	<sup>†</sup> Mobile Phone:
	Notice of Appearance Add Attachment
	form:
	(if applicable) ** The contact information provided will be used for communication purposes between DOH and the contact
	Save Clear Cancel
	Figure 5: New Contact Information
2	On the New Contact Information page, from the contact <b>Type</b> drop down list, select <b>Primary</b> in type. **When the first contact is added, the only contact designation option available is 'Primary', 'Additional' will be available when additional contacts are added. <b>New Contact Information</b> Phase 1 General Information Environmental Checklist Clinic Contact Information Type: Please Choose Additional Contact Primary Tittle: Primary First Name: Tuast Name: <i>Figure 6: Contact type</i> Conditions that Apply:
	• There must be at least one contact designated as <b>Primary</b> .
3	Enter First Name of the contact
4	Enter Last Name of the contact
5	Enter <b>Company</b> name
6	Enter Office Phone number
	* Entered phone numbers must be a valid 10-digit phone number format: (###) ###- #####.

7	Enter Mobile Ph	one numbe	er (*As above	e)				
	Phone" or any dig	*If the contact chooses not to enter a mobile number- enter the same number as "Office Phone" or any digit repeated 10 times on any sequential numbers entry e.g.: 222-222- 2222 the Reviewer will know that the mobile number is a random entry.						
8	Enter <b>E-mail</b> add	ress						
9	Notice of Appe applicant. Refer t Contact the Regio	o Attach No	otice of Appe	arance [N	OA] for co	ntact section 2.1		
10	Click Save.							
	The General infe displayed in the contacts			ayed. The Office Phone	e new con Mobile Phone	tact information v	vill be	
	First Name Last Name -		Contact's			email@domain-name.com		
	Primary First Name 1 Last Name		Employer	(100) 150 7000				
	First Name 1 Last Name 1	Additional	Employer of additional	(123) 456-7890	(222) 222-2222	additional.email@domain- name.com		
			A	dd Contact				
	Figure 7 Contacts have been added							
	Note- The Primar	y contact is	marked on t	he table –S	Suffixed a	s "Primary".		
	If NOA has been a					•	ntact	
	name under the N							
1								

# Attach / Delete Notice of Appearance (NOA) for contacts

Learning Objective	Step	Action		
Attach NOA for a contact	1	On the New Conta	ct Information page, clic	k Add Attachment
		Phase 1 General Information		
		Contact Inform	Additional Contact V	** All Fields are required for saving information on this screen
		†Title:	Designation of Additional	
		†First Name:	First Name 1	
		†Last Name:	Last Name 1	
		+Company:	Employer of additional	
		†Office Phone:	(123) 458-7890	
		†Mobile Phone:	(222) 222-2222	
			additional.email@domain-name.com	
		Notice of Appearance form:	Add Attachment	
		(if applicable)		
		** The contact information pr	ovided will be used for communication put	rposes between DOH and the contact
			Figure 8: Add	NOA Attachment



5	The New Contact Information screen is displayed Note: The attachment has been added and the Add Attachment button changes to Delete button. <sup>+</sup> Office Phone: (123) 456-7890 <sup>+</sup> Mobile Phone: (222) 222-2222 <sup>+</sup> Email: additional.email@domain-name.com
	Notice of Appearance form: (if applicable) ** The contact information provided will be used for communication purposes between DOH and the contact Save Cancel Expire Figure 12: Attachment Added and 'Delete' button visible.
6	To Delete the Attachment, click <b>Delete.</b> Note: NOA Attachment can be deleted even after saving the contact with the attachment. The Modify a Contact process must be used to delete attachments after saving or even after the Phase has been submitted.
7	To Save the attachment click <b>Save</b>

# Modify contact information

Learning Objective	Step	Action
How to Modify a Contact	1	On the General Information page, click the Name link of the contact to be modified.  Contacts  Title Company Office Phone Phone Email NOA  Figure 13: Name link in contact table on General Information page
	2	The Modify Contact Information page will display. The information previously entered is enabled for modifying. Modify Contact Information "Inset "Inset Information Correspondence "Inset Information Correspondence" "Inset Information Correspondence" Inset Information Correspondence Inset Information Correspondence Inset Information Correspondence Information Correspondence

3	Enter information in the textboxes that require modification.								
4	The <b>Delete or Ba</b> information	The <b>Delete or Backspace</b> buttons may be used to clear the previously entered nformation							
5	Enter the new inf	ormation							
6	Click Save buttor the Contact Table		en. General	Office Phone	on is now	displayed with upo	dates to		
	1st Name Last - Primary	Title of Contact				email@domain-name.com			
	First Name 1 Last Name 1	Designation of Additional	Employer of additional	(123) 458-7890	(222) 222-2222	additional.email@domain- name.com			
		Figur	e 15: Modifie	ed Contaci	t Informatio	on			

# Change Primary contact

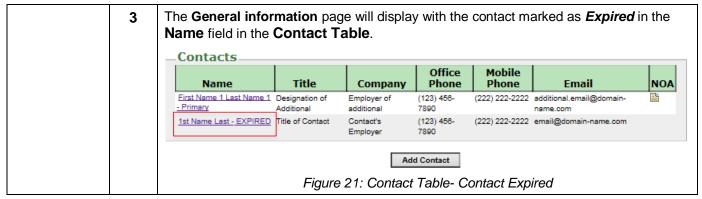
Learning Objective	Step	Action							
How to Change the Primary Contact	1	On the <b>General Information</b> page, click the <b>Name</b> link of the contact, to be assign as <b>Primary</b> .							
		Name Title Company Phone Phone Email NOA							
		1st Name Last - Title of Contact Contact's Employer (123) 458-7890 (222) 222-2222 email@domain-name.com							
		Primary           Sirst Name 1 Last         Designation of         Employer of         (123) 458-7890         (222) 222-2222         additional.email@domain-           Name 1         Additional         additional         name.com							
		Figure 16: Name link in contact table on General Information page							
	2	Select Primary from the contact Type drop down list Phase 1							
		General Information Correspondence							
		Contact Infor							
		+Type: Additional Contact							
		+Title: Primary							
		+First Name: First Name 1							
		+Last Name: Last Name 1							
		Figure 17: Select Primary in 'Type'							

3	Click Save. Gene	eral information	t <b>ion</b> is now o	displayed	with update	es to the Contact	Table.
	Contacts Name	Title	Company	Office Phone	Mobile Phone	Email	NOA
	First Name 1 Last Name - Primary	1 Designation of Additional	Employer of additional	(123) 456- 7890	(222) 222-2222	additional.email@domain- name.com	ľ
	1st Name Last	Title of Contact	Contact's Employer	(123) 456- 7890	(222) 222-2222	email@domain-name.com	
	Figu	ire 18: Type	Changed: C	hanges re	eflected in a	contact table	

Note: The Contact previously set to Primary will be assigned 'Additional' by the system. Contact which has the 'Type' set to 'Primary' cannot be changed to 'Additional' unless another contact has been designated as "Primary" using the process above.

Learning Objective	Step			А	ction					
How to	1	1 On the <b>General Information</b> page, click the <b>Name</b> link for the contact to expire. <b>Modify Contact Information</b> screen is displayed.								
Expire a Contact										
		_Contacts								
		Name	Title	Company	Office Phone	Mobile Phone	Email	NOA		
		First Name 1 Last Name 1 - Primary	Designation of Additional	Employer of additional	(123) 456- 7890	(222) 222-2222	additional.email@domain- name.com			
		1st Name Last	Title of Contact	Contact's Employer	(123) 456- 7890	(222) 222-2222	email@domain-name.com			
			Figure 19	: 'Name hyp	oerlink - Ex	kpire the c	ontact			
	2	Click Expire butto	n on the low	ver right						
		<b>Modify Conta</b>	ct Inforn	nation						
		Phase 1A								
		General Information	Corresponden	ce						
		Contact Inform								
		†Type:	Additional Contact	~	· ·	* All Fields are re	quired for saving information on	this screen		
			Title of Contact							
		†First Name:	1st Name		1					
		†Last Name:	Last							
		†Company:	Contact's Employer		]					
		†Office Phone:	(123) 456-7890							
		†Mobile Phone: †Email:	(222) 222-2222		]					
		Notice of Appearance	email@domain-nam							
		form:	Add Attachment							
		(if applicable)	a data da alti ba ana di A			0011				
		** The contact information pro	ovided will be used to	or communication pu	rposes between l	DOH and the cont	act			
				Save	Cancel Expire	•				
			Figure	20: Contact	Table- Co	ontact Exp	ired			

#### **Expire a Contact**



Note: A 'Primary' contact cannot be 'Expired' until another contact has been designated as 'Primary'.

#### **Reactivate a Contact**

Learning Objective	Step			Α	ction			
How to Reactivate an Expired	1	On the <b>General Inf</b> view expired contact		-				
Contact		Name	Title	Company	Office Phone	Mobile Phone	Email	NOA
		First Name 1 Last Name 1	Designation of	Employer of	(123) 456-		additional.email@domain-	
		1st Name Last - EXPIRED	Additional Title of Contact	additional Contact's Employer	7890 (123) 456- 7890	(222) 222-2222	name.com email@domain-name.com	
				Ad	d Contact			
			Figui	re 22: Click	name mai	rked 'Expir	re'	
		Reactivate C Phase 1A General Information			n			
		Contact Infor						
		†Type:	Additional Contac	t 💙	·	** All Fields are req	uired for saving information on t	his screen
		†Title:	Title of Contact					
		†First Name:						
		†Last Name:						
			Contact's Employe	20				
		<sup>†</sup> Office Phone: <sup>†</sup> Mobile Phone:						
		†Email:	· · ·	me.com	-			
		Notice of Appearance						
		form: (if applicable)						
		(if applicable) ** The contact information p		for communication pr	urposes between	DOH and the conts	act	
				Save Can	cel Re-Activ	rate		
			Figure 23:	Reactivate	contact ir	nformation	screen	

3	If any information h	If any information has to be updated, follow steps in section 2.2 to modify the contact.								
4	Click Save, the co	Click <b>Save</b> , the contact is re-activated in the Contact Table.								
	_Contacts									
	Name	Title	Company	Office Phone	Mobile Phone	Email	NOA			
	Eirst Name 1 Last Name 1 - Primary	Designation of Additional	Employer of additional	(123) 456- 7890	(222) 222-2222	additional.email@domain- name.com	ß			
	1st Name Last	Title of Contact	Contact's Employer	(123) 456- 7890	(222) 222-2222	email@domain-name.com				
	Fig	gure 24: Re	activated co	ntact: Exp	ire markin	g removed				
	Note:				·	-				
	In the contact table removed and the C						İ			

# Submit a Request to Regional Office

Learning Objective	Step	Action
How to Submit a	1	On the General Information page, refer figure 1. Perform the steps to Create a Phase
Request to the Regional	2	Follow the steps to Add Contacts
Office		To attach NOA for a contact, refer to Attach/Delete NOA.
	3	Enter a date range requested for the survey. Requested survey dates must be prior to the Target Opening Date. The system accepts dates in MMDDYYYY, MM/DD/YYYY or MM/DD/YY formats.
		Enter date in the <b>From</b> textbox.
		Enter date in the <b>To</b> textbox.
		**All Dates in MM/DD/YYYY format
		*Target Opening Date         † Requested Survey Dates         † Applicant's Name/Date           02/14/2019         From:         04/14/2016         To:         02/14/2017         NYSECON RO         03/07/2016
		Figure 25: Requested Survey Dates
	4	Indicate if the <b>Federal 855</b> is required for the project (Radio button: Yes / No).
		†Federal 855 required?       • Yes       No       Approved Date:       Expiration Date:
		Figure 26: Federal 855 Information
	5	Enter the <b>Approval Date</b> for Federal 855, as provided by CMS. <i>*This is not a mandatory field.</i>

da *7	nter the <b>Expirati</b> ate is known This is not a mand Ibmission will not	datory field.	However,	if the Ap	proval dat	e has been ente	
-	ick <b>Submit</b> .						
(	General Infor	mation					
	Phase 1A General Information	Corresponden	ce				
	*Phase ID:	1A (e.;	g: 1a, 1(a),1(i) ,2b)				
	*Phase Description:	Project phase ore	ated for training pur	poses			0
	Federal Tax Id #:	123456789 ()f					
r	Contacts			-			
	Name	Title	Company	Office Phone	Mobile Phone	Email	NOA
	First Name 1 Last Name 1 - Primary	Designation of Additional	Employer of additional	(123) 458- 7890	(222) 222-2222	additional.email@domain- name.com	
	1st Name Last	Title of Contact	Contact's Employer	(123) 458- 7890	(222) 222-2222	email@domain-name.com	
			Ad	d Contact			
	**All Dates in MM/DD/YYYY f	format					
	*Target Opening Da	ate	†Requested Su	-		†Applicant's Name/	
	02/14/2019	From:	04/14/2016	To: 02/14/20	17	NYSECON RO 03/07/201	6
	<sup>†</sup> Federal 855 require	ed? ⊛Yes	No Appro	ved Date:		Expiration Date:	_
		0.03				**Date as provided by CMS	
	Survey						
	Туре	Requi	red Scheo	duled Date	Confirm	n Date Revie	wer
	Environmental						
	Administrative						
	Automistrative						
	* Fields marked with an asteris		r saving information		Submit Submit Ge	neral Information	
- L	* Fields marked with a dagger (	(†) are required to pr	roceed with the subm	nission process.	·		

# Modify the general information after submitting the request to RO.

# Modify Target opening date

Learning Objective	Step	Action
To modify the target	1	After the request for review has been submitted, the <b>Modify</b> button is displayed on the General Information page.

opening date on the General Information page	2	Click Modify. The General Information Phase 1A General Information *Phase ID: *Phase Description: Federal Tax Id #:	rmation Corresponden	_				
		Contacts	s					
			Title	Comment	Office	Mobile	Canall.	
		Name First Name 1 Last Name 1	Title Designation of	Company Employer of	(123) 456-	(222) 222-2222	Email additional.email@domain-	NOA
		- Primary	Additional	additional	7890		name.com	
		<u>1st Name Last</u>	Title of Contact	Contact's Employer	(123) 458- 7890	(222) 222-2222	email@domain-name.com	
				Ad	d Contact			
		**All Dates in MM/DD/YYYY						
		*Target Opening D 02/14/2019		†Requested St 04/14/2016	urvey Dates To: 02/14/201	17	†Applicant's Name, NYSECON RO 03/07/20	
		02/14/2018	Troin.	54/14/2010	10. 02/14/201	17	NTSECON KO USIUNZU	10
		†Federal 855 require	ed? () Yes	⊖No Арр	proved Date:	:	Expiration Date	
		_Survey						
		Type Environmental	Requi	red Schee	duled Date	Confirm	n Date Revie	ewer
		Clinical						
		Administrative						
		Auministrative						
				Add Ph	ase Modify			
				Figure 28a	Modifica	tion		
		The Federal Tax		Opening da	ate, the F	Requested	d Survey Date ra	ange,
		and the Federal 8	355 informa	tion can be	e modifie	d.		

	*Phase ID:	1A					
	*Phase Description:	Project phase	created for training	purposes			
	Federal Tax Id #:	123456789	(If Applicable)	>			
	Contacts						
	Name	Title	Company	Office Phone	Mobile Phone	Email	NOA
	First Name 1 Last Name 1 - Primary	Designation of Additional	Employer of additional	(123) 456- 7890	(222) 222-2222	additional.email@domain- name.com	
	1st Name Last	Title of Contact	Contact's Employer	(123) 456- 7890	(222) 222-2222	email@domain-name.com	
			Ac	ld Contact			
	**All Dates in MM/DD/YYYY i *Target Opening Da		†Requested S	urvey Dates		<sup>†</sup> Applicant's Name/D	ate
	02/14/2019		04/14/2016	To: 02/14/20	17	NYSECON RO 03/07/2016	
	1Federal 855 require	ed? ⊚Yes	○No Appro	oved Date:		Expiration Date:	
			Figure 28b:	Screen to	Modify		
3	Clear the Target	Opening [	Date and er	nter the ne	ew date in	the provided textb	ox.
	**All Dates in MM/DD/YYYY fo *Target Opening Dat		Requested Su	irvev Dates		<sup>†</sup> Applicant's Name/I	Date
	03/10/2017		04/14/2016	To: 02/14/20	17	NYSECON RO 03/07/2016	
	†Federal 855 required	l? • Yes	)No Appro	oved Date:		Expiration Date:	
	Survey						
	Type Environmental	Requir	red   Scheo	duled Date	Confirn	n Date Review	ver
	Clinical						
	Administrative						
			Save	Cancel			
		Figure 29: S	Select cell to	o modify T	arget oper	ning date	

4				saving, the toggle ap		the row.				
	**All Dat	**All Dates in MM/DD/YYYY format								
	*Tar	get Opening Date	†Requested	Survey Dates	†Applicant	's Name/Date				
	*	03/10/2017	From: 04/14/2016	To: 02/14/2017	NYSECON RO	03/08/2016				
		Fig	ure 30a: New dat	te Saved- Toggle on	the side.					
	All D	ates in MM/DD/YYYY format	t							
	*Та	rget Opening Date	†Requeste	d Survey Dates	†Applicant	's Name/Date				
		03/10/2017	From: 04/14/2016	To: 02/14/2017	NYSECON RO	03/08/2016				
		02/14/2019	From: 04/14/2016	To: 02/14/2017	NYSECON RO	03/08/2016				
		Figure 3	 0b: New date Sat	ved- Showing Histor	y toggle dowi	n.				

# Modify Requested Survey Date range

Learning Objective	Step	Action							
To modify the requested	1	Click <b>Modify</b> on the General information page Refer figure 28 (a and b)							
survey date range on the general information page	2	Enter the new date in the Requested Survey Date From: textbox.  **All Dates in MM/DD/YYYY format  *Target Opening Date  *Target Opening Date  *Terme:  To: 02/14/2017  *To: 02/14/2017 *To: 02/14/2017 *To: 03/08/2018 *Figure 31: Modify Survey date From							
	3	Enter the new date in the Requested Survey Date To: textbox.  **All Dates in MM/DD/YYYY format  *Target Opening Date  *TRequested Survey Dates  *To:  D3/10/2017  From: 06/27/2016  To:  Figure 32: Modify Survey Date TO							

4	Click \$	Save. Refer figu	ure 29.				
		aving the toggle of date change		to the row. Click	ing the toggle ex	kpands to show the	ie
	**All Date	es in MM/DD/YYYY format					
	*Tar	get Opening Date	†Reques	sted Survey Dates	†Applic	ant's Name/Date	
		03/10/2017	From: 08/27/2016	To: 12/15/2016	NYSECON F	O 03/08/2016	
		03/10/2017	From: 04/14/2016	To: 02/14/2017	NYSECON F	O 03/08/2016	
		02/14/2019	From: 04/14/2016	To: 02/14/2017	NYSECON F	O 03/08/2016	
	TFeder	ral 855 required?	® Yes ○ No	Approved Date:		ration Date: s provided by CMS	
		Туре	Required	Scheduled Date	Confirm Date	Reviewer	
	Envi	ironmental					1
	Clin	ical					
	Adm	ninistrative					
				Add Phase Modify			
		arked with an asterisk (*) ar arked with a dagger (†) are					
			Figure 33	: New survey dat	tes saved		

# Modify Federal 855 expiration date

Learning Objective	Step	Action
To modify the Federal 855	1	Click <b>Modify</b> on the General Information Page Refer figure 28 (a and b)
Expiration date on the	2	Enter the new date in the <b>Expiration Date</b> textbox.
general information page		
		Figure 34: On clicking Modify Fed 855 expiration date allows editing

<sup>†</sup> Federal 855 required?	●Yes ○No	Approved Date:		ion Date: 02/26/2018
			""Date as pro	ovided by CMS
_Survey				
Туре	Required	Scheduled Date	Confirm Date	Reviewer
Environmental				
Clinical				
Administrative				
		Save Cancel		
	ŀ	-igure 35a: Save.		
<sup>†</sup> Federal 855 required?	• Yes No	Approved Date:	Exp	iration Date: 02/26/2018
	I'es ONO			s provided by CMS
-				· ·
	Figure	35b: New Date S	aved.	
	-			
<sup>†</sup> Federal 855 required?	• Yes O No	Approved Date:	🚽 Ехр	iration Date: 03/26/2019
				02/26/2018
			**Date :	as provided by CMS
	Eigure 35c:	History accessible	a by toggle	

#### Learning Step Action Objective To modify 1 Click Modify on the General Information page the Federal Refer figure 28 (a and b) Tax ID# on Enter the new or modified Federal Tax ID number in the Federal Tax ID # textbox. 2 the general information General Information page Phase 1A General Information Correspondence \*Phase ID: 1A \*Phase Description: Project phase created for training purposes Federal Tax Id #: 123456789 (If Applicable) Figure 36a: Clearing the earlier entry (To clear select and Delete/ Backspace) \*Phase ID: 1A \*Phase Description: Project phase created for training purposes Federal Tax Id #: 982513654 (If Applicable) Figure 36b: Enter New Tax ID #

# Modify Federal Tax ID #

Click Save							
Click Save							
*Phase ID:	1A						
*Phase Description:	Project phase	created for training	purposes				
Federal Tax Id #:	982513654	(If Applicable)					
Contacts							
View All Contacts							
Name	Title	Company	Office Phone	Mobile Phone	Ema	il	NOA
	Designation of Additional	Employer of additional	(123) 456- 7890	(222) 222-2222	additional.emai name.com	il@domain-	Ľ
<u>1st Name Last</u>	Title of Contact	Contact's Employer	(123) 458- 7890	(222) 222-2222	email@domain	-name.com	
		Ad	d Contact				
**All Dates in MM/DD/YYYY fo	ormat						
*Target Opening Da	te	†Requested Si	urvey Dates			it's Name/D	ate
03/10/2017	From:	06/27/2016	To: 12/15/20	16	NYSECON RO	03/08/2016	
	d? • Yes O No	Appro	ved Date:			n Date: 03/26	/2019
_Survey	O No				**Date as provid	ded by CMS	
Туре	0.03		ved Date:	Confirm	**Date as provid		
Type Environmental	O No				**Date as provid	ded by CMS	
Туре	O No				**Date as provid	ded by CMS	
Type Environmental Clinical	O No		duled Date		**Date as provid	ded by CMS	
Type Environmental Clinical	O No	red Schee Save	duled Date	Confirm	**Date as provid	ded by CMS	
Type Environmental Clinical	O No	red Schee Save	duled Date	Confirm	**Date as provid	ded by CMS	
Type Environmental Clinical Administrative	O No	red Scher Save Figure 37	duled Date	Confirm	**Date as provid	ded by CMS	
Type Environmental Clinical Administrative	Requi	red Scher Save Figure 37	duled Date	Confirm	**Date as provid	ded by CMS	
Type Environmental Clinical Administrative *P *P	Requi	red Scher Save Figure 37	duled Date	Confirm AVC	**Date as provid	ded by CMS	
Type Environmental Clinical Administrative *P *P	Requi	red Scher Save Figure 37	duled Date	Confirm AVC	**Date as provid	ded by CMS	
Type Environmental Clinical Administrative *P *P	Requi	red Scher Save Figure 37	duled Date	Confirm AVC	**Date as provid	ded by CMS	
Type Environmental Clinical Administrative *P *P	Asse ID: hase Descri	red Scher Save Figure 37 ption:	duled Date	Confirm AVC e created for t	**Date as provid	ded by CMS	

#### Add, Cancel, Delete a new phase

Add new phase	1		a phase has Click <b>Add</b>			d, ano	ther p	hase can	be create	ed. To c	reate anot	her
		* Note first Ph	: Add Phase nase.	but	ton is <u>O</u>	<u>NLY</u> :	availa	ble on the	General	Inform	ation page	e of the
		Gen	eral Infor	ma	tion							
		Phase Genera	1A al Information	Corre	sponden	ce						
		*Pha	se ID:	1	A							
		*Pha	se Description:	F	Project phase	created for	or training	purposes				
		Feder	ral Tax Id #:	ę	82513854							
			ntacts									
			ew All Contacts									
			Name	1	itle	Con	ipany	Office Phone	Mobile Phone	En	nail	NOA
		First - Prim	Name 1 Last Name 1 harv	Desig Additi		Employe		(123) 456- 7890	(222) 222-2222	additional.er	mail@domain-	Ľ
			ame Last		f Contact	Contact Employe	5	(123) 456- 7890	(222) 222-2222		ain-name.com	
							Ad	d Contact				
		**All Da	ates in MM/DD/YYYY	format								
			rget Opening D			-		rvey Dates		†Applic	ant's Name/[	)ate
		•	03/10/2017		From:	08/27/201	6	To: 12/15/201	6	NYSECON F	RO 03/08/2016	
		†Fed	eral 855 require	ed?	• Yes	O No	Арр	roved Date:		-	ration Date: 0	
										**Date as	s provided by CMS	
		Su	rvey									
		En	Type vironmental		Requi	red	Scheo	Juled Date	Confir	n Date	Review	/er
			nical									
			ministrative									
						[	Add Ph	ase Modify	]			
					F	igure	38: A	dding nev	v phase			

2	Enter or modify the <b>Phase ID</b> if changing from default.
	Enter the <b>Phase Description</b> (required).
	Enter the Target Opening Date.
	*Note: The Correspondence tab will not be visible for a phase that is not yet saved/submitted. The following information remains constant for all phases of a project:
	<b>Phase ID</b> : Can be altered for a specific phase numbering convention defined by the Applicant. Defaults to the next sequential number, if the Applicant does not change the Phase ID.
	<b>Federal Tax ID #:</b> Any change made to this number will be reflected across phases.
	<b>Contacts</b> : Any changes made on the contacts table will be reflected in the earlier created phase(s).
	<b>Federal 855 information</b> - Any change made to this information will be reflected across phases.

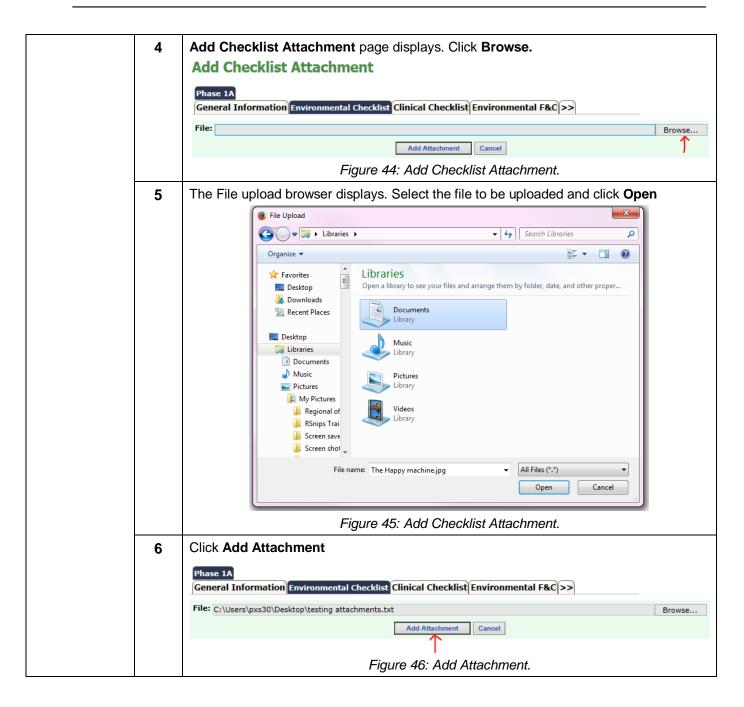
	Phase 1A Phase 2						
	General Informatio	n					
	*Phase ID:	2 (e	.g: 1a, 1(a),1(i) ,2b)	>			
	*Phase Description						0
	Federal Tax Id #:	982513654 (1	f Applicable)	>			
	_Contacts						
	View All Contac			Office	Mobile	- "	
	Name First Name 1 Last Nam		Employer of	(123) 458-	(222) 222-2222	Email additional.email@domain-	NOA
	- Primary 1st Name Last	Additional Title of Contact	additional Contact's Employer	7890 (123) 458- 7890	(222) 222-2222	name.com email@domain-name.com	
	4						
	**All Dates in MM/DD/YY *Target Opening		<sup>†</sup> Requested S	dd Contact urvey Dates To:		†Applicant's Name/	'Date
		J Date From: Jired? • Yes	†Requested Si	urvey Dates		†Applicant's Name/ Expiration Date: 03	
	*Target Opening	) Date From:	†Requested Si	urvey Dates To:			
	*Target Opening	J Date From: Jired? • Yes	†Requested Si	urvey Dates To:		Expiration Date: 03	
	*Target Opening TFederal 855 requ Survey Type	J Date From: Jired? • Yes		urvey Dates To:	Confirm	Expiration Date: 03	/26/2019
	*Target Opening TFederal 855 requ Survey	y Date From: Jired? • Yes No		urvey Dates To: ved Date:	Confirm	Expiration Date: 03	/26/2019
	*Target Opening TFederal 855 requ Survey Type Environmental	y Date From: Jired? • Yes No		urvey Dates To: ved Date:	Confirm	Expiration Date: 03	/26/2019
	*Target Opening TFederal 855 requ Survey Type Environmental Clinical Administrative	y Date From: iired? • Yes No Requ	tRequested Si Appro ired Scher Cancel Sav	urvey Dates To: ved Date: duled Date	ubmit	Expiration Date: 03	/26/2019
	*Target Opening 1Federal 855 requ Survey Environmental Clinical	J Date From: Jired? • Yes No Requ	tRequested Si Appro Appro irred Scher Cancel Sav or saving fiformatic	urvey Dates To: ved Date: duled Date	ubmit	Expiration Date: 03	/26/2019
	*Target Opening TFederal 855 requinations Survey Type Environmental Clinical Administrative * Fields marked with an ast	J Date From: Jired? • Yes No Required find the second seco	t Requested Si Appro Appro irred Scher Cancel Sav crossvingt fromatio proceed with the su	ve Clear S from the screen	ubmit	Expiration Date: 03	/26/2019
3	*Target Opening TFederal 855 requinations Survey Type Environmental Clinical Administrative * Fields marked with an ast	s Date From: Sired? • Yes No Requesterisk (*) are required for ger (†) are required for <i>Figure 39</i>	tRequested Si Appro ired Scher Cancel Sa cr saving formatio proceed with the su	ve Clear S from the screen mission process. Se — Gene	ubmit eral Inform	Expiration Date: 03 "Date as provided by CMS n Date Revie nation screen	28/2019 wer

	Note: A Phase of		deleted afte	<u>er Submi</u>	<u>ssion.</u>		
0	General Info	rmation					
	Phase 1A Phase 2 General Information	Corresponder	ice				
	*Phase ID:		g: 1a, 1(a),1(i) ,2b)				
	*Phase Description:						0
	Federal Tax Id #:		-				2
		982513654 (If	Applicable)				
	Contacts						
	View All Contacts	5					
	Name	Title	Company	Office Phone	Mobile Phone	Email	NOA
	First Name 1 Last Name 1		Employer of additional	(123) 458- 7890		additional.email@domain- name.com	<b>B</b>
	1st Name Last	Title of Contact	Contact's Employer	(123) 456- 7890	(222) 222-2222	email@domain-name.com	
			Ad	d Contact			
	**All Dates in MM/DD/YYYY *Target Opening D		†Requested Su	irvev Dates		<sup>†</sup> Applicant's Name/I	Date
	03/20/2018	From:		То:		NYSECON RO 03/08/2016	
	†Federal 855 require	0.03	Approv	ved Date:		Expiration Date: 03/2	6/2019
		○ No				**Date as provided by CMS	
	_Survey						
	Туре	Requi	ired Scheo	duled Date	Confirm	n Date Review	ver
		Requi	ired Schee	duled Date	Confirn	n Date Review	ver
	Type Environmental	Requi	ired Schee	duled Date	Confirm	n Date Review	ver
	Type Environmental Clinical	Requi	ired Sched	duled Date	Confirm	n Date Review	ver
	Type Environmental Clinical	Requi	Delete Phase	duled Date	Submit	n Date Review	ver
	Type Environmental Clinical Administrative	[	Delete Phase	Save Clear	Submit	n Date Review	ver

#### **Checklist Documents**

### Uploading, Deleting, Saving and Submitting Checklist Documents

How to upload a checklist document	1	On the Regional Office tab, select the Checklist Tab(s) to view the list of documents needed for the survey. Correspondence Decision Contingencies Post Approval Regional Office Access Summary Environmental Checklist   Phase 1A   General Information Environmental Checklist Clinical Checklist Environmental F&C >>   Phase Description:   Project phase created for training purposes   Environmental Checklist Guide   Figure 41: Selecting the Survey Checklist Tab							
	2	On the checklist tab, the checklist items are listed in the table format. *Note: The hyperlink to the Environmental checklist guide is located above the table on the Environmental checklist page. Clicking the hyperlink opens the description of the checklist items (This is available only for the environmental checklist) Environmental Checklist Phase 1 General Information Environmental Checklist Clinical Checklist Clinical F&C>> Phase Description: UAT Testing Environmental Checklist Guide    Required Documentation   Image: Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Signature   Image: Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Submitted Reviewer   Submitted Reviewer							
	3	Click the Upload Button in the row of the checklist item to upload document(s).         Environmental Checklist         Phase 1         General Information Environmental Checklist Clinical Checklist Clinical F&C >>         Phase Description:       UAT Testing         Environmental Checklist Guide         Mailed Documentation refer to DOH       Outrent Status Document File Comments Submitted Rejected Signature         1) Building Construction Type REQUIRED I Upload       Upload         1) Figure 43: Uploading document for building construction type.							



7	The added <b>attachment</b> is indicated by the document icon on the table. *Note: The upload button changes to a <b>Delete</b> button to accommodate correction. <b>Environmental Checklist</b>							
	Phase 1         General Information Environmental Checklist Clinical Checklist Clinical F&C         Phase Description:       UAT Testing         Environmental Checklist Guide							
	Required Documentation *for further Information refer to DOH website 1) Building Construction Type	Current Status	Document Testing Attachment txt	File Delete	Comments	Date Submitted	Date Accepted/ Rejected	
	2) Fire Alarm and Smoke Control Systems Figu	REQUIRED <b>v</b>	ent uploa	Upload	an be deleted befo	ore sav	ing	
8	To add any comm textbox in the corr		•		ument, make entri	es in th	ne Con	nments

Environmental Checklist G	Guide								
Required Documentation						Date			
**for further Information refer to DOH website	Current Status	Document	File	Comments	Date Submitted	Accepted/ Rejected			
1) Building Construction Type	REQUIRED	Testing Attachment.txt	Delete		]				
2) Fire Alarm and Smoke Control Systems	REQUIRED		Upload		]				
0) Eine Alleren Oueteren	REQUIRED	•	Upload		]				
	REQUIRED	•	Upload		]				
5) Sprinkler System Test Report	REQUIRED	•	Upload		]				
6) Stand-pipe System	REQUIRED	•	Upload		]				
7) Fire Pumps	REQUIRED	•	Upload		]				
8) Ventilation Control and fire protection for commercial cooking equipment	REQUIRED	•	Upload		]				
9) Fire Response Procedures	REQUIRED	•	Upload		]				
10) Emergency Preparedness Plans	REQUIRED	•	Upload		]				
11) Fire Safety and Evacuation Training	REQUIRED	•	Upload		]				
40) Ornabian Oinea	REQUIRED	•	Upload		]				
13) Furnishings and Pecorations	REQUIRED	•	Upload		]				
14) Classification of interior F	REQUIRED	•	Upload		]				
	REQUIRED	•	Upload		1				
	Save	Clear		Submit Expand	IIA II				
	Fiaure	48 <sup>.</sup> Savino	the U	ploaded documer	nt.				
1 To submit the uploa				· •	)				
The submission con	ntirmation s	screen disp	olays. C	lick Confirm.					
Confirm Subr	nission (	of Docun	nents						
Phase 1A									
Please be sure all the	Phase 1A Please be sure all the documentation has been added or explanation provided before submitting this notice to the Department of Health. Do you want to proceed?								

Learning Objective	Step	Action								
How to change the Status of the Checklist item from Required to N/A	2	The default status f Select N/A if the ite Required Documentation "for further Information refer to DOH website 1) Building Construction Type 2) Fire Alarm and Smoke Control Systems 3) Fire Alarm System Record of Completion Provide the reason Comments column *Note: Providing a g checklist. Environmental Checklist C	hase. <u>comments</u> <u>Status_</u> Selecting blicable to the proj	Date submitted	Date Accepted/ Rejected	he				
		Type 2) Fire Alarm and Smoke Control Systems	0		•	Comments Reason for N/A Omments for N/A	Submitted		Signature	
	3	Click <b>Save</b> to save the information or <b>Submit</b> to notify the Regional Office that the required information has been provided.								

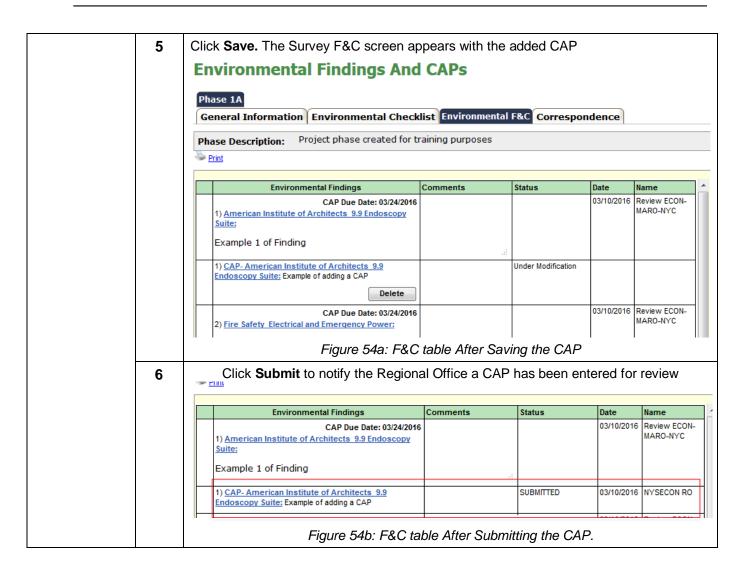
#### Changing status of a checklist item to N/A

# **Corrective Action Plan (CAP)**

## Add, Save and Submit CAP

Learning Objective	Step		Action				
How to Add and Submit CAP	1	On the F&C (Findings and CAP) tab, c <u>DO NOT ENTER CAPs</u> in the <b>Commen</b> <b>Environmental Findings</b> Phase 1A General Information Environmental Check	nts field. dist Environmental		ence		
		Phase Description: Project phase created for the Print	raining purposes				
		Environmental Findings	Comments	Status Da	ate	Name	
		CAP Due Date: 03/24/2016 1) American Institute of Architects 9.9 Endoscopy Suite: Example 1 of Finding CAP/Ext. Request	a		3/10/2016	Review ECON- MARO-NYC	
		CAP Due Date: 03/24/2016 2) <u>Fire Safety Electrical and Emergency Power:</u> Example 2 of finding CAP/Ext. Request	ai.	03		Review ECON- MARO-NYC	
		CAP Due Date: 03/24/2016 3) <u>Swimming Pools Part 6-1 of NYCRR (Sanitary</u> <u>Code):</u> Example 3 of finding CAP/Ext. Request	.ti	03		Review ECON- MARO-NYC	ш
		Other Environmental Findings	Comments	Status Da	ate I	Name	
		CAP Due Date: 03/24/2016 4) <u>New category New finding:</u> Example of others CAP/Ext. Request	at a second s	03		Review ECON- MARO-NYC	
		Save Figure 5	Submit 2: Survey F&C	tab			*

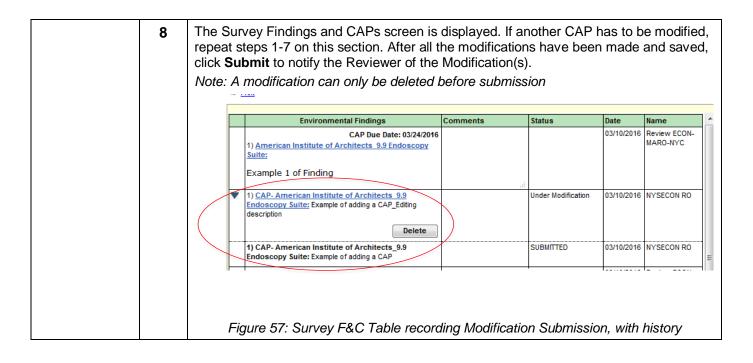
2	The Add Corrective Action Plan screen is displayed
-	Add Corrective Action Plan
	Phase 1A
	General Information Environmental Checklist Environmental F&C Correspondence
	Phase Description:         Project phase created for training purposes           Finding Type:         Environmental
	*CAP Type: <ul> <li>CAP © Extension</li> </ul> Extension Date: mm/dd/yyyy
	1) American Institute of Architects 9.9 Endoscopy Suite:
	Example 1 of Finding *Description:
	[Style]    [Size]
	Attachments:
	Save Clear Cancel
3	Figure 53: Add CAP page Leave CAP type as <b>CAP</b> , ( <i>Default value</i> ).
4	Enter a <b>Description</b>



## Modify CAP

Learning Objective	Step	Action
How to Modify CAP	1	CAPs can be modified before submission, or when rejected by the Regional Office reviewer.
		On the Survey F&C tab, click on the Hyperlink of the CAP Environmental Findings And CAPs Phase 1A General Information Environmental Checklist Environmental F&C Correspondence Phase Description: Project phase created for training purposes Print
		Environmental Findings Comments Status Date Name 🔺
		CAP Due Date: 03/24/2016     03/10/2016       1) <u>American Institute of Architects 9.9 Endoscopy</u> 03/10/2016       Suite:     Example 1 of Finding
		1) CAP- American Institute of Architects         9.9         SUBMITTED         03/10/2016         NYSECON RO           Endoscopy Suite; Example of adding a CAP         SUBMITTED         03/10/2016         NYSECON RO
		CAP Due Date: 03/24/2016 03/10/2016 Review ECON-
		Figure 55: Survey F&C tab, Showing CAP hyperlink

2	Modify Corrective Action Plan screen is displayed. Modify Corrective Action Plan
	Phase 1A General Information Environmental Checklist Environmental F&C Correspondence
	Phase Description:         Project phase created for training purposes           Finding Type:         Environmental
	*CAP Type:  CAP CAP Extension Extension Date:
	mm/dd/yyyy
	1) American Institute of Architects 9.9 Endoscopy Suite:
	Example 1 of Finding
	Corrective action plan: Example of adding a CAP
	*Description:
	[Style] • [Font] • [Size] •
	Example of adding a CAP_Editing description
	Attachments:
	Add Attachment
	Save Clear Cancel
	Figure 56: Modify CAP
3	Change the <b>CAP Type</b> selection, from CAP to Extension if an extension request is necessary. If there was an extension filed which requires a CAP submission, change selection to CAP.
4	Provide or modify the Extension Date, if applicable.
5	Modify the <b>Description</b>
6	Add Attachments, if any.
7	Click Save/ Request Extension



Learning Objective	Step	Action
How to request an Extension	1	On the Add Corrective Action plan page, or Modify Corrective Action Plan page, select CAP type as Extension Modify Corrective Action Plan Plase 14 General Information Environmental Checklist Environmental F&C correspondence Phase Description: Project phase created for training purposes Finding Type: Environmental CAP Type: CAP @ Extension Extension Date: 05(23/2016 Imm/dd/vyyy 1) American Institute of Architects 9.9 Endoscopy Suite: Example 1 of Finding Corrective action plan: Example of requesting an Extension *Description: [Style] * [Font] * [Size] * B / U = = = -1 = = := :# # A @ = Example of requesting an Extension *Description: [Style] * [Font] * [Size] * Attachments: Add Attachment Figure 58: Survey F&C tab
	2	Enter the <b>Extension Date</b>
	3	Enter / edit the <b>Description</b>
	4	Click Request Extension

## **Request Extension for CAP submission**

#### **Delete CAP**

Learning Objective	Step			Action			
How to Delete a CAP	1		the <b>Survey F&amp;C</b> tab, after the CAP lete, to delete the saved CAP.	has been save	d (but not sub	omitted),	click
			Environmental Findings	Comments	Status	Date	Name
			CAP Due Date: 03/24/2016 1) <u>American Institute of Architects</u> 9.9 Endoscopy <u>Suite:</u> Example 1 of Finding			03/10/2016	Review ECON- MARO-NYC
			1) <u>CAP- American Institute of Architects</u> 9.9 <u>Endoscopy Suite:</u> Example of adding a CAP_Editing description Delete		Under Modification	03/10/2016	NYSECON RO
			1) CAP- American Institute of Architects_9.9 Endoscopy Suite: Example of adding a CAP		SUBMITTED		NYSECON RO
		Noi	Figure 59: Survey te: CAP once submitted cannot be d		te after Save	1	I II

## **Comment on Finding**

Learning Objective	Step		Ac	ction			
How to Comment on Findings	1	(maximu	urvey F&C tab, select the Comm n 1000 character length). <u>Comme</u> n not be accepted in the Commer	ents are for suppleme			
		E	nvironmental Findings And CA	APs			
			nase 1A eneral Information Environmental Checklist	Environmental F&C Correspon	ndence		
		NA.	ase Description: Project phase created for trainin	ng purposes			
		· · · · · · · · · · · · · · · · · · ·	Print				
			Environmental Findings Com	iments Status	Date	Name	
			CAP Due Date: 03/24/20 6 Wustra 1) <u>American Institute of Architects 9.9 Endoscopy</u> <u>Suite:</u> Example 1 of Finding		03/10/2016	Review ECON- MARO-NYC	
		•	1) CAP-American Institute of Architects 9.9 Endoscopy Suite: Example of adding a CAP_Editing description Delete	Under Modification	03/10/2016	NYSECON RO	
			1) CAP- American Institute of Architects_9.9 Endoscopy Suite: Example of adding a CAP	SUBMITTED	03/10/2016	NYSECON RO	=
			Figure 60: Con	mment for Finding.			

	Click <b>Save</b> , to save the comment for later submission or Click <b>Submit</b> to submit the comment and notify the Reviewer of the submission.
	Note: Applicant can comment on the findings only.

### **Notifications**

#### Schedule Survey correspondence

When the Reviewer schedules a survey for a regional office review, the following email notification is received. Select the link within the email notification to enter NYSE-CON and be directed to the Correspondence tab on the **Regional Office Tab**. If you are not logged into the system you will be redirected to the Login page. After you log in please select this link again to continue to the regional office information.

	Email Notification Sent
1	Regional office Applicants
Sent: To: I Subje ECO	n: NYS Department of Health [ <u>mailto:nysecon@health.ny.gov]</u> Thursday, January 28, 2016 12:04 PM Das, Sagarnil (ITS) < <u>Sagarnil Das@its.ny.gov</u> > ect: Sent from DEV Environment - CON Application No. 102473, Albany County Nursing Home , Facility ID 8888, Review 'N Schedule Survey multiple survey(s) for Phase 7 Encation Date: 01/28/2016
NYS Ther	Department of Health, NYSE-CON notification: e is new correspondence created by Review ECON for CON Application No. 102473, submitted on behalf of Albany County ing Home , Facility ID 8888 to Schedule Survey survey(s).
Offic If you to Re	og into the NYSE-CON system to view the correspondence. This correspondence hyperlink will be available in the Regional e Correspondence tab. You may use the Reply functionality on the View Correspondence page to respond. u wish to respond to the correspondence more than once, please access the original message hyperlink created by the reviewer ply. o upload checklist documents please access the checklist tabs in the Regional Office module.
-	u are using NYSE-CON via the Health Commerce System (HCS) use this link ://devcommerce.health.state.ny.us/doh2/applinks/nysecon/ro/referenceCorrespondenceRo?id=22086
If yo	u are not logged into the NYSE-CON system you will be redirected to the Login page.
	Figure 61: Sample Notification Email for Schedule Survey correspondence

## View Correspondence

(Survey, General, Checklist, Findings and CAP, Email Log and Phone Log)

Learning Objective	Step	Action
How to view	1	Select the ' <b>Regional Office</b> ' tab.
a		Select the <b>Correspondence</b> tab.
correspond- ence		< Correspondence Decision Contingencies Post Approval Regional Office Access Summary
		Correspondence
		Phase 1A
		General Information Environmental Checklist Environmental F&C Correspondence
		Phase Description: Project phase created for training purposes
		Correspondences
		03/09/2016 03:37:11 PM - ECON, Review O - Applicant - Phase 1A - Re-Schedule Survey 03/09/2016 09:44:25 AM - ECON, Review O - Applicant - Phase 1A - Schedule Survey
		Figure 61: Correspondence Screen
	2	The screen contains the hyperlinks to the correspondence created in chronological order of occurrence. Click on the <b>hyperlink</b> to access the content of the correspondence.
	3	The View Survey Correspondence screen is now displayed.
		View Survey Correspondence
		Phase 1A
		General Information Environmental Checklist Environmental F&C Correspondence
		Phase Description: Project phase created for training purposes
		Created By: ECON, Review O on 03/09/2016
		Correspondence Type: Re-Schedule Survey Survey Type: Environmental
		Survey Type:     Environmental       Survey Date:     3/9/16
		Recipient: Applicant
		Message:
		Illustration of rescheduling
		Attachments:
		** 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.
		03/09/2016 03:37:11 PM - ECON, Review O - Applicant - Phase 1A - Re-Schedule Survey 03/09/2016 09:44:25 AM - ECON, Review O - Applicant - Phase 1A - Schedule Survey
		Figure 62: View Survey Correspondence Screen

# Reply to Correspondence

(Applies to Survey, Checklist, General, Finding and CAPs correspondence)

Learning Objective	Step		Action
How to reply to correspond- ence	1	View Survey Corre	ndence page, click Reply espondence
		Phase Description: Project pl	hase created for training purposes
		Created By: Correspondence Type: Survey Type: Survey Date: Recipient: Message: Illustration of rescheduling Attachments:	ECON, Review O on 03/09/2016 Re-Schedule Survey Environmental 3/9/16 Applicant Reply Return
		ensure that their anti-virus software is ope	that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user should rating and is up-to-date with the latest anti-virus signature files.
			ECON, Review O - Applicant - Phase 1A - Re-Schedule Survey
		Figure 63	: Reply Button on View correspondence screen

-	nvironmental Checklist Environmental F&C Corresponde
Phase Description: Project	phase created for training purposes
Correspondence Type: Re-3 Recipient: ECO	N, Review O ronmental
Styles - Font -	
Attachments:	Add Send Reply Cancel
Attachments:	
-In Response To Created By: Correspondence Type: Survey Type: Survey Date:	
<b>In Response To</b> Created By: Correspondence Type: Survey Type:	Send Reply Cancel ECON, Review O on 03/09/2016 Re-Schedule Survey Environmental
-In Response To Created By: Correspondence Type: Survey Type: Survey Date: Message: Illustration of rescheduling Attachments: * DOH cannot guarantee th	Send Reply Cancel ECON, Review O on 03/09/2016 Re-Schedule Survey Environmental 3/9/16 hat documents that have been uploaded to NYSE-CON are virus to hed, the user should ensure that their anti-virus software is oper
In Response To Created By: Correspondence Type: Survey Type: Survey Date: Message: Illustration of rescheduling Attachments: * DOH cannot guarantee th Before documents are open is up-to-date with the lates	Send Reply Cancel ECON, Review O on 03/09/2016 Re-Schedule Survey Environmental 3/9/16 hat documents that have been uploaded to NYSE-CON are virus hed, the user should ensure that their anti-virus software is oper

# Appendix \_1

# Referencing the Survey Schedule History Table

Learning Objective	Step	Action							
How to View the History of survey	1	The <b>Survey</b> table (containing the history of schedules specific to each survey) is located in the bottom frame of the <b>General Information</b> page.							
activity		Survey							
		Survey           Type         Required         Scheduled Date         Confirm Date         Reviewer							
		Environmental	~	03/09/2016	Common Date	Review ECON			
		Clinical	~						
		Administrative							
				Add Phase Modify					
		Figure 65: Survey table							
	2	All survey activity (schedule, confirm, re-schedule, and cancel) appears in the survey table. The history of survey activity is maintained.							
		The survey information appears as follows:							
		• Type of survey(s) selected by the Regional Office for the project (Marked with ✓)							
		This tick mark appears even if the survey(s) are not scheduled yet. They are indicative of the survey(s) that are selected for the project by the Regional Office staff.							
		• The Scheduled date - the date is created when the Reviewer first schedules the survey and is updated every time the survey is rescheduled.							
		Name of the Reviewer							
		*Note: A toggle {>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>							
		Survey							
		Туре	Required	Scheduled Date	Confirm Date	Reviewer			
		Environmental	~	03/09/2016		Review ECON			
				04/10/2016		Review ECON			
				<del>04/10/2016</del> 04/10/2016		Review ECON Review ECON			
		Clinical	×	00102010					
		Administrative							
				Add Phase Modify					
		<ul> <li>* Fields marked with an asterisk (*) are required for saving information from this screen.</li> <li>* Fields marked with a dagger (†) are required to proceed with the submission process.</li> </ul>							
		Figure 66: Records created for Surveys Scheduled							

# Adding an Attachment

Learning Objective	Step	Action					
How to Add an	1	Click Add Attachment on the screen					
Attachment		Attachments: Add Attach					
		Figure 67: Add Attachment button					
	2	Select Document Type Add Correspondence Attachment					
		Phase 1A General Information Environmental Checklist Environmental F&C Correspondence					
		Phase Description: Project phase created for training purposes					
		Document     RO Generic Document       Type:     Please Choose:       Date:     RO Generic Document       Description:					
		File: Browse No file selected. Add Attachment Cancel					
		Figure 68: Drop down selection of Document Type					
	3	Enter the document <b>Description</b>					
		Phase Description: Project phase created for training purposes					
		Document RO Generic Document 👻					
		Date: 03/11/2016					
		Description:       Illustrating Description         File:       Browse         No file selected.					
		Add Attachment Cancel					
		Figure 69: Description of attachment					
	4	Click Choose file / Browse					
		(As displayed on the browser)					

	_							
	5	Browser window pops up. Select the file to be attached. Click <b>Open.</b>						
		C Open						
			C v E Desktop	•	Search Desktop	<u>م</u>		
			Organize 🔻 New folder		¥= ▼ []			
			▲☆ Favorites 📩 🚞	Libraries System Folder				
			Desktop	system rolder				
			🔚 Recent Places	Payal Sareen System Folder				
			A Desktop	Computer				
			<ul> <li>▲ ☐ Libraries</li> <li>▲ ☐ Documents</li> </ul>	System Folder				
			🖌 📔 My Documer 🛛 🎼	Network				
			Agendas	System Folder				
			Document 🔻 🚶	Acrobat Reader DC		-		
			File name:	·	All Files	•		
					Open 🔻 Cancel			
			Figure 70: Brow	wser Window f	for Attachments			
	6	The filename is shown as attachment on screen.						
		<< Corresp	ondence Decision Con	tingencies Po	st Approval Regio	nal Office Access		
	<< Correspondence Decision Contingencies Post Approval Regional Office Act Summary							
		Add Correspondence Attachment						
		Phase 1A						
			rmation Environmenta	Checklist En	vironmental F&C	Correspondence		
		General Information Environmental Checklist Environmental F&C Correspondence						
		Document	RO Generic Document 👻					
		Type:						
			03/11/2016 Illustrating Description					
		File:	Browse) testing attachme	ants tyt				
					ancel			
	Figure 71: Attachment add to system							
		Click Add Att	achment					