

New York State

Electronic Certificate of Need

Applicant Training

Public Authenticated Request Modification

NYS Department of Health

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Chapter Overview

Contents

In this chapter, the Applicant will learn how to

1. Request Modification

- NYSE-CON provides the ability for Applicant to request a modification after the project has been approved.

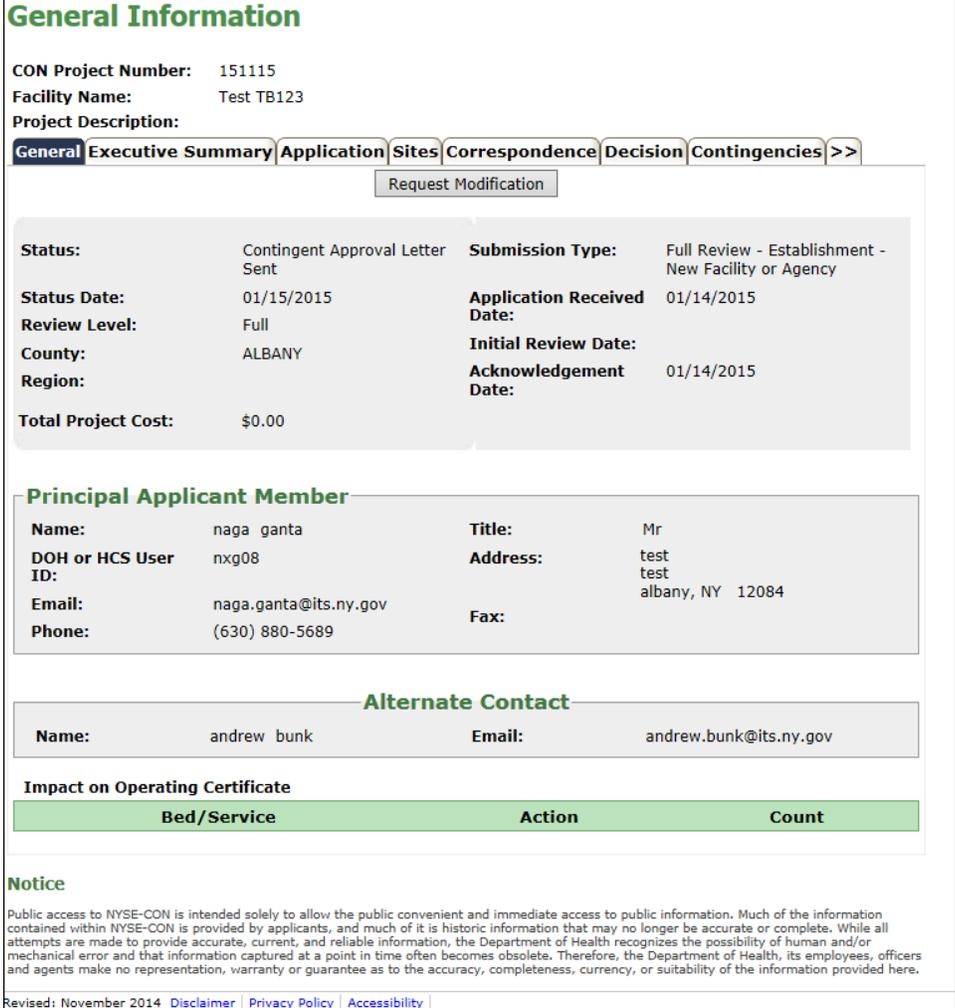
Learning Objective	Step	Action						
<p>How to request a modification</p>	<p>1</p>	<p>On the General Tab, click on 'Request Modification' button (if available).</p>  <p>General Information</p> <p>CON Project Number: 151115 Facility Name: Test TB123 Project Description:</p> <p>General Executive Summary Application Sites Correspondence Decision Contingencies >></p> <p>Request Modification</p> <p>Status: Contingent Approval Letter Sent Submission Type: Full Review - Establishment - New Facility or Agency Status Date: 01/15/2015 Application Received Date: 01/14/2015 Review Level: Full Initial Review Date: County: ALBANY Acknowledgement Date: 01/14/2015 Region: Total Project Cost: \$0.00</p> <p>Principal Applicant Member</p> <p>Name: naga ganta Title: Mr DOH or HCS User ID: nxg08 Address: test test albany, NY 12084 Email: naga.ganta@its.ny.gov Fax: Phone: (630) 880-5689</p> <p>Alternate Contact</p> <p>Name: andrew bunk Email: andrew.bunk@its.ny.gov</p> <p>Impact on Operating Certificate</p> <table border="1"> <thead> <tr> <th>Bed/Service</th> <th>Action</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Notice</p> <p>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.</p> <p>Revised: November 2014 Disclaimer Privacy Policy Accessibility</p>	Bed/Service	Action	Count			
Bed/Service	Action	Count						
Field Descriptions								
Button	Navigation							
Request Modification	Select to request new modification.							

Figure1: Sample General Information screen

2	<p>'Request Modification' screen is displayed. Respond to all the questions by selecting Yes or No radio button and select Continue.</p> <div style="border: 1px solid black; padding: 5px;"> <p style="color: green; margin: 0;">Request Modification</p> <p>CON Project Number: 151115 Facility Name: Test TB123 Project Description:</p> <p style="background-color: #f0f0f0; padding: 5px;"> Do the proposed changes involve a change in the number and/or type of beds? <input type="radio"/>Yes <input type="radio"/>No Do the proposed changes involve a change in the location of the project site, outside the approved service area? <input type="radio"/>Yes <input type="radio"/>No Do the proposed changes involve a change in the applicant, including but not limited to any change to members, shareholders and/or directors? <input type="radio"/>Yes <input type="radio"/>No </p> <p style="text-align: right; margin: 0;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </p> <p style="color: green; margin: 5px 0 0 0;">Notice</p> <p style="font-size: small; margin: 0;"> 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. </p> <p style="font-size: x-small; margin: 0;"> Revised: November 2014 Disclaimer Privacy Policy Accessibility </p> </div>
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Figure 2: Sample Request Modification screen

Field Descriptions	
Field Name	Description
Request Modification	Page title
Preliminary Questions	
Button	Navigation
Continue	Select to proceed.
Cancel	Select to return to general information screen.

	<p>3a</p>	<p>Based on the response to the preliminary questions, the system will display either a 'Modification Request Ineligible' screen (figure 3a) or 'Modification Request Description' screen (figure 3b)</p> <p>If the system displays the 'Modification Request Ineligible' screen, follow the instructions as noted below in figure 3a.</p> <div style="border: 1px solid black; padding: 10px;"> <p style="color: green; font-weight: bold; margin: 0;">Modification Request Ineligible</p> <p>CON Project Number: 151115 Facility Name: Test TB123 Project Description:</p> <p style="background-color: #f0f0f0; padding: 5px;">This Modification Request is ineligible because you responded 'Yes' to one or more of the following questions.</p> <p style="background-color: #f0f0f0; padding: 5px;">Do the proposed changes involve a change in the number and/or type of beds? Yes</p> <p style="background-color: #f0f0f0; padding: 5px;">Do the proposed changes involve a change in the location of the project site, outside the approved service area? No</p> <p style="background-color: #f0f0f0; padding: 5px;">Do the proposed changes involve a change in the applicant, including but not limited to any change to members, shareholders and/or directors? No</p> <p style="background-color: #f0f0f0; padding: 5px;">Such project changes may require an amendment. Please contact the Bureau of Project Management at (518) 402-0911 for further information. This message has been saved in the project Correspondence.</p> <p style="text-align: right; background-color: #f0f0f0; padding: 5px;"><input type="button" value="Ok"/></p> <p style="margin-top: 10px;">Notice</p> <p style="font-size: 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.</p> <p style="font-size: x-small; margin-top: 5px;">Revised: November 2014 Disclaimer Privacy Policy Accessibility</p> </div> <p style="text-align: center; margin-top: 20px;"><i>Figure 3a: Sample Modification Request Ineligible screen.</i></p>
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Field Descriptions	
Button	Navigation
OK	General Information screen

3b

If the system displays '**Modification Request Description**' screen (figure 3b), enter modification request description in the rich text box and select **Submit**.

Figure 3b: Sample Modification Request Description screen.

Field Descriptions	
Field Name	Description
Modification Request Description	Page title
Modification Description	Text box to enter modification description.
Button	Navigation
Submit	Select to proceed.
Cancel	Select to return to 'Request Modification' screen.

4	<p>System displays 'Confirm Modification Request' screen. Review the information and select the Confirm button to proceed or the Cancel button to return to 'Modification Request Description' screen. Select Confirm.</p> <div style="border: 1px solid black; padding: 10px;"> <p style="color: green; margin: 0;">Confirm Modification Request</p> <p>CON Project Number: 151115 Facility Name: Test TB123 Project Description:</p> <p style="background-color: #f0f0f0; padding: 5px;">Select Confirm to continue and save your responses. Select Cancel to cancel and return to the prior screen.</p> <p>Do the proposed changes involve a change in the number and/or type of beds? No</p> <p>Do the proposed changes involve a change in the location of the project site, outside the approved service area? No</p> <p>Do the proposed changes involve a change in the applicant, including but not limited to any change to members, shareholders and/or directors? No</p> <p>Modification Description: Description of Modification as entered by the applicant.</p> <p style="text-align: right;"><input type="button" value="Confirm"/> <input type="button" value="Cancel"/></p> <p>Notice 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.</p> <p><small>Revised: November 2014 Disclaimer Privacy Policy Accessibility</small></p> </div>
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Figure 4: Sample Confirm Modification Request screen

Field Descriptions	
Button	Navigation
Confirm	Select to proceed.
Cancel	Select to return to Modification Request Description screen.

5	<p>System displays 'Modification Request Submitted' screen. Select Ok.</p> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center; color: green; margin: 0;">Modification Request Submitted</p> <p>CON Project Number: 151115 Facility Name: Test TB123 Project Description:</p> <div style="background-color: #f0f0f0; padding: 5px; margin: 5px 0;"> <p>Your modification request has been received. The Department will review your submission and contact you with further instructions.</p> <p>If you have not been contacted within 10 days, please call the Bureau of Project Management at (518) 402-0911.</p> <p style="text-align: center;"><input type="button" value="Ok"/></p> </div> <p>Notice 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.</p> <p><small>Revised: November 2014 Disclaimer Privacy Policy Accessibility</small></p> </div>
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Figure 5: Sample Modification Request Submitted screen

Field Descriptions	
Button	Navigation
Ok	Select to proceed

6

System displays 'General Information' screen without 'Request Modification' button.

General Information

CON Project Number: 151115
Facility Name: Test TB123
Project Description:

General
Executive Summary
Application
Sites
Correspondence
Decision
Contingencies
>>

Status:	Contingent Approval Letter Sent	Submission Type:	Full Review - Establishment - New Facility or Agency
Status Date:	01/15/2015	Application Received Date:	01/14/2015
Review Level:	Full	Initial Review Date:	
County:	ALBANY	Acknowledgement Date:	01/14/2015
Region:			
Total Project Cost:	\$0.00		

Principal Applicant Member

Name:	naga ganta	Title:	Mr
DOH or HCS User ID:	nxg08	Address:	test test albany, NY 12084
Email:	naga.ganta@its.ny.gov	Fax:	
Phone:	(630) 880-5689		

Alternate Contact

Name:	andrew bunk	Email:	andrew.bunk@its.ny.gov
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Impact on Operating Certificate

Bed/Service	Action	Count

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Figure 6: Sample General Information screen