

New York State
Electronic Certificate of Need
Applicant Training
HCS Request Modification

NYS Department of Health

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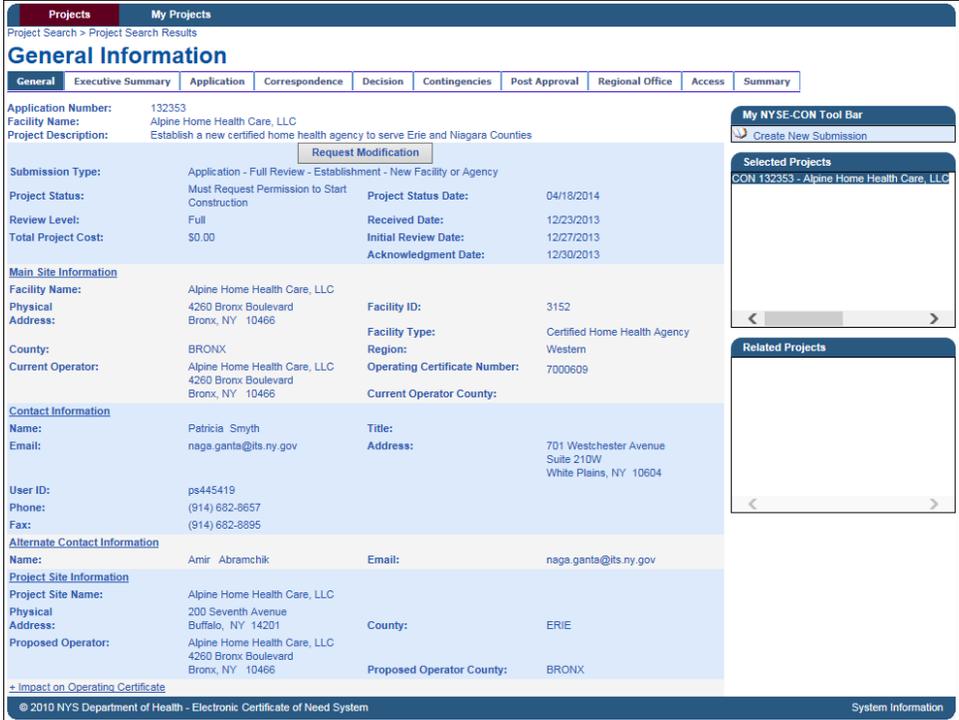
Chapter Overview

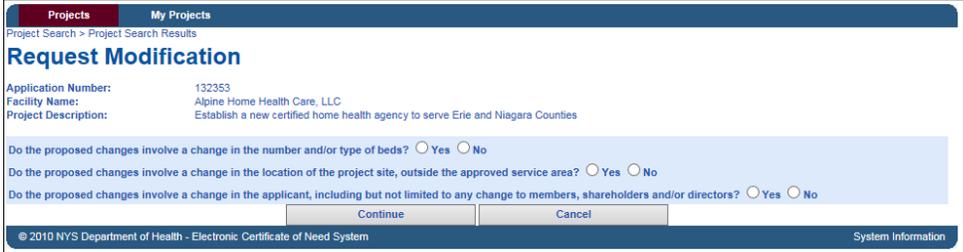
Contents

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>The screenshot shows the 'General Information' tab selected in a web application. A 'Request Modification' button is visible in the 'Project Description' field. Other fields include Application Number (132353), Facility Name (Alpine Home Health Care, LLC), Project Status (Must Request Permission to Start Construction), and various dates and costs.</p>
<p><i>Figure 1: Sample General Information screen</i></p>		
<p>Field Descriptions</p>		
<p>Button</p>	<p>Navigation</p>	
<p>Request Modification</p>	<p>Select to request new modification.</p>	

2	<p>'Request Modification' screen is displayed. Respond to all the questions by selecting Yes or No radio button and select Continue.</p>  <p style="text-align: center;"><i>Figure 2: Sample Request Modification screen</i></p>
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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 data-bbox="548 411 1507 785" style="border: 1px solid black; padding: 5px;"> </div> <p style="text-align: center;"><i>Figure 3a: Sample Modification Request Ineligible screen.</i></p>
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**.

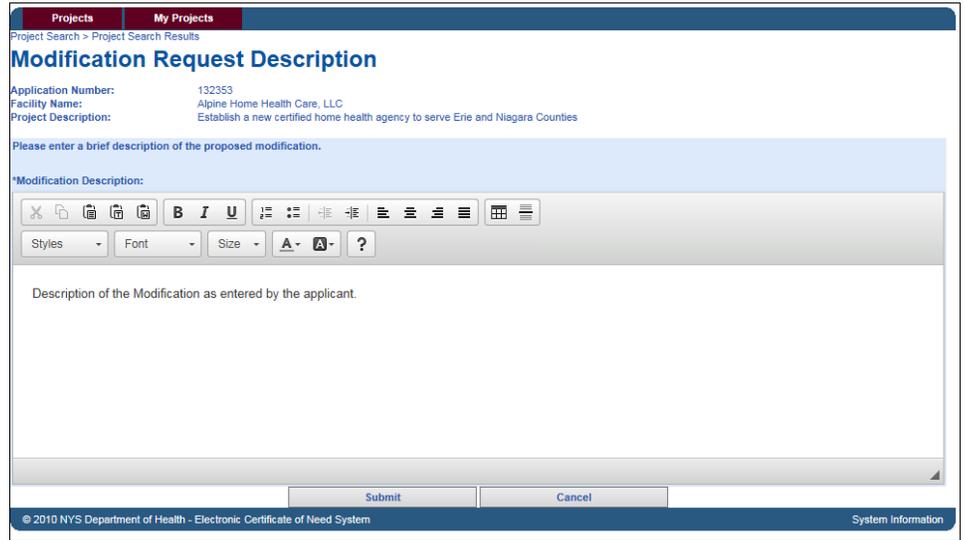


Figure 3b: Sample Modification Request Description screen.

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

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**.

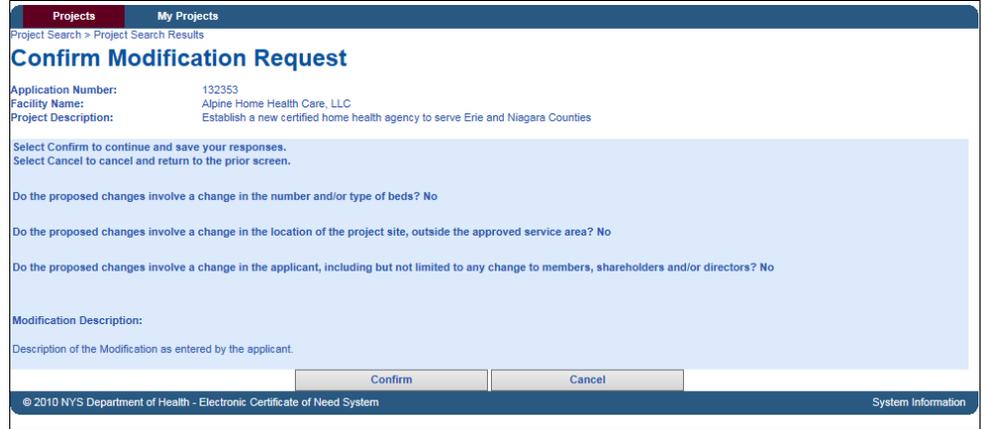


Figure 4: Sample Confirm Modification Request screen

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>
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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.

Projects **My Projects**

Project Search > Project Search Results

General Information

General | Executive Summary | Application | Correspondence | Decision | Contingencies | Post Approval | Regional Office | Access | Summary

Application Number: 132353
 Facility Name: Alpine Home Health Care, LLC
 Project Description: Establish a new certified home health agency to serve Erie and Niagara Counties
 Submission Type: Application - Full Review - Establishment - New Facility or Agency

Project Status: Must Request Permission to Start Construction | Project Status Date: 04/18/2014
 Review Level: Full | Received Date: 12/23/2013
 Total Project Cost: \$0.00 | Initial Review Date: 12/27/2013
 Acknowledgment Date: 12/30/2013

Main Site Information

Facility Name: Alpine Home Health Care, LLC
 Physical Address: 4260 Bronx Boulevard, Bronx, NY 10466 | Facility ID: 3152
 County: BRONX | Facility Type: Certified Home Health Agency
 Current Operator: Alpine Home Health Care, LLC | Region: Western
 4260 Bronx Boulevard, Bronx, NY 10466 | Operating Certificate Number: 7000609
 Current Operator County:

Contact Information

Name: Patricia Smyth | Title:
 Email: naga.ganta@its.ny.gov | Address: 701 Westchester Avenue, Suite 210W, White Plains, NY 10604

User ID: ps445419
 Phone: (914) 682-8657
 Fax: (914) 682-8895

Alternate Contact Information

Name: Amir Abramchik | Email: naga.ganta@its.ny.gov

Project Site Information

Project Site Name: Alpine Home Health Care, LLC
 Physical Address: 200 Seventh Avenue, Buffalo, NY 14201 | County: ERIE
 Proposed Operator: Alpine Home Health Care, LLC
 4260 Bronx Boulevard, Bronx, NY 10466 | Proposed Operator County: BRONX

[+ Inspection Operating Certificate](#)

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Figure 6: Sample General Information screen