# New York State Electronic Certificate of Need HCS LHCSA Submit Application Training Version 1.1

**NYS Department of Health** 

# **Revision History**

Date	Version	Description
04/17/2015	1.0	Initial Draft
02/28/2017	1.1	Updated the Screens throughout to add "NY.gov ID" and "HCS ID" radio buttons as options for User ID.

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### LHCSA submit application

#### **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
  - a. For NYSE-CON Submitters for one Agency
  - b. For NYSE-CON Submitters for less than twenty Agencies
  - c. For NYSE-CON Submitters for more than twenty Agencies
- 3. Search for an Agency
- 4. Add Executive Summary
- 5. Add Documents to Submission
- 6. Submit the LHCSA Application

#### Security Roles

The HCS Coordinator will need to grant Submitter role for NYSE-CON access to HCS for each agency in order to create a LHCSA submittal in HCS.

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

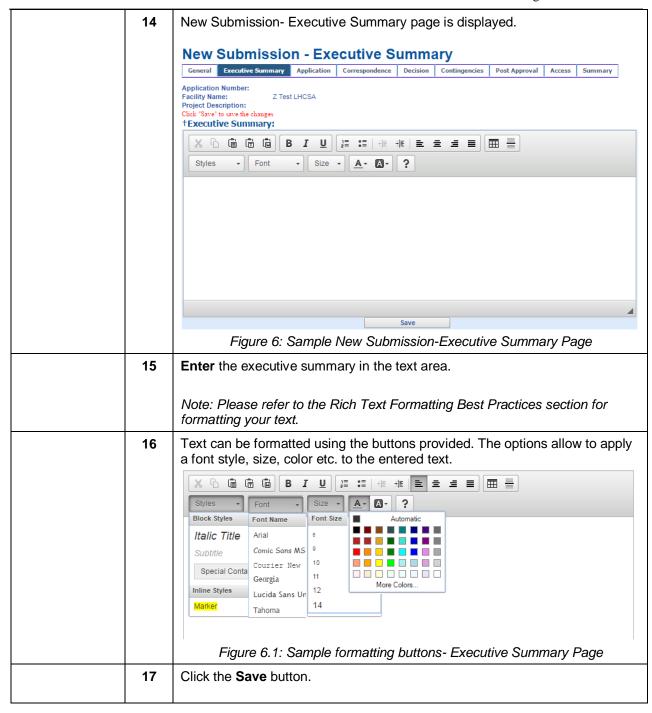
<u>Learning Objective:</u> This section explains how to create and submit the LHCSA application for a New Agency.

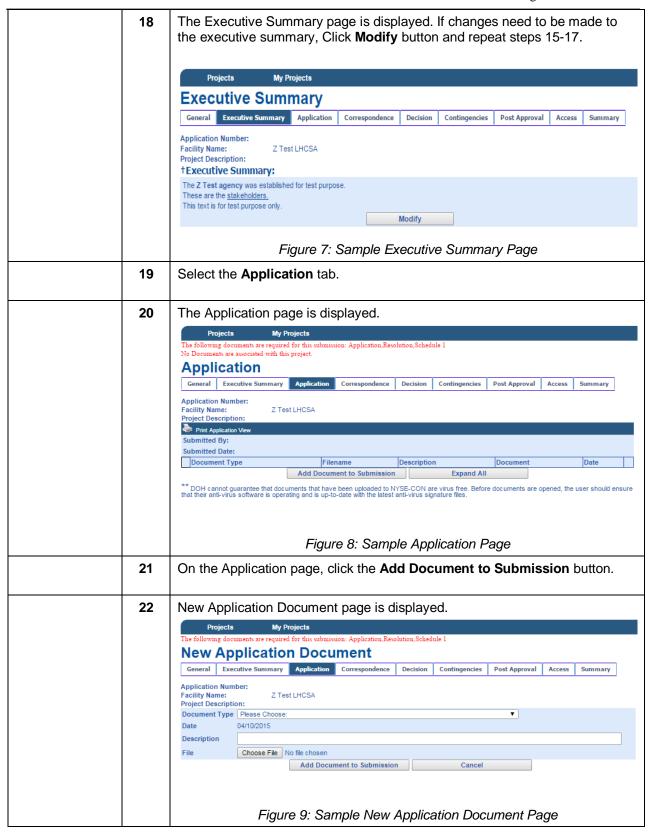
Learning Objective	Step	Action
How to Create and submit LHSCA application for New Agency type	1	On the NYSE-CON home page Contingencies Tab, select the link Create New Submission.  Projects My Projects  Welcome To The Electronic Certificate of Need System  Use this site to find information about pending and closed submissions to establish and/or construct health care facilities and home care agencies or to modify their services. If you are authorized to submit or update CON applications and other submissions on behalf of a facility or home care agency, you may also use this site for those purposes.  Please note that 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.  Try These Quick Links To Get Started:    Try These Quick Links To Get Started:
	2	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.  Submission Types  *Select Type:  Application Application Application Application Continue  *Fields marked with an asterisk (*) are required for saving information from this screen.  Figure 2: Sample Submission Types selection page
	3	Click the <b>Continue</b> button.

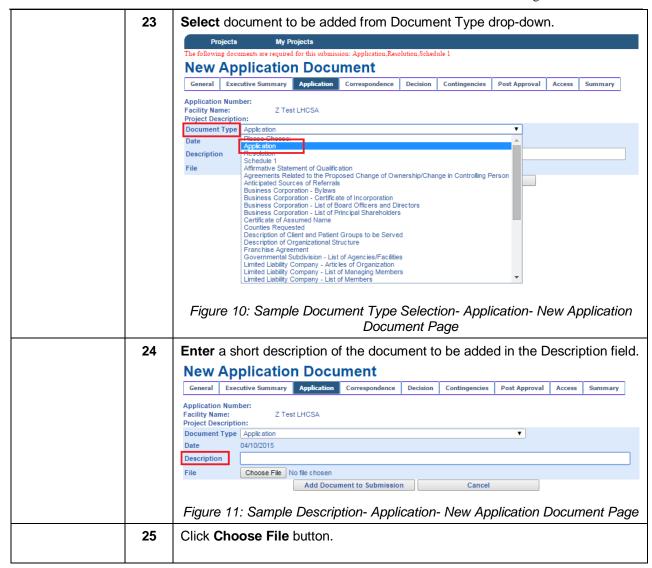
l		
	4	Create New Submission page with Application Types list box is displayed. On this page, select <b>New Agency</b> in the "Select Type" selection box.  Create New Submission
		Application - Licensed Home Care Services Agency Types  Current Selection: Application - Licensed Home Care Services Agency
		Change of Ownership  New Appare
		*Select Type:
		Continue Back
		* Fields marked with an asterisk (*) are required for saving information from this screen.
		© 2010 NYS Department of Health - Electronic Certificate of Need System  System Information
		Figure 3: Sample Create New LCHSA – New Agency Application Type
	5	Click the <b>Continue</b> button.
	6	Create New Submission page with input form is displayed.
		Oreate New Oubmission page with input form is displayed.
		Create New Submission
		*Submission Type: Application - Licensed Home Care Services Agency - New Agency
		Change
		Operator/Applicant —
		†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:
		†Account Type: ○ NYgov ID ○ HCS ID  †Email:
		†Phone:
		Fax #: †Street 1:
		Street 2:
		†City: †State:
		†Zip:
		Additional Contact
		†First Name:
		†Last Name: †Email:
		Save
		* 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.
		Figure 4: Sample Create New Submission – LHCSA – New Agency
		Notes
		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

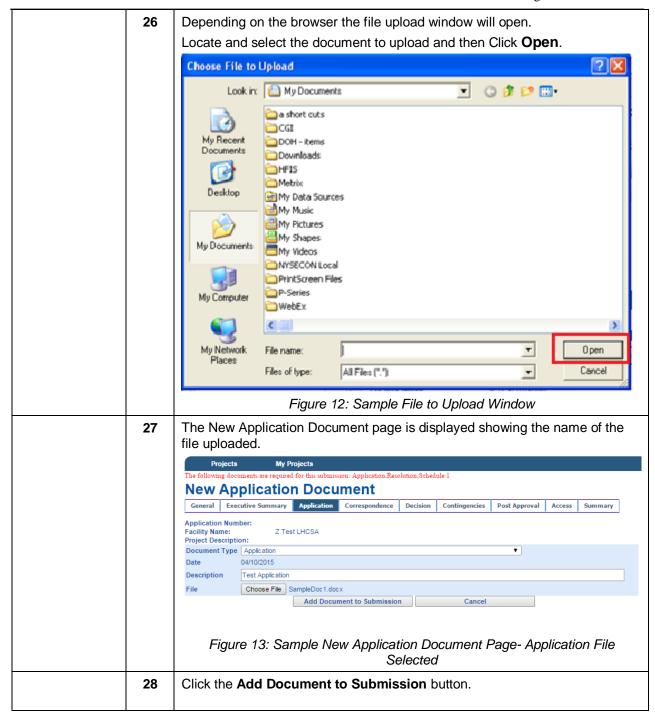
7	<b>Enter</b> the Operator/Applicant information. If the Operator/Applicant's State is New York, select a County from the drop-down.				
	Operator/Applicant    Name:				
8	Enter the details of the Proposed Agency.				
	Proposed Agency Name:    *Agency Name:     *  *Street 1:     *Street 2:     *  *City:     * † State:     *  *Zip:     *County:     *County:     *County:     **Time				
	Figure 4.2: Sample Create New Submission – Proposed Agency Section				
9	Enter the Contact Information details.  **Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †Title:  †User ID:  †Account Type: NYgov ID HCS ID  †Email:  †Phone:  Fax #;  †Street 1:  Street 2:  †City:  †State:  †Zip:				
	Figure 4.3: Sample Create New Submission – Contact Information Section				

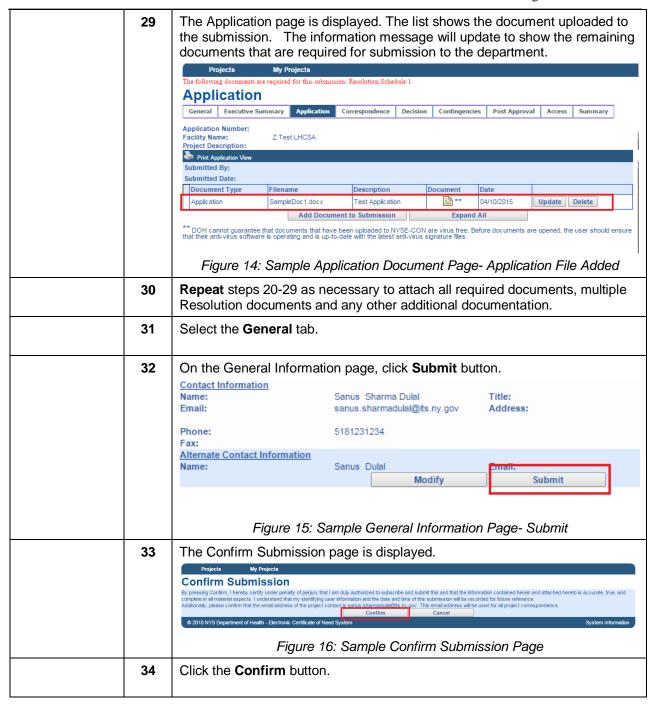
10	Enter the details for an Additional Contact.					
	- Additional Contact					
	†First Name:					
	†Last Name:					
	†Email:					
	Save					
	* Fields marked with an asterisk (*) are required for saving information from this screen. Fields marked with a dagger (†) are required to proceed with the submission process.					
	© 2010 NYS Department of Health - Electronic Certificate of Need System					
	Figure 4.4: Sample Create New Submission – Additional Contact Section					
11	Click <b>Save</b> button.					
12	General Information page is displayed.					
	Projects My Projects					
	General Information  Ceneral Executive Summary Application Correspondence Decision Contingencies Post Approval Access Summary					
	Application Number:					
	Facility Name: 2 Test LHCSA Project Description: Submission Type: Application - Licensed Home Care Services Agency - New Agency					
	Project Status:  Review Level:  Review Date:  Initial Review Date:  Acknowledgment Date:					
	Operator/Applicant         X           Name:         Z Test LHCSA           Address:         1 Central Ave					
	Albany, NY 12203 County: ALBANY Proposed Agency					
	Agency Name:         Z Test LHCSA           Physical Address:         1 Central Ave           Albany, NY         12208           County:         ALBANY					
	Contact Information Name: Sanus Sharma Dulal Title: Mr. Email: sanus.sharmadulal@its.ny.gov Address: 1 Corning Tower Albany, NY 12206					
	Phone: 5181231234 Fax:					
	Alternate Contact Information Name: Sanus Dulal Email: sanus.sharma@outlook.com  Modify Submit					
	© 2010 NYS Department of Health - Electronic Certificate of Need System					
Figure 5: Sample General Information Page						
13	Select the <b>Executive Summary</b> tab from the General Information page.					

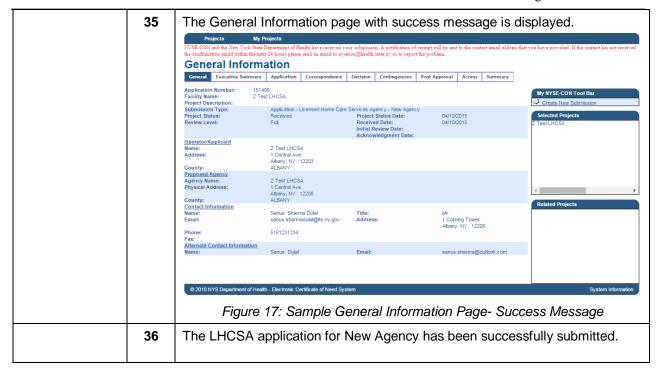








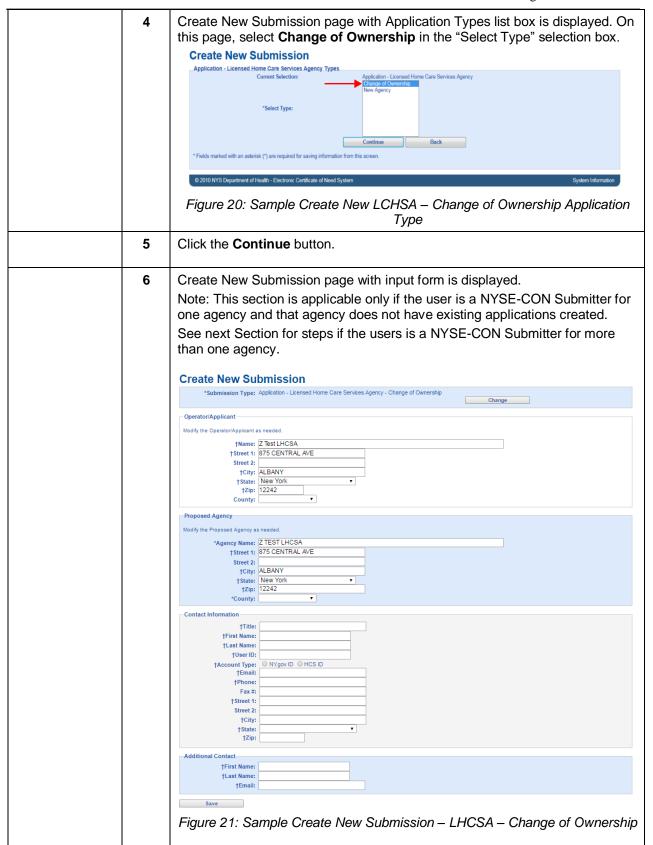




# Submitting LHCSA application for Change of Ownership- Single Agency

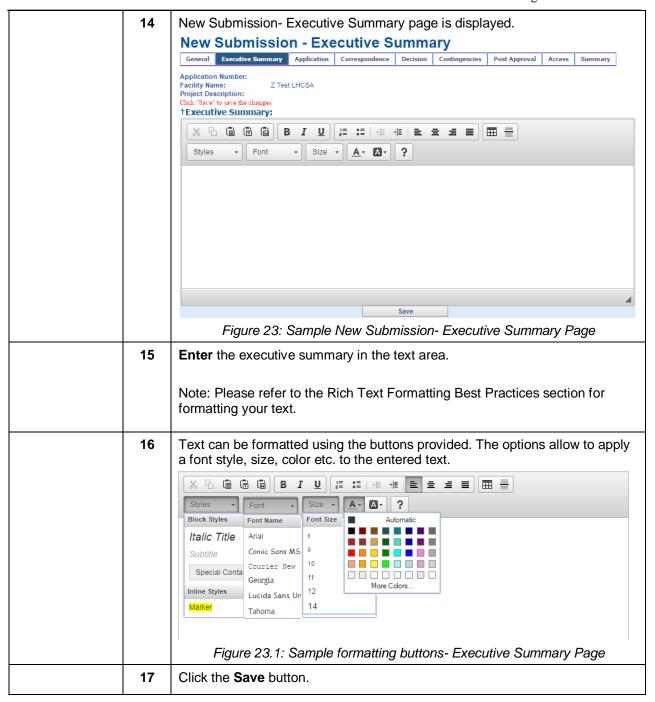
<u>Learning Objective:</u> This section explains how to create and submit the LHCSA application for a Change of Ownership. This section is for applicants with only one affiliated agency and no existing applications.

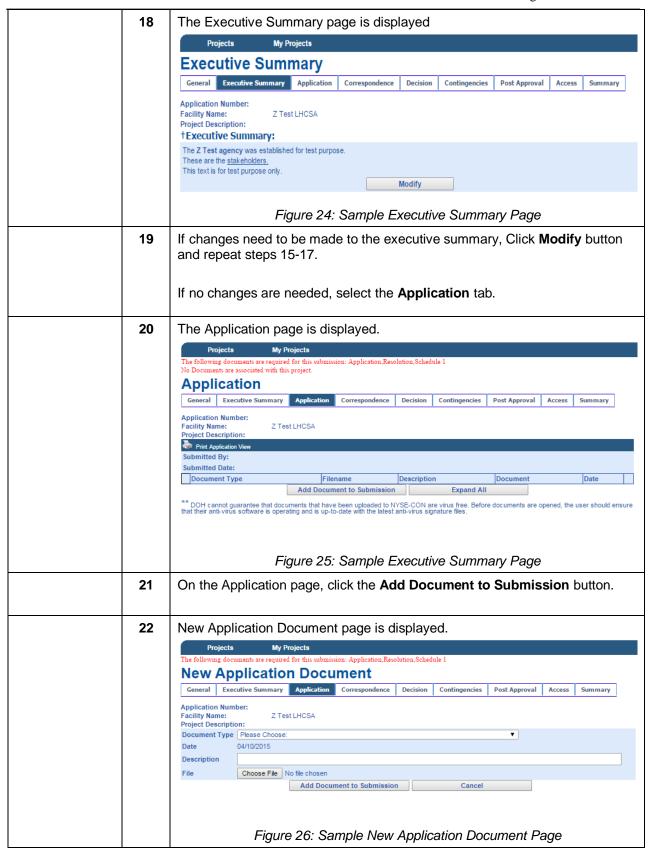
Learning Objective	Step	Action
How to Create and submit LHSCA application for Change of Ownership	1	On the NYSE-CON home page Contingencies Tab, select the link Create New Submission.  Projects My Projects  Welcome To The Electronic Certificate of Need System  Use this site to find information about pending and closed submissions to establish and/or construct health care facilities and home care agencies or to modify their services. If you are authorized to submit or update CON applications and other submissions on behalf of a facility or home care agency, you may also use this site for those purposes.  Please note that 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, warrandy or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.  Try These Quick Links To Get Started:    Try These Quick Links To Get Started:
	2	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.  Submission Types  *Select Type:  Application App
	3	Click the <b>Continue</b> button.

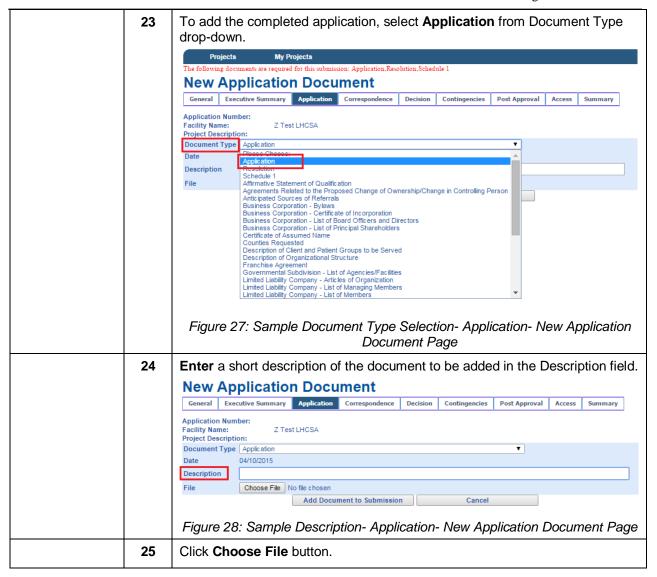


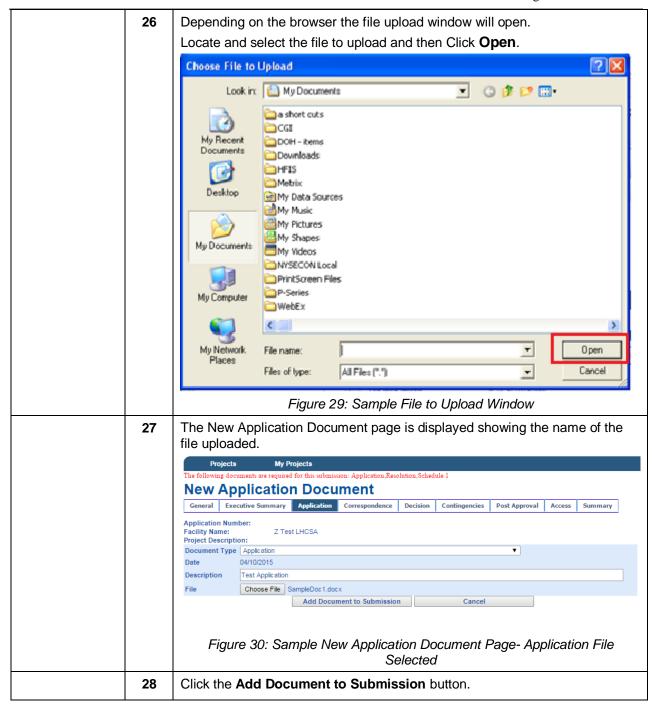
	- Operator/Applicant -
	†Name: †Street 1:
	Street 2:
	†City:
	† State: ▼ †Zip:
	†County:
	Figure 21.1: Sample Create New Submission – Operator/Applicant Section
8	Enter the details of the Proposed Agency.
	Proposed Agency
	*Agency Name:
	†Street 1:
	Street 2:
	†City: †State:
	†Zip:
	*County:
	Figure 21.2: Sample Create New Submission – Proposed Agency Section
9	Enter the Contact Information details.
9	
9	Enter the Contact Information details.  **Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †First Name:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  † Title:  †First Name:  †Last Name:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  † Title:  †First Name:  †Last Name:  †User ID:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  † Title:  †First Name:  †User ID:  †Account Type: NY.gov ID OHCS ID
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †First Name:  †User ID:  †Account Type: NY.gov ID HCS ID  †Email:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †First Name:  †Last Name:  †User ID:  †Account Type: NY.gov ID OHCS ID  †Email:  †Phone:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †First Name:  †Last Name:  †User ID:  †Account Type: NY.gov ID OHCS ID  †Email:  †Phone:  Fax#:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †First Name:  †Last Name:  †User ID:  †Account Type: NY.gov ID OHCS ID  †Email:  †Phone:  Fax #:  †Street 1:
9	**Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"  Contact Information  †Title:  †First Name:  †Last Name:  †User ID:  †Account Type:  NY.gov ID "HCS ID"  †Email:  †Phone:  Fax #:  †Street 1:  Street 2:

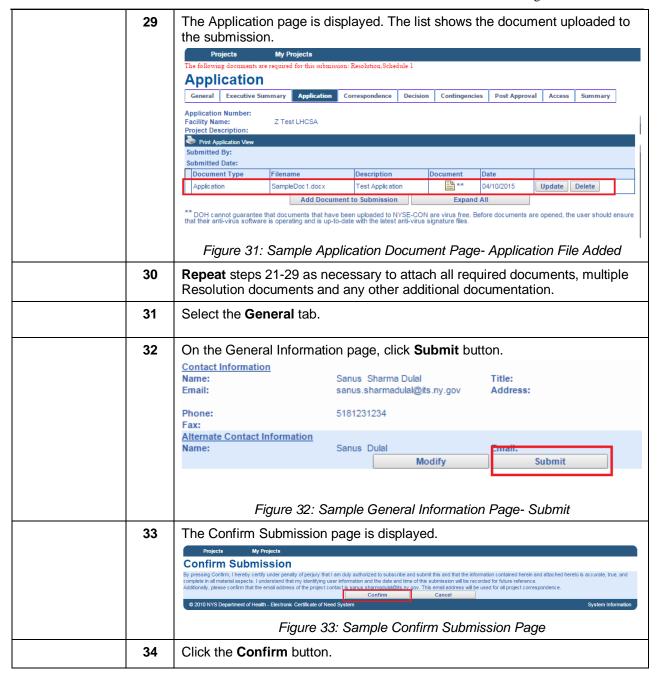
	10	Enter the details for an Additional Contact.						
		Additional Contact  †First Name:  †Last Name:  †Email:						
		* Fields marked with an asterisk (*) are required for saving information from this screen. Fields marked with a dagger (†) are required to proceed with the submission process.						
		© 2010 NYS Department of Health - Electronic Certificate of Need System  Figure 21.4: Sample Create New Submission – Additional Contact Section						
	11	Click Save button.						
	12	General Information page is displayed.  Projects My Projects  General Information  Ceneral Executive Summary Application Correspondence Decision Contingencies Post Approval Access Summary  Application Number: Facility Name: Z Test LHCSA Project Description: Submission Type: Application - Licensed Home Care Services Agency - New Agency Project Status: Received Date: Review Level: Received Date: Initial Review Date: Acknowledgment Date:						
		Name: Z Test LHCSA Address: 1 Central Ave Albany, NY 12203 ALBANY Proposed Agency Agency Name: Z Test LHCSA Physical Address: 1 Central Ave Albany, NY 12208 County: ALBANY Contact Information Name: Sanus Sharma Dulal Title: Mr. Email: sanus.sharmadulal@its.ny.gov Address: 1 Corning Tower Albany, NY 12206 Phone: 5181231234						
		Fax: Alternate Contact Information Name: Sanus Dulal Email: Sanus.sharma@outlook.com Modify Submit  © 2010 NYS Department of Health - Electronic Certificate of Need System						
	Figure 22: Sample General Information Page							
	13	Select the <b>Executive Summary</b> tab from the General Information page.						

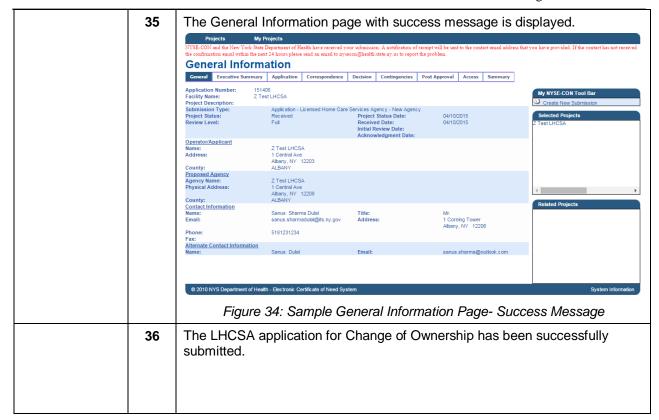






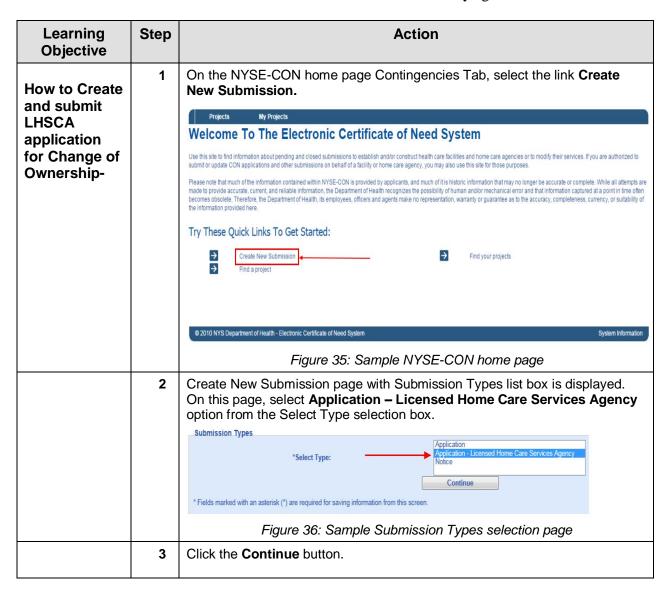


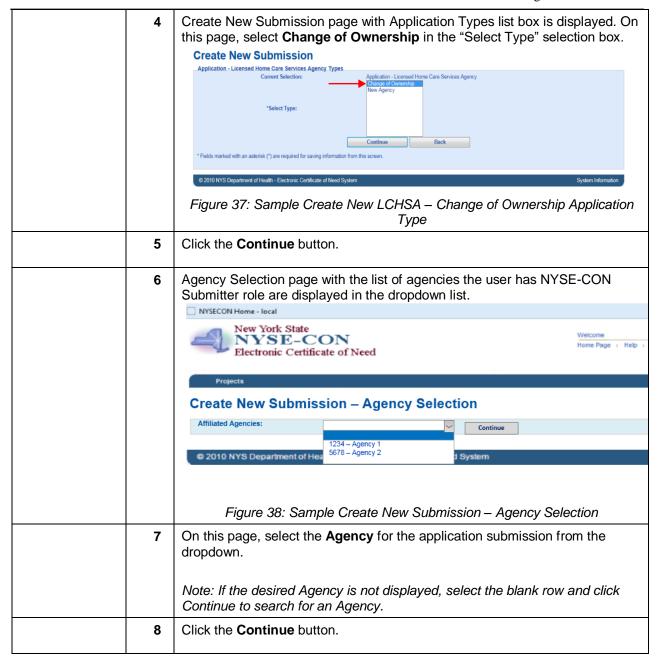




# Submitting LHCSA application for Change of Ownership- Multiple Agencies Submitters for less than Twenty Agencies

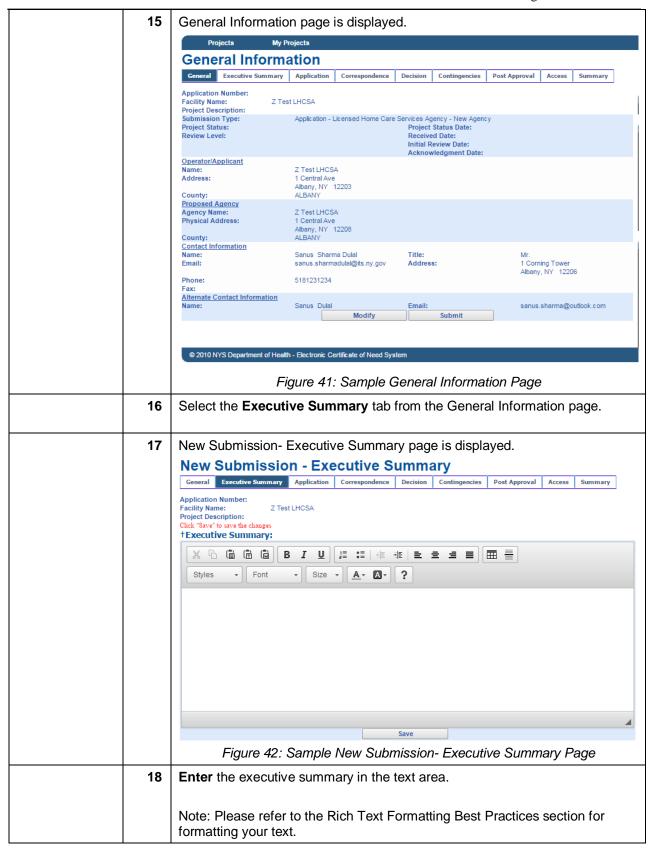
<u>Learning Objective:</u> This section explains how to create and submit the LHCSA application for a Change of Ownership. This section is for users who are NYSE-CON Submitters for more than one but less than twenty agencies.

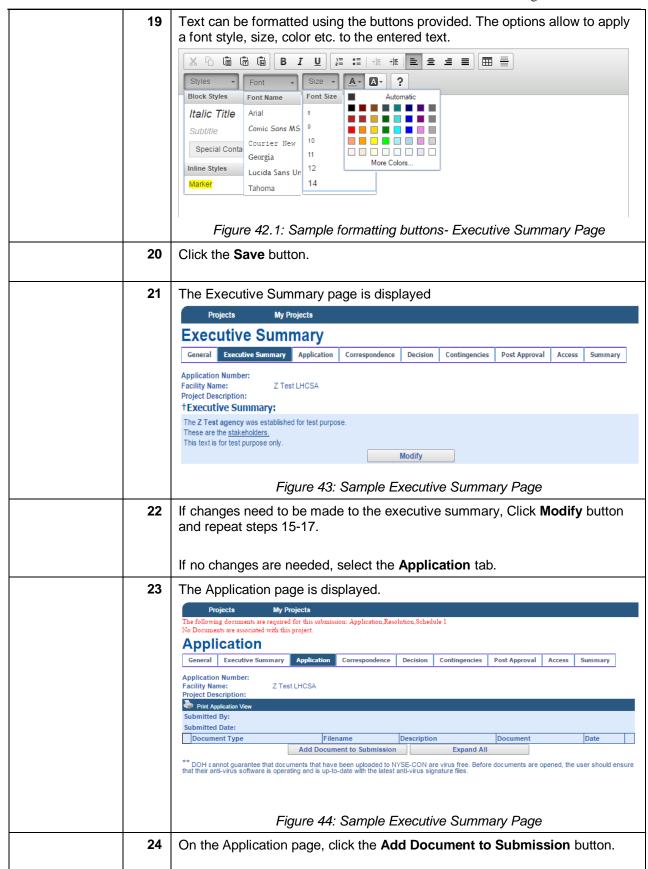


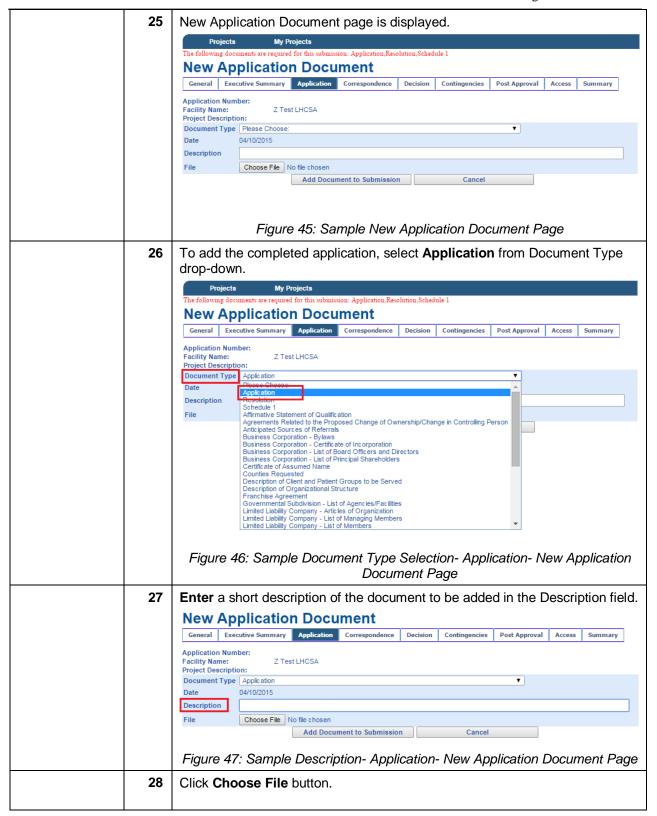


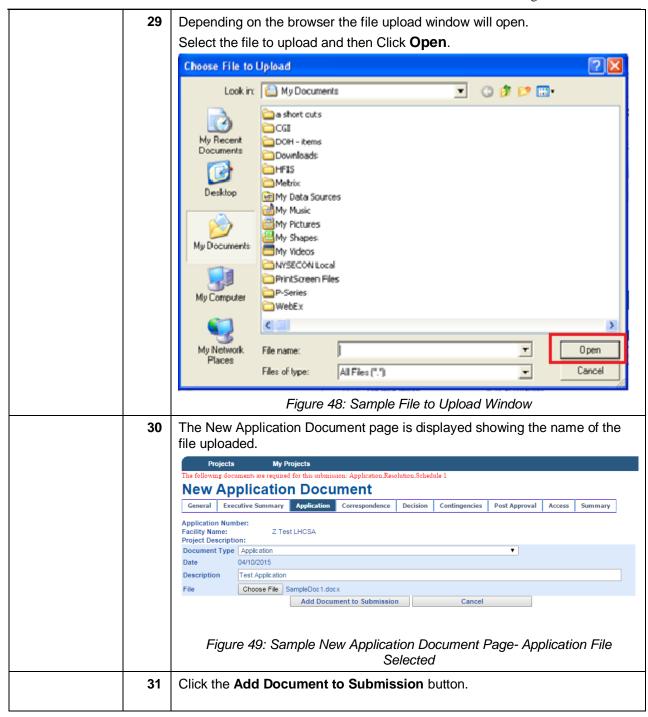
9	Application S	Selection pa	age is disp	layed if there	are submis	sions alrea	dy
	created in the event the user would like to continue with a submission already created. If that is the case, select the radio button for the existing submission						
				I button. Othe			
	Projects						
	Agency Search > Find F	Related Projects					
	Create Nev	v Submission	– Applicati	on Selection			
	INSTRUCTIONS				RI	SULTS TOOLBOX	
	Please review the list of	existing projects bel	ow and verify you	vould still like to create a n	new application.	Create New Submis	
	2 results found, display Application #	ying all results. Agency Name	License #	Application Type	Project Status	Project Status Date	County
	000001	Optimum Care LLC	123456	New Agency	Application Received	2015-02-01	ALBANY
	000002	Optimum Care LLC	123456	Change of Ownership	Under Review	2015-02-03	ALBANY
	Fiaure	39: Sample	e Create ∧	lew Submissic	on – Applica	tion Select	tion
10	Click the <b>Cre</b>				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
11	Create New agency infor			n input form is	displayed	with selecte	ed
	Create New Si		- populati	Ju.			
		: Application - Licensed Ho	ome Care Services Age	icy - New Agency	Change		
	Operator/Applicant						
	†Name †Street 1						
	Street 2 †City						
	†State †Zip	:	•				
	County						
	Proposed Agency *Agency Name	:					
	†Street 1 Street 2						
	†City		T				
	†Zip *County	:					
	Contact Information						
	†Title †First Name						
	†Last Name	9:					
	†Account Type	NY.gov ID OHCS	ID				
	†Emai	e:					
	Fax :						
	Street 2 †City						
	†State †Zip		٧				
	Additional Contact						
	†First Name †Last Name						
	†Email	t:					
	* Fields marked with an asteris						
	Fields marked with a dagger (				HCCA C	ongo of O	unorchir
	Note: Fields	•		ubmission – L	1103A – UI	iariye or Ol	wileisilib

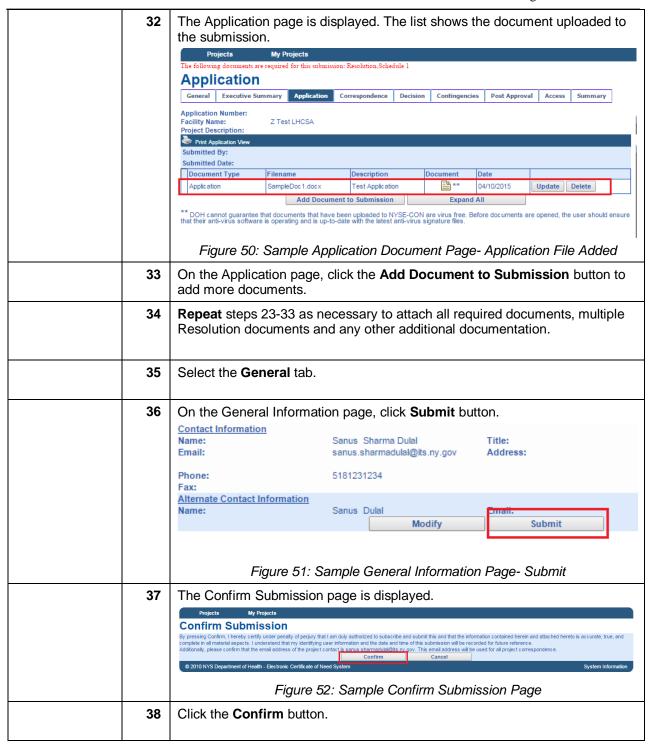
12	Enter the Contact Information details.  **Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"
	Contact Information
	†Title:
	†First Name:
	†Last Name:
	†User ID:
	†Account Type: NY.gov ID HCS ID
	†Email:
	†Phone:
	Fax#:
	†Street 1:
	Street 2: †City:
	†State:
	†Zip:
	Figure 40.1: Sample Create New Submission – Contact Information Section
13	Enter the details for an Additional Contact.
	Additional Contact
	†First Name:
	†Last Name:
	†Email:
	Elliali.
	Save
	* 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.
	© 2010 NIVS Department of Health Electronic Continues of Need Contant
	© 2010 NYS Department of Health - Electronic Certificate of Need System
	Figure 40.2: Sample Create New Submission – Additional Contact Section
14	Click Save button.

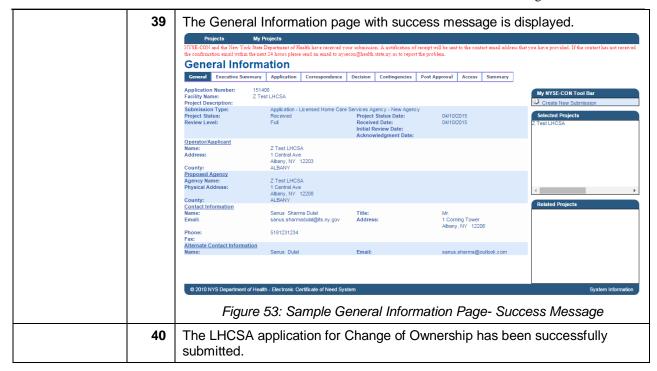






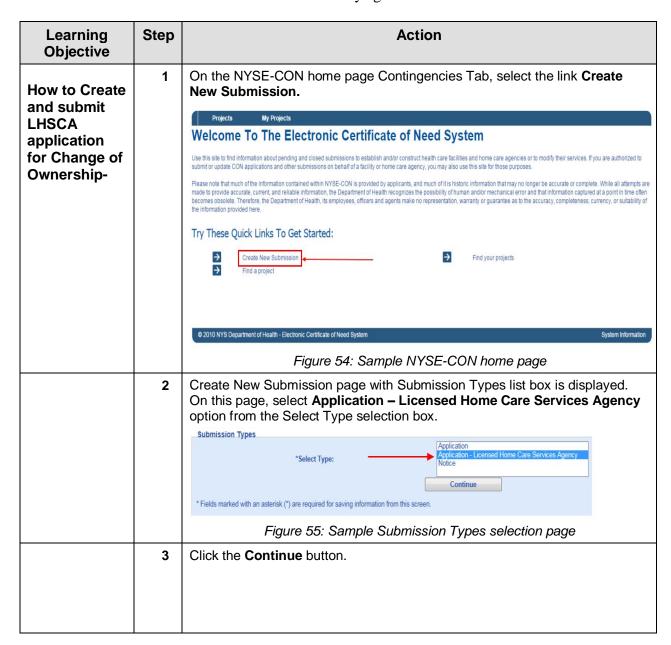


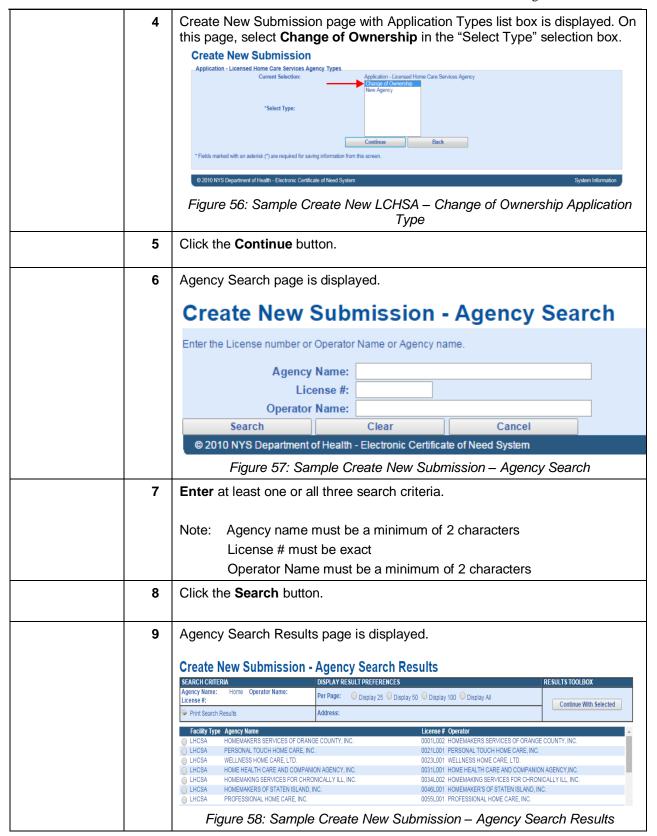


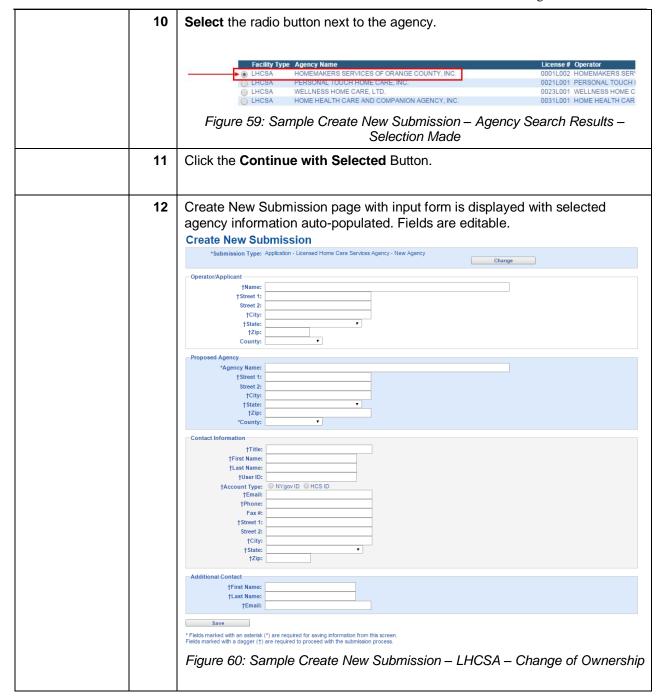


## **Submitters for more than Twenty Agencies**

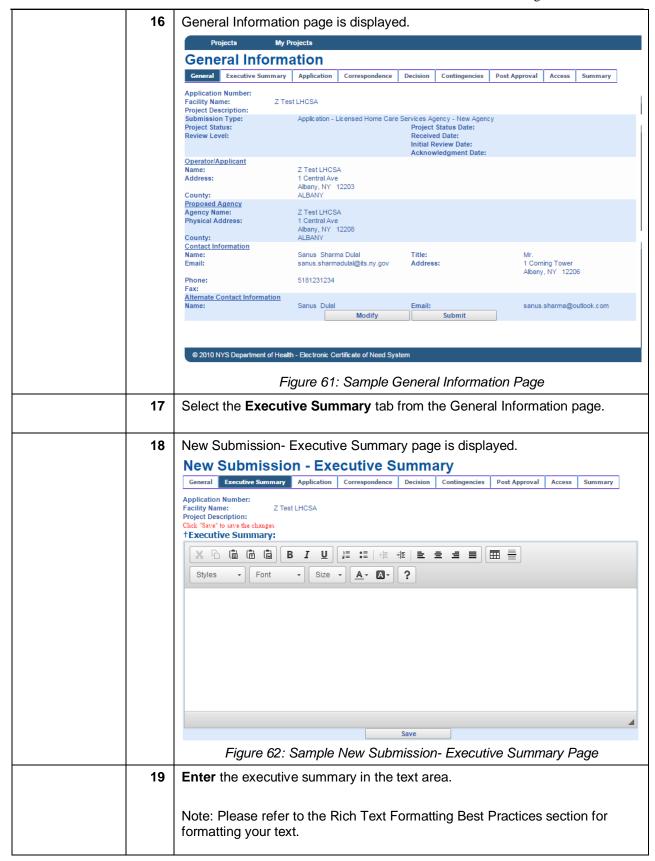
<u>Learning Objective:</u> This section explains how to create and submit the LHCSA application for a Change of Ownership. This section is for users who are NYSE-CON Submitters for more than twenty agencies.

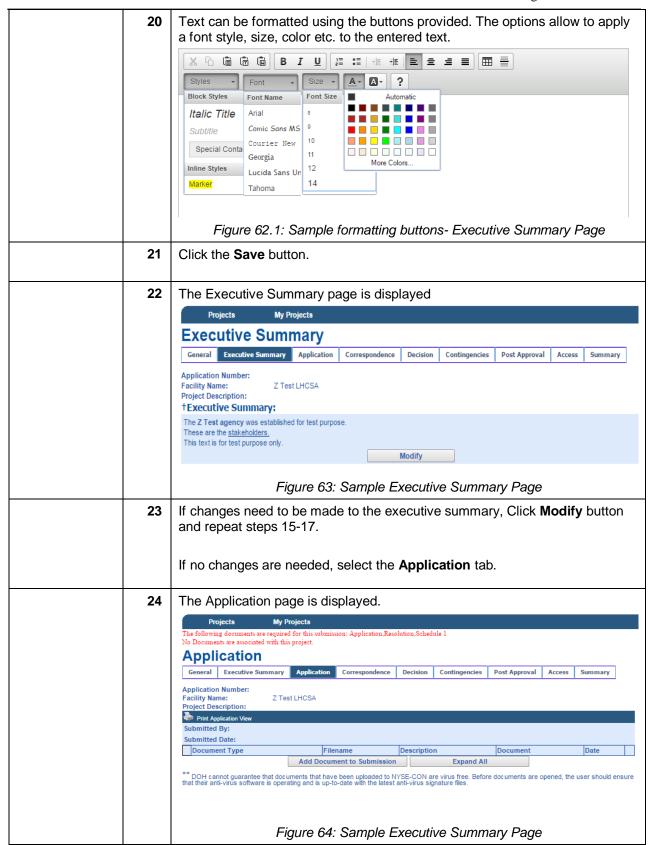




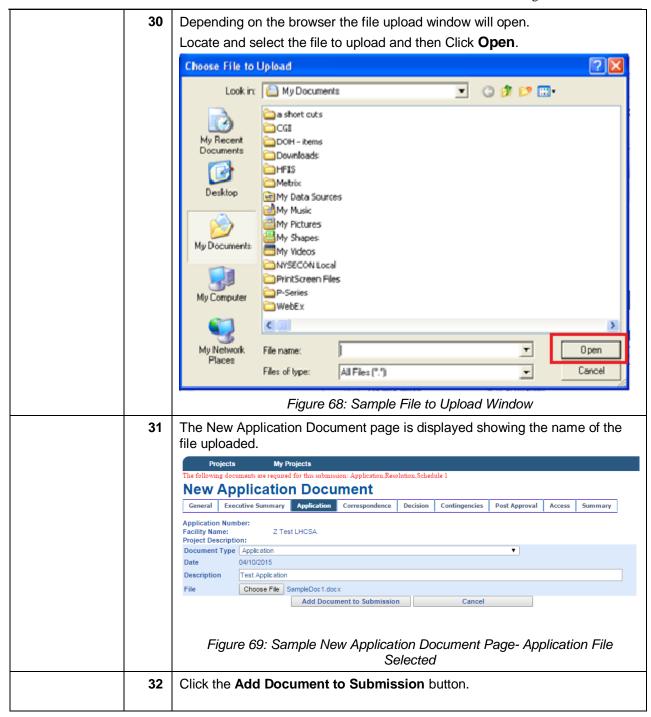


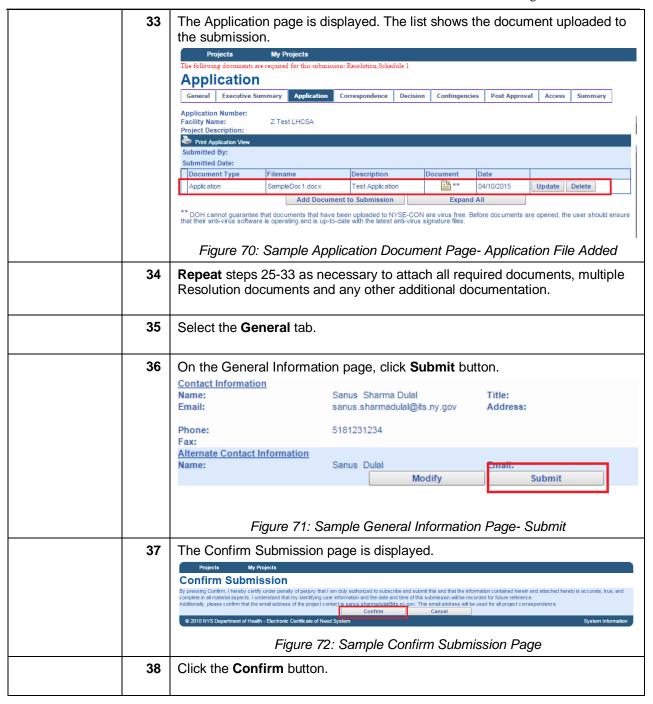
1	Enter the Contact Information details.  **Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"	
	Contact Information	
	†Tide:	
	†First Name:	
	†Last Name:  †User ID:	
	†Account Type:   NY.gov ID  HCS ID	
	†Email:	
	†Phone:	
	Fax #.	
	†Street 1:	
	Street 2:	
	†City:	
	†State: †Zip:	
	Figure 60.3: Sample Create New Submission – Contact Information Section	
1	4 Enter the details for an Additional Contact.	
	- Additional Contact	
	†First Name:	
	†Last Name:	
	†Email:	
	Linuii	
	Save	
	* 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.	
	© 2010 NYS Department of Health - Electronic Certificate of Need System	
	Figure 60.4: Sample Create New Submission – Additional Contact Section	
1	5 Click Save button.	

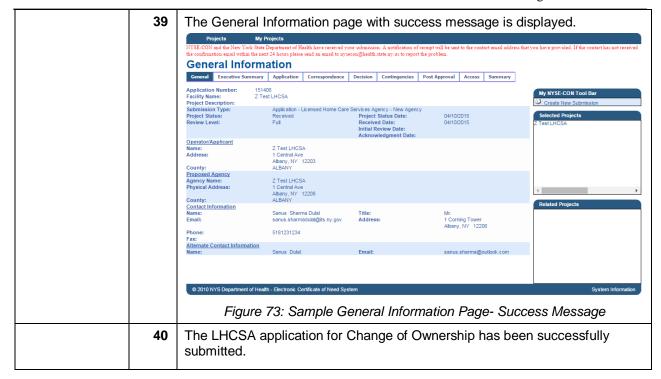












## Rich Text Formatting Best Practices

### 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.

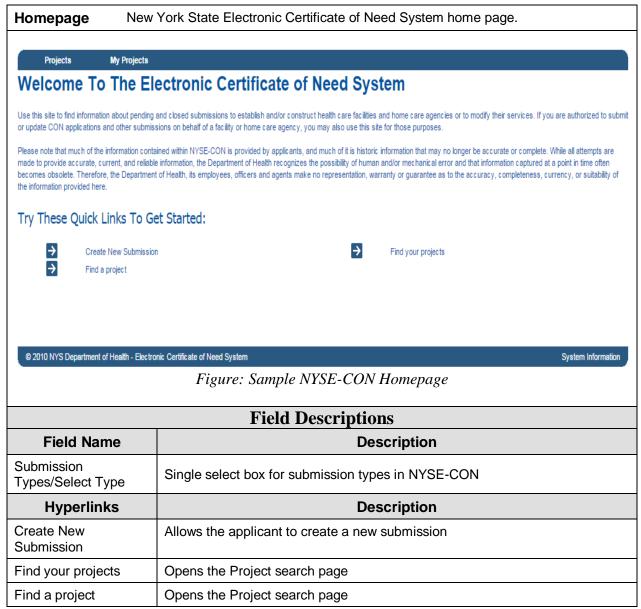
### Don'ts:

- 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 6, 23, 42 and 62.* 

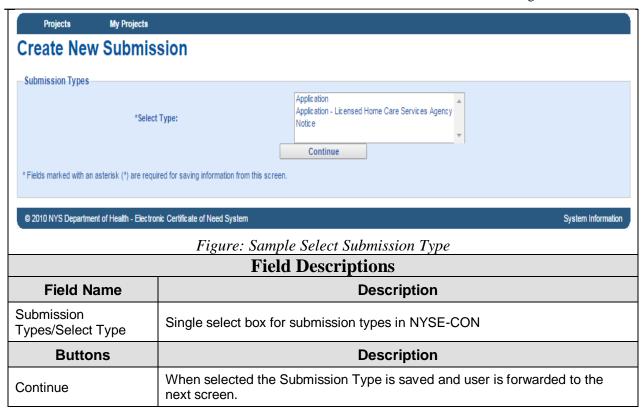
## **Screen Descriptions**

#### Homepage

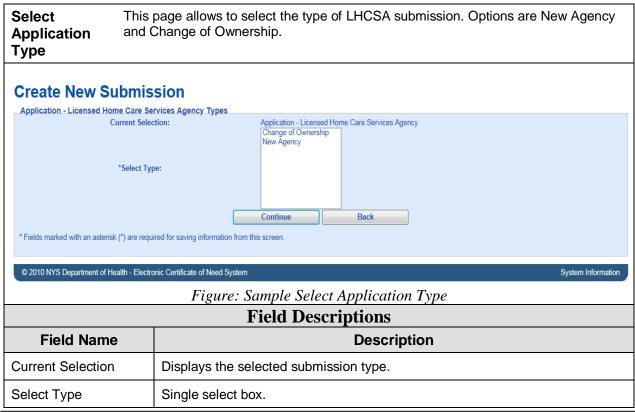


## **Create New Submission-Select Submission Type**

Select Submission Type	This page allows to select the intended type of submission to be made.



## Create New LHCSA Submission- Select Application Type



Buttons	Description
Continue	When selected the Application Type is saved and the next screen is displayed.
Back	When selected the User is returned back one level to the Submission Type selection page.

# **Create New Submission-Input Form**

Saving This page allows the applicant to enter the data to be saved.  Submission			
Create New	Create New Submission		
*Submission	Type: Application - Licensed Home Care Services A	Agency - New Agency Change	
Operator/Applicant —			
	lame:		
	eet 1:		
	eet 2: †City:		
	State:		
	†Zip:		
Со	unty:		
Proposed Agency			
*Agency N			
	eet 1:		
	eet 2:		
	State:		
	†Zip:		
*Co	unty:		
Contact Information			
1	†Title:		
†First N			
†Last N	ser ID:		
†Account			
	Email:		
	hone:		
	Fax #: reet 1:		
	reet 2:		
	†City:		
	State:		
	†Zip:		
Additional Contact			
†First N	lame:		
†Last N			
ŢE	Email:		
Save			
	sterisk (*) are required for saving information from the		
	ger (†) are required to proceed with the submission p Figure: Sample Create	e New LHCSA Submission- Input Form	
	Field Descriptions		
Field Name	Field Name Description		
*Submission Type	Display of the submiss		
Operator/Applicant	Operator Name	Change of Ownership Applications	· Auto filled
operator/Applicant		if it exists from search on existing a	ancies
	Street 1	וו וג פאופנים ווטווו פפמוטוו טוו פאופנוווט מ	igendes.
	Street 2		
	City		
	State		

	Zip	
	County	If State = NY, then County is required.
Proposed Agency	*Agency Name Street 1	Change of Ownership Applications: Auto filled if it exists from search on existing agencies
	Street 2	
	City	
	State	
	Zip	
	*County	
Contact	Title	Primary Contact's details.
Information	First Name	
	Last Name	**Account Type has two radio buttons "NY.gov
	User ID	ID" and "HCS ID"
	Account Type**	
	Email	
	Phone	
	Fax	
	Street 1	
	Street 2	
	City	
	State	
	Zip	
Additional Contact	First Name	
	Last Name	
	Email	
Buttons	Description	
Change	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.	

## **General Information**

Select	This page allows to select the type of LHCSA submission. Options are New Agency
Application	and Change of Ownership.
Туре	



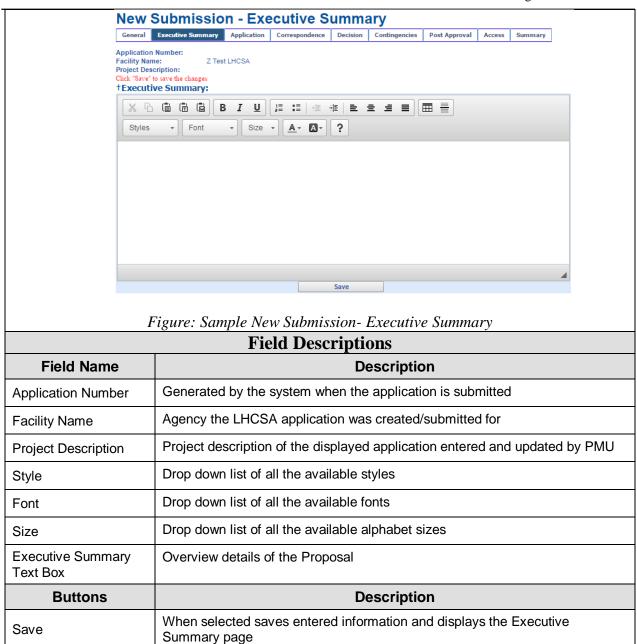
77.	G 1	$\sim$ 1	TC	. •
Higure.	Sample	General	Intorn	าสรากท
I IZUIC.	Sample	General	111/0111	$\alpha \alpha $

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
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.

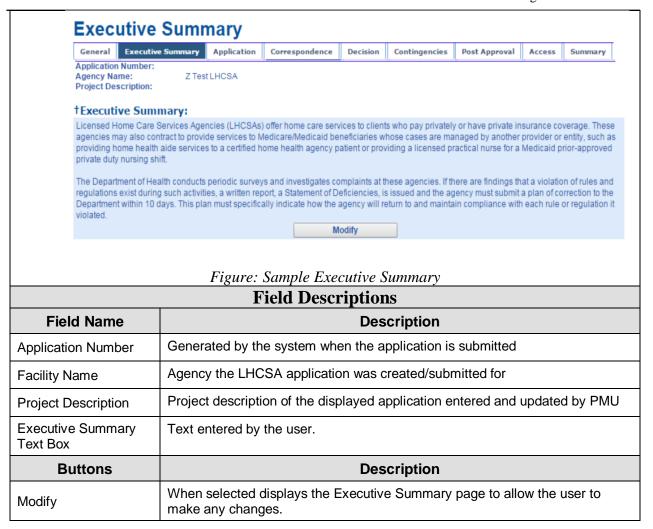
# **Create Executive Summary**

Executive	This page allows the user to provide the executive summary of the proposed project.
Summary	

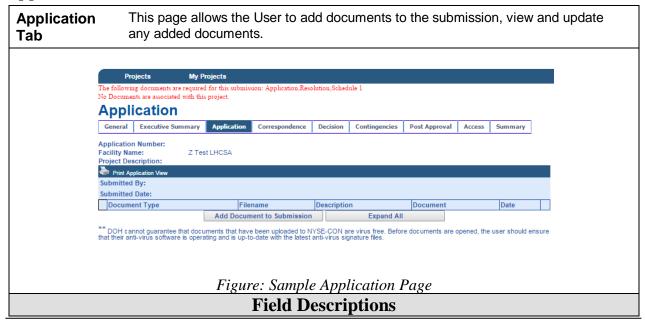


### **Modify Executive Summary**

Modify the	This page allows to modify the Executive Summary before submission.
Executive	
Summary	

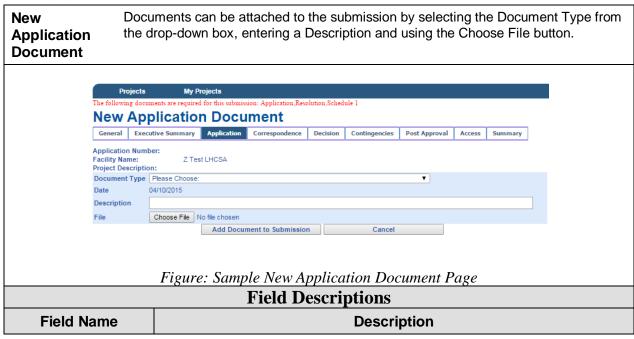


### Application



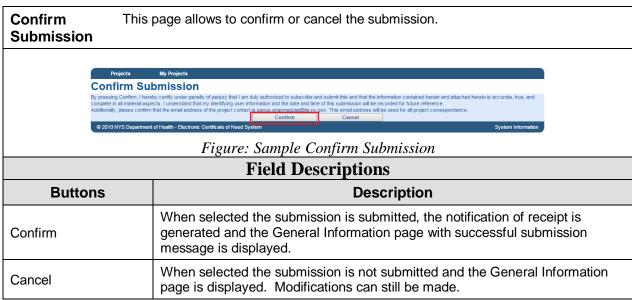
Field Name	Description
Application Number	Generated by the system when the application is submitted
Facility Name	Agency the LHCSA application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Submitted By	Displays the name of the 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).
Expand All	When selected displays all documents that have been added for all document types; including all versions.
Hyperlinks	Description
Print Application View	Allows the user to print the table with the list of documents uploaded.

# **New Application Document**



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
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**



## **General Information- Successful Submission Message**

General	This page displays the general information along with the success message. An
Information	application number is assigned to the submission.



Figure: Sample General Information

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