New York State

Electronic Certificate of Need

Public Authenticated

LHCSA Submit Application Training

Version 1.1

NYS Department of Health

Revision History

Date	Version	Description
04/20/2015	1.0	Initial Draft
03/01/2017	1.1	Updated the Screens throughout to add "NY.gov ID" and "HCS ID" radio buttons as options for User ID. Changed "DOH or HCS User ID" to "User ID" in General Information Page.

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Create LHCSA submittal

Overview

Contents

In this chapter, you will learn how to:

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

Security
RolesYou will need to create a NY.gov Personal Account or use your HCS account. If you need to
create a new account, go to "My.NY.gov" and follow instructions to create a personal account.
The applicant role has the ability to:

- Create new applications
- Modify applications before submission
- View all application documents
- Upload and view application documents
- Submit applications
- View and reply to correspondences
- Search for Agency

Submitting LHCSA application for New Agency

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

Learning Objective	Step	Action							
How to Create and submit LHSCA application for New Agency type	1	On the NYSE-CON home page, under NYSE-CON toolbar, select the link Create New Submission. My Projects Results are listed by CON Project Number and Facility Name, in ascending order. To sort by another column, select the column in the 'Sort By' drop down list and click submit. To view the facility address, click on the Show Address link. To view project details, click on the CON project number or the facility name. Sort By CON Project Number I Submit Show Project Address							
		CON Project	Facility	Project	Review	Submission			
		Number 111074	Name Arnot Ogden Medical Center	Description Create a formal affiliation between Arnot Ogden Medical Center and St. Joseh's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19	Level Full	Type Full Review - Establishment - Change in Ownership/Merger/Consolidation	Status Project Complete	County CHEMUNG	
		111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Tumpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS	
				Figure 1:	Samp	le NYSE-CON h	ome pa	ige	
	2	On this option f Create I	page, se from the S New Subm Full F Licen d with an asterisk (1	lect Licens Select Type ission Review - Establishment Review - Estab	- Change in O - Change in O - Change in O - New Facility -	wnership/Merger/Consolidation wnership/Merger/Consolidation with or Agency or Agency with Construction hange of Ownership ew Agency from this screen.	Construction	ency – Ne	w Ágency
			-		iple Si	Ibmission Types	selection	on page	
	3	Click th	e Contin	ue button.					

4	Create New Sub	mission page with input f	orm is displayed.
	Create New S	ubmission	
	*Submission Type: Li	icensed Home Care Services Agency - New Ag	pency Change
	-Operator/Appli	cant	
	[†] Operator Name:		
	†Street 1:		
	Street 2:		
	†City:		
	†State:	•	
	†Zip:		
	County:	T	
	Proposed Ageno	CV	
	*Agency Name:	- ,	
	†Street 1:		
	Street 2:		
	†City:		
	†State:	▼	
	†Zip:		
	*County:	•	
	Contact Informa	ation	
	†Title:		Principal Applicant Member - Enter the name and corresponding information for the individual
	†First Name:		representing the applicant who will act as the
	†Last Name:		primary contact for application issues. For for- profit entities, it is recommended that the Principal
	†User ID:		Applicant Member be the majority equity shareholder. For not-for-profit entities, it is
	P	NY.gov or HCS user ID (the Principal Applicant Member must have	recommended that the Principal Applicant Member be someone in authority to make decisions on behalf of the to-be-established entity.
		ither a NY.gov or HCS account)	
	†Email:		
	†Phone:		
	Fax #: †Street 1:		
	Street 2:		
	+City:		
	†State:		
	†Zip:		
	-Additional Cont	act	
	†First Name:		
	†Last Name:		
	†Email:		
	Save Cancel		
	* Fields marked with an a Fields marked with a dagg	sterisk (*) are required for saving inform per (†) will be required before the projec	nation from this screen. t and application can be submitted.
	Figure 3: S	ample Create New Subm	ission – LHCSA – New Agency
	Note:		
	screen.		uired for saving information from this
	Fields marked w process.	uth a dagger (†) are requi	red to proceed with the submission

5	To change the Submission Type, click Change button and repeat steps 2-4. If
	no change is required continue.
	Create New Submission
	*Submission Type: Licensed Home Care Services Agency - New Agency
	Change
	Figure 3.1: Sample Create New Submission- Submission Type
6	Enter the Operator/Applicant information. If the Operator/Applicant's State is
	New York, select a County from the drop-down.
	Operator/Applicant
	† Operator Name:
	[†] Street 1: Street 2:
	tCity:
	†State:
	†Zip:
	County:
	Figure 3.2: Sample Create New Submission – Operator/Applicant Section
7	Enter the details of the Proposed Agency.
	Proposed Agency
	*Agency Name: †Street 1:
	Street 2:
	†City:
	†State:
	†Zip: *County:
	Figure 3.3: Sample Create New Submission – Proposed Agency Section
8	Enter the Contact Information details.
	*Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"
	Contact Information
	This Name: TLast
	[†] User ID: profit entities, it is recommended that the Principal Applicant Member be the majority equity
	Account Type: ONY.gov ID OHCS ID Shareholder. For not-for-profit entities, it is recommended that the Principal Applicant Member
	NY.gov or HCS user ID (the Principal Applicant Member must have be someone in authority to make decisions on behalf of the to-be-established entity.
	either a NY.gov or HCS account)
	Temail: Temai
	Fax #:
	†Street 1:
	Street 2:
	†City:
	Figure 3.4: Sample Create New Submission – Contact Information Section

9	Enter the details for an Additional Contact.
	Additional Contact
	†Last Name:
	†Email:
	Save Cancel
	Figure 3.5: Sample Create New Submission – Additional Contact Section
10	Click Save button.
11	General Information page is displayed.
	General Information
	Information
	 The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit".
	Application Number: Agency Name: TEST LHCSA NEW
	Project Description:
	General Executive Summary Application Sites Correspondence Decision Contingencies >>
	Status: Submission Type: Application - Licensed Home Care Status Date: Services Agency - New Agency
	County: ALBANY Application Received Date: Initial Review
	Date: Acknowledgement
	Date:
	Operator/Applicant
	Operator Name: TEST LHCSA NEW Operator Address: 1 Central Ave Albany, NY 12203
	Proposed Agency
	Agency Name: TEST LHCSA NEW Agency Address: 1 Central Ave Albany, NY 12203
	Contact Information
	Name: Sanus Sharma Dulal Title: MR User ID: ssd04 Address: 1 Corning Tower
	Email: sanus.sharmadulal@its.ny.gov Albany, NY 12203 Phone: 5184027826 Fax:
	- Alternate Contact
	Name: Sanus Sharma Dulal Email: sanus.sharmadulal@its.ny.gov
	Modify Submit
	Figure 4: Sample General Information Page
12	Select the Executive Summary tab from the General Information page.

13	New Submission- Executive Summary page is displayed.
	New Submission-Executive Summary
	Information
	 Fields marked with a dagger (†) are required to proceed with the submission process.
	Application Number: Agency Name: TEST LHCSA NEW
	Project Description: General Executive Summary Application Sites Correspondence Decision Contingencies >>
	Click "Save" to save the changes
	†Executive Summary:
	Styles · Font · Size · A· A· ?
	4
	Save
	Figure 5: Sample New Submission- Executive Summary Page
14	Enter the executive summary in the text area.
	Note: Please refer to the Rich Text Formatting Best Practices section for for formatting your text.
15	Text can be formatted using the buttons provided. The options allow to apply
10	a font style, size, color etc. to the entered text.
	Block Styles Font Name Font Size Automatic
	Italic Title Arial
	Courier New 10
	Special Contai Georgia 11 More Colors
	Lucida Sans Un
	Tahoma
	body p
	Figure 5.1: Sample formatting buttons- Executive Summary Page
16	Click the Save button.

17	The Executive Summary page is displayed. If changes need to be made to the executive summary, Click Modify button and repeat steps 15-17.
	Executive Summary
	Application Number: Agency Name: Test LHCSA New Project Description:
	General Executive Summary Application Correspondence Sites Decision Contingencies >> Executive Summary:
	Text Executive Summary Thest Executive Summary goes here Text can be formatted This is the area for typing Executive Summary Test
	Modify
	* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.
	Figure 6: Sample Executive Summary Page
18	Select the Application tab.
19	The Application page is displayed.
	Application
	Information
	 The following documents are required for this submission: Application, Resolution, Schedule 1 No Documents are associated with this project.
	Application Number: Agency Name: Test LHCSA New Project Description:
	General Executive Summary Application Correspondence Sites Decision Contingencies >>
	Separate Print Application View
	Submitted By: Submitted Date:
	Document Type Filename Description Document Date
	* 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.
	Notice
	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 obsoleter. Therefore, the Department of Health, its employees, officers and agents make no representation, varranty or guarantee as to the accuracy, completeness, currency, or suitability of the information free differences.
	Figure 7: Sample Application Page
20	On the Application page, click the Add New Application Document button.
	1

21	New Application Document page is displayed.
	Information
	The following documents are required for this submission: Application, Resolution, Schedule 1
	Application Number:
	Agency Name: Test LHCSA New
	Project Description: General Executive Summary Application Correspondence Sites Decision Contingencies >>
	Document Please Choose:
	Type: Date: 04/17/2015
	Description:
	File: Choose File No file chosen
	Add Document to Application Cancel
	Figure 8: Sample New Application Document Page
22	Select document to be added from Document Type drop-down.
	New Application Document
	Information
	The following documents are required for this submission: Application, Resolution, Schedule 1
	Application Number:
	Agency Name: Test LHCSA New
	Project Description: General Executive Summary Application Correspondence Sites Decision Contingencies >>
	Document Please Choose:
	Type: Please Choose: Application Resolution
	Description: Schedule 1 Affirmative Statement of Qualification
	Agreements Related to the Proposed Change of Ownership/Change in Controlling Person Anticipated Sources of Referrals Business Corporation - Bylaws
	Business Corporation - Certificate of Incorporation Business Corporation - List of Board Officers and Directors
	Business Corporation - List of Principal Shareholders Certificate of Assumed Name Counties Requested
	Description of Client and Patient Groups to be Served Public access to ℕ Description of Organizational Structure rmation. Much of the information
	contained within N Franchise Agreement e accurate or complete. While all excurate or complete. While all attempts are made Governmental Subdivision - List of Agencies/Facilities e possibility of human and/or mechanical error e Limited Liability Company - Articles of Organization ent of Health, its employees, officers
	and agents make Limited Liability Company - List of Managing Members
	Figure 10: Sample New Application Document Page- Document Type
	Selection
23	Enter a short description of the document to be added in the Description field.
	New Application Document
	Information
	The following documents are required for this submission: Application, Resolution, Schedule 1
	Application Number:
	Agency Name: Test LHCSA New
	Project Description:
	General Executive Summary Application Correspondence Sites Decision Contingencies >> Document Application V
	Туре:
	Date: 04/20/2015 Description:
	File: Choose File No file chosen Add Document to Application Cancel
	Figure 11: Sample New Application Document Page- Description

24	Click Choose File button.		
25	Depending on the browser, a file upload window will open. Locate and select the document to upload and then Click Open .		
	Choose File to Upload		
	Look in: My Documents C P Coll My Recent Documents My Documents My Documents My Documents My Documents My Computer My Network My Network My Network My Network My Network My Documents My Network My Network My Documents My Network My Documents My Network My Network My Documents My Network My Documents My Network My Network My Documents My Network My Network My Documents My Network My Network My Documents My Network My Network My Network My Documents My Network My Network My Network My Documents My Network My Network My Network My Documents My Network My Network My Network My Network My Documents My Network My Network My Network My Network My Documents My Network My Network		
	Places Files of type: All Files (".") Cancel		
26	Figure 12: Sample File Upload Window The New Application Document page is displayed showing the name of the selected file uploaded.		
	New Application Document Information • The following documents are required for this submission: Application, Resolution, Schedule 1 Application Number: Agency Name: Test LHCSA New Project Description:		
	General Executive Summary Application Correspondence Sites Decision Contingencies >> Document Apple ation Type: V V Date: 04/20/2015 V Description: Test Application File: Choose File SampleDoc1.docx Add Document to Application Cancel		
	Figure 13: Sample New Application Document Page- Application File Selected		
27	Click the Add Document to Submission button.		

	the submission. documents that a Application						č		
	The following docur	ments are required to	r this submission: R	esolution,Schedu	ie I				
	Application Number: Agency Name: Project Description:								
	General Executive S	General Executive Summary Application Correspondence Sites Decision Contingencies >>							
	🍣 Print Application View								
	Submitted By: Submitted Date:								
	Document Type	Filename	Description	Document	Date				
	Application	SampleDoc1.docx	Test Application	Δ	04/20/2015	Update Delete			
	* DOH cannot guarantee that should ensure that their anti-v	t documents that have b		-CON are virus free					
	Figure 14: Sa	ample Applie	cation Docu	ıment Paç	ge- App	lication File Ad	ded		
29	Repeat steps 20 Resolution docur						ıltiple		
30	Select the Gene	ral tab.							
30 31	On the General I	nformation	page, click	Submit b	outton.				
		nformation	· -	Submit b	outton.	Mr			
	On the General I	nformation	Dulal Ti An ulal@its.ny.gov			Mr 1 Corning Tower Albany, NY 12206			
	On the General I Contact Informa Name: User ID: Email: Phone:	nformation ation Sanus Sharma [ssd04 sanus.sharmadu 5181231234	Dulal Ti An ulal@its.ny.gov	tle: ddress:		1 Corning Tower			
	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta	nformation ation Sanus Sharma [ssd04 sanus.sharmadu 5181231234	Dulal Ti Au Jlal@its.ny.gov Fa	tle: ddress:		1 Corning Tower			
	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta	nformation ation Sanus Sharma D ssd04 sanus.sharmadu 5181231234	Dulal Ti Au ulal@its.ny.gov Fa Er	tle: ddress: ax:		1 Corning Tower Albany, NY 12206	24		
	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta Name:	nformation ation Sanus Sharma D ssd04 sanus.sharmadu 5181231234	Dulal Ti Au Jal@its.ny.gov Fa Er Modify	tle: ddress: ax: nail: Submit	sanus	1 Corning Tower Albany, NY 12206 s.sharmadulal@its.ny.ge	οv		
	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta Name:	nformation Sanus Sharma I ssd04 sanus.sharmadu 5181231234 Act Sanus Dulal	Dulal Ti Au ulal@its.ny.gov Fa Eu Modify	tle: ddress: ax: nail: Submit	sanus	1 Corning Tower Albany, NY 12206 s.sharmadulal@its.ny.ge	24		
31	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta Name: Figure	nformation Sanus Sharma I ssd04 sanus.sharmadu 5181231234 Act Sanus Dulal arre 15: Sam, pomission pag	Dulal Ti Au ulal@its.ny.gov Fa Er <u>Modify</u> ple General ge is displa	tle: ddress: ax: nail: Submit	sanus	1 Corning Tower Albany, NY 12206 s.sharmadulal@its.ny.ge	20		
31	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta Name: Figu The Confirm Sub	nformation ation Sanus Sharma II ssd04 sanus.sharmadu 5181231234 act Sanus Dulal are 15: Samp pmission page pmission	Dulal Ti Au ulal@its.ny.gov Fi Er <u>Modify</u> ple General ge is displa latty of perjury that ttached hereto is ac te and time of this s ess of the project co	tle: ddress: ax: nail: Submit I Informati yed. I am duly authoo ubmission will br	sanus ion Pag	1 Corning Tower Albany, NY 12206 s.sharmadulal@its.ny.go re- Submit all material aspects. I und or future reference.	ication lerstand		
31	On the General I Contact Informa Name: User ID: Email: Phone: Alternate Conta Name: Figure The Confirm Sute Confirm Sute By pressing Confirm, I here and that the information cor that my identifying user information and Additionally, please confirm be used for all project corre	nformation ation Sanus Sharma II ssd04 sanus.sharmadu 5181231234 act Sanus Dulal are 15: Samp pmission page pmission	Dulal Ti Au ulal@its.ny.gov Fi <u>Modify</u> ple General ge is displa laty of perjury that ttached hereto is ac te and time of this s ess of the project co <u>Confirm</u>	tle: ddress: ax: Submit I Informati yed. I am duly authon ubmission will b ntact is sanus.sh Cancel	sanus ion Pag i complete in e recorded fo narmadulal@i	1 Corning Tower Albany, NY 12206 s.sharmadulal@its.ny.go re- Submit cribe and submit this appl all material aspects. I und r future reference. ts.ny.gov. This email addr	ication lerstand		

34	The General Information page with success message is displayed.					
	General Info	rmation				
	Application Number: Agency Name: Project Description:	171109 TEST LHCSA NEW				
	General Executive S	ummary Application Sites C	orrespondence De	ecision Contingencies >>		
	Status: Status Date: County:	Received 03/01/2017 ALBANY	Submission Type: Application Received Date: Initial Review Date: Acknowledgement Date:	Application - Licensed Home Care Services Agency - New Agency 03/01/2017		
	Operator/App Operator Name: Operator Address:	TEST LHCSA NEW 1 Central Ave Albany, NY 12203				
	Proposed Age	ncy				
	Agency Name:	TEST LHCSA NEW	Agency Address:	1 Central Ave Albany, NY 12203		
	- Contact Inform	nation				
	Name: User ID: Email: Phone:	Sanus Sharma Dulal ssd04 sanus.sharmadulal@its.ny.gov 5184027826	Title: Address: Fax:	MR 1 Corning Tower Albany, NY 12203		
	-Alternate Cont	tact				
	Name:	Sanus Sharma Dulal	Email:	sanus.sharmadulal@its.ny.gov		
	Figure 1	7: Sample General In	formation Pag	ge- Success Message		
35	The LHCSA ap	plication for New Age	ncy has been	successfully submitted.		

Submitting LHCSA application for Change of Ownership

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

Learning Objective	Step					Action			
How to Create and submit LHSCA application for Change of Ownership	1	Create My Proj Results are list column in the ' project details,	New Sub ects ed by CON Project Nr. Sort By' drop down I click on the CON pro	Umber and Facility Name list and click submit. To oject number or the facil	e, in ascendin view the facili	order. To sort by another column, ty address, click on the Show Addres	select the Is link. To view	INVSICEON Create New Sub Logout	
		Sort By CON Project Number Submit Show Project Address CON Project Facility Project Review Submission							
		Number 111074	Name Arnot Ogden Medical Center	Description Create a formal affiliation between Arnot Ogden Medical Center and St. Joseph's Hospital through the establishment of a new corporation to act as Active Parent - HEAL-NY 19	Level Full	Type Full Review - Establishment - Change in Ownership/Merger/Consolidation	Status Project Complete	County	
		111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Tumpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS	
				Figure 18.	: Sam	ble NYSE-CON h	nome p	age	
	2	On this option f	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. Create New Submission						
			ubmission Type arked with an a	Full Review - E Full Review - E Full Review - E Licensed Home Licensed Home	stablishme stablishme stablishme Care Ser Care Ser	ent - Change in Ownership/N ent - Change in Ownership/N ent - New Facility or Agency ent - New Facility or Agency vices Agency - Change of O vices Agency - New Agency Continue	lerger/Cons with Constru- wnership	olidation with Co	onstruction +
			Figu	ure 19: San	nple S	ubmission Types	select	ion page	
	3	Click th	e Contin	ue button.					

4		Create New Submission page with Application Types list box is displayed. On this page, select Change of Ownership in the "Select Type" selection box.						
	Agency Search							
	Enter the License number or Operator Name or Agency na	me						
		ine.						
	Agency Name:							
	License #: Operator Name:							
	Search Clear Cancel							
	Figure 20: Sample Agency Search page							
5	Enter the search criteria* into one of	the availa	able text boxes.					
	*Note: Agency information must be v	alid and	entered as follows:					
	Agency Name must be a min	nimum of	2 characters					
	License # must be exact							
	Operator Name must be a minimum of 2 chara	octers						
6	Click the Search button.							
7	Agency Search Result page is displa	yed.						
	To as back places use the "Def	ine Cearch" but						
	Refine Search To go back, please use the "Ref instead of your browser's back	button.	ion					
	Agency Search Results							
	Click on the Agency Name to select the agency for this proj order.To sort by another column, select the column in the '							
	385 Results from Search Criteria:							
	Sort By Agency Name V Submit							
	Agency Name	License #	Operator Name					
	PERSONAL TOUCH HOME CARE, INC.	0021L001	PERSONAL TOUCH HOME CARE, INC.					
	WELLNESS HOME CARE, LTD.	0023L001	WELLNESS HOME CARE, LTD.					
	HOME HEALTH CARE AND COMPANION AGENCY, INC.	0031L001	HOME HEALTH CARE AND COMPANION AGENCY,INC.					
	HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.	0034L002	HOMEMAKING SERVICES FOR CHRONICALLY ILL, INC.					
	TELFORD HOME ASSISTANCE, INC.	0044L004	TELFORD HOME ASSISTANCE, INC.					
	HOMEMAKERS OF STATEN ISLAND, INC.	0046L001	HOMEMAKER'S OF STATEN ISLAND, INC.					
	PROFESSIONAL HOME CARE, INC.	0055L001	PROFESSIONAL HOME CARE, INC.					
	Figure 21: Sample Ag	gency Sea	arch Result page					
8	Click on the Agency Name link of the	e desired	agency for submission.					
	Note: To refine the search criteria, cli repeat steps 5-8.	ick on the	e Refine Search button and					

Create New Submission
*Submission Type: Licensed Home Care Services Agency - Change of Ownership Change
Operator/Applicant
†Operator Name: WELLNESS HOME CARE, LTD.
†Street 1: 252 MAIN STREET
Street 2:
†City: GOSHEN
tState: New York
tZip: 10924-2156
County:
Proposed Agency
*Agency Name: WELLNESS HOME CARE, LTD.
†Street 1: 252 MAIN ST
Street 2:
+City: GOSHEN
+State: New York +Zip: 10924-2156
*County:
Contact Information
tTitle: Principal Applicant Member - Enter the name and corresponding information for the individual
representing the applicant who will act as the
profit entities, it is recommended that the Principal
Applicant Member be the majority equity Account Type: ONY.gov ID OHCS ID Shareholder, For not-for-profit entities, it is
NV.gov or HCS user ID (the recommended that the Principal Applicant Member be someone in authority to make decisions on
Principal Applicant Member must have behalf of the to-be-established entity.
either a NY.gov or HCS account)
tPhone:
Fax #:
†Street 1:
Street 2:
†City:
†State:
†Zip:
Additional Contact
†First Name:
†Last Name:
tEmail:
Save Cancel

10	Enter the Contact Information details.
	*Note: Please specify if the entered User ID is "NY.gov ID" or "HCS ID"
	Contact Information
	Title: Principal Applicant Member - Enter the name and
	trist Name: corresponding information for the individual representing the applicant who will act as the
	tLast Name: primary contact for application issues. For for- profit entities, it is recommended that the Principal
	TUser ID: Applicant Member be the majority equity
	†Account Type: ONY.gov ID OHCS ID NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov or HCS account) shareholder. For not-for-profit entities, it is recommended that the Principal Applicant Member be someone in authority to make decisions on behalf of the to-be-established entity.
	tEmail:
	†Phone:
	Fax #:
	†Street 1:
	Street 2:
	†City:
	†State:
	1410
	Figure 22.1: Sample Create New Submission – Contact Information Section
11	Enter the details for an Additional Contact.
	Additional Contact
	†First Name:
	†Last Name:
	†Email:
	Save Cancel
	Figure 22.2: Sample Create New Submission – Additional Contact Section
12	Click Save button.
	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.

	General Infor	mation		
	Information			
	The submission ide			Summary tab to enter project proposal
		application tab to upload schedules	to the system. Your submissio	n will not be sent until you click "Submit".
	Application Number: Agency Name:	WELLNESS HOME CARE,		
	Project Description:			
	General Executive S	ummary Application Sites	s Correspondence Dec	cision Contingencies >>
	Status:		Submission Type:	Application - Licensed Home
	Status Date:	AL DANK		Care Services Agency - Change of Ownership
	County:	ALBANY	Application Receive Date:	d
			Initial Review Date: Acknowledgement Date:	:
	Operator/Appl	icant		
	Operator Name: Operator Address:	WELLNESS HOME CAR 252 MAIN STREET GOSHEN, NY 10924-2		
	Proposed Agen			
	Agency Name:	WELLNESS HOME CARE, LTD.	Agency Address:	252 MAIN ST GOSHEN, NY 10924-2156
	-Contact Inform	ation		
	Name:	NABIN KC	Title:	Mr
	User ID:	nzk02	Address:	255 ALLEN STREET
				255 ALLEN STREET ALBANY, NY 12206
	User ID: Email: Phone:	nzk02 nabin.kc@its.ny.gov 5184027826	Address:	
	User ID: Email: Phone: Alternate Cont	nzk02 nabin.kc@its.ny.gov 5184027826	Address: Fax:	
	User ID: Email: Phone: Alternate Cont	nzk02 nabin.kc@its.ny.gov 5184027826 act JOHN PHILIPS	Address: Fax: Email:	ALBANY, NY 12206
	User ID: Email: Phone: Alternate Cont	nzk02 nabin.kc@its.ny.gov 5184027826	Address: Fax: Email:	ALBANY, NY 12206 nabin.kc@its.ny.gov

15	New Submission- Executive Summary page is displayed.
	New Submission-Executive Summary
	Information
	 Fields marked with a dagger (†) are required to proceed with the submission process.
	Application Number:
	Agency Name: WELLNESS HOME CARE, LTD. Project Description:
	General Executive Summary Application Sites Correspondence Decision Contingencies >>
	Click "Save" to save the changes
	†Executive Summary:
	Styles - Font - Size - A- A- ?
	Save A
	Figure 24: Sample New Submission- Executive Summary Page
16	Enter the executive summary in the text area.
	Note: Please refer to the Rich Text Formatting Best Practices section for
	formatting your text.
47	Tayl can be formatted using the butters provided. The antions allow to apply
17	Text can be formatted using the buttons provided. The options allow to apply a font style, size, color etc. to the entered text.
	†Executive Summary:
	Styles · Font · Size · A· A·
	Block Styles Font Name Font Size
	Italic Title Arial s Subtitle Comic Sans MS 9
	Special Contai
	Inline Styles Lucida Sans Un 12 12
	Marker Tahoma 14
	body p
	Figure 24.1: Sample formatting buttons- Executive Summary Page
18	Click the Save button.

19	The Executive Summary page is displayed. If changes need to be made to the executive summary, Click Modify button and repeat steps 15-17.
	Executive Summary
	Application Number: Agency Name: WELLNESS HOME CARE, LTD.
	Project Description: General Executive Summary Application Sites Correspondence Decision Contingencies >>
	Print Executive Summary +Executive Summary: Last Modified: 03/02/2017 11:25:19 AM
	Text Executive Summary
	The summary goes here Text can be formatted
	This is the area of typing Executive Summary
	Modify * The Bisk Tool features qualitable for the Executive Summary are dependent as browner type and browner upming. If you are superioration and
	* The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.
	Figure 25: Sample Executive Summary Page
20	Select the Application tab.
21	The Application page is displayed.
	Application
	Information
	 The following documents are required for this submission: Application, Resolution, Schedule 1 No Documents are associated with this project.
	Application Number: Agency Name: WELLNESS HOME CARE, LTD.
	Project Description:
	General Executive Summary Application Sites Correspondence Decision Contingencies >>
	Submitted By:
	Submitted Date: Document Type Filename Description Document Date
	* 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.
	Figure 26: Sample Application Page
22	On the Application page, click the Add New Application Document button.
· · · · · ·	

23	New Applicat	tion Document page is displayed.
		cation Document
	Information	
	 The following 	g documents are required for this submission: Application,Resolution,Schedule 1
	Application Num	
	Agency Name: Project Descripti	WELLNESS HOME CARE, LTD. on:
	General Execut	tive Summary Application Sites Correspondence Decision Contingencies >>
	Document Type: Date:	Please Choose:
	Description:	
	File:	Browse
	riie.	Add Document to Application Cancel
		Figure 27: Sample New Application Document Page
24	Select docur	nent to be added from Document Type drop-down.
	New Appli	cation Document
	Information	
	 The following 	g documents are required for this submission: Application,Resolution,Schedule 1
	Application Numb	
	Agency Name: Project Description	WELLNESS HOME CARE, LTD.
	General Execut	ive Summary Application Sites Correspondence Decision Contingencies >>
	Document Type:	Please Choose: Application
	Date: Description:	Resolution Schedule 1
		Affirmative Statement of Qualification Agreements Related to the Proposed Change of Ownership/Change in Controlling Person Articipated Courses of Decemption
	File:	Anticipated Sources of Referrals Business Corporation - Bylaws Business Corporation - Certificate of Incorporation
		Business Corporation - List of Board Officers and Directors Business Corporation - List of Principal Shareholders
	Notice	Certificate of Assumed Name Counties Requested
	Public access to NYSE-CO contained within NYSE-C	Description of Client and Patient Groups to be Served Much of the information Description of Organizational Structure Exceeding Accomplete. While all the or complete. While all the organization
		Franchise Agreement bility of human and/or Governmental Subdivision - List of Agencies/Facilities Health, its employees, officers Limited Liability Company - Articles of Organization the information provided here.
		Limited Liability Company - List of Managing Members Limited Liability Company - List of Members
		Limited Liability Company - Operating Agreement Management Agreement
		Not-For-Profit Corporation - Bylaws Not-For-Profit Corporation - Certificate of Incorporation Not-For-Profit Corporation - List of Beard Officers and Directors
		Not-For-Profit Corporation - List of Board Officers and Directors ICCES Organizational Chart Other
		Partnership - List of Partners Partnership - Partnership Agreement
		Project Narrative
	Figure 2	8: Sample New Application Document Page- Document Type
	_	Selection

25	Enter a short description of the document to be added in the Description field.
	New Application Document
	Information
	The following documents are required for this submission: Application, Resolution, Schedule 1
	Application Number: Agency Name: WELLNESS HOME CARE, LTD.
	Project Description: General Executive Summary Application Sites Correspondence Decision Contingencies >>
	Document Type: Application
	Date: 03/02/2017 Description:
	File: Browse
	Add Document to Application Cancel
	Figure 29: Sample New Application Document Page- Description
26	Click Choose File button.
27	Depending on the browser, a file upload window will open.
	Locate and select the document to upload and then Click Open .
	Choose File to Upload
	CGI
	My Recent DOH - items
	Downloads
	My Data Sources
	My Pictures
	My Documents My Videos
	MVSECON Local
	PrintScreen Files
	My Computer WebEx
	My Network File name: 0 pen
	Files of type: All Files (".") Cancel
	Figure 30: Sample File Upload Window

28	The New Ap selected file	•		nent page is	s displaye	d showi	ng the name	of the
	New Appl	•		nent				
	Informatio	n						
			nts are required f	or this submission: Ap	plication,Resoluti	on,Schedule	1	
	Application Nun	nber:						
	Agency Name: Project Descript		WELLNESS HOP	1E CARE, LTD.				
			mmary Applic	ation Sites Corr	respondence	Decision	Contingencies >	>
	Document Type	: Application	on				~	
	Date: Description:							
	- 1			TECTURE I				
	File:	C:\User		p\TESTINPDF.pdf Document to Appl	lication Cano	cel	Brov	wse
	Figure	31: Sa	ample Nev			ent Pag	e- Application	File
				Sele	cted			
29	Click the Ac	d Do	cument to	o Submissio	on button.			
30	The Applica	tion p	age is dis	played. The	list shows	s the do	cument uploa	aded to
							o show the re	maining
			re require	d for submis	sion to the	e depar	tment.	
	Applicatio	n						
	Informatio							
	Application Nun	-	nts are required f	or this submission: Sc	chedule 1			
	Agency Name:		WELLNESS HOP	1E CARE, LTD.				
	Project Descript General Execu		mmary Applic	ation Sites Corr	respondence	Decision	Contingencies >	>
	Print Applicat	ion View						
	Submitted By:							
	Submitted Dat		- 'I	- · ··				
	Documer	IC IVDE	Filename	Description	Document	Date		
	Application Resolution		TESTINPDF.pdf	Application 1 Active Documents		03/02/2017	Update Delete	
				Add New Application	on Document	1		
	* DOH cannot guar	antee that d	L ocuments that have			e. Before doci	uments are opened, the us	er
				ting and is up-to-date wi				
	F ' A				(D	Δ		
	-						lication File A	
31				essary to att any other ac			documents, m	nultiple
 				any other at		ocume		
32	Select the C	Sener	al tab.					

	33	On the General Information page, click Submit button.				
		-Contact In	formation			
		Name: User ID: Email: Phone:	NABIN KC nzk02 nabin.kc@its.ny.gov 5184027826	Title: Address: Fax:	Mr 255 ALLEN STREET ALBANY, NY 12206	
		Alternate				
		Name:	JOHN PHILIPS	Email:	nabin.kc@its.ny.gov	
			М	lodify Submit		
			Figure 33: Sample G	eneral Information	tion Page- Submit	
	34	The Confin	m Submission page is	displayed.		
		Confirm Submission				
By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe ar and that the information contained herein and attached hereto is accurate, true, and complete in all ma that my identifying user information and the date and time of this submission will be recorded for futur Additionally, please confirm that the email address of the project contact is nabin.kc@its.ny.gov. This e				d complete in all material aspects. I understand e recorded for future reference.		
		for all project correspondence. Confirm Cancel				
		1	Figure 34: Samp	le Confirm Sub	mission Page	
	35	Click the C	onfirm button.			

36	The General Information page with success message is displayed.			
	General Information			
	Information			
	to the contact email		f the contact has not received t	ion. A notification of receipt will be sent he confirmation email within the next 24
	Application Number:	171112		
	Agency Name: Project Description:	WELLNESS HOME CARE	, LTD.	
		mmary Application Sites	Correspondence Deci	sion Contingencies >>
	Status: Status Date: County:	Received 03/02/2017 ALBANY	Submission Type: Application Received Date: Initial Review Date: Acknowledgement Date:	Application - Licensed Home Care Services Agency - Change of Ownership 03/02/2017
	Operator/Appli	cant		
	Operator Name: Operator Address:	WELLNESS HOME CARE 252 MAIN STREET GOSHEN, NY 10924-2		
	Proposed Agence Agency Name:	WELLNESS HOME CARE, LTD.	Agency Address:	252 MAIN ST GOSHEN, NY 10924-2156
	-Contact Inform	ation		
	Name: User ID: Email: Phone:	NABIN KC nzk02 nabin.kc@its.ny.gov 5184027826	Title: Address: Fax:	Mr 255 ALLEN STREET ALBANY, NY 12206
	-Alternate Conta	ct		
	Name: J	OHN PHILIPS	Email: na	abin.kc@its.ny.gov
	Figure 35:	Sample General I	Information Page	- Success Message
37	The LHCSA appl	lication for New Ag	gency has been s	successfully submitted.

Rich Text Formatting Best Practices

<u>Do's:</u>

- 1. It is always recommended to enter the text manually in the text box.
- 2. Highlight, Bold, Italicize and Underline the text.
- 3. Change the Color, Style and Size of the font.
- 4. Use the Alignment icons to increase or decrease the indent of the paragraph.
- 5. Use the Background fill color icon to change the color behind the selected text, paragraph or table cell.
- 6. Create a bulleted list and numbered list using the icons.
- 7. Insert a horizontal line using the Horizontal rule icon to separate the paragraphs.
- 8. Insert table using the icon. Select the number of rows and columns to be added while inserting the table.
- 9. The Rich Text features are dependent on browser type and browser version. If the user experiences any adverse behavior, it is recommended to use another browser.

Don'ts:

- 1. Do not enter languages other than English.
- 2. Copying the text from other sources is not recommended.
- 3. Do not copy and paste Quotations (Single/Double) from any source.
- 4. Do not copy bulleted list from MS Word or any other source.
- 5. Adding a row after inserting the table is not recommended.

Note: Please refer to rich text included in Figures 5 and 24.

Screen Descriptions

Homepage

Homepa		New York State E he Public Authen		Certificate of Need Sy Site.	vstem hon	ne page afte
column in the 's	d by CON Proje Sort By' drop do		iew the facili	g order. To sort by another column, s ty address, click on the Show Addres:		NYSE-CON Create New Su Logout
Sort By CON F	Project Number	Submit		Sho	ow Project Addre	ess
CON Project Number	Facility Name	Project Description	Review Level	Submission Type	Status	County
111074	Arnot Ogden Medical Cente	Create a formal	Full	Full Review - Establishment - Change in Ownership/Merger/Consolidation	Project Complete	CHEMUNG
111076	QEASC, LLC	Establish and construct a freestanding single-specialty ambulatory surgery center providing gastroenterological services at 176-60 Union Turnpike, Fresh Meadows	Full	Full Review - Establishment - New Facility or Agency with Construction	Project Complete	QUEENS
		Figure 1: San		eate New LHCSA Sul	bmission	Type
Field	l Name			Descriptions	tion	
Sort By		Drop down	that allo	ws sorting of the project		-CON
CON Proje	ect Numb			number assigned to th		
				-		

Facility Name

Review Level

Project Description

Displays the description provided for the project

Displays the level of review selected for the project

Displays the name of the facility.

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

Create New Submission-Select Submission Type

Select Thi Submission Type	s page allows to select the intended type of submission to be made.
Create New S	ubmission
*Submission Typ	Full Review - Establishment - Change in Ownership/Merger/Consolidation Full Review - Establishment - Change in Ownership/Merger/Consolidation with Construction Full Review - Establishment - New Facility or Agency Full Review - Establishment - New Facility or Agency with Construction Licensed Home Care Services Agency - Change of Ownership Licensed Home Care Services Agency - New Agency
	Continue
* Fields marked with an a	sterisk (*) are required for saving information from this screen.
Revised: November 2014 Discl	imer Privacy Policy Accessibility
	Figure 2: Sample Create New LHCSA Submission Type
	Field Descriptions
Field Name	Description
Submission Types/Select Type	Single select box for submission types in NYSE-CON
Buttons	Description
Continue	When selected the Submission Type is saved and user is forwarded to the next screen.

Search This Agency	page allows to search for an agency.
Agency Sea	arch
Enter the License nur	mber or Operator Name or Agency name.
	Agency Name: License #:
	Operator Name:
Search Clear	Cancel
	Disclaimer Privacy Policy Accessibility igure 3: Sample Create New LHCSA Submission Type
	Field Descriptions
Field Name	Description
Agency Name	Textbox for partial or full entry of an agency name. (minimum 2 characters)
License #	Textbox to enter an agency's exact license number.
Operator Name	Textbox for partial or full entry of an Operator for agencies. (minimum 2 characters)
Buttons	Description
Search	When selected the system searches for the agency.
Clear	When selected any entered information in the Agency Search fields is cleared.
Cancel	When selected returns the user back one level to the application type selection page.

Create New Submission- Agency Search

Create New Submission- Agency Search Results

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

Refine Search	To go back, please use the "F instead of your browser's bac		itton	
Agency Search	Agency Search Results			
Click on the Agency Name to sort by another column, sele	o select the agency for this pr ect the column in the 'Sort By'	oject. Results a ' drop down list	re listed by Agency Name in ascending order.To and click submit.	
366 Results from	m Search Criteria:			
Agency Name: home				
Sort By Agency Name	Submit			
Agency Name		License #	Operator Name	
HOMEMAKERS SERVICES OF ORANGE COUNTY, INC. 0001L002 HOMEMAKERS SERVICES OF ORANGE COUNTY, INC.				
PERSONAL TOUCH HOME	PERSONAL TOUCH HOME CARE, INC. 0021L001 PERSONAL TOUCH HOME CARE, INC.			
WELLNESS HOME CARE, I	WELLNESS HOME CARE, LTD. 0023L001 WELLNESS HOME CARE, LTD.			
Figure 4: Sample Create New LHCSA Submission Type				
	Field I	Descriptio	ns	
Field Name		De	scription	
Search Criteria	Displays the user entered	ed criteria fro	om Figure 5.	
Sort By	Drop-down selection box. Search results can be resorted by changing the value.			
Agency Name	Name of each respective agency.			
License #	Identification number of each respective agency.			
Operator	Operator of each respective agency.			
Buttons		De	scription	
Refine Search	When selected provides	s a PDF outp	out of the search display.	
Submit	When selected the system sorts the search results by the value in the Sort By field.			

Create New Submission- Input Form

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

Create Ne	w Submission		
*Submission T	ype: Licensed Home Care Services Agency - Ne	w Agency	
		Change	
-Operator/A	pplicant		
[†] Operator Na	me:		
†Stree	et 1:		
Stree	et 2:		
+(City:		
†St	ate:		
+	Zip:		
Cou	nty: T		
Proposed A	-		
*Agency Na †Stree			
Stree			
	City:		
	ate:		
	Zip:		
*Cou	nty:		
-Contact Inf	ormation		
+1	Fitle:	Principal Applicant Member - Enter the name and	
†First N	ame:	corresponding information for the individual representing the applicant who will act as the	
†Last N	ame:	primary contact for application issues. For for-	
†Use	r ID:	profit entities, it is recommended that the Principal Applicant Member be the majority equity	
†Account T	ype: ONY.gov ID OHCS ID	shareholder. For not-for-profit entities, it is	
	NY.gov or HCS user ID (the	recommended that the Principal Applicant Member be someone in authority to make decisions on	
	Principal Applicant Member must have	e behalf of the to-be-established entity.	
†F	either a NY.gov or HCS account) mail:		
	one:		
	x #:		
†Stre			
	et 2:		
	City:		
†s	tate:		
	Zip:		
Additional	Contact		
†First Na			
†Last Na	ime:		
†En	nail:		
Save Cancel			
* Fields marked wit	th an asterisk (*) are required for saving in	formation from this screen.	
Fields marked with	a dagger (†) will be required before the pr	oject and application can be submitted.	
Fi	gure 5: Sample Create N	lew LHCSA Submission- Input For	m
	Field	Descriptions	
d Name		Description	
nission Type	Display of the submission	type selected.	
tor/Applicant	Operator Name	Change of Ownership Appl	ications: Auto fille
	Street 1	if it exists from search on ex	
			agencies.
	Street 2		
	City		
	State		
	Zip		
	County	If State = NY, then County	is required.

Broposed Agonov	Agonov Nomo	Change of Ownership Applications: Auto filled	
Proposed Agency	Agency Name Street 1	if it exists from search on existing agencies	
	Street 2	In it exists from search on existing agencies	
	City	-	
	State	-	
		-	
	Zip	-	
Cantaat	County		
Contact	Title	**Account Type has options "NY.gov ID" and	
Information	First Name	"HCS ID" as radio buttons.	
	Last Name		
	User ID		
	Account Type**		
	Email		
	Phone		
	Fax		
	Street 1		
	Street 2		
	City		
	State		
	Zip		
Additional Contact	First Name		
	Last Name		
	Email		
Field Name		Description	
Change Submission Type	Allows the user to change the submission type. When selected the system cancels the Create New Submission form and displays the Select Submission Type page.		
Save	When selected the system saves the data entered in the submission and displays the General Information page.		
Cancel	When selected system closes the Create New Submission page and displays the NYSE-CON home page.		

General Information

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

	General Infor	mation			
	Information				
	 The submission identifying information has been saved. Please select the Executive Summary tab to enter project proposal summary and the Application tab to upload schedules to the system. Your submission will not be sent until you click "Submit" 				
	Application Number: Agency Name: TEST LHCSA NEW Project Description:				
ī		Immary Application Sites C	Correspondence De	cision Contingencies >>	
	Status: Status Date: County:	ALBANY	Submission Type: Application Received Date: Initial Review Date: Acknowledgement Date:	Application - Licensed Home Care Services Agency - New Agency	
	-Operator/Appl	icant			
	Operator Name: Operator Address:	TEST LHCSA NEW 1 Central Ave Albany, NY 12203			
	Proposed Agen	CV			
	Agency Name:	TEST LHCSA NEW	Agency Address:	1 Central Ave Albany, NY 12203	
	-Contact Inform	ation			
	Name: User ID: Email: Phone:	Sanus Sharma Dulal ssd04 sanus.sharmadulal@its.ny.gov 5184027826	Title: Address: Fax:	MR 1 Corning Tower Albany, NY 12203	
	-Alternate Conta Name:	aCC Sanus Sharma Dulal	Email:	sanus.sharmadulal@its.ny.gov	
		Modify	Submit		
		· _ ·		nformation page	
		Fie	ld Descrip		
Fie	Id Name			Description	
Applicati	on Number	Generated by the system when the application is submitted			
Agency I	Name	Agency the LHCSA application was created/submitted for			
Project D	Description	Project description of the displayed application entered and updated by PMU			
Status		Current status the LHCSA application is in			
Status D	ate	Project Status Date for the Application			
County		NYS County of the address for the operator for the proposed agency			
Submiss	ion Type	Submission Type of the displayed application			
Applicati Date	on Received	Date the application was received			
Initial Re	eview Date	Date the displayed application was initially reviewed by PMU			
Acknowl	edgment Date	Date the Acknowledgment letter was signed for the selected application			

Operator / Applicant	Section label
Operator Name	Operator Name for the proposed agency
Operator Address	Address of the operator for the proposed agency in format: Street line 1, Street line 2, City, State and Zip Code
Proposed Agency	Section label
Agency Name	Name of the proposed agency
Agency Address	Physical location of the proposed agency in format: Street line 1, Street line 2, City, State and Zip code
Contact Information	Section label
Name	Full Name of the person who will receive all official correspondence from DOH
User ID	The applicant's User ID.
Email	Email where official notification by DOH can be sent
Phone	Phone number where the contact can be reached
Title	Personal title of the Contact person
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
Fax	Fax number where the contact can be sent official correspondence from DOH
Alternate Contact Information	Section label
Name	Full Name of alternate individual who will also receive all official correspondence from DOH
Email	Additional email where official contact between application and DOH can be sent
Buttons	Description
Modify	When selected the Modify Submission Page displays which allows the user to make any changes to the general information entered before Submission.
Submit	When selected the system saves the data entered in the submission. If any required information is missing, a message for the User will be displayed. If the required information is entered the Confirm Submission page is displayed.

Create Executive Summary

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

New Submission-Executive Summary			
Information			
 Fields marked with 	a dagger (†) are required to proceed with the submission process.		
Application Number: Agency Name: Project Description:	TEST LHCSA NEW		
General Executive Su	Immary Application Sites Correspondence Decision Contingencies >>		
 Click "Save" to save 	e the changes		
†Executive Summary:			
Styles - Font	· Size · A· A· ?		
	Save		
	Figure 7: Sample Create Executive Summary		
	Field Descriptions		
Field Name	Description		
Application Number	Generated by the system when the application is submitted		
Agency Name	Agency the LHCSA application was created/submitted for		
Project Description	Project description of the displayed application entered and updated by PMU		
Style	Drop down list of all the available styles		
Font	Drop down list of all the available fonts		
Size	Drop down list of all the available alphabet sizes		
Executive Summary Text Box	Overview details of the Proposal		
Buttons	Description		
Save	When selected saves entered information and displays the Executive Summary page		

Modify Executive Summary

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

Executive Su	mmary		
Application Number: Agency Name: Test LHCSA New Project Description:			
General Executive Summary:	Summary Application Correspondence Sites Decision Contingencies >>		
Test Executive Summary The summary goes here Text can be formatted This is the area for typing Executive Summary Test			
	Modify * The Rich Text features available for the Executive Summary are dependent on browser type and browser version. If you are experiencing any adverse behavior, using another browser is recommended.		
	Figure 8: Sample Executive Summary Field Descriptions		
Field Name	Description		
Application Number	Generated by the system when the application is submitted		
Facility Name Agency the LHCSA application was created/submitted for			
Project Description Project description of the displayed application entered and updated by PI			
Executive Summary Text Box Text entered by the user.			
Buttons Description			
Modify	When selected displays the Executive Summary page to allow the user to make any changes.		

Application

Application	This page allows the User to add documents to the submission, view and update
Tab	any added documents.

Application		
Information		
 The following documents are required for this submission: Application, Resolution, Schedule 1 No Documents are associated with this project. 		
Application Number: Agency Name: Test LHCSA New Project Description:		
	Summary Application Correspondence Sites Decision Contingencies >>	
 Print Application Vie Submitted By: Submitted Date: 	w	
Document	Type Filename Description Document Date	
	Add New Application Document hat documents that have been uploaded to NYSE-CON are virus free. Before documents are opened, the user i-virus software is operating and is up-to-date with the latest anti-virus signature files.	
Notice		
contained within NYSE-CON is attempts are made to provide mechanical error and that info	intended 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, our ocomplete. While all accurate, current, and reliable information, the Department of Health recognizes the possibility of human and/or rmation captured at a point in time often becomes obsolete. Therefore, the Department of Health, its employees, officers tation, varrantly or guarantee as to the accuracy, completeness, currency, or suitability of the information provided here.	
	Figure 9: Sample Application Page	
	Field Descriptions	
Field Name	Description	
Application Number Generated by the system when the application is submitted		
Agency Name	Agency the LHCSA application was created/submitted for	
Project Description	Project description of the displayed application entered and updated by PMU	
Submitted By	Displays the name of the submitter	
Submitted Date	Displays the date the documents were first added.	
Document Type	Displays the document type selected by the user.	
Filename	Displays the file name of the document uploaded.	
Description	Displays the description entered by the user.	
Document	Displays the Icon with a link to the actual document.	
Date The Date the file was uploaded.		
Buttons Description		
Add Document to Submission	When selected the New Application Document page will display (Figure 20).	
Hyperlinks	Description	

New Application Document

NewDocuments can be attached to the submission by selecting the Document Type from
the drop-down box, entering a Description and using the Choose File button.**Document**

Information

•	The following docu	uments are required for th	nis submission:	Application, Resolution, Schedule 1
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Application	Number:
Agency Nam	e: Test LHCSA New
Project Desc	cription:
General E	cecutive Summary Application Correspondence Sites Decision Contingencies >>
Document	Please Choose:
Type: Date:	04/17/2015
Description	
File:	Choose File No file chosen

Add Document to Application Cancel

Figure 10: Sample New Application Document Page

Field Descriptions				
Field Name	Description			
Application Number	Generated by the system when the application is submitted			
Agency Name	Agency the LHCSA application was created/submitted for			
Project Description	Project description of the displayed application entered and updated by PMU			
Document Type	Drop down list of document types pertaining to the submission.			
Date	Auto filled with the current system date.			
Description	Information entered that describes the document being added to the submission			
File	File selected			
Buttons	Description			
Choose File	When selected a browser window opens for the User to select a file to upload to the submission.			
Add Document to Submission	When selected the selected document is uploaded and the Application page is displayed.			
Cancel	When selected the document and information added will not be saved. Application page is displayed.			

Confirm Submission

Confirm	This page allows to confirm or cancel the submission.
Submission	

Confirm Submission		
By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this application and that the information contained herein and attached hereto is accurate, true, and complete in all material aspects. I understand that my identifying user information and the date and time of this submission will be recorded for future reference. Additionally, please confirm that the email address of the project contact is sanus.sharmadulal@its.ny.gov. This email address will be used for all project correspondence. Figure 11: Sample Confirm Submission Page		
Field Descriptions		
Buttons	Description	
Confirm	When selected the submission is submitted, the notification of receipt is generated and the General Information page with successful submission message is displayed.	
Cancel	When selected the submission is not submitted and the General Information page is displayed. Modifications can still be made.	

General Information- Successful Submission Message

	This page displays the general information along with the success message. An application number is assigned to the submission.		
Gene	eral Information		
Agency Project	Description:		
Genera	Executive Summary Application Sites Correspondence Decision Contingencies >>		
Statu Statu Coun	s Date: 03/01/2017 Services Agency - New Agency		
гОре	rator/Applicant		
	ator Address: TEST LHCSA NEW 1 Central Ave Albany, NY 12203		
	cy Name: TEST LHCSA NEW Agency Address: 1 Central Ave Albany, NY 12203		
- Con	tact Information		
Name User Email Phone	ID: ssd04 Address: 1 Corning Tower : sanus.sharmadulal@its.ny.gov Albany, NY 12203		
Alte	ernate Contact :: Sanus Sharma Dulal Email: sanus.sharmadulal@its.ny.gov		
Figure 12: Sample General Information- Success Message			
Field Descriptions			
Field Name	Description		
Application Number	Generated by the system when the application is submitted		

Facility Name	Agency the LHCSA application was created/submitted for
Project Description	Project description of the displayed application entered and updated by PMU
Submission Type	Submission Type of the displayed application
Project Status	Current status the LHCSA application is in
Review Level	Current Review level of the project
Project Status Date	Project Status Date for the Application
Received Date	Date the application was received
Initial Review Date	Date the displayed application was initially reviewed by PMU
Acknowledgment Date	Date the Acknowledgment letter was signed for the selected application
Operator/Applicant	Section label
Name	Operator Name for the proposed agency
Address	Address of the operator for the proposed agency in format: Street line 1, Street line 2, City, State and Zip Code
County	NYS County of the address for the operator for the proposed agency
Proposed Agency	Section label
Agency Name	Name of the proposed agency
Physical Address	Physical location of the proposed agency in format: Street line 1, Street line 2, City, State and Zip code
County	NYS County of the physical location for the proposed agency
Contact Information	Section label
Name	Full Name of the person who will receive all official correspondence from DOH
Title	Personal title of the Contact person
Email	Email where official notification by DOH can be sent
Address	Mailing Address in format: Street line 1, Street line 2, City, State and Zip code
Phone	Phone number where the contact can be reached
Fax	Fax number where the contact can be sent official correspondence from DOH
Alternate Contact Information	Section label
Name	Full Name of alternate individual who will also receive all official correspondence from DOH
Email	Additional email where official contact between application and DOH can be sent