New York State

Electronic Certificate of Need

Applicant Training

HCS Request Modification

NYS Department of Health

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HOW TO REQUEST A MODIFICATION	

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Chapter Overview

Contents	In this chapter, the Applicant will learn how to						
	1. Request Modification						

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

Learning Objective	Step	Action							
How to request a modification	1	On the General Tab, click on ' Request Modification ' button (if available).							
		General Info	General Information						
		Application Number: Facility Name: Project Description:	Application Correspondence 132353 Applie Home Health Care, LLC Establish a new certified home health agen Reques Annin ation - Full Review, Establish	t Modification	k Approval Kegional Umice Acco	My NY SE-CON Tool Bar Create New Submission Selected Projects			
		Project Status:	Must Request Permission to Start	Project Status Date:	04/18/2014	CON 132353 - Alpine Home Health Care, LLC			
		Review Level: Total Project Cost:	Full \$0.00	Received Date: Initial Review Date: Acknowledgment Date:	12/23/2013 12/27/2013 12/30/2013				
		Main Site Information Facility Name: Physical Address: County: Current Operator:	Alpine Home Health Care, LLC 4260 Bronx Boulevard Bronx, NY 10466 BRONX Alpine Home Health Care, LLC 4260 Bronx Boulevard Bronx, NY 10466	Facility ID: Facility Type: Region: Operating Certificate Number: Current Operator County:	3152 Certified Home Health Agency Western 7000609	Related Projects			
		Contact Information Name: Email: User ID: Phone:	Patricia Smyth naga.ganta@its.ny.gov ps445419 /014).823.8557	Title: Address:	701 Westchester Avenue Suite 210W White Plains, NY 10604				
		Fax: Alternate Contact Informa	(914) 682-8895						
		Name: Project Site Information	Amir Abramchik	Email:	naga.ganta@its.ny.gov				
		Project Site Name: Physical Address: Proposed Operator:	Alpine Home Health Care, LLC 200 Seventh Avenue Buffalo, NY 14201 Alpine Home Health Care, LLC 4260 Brown Beukerard	County:	ERIE				
		+ Impact on Operating Cert	Bronx, NY 10466	Proposed Operator County:	BRONX				
		© 2010 NYS Department	of Health - Electronic Certificate of Need Syst	tem		System Information			
Figure1: Sample General Information screen									
			Field Descri	ptions					
Butt	on	n Navigation							
Request Modificat	ion	Sel	ect to request new	modification.					
		I							

	2 'Reque Respo Contin	est Modification' screen is displayed. nd to all the questions by selecting Yes or No radio button and select nue.						
	Project Search = Reques Application Nu Facility Name: Project Descrip	My Projects Project Search Results St Modification mber: 132353 Ajone Home Health Care, LLC Joine Home Health Care, LLC tion: Establish a new certified home health agency to serve Erie and Niagara Counties						
	Do the proposi Do the proposi Do the proposi	Do the proposed changes involve a change in the number and/or type of beds? Yes No Do the proposed changes involve a change in the location of the project site, outside the approved service area? Yes No Do the proposed changes involve a change in the location of the project site, outside the approved service area? Yes No Do the proposed changes involve a change in the applicant, including but not limited to any change to members, shareholders and/or directors? Over No Continue Cancel Cancel System Information						
		Figure 2: Sample Request Modification screen						
		Field Descriptions						
Field Nam	е	Description						
Request Modification		Page title						
Preliminary Questions								
Button		Navigation						
Continue		Select to proceed.						
Cancel		Select to return to general information screen.						

3a	Based on the response to the preliminary questions, the system will display either a ' Modification Request Ineligible ' screen (figure 3a) or ' Modification Request Description' screen (figure 3b) If the system displays the ' Modification Request Ineligible' screen , follow the instructions as noted below in figure 3a.					
	Projects My Projects Project Search > Project Search Results					
	Modification Request Ineligible					
	Application Number: 132353 Facility Name: Applie Home Health Care, LLC Project Description: Establish a new certified home health agency to serve Erie and Niagara Counties					
	This Modification Request is ineligible because you responded 'Yes' to one or more of the following questions.					
	Do the proposed changes involve a change in the number and/or type of beds? Yes					
	Do the proposed changes involve a change in the location of the project site, outside the approved service area? No					
	Do the proposed changes involve a change in the applicant, including but not limited to any change to members, shareholders and/or directors? No					
	Such project changes may require an amendment. Please contact the Bureau of Project Management at (518) 402-0911 for further information. This message has been saved in the project Correspondence.					
	Ok Ok Ok Ok System Information					
	Figure 3a: Sample Modification Request Ineligible screen.					
Field Descriptions						
Button	Navigation					
ОК	General Information screen					

3b	If the system displays 'Modification Request Description' screen (figure 3b), enter modification request description in the rich text box and select Submit. Project Sech Reads Modification Request Description Project Sech Reads Project Sech Reads Modification Request Description Project Sech Reads Project Sech Sech Reads Project Sech Reads Sech Project Sech Reads Sech Project Sech Reads Project S			
	Field Descriptions			
Field Name	Description			
Modification Request Description	Page title			
Modification Description Text box to enter modification description.				
Button	Navigation			
Submit Select to proceed.				
Cancel	Select to return to 'Request Modification' screen.			

	4 S	System displays 'Confirm Modification Request' screen.						
	b	button to return to' Modification Request Description' screen.						
	s	Select Confirm.						
	Pro	Projects My Projects Project Search > Project Search Results						
	С	Confirm Modification Request						
	Ap Fa Pro	Application Number: 132353 Facility Name: Alpine Home Health Care, LLC Project Description: Establish a new certified home health agency to serve Erie and Niagara Counties						
	Se	Select Confirm to continue and save your responses. Select Cancel to cancel and return to the prior screen.						
	Do	oposed changes involve a change in the number and/or ty	type of beds? No					
	Do	oposed changes involve a change in the location of the pr	project site, outside the approved service area? No					
	Do	proposed changes involve a change in the applicant, including but not limited to any change to members, shareholders and/or directors? No						
	M	on Description:						
	De	Description of the Modification as entered by the applicant.						
			Confirm Cancel					
	ystem System Informati							
		Figure 4: Sample Confirm Modification Request screen						
	Field Descriptions							
Butto	on		Navigation					
Confirm		Select to proceed.						
Cancel		Select to return to Mo	odification Request Description screen.					

	5	System displays 'Modification Request Submitted' screen.						
		Select Ok.						
		Project Search	cts My Projects					
		Modifi	cation Request Submi	ted				
		Application N Facility Name Project Descr	umber: 132353 :: Alpine Home Health Care, iption: Establish a new certified home	LC me health agency to serve Erie and Niaga	ara Counties			
		Your modifica	Your modification request has been received. The Department will review your submission and contact you with further instructions. If you have not been contacted within 10 days, please call the Bureau of Project Management at (518) 402-0911.					
		@ 2040 NIV	Ok OMA NVE Desedment of Urallit. Electronic Codificate of Need Sustem					
		C 2010 NYS	System information - Electronic Certoricate of Need System System					
			Figure 5: Sample Modification Request Submitted screen					
Field Descriptions								
Button Navigation			ion					
Ok		Select to proceed						

