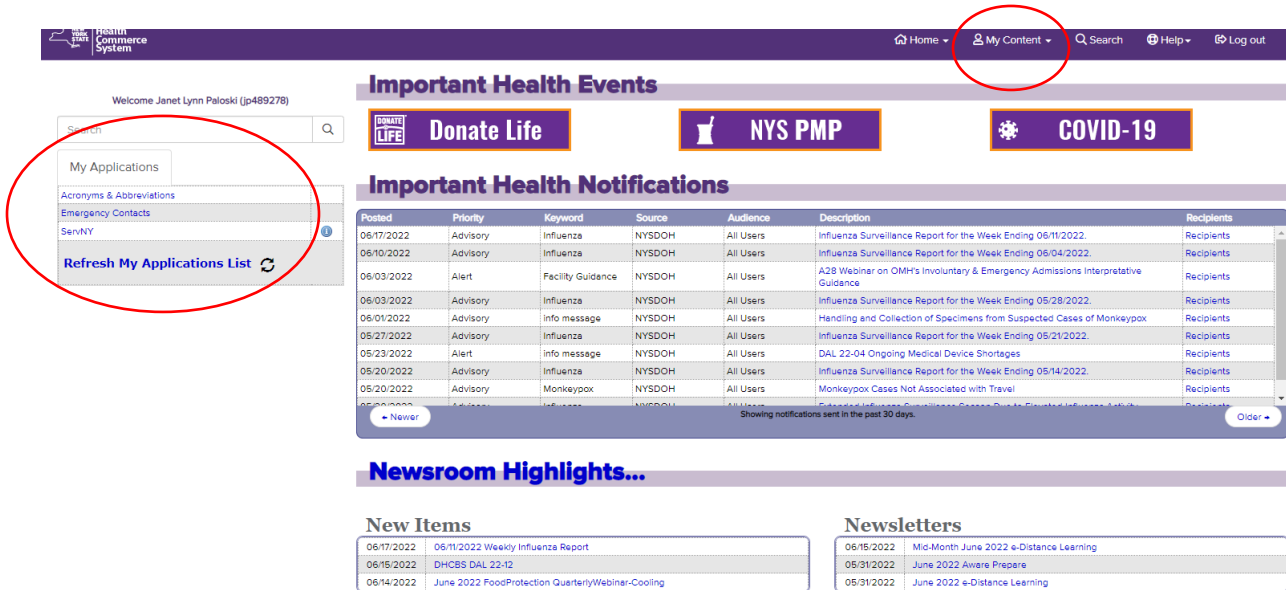
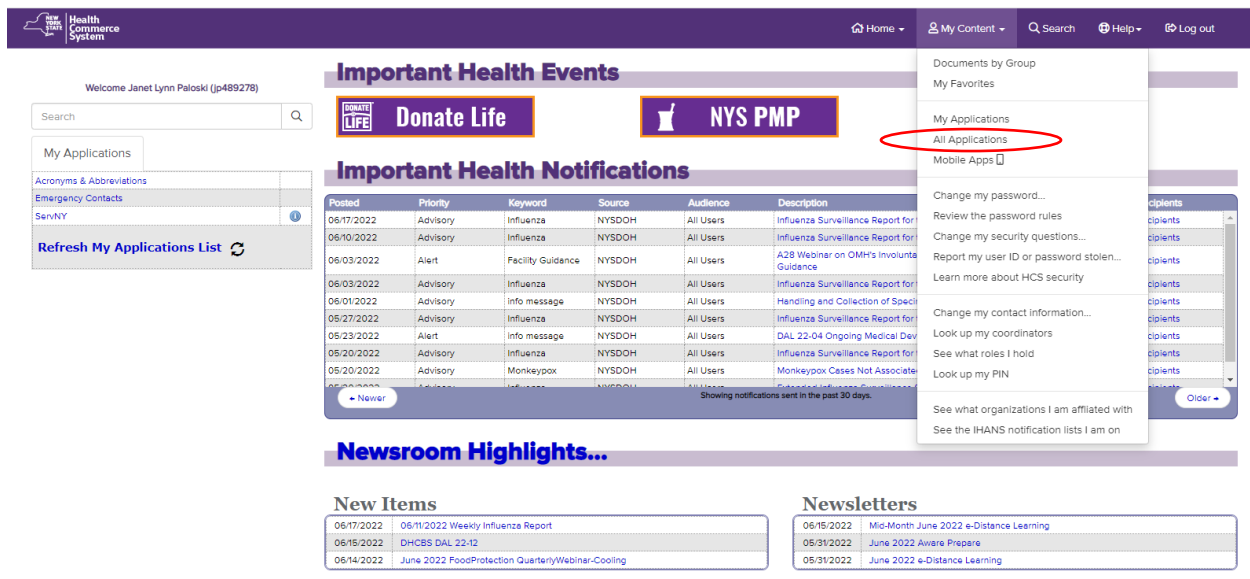


# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON

To use NYSE-CON, you must have a Health Commerce System (HCS) account and you must be added to the **role of CON Submitter and/or CON Updater**. For OASAS certified providers, you have an HCS Coordinator in your Agency who can assist you in getting an HCS account. LOCADTR is accessed through the Health Commerce System and is the reason your Agency already has an HCS Coordinator. If you are not an existing OASAS certified provider, you will need to access the instructions for submitting an application through the Public Authenticated NYSE-CON system using an ny.gov account.



When you sign on to the Health Commerce System, if NYSE-CON is not listed in My Applications, click on the My Content menu.



Select All Applications.

# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON

Health Commerce System Applications View Help

Browse by **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z** View All

Application Name	Acronym	Profile	Restricted	Add/Remove
Access and Update your own account information				
Advantage Dual Eligible Managed Care			Yes	
AIDS Institute Monthly Report Extract Upload	SFT 2.0			

Select N.

Health Commerce System Applications View Help

Browse by **A B C D E F G H I J K L M N O P Q R S T U V W X Y Z** View All

Application Name	Acronym	Profile	Restricted	Add/Remove
Narcotic Education Attestation Tracking (NEAT)	NEAT			
National Poison Data System (see Profile for Access Info)				
Neonatal Intensive Care Unit	NICU		Yes	
New York Patient Occurrence Reporting and Tracking (UPDATE REPORTS SAVED PRIOR TO 8/22/19)	NYPORIS		Yes	
New York Patient Occurrence Reporting and Tracking v2 (CREATE OR EDIT REPORTS ON OR AFTER 8/22/19)	NYPORIS2		Yes	
Newborn Screening Applications	NBS		Yes	
Newborn Screening Hospital Portal				
Nosocomial Outbreak Reporting Application (NORA)	HERDS			
Nursing Home ADHC Rates			Yes	
Nursing Home Appeal Submission System			Yes	
Nursing Home Cash Receipts Assessment			Yes	
Nursing Home Cost Report			Yes	
Nursing Home Medicare Maximization Form			Yes	
Nursing Home Rate Reports			Yes	
Nursing Home Rate Sheets 4/1/2009 and Forward			Yes	
Nursing Home Surveillance and Reporting System (HERDS)	HERDS			
Nursing Home Trend and Roll Factor Reports			Yes	
NY Connects Resource Directory				
NYEIS - Production (New York Early Intervention System)				
NYEIS Feature Request/Data Correction Request Upload	SFT 2.0			
<b>NYS Electronic Certificate of Need</b>	NYSE-CON			
NYS LDSS and NYSoH Retro Upload	SFT 2.0			
NYS Monitoring and Messaging(NYSMMS)			Yes	

Click the “+” in the Add/Remove Column to add the application.

NYS Electronic Certificate of Need	NYSE-CON			
------------------------------------	----------	--	--	--

The NYS Electronic Certificate of Need is added to the My Applications menu when the “-” sign is displayed. Click on Home to get back to the main screen.

# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON

The screenshot shows the Health Commerce System interface. At the top, there's a navigation bar with 'Home', 'My Content', 'Search', 'Help', and 'Log out'. Below this, a 'Welcome Janet Lynn Paloski (jp489278)' message is visible. A search bar is present, and a 'My Applications' dropdown menu is highlighted with a red circle, listing 'NYSE-CON' and 'ServNY'. To the right, there are three prominent buttons: 'Donate Life', 'NYS PMP', and 'COVID-19'. Below these are 'Important Health Notifications' and a table of recent notifications. At the bottom, there are sections for 'New Items' and 'Newsletters'.

You will now see NYSE-CON listed under My Applications. Select NYSE-CON from My Applications to enter the system.

The screenshot shows the NYSE-CON Electronic Certificate of Need System homepage. The header includes the 'New York State Health Commerce System' logo and the text 'New York State NYSE-CON Electronic Certificate of Need System'. A navigation bar contains 'Projects' and 'My Projects'. The main heading is 'Welcome To The Electronic Certificate of Need System'. Below this, there's a paragraph of introductory text and a section titled 'Try These Quick Links To Get Started:' with two buttons: 'Create New Submission' (circled in red) and 'Find your projects'. The footer contains copyright information: '© 2010 NYS Department of Health - Electronic Certificate of Need System' and a link to 'System Information'.

Select Create a New Submission.

# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON

UAT NEW YORK STATE Health Commerce System

New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

**EVAL** **EVAL** **EVAL**

Projects My Projects

## Create New Submission

**Instructions**

We will need to get a starting point for your submission, in order that we may ask you more specific questions later.

New Facility/Agency is to apply to establish and/or construct a new facility, agency, program or hospice.

Change in Ownership/Operator of Existing Facility/Agency is to apply to change or transfer ownership of a facility, agency, program or hospice.

Other Changes to Existing Facility/Agency is for submissions, including but not limited to, certification of new extension clinics, renovating existing sites, adding or deleting services, modifying service area, and construction notices

To cancel this application submission without saving, click [here](#).

What type of submission would you like to create? (Select one)

- New Facility/Agency
- Changes in Ownership/Operator of Existing Facility/Agency
- Other Changes to Existing Facility/Agency

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Select New Facility/Agency and click the Continue button.

New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

**EVAL** **EVAL** **EVAL**

Projects My Projects

## Create New Submission - Facility/Agency Type Selection

**Instructions**

You have selected New Facility/Agency.

Choose one facility or agency type and select Continue to proceed.

To cancel this application submission without saving, click [here](#).

\*Select Facility or Agency Type:

- Adult Home
- Certified Home Health Agency
- Diagnostic and Treatment Center
- Enriched Housing Program
- Hospice
- Hospital
- Licensed Home Care Services Agency
- Long Term Home Health Care Program
- Midwifery Birth Center
- Office of Addiction Services and Supports
- Residential Health Care Facility

\* Fields marked with an asterisk (\*) are required for saving information from this screen.

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Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

Select Office of Addiction Services and Supports and click on Continue.

The screenshot shows the NYSE-CON application submission interface. At the top left is the logo for New York State NYSE-CON Electronic Certificate of Need. At the top right, the user name 'Janet Paloski' and links for 'Home Page' and 'FAQ' are visible. The page is marked with 'EVAL' in red text at three locations. Below the navigation bar, the main heading is 'Create New Submission - Select Submission Type'. Underneath, there are instructions: 'You have selected New Facility/Agency with a facility type of Office of Addiction Services and Supports. Select one submission type and select Continue to proceed. To cancel this application submission without saving, click [here](#).' The current selection is 'None'. The user is prompted to '\*Select Submission Type:' with two radio button options: 'Prior Consultation (1A) - New Facility/Agency' and 'New Provider'. The 'New Provider' option is selected, indicated by a red arrow and a red circle. Below the radio buttons is a 'Continue' button, which is also circled in red. At the bottom left, a note states '\* Fields marked with an asterisk (\*) are required for saving information from this screen.' The footer contains '© 2010 NYS Department of Health - Electronic Certificate of Need System' and 'System Information'.

Select New Provider even if you are already and OASAS or OMH certified provider. Click **Continue**.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON



Janet Paloski  
Home Page | FAQ

EVAL

EVAL

EVAL

Projects My Projects

## Create New Submission - Identifying Information

### Instructions

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.

To cancel this application submission without saving, click [here](#)

\*Submission Type: New Provider

†Submission Description:

A brief description of this submission.

Change

### Main Site Information

\*Facility Type: Office of Addiction Services and Supports

\*Facility Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip Code:

\*County:

### 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 Code:

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

### Alternate Contact Information

†First Name:

†Last Name:

†Email:

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.

Save

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System Information

1. Enter a description for this submission.
2. Enter the Main Site Information.
3. Enter Contact Information and Alternate Contact Information. Please note the main Contact must have an HCS ID.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

**EVAL**

**EVAL**

**EVAL**

Projects

My Projects

## Create New Submission - Identifying Information

### Instructions

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.

To cancel this application submission without saving, click [here](#).

\*Submission Type: New Provider

### †Submission Description:

This submission is for an Intensive Crisis Stabilization Center.

A brief description of this submission.

Change

### Main Site Information

\*Facility Type: Office of Addiction Services and Supports

\*Facility Name: ABC Corporation

†Street 1: 111 Main Street

Street 2:

†City: Anytown

State: NY

†Zip Code: 12205

\*County: ALBANY

### Contact Information

†Title: Director

†First Name: Mary

†Last Name: Flowers

†User ID: tjp48910

†Account Type:  NY.gov ID  HCS ID

†Email: janet.paloski@oasas.ny.gov

†Phone: (518)555-5555

Fax:

†Street 1: 111 Main Street

Street 2:

†City: Anytown

†State: New York

†Zip Code: 12205

Enter the name and contact information for the individual representing the applicant who will act as the primary CON contact for application issues. The primary contact must have an HCS or NY.gov account.

### Alternate Contact Information

†First Name: Rodger

†Last Name: Jones

†Email: rodger.jones@gmail.com

Enter the name and contact information for the alternate contact. It is recommended that the alternate contact be someone with authority to make decisions on behalf of the operator. The alternate contact must have an HCS or NY.gov ID to access the project record in NYSE-CON.

Save

Complete the Information and click on Save.

# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON

Electronic Certificate of Need

**EVAL**
**EVAL**
**EVAL**

Projects
My Projects

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", located at the bottom of the screen.

## General Information

General
Executive Summary
Sites
Application
Correspondence
Decision
Contingencies
Access
Summary

Application Number:  
 Provider Name: ABC Corporation  
 Project Description: This submission is for an Intensive Crisis Stabilization Center.

[Print General View](#)

Submission Type: Application - New Provider  
 Type Description: This submission is for an Intensive Crisis Stabilization Center.  
 Project Status: Project Status Date:  
 Review Level: Received Date:  
 Total Project Cost: \$0.00 Initial Review Date:  
 Acknowledgment Date:

Main Site Information  
 Provider Name: ABC Corporation  
 Administration: 111 Main Street  
 Address: Anytown, NY 12205  
 Provider ID:  
 Facility Type: Office of Addiction Services and Supports  
 County: ALBANY  
 Region:  
 Current Operator: Operating Certificate Number:  
 Current Operator County:

Contact Information  
 Name: Mary Flowers Title: Director  
 Email: janet.paloski@oasas.ny.gov Address: 111 Main Street  
 Anytown, NY 12205  
 User ID: tjp48910  
 Phone: (518) 555-5555  
 Fax:

Alternate Contact Information  
 Name: Rodger Jones Email: rodger.jones@gmail.com

My NYSE-CON Tool Bar

Create New Submission

Selected Projects

ABC Corporation

Related Projects

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System Information

You will receive a message at the top of the screen stating that the submission identifying information has been saved. To continue, click on the Executive Summary. You can also leave NYSE-CON at this point and work on the balance of the application later.



Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

UAT Health Commerce System

New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

**EVAL** **EVAL** **EVAL**

Projects My Projects

### New Submission-Executive Summary

General **Executive Summary** Application Correspondence Decision Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.  
Click "Save" to save the changes

**†Executive Summary:**

Rich text editor toolbar with icons for Cut, Copy, Paste, Bold, Italic, Underline, Bulleted List, Numbered List, Indent, Outdent, Table, and Undo. Below the toolbar are dropdown menus for Styles, Font, and Size, and buttons for text color and background color.

**Save**

**My NYSE-CON Tool Bar**  
Create New Submission

**Selected Projects**  
ABC Corporation

**Related Projects**

\* 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.

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Enter a detailed description in the Executive Summary regarding the Crisis Stabilization Center and select Save.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

New York State  
**NYSE-CON**  
Electronic Certificate of Need

Janet Paloski  
Home Page | FAQ

**EVAL** **EVAL** **EVAL**

Projects My Projects

### Executive Summary

General **Executive Summary** Sites Application Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Print Executive Summary

†Executive Summary: Last Modified: 08/25/2022 01:56:20 PM

This application is to apply to open an Intensive Crisis Stabilization Center.

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.

My NYSE-CON Tool Bar  
Create New Submission

Selected Projects  
ABC Corporation

Related Projects

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Your Executive Summary is saved. If you need to make changes, select modify. When complete, select the **Site** tab to identify the site where the services will be delivered.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON



Janet Paloski  
Home Page | FAQ

EVAL

EVAL

EVAL

Projects My Projects

### Create New Submission - Sites

General Executive Summary **Sites** Application Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Print Sites View

#### Instructions

Select Sites associated with this project from the dropdown.

To add a site to the project, select a location from the list and click the Add button.  
To certify a new site, select "Certify New Site" from the list and click Add.  
To relocate an existing site, choose the site to be relocated from the list and click Add.

#### Project Sites Information

Make a Selection

My NYSE-CON Tool Bar  
Create New Submission

Selected Projects  
ABC Corporation

Related Projects

Select the project Sites Information drop down box to select a site.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

**EVAL** **EVAL** **EVAL**

Projects My Projects

### Create New Submission - Sites

General Executive Summary **Sites** Application Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

 Print Sites View


#### Instructions

Select Sites associated with this project from the dropdown.  
To add a site to the project, select a location from the list and click the Add button.  
To certify a new site, select "Certify New Site" from the list and click Add.  
To relocate an existing site, choose the site to be relocated from the list and click Add.

#### Project Sites Information

Make a Selection

Certify New Site (not for relocations)  
ABC Corporation (NEW) (New)

**My NYSE-CON Tool Bar**  
 Create New Submission

#### Selected Projects

ABC Corporation

#### Related Projects

Select ABC Corporation (New) (New) and click the Add button.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

Projects My Projects

### Create New Submission - Certify New Site

General Executive Summary **Sites** Application Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Instructions  
Click Continue to add this site to the project. Click Cancel to return to the Project Sites screen without saving.

#### Certify New Site

Provider ID: NEW  
Site Type: Office of Addiction Services and Supports  
\*Site Name: ABC Corporation  
\*Street 1: 111 Main Street  
Street 2:  
\*City: Anytown  
State: NY  
\*ZipCode: 12205  
\*County: ALBANY

Instructions  
In the space below, enter a brief description of the changes to be made at this site.  
(Maximum of 1,000 characters.)

\*Site Proposal Summary:

Continue Cancel

My NYSE-CON Tool Bar  
Create New Submission

Selected Projects  
ABC Corporation

Related Projects

The address defaults to the address that was entered on the **General** tab. If that is not the address where services will be provided, modify the address. Enter a **Site Proposal Summary** and click **Continue**.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON



Janet Paloski  
Home Page | FAQ

**EVAL** **EVAL** **EVAL**

Projects My Projects

### Confirm New Site Information Changes

- General
- Executive Summary
- Sites**
- Application
- Correspondence
- Decision
- Contingencies
- Access
- Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

**Instructions**  
Click Confirm to save your changes. Click Cancel to return to the previous screen without saving.

### New Location

Provider ID: NEW  
Site Type: Office of Addiction Services and Supports  
Site Name: ABC Corporation  
Physical Address: 111 Main Street, Anytown, NY 12205  
County: ALBANY  
Site Proposal Summary: This is the site information where the services will be delivered.

**My NYSE-CON Tool Bar**  
[Create New Submission](#)

**Selected Projects**  
ABC Corporation

**Related Projects**

Verify that the site information is accurate and click **Confirm**.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

EVAL EVAL EVAL

Projects My Projects

### Create New Submission - Sites

General Executive Summary **Sites** Application Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Print Sites View

**Instructions**

Select Sites associated with this project from the dropdown.

To add a site to the project, select a location from the list and click the Add button.  
To certify a new site, select "Certify New Site" from the list and click Add.  
To relocate an existing site, choose the site to be relocated from the list and click Add.

**Project Sites Information**

Make a Selection

Provider ID: NEW  
Program #:  
Operating Certificate:  
Site Type: Office of Addiction Services and Supports  
Site Name: ABC Corporation  
Physical Address: 111 Main Street, Anytown, NY 12205  
County: ALBANY

**Instructions**

In the space below, enter a brief description of the changes to be made at this site.  
(Maximum of 1,000 characters.)

\*Site Proposal Summary:

This is the site information where the services will be delivered.

**My NYSE-CON Tool Bar**

**Selected Projects**  
ABC Corporation

**Related Projects**

The site information is saved, and you have the option here, to **modify, remove the site** and/or edit the **Site Proposal Summary**. Once complete, click on the **Application** tab.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC). No Documents are associated with this project.

**Application**

General | Executive Summary | Sites | **Application** | Correspondence | Decision | Contingencies | Access | Summary

Application Number:  
 Provider Name: ABC Corporation  
 Project Description: This submission is for an Intensive Crisis Stabilization Center.

Print Application View | Print Summary View

Submitted By:  
 Submitted Date:

Document Type	Filename	Description	Document	Date
Add Document to Submission		Expand All		

\*\* 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.

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At the top of the screen in red are listed the required schedules.

For Crisis Stabilization Centers, the following schedules will be required to be uploaded.

- Prior Consultation – Crisis Stabilization
- Application Summary – Crisis Stabilization plus attachments
- Part I – Entity Information – Crisis Stabilization plus attachments – **see note below.**
- Part II – Site Information – Crisis Stabilization plus attachments
- Part III – Service Description – Crisis Stabilization plus attachments
- Part IV – Resource Allocation – Crisis Stabilization plus attachments

**If the entity applying for a Crisis Stabilization Center is already certified by OASAS or OMH, then the applicant should upload the applicant’s OMH or OASAS provider number for each of the required Part I – Entity Information, Attachment 3, Attachment 7, Appendix I, Appendix IV and Appendix V schedules.**



Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON

**EVAL** **EVAL** **EVAL**

Projects My Projects

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)  
No Documents are associated with this project.

### Application

General Executive Summary Sites Application Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

[Print Application View](#) [Print Summary View](#)

Submitted By:  
Submitted Date:

Document Type	Filename	Description	Document	Date
<a href="#">Add Document to Submission</a>		<a href="#">Expand All</a>		

\*\* 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.

**My NYSE-CON Tool Bar**

[Create New Submission](#)

**Selected Projects**

ABC Corporation

**Related Projects**

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To upload the Files, click on Add Document to Submission.

# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON



Janet Paloski

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**EVAL**

**EVAL**

**EVAL**

The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

## New Application Document

[General](#) | [Executive Summary](#) | [Sites](#) | **[Application](#)** | [Correspondence](#) | [Decision](#) | [Contingencies](#) | [Access](#) | [Summary](#)

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Document Type: Attachment 1A - Certification Proposal Prior Consult Form

Date: Please Choose

Description: Attachment 1A - Certification Proposal Prior Consult Form

File:  
Application Summary  
Application Summary - Attachment 1 - Authorization to Represent Applicant  
Application Summary - Attachment 2 - Authorization of Proposed Action  
Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community  
Part I - Entity Information  
Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation  
Part I - Attachment 4 - Copy of Letter of Registration or Letter of Exemption received from New York State  
Part I - Attachment 5 - Letter from Internal Revenue Service Documenting Tax Exempt Status  
Part I - Attachment 6 - Copy of All Current Licenses, OCs, Accreditations and/or Comparable Documents  
Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services  
Part II - Site Information  
Part II - Attachment 8 - Property Acquisition Documentation  
Part II - Attachment 9 - Real Property Interest of Applicant in Proposed Site/Additional Location  
Part II - Attachment 10 - Capital Investment Needs of Property  
Part II - Attachment 11 - Site Drawings and Photographs  
Part II - Attachment 12 - Certificate of Occupancy  
Part III - Description of Services  
Part III - Attachment 13 - Authorization of the Arrangement to Establish a Service at an Additional Location at a Host Agency

**My NYSE-CON Tool Bar**  
[Create New Submission](#)

**Selected Projects**  
ABC Corporation

**Related Projects**

Choose Attachment 1A – Certification Proposal Prior Consult Form. The description is optional unless you are uploading multiple forms of the same type.

# Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON



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The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

## New Application Document

General Executive Summary Sites **Application** Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Document Type: Attachment 1A - Certification Proposal Prior Consult Form  
Date: 08/25/2022  
Description:  
File: **Choose File** No file chosen

Add Document to Submission Cancel

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Selected Projects  
ABC Corporation

Related Projects

Click on the Choose File button to maneuver to the location on your computer where you have saved the completed schedules.

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The following schedules are required: Attachment 1A - Certification Proposal Prior Consult Form, Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

## New Application Document

General Executive Summary Sites **Application** Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Document Type: Attachment 1A - Certification Proposal Prior Consult Form  
Date: 08/25/2022  
Description:  
File:  Prior Consu... Form 1A.pdf

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**Selected Projects**  
ABC Corporation

**Related Projects**

Once you have chosen the saved schedule from your computer, the name will show next to the **Choose File** button. Select the **Add Document to Submission** button to upload the file.

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The following schedules are required: Application Summary, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

## Application

General    Executive Summary    Sites    **Application**    Correspondence    Decision    Contingencies    Access    Summary

Application Number:  
Provider Name:                    ABC Corporation  
Project Description:            This submission is for an Intensive Crisis Stabilization Center.

[Print Application View](#)    [Print Summary View](#)

Submitted By:  
Submitted Date:

Document Type	Filename	Description	Document	Date
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		**	08/25/2022

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### Selected Projects

ABC Corporation

### Related Projects

Your uploaded file will display on the screen. To upload the next document, click on **Add Document to Submission**.

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The following schedules are required: **Application Summary**, Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

### New Application Document

General Executive Summary Sites **Application** Correspondence Decision Contingencies Access Summary

Application Number:  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Document	Application Summary
Type	Please Choose:
Date	Application Summary
Description	Application Summary - Attachment 1 - Authorization to Represent Applicant
File	Application Summary - Attachment 2 - Authorization of Proposed Action
	Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community
	Part I - Entity Information
	Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation
	Part I - Attachment 4 - Copy of Letter of Registration or Letter of Exemption received from New York State
	Part I - Attachment 5 - Letter from Internal Revenue Service Documenting Tax Exempt Status
	Part I - Attachment 6 - Copy of All Current Licenses, OCs, Accreditations and/or Comparable Documents
	Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services
	Part II - Site Information
	Part II - Attachment 8 - Property Acquisition Documentation
	Part II - Attachment 9 - Real Property Interest of Applicant in Proposed Site/Additional Location
	Part II - Attachment 10 - Capital Investment Needs of Property
	Part II - Attachment 11 - Site Drawings and Photographs
	Part II - Attachment 12 - Certificate of Occupancy
	Part III - Description of Services
	Part III - Attachment 13 - Authorization of the Arrangement to Establish a Service at an Additional Location at a Host Agency
	Part III - Attachment 14 - Assessment of Need

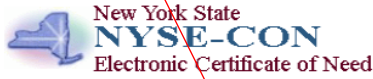
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Selected Projects  
ABC Corporation

Related Projects

Continue on with the next required schedule. As you upload the schedules, they will disappear from the top of the screen that lists the required schedules.

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The following schedules are required: Application Summary - Attachment 1 - Authorization to Represent Applicant, Application Summary - Attachment 2 - Authorization of Proposed Action, Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community, Part I - Entity Information, Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation, Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services, Part II - Site Information, Part III - Description of Services, Part III - Attachment 14 - Assessment of Need, Part III - Attachment 15 - Description of Service Components, Part III - Attachment 16 - Planned Performance Measures, Part III - Attachment 17 - Operational Policies and Procedures, Part IV - Resource Allocation, Part IV - Attachment 21 - Budget Assumptions, Part IV - Attachment 22 - Financial Statements/Reports, Appendix I - Governing Authority Questionnaire, Appendix IV - Character and Competence Applicant Review, Appendix V - Applicant Consent Form for Fingerprinting for OASAS Criminal Background Check (CBC)

## Application

General Executive Summary Sites Application Correspondence Decision Contingencies Access Summary

Application Number:  
 Provider Name: ABC Corporation  
 Project Description: This submission is for an Intensive Crisis Stabilization Center.

Print Application View Print Summary View

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		***	08/25/2022	Update Delete
Application Summary	Application Summary.pdf		***	08/25/2022	Update Delete

Add Document to Submission Expand All

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**Selected Projects**

ABC Corporation

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After uploading the Application Summary, you will see it is no longer listed at the top of the screen. You should repeat these steps to upload the balance of the required schedules listed at the top pf the screen.

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## Application

- General
- Executive Summary
- Sites
- Application
- Correspondence
- Decision
- Contingencies
- Access
- Summary

Application Number:  
 Provider Name: ABC Corporation  
 Project Description: This submission is for an Intensive Crisis Stabilization Center.

[Print Application View](#) [Print Summary View](#)

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary	Application Summary.pdf		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary - Attachment 1 - Authorization to Represent Applicant	Attachment 1.docx		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary - Attachment 2 - Authorization of Proposed Action	Attachment 2.docx		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Application Summary - Attachment 2A - Description and Proof of Outreach Efforts to Local Community		1 Active Documents			
Part I - Entity Information	Part 1 - Entity Information.pdf		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Part I - Attachment 3 - Appropriate Establishment or Proposed Establishment Documentation		1 Active Documents			
Part I - Attachment 7 - Identification of the Owners/Principals who have Prior Experience in Providing Chemical Dependence Services	Attachment 7.docx		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Part II - Site Information	Part II - Site Information.pdf		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Part III - Description of Services	Part III - Description of Services.pdf		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Part III - Attachment 14 - Assessment of Need	Attachment 14.docx		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>
Part III - Attachment 15 - Description of Service	Attachment 15.docx		**	08/25/2022	<a href="#">Update</a> <a href="#">Delete</a>

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**Selected Projects**  
 ABC Corporation

**Related Projects**

When all the required schedules have been uploaded, there will no longer be any schedules listed at the top of the screen. To submit the project, return to the **General** tab.



Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON



**NYSE-CON**  
Electronic Certificate of Need

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### General Information

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Executive Summary
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Correspondence
Decision
Contingencies
Access
Summary

Application Number:			
Provider Name:		ABC Corporation	
Project Description:		This submission is for an Intensive Crisis Stabilization Center.	
<a href="#">Print General View</a>			
Submission Type:	Application - New Provider		
Type Description:	This submission is for an Intensive Crisis Stabilization Center.		
Project Status:		Project Status Date:	
Review Level:		Received Date:	
Total Project Cost:	\$0.00	Initial Review Date:	
		Acknowledgment Date:	
<b>Main Site Information</b>			
Provider Name:	ABC Corporation		Provider ID:
Administration Address:	111 Main Street Anytown, NY 12205	Facility Type:	Office of Addiction Services and Supports
County:	ALBANY	Region:	
Current Operator:		Operating Certificate Number:	
		Current Operator County:	
<b>Contact Information</b>			
Name:	Mary Flowers	Title:	Director
Email:	janet.paloski@oasas.ny.gov	Address:	111 Main Street Anytown, NY 12205
User ID:	tip48910		
Phone:	(518) 555-5555		
Fax:			
<b>Alternate Contact Information</b>			
Name:	Rodger Jones	Email:	rodger.jones@gmail.com
	<input type="button" value="Modify"/>		<input type="button" value="Submit"/>

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You can click modify if you need to make any changes, otherwise click the **Submit** button.



**New York State NYSE-CON**  
Electronic Certificate of Need

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Projects
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### Confirm Submission

By pressing Confirm, I hereby certify under penalty of perjury that I am duly authorized to subscribe and submit this 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 janet.paloski@oasas.ny.gov. This email address will be used for all project correspondence.

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System Information

You will receive a Confirm Submission statement. You must select **Confirm** to submit the project.

Crisis Stabilization Centers  
Application Submission Instructions through HCS NYSE-CON



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NYSE-CON and the Office of Addiction Services and Supports have received your submission. A notification of receipt will be sent to the contact email address that you have provided. If the contact has not received the confirmation email within the next 24 hours, please send an email to Certification@oasas.ny.gov to report the problem.

### General Information

General Executive Summary Sites Application Correspondence Decision Contingencies Access Summary

Application Number: 224018  
Provider Name: ABC Corporation  
Project Description: This submission is for an Intensive Crisis Stabilization Center.

Print General View

Submission Type: Application - New Provider  
Type Description: This submission is for an Intensive Crisis Stabilization Center.  
Project Status: Received Project Status Date: 08/25/2022  
Review Level: Received Date: 08/25/2022  
Total Project Cost: \$0.00 Initial Review Date:  
Acknowledgment Date:

Main Site Information  
Provider Name: ABC Corporation  
Administration Address: 111 Main Street Anytown, NY 12205  
Provider ID:  
County: ALBANY Facility Type: Office of Addiction Services and Supports  
Region: Northeast  
Current Operator: Operating Certificate Number:  
Current Operator County:

Contact Information  
Name: Mary Flowers Title: Director  
Email: janet.paloski@oasas.ny.gov Address: 111 Main Street Anytown, NY 12205  
User ID: tjp48910  
Phone: (518) 555-5555  
Fax:  
Alternate Contact Information

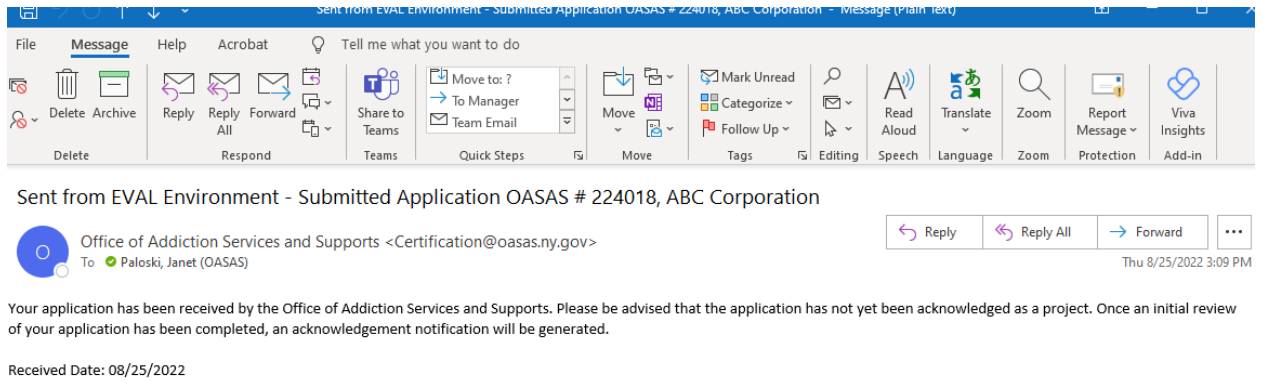
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Create New Submission

Selected Projects  
ABC Corporation

Related Projects

You will receive notification at the top of the screen that the project has been submitted and the contact person will receive a notification email. An **Application Number** will also be issued and in the future, you can bring up your project by this number.

## Crisis Stabilization Centers Application Submission Instructions through HCS NYSE-CON



Here is an example of the email that the contact person will receive.