


NY.GOV ID
Secure Access to New York State Services

Username

Password

Captcha
 I'm not a robot 
reCAPTCHA
Privacy - Terms

Sign In

[Forgot Username?](#) or [Forgot Password?](#)
[Create an Account](#)
Need help? [Get Assistance](#)

You must have a Personal ny.gov account to use the Public Authenticated NYSE-CON. To create a NY.gov Account navigate to <https://my.ny.gov> and click on **Create an Account**.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

PERSONAL
I want to access services for my personal use. My identity must be verified.

GOVERNMENT EMPLOYEE
Information for New York State or local government employees.

BUSINESS
I want to access services in a business capacity. My personal, business or organization's identity must be verified.

Copyright 2020 New York State Office of Information Technology Services (ITS) Build: 06/11/2020 1:32 PM

Choose Personal

Obtain an NY.gov ID Personal User Account

Personal NY.gov ID - Allows you to access online services that require your verified identity where you are acting in an individual capacity (i.e. Not as a business).

Getting Started
Registering for a Personal NY.gov ID is a two part process.

1. NY.gov ID Self Registration
Online Registration consists of 3 steps. Use the 'Next' and 'Continue' buttons at the bottom of each page to move through the steps.

- i. Enter basic user information (along with a valid email address) and select a User ID.
- ii. Confirm basic user information is correct.
- iii. Finish the online registration.

2. Email Activation
Once you have finished the create steps above, please check your email and click on the link inside. Once you have clicked on the link, you will be prompted to set your password, and select 3 security questions & answers.

[Sign Up for a Personal NY.gov ID](#)

If you want a Personal NY.gov ID, please click the button to start the process.

[Go Back](#)

Choose Sign Up for a Personal NY.gov ID.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

First Name*

Last Name*

Email address is needed for password recovery.

Email*

Confirm Email*

Username must be at least 4 characters long, can be up to 128, and must be unique.
Must contain only alphanumeric characters. @ - _ and . may also be included. Do NOT use spaces.

Username*

Captcha


I'm not a robot

reCAPTCHA
Privacy - Terms

Create Account


Step 1 of 3

Enter First Name, Last Name, valid email and confirm email. Enter a Username and check the **I'm not a robot** and follow the instructions. When finished click the **Create Account** button and follow the instructions for Steps 2 and 3.

 **NY.GOV ID**
Secure Access to New York State Services

Username

Password

Captcha
 I'm not a robot 
reCAPTCHA
Privacy - Terms

Sign In

[Forgot Username?](#) or [Forgot Password?](#)

[Create an Account](#)



Need help? [Get Assistance](#)

Once you have an **ny.gov** account, go to <https://my.ny.gov> to login.












Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON



You have access to the following services

 NYS License Center NYS License Center	 JCOPE FDS JCOPE Financial Disclosure System FDS
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You can sign up for the following services

 SLMS Statewide Learning Management System.	 Labor Online Department of Labor Online Services	 MyDMV Motor Vehicles Online Services	 TEACH Application Teacher Certification
 NY State of Health The Official Health Plan Marketplace	 BPSS Application BPSS	 VSP Office of Victim Services	 Health Applications Health Applications
 NY-Alert Receive emergency alerts	 Department of Civil Service Public Website Explore Exciting Career Opportunities with New York State	 Decentralized List Management System My OMH Jobs Decentralized List Management System	

Choose Health Applications to navigate to NYSE-CON.

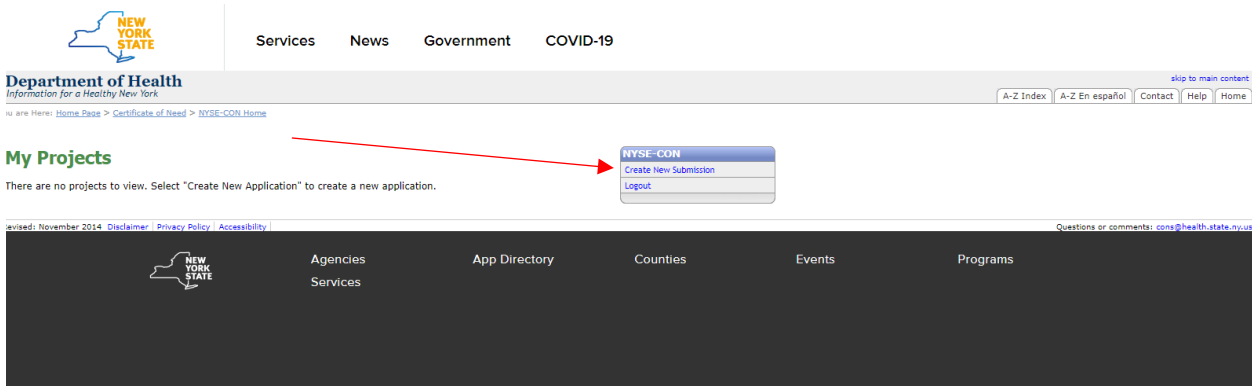
Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON



The screenshot shows the New York State Department of Health website. At the top left is the New York State logo. To its right are navigation links for Services, News, Government, and COVID-19. Below this is a dark purple header with the text "New York State Department of Health". The main content area is titled "NYS Department of Health Applications" and lists several services: Medical Cannabis Data Management System, ServNY, Certificate Of Need (highlighted with a red arrow), Public Collaboration, Wadsworth Center REU Application, and ELicensing Portal.

Department of Health

Choose Certificate of Need



The screenshot shows the NYSE-CON application page. At the top left is the New York State logo. To its right are navigation links for Services, News, Government, and COVID-19. Below this is a header with the text "Department of Health Information for a Healthy New York" and a "skip to main content" link. A breadcrumb trail reads "You are Here: Home Page > Certificate of Need > NYSE-CON Home". The main content area is titled "My Projects" and contains the text "There are no projects to view. Select 'Create New Application' to create a new application." A red arrow points to a "NYSE-CON" dropdown menu with options "Create New Submission" and "Logout". At the bottom of the page is a dark footer with the New York State logo and navigation links for Agencies Services, App Directory, Counties, Events, and Programs. Small text at the bottom left reads "Revised: November 2014 Disclaimer Privacy Policy Accessibility" and at the bottom right "Questions or comments: cona@health.state.ny.us".

Choose Create a New Submission.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

The screenshot shows the 'Create New Submission' page on the NYSE-CON portal. At the top, there is a navigation bar with 'Services', 'News', 'Government', and 'COVID-19'. Below this is the 'Department of Health' logo and 'Information for a Healthy New York'. A breadcrumb trail reads: 'You are Here: Home Page > Certificate of Need > NYSE-CON Home > My Projects'. On the right, there is a 'NYSE-CON' menu with 'Return to My Projects' and 'Logout' options. The main content area has a green header 'Create New Submission' and an 'Instructions' box stating: '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.' Below the instructions, a question asks 'What type of submission would you like to create? (Select one)' with two radio button options: 'New Facility/Agency' and 'Changes in Ownership/Operator of Existing Facility/Agency'. A red arrow points to the 'New Facility/Agency' option. A 'Continue' button is located below the options. At the bottom, there is a footer with 'Revised: November 2014' and links for 'Disclaimer', 'Privacy Policy', and 'Accessibility'. A dark navigation bar at the very bottom contains 'Agencies', 'App Directory', 'Counties', 'Events', and 'Programs'.

Choose New Facility/Agency.

The screenshot shows the 'Create New Submission - Facility/Agency Type Selection' page. The navigation and header elements are identical to the previous screenshot. The main content area has a green header 'Create New Submission - Facility/Agency Type Selection' and an 'Instructions' box stating: 'You have selected **New Facility/Agency**. Choose one facility or agency type and select Continue to proceed.' Below the instructions, a section titled '*Select Facility or Agency Type:' contains a list of radio button options: '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', and 'Residential Health Care Facility'. A red arrow points to the 'Office of Addiction Services and Supports' option. A 'Continue' button is located below the list. At the bottom, there is a note: '* Fields marked with an asterisk (*) are required for saving information from this screen.' The footer and dark navigation bar are also present.

Choose Office of Addiction Services and Supports.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON



[Services](#) [News](#) [Government](#) [COVID-19](#)

Department of Health
Information for a Healthy New York

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

Create New Submission - Select Submission Type

NYSE-CON
Return to My Projects
Logout

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.

Current Selection: None

***Select Submission Type:**

Prior Consultation (1A) - New Facility/Agency

New Provider

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

Revised: November 2014 [Disclaimer](#) | [Privacy Policy](#) | [Accessibility](#)

Choose **New Provider** even if you are already an existing Provider.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Information for a healthy New York

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

Create New Submission

*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:

Fill-in a **Description** for the project and complete the **Main Site Information**.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Principal Applicant Member

†Title:	<input type="text"/>	<p>Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary CON contact for application issues. For for-profit entities, it is recommended that the Principal Applicant Member be the majority equity 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.</p>
†First Name:	<input type="text"/>	
†Last Name:	<input type="text"/>	
User ID:	<input type="text"/>	
†Account Type:	<input type="radio"/> NY.gov ID <input type="radio"/> HCS ID NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov or HCS account)	
†Street 1:	<input type="text"/>	
Street 2:	<input type="text"/>	
†City:	<input type="text"/>	
†State:	<input type="text" value="v"/>	
†Zip:	<input type="text"/>	
†Phone Number:	<input type="text"/>	
Fax Number:	<input type="text"/>	
†Email Address:	<input type="text"/>	

Alternate Contact Information

†First Name:	<input type="text"/>	<p>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.</p>
†Last Name:	<input type="text"/>	
†Email:	<input type="text"/>	

* Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) will be required before the project and application can be submitted.

Fill-in the information for the main contact person. Be sure to include the type of account the contact person is using, and the email address associated with that account. If you are using these instructions, it should be an ny.gov account. Also enter information for an alternate contact.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Information for a Healthy New York

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

Create New Submission

*Submission Type: New Provider
†Submission Description:

This application is to apply to open a Crisis Stabilization Center

A brief description of this submission.

Main Site Information

*Facility Type: Office of Addiction Services and Supports

*Facility Name:

†Street 1:

Street 2:

†City:

State: NY

†Zip Code:

*County: ▼

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Principal Applicant Member

†Title:	Director	Principal Applicant Member - Enter the name and corresponding information for the individual representing the applicant who will act as the primary CON contact for application issues. For for-profit entities, it is recommended that the Principal Applicant Member be the majority equity 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.
†First Name:	Mary	
†Last Name:	Flowers	
User ID:	paloskija	
†Account Type:	<input checked="" type="radio"/> NY.gov ID <input type="radio"/> HCS ID NY.gov or HCS user ID (the Principal Applicant Member must have either a NY.gov or HCS account)	
†Street 1:	111 Main Street	
Street 2:		
†City:	Anytown	
†State:	New York	
†Zip:	12205	
†Phone Number:	(518)555-5555	
Fax Number:		
†Email Address:	janet.paloski@oasas.ny.gov	

Alternate Contact Information

†First Name:	Rodger	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.
†Last Name:	Jones	
†Email:	rodger.jones@gmail.com	

* Fields marked with an asterisk (*) are required for saving information from this screen.
Fields marked with a dagger (†) will be required before the project and application can be submitted.

Once you have completed all the information. Click on **Save**.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

General Information

Information

- The application identifying information has been saved. Complete the data entry process to continue.
- The submission identifying information has been saved. Please select the Executive Summary tab to enter a project proposal summary, the Sites tab to add project sites, beds and/or services, 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.

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

Status:	Submission Type:	Application - New Provider
Status Date:		
Review Level:	Application Received Date:	
County:	Initial Review Date:	
Region:	Acknowledgement Date:	
Total Project Cost:	\$0.00	

You will receive a message stating that the identifying information has been saved. At this point you can exit the system and return to the project at a later time to continue. If you want to continue now, select the **Executive Summary Tab**.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Main Site Information

Provider Name:	ABC Corporation	Facility Type:	Office of Addiction Services and Supports
Administration Address:	111 Main Street Anytown, NY 12205	Region:	
County:	ALBANY	Operating Certificate/License #:	
Current Operator:		Current Operator County:	
		Proposed Operator County:	

Principal Applicant Member

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

Alternate Contact

Name:	Rodger Jones	Email:	rodger.jones@gmail.com
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Notice

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Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

New Submission-Executive Summary

NYSE-CON
Return to My Projects
Create New Submission
Logout

Information

- Fields marked with a dagger (†) are required to proceed with the submission process.

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Application** **Correspondence** >>

- Click "Save" to save the changes

†Executive Summary:

Save

* 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.

Enter a full description of the project. When complete, select **Save**.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Executive Summary

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

 [Print Executive Summary](#)

†Executive Summary:

Last Modified: 08/24/2022 10:28:54 AM

This project is to apply to open a Crisis Stabilization in Anytown, NY

[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.

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If you need to make changes, select **Modify** and select **Save** again. Once complete, select the **Sites** tab.

Create New Submission - Sites


NYSE-CON
Return to My Projects
Create New Submission
Logout

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

 [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

[Add](#)

Notice

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

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Information for a Healthy New York

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

Create New Submission - Sites

NYSE-CON
Return to My Projects
Create New Submission
Logout

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

 [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



Add

Make a Selection

Certify New Site (not for relocations)

ABC Corporation (NEW) (New)

Notice

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

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

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:**

Empty text area for Site Proposal Summary.

Continue

Cancel

It 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**.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

Confirm New Site Information Changes

NYSE-CON
Return to My Projects
Create New Submission
Logout

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

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:	224 Main Street, Anytown, NY 12205
County:	ALBANY
Site Proposal Summary:	This is the site where the services will be provided.

Confirm

Cancel

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

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

 [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: 224 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 where the services will be provided.

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.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Application

NYSE-CON

[Return to My Projects](#)

[Create New Submission](#)

[Logout](#)

Information

- 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 Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

[General](#) | [Executive Summary](#) | [Sites](#) | [Application](#) | [Correspondence](#) | [>>](#)

[Print Application View](#)

Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date
<input type="button" value="Add New Application Document"/>				

* 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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The first bullet lists the schedules required for submission. The second bullet lists any documents that have already been uploaded.

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.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

Application

Information

- The following documents are required for this submission: Attachment 1A - Certification Proposal Prior Consult Form
- No Documents are associated with this project.

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Application** | **Correspondence** >>

[Print Application View](#)

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date
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[Add New Application Document](#)

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NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
- [Logout](#)

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To upload the Files, click on Add New Application Document.



You are Here: [Home Page](#) > [Certificate of Need](#) > [NYSE-CON Home](#) > [My Projects](#)

New Application Document

Information

- The following documents are required for this submission: Attachment 1A - Certification Proposal Prior Consult Form

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Application** | **Correspondence** >>

Document Type:

Date:

Description:

File: No file chosen

NYSE-CON

- [Return to My Projects](#)
- [Create New Submission](#)
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Choose Attachment 1A – Certification Proposal Prior Consult Form to upload the Prior Consultation Schedule.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON



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Information

- The following documents are required for this submission: Attachment 1A - Certification Proposal Prior Consult Form

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General Executive Summary **Application** Correspondence >>

Document Type:	Attachment 1A - Certification Proposal Prior Consult Form
Date:	06/15/2022
Description:	<input type="text"/>
File:	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="Add Document to Application"/> <input type="button" value="Cancel"/>	

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The description is optional unless you are uploading multiple forms of the same type. 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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Information

- The following documents are required for this submission: Attachment 1A - Certification Proposal Prior Consult Form

Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Application** **Correspondence** >>

Document Type:	Attachment 1A - Certification Proposal Prior Consult Form
Date:	06/15/2022
Description:	
File:	<input type="button" value="Choose File"/> Prior Consult...bilization.docx
	<input type="button" value="Add Document to Application"/> <input type="button" value="Cancel"/>

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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 Application** button to upload the file.

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Application

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Application Number:
Provider Name: ABC Corporation
Project Description: This application is to apply to open a Crisis Stabilization Center

[General](#) | [Executive Summary](#) | **[Application](#)** | [Correspondence](#) >>

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Submitted By:
Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation - Crisis Stabilization.docx			06/15/2022	Update Delete

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Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

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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 Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** | >>

Document Type:	Please Choose:
Date:	Please Choose:
Description:	Application Summary
File:	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 Part III - Attachment 14 - Assessment of Need

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Revised: November

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Services

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.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Application

Information

- 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)

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Application Number:

Provider Name: ABC Corporation



Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** | >>

 [Print Application View](#)

Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf			08/24/2022	Update Delete
Application Summary	Application Summary.pdf			08/24/2022	Update Delete

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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 of the screen.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Application

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Application Number:

Provider Name: ABC Corporation







Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** >>

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Submitted By:

Submitted Date:

Document Type	Filename	Description	Document	Date	
Attachment 1A - Certification Proposal Prior Consult Form	Prior Consultation Form 1A.pdf		 *	08/24/2022	Update Delete
Application Summary	Application Summary.pdf		 *	08/24/2022	Update Delete
Application Summary - Attachment 1 - Authorization to Represent Applicant	Attachment 1.docx		 *	08/24/2022	Update Delete
Application Summary - Attachment 2 - Authorization of Proposed Action	Attachment 2.docx		 *	08/24/2022	Update Delete
▶ 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		 *	08/24/2022	Update Delete
▶ 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	Attachment 7.docx			08/24/2022	Update Delete

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.

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

General Information

Information

- The submission identifying information has been saved. Please select the Executive Summary tab to enter a project proposal summary, the Sites tab to add project sites, beds and/or services, 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.

NYSE-CON
Return to My Projects
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Application Number:

Provider Name: ABC Corporation

Project Description: This application is to apply to open a Crisis Stabilization Center

General **Executive Summary** **Sites** **Application** **Correspondence** >>

Status:		Submission Type:	Application - New Provider
Status Date:			
Review Level:		Application Received Date:	
County:	ALBANY	Initial Review Date:	
Region:		Acknowledgement Date:	
Total Project Cost:	\$0.00		

Main Site Information

Provider Name:	ABC Corporation	Facility Type:	Office of Addiction Services and Supports
Administration Address:	224 Main Street Anytown, NY 12205	Region:	
County:	ALBANY	Operating Certificate/License #:	
Current Operator:		Current Operator County:	
		Proposed Operator County:	

Principal Applicant Member

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

Alternate Contact

Name:	Rodger Jones	Email:	rodger.jones@gmail.com
--------------	--------------	---------------	------------------------

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

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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 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 janet.paloski@oasas.ny.gov. This email address will be used for all project correspondence.

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

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General Information

Information

- 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.

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Application Number: 224011
Provider Name: ABC Corporation
Project Description: This application is to apply to open a Crisis Stabilization Center

General | **Executive Summary** | **Sites** | **Application** | **Correspondence** >>

Status:	Received	Submission Type:	Application - New Provider
Status Date:	08/24/2022	Application Received Date:	08/24/2022
Review Level:		Initial Review Date:	
County:	ALBANY	Acknowledgement Date:	
Region:	Northeast		
Total Project Cost:	\$0.00		

Main Site Information

Provider Name:	ABC Corporation	Facility Type:	Office of Addiction Services and Supports
Administration Address:	224 Main Street Anytown, NY 12205	Region:	Northeast
County:	ALBANY	Operating Certificate/License #:	
Current Operator:		Current Operator County:	
		Proposed Operator County:	

Instructions for Crisis Stabilization Centers to submit an application through the Public Authenticated NYSE-CON

Main Site Information

Provider Name:	ABC Corporation	Facility Type:	Office of Addiction Services and Supports
Administration Address:	111 Main Street Anytown, NY 12205	Region:	
County:	ALBANY	Operating Certificate/License #:	
Current Operator:		Current Operator County:	
		Proposed Operator County:	

Principal Applicant Member

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

Alternate Contact

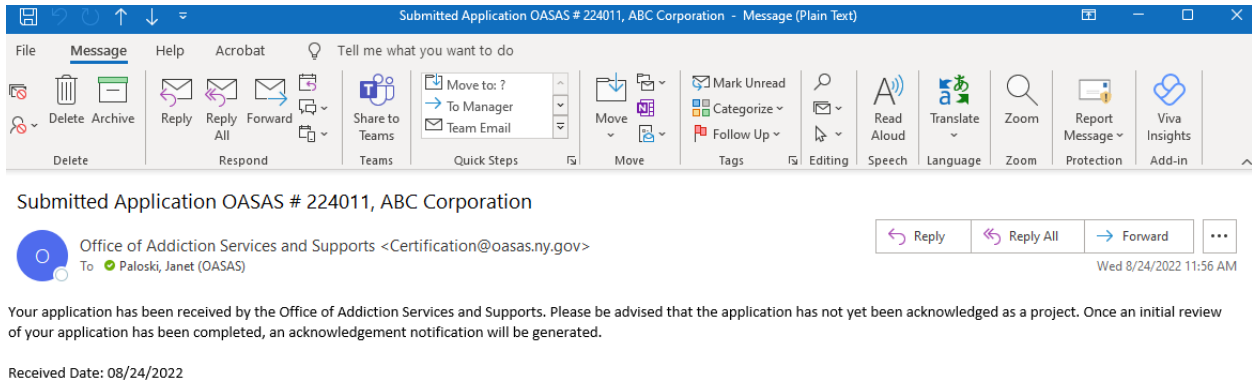
Name:	Rodger Jones	Email:	rodger.jones@gmail.com
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You will receive notification at the top of the screen that the project has been submitted and the contact person will receive a notification email. An Application Number will also be issued and in the future, you can bring up your project by this number.

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