

Change Requests

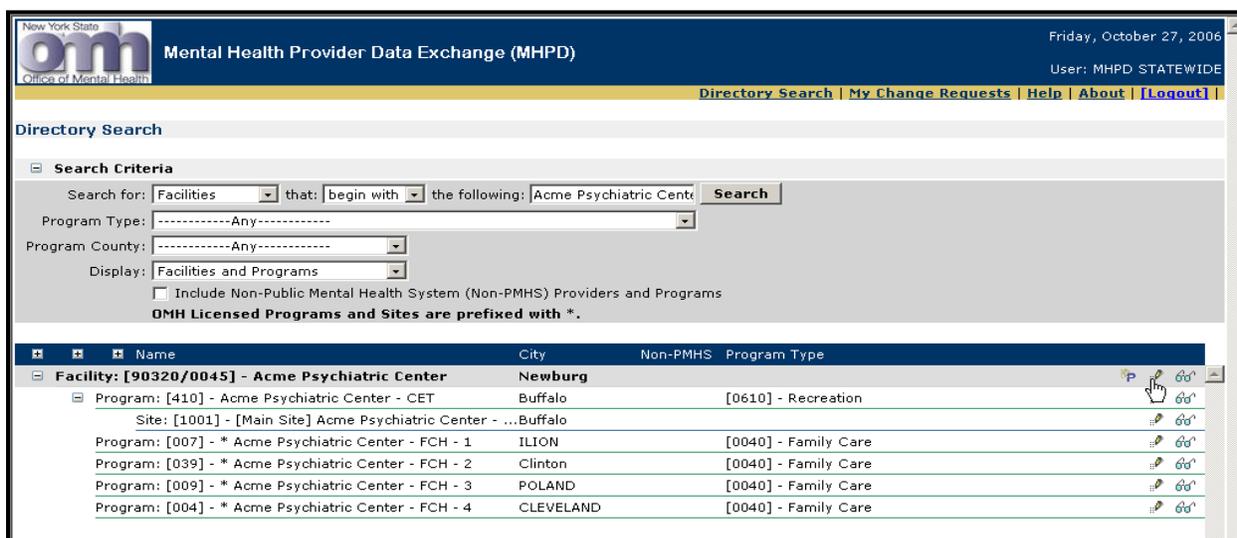
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Updating Agency/Facility Information

Introduction

The “Edit Agency/Facility” page is used when submitting a Change Request to edit Agency and/or Facility information. To navigate to the “Edit Agency/Facility” page either click on the **edit** icon located at the right end of the Facility record display line on the “Directory Search” page or click the **edit** icon in the Facility Header section of the “View Agency/Facility,” “View Program” or the “View Site” page. This page will only be available to Users with Provider Admin, County Admin or Field Office Admin security group status. If you need Admin status, speak to the Security Manager at your facility, who can update your access in the Security Management System. To locate your Security Manager, see the list on the “Verify Contact Information” page that pops up upon logging in to MHPD or call the Help Desk at 1-800-HELP-NYS. Further information about security groups can be found in the MHPD Basic Manual.



The edit icon on the Directory Search page

Editing information

For each data section of the Edit Agency/Facility page, functionality is split into two sections:

Current Information section

The first section, identified by a pale yellow background, displays the information currently in the CONCERTS database. This information is Read Only. All sections of pages in MHPD displaying information on a pale yellow background display current CONCERTS database information.

Edit section

This section immediately follows the Current Information and contains all fields from the shaded area. Fields that are available to edit are displayed in text boxes.

♪ **Note:** Some lines in the Edit section have a text balloon icon to the right of them. Click on the icon for more information about properly filling out the line.

Modifying existing information

When you make a change to an existing value, values in both the Current Information section and the Edit section are displayed in bold as soon as you click another field. This is illustrated below using the fields "Address" and "Phone". The changes you make are displayed in bold, as illustrated below with the zip code changed from 12209 to 12345

Facility Information:	
Facility Name:	Test Facility (for user manual)
Address:	123 Main Street
P. O. Box:	
City, State Zip:	Albany NY 12209 -____
County:	Albany
Phone:	(123) 555-1000 x ____
Fax:	(123) 555-1001
Last Updated:	8/3/2010 1:40:47 PM
*Facility Name:	<input type="text" value="Test Facility (for user manual)"/>
*Address:	<input type="text" value="123 Main Street"/> 
P. O. Box:	<input type="text"/>
*City, State Zip:	<input type="text" value="Albany"/> <input type="text" value="NY"/> <input type="text" value="12345-____"/>
*County:	<input type="text" value="Albany"/>
*Phone:	<input type="text" value="(123) 555-1000"/> x <input type="text"/>
Fax:	<input type="text" value="() - -"/>

Editing information

Removing existing information

When you remove (delete) an existing value, the value in the Edit section is cleared (deleted), and the information in the Current Information section is displayed with a line across the value as soon as you move to another field. This is illustrated above using the Fax # field, where the phone number (123)555-1001 has been deleted.

Adding new values

When you add a new value, the value in the Edit section is displayed in bold whenever you move to another field.

Edit Agency/Facility	
Agency:	[20202] - Test Facility (for user manual)
Submit Change Request Close Without Submitting	
Agency Information:	
Web Site:	www.mhpd.testing.com
Web Site:	<input type="text" value="www.mhpd.testing.com"/>
Chairperson of the Board:	
Name:	Title: Dr. First Name: Susan Last Name: Brown Degree: M.D.
Position:	Board Chair
Address:	123 Main Street
City, State Zip:	Albany NY 12209-1010
Phone:	(123) 555-1000 x <input type="text"/>
Name:	<input type="text" value="Dr."/> <input type="text" value="Susan"/> <input type="text" value="Brown"/> <input type="text" value="M.D."/>
Position:	<input type="text" value="Board Chair"/>
Address:	<input type="text" value="123 Main Street"/>
City, State Zip:	<input type="text" value="Albany"/> <input type="text" value="NY"/> <input type="text" value="12209-1010"/>
Phone:	<input type="text" value="(123) 555-1000"/> x <input type="text"/>
Facility:	[2222] - Test Facility (for user manual)
Facility Information:	
Facility Name:	Test Facility (for user manual)
Address:	123 Main Street
P. O. Box:	
City, State Zip:	Albany NY 12209-_____
County:	Albany
Phone:	(123) 555-1000 x <input type="text"/>
Fax:	(123) 555-1001
Last Updated:	8/3/2010 1:40:47 PM
*Facility Name:	<input type="text" value="Test Facility (for user manual)"/>
*Address:	<input type="text" value="123 Main Street"/>
P. O. Box:	<input type="text"/>
*City, State Zip:	<input type="text" value="Albany"/> <input type="text" value="NY"/> <input type="text" value="12345-_____"/>
*County:	<input type="text" value="Albany"/>
*Phone:	<input type="text" value="(123) 555-1000"/> x <input type="text"/>
Fax:	<input type="text" value="() - - - -"/>
Director:	
Name:	Title: Mr. First Name: John Last Name: Doe Degree:
Position:	Acting Executive Director
Phone:	(123) 555-1000 x <input type="text"/>
Email:	john@email.com
Information Email:	testfacility@email.com
*Name:	<input type="text" value="Mr."/> <input type="text" value="John"/> <input type="text" value="Doe"/> <input type="text"/>
Position:	<input type="text" value="Acting Executive Director"/>
*Phone:	<input type="text" value="(123) 555-1000"/> x <input type="text"/>
*Email:	<input type="text" value="john@email.com"/>
Information Email:	<input type="text" value="testfacility@email.com"/>
Change Request Information	
Requestor's Information:	
*Email Address:	<input type="text" value="mhpd_sa@omh.state.ny.us"/>
*Phone #:	<input type="text" value="(123) 555-2000"/> x <input type="text"/>
Field Office Contact Person:	<input type="text"/>
Date of Field Office Contact:	<input type="text"/>
Requestor's Comments:	<input type="text" value="Updating facility information"/>

The “Edit Agency/Facility” Page

The bottom data section in the Edit screen, **Requestor’s Information**, fills in your contact information from your MHPD user data. Please correct this information, if necessary. You may also add comments in the space provided. Your correction will be saved and shown the next time you log into MHPD. If you have contacted the Field Office prior to making this change, you may enter the “Field Office Contact Person” and the “Date of Field Office Contact,” otherwise, leave it blank. If you would like to request changes to information that cannot be requested using this page, please contact your Field Office. The field office contact information is available from the OMH website, [About OMH](#).

Submitting Change Request

When finished with editing, click “Submit Change Request” in the floating gold box in the upper right hand corner. A message box confirming your change request and indicating that the change request has been submitted will display the CR# (Change Request Number). Use this CR# in any future correspondence regarding this CR. Click OK to close the message box.



The message box confirming your change request includes the CR#

After you click OK, the change request is displayed in read only mode showing the change request in its entirety. You will also receive an email confirming your change request (Email notifications are explained in detail under Email Notifications in the Appendix).

A new data section, Change Request Status, will appear below Change Request Information toward the bottom. It displays the Change Request #, the Request Date, your user information, and the Status of the request, as well as the name and e-mail address of the Administrator who will review it. You can use this information to inquire about the status of the change request.

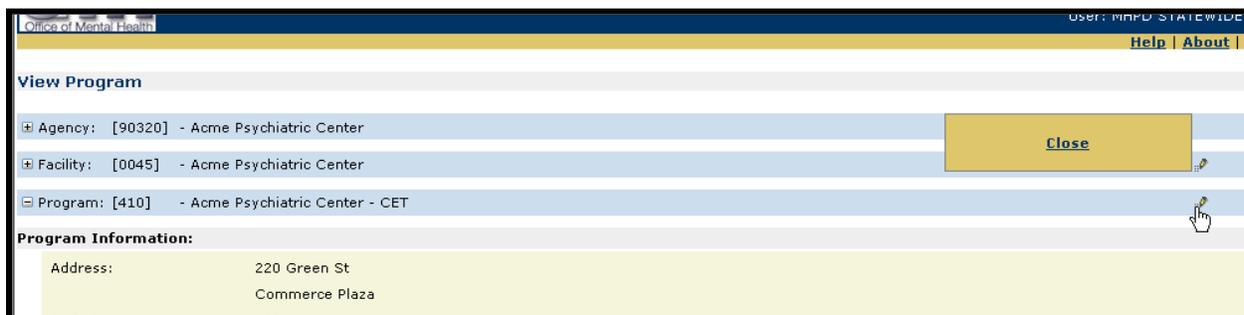
Reviewing changes

Once you submit your change request, both the Current Information section and the Edit section are displayed in read only mode with the changes displayed in bold. When you are finished reviewing, select “Close” from the gold menu box in the upper right hand corner to return to the Directory Search page.

Updating Unlicensed Program Information

Introduction

The “Edit Program” page is used when requesting changes to be made to Program information. To navigate to the “Edit Program” page either click on the **edit** icon located at the right end of the Facility record display line on the “Directory Search” page or click the edit icon in the Program Header section of the “View Program” or “View Site” page.



The edit icon on the View Program page

Editing information

Please refer to the section “Editing Information” under “Updating Agency/Facility Information” for details. The fields differ, but once the editing function has been invoked, the mechanism is the same.

♪ **Note:** This section does not apply to 6050 Supported Housing Rental Assistance. This program is automatically updated once changes are approved for 6060 Supported Housing Community Services.

Edit Program page

Proceed with changes in the same manner as described above for Agency/Facility. In the “Requestor’s Comments” field, please provide any background information that will help the Administrator accept the change request. In addition, if you have contacted the Field Office, please include the contact person and date of contact.

Please contact your Field Office for procedures to edit information not included in MHPD for unlicensed programs.

Program Type Changes

A request to change a program type initiates two processes: first, closing the first program as of the day prior to the effective open date and second, opening a replacement program with the effective open date that you entered. The replacement program is assigned a new unit number. When you submit a program type change request, please review the program name to make sure it is not inconsistent with the new program type.

To change a Program Type, select the new Program Type from the drop down menu. Change the Program Name as appropriate for the new Program Type. Enter the Effective Open Date that reflects the date of the change, and the Close Date will fill in automatically. Change any other information such as phone numbers and address as needed.

Program Unit Code:	002		
*Program Name:	Non-Medicaid Care Coordination		
*Address:	123 Main Street		
P. O. Box:			
*City, State Zip:	Albany	NY	12209-
*County:	Albany		
*Phone:	(123) 555-1000	x	
Fax:	(123) 555-1001		
OMH Licensed:	No		
<p>A request to change a program type initiates two processes; closing the first program as of the day prior to the date you enter into the "effective open date" for the change, and opening the replacement program as of the "effective open date" that you enter. Note that the replacement program receives a new unit code (CFR site-id). Please be sure to edit program name to agree with the new program type and edit other fields, if needed.</p>			
*Program Type:	[2720] - Non-Medicaid Care Coordination		
*Effective Open Date:	01/01/2010		
*Program Status:	Closed		
Open Date:	07/01/2010		
Close Date:	12/31/2009		

Editing a Program Type

If the program to be changed has open CAIRS episodes of care, a message box will be displayed to the user as follows: "This request cannot be approved at this time. The request is to change a Program Type of a Program that has open CAIRS episodes of care that must be resolved prior to closing."

To resolve, you must first Add a Program of the new Program Type (see the Add a Program section of this manual). In the Requestors Comments, enter "Change of program codes. Formerly unit [insert the old unit number here]." Once the Change Request to open the new program has been approved and the new program has been added into MHPD, transfer the CAIRS cases from the old program in CAIRS to the new program. Contact the [Helpdesk](#) for assistance with transferring episodes of care in CAIRS.

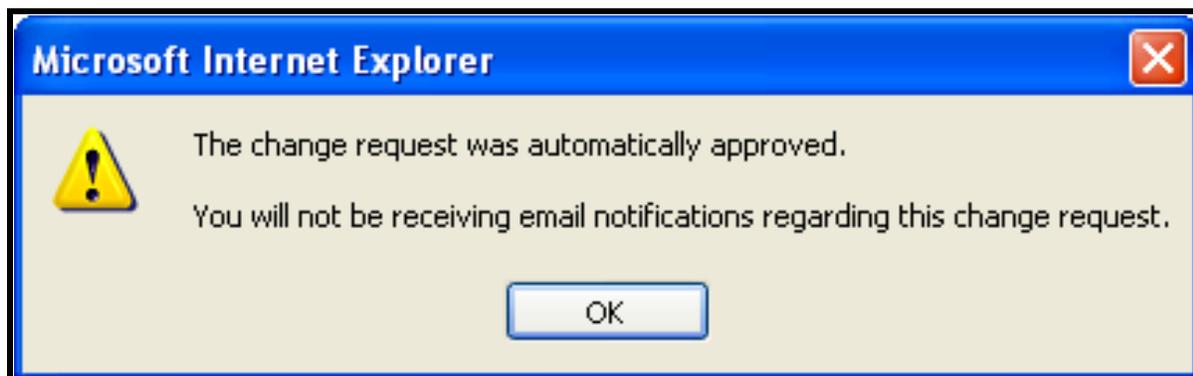
After finishing the transfer, close the old program in MHPD (see Closing a Program in this manual for more information). In the Requestors Comments, enter "Change of program codes. This unit is being replaced by [insert the new unit number here]."

Submitting Change Request

When finished with editing, click "Submit Change Request" in the floating gold box in the upper right hand corner. A message box confirming your change request and indicating that the change request has been submitted will display the CR# (Change Request Number.) Use this CR# in any future correspondence regarding this CR. Click OK to close the message box.

After you click OK, the change request is displayed in read only mode showing the change request in its entirety. You will also receive an email confirming your change request (email notifications are explained in detail under Email Notifications in the Appendix).

Certain minor changes to Program Information may be approved automatically. For Licensed Programs, this includes changes to the Program Manager fields. For Unlicensed Programs, this includes changes to the following: P.O. Box, Telephone Number, Fax Number, Email Address, and Program Manager fields. When these changes are submitted, a Change Request will be created and flagged as Automatically Approved. No email notifications are generated. If fields in addition to these fields are changed, automatic approval will NOT take place, and it will follow the regular approval process.



♪ **Note:** Relocations of Licensed Programs require submission of an Administrative Action. Licensed Programs would see this message when in Edit mode. For more information see the section on [Administrative Actions](#) or contact your Field Office.

*Program Name:	<input type="text" value="Alternative Education/Adolescent Day Treatment"/>		
	 Licensed Programs: For address corrections only; relocations require the submission of an Administrative Action.		
*Address:	<input type="text" value="123 Main Street"/>		
	<input type="text"/>		
P. O. Box:	<input type="text"/>		
*City, State Zip:	<input type="text" value="Anytown"/>	NY 	<input type="text" value="12603-1500"/>
*County:	Dutchess 		

Updating Licensed Program Information

A limited number of edits can be submitted for Licensed Programs. The procedure used is the same as for editing Unlicensed Programs. Changes to addresses are for corrections only. For actual relocations, an Administrative Action or a PAR is required depending on the type of program. See [PAR Frequently Asked Questions](#), and the [Administrative Action and EZPAR](#) manuals for more information.

Closing Unlicensed Programs

The preceding editing instructions are also used when you wish to close an unlicensed program. To perform this edit, you must change the Program Status field to “closed” on the “Edit

Program” page and enter the Date you are closing the program in the Closed Date field. If the program is already closed, enter the last day it was in operation as the closing date.



The screenshot shows a form with three fields: '*Program Status:' with a dropdown menu set to 'Closed', 'Open Date:' with a date field containing '07/01/2010', and 'Close Date:' with a date field containing '12/31/2009'. The 'Closed' dropdown and the '12/31/2009' date are circled in red.

Below, in the 'Comments' field, please provide any background information that will help the Administrator to accept the change request, such as the reason for the closing. When finished with editing, click "Submit Change Request" in the floating gold box in the upper right hand corner.

⚠ **Note:** If the program to be closed has open CAIRS episodes of care, a message box will be displayed to the user as follows: "This request cannot be approved at this time. The request is to close a program that has open CAIRS episodes of care that must be resolved prior to closing. Please close the CAIRS episodes (contact OMH help desk if you need assistance) and then submit a request to close this program." (Exception: Program Type 7000, Mobile Mental Health Team, will be allowed to close programs with open CAIRS episodes of care).

Updating Site Information

The "Edit Site" page is used when requesting changes to be made to Site information. You can navigate to the "Edit Site" page either by clicking the edit icon in-line with the Site record on the "Directory Search" page or clicking the edit icon in the Site Header section of the "View Site" page.

Editing information

Please refer to section "Editing Information" under "Updating Agency/Facility Information." Procedures for editing Sites are the same as those for editing Facilities or Programs.

⚠ **Note:** When Program Name and Address information is changed, the Site Name and Address of the Main Site is also updated.

"Edit Site" page

The Edit Site page may vary by showing additional sections based on the category of program served by the site. Some pages may include Days/Hours of Operation, Population Served, or Case Management information.

⚠ **Note:** The choice of Population Served (Children, Adolescent, Adult) is limited by the program type. The user will be prompted by a message box to make corrections when an inappropriate Population Served checkbox is checked.

If the site has a program code of a type that generally offers direct services (i.e services provided to consumers or collaterals through face to face or telephone contact) then "Direct Services are Provided" will be pre-selected. If the program *only* provides discharge planning, coordination, linkage, referral or other non-direct services, that box may be unchecked. If the

box is unchecked, "Population Served" is deselected and service capacity and caseload default to 0. When choosing the option to uncheck "Direct Services are Provided", the user must provide a description of the program's services in the comment box.

Program Type:	[1760] - Advocacy/Support Services	Submit Change Request Close Without Submitting Fields prefixed with * are required.
Population Served: *Select one or more		
Direct Services are provided:	Yes	
Adolescents:	No	
Adults:	Yes	
Children:	No	
<div style="border: 1px solid green; padding: 5px; margin: 10px 0;"> Direct services are provided to consumers or collaterals through face to face or telephone contact. If the site ONLY provides discharge planning, coordination, linkage or referral or other non-direct services, please uncheck this box. </div>		
Direct Services are provided:	<input type="checkbox"/>	
Adolescents:	<input type="checkbox"/>	
Adults:	<input type="checkbox"/>	
Children:	<input type="checkbox"/>	
Capacity:		
Service Capacity:	400	
Caseload:	0	
Service Capacity:	<input type="text" value="0"/>	# of persons expected to be served pursuant to program model
Caseload:	<input type="text" value="0"/>	Average # of persons served in a month
Change Request Information		
Requestor's Information:		
Requestor's Name:	System Auditor	
Requestor's Email:	mhpdp_sa@omh.state.ny.us	
Phone #:	(123) 456-7890 x 1234	
Field Office Contact Person:	<input type="text"/>	
Date of Field Office Contact:	<input type="text"/>	
Requestor's Comments:	<input type="text" value="Program provides educational pamphlets at treatment service sites."/>	

Sites that do not provide direct services will not appear on the OMH "Find a Mental Health Program in Your Community" portal. If you have contacted the Field Office prior to making this change, you may enter the "Field Office Contact Person" and the "Date of Field Office Contact." In the 'Requestor's Comments' field please provide any background information that will help the Administrator to accept the change request. Please contact your Field Office for procedures to edit information for licensed programs or to edit information not included in MHPD for non-licensed programs.

Submitting Change Request

When finished with editing, click “Submit Change Request” in the floating gold box in the upper right hand corner. A message box confirming your change request and indicating that the change request has been submitted will display the CR# (Change Request Number.) Use this CR# in any future correspondence regarding this CR. Click OK to close the message box.

You will also receive an email confirming your change request. (Email notifications are explained in detail under Email Notifications in the Appendix). After you click OK, the change request is displayed in its entirety in read only mode.

The “Change Request Status” section at the bottom displays the Change Request #, the Request Date and the Status of the request, as well as, the name and e-mail address of the Program administrator who will review your request. You can use this information if necessary to respond regarding the status of the change request.

Adding Unlicensed Programs

The “Add Program” page is used when requesting to add unlicensed programs. You can navigate to the “Add Program” page either by clicking the add icon that appears to the right end of the line with the Facility information in the Program record on the “Directory Search” page or clicking the add icon in the Facility Header section of the “View Agency/Facility,” “View Program” or the “View Site” page.



Name	City	Non-PMHS	Program Type
Facility: [90320/0045] - Acme Psychiatric Center	Newburg		
Program: [410] - Acme Psychiatric Center - CET	Buffalo	[0610]	Recreation
Site: [1001] - [Main Site] Acme Psychiatric Center - ...Buffalo			
Program: [007] - * Acme Psychiatric Center - FCH - 1	Ilion	[0040]	Family Care
Program: [039] - * Acme Psychiatric Center - FCH - 2	Clinton	[0040]	Family Care
Program: [009] - * Acme Psychiatric Center - FCH - 3	POLAND	[0040]	Family Care
Program: [004] - * Acme Psychiatric Center - FCH - 4	CLEVELAND	[0040]	Family Care

The Add Program Icon on the Directory Search page

Note: There is no feature to add new sites to a program. If an unlicensed program has multiple locations, please contact your [Field Office](#) to determine if additional program units are needed.

The “Add Program” Page

♪ **Note:** This section does not apply to 6050 Supported Housing Rental Assistance. This program is automatically added, if directed by the Administrator, following the addition of 6060 Supported Housing Community Services.

Add Program		Submit Change Request Close Without Submitting Fields prefixed with * are required.		
Sponsor:	[202020] - Test Facility (for user manual)			
Agency:	[20202] - Test Facility (for user manual)			
Facility:	[2222] - Test Facility (for user manual)			
Program:	[###] - Respite Services			
Program Information:				
Program Unit Code:	###			
*Program Name:	Respite Services			
Short Name:	Respite			
*Address:	123 Main Street			
P. O. Box:				
*City, State Zip:	Albany	NY 12345-		
*County:	Albany			
*Phone:	(518) 555-1000 x			
Fax:				
OMH Licensed:	No			
*Program Type:	[0650] - Respite Services			
*Open Date:	12/01/2010			
Program Manager:				
Name:	Title: Dr.	First Name: Mary	Last Name: Smith	Degree:
Position:	Director			
Phone:	(518) 555-1000 x			
Email:	smith@email.com			
Site:	[#####] - Respite Services			
Site Information:				
Address:	123 Main Street			
City, State Zip:	Albany	NY	12345-	
County:	Albany			
Main Site:	Yes			
Program Type:	[0650] - Respite Services			
Population Served: *Select one or more				
Adolescents:	<input checked="" type="checkbox"/>			
Adults:	<input type="checkbox"/>			
Children:	<input type="checkbox"/>			
Capacity:				
Service Capacity:	25	# of persons expected to be served pursuant to program model		
Caseload:	5	Average # of persons served in a month		
Change Request Information				
Requestor's Information:				
Requestor's Name:	Jane Doe			
Requestor's Email:	chxs@omh.state.ny.us			
Phone #:	(518) 555-1000 x			
Field Office Contact Person:				
Date of Field Office Contact:				
Requestor's Comments:	Opening Respite Program			

“Add Program” page

Please complete the sections under Program Information, making sure to enter a physical street address, and select Program Type carefully. For assistance, click the Information Balloons by these items.

To expedite your request, if you have contacted someone in the Field Office about this program, please complete the following fields: “Field Office Contact Person” and the “Date of Field Office Contact” fields.

The Site Information section will expand to display specialized fields based on the Program Type selected from the dropdown in the Program Information section. If a program has multiple sites, repeat the process as many times as needed.

When finished, click “Submit Change Request.” On doing so, you will be presented with a message box confirming your change request indicating that the change request has been submitted. The message box also displays the CR# (Change Request Number.) You can use this CR# in any future correspondence regarding this change request. Click OK to close the message box. Click Close to return to the “Directory Search” page.

The screenshot shows the 'Add Program' form with the following fields filled out:

- Sponsor: [911099] - Acme Psychiatric Center of Newburg
- Agency: [90320] - Acme Psychiatric Center
- Facility: [0045] - Acme Psychiatric Center
- Program: []

Below the form is a 'Program Information' section with fields for Program Code, Program Name, Short Name, and *Address. A yellow 'Close' button is visible on the right side of the form.

Overlaid on the form is a 'Microsoft Internet Explorer' message box with a yellow warning icon. The message reads:

This request [CR.#6] has been submitted to an MHPD Administrator who will review it. You will receive an email confirming your change request as well as a subsequent email notification that the request has either been approved or denied by the Administrator. Return to the Directory Search page to search and submit additional requests.

An 'OK' button is located at the bottom of the message box.

The submitted change request

Viewing Your Change Requests

Introduction

Each time a Change Request is submitted, an automated e-mail is generated from a pre-defined Administrator notifying the Requestor, the Field Office and the County Mental Health Department that the request has been submitted. Each of these individuals can view this change request. The Administrator of the request, upon review and follow-up with necessary parties at the Field Office and/or County, will either approve or deny the request. When the request is acted upon by the Administrator, a subsequent e-mail is generated to the same individuals notifying them of the action. If a request is denied, the Administrator will provide the basis for the denial in the e-mail. The requestor can then resubmit denied requests once any issues have been resolved.

Once a change request has been submitted, you can review or check the status of the request on a later date by using the “My Change Request” page. You can navigate to the “My Change Requests” page using the “My Change Requests” menu.



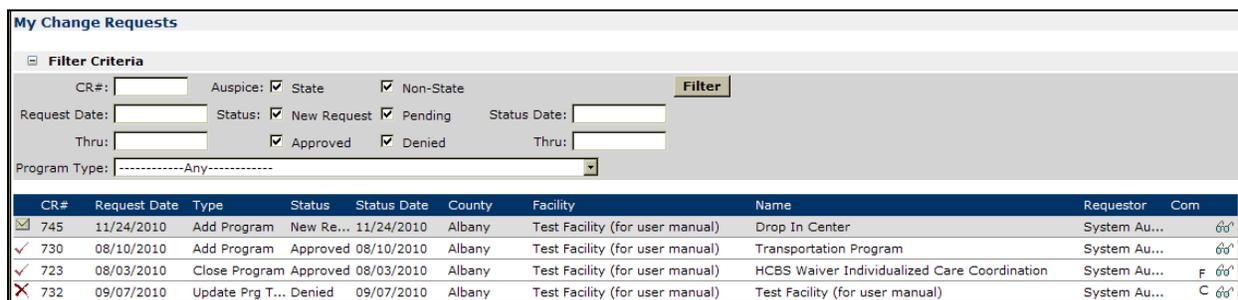
The “My Change Request” menu

Once you click the “My Change Requests” menu, the “My Change Request” page is displayed listing all your submitted change requests. Also, if you belong to the security group “Field Office” or “County,” you will see change requests submitted for your region and county.

The “Change Request” List

The change request list is sorted by the Status followed by Status Date (descending order).

New Requests are displayed on top, followed by **Pending** requests, **Approved** requests and finally **Denied** requests are displayed at the end of the list. The other columns display an assortment of information about the request, such as the Request Type (e.g. Add Program), Status Date, County, Facility, Name (Facility, Site, or Program), Requestor, and Comments (Com). The Comments column indicates that someone in the Field Office role (F) or County role (C) has entered comments to the Administrator to aid in processing the request.



The “My Change Request” list

Note: If a column entry is followed by three dots, move the cursor arrow over the dots to see the full description. You may also re-sort a column by clicking on the column heading.

Filtering and Finding a Change Request

This page also allows you to filter change requests based on information you provide in the Filter Criteria section of the page. You may filter the list by CR#, Auspice (State or Non-State; i.e. State-Owned - Facility Codes 0000 to 0099, or Non-State-Owned - Facility Codes 0100 to 9999), Request Date (date or date range), Status (select as many as needed), Status Date (date or date range), and Program Type (select from dropdown). Each time you change the Filter Criteria, you must click the Filter button to refresh the list.

You can also view the original Change Request screen (e.g. Edit Site, Add Program) by clicking the View icon on the right side of the request line.

Program Information:					
Program Unit Code:	###				
Program Name:	Drop In Center				
Short Name:	Drop In				
*Address:	123 Main Street				
P. O. Box:					
*City, State Zip:	Anytown	NY	12345-		
*County:	Albany				
*Phone:	(518) 555-1000	x			
Fax:	(518) 555-2000				
OMH Licensed:	No				
*Program Type:	[1770] - Drop In Centers				
*Open Date:	01/01/2010				
Program Manager:					
Name:	Dr.	Title:	John	First Name:	John
Position:	Executive Director			Last Name:	Doe
Phone:	(518) 555-1000			Deoree:	
Email:	johnd@testfacility.org				
Site: [####] - Drop In Center					
Site Information:					
Address:	123 Main Street				
City, State Zip:	Anytown	NY	12345-		
County:	Albany				
Main Site:	Yes				
Program Type:	[1770] - Drop In Centers				
Population Served:					
Adolescents:	No				
Adults:	Yes				
Children:	No				
Capacity:					
Service Capacity:	25			# of persons expected to be served pursuant to program model	
Caseload:	10			Average # of persons served in a month	
Days/Hours of Operation:					
Day	Primary Start Time	Primary End Time	Secondary Start Time	Secondary End Time	Comment
Monday	10:00 AM	06:00 PM			
Tuesday					
Wednesday	10:00 AM	06:00 PM			
Thursday					
Friday	10:00 AM	06:00 PM			
Saturday					
Sunday					
Holiday					
Other					
Change Request Information					
Change Request Status:					
Request #:	745				
Requested on:	11/24/2010 11:53 AM				
Requested by:	"System Auditor" <mhpd_sa@omh.state.ny.us>				
Administrator:	"Administrator Program" <mhpd_a@omh.state.ny.us>				
Status:	New Request on 11/24/2010 11:53 AM				
Requestor's Information:					
Email Address:	mhpd_sa@omh.state.ny.us				
Phone #:	(123) 555-2000 x				
Field Office Contact					
Person:					
Date of Field Office					
Contact:					
Requestor's Comments:	Drop In Center has been opened.				
County Information:					
County Comments:					
Field Office Information:					
Field Office Comments:					
Administrator's Information:					
Administrator's					
Comments:					

Viewing a Change Request

Resubmitting a Denied Change Request

If your request has been denied, you will receive an email informing you. You can find your Change Request on the Change Request list, and then click the View icon to view the original Change Request with the County, Field Office and/or Administrator's comments as to why the request was denied. Next click on **Resubmit Change Request** in the floating gold box. Your change request will be refreshed to its original state and be ready for editing. When you have completed editing the request click **Submit Change Request** in the floating gold box to "resubmit" the change request.

County Information:		Resubmit Change Request Close
County Comments:		
Field Office Information:		
Field Office Comments:	incorrect case numbers	
Added on:	7/2/2009 10:25:29 AM by "Field Office Hudson River" <mhpd_foc@omh.state.ny.us>	
Updated on:	7/2/2009 10:25:29 AM by "Field Office Hudson River" <mhpd_foc@omh.state.ny.us>	
Administrator's Information:		
Administrator's Comments:		

Field Office Comments

After a Change Request has been reviewed and approved by the Administrator, the new or updated information will appear in MHPD and an email will be sent to inform you that your Change Request has been approved.

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