



**Department
of Health**

**Office of
Mental Health**

**Office of Alcoholism and
Substance Abuse Services**

**Office of Children
and Family Services**

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Obtaining an OMH User ID and Facility Code to access the Children's SPA/HCBS Designation Application

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November 2016



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Getting Started

Thank you for your interest in becoming a New York State (NYS) Children's State Plan (SPA) and/or Home and Community Based Services (HCBS) provider, in preparation for the children's system transformation beginning in 2017.

The purpose of this instructional guide is to provide agencies with information on a necessary, preparatory step that will enable agencies to begin the process of accessing the Children's SPA/HCBS Designation Application.

The Children's SPA/HCBS Designation Application is currently under development and will be forthcoming in its release. The application will be accessible on a NYS OMH electronic platform. All agencies (both OMH and non-OMH) must obtain both an OMH User ID and a Facility Code in order to access the Children's SPA/HCBS designation application once it is released.

We recommend that each agency designate the appropriate individuals that will access the SPA/HCBS Designation Application and complete it on behalf of the agency.

NOTE: *If you are a provider that currently has an OMH facility code and no OMH user ID, please approach your OMH Security Manager (SM) and request an OMH user ID only. Once the SM grants you a user ID, disregard the remainder of these instructions.*

Registering for the OMH User ID and Facility Code

STEP 1. If the provider does not already have an OMH Facility Code, call the help desk at (518) 474-5554 or (800) HELP-NYS and request access to the "Children's SPA/HCBS online designation application".

Information Technology Services (ITS) at OMH receives the help ticket and sends the provider an email requesting access to a "New Provider Form".

STEP 2. The provider completes the 'New Provider Form' in full. Any questions while filling out the form can be directed to the help desk number previously listed above.

STEP 3. Once the New Provider Form is completed, the provider replies to ITS with completed form attached.



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STEP 4. Security receives the form from ITS and adds the new provider to the database based on information on application.

STEP 5. The provider requesting access will receive a Confidentiality and Non- Disclosure Agreement or the “CNDA Email” (*See ATTACHMENT A*) instructing them to agree to the CNDA. This is completed online (*See ATTACHMENT B*). At this point, a facility code has been created.

STEP 6. After accepting the CNDA agreement, the provider should receive a “Security Manager Email” instructing them to select a “Security Manager” (*See ATTACHMENT C*).

STEP 7. The Security Manager receives an email with credentials and can then sign onto the OMH Security Management System and be granted an OMH user ID.


STEP 8. Once the Security Manager sets up the user ID of whomever will be accessing the SPA/HCBS application, the Security Manager clicks the “change password” button. That person will then receive an email informing [how] to choose a password.

STEP 9. Once the provider has the OMH User ID, facility code, and password set up, the provider can access the log in page to the Children’s SPA/HCBS Designation Application once it is available online at <https://my.omh.ny.gov/hcbs/default.aspx>

STEP 10. Once the application is available online, the provider may go to the link provided above and the following visual (see below) should appear to log in. The provider should enter their OMH User ID and password/passcode created. Once the provider enters this information, click ‘CONTINUE’. The provider can then begin completion of the designation application.



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NEW YORK STATE
Office of Mental Health

Statement of Access and Confidentiality

WARNING: This computer system is solely for the use of authorized users for official purposes. Users of this system have no expectation of privacy in its use. To ensure that the system is functioning properly, individuals using this computer system are subject to having all of their activities monitored and recorded by system personnel. Use of this system evidences an express consent to such monitoring.

Unauthorized or improper use of this system may result in administrative disciplinary action and civil and criminal penalties. By continuing to use this system you indicate your awareness of, and consent to, these terms and conditions of use. If you do not agree to the conditions stated in this warning, LOG OFF IMMEDIATELY.

Please identify by entering your user ID and password or passcode.

User ID:

Password or Passcode:

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Attachment A:

Thursday, August 27, 2016

om Confidentiality & Non-Disclosure Agreement [CND]A
Office of Mental Health Herald J. Mendonca

Help About Logout

Electronic Confidentiality & Non-Disclosure Agreement

Confidentiality & Non-Disclosure Agreement:

REVISION: 1.0.0.0 EFFECTIVE: 04/23/2008 View entire agreement

I. PURPOSE OF THE AGREEMENT

By signing this Agreement, the signatory (Receiving Entity) agrees that, upon being granted access to certain Information Assets and/or system applications of the New York State Office of Mental Health (OMH Systems), it will comply with the terms of this Agreement with respect to such access. In addition to statutory requirements to which it is bound, it is standing policy of the OMH to safeguard and take specific steps necessary to ensure the confidentiality and integrity of certain information, including but not limited to information which is protected under state or federal law (e.g., individually identifiable patient information) and/or accreditation requirements.

II. DEFINITION OF TERMS

For purposes of this Agreement, the following terms are defined:

Authorization and Electronic Signature:

Name:	First Name: Ann	Last Name: Sullivan
Position:	Commissioner	
Email:	ann.sullivan@omh.ny.gov	
Work Phone #:	(518) 474-5554	Ext.: _____
Agency Name:	OMH Central Office	
Address:	44 Holland Avenue	
City State Zip:	Albany	NY 12229-_____

CORRECTIONS: If any of the above information is incorrect, please use the MHPD application at <https://mhprovider.omh.state.ny.us/websalute> to make any changes.

If you do not have access to the MHPD application, please contact the Office of Mental Health Help Desk at (518) 474-5554 or 1-800-HELP-NYS (1-800-435-7697).

Article III of the New York State Technology Law (Chapter 57-A of the Consolidated Laws of New York), the Electronic Signatures and Records Act (ESRA) § 304 (2) states the following, an electronic signature may be used by a person in lieu of a signature affixed by hand. By checking the box to agree to the terms and conditions herein, and clicking the 'Accept' button, you are authenticating that you are, in fact, **Herald J. Mendonca**. Any document electronically approved will be subject to the same laws that are applicable to a paper document you have signed by hand (ESRA § 304 (2)).

PROTECT THIS SESSION ACCORDINGLY. Do not allow anyone else access to this application once you have authenticated.

I, *Herald J. Mendonca*, agree to the above terms and conditions, and have the authority to legally bind 'OMH Central Office' to this agreement.



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Attachment B:

From: omh.sm.co.sms
Sent: Thursday, August 18, 2016 10:09 AM
Subject: Important Message from OMH: ACCESS INFORMATION

Dear Ms. #####:

This is one of two emails you will be receiving regarding the New York State Office of Mental Health (OMH) CNDA web site. This email contains a password you can use to access the CNDA web site to view and "electronically sign" the OMH Confidentiality and Non-Disclosure Agreement (CNDA) which is required before your agency is granted access to PSYCKES Medicaid and other OMH applications. For security purposes, your [userID](#) was sent in a separate email.

*** Important - If you already have an OMH [userID](#) you may continue using it, however you must use your new [userID](#) and the password included in this email to access the CNDA.

The password to be used with your CNDA [userID](#) is: NOSE8FEEL

When you have both your [userID](#) and password, please click on the following link to access the CNDA web site: <https://cnda.omh.ny.gov>

If this link does not start the OMH sign-on page in your web browser, please enter the address directly in the address line of your browser.

The OMH Sign-on page should be displayed. Type the [userID](#) you received in the separate email and the password specified above into the appropriate fields, then press the "Enter" key or click "Login".

The "Confidentiality and Non-Disclosure Agreement" screen will display. You may view the entire agreement by scrolling the CNDA textbox, or by clicking on the "View entire agreement" checkbox. After you have reviewed the CNDA and are ready to electronically sign, you should click the checkbox at the bottom left of the page to indicate you agree to the CNDA terms and conditions, then click on the "Agree" button. You will be prompted to confirm or cancel, and after you confirm, you will have an opportunity to print the electronically signed document for your records. Click the "logout" button to exit the CNDA web site.

After you have electronically signed the CNDA, you can expect an email from OMH with instructions for assigning a Security Manager for your agency. As described in previous correspondence, your Security Manager will be able to create [userIDs](#) and assign access to PSYCKES Medicaid and, in the future, other OMH applications. We're confident these new procedures will provide a more efficient and secure process for your agency to access important mental health systems hosted by OMH. Thank you very much for your participation. If you need assistance or have received this email in error, please contact the OMH Help Desk at 518.474.5554 or 1.800.HELP.NYS (1.800.435.7697).



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Attachment C:

Dear Mr. abcdefgh:

As described in previous correspondence and email, the NYS Office of Mental Health (OMH) is automating and streamlining the process of gaining access to OMH web applications. The next step in the process is for you, the Director, to assign one or more Security Managers for your agency. You can assign this role to yourself, or delegate it to a trusted individual at your agency. Typically, this assignment will be given to your agency's Information Security Officer, or other individual performing security, and/or information technology functions.

You should provide your designated Security Manager(s) with a copy of this email so he/she understands the importance of the Security Manager role, and learns how to access the OMH Security Management System Self-Registration web site to obtain a userID.

The SMS Self-Registration web site address is: <http://smsr.omh.ny.gov>

In order to use the SMS Self-Registration web site, your Security Manager must select your agency's name from the drop-down list and enter the following "Agency Control ID": NAWAZ642

(This code is unique to your agency.) Once the Agency Name and corresponding Agency Control ID are submitted and accepted, the self-registration form will be displayed. The Security Manager will provide his/her name, userID (if he/she already has an OMH userID), email address, phone number, and mailing address.

*** Important note... If the Security Manager already has access to any OMH system, his/her userID must be specified on the self-registration page, otherwise a new userID will be assigned. ***

The mailing address provided during self-registration will be used by OMH to send a security token to the Security Manager. The token will be used by the Security Manager to access the SMS web application. Instructions for activating the token and using the SMS web application will be emailed to the Security Manager after successful registration. As the Director, you will also receive email notification of the successful Security Manager self-registration.

After your Security Manager self-registers, obtains a security token, and activates the token, he/she will be able to access the OMH Security Management System (SMS). The Security Manager will use SMS to create OMH user accounts (userIDs) for individuals at your agency and grant users access to the PSYCKES Medicaid application. In the future, access to other OMH applications will be available using the same process. The Security Manager will also be responsible for receiving, assigning, activating, and distributing security tokens to users of PSYCKES Medicaid and other OMH applications that require token authentication. The Security Manager should instruct the users how to assign a Personal Identification Number (PIN) for the token, and explain how to use the device to sign-on to PSYCKES Medicaid.

We're confident these new procedures will provide a more efficient and secure process for your agency to access important mental health systems hosted by OMH. Thank you very much for your participation.

If you need assistance or have received this email in error, please contact the OMH Help Desk at 518.474.5554 or 1.800.HELP.NYS (1.800.435.7697).