

Please Check State Agency:

- OMH     SED  
 OMRDD  
 OASAS

**NEW YORK STATE**  
**SA-111 SUPPLEMENTAL SCHEDULES**  
 For the Period: July 1, 2008 to June 30, 2009

Schedule 8A (CFR-1)  
PROGRAM/SITE  
DATA

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AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  
 SCHOOL CODE: (SED ONLY) \_\_\_\_\_

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
<b>SECTION A: GENERAL INFORMATION</b>							
1	Program Type	00070					
2	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
3	Program/Site Identification Number	00050					
4	Program/Site Name	00020					
5	Program/Site Address (Line One)	00030					
6	Program/Site Address (Line Two)	00040					
7	Medicaid Provider Agreement Number (DMH only)	00060					
8	County Code (See Appendix C)	00080					
9	Date Site Opened	00090					
10	Certified Capacity (OASAS and OMRDD only)	00100					
11	Actual Capacity (OMH and OMRDD only)	00110					
12	Actual Days Program/Site Open	00160					
13	Units of Service	00120					
14	Respite or TUBS Units of Service (OMRDD only)	00130					
15	Program/Site Square Footage (OASAS and OMRDD only)	00150					

**Note: Keep program columns consistent throughout the SA-111 Supplemental Schedules.**

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
	Program Code (Program Code Index)	00010	( )	( )	( )	( )
	Program/Site Identification Number	00050				
<b>SECTION B: EXPENSES</b>						
<b>PERSONAL SERVICES</b>						
16	Personal Services - Program/Site & Program Admin*	11999				
17	Vacation Accruals - Program/Site & Program Admin*	12999				
<b>FRINGE BENEFITS</b>						
18	Mandated Fringe Benefits	13200				
19	Non-Mandated Fringe Benefits	13300				
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999				
<b>OTHER THAN PERSONAL SERVICES (OTPS)</b>						
21	Food	14010				
22	Repairs and Maintenance	14020				
23	Utilities	14030				
24	Transportation Related-Participant** (Travel - Direct Care)	14040				
25	Staff Travel (Travel - Program Administration)	14250				
26	Participant Incidentals	14050				
27	Expensed Adaptive Equipment (Payments to BOCES/School Districts)	14070				
28	Expensed Equipment	14080				
29	Sub-Contract Raw Materials	14090				
30	Participant Wages-Non-Contract	14100				

\* Must equal program/site specific totals (Support, Direct Care & Clinical ) and Program Administration totals. Do not include agency administration amounts.

\*\* Include only expenses associated with this program/site, not expenses associated with a transportation cost center.

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USE WHOLE DOLLARS.

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
<b>31</b>	Participant Wages-Contract	<b>14110</b>					
<b>32</b>	Participant Fringe Benefits	<b>14120</b>					
<b>33</b>	Section 43.04 Services Assessment (Other Internal Service Activity Prog)	<b>14130</b>					
<b>34</b>	Staff Development	<b>14140</b>					
<b>35</b>	Contracted Direct Care and Clinical Personal Svs.(from CFR-4A)	<b>14150</b>					
<b>36</b>	Supplies and Materials - Non-Household	<b>14160</b>					
<b>37</b>	Household Supplies	<b>14170</b>					
<b>38</b>	Telephone	<b>14190</b>					
<b>39</b>	Insurance - General	<b>14260</b>					
<b>40</b>	Other (Attach detail for individual items costing > \$1,000)	<b>14998</b>					
<b>41</b>	Total Other Than Personal Services (Sum Lines 21-40)	<b>14999</b>					
	<b>EQUIPMENT-PROVIDER PAID</b>						
<b>42</b>	Lease/Rental Vehicle	<b>15010</b>					
<b>43</b>	Lease/Rental Equipment	<b>15020</b>					
<b>44</b>	Depreciation-Vehicle	<b>15040</b>					
<b>45</b>	Depreciation-Equipment	<b>15050</b>					
<b>46</b>	Interest-Vehicle	<b>15070</b>					
<b>47</b>	Other (Attach detail for individual items costing > \$1,000)	<b>15998</b>					
<b>48</b>	Total Equipment (Sum of Lines 42-47)	<b>15999</b>					
	<b>PROPERTY-PROVIDER PAID</b>						
<b>49</b>	Lease/Rental-Real Property	<b>16010</b>					
<b>50</b>	Leasehold/Leasehold Improvements	<b>16020</b>					
<b>51</b>	Depreciation-Building	<b>16030</b>					
<b>52</b>	Depreciation Building/Land Improvements	<b>16040</b>					

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USE WHOLE DOLLARS.

Line	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )	( )
	Program/Site Identification Number	00050					
53	Mortgage/Capital Improvements Interest (Rpt. MCFFA/DASNY Bond Int. on Ln 59)	16060					
54	Mortgage Expenses	16070					
55	Insurance-Property & Casualty	16080					
56	Real Estate Taxes	16090					
57	Interest on Capital Indebtedness	16100					
58	Start-Up Expenses	16110					
59	MCFFA/DASNY Interest Expense	16120					
60	MCFFA/DASNY Administration Fees	16130					
61	Maintenance in Lieu of Rent (Operation & Maintenance Transfer)	16140					
62	Other (Attach detail for individual items costing > \$1,000)	16998					
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999					
<b>TOTALS</b>							
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010					
65	Agency Admin. Alloc. (Line 64 times _____)*	19050					
66	Adjustments/Non-Allowable Costs	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
<b>Transportation Allocation (OMRDD Only - Informational)</b>							
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					
68c	ICF/DD SED Contract Liability	19103					
68d	ICF/DD Day Services Liability	19104					

\* Enter the 6 digit adjusted ratio value factor from Schedule 8B/CFR-3.2, lines 65 through 69. Agency administration should not be allocated to programs 0190, 0880, 0890 and state agency specific programs which are exempt from agency administration.

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No.	Program Code (Program Code Index)	00010	( )	( )	( )	( )
	Program/Site Identification Number	00050				

**SECTION C: REVENUES**

69	Participant Fee (less SSI & SSA) (Non-Disabled Revenues)	20010				
70	SSI & SSA	20020				
71	Home Relief/Public Assistance	20030				
72	Medicaid	20040				
73	Medicare	20060				
74	Other Third Parties	20070				
75	OMRDD Residential Room and Board/NYS OPTS	20080				
76	Transportation, Medicaid	20090				
77	Transportation, Other (Specify)	20100				
78	Sales: Contract Total	21070				
79	Federal Grants (Attach detail)	22040				
80	State Grants (Attach detail)	22030				
81	LTSE Income Total (OMH and OMRDD only)	22080				
82	Food Stamps (OASAS Only)/Food Revenue (SED Only)	22160				
83	Gifts, Legacies, Bequests, Restricted Donations	22010				
84	Section 202/8/811 HUD Funds*	22020				
85	Interest/Dividend Income	22050				
86	Prior Period Rate Adjustments**	22090				
87	Excessive Teacher Turnover Prevention Grant (SED only)	22100				
88	LDSS County Revenue (SED only)	22110				
89	4402 Revenue (School District In-State) (SED only)	22120				

\* For OMRDD programs, if this line is completed, complete Schedule OMRDD-3 (HUD Revenues and Expenses).

\*\* Refer to SA-111 Supplemental Schedule Instruction Manual for specific instructions.

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<b>No.</b>	<b>Program Code (Program Code Index)</b>	<b>00010</b>	( )	( )	( )	( )
	<b>Program/Site Identification Number</b>	<b>00050</b>				
<b>90</b>	Department of Health Chapter 428 Revenue (SED only)	<b>22130</b>				
<b>91</b>	4408 Revenue (School District) (SED only)	<b>22140</b>				
<b>92</b>	4410 Revenue (Preschool) (SED only)	<b>22150</b>				
<b>93</b>	Net Deficit Funding (State & LGU Funding only)*	<b>20110</b>				
<b>94</b>	Other (Attach detail for revenue items > \$1,000)	<b>22998</b>				
<b>95</b>	Gross Revenues (Sum Lines 69-94)	<b>23999</b>				
	<b>GAAP ADJUSTMENTS TO REVENUE</b>					
<b>96</b>	Participant Allowance	<b>24010</b>				
<b>97</b>	Uncollectible Accounts Receivable	<b>24040</b>				
<b>98</b>	Other (Attach detail for adjustment items > \$1,000)	<b>24996</b>				
<b>99</b>	Total GAAP Adjustments (Sum Lines 96-98)	<b>24997</b>				
<b>100</b>	Net GAAP Revenues (Line 95 minus 99)	<b>24998</b>				
	<b>NON-GAAP ADJUSTMENTS TO REVENUE</b>					
<b>101</b>	Exempt Contract Income	<b>24050</b>				
<b>102</b>	Exempt LTSE Income	<b>24060</b>				
<b>103</b>	Net Deficit Funding**	<b>24070</b>				
<b>104</b>	Other (Attach detail for adjustment items > \$1,000)	<b>24080</b>				
<b>105</b>	Total NON-GAAP Adjustments (Sum Lines 101-104)	<b>24097</b>				
<b>106</b>	<b>TOTAL ADJ. TO REVENUE (Sum Lines 99 &amp; 105)</b>	<b>24999</b>				
<b>107</b>	<b>TOTAL NET REVENUES (Line 95 minus 106)</b>	<b>25999</b>				

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.

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