

Funding State Agency:
 OMH SED
 OPWDD
 OASAS

NEW YORK STATE
 CONSOLIDATED FISCAL REPORT
 For the Period: July 1, 2017 to June 30, 2018

SCHEDULE CFR-1
PROGRAM/SITE
DATA

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____
 SCHOOL CODE: (SED ONLY) _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
SECTION A: GENERAL INFORMATION						
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				
7a	Medicaid Provider Agreement Number (DMH only)	00060				
7b	National Provider ID Number (DMH Only)	00061				
8	County Code (See Appendix C)	00080				
9	Date Site Opened	00090				
10	Certified Capacity (OASAS, OPWDD and SED only)	00100				
11	Actual Capacity (OMH, OPWDD and SED only)	00110				
12	Actual Days Program/Site Open	00160				
13	Units of Service	00120				
14	Respite or TUBS Units of Service (OPWDD only)	00130				
15	Program/Site Square Footage (OASAS, OPWDD and SED Only)	00150				

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	ITEM DESCRIPTION					
	Program Code (Program Code Index)	00010))		
	Program/Site Identification Number	00050			(
SECTION B: EXPENSES						
PERSONAL SERVICES						
16	Personal Services - Program/Site & Program Admin (from CFR-4)	11999	((((
17	Vacation Accruals - Program/Site & Program Admin	12999				
FRINGE BENEFITS						
18	Mandated Fringe Benefits	13200				
19	Non-Mandated Fringe Benefits	13300				
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999				
OTHER THAN PERSONAL SERVICES (OTPS)						
21	Food	14010				
22	Repairs and Maintenance	14020				
23	Utilities	14030				
24	Transportation Related-Participant	14040				
25	Staff Travel	14250				
26	Participant Incidentals	14050				
27	Expensed Adaptive Equipment (OPWDD and SED only)	14070				
28	Expensed Equipment	14080				
29	Sub-Contract Raw Materials	14090				
30	Participant Wages-Non-Contract	14100				

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	Program Code (Program Code Index)	00010))			
	Program/Site Identification Number	00050			(
31	Participant Wages-Contract	14110)))
32	Participant Fringe Benefits	14120					
33	Section 43.04 Services Assessment (OPWDD only)	14130	((((
34	Staff Development	14140					(
35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	14150					
36	Supplies and Materials - Non-Household	14160					
37	Household Supplies	14170					
38	Telephone, Cable and Internet	14190					
39	Insurance - General	14260					
40	Other (Detail Required)	14998					
41	Total Other Than Personal Services (Sum Lines 21-40)	14999					
EQUIPMENT-PROVIDER PAID							
42	Lease/Rental Vehicle	15010					
43	Lease/Rental Equipment	15020					
44	Depreciation-Vehicle	15040					
45	Depreciation-Equipment	15050					
46	Interest-Vehicle	15070					
47	Other (Detail Required)	15998					
48	Total Equipment (Sum of Lines 42-47)	15999					
PROPERTY-PROVIDER PAID							
49	Lease/Rental-Real Property	16010					
50	Leasehold/Leasehold Improvements	16020					
51	Depreciation-Building	16030					
52	Depreciation Building/Land Improvements	16040					

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No.	ITEM DESCRIPTION					
	Program Code (Program Code Index)	00010))		
	Program/Site Identification Number	00050			(
53	Mortgage/Capital Improvements Interest (Report MCFFA/DASNY Bond Int. on Line 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 (LGU only)	16140				
62	Other (Detail Required)	16998				
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999				
TOTALS						
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 (Detail Required)	19030				
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060				
OPWDD Only - Informational						
68a	Other Than To/From Transportation Allocation	19101				
68b	To/From Transportation Allocation	19102				
68c	ICF/IID SED Contract Liability	19103				
68d	Program Administration Property	19104				
68e	ICF/IID Day Services Liability	19105				

* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880 and 0890 and state agency specific programs which are exempt from agency administration.

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	ITEM DESCRIPTION							
No.	Program Code (Program Code Index)	00010))				
	Program/Site Identification Number	00050			(
SECTION C: REVENUES)))	
69	Participant Fee (less SSI & SSA)	20010						
70	SSI & SSA	20020	(((((
71	Home Relief/Public Assistance	20030						
72a	Medicaid Fee for Service	20045						
72b	Medicaid Managed Care	20050						
73	Medicare	20060						
74	Other Third Parties	20070						
75	OPWDD Residential Room and Board	20080						
76	Transportation, Medicaid	20090						
77	Transportation, Other (Detail Required)	20100						
78	Sales: Contract Total	21070						
79	Federal Grants (Detail Required)	22040						
80	State Grants (Detail Required)	22030						
81	LTSE Income Total (OMH and OPWDD only)	22080						
82	SNAP (OASAS, OPWDD)/Food Revenue (SED Only)	22160						
83	Gifts, Legacies, Bequests, Donations	22010						
84	Section 202/8/811 HUD Funds	22020						
85	Interest/Dividend Income	22050						
86	Prior Period Rate Adjustments*	22090						
87	Non-Disabled Universal Pre-Kindergarten (SED Only)	22100						
88	LDSS County Revenue (SED only)	22110						
89	4402 Revenue (School District In-State) (SED only)	22120						

* Refer to CFR Manual for specific instructions.

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	Program/Site Identification Number	00050			(
90	Department of Health Chapter 428 Revenue (SED only)	22130)))
91	4408 Revenue (School District) (SED only)	22140					
92	4410 Revenue (Preschool) (SED only)	22150	((((
93	Net Deficit Funding (State & LGU Funding only)*	20110					
94	Other Revenue (Detail Required)	22998					
95	Gross Revenues (Sum Lines 69-94)	23999					
	GAAP ADJUSTMENTS TO REVENUE						
96	Participant Allowance	24010					
97	Provision for Bad Debts - Revenue Deduction	24040					
98	Other (Detail Required)	24996					
99	Total GAAP Adjustments (Sum Lines 96-98)	24997					
100	Net GAAP Revenues (Line 95 minus 99)	24998					
	NON-GAAP ADJUSTMENTS TO REVENUE						
101	Exempt Contract Income	24050					
102	Exempt LTSE Income	24060					
103	Net Deficit Funding**	24070					
104	Other (Detail Required)	24080					
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097					
106	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999					
107	TOTAL NET REVENUES (Line 95 minus 106)	25999					

* Do not include non-funded or voluntary contributions.
 ** Amounts should equal the corresponding amounts reported as revenue on line 93 above.