Please	e Check S	tate	Agency:	ı	
	OMH		SED		
	OMRDD				
	OASAS				

13 Units of Service

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2007 to December 31, 2007

SCHEDULE CFR-1 PROGRAM/SITE DATA

Page	

AGEN	GENCY NAME:													
AGEN	CY CODE:													
SCHO	OL CODE: (SED ONLY)	_												
Line	COLUMN NUMBER	Cost												\Box
No.	ITEM DESCRIPTION	Codes												
SECTI	ON 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												
7	Medicaid Provider Agreement Number (DMH only)	00060												
8	County Code (See Appendix C)	00080												
9	Date Site Opened	00090												
10	Certified Capacity (OASAS, OMRDD and SED only)	00100												
11	Actual Capacity (OMH, OMRDD and SED only)	00110												
12	Actual Days Program/Site Open	00160												

00120

00130

00150

Note: Keep program columns consistent throughout the CFR document.

14 Respite or TUBS Units of Service (OMRDD only)

15 Program/Site Square Footage (OASAS and OMRDD only)

Please Check State Agency:			
	OMH		SED
	OMRDD		
	OASAS		

NEW YORK STATE

CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2007 to December 31, 2007

SCHEDULE CFR-1 PROGRAM/SITE DATA

Page _	
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AGEN	CY NAME:		_			USE WHOLE DOLLAR	S.
AGEN	CY CODE:		_				
SCHO	OL CODE: (SED ONLY)						
	COLUMN NUMBER	Cost					
Line	ITEM DESCRIPTION	Codes					
No.	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
SECTI	ON B: EXPENSES						
	PERSONAL SERVICES						
16	Personal Services - Program/Site & Program Admin*	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 (OMRDD and SED only)	14070					
28	Expensed Equipment	14080					
29	Sub-Contract Raw Materials	14090					
30	Participant Wages-Non-Contract	14100					

Note: Keep program columns consistent throughout the CFR document.

^{*} Must equal program/site specific totals (Support, Direct Care, Clinical, Production, LGU Admin) 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.

Please Check State Agency: ☐ OMH ☐ SED ☐ OMRDD

NEW YORK STATE

CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2007 to December 31, 2007

CHEDULE CFR-1
ROGRAM/SITE
ATA

AGENCY NAME: AGENCY CODE: SCHOOL CODE: SCHOOL CODE: SCHOOL NUMBER COde ITEM DESCRIPTION Codes Program Code (Program Code Index) Program/Site Identification Number 00050 31 Panticipant Wages-Contract 41410 32 Panticipant Wages-Contract 41410 33 Panticipant Pringe Benefits 41420 33 Section 43.04 Services Assessment (OMRDD 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 38 Telephone 14170 39 Insurance - General 40 Other (Alard detail for individual items costing > \$1,000) 1498 41 Total Other Than Personal Services (Sum Lines 21-40) EQUIPMENT-PROVIDER PAID 22 Lesse/Rental Vehicle 45 Depreciation-Equipment 15020 46 Interest-Vehicle 15040 47 Other (Alard detail for individual items costing > \$1,000) 15998 48 Total Equipment 15040 49 Lesse/Rental Fequipment 15050 49 Lesse/Rental Fequipment 15050 49 Lesse/Rental-Real Property 16010 45 Depreciation-Building 16030		OASAS						Page
COLUMN NUMBER Cost							USE WHOLE DOLLAR	
COLUMN NUMBER Code								
Internation	SCHO	, , , , , , , , , , , , , , , , , , , ,						
No. Program Code (Program Code Index) 00010 () () () () () () () Program/Site Identification Number 00050								
Program/Site Identification Number								
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32 Participant Fringe Benefits		Program/Site Identification Number	00050					
33 Section 43.04 Services Assessment (OMRDD only) 34 Staff Development 35 Contracted Direct Care and Clinical Personal Svs. (from CFR-4A) 36 Supplies and Materials - Non-Household 37 Household Supplies 38 Telephone 39 Insurance - General 40 Other (Attach detail for individual items costing > \$1,000) 41 Total Other Than Personal Services (Sum Lines 21-40) 42 Lease/Rental Vehicle 43 Lease/Rental Vehicle 44 Depreciation-Equipment 45 Depreciation-Equipment 45 Depreciation-Equipment 46 Interest-Vehicle 47 Other (Attach detail for individual items costing > \$1,000) 48 Total Equipment (Sum of Lines 42-47) PROPERTY-PROVIDER PAID 49 Lease/Rental Real Property 49 Lease/Rental Feapling Staff (Sum Clines 42-47) PROPERTY-PROVIDER PAID 49 Lease/Rental Real Property 50 Lease/Rental Real Property 51 Depreciation-Building 51 Depreciation-Building 52 Depreciation-Building	31	Participant Wages-Contract	14110					
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 14190 39 Insurance - General 14260 40 Other (Attach detail for individual items costing > \$1,000) 14998 41 Total Other Than Personal Services (Sum Lines 21-40) 14999 EQUIPMENT-PROVIDER PAID 15010 42 Lease/Rental Vehicle 15040 43 Lease/Rental Equipment 15020 44 Depreciation-Vehicle 15040 45 Depreciation-Sequipment 15050 46 Interest-Vehicle 15070 47 Other (Attach detail for individual items costing > \$1,000) 15998 48 Total Equipment (Sum of Lines 42-47) 15999 PROPERTY-PROVIDER PAID 49 Lease/Rental-Real Property 16010 50 Leasehold/Leasehold/Leasehold Improvements 16020 51 Depreciation-Building 16030	32	Participant Fringe Benefits	14120					
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 14190 39 Insurance - General 14260 40 Other (Attach detail for individual items costing > \$1,000) 14998 41 Total Other Than Personal Services (Sum Lines 21-40) 14999 42 Lease/Rental Vehicle 15010 43 Lease/Rental Equipment 15020 44 Depreciation-Vehicle 15040 45 Depreciation-Lequipment 15050 46 Interest-Vehicle 15070 47 Other (Attach detail for individual items costing > \$1,000) 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 50 Depreciation-Building 16030 50 Depreciation-Building 50 Depreciation-	33	Section 43.04 Services Assessment (OMRDD only)	14130					
Supplies and Materials - Non-Household	34	Staff Development	14140					
37 Household Supplies 14170	35	Contracted Direct Care and Clinical Personal Svs. (from CFR-4A)	14150					
Telephone	36	Supplies and Materials - Non-Household	14160					
Telephone	37	Household Supplies	14170					
14260 1426	38	Telephone	14190					
### Total Other Than Personal Services (Sum Lines 21-40) ### 14999 #### EQUIPMENT-PROVIDER PAID #### 42 Lease/Rental Vehicle ### 15010 ### 15020		,	14260					
### Total Other Than Personal Services (Sum Lines 21-40) ### 14999 #### EQUIPMENT-PROVIDER PAID #### 42 Lease/Rental Vehicle ### 15010 ### 15020	40	Other (Attach detail for individual items costing > \$1,000)	14998					
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48 Total Equipment (Sum of Lines 42-47) PROPERTY-PROVIDER PAID 49 Lease/Rental-Real Property 16010 50 Leasehold/Leasehold Improvements 16020 51 Depreciation-Building 16030								
PROPERTY-PROVIDER PAID 49 Lease/Rental-Real Property 16010 50 Leasehold/Leasehold Improvements 16020 51 Depreciation-Building 16030								
49 Lease/Rental-Real Property1601050 Leasehold/Leasehold Improvements1602051 Depreciation-Building16030			10000					
50 Leasehold/Leasehold Improvements1602051 Depreciation-Building16030			16010					
51 Depreciation-Building 16030								
		Depreciation Building/Land Improvements	16040					

Please Check State Agency: ☐ OMH ☐ SED ☐ OMRDD ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2007 to December 31, 2007

SCHEDULE CFR-1 PROGRAM/SITE DATA

Ш	UASAS						Page
AGEN	CY NAME:		_			USE WHOLE DOLLAR	S.
AGEN	CY CODE:		_				
сно	OL CODE: (SED ONLY)						
	COLUMN NUMBER	Cost					
Line	ITEM DESCRIPTION	Codes					
No.	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 (Attach detail for individual items costing > \$1,000)	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	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
	OMRDD Only - Informational						
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					
68c	ICF/DD SED Contract Liability	19103					

19104

CFR-1.4

Note: Keep program columns consistent throughout the CFR document.

68d ICF/DD Day Services Liability

^{*} Enter the applicable 6 digit adjusted ratio value factor from CFR-3.2, line 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.

Please Check State Agency: \square OMH ☐ SED ☐ OMRDD ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2007 to December 31, 2007

SCHEDULE CFR-1 PROGRAM/SITE DATA

							Page
AGEN	CY NAME:					USE WHOLE DOLLAR	S.
AGEN	CY CODE:		_				
scно	OL CODE: (SED ONLY)						
	COLUMN NUMBER	Cost					
Line	ITEM DESCRIPTION	Codes					
No.	Program Code (Program Code Index)	00010	()	()	()	()	()
	Program/Site Identification Number	00050					
SECT	ON C: REVENUES						
69	Participant Fee (less SSI & SSA)	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	VESID Revenue (SED only)	22100					
88	LDSS County Revenue (SED only)	22110					
89	4402 Revenue (School District In-State) (SED only)	22120					

CFR-1.5

Rev. 1-Oct-2007

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

** Refer to CFR manual for specific instructions.

Note: Keep program columns consistent throughout the CFR document.

Please Check State Agency: \square OMH ☐ SED ☐ OMRDD ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2007 to December 31, 2007

SCHEDULE CFR-1 PROGRAM/SITE DATA

Page	
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AGEN	CY NAME:		_			USE WHOLE DOLLAR	S.
AGEN	CY CODE:		_				
SCHO	OL CODE: (SED ONLY)						
	COLUMN NUMBER	Cost					
Line	ITEM DESCRIPTION	Codes					
No.	Program Code (Program Code Index)	00010	()	()	()	()	()
	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 (Attach detail for revenue items > \$1,000)	22998					
95	Gross Revenues (Sum Lines 69-94)	23999					
	GAAP ADJUSTMENTS TO REVENUE						
96	Participant Allowance	24010					
97	Uncollectible Accounts Receivable	24040					
98	Other (Attach detail for adjustment items > \$1,000)	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 (Attach detail for adjustment items > \$1,000)	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.

Note: Keep program columns consistent throughout the CFR document.