

## CFR-2 cont.

- Unrealized gains and losses are reported in column 7 (Other Programs).
- Fund raising expenses and revenues are reported in full in column 7 (Other Programs). These expenses and revenues are **not** netted.
- Fund raising Special Events are reported in column 7 (Other Programs). **Special Events expenses can be netted** to match financial statement presentation.

## CFR-2 cont.

- If the expenses and revenues reported in Column 1 do not match the expenses and revenues reported in your agency's financial statements, a **reconciliation** of these differences **must** be submitted.
- Reconciliation statements **must** be created using approved CFR software. Paper copies **will not be accepted!**
- A reconciliation statement is not required if the reporting period and the financial statement period are different.

## CFR-3

### Agency Administration

- All agency administration costs for the entire provider agency are reported on a single CFR-3 schedule.
- Agency administration costs are:
  - costs for overall direction of the agency;
  - costs for general record keeping and fiscal management ;
  - costs for governing board activities;
  - costs for public relations (excluding fund raising and special events);
  - costs for parent agency expenses.

## CFR-3 cont. Introduction

- Information from schedule CFR-3 carries forward to CFR-1, line 65 and CFR-2, line 7.
- Page 1 is the agency administration expense detail.
- Page 2 is detail on the allocation of agency administration expenses

## CFR-3 cont.

### Expense Categories

- Personal Services (from schedule CFR-4)
- Vacation Leave Accruals
- Fringe Benefits
- Other Than Personal Services (OTPS)
- Equipment
- Property

## CFR-3 cont. Page 3.1

- Line 1 **must** be 100% of the amounts paid for agency administration staff (600 series position title codes).
- Line 6: Audit/Legal - Includes CFR audit costs.
- Line 9: Repairs and Maintenance - Reports costs for maintenance and minor repairs.
- Line 13: Expensed Equipment - Refer to Appendix O for guidelines on expensing or capitalizing asset purchases.

## CFR-3 cont. Page 3.1

- Line 16: Insurance – General
  - OMRDD and OASAS providers: Indicate the following items separately in the line details box: Vehicle Insurance, Crime/Fidelity, Director's and Officer's Liability, Pension/Fiduciary and General Liability.
  - OMH and SED **only** providers: Can report as one entry under 'Other Insurance'.

## CFR-3 cont. Other Lines

- The OTPS, Equipment and Property categories each have an "Other" line for miscellaneous items:
  - OTPS: CFR-3, line 17;
  - Equipment: CFR-3, line 24;
  - Property: CFR-3, line 36.
- Detail is required for individual items of \$1,000 or more.
- Items less than \$1,000 may be grouped together as "All items <\$1,000 each".

## CFR-3 cont. Page 3.1 cont.

- Line 40: Total Agency Administration.
- Line 41: Adjustments/Non-Allowable Costs:
  - Appendix X of the CFR Manual lists the most common non-allowable costs.
  - Also report excess costs from related party transactions from Schedule CFR-5 as an adjustment on this line.
- Line 42: Net Agency Administration is allocated using the Ratio Value method.

## CFR-3 cont. Page 3.2 cont.

- The ratio/value method of allocation must be used for CFR reporting, even if a different method for allocation of agency administration is used on your financial statements.
- The Ratio Value Method uses operating costs of the program/sites as the basis of the allocation.
- Operating costs are: Personal Services, Vacation Leave Accruals, Fringe Benefits, OTPS.
- The Ratio Value methodology is described in detail in Appendix I of the CFR Manual.

## CFR-3 cont. Page 3.2 cont.

- Schedule CFR-3 uses a two step process to allocate agency administration costs.
- First, agency administration costs are allocated to each NYS Agency and to Other Programs; exempting only program types **0190, 0880 and 0890**.

## CFR-3 cont. Page 3.2 cont.

- Second, the Ratio Value allocation is done within the NYS Agency shares allowing additional program types to be exempt.
- This method is designed to promote a fair allocation between NYS Agencies and other programs run by the agency, and allow flexibility within the programs funded by each NYS Agency.

## CFR-3 cont.

### Page 3.2 cont.

- On page 2 of schedule CFR-3: Operating Costs (salaries, vacation accruals, fringes, OTPS) are totalled by NYS Agency on lines 43 - 47.
- For each NYS Agency this is the total operating costs for all program/sites reported on CFR-1 (except for programs **0190, 0880 and 0890**).
- Other Programs Operating Costs on line 48 are carried forward from CFR-2, Column 7.

## Agency Admin Ratio Value

### Step 1

- Total Agency Operating Costs (line 49) is the total of lines 43 - 48. This total is carried forward to line 51.
- Net Agency Administration (line 50) is divided by Total Agency Operating Costs (line 51) to determine the six digit ratio value factor on line 52.
- The six digit Ratio Value factor is used to calculate NYS Agency and Other Programs share of agency administration reported on CFR-3, lines 53 - 58.

## Additional Program Codes Exempt in the Second Stage of Agency Admin Allocation

- OMH program codes 0860, 0870, 1690, 2820, 2830, 2860, 8810 and start-up programs using an index starting with "A" after the four digit program code.
- OMRDD programs 2091 and 5091.
- SED Programs 9800-9810 can choose to adjust the agency administration allocation to those program columns.

## CFR-5

### Transactions With Related Organizations/Individuals

- Only one schedule CFR-5 is completed that includes information for all funding NYS Agencies.
- Section A, Question 1 **must** be answered either "Yes" or "No".
- Section A – Question 2 **must** be answered either "Yes" or "No" by OASAS and/or OMRDD providers.

## CFR-5 cont.

- If the answer to Question 1 is "Yes", Section B **must** be completed (Section C must also be completed if the transaction involved a lease or rental agreement).
- Only the lesser of actual costs or fair market value are allowable costs for reimbursement in Section B.
- Section C should be the actual costs of the related party.

## CFR-5 cont.

- **Section B** contains payments to related organizations and/or individuals by transaction type (Consult section 18.0 of the CFR manual for Relationship key to complete column 6).
- **Section C** details space, lease, rental transactions reported in Section B; also reports the costs of the related party. The costs reported in Section C should be the actual costs of the related party.

## CFR-5 cont.

- Adjustments to allowable costs should be carried forward to CFR-1, line 66 or CFR-3, line 41. (Negative adjustments are ***not*** carried forward.)
- If the answer to Question 2 is "Yes", Section D ***must*** be completed.

## CFR-5 cont.

- The direction of related party transactions are indicated in Column 7, To/From.
- The associated dollar amounts of related party transactions are indicated in Column 8, Amount of Transaction.

## CFR-6

### Governing Board and Compensation Summary

- Only one CFR-6 is completed. It includes information for all funding NYS Agencies and agency administration.
- Question 1 must be answered "Yes" or "No". If answered "Yes", approved software will provide a line details box to enter names.

## CFR-6 cont.

- Question 2 only includes compensation paid to individuals in their capacity as officers, directors or trustees of your agency's Board of Directors.
- Question 3 requests information on the five highest paid employees of your agency.
- Question 3 includes an employee's annualized salary in addition to the amount actually paid.

## CFR-6 cont.

- Question 4 requests information on the 5 highest paid independent contractors providing services of a professional nature. Services of a professional nature include Accounting, Legal, Medical, Consultants and Other. Question 4 choices are hard coded.
- Independent contractors may be individuals ***OR*** firms.
- A figure ***must*** be entered in response to Question 5 (Number of Additional Employees or Independent Contractors Above \$50,000). If there are 5 or less employees and/or contractors that meet the criteria, enter "0".

## Supplemental Schedules and Important Notes for 2009



## Important OASAS Notes

- Predefined lines have been added to the Federal Grants and State Grants lines on CFR-1. OASAS providers must report any HUD Grant revenue on the Federal Grants line using the predefined entry for HUD Revenue.
- Note: OMH, OMRDD and SED continue to report HUD revenue on CFR-1 line 84.
- Funding Source Code Index 'M', Mental Hygiene Program Fund, has been added to all valid OASAS funding source codes.

## OMH-1 Units of Service by Program Site

- Total units of service - including Medicaid units of service.
- Refer to Appendix F for calculation of units of service for different program types.
- Totals from right side of column are transferred to CFR-1, line 13 and DMH-1, line 3.
- This figure also needs to match the units of service on DMH-3 by program.
- CDT providers now report by half day/full day on lines 13 and 14.

## OMH-2 Medicaid Units of Service by Program Site

- The OMH-2 is only completed for program sites that are eligible to bill Medicaid for the services provided.
- Medicaid units of service are a subset of the units of service reported on OMH-1.
- Units of service on schedule OMH-2 are calculated in the same manner as those on schedule OMH-1. Do not use months used for billing purposes on schedule OMH-2!
- CDT providers now report by half day/full day on lines 13 and 14.

## OMH-3 Client Information

- Clients served by the program.
- Caseload at the start of the current period should equal the caseload at the end of the prior period. Explain any discrepancies.
- For programs without an ongoing caseload, indicate the number of persons served on lines 2 and 3.

## OMH-4 Units of Service by Payor

- This schedule is used only for OMH Clinic Treatment Programs (2100).
- Providers must report units of service and revenue by Payor.
- Data will be used for Rate Setting and in determination of uncompensated care reimbursement.
- For 2009, the report is only for 7/1/09 to 12/31/09.

NEW YORK STATE  
**Office of Mental Health**  
Committee on Mental Health | Governor David A. Paterson

Home News Publications Resources Employment A-Z Site Map Languages: العربية | 中文 | Português | Español  
About OMH | Initiatives | Contact OMH

### Clinic and Ambulatory Restructuring

On January 1, 2010 the Office of Mental Health expects to implement new regulations, rates and services for all OMH licensed mental health clinics. This site is intended to be a quick reference guide for all stakeholders looking for information on clinic restructuring as well as information regarding the restructuring of other ambulatory programs.

**New York State Fall 2009 Clinic Training Series**  
OMH along with the New York State Council for Community Behavioral Healthcare, The Coalition of Behavioral Health Agencies, the New York State Conference of Local Mental Hygiene Directors, Inc. and the New York Association of Psychiatric Rehabilitation Services is sponsoring free trainings on clinic operations. Please note, we will not be accepting registrations by phone. Online registration will be available shortly so please check back soon.

Currently this site includes:

- Ambulatory Restructuring Project Report (June 2009)
- Clinic Implementation Plan (March 11, 2009)
- Clinic Projection Model (October 7, 2009)
  - Webinar: Overview of OMH Clinic Projection Model (August 21, 2009)
- Frequently Asked Questions (updated August 17, 2009)
- Mental Health Clinic Restructuring Update (July 2009)
- Overview of Clinic Restructuring
- Indigent Care
  - Overview of the Indigent Care Pool Funding Rules and Data Collection Instructions - with example (July 29, 2009)
  - Uncompensated Care Letter to Providers (June 3, 2009)
- Provider Reimbursement System (June 2007)

## Important Notes for OMH Service Providers

- OMH providers should use the Mental Health Provider Data Exchange (MHPD) to submit corrections, openings and closures of programs.
- Questions to: MHPD@omh.state.ny.us

## Important Notes for OMH Service Providers cont.

- OMH has discontinued the use of program code 0880- Subcontracts for periods beginning July 1, 2008 and later. Basically, the new process has the provider receiving the funding directly reporting the program on the CFR. The subcontractor would show the program as "Other Programs" on CFR-2. The subcontractor would not need to supply detail on their CFR or submit a claim.

## Important Notes for OMH Service Providers cont.

- OMH CDT Providers
  - The Medicaid billing unit of service changed on 04/01/09 from Service Hours to Half Day/Full Day. For CFR reporting on OMH-1 and OMH-2 for 2009 you should report Half Day/Full Day Units for the entire year.
  - The calculation will match the method used for Medicaid Billing.

## Important Notes for OMH Service Providers cont.

### OMH Case Management providers

- There are several changes to program codes and funding source codes related to case management type programs for 2010.
- Many existing programs will be replaced with different programs, codes and titles.
- Please refer to the OMH Spending Plan Guidelines for Info.

## OMRDD-1 Schedule of Services- ICF/DDs Only

- Each ICF/DD site requires a separate schedule (program codes 0090 and 1090).
- If the service was purchased exclusively with a Medicaid Card, put an "X" in Column 1.
- If the service was purchased exclusively by the ICF/DD, put an "X" in Column 2.
- If the service was purchased by the ICF/DD because the Medicaid Card did not cover the cost due to coverage limits, put an "X" in Column 3.

## OMRDD-1 cont.

- If either Column 2 or 3 is checked "X", indicate cost of service dollars in Column 4.
- If Medical Supplies is marked with an "X" in column 2 or 3, complete an OMRDD-2 for that ICF/DD site.

## OMRDD-2 ICF/DD Medical Supplies

For all ICF/DD sites:

- If medical supplies were purchased by the ICF/DD (column 2 or column 3 on the OMRDD-1), OMRDD-2 **must** be completed.
- Site specific reporting is required.
- Enter "Yes" in the appropriate column next to the Medical Supply Description.

## HUD Revenues and Expenses

- OMRDD-3 is used to report all expense and revenue associated with Housing and Urban Development funding for residential programs.
- Site specific reporting is required.



## OMRDD-3 cont.

- If these expenses are included in the amounts reported on CFR-1:
  - Break out the HUD-related amounts
  - List them on this schedule
  - Indicate which lines on the CFR-1 include HUD-related expenses

## OMRDD-4 Fringe Benefit Expense and Program Administration Expense Detail

- Refer to the CFR Manual for required program types.
- The total fringe on line 10 of the OMRDD-4 **must** equal the amount on CFR-1, line 20.
- The total program administration, shown on line 26, **must** equal the portion of CFR-1 that is directly associated with program administration.

## OMRDD Health Care Adjustment (HCA) IV and V

### OMRDD Net Deficit Funded Programs

- HCA IV revenue attributable to the period 4/1/08-12/31/08 should be reflected as a reconciling item.
- Expenses included on DMH-2 that are associated with HCA IV & V revenue for the period 1/1/09-12/31/09 (paid separately from the regular contract payments) should be and reported on DMH-3 under funding source code 185 - Health Care Adjustment IV & V.
- For future CFR reporting periods, once the contracts are amended to include the HCA IV & V funding, separate reporting of expenses associated these funds is no longer required on DMH-3.

## OMRDD Health Care Adjustment (HCA) IV and V

### OMRDD Medicaid Funded Programs

- HCA IV revenue attributable to the period 4/1/08-12/31/08 should be reported on line 86, CFR-1 Prior Period Rate Adjustments.
- HCA IV & V revenue attributable to the period 1/1/09-12/31/09 should be reported on either CFR-1, line 72 (Medicaid) or CFR-1 Line 94 (Other Revenue) as Non-Medicaid Waiver (Mirrored) Services, as applicable.

## SED-1 Program and Enrollment Data

- The top half of the SED-1 collects student enrollment by program by full-time equivalent (FTE).
- Report Total FTEs by Funding Source on SED-1, Lines 100-107.
- Report the total days the program operated on SED-1, Line 109 – Number of Days in Session.
- Calculate Care Days by multiplying Total FTEs by Session Days.

## SED-1 cont.

- Refer to the CFR Manual for examples of student enrollment FTE calculations.
- When reporting FTE enrollments for 1:1 Aides, include the FTEs in both the 9230 program and the program attended by the child.
- SED-1, Lines 201 – 601 details the total number of classrooms operated and student FTEs enrolled by program for each SED approved classroom ratio (students:teachers:aides).

## SED-4 Related Service Capacity, Need and Productivity

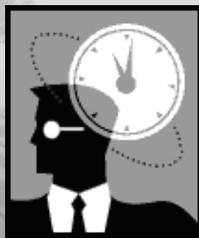
- The SED-4 captures capacity, need and productivity for all types of related services.
- The SED-4 is required for all rate based programs except for SEIT programs (Program Code 9135).
- Schedule RS-2 does not need to be sent to SED. Please retain a copy of this schedule for your files.
- An Excel version of the RS-2 schedule is available upon request.

## SED Changes for 2009

- Report Excessive Teacher Turnover Prevention Grant Revenue on line 87 of the CFR-1 in the program column that includes the salary of the targeted teacher positions.
- Schedule SED-1 has been modified to include the following:
  - \* additional classroom ratios, number of classrooms and student FTE's.
  - \* to report actual Special Education Itinerant Services (SEIS) or Special Education Itinerant Teacher (SEIT) Units provided on line 115.

## Time for a Break!

Press Here to Start Timer



Next up...

The Claiming  
Schedules !

YEAR YEAR YEAR YEAR YEAR YEAR YEAR YEAR

## The Claims Schedules consist of the following:

CFR-i  
CFR-iii  
DMH-2  
DMH-3

## Due dates for Direct Contract Claims:

OASAS	05/01/10
OMH	05/01/10 *
OMRDD	05/01/10 *

\* With Extension 06/01/10

## Due dates for LGU Claims:

OASAS	05/01/10
OMH	05/15/10 *
OMRDD	05/15/10 *

\* With Extension 06/15/10

## Due dates for Direct Contracts funded on a non-standard Reporting Period:

120 days after the end of the contract fiscal reporting period.

## County/NYC Submission Requirements for Claims

If your agency is funded through an LGU contract, check with the county/NYC for their specific requirements regarding CFR and final claim submissions.



## OASAS Submission Requirements for Final Claims

### By Counties

- Paper copies of all local contract funded service providers' CFR-i, CFR-iii and DMH-2 to the OASAS Claims Unit in Albany.

### By Direct Contractors

- Paper copies of CFR-i, CFR-iii and DMH-2 to the OASAS Claims Unit in Albany.

## OMH Submission Requirements for Claims

By Direct Contractors  
and  
County Funded providers

- OMH requires the complete CFR internet submission including claims schedules.

## OMRDD Submission Requirements for Final Claims

By Direct Contractors

- 1 paper copy of the final claim schedules and an original signature State Aid Voucher (AC-1171) to the OMRDD Regional Office or DDSO as appropriate.

## OMRDD Submission Requirements for Final Claims

By Counties/ NYC

- Paper copies of all local contract funded service providers' final claim schedules, an LGU Fiscal Summary (CQR-3) and an original signature State Aid Voucher (AC-1171) to the OMRDD Claims Unit in Albany.

NOTE: Two State Aid Vouchers must be submitted if claiming Chapter 620 State Aid, one for Chapter 620 State Aid and one for Other Than Chapter 620 State Aid.

## Budget Modifications

If you haven't done so already, compare your projected expenses and revenues to your approved budget ***NOW!***

If it appears a modification to your approved budget is required, consult the funding NYS Agency for guidance.

## Claims Overview - DMH-1

- DMH-1: Information is carried forward from CFR-1. Details of expenses are collapsed into major categories.
- Program sites are collapsed by Program code and Index.
- Expenses and Revenues are Accrual.

## Claims Overview - DMH-2

- DMH-2: Information is based on the information from the DMH-1.
- DMH-2 is displayed by State Agency and County.
- A different basis of accounting may be used if approved in your budget.
- Schedule includes fields for contract type and number, net operating cost and deficit financing information.

## Claims Overview -DMH-3

- DMH-3: Used to show how net operating cost is allocated by funding source.
- DMH-3 is displayed by State Agency and County.
- Funding source code information is found on your Budget.
- Must tie back to DMH-2 expenses and revenues by column.

## DMH-1 Summary

- Information already entered on CFR-1 carries forward to DMH-1.
- The DMH-1 is completed on a NYS Agency and shared program specific basis.
- If you operate a shared program, units of service for the appropriate state agencies must be entered on DMH-1, lines 3 – 5.

## DMH-1 Summary cont.

- The DMH-1 cannot be used as a claim schedule.
- The DMH-1 is completed on the full accrual basis of accounting.
- Equipment costing more than \$5,000 and having a useful life of 2 or more years must be depreciated.
- Agency administration is allocated between NYS Agencies and their programs using the Ratio Value Methodology.

## DMH-2 Summary

- Caution: if you make changes to the CFR-1 or CFR-4 after the data is transferred, the DMH-2 is not automatically updated.
- The DMH-2 **MUST** be used as the final State Aid claim expense and revenue summary for direct contract and local contract funded service providers.
- The DMH-2 is completed on a NYS Agency and county specific basis.
- Fiscal information is reported by program code and index.

## DMH-2 Summary cont.

- You must choose either Direct or Local as the contract type.
- The Method of Accounting must be selected for each program reported on line 1.
- The DMH-2 can be completed on the full accrual, modified accrual or cash basis of accounting.
- A contract number must be entered for each program on line 2.

## DMH-2 Summary cont.

- If there is no local contract number, enter the first 7 letters of the county name. If the county name is 7 letters or less, enter the complete county name.

The screenshot shows the 'EXPENSES' section of the DMH-2 Summary form. The table lists various expense items with their corresponding cost codes and values.

Line No.	ITEM DESCRIPTION	Cost Code	Value
1	Accounting Method	80000	0.00
2	Local Contract Number (S) Contract Number - State	00000	0.00
3	Program Code	00000	0.00
4	Program Code (Program Code Index)	00000	0.00
<b>EXPENSES</b>			
5	Financial Services	10000	574.00
6	Financial Services	10000	1.00
7	Range Expense	10000	126.67
8	Other Non-Financial Services (CSP)	10000	78.67
9	Equipment - Provider Fee	10000	3.00
10	Equipment - Provider Fee	10000	20.33
11	Agency Administration	10000	75.00
12	Administrative/Non-Service Costs (Detail Required)	10000	0.00
13	Other Detail Required	10000	0.00
14	Total Detail/Other Expense (Lines 11-14)	10000	963.00

## IMPORTANT!

The method of accounting used on schedules DMH-2 and DMH-3 of your agency's CFR submission *must* be consistent with the method used in developing your agency's approved budget.

## DMH-2 Summary cont.

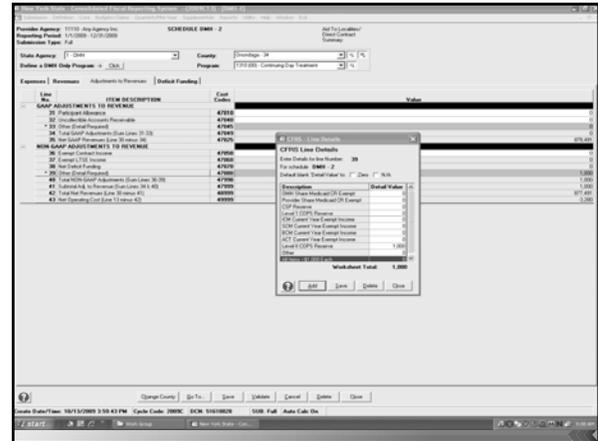
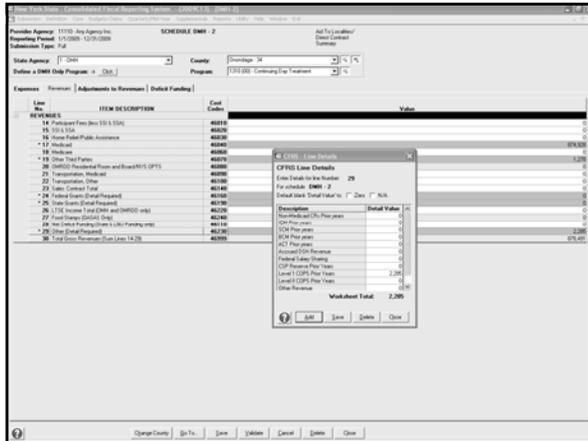
- Agency administration is allocated between NYS Agencies using the Ratio Value Methodology. This determines the total agency administration to be charged to each state agency.
- Within OASAS & OMH program arrays, agency administration may be allocated using the methodology used in your agency's approved budget.
- Within OMRDD programs, ratio value must be used. The amount shown on DMH-1 for that program and index also appears on DMH-2.

## DMH-2 Summary cont.

- OASAS does not allow the claiming of vacation leave accruals or depreciation related expenses for State Aid reimbursement.
- OMH funded service providers reporting Medicaid revenue on line 17 must enter the appropriate line detail information (Base Medicaid, CSP, COPS, Level II COPS).

The screenshot shows the 'EXPENSES' section of the DMH-2 Summary form. A pop-up window titled 'Other Detail Required' is open, showing a table for 'Description' and 'Detail Value'.

Description	Detail Value
Non-Financial	75.00
Level II COPS	75.00
Level II COPS	0.00
Level II COPS	0.00
<b>Wholesale Total:</b>	<b>574.00</b>



## DMH-2 Summary cont.

- Revenue detail on the "Other" lines (29, 33 & 39) must be provided.
- CFRS software will only transfer "Other" line totals from DMH-1 to DMH-2. The detail information must be re-entered.

## DMH-1 to DMH-2 Transfer - All programs

Provider Agency: 2222 - Any County  
 Reporting Period: 1/1/2007 - 12/31/2007  
 Submission Type: Abbreviated

Select one or more programs to transfer. Use Ctrl and Shift with mouse to select multiple programs.

State Agency: 101 - DASAS (DMH,DMRDD)

Method of Allocation applied to each program:  
 Percentage Use the grid below to indicate the percent of values to allocate to the available Counties. The selected program uses predefined percentages to distribute county allocations to the individual state agencies.  
 List of Services

Total allocation (figure at bottom right) must equal 100.00.

County	Percentage			Total
	Admin	DMH	DMRDD	
Columbia - 11	100.00	20.0000	74.0000	6.0000
<b>Total</b>	<b>100.00</b>	<b>20.0000</b>	<b>74.0000</b>	<b>6.0000</b>

An "A" in the DMH2 column indicates DMH-2 data is present for this program.

## DMH-2 Summary cont.

- Recent audits have shown that some providers have been recording program expenditures and revenues using budgeted amounts on their accounting records as well as their CFRs and state aid claims.
- The DMH-2 must reflect the actual expenditures incurred and revenues received for the fiscal reporting period.

## DMH-2 Summary cont.

- Net operating cost is calculated on Line 43.
- Provider needs to enter data on how net operating cost is funded on lines 44-48.
- Must enter shares of State, Local Government, Service Provider Share and Non-Funded.
- Line 43 must match line 49!

## DMH-2 Relationship to DMH-3

### By Column

	<u>DMH2</u>		<u>DMH3</u>
• Total Adjusted Expenses	Line 13	equals	Line 30
• Net Revenue	Line 42	equals	Line 31
• Net Operating Costs	Line 43	equals	Line 32

## DMH-3 Summary

- The DMH-3 is completed on a NYS Agency and county specific basis.
- Lines 1 - 7 must be completed if applicable (especially Method of Accounting). Line 8 must be completed for OMRDD programs.
- Valid and correct funding source codes must be used (See Appendix N).

## DMH-3 Summary cont.

- Contract numbers must be entered.
- Contract type must be designated (State or Local).
- For OASAS and OMH, the contract number and type indicated for each program on DMH-3 must match the information indicated for that program on DMH-2.

## DMH-3 Summary cont.

- For OMRDD at least one contract number and type (State or local) combination indicated for each program on DMH-3 must match the information indicated for that program on DMH-2.

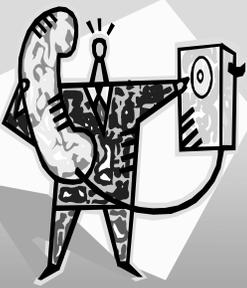
## DMH-3 Summary cont.

- For each funding source, enter:
  - Persons served per month
  - Units of Service
  - Total adjusted expenses
  - Applied net revenue
  - Net operating cost per funding source is calculated.
  - Refer to budget for funding source codes and amounts.

## Got all that?



• If you have any questions or require additional assistance in completing your 2009 CFR, please contact the appropriate NYS Agency at the number listed in the 2009 CFR Manual, Section 8.0.



State Agency Points of Contact

<b>OASAS</b>	CFR:	518-485-2207
	State Aid:	518-457-3562
<b>OMH</b>	CFR:	518-473-3572
	State Aid:	518-473-7885
<b>OMRDD</b>	CFR:	518-402-4275
	State Aid:	518-402-4321
<b>SED</b>	CFR:	518-474-3227

Thank you for attending  
the 2009  
Full CFR Training

