Brought to You By:
NYS Office of Alcoholism & Substance Abuse Services
NYS Office of Mental Health
NYS Office of Mental Retardation & Developmental Disabilities
NYS Education Department

Goals

- To discuss CFR Manual and resources available to complete the CFR.
- A brief overview of the CFR reporting process.
- Where to find information.
- Whom to call with additional questions.

The CFR Manual contains:

- 9 general overview sections
- a section for each core, claiming and supplemental schedule
- numerous appendices containing detailed information
- The CFR Manual is available online at: http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFR.html

Web Pages

SED
http://www.oms.nysed.gov/rsu/
OMH
www.omh.state.ny.us/omhweb/finance/main.htm
OASAS
www.oasas.state.ny.us
OMRDD
www.omr.state.ny.us

The CFR is used as:

- A year-end cost report that is used to document your agency's expenses, and is used as the basis for rate-setting, cost of living increases, and for the development of fiscal analysis and policy by the NYS agencies, the legislature and the Governor's office.

and

- A year-end State Aid claiming document that is the basis of payment of your final claim for the CFR period.

Methods of Accounting

- Full accrual accounting ***must*** be used for the fiscal information reported on schedules CFR-1 through CFR-6 and DMH-1.
- Schedules DMH-2 and DMH-3 may be completed on accrual, modified accrual or cash.

Types of CFRs

- There are two general categories of CFR submissions: Full CFRs and Abbreviated CFRs.
- Full versus Abbreviated depends on Type of programs you operate and the type and amount of funding you receive.
- To determine whether a Full or Abbreviated CFR is required, check submission matrices in Section 2.0 of the CFR Manual.

Please note:

- Service providers are strongly advised to check the appropriate submission matrix each year to verify that their CFR submission type has not changed.

Reporting Periods

- Section 3.0 of the CFR Manual discusses reporting periods.
- CFR reporting periods are generally based on the geographic location of the agency's corporate headquarters.
- This training covers the July 1, 2009 to June 30, 2010 reporting period.

Reporting Periods cont.

- If your agency is also funded by a contract or Member Item (Special Legislative Grant) for a period different than your agency's standard reporting period, an additional Abbreviated or Mini-Abbreviated CFR must be completed for the non-standard funding period.
- The portion of these contracts applicable to your standard reporting period must also be included on your agency's Full CFR.

Due Dates

- The fiscal year 2009/2010 CFR is due for submission to the applicable NYS Agencies by November 1, 2010.
- Refer to Section 4.0 of the CFR Manual.

Extension Requests

- A pre-approved 30-day CFR Extension Request, if needed, must be submitted to all affected NYS Agencies by November 1, 2010. The extended deadline will be December 1, 2010.
- This form is attached to the letter notifying you of the release of the 2009/2010 CFR Manual and can also be accessed and downloaded from the SED website.
  http://www.oms.nysed.gov/rsu/
- If you are funded by more than one state agency, send a copy to each funding state agency.
- A reply will not be sent. Please keep a copy of the completed extension request in your files.

Notice!

If your agency is funded by OASAS, **an approved extension request *does not* apply to the claiming schedules.**

Estimated or final claiming schedules are due to OASAS no later than November 1, 2010.

Special note for service providers funded through a local contract:

The Local Governmental Unit (LGU) ***may*** require you to submit an estimated or final claim ***earlier*** than the NYS Agency prescribed due date!

Late submission of a CFR and/or the OASAS claiming schedules may result in a sanction or penalty being imposed on your agency!

CFR Software

- NYS software is available for download at:
  http://www.omh.state.ny.us/omhweb/cfrsweb/default.asp
- NYS CFRS software allows a single version of the software to be used for current and prior reporting periods.
- The single version of the software can be used for both Upstate and NYC cycles.
- Version 15.0 of the CFRS software must be used for the 2009/2010 CFR.

CFR Software cont. Document Control Number (DCN)

- The approved CFRS software assigns a unique Document Control Number (DCN) to CFR submissions each time the final edits are run successfully.
- This DCN is stored in the data file for upload.
- When printed, the assigned DCN appears on each page of the CFR submission.
- Backup your data once edits have been passed!

CFR Software cont.

Service providers using NYS software are also ***strongly*** encouraged to sign up for the CFRS Announcement Mailing List at:

http://www.omh.state.ny.us/omhweb/cfrsweb/default.asp

Members of the mailing list will receive e-mail notifications when new versions of the software are released and when patches correcting identified problems are available.

CFR Software cont.

- OMH CITER is offering on-line training on the use of NYS CFRS Software.
- Providers can sign up for sessions by calling the OMH Help Desk at:
  1-800-HELPNYS
  (1-800-435-7697)
- Providers connect by phone and the Internet to participate in the training sessions.

For all service providers:

It is expected that all service providers will electronically transmit their CFRs via the Internet.

Go to:

http://www.omh.state.ny.us/omhweb/cfrsweb/default.asp

Then follow the instructions.

Submission requirements for all service providers:

In addition to the Internet submission, paper copies of the following items must be mailed to each NYS Agency as applicable by the due date.

- A signed copy of CFR-i.
- A signed copy of schedule CFR-ii or CFR-iiA.
- A signed copy of CFR-iii.
- A copy of the service provider's certified financial statements.

IMPORTANT

Sending copies of the signed certification pages to the county providing the funding to your agency through a local contract or to the OMRDD DDSO does not fulfill this requirement.

Copies of all required certification schedules signed by your agency ***MUST*** also be sent directly to the appropriate NYS Agencies.

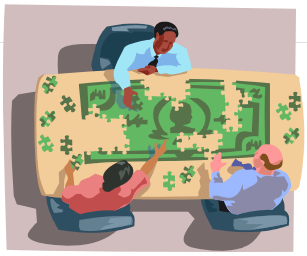
For DMH service providers:

- If funded by local contract, check with the county for its specific requirements.
- For OMRDD: One paper copy to the Regional Office or DDSO, as appropriate.

Financial Statements

- Discussed in Section 6.0 of the CFR Manual.
- CPA certified general purpose financial statements ***must*** be submitted with ***most*** Full CFR submissions.
- CPA certified financial statements should correspond to the CFR reporting period if possible.
- If your agency's corporate fiscal year is different than the CFR reporting period, submit financial statements for the most recent corporate fiscal year.

CFRs that require the submission of financial statements will be considered incomplete submissions without them!



Important Tips On Financial Record Keeping

An agency should:

- Structure its internal Financial Reporting System so as to capture the cost categories included on the CFR.
- Track the units of service provided on a regular basis for each program.
- Identify non-allowable costs on a periodic basis so that at the end of the year, it can easily identify all non-allowable costs when preparing the CFR.

Important Tips On Financial Record Keeping

An agency should:

- Reconcile payroll & fringe benefits by CFR program to the general ledger monthly/quarterly.
- Carefully monitor staff usage, if the same staff is used to cover different programs.
- Review spending by cost category (e.g., Direct Care Personal Services) to see if spending is in line with the budget.
- Review the number of staff used each quarter and compare with budgeted figures.

Changes for 2009/10

•Changes from the 2008/2009 CFR Manual to the 2009/2010 CFR Manual & forms are detailed in the 2009/2010 transmittal letter.

•The CFR Transmittal Letter is available online at: http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFR.html

Changes for 2009/10

•The requirement to depreciate new asset purchases is changing for periods beginning 07/01/2009 and later.

•Asset purchases of $5,000 or more and a useful life of 2 years or more must be depreciated.

•See Appendix O for details.

CFR Software Data Import

- Included in CFRS Version 15.0
  - Uses the Site Key field of Program Site ID Screen.
  - Data import from Text Files
  - Data exported from Accounting Software is matched to Site Key and CFR Schedule Cost Codes.
  - May be used for schedules CFR-1, CFR-3, CFR-4, CFR-4A, DMH-2, DMH-3, OMRDD-1, OMRDD-4 and 'Other Detail' lines. Also, for schedule CBR-4 (personal services schedules for CBR).

CFR Software Data Import

- Data is saved as a Text file.
- Data is imported into schedules and edits are run.
- If data changes, it can be re-imported, which will delete current data.
- Additional Data entry is required to complete CFR

It's Time to Do the CFR!

Getting Started

- Section 9.0 addresses the first steps that must be taken (agency definition and site definition) when using the CFRS software.

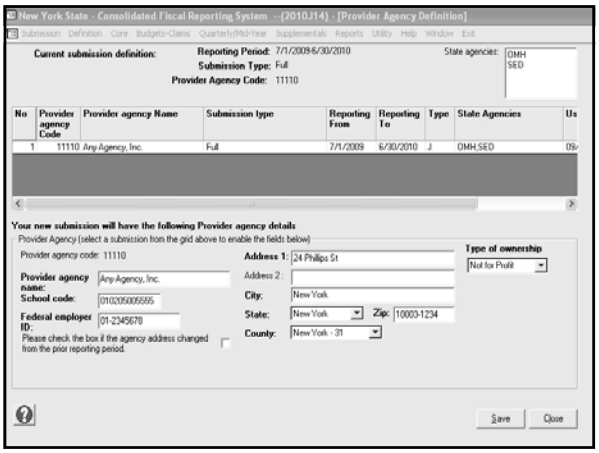
Agency Definition Information

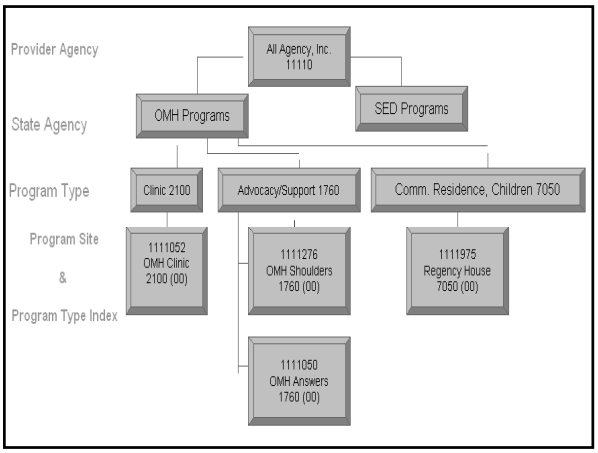
To complete your CFR you will need the following information about your agency:

- The legal name of your agency.
- The 5 digit Agency Code assigned to your agency.
- The street address of your agency's central administrative office.
- The required submission type.

Agency Definition Information cont.

- The name of the county where your agency's administrative offices are located.
- The Federal Tax Identification Number of your agency.
- The funding state agencies.





Program Definition Information

To complete your CFR you will need the following information about the programs operated by your agency:

- The types of programs your agency operates
- Which State Agency funds or certifies these programs?
- The 4 digit Program Code (Appendices E-H) and 2 digit index for each program site operated.

Program Definition Information cont.

- The Program Site Identification number for each program site operated. Please refer to Section 13.0 of the CFR Manual.
- The street address for each program site operated.
- The name of the county where each program site is located.

Program Definition Information cont.

- Contract information - State and/or local contract number(s) - for each program operated.
- Funding Source Code information for each program operated.

Program Definition Information cont.

Line 2 (Program Code Index)

- For OMH, OMRDD and OASAS programs, the program code index determines if multiple occurrences of the same program type will be aggregated on schedule DMH-1. For example, two columns using program code and index combination 1760-00 in each column will be aggregated on schedule DMH-1. If 1760-01 and 1760-02 are used, these columns will be reported separately on schedule DMH-1.

Program Definition Information cont.

Line 2 (Program Code Index)

- For OMH program sites, if the provider operates the same program type in multiple counties or boroughs, they must use different combinations of program codes and program code indexes (i.e. 2100-00, 2100-02, etc.) for each county.
- They can still use multiple combinations of program codes and program code indexes within a single county if needed.

Program Definition Information cont.

Line 2 (Program Code Index)

- For OMH net deficit funded programs, the same program code and program code index combination for a program site ***must*** be used from year-to year for proper processing through the OMH Aid to Localities Financial System (ALFS).

Program Definition Information cont.

Line 2 (Program Code Index)

- For SED, enter one of the following, as appropriate:
  - SS = January – June six month period;
  - FF = July – December six month period;
  - CC = January – December twelve month period;
  - YY = July – June twelve month period;
  - MM = Other SED approved period.

Program Definition Information cont.

Line 2 (Program Code Index)

- For OASAS net deficit funded programs, enter the applicable program code index from the approved budget (i.e. Approval Letter for programs funded through local contract and/or Appendix B for direct contract funded providers).
- For unfunded OASAS programs, the same program code and program code index combination ***must*** be used for a program site from year-to-year.

Program Definition Information cont.

Line 2 (Program Code Index)

- For all OMRDD programs reported on a program type basis (single column) use “00”.
- For OMRDD program codes 0055, 0090, 0091, 0200, 0202, 0233, 1090, 1091, 2090, 2091, 3090, 4090, 5090, 5091, 6090 and 6091 use “00”.

Program Definition Information cont.

Line 2 (Program Code Index)

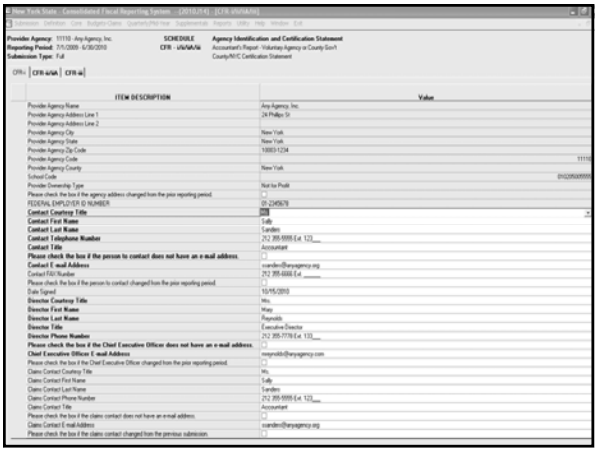
- For OMRDD program code 0234 (OPTS), use the two digit service type code as the index.
- For all other OMRDD programs, enter “01” for the first occurrence of the program type, “02” for the second occurrence of the program type, etc.

Does your agency operate a shared program?

- Shared programs display expenses and revenues for the funding NYS Agencies in a single column.
- All funding NYS Agencies funding the shared program must be indicated on the Program/site Identification screen.
- Shared programs are reported in a single column per site on schedules CFR-1, CFR-4, CFR-4A and DMH-1.

Steps to a Successful CFR Submission

1. Perform data entry for all schedules.
2. Validate submission to get Document Control Number (DCN).
3. Make any changes required by CPA and revalidate.
4. Have CFR certified by CPA.
5. Perform function to create upload file.
6. Connect to OMH software page and upload file.
7. Send signed certification pages & financial statements to certifying/funding NYS Agencies.



CFR-i Agency Identification and Certification Statement

- The names, phone numbers and email addresses of your agency’s CEO and the person or persons to contact with questions regarding the cost report and claim schedules are required.
- Must be signed by the CEO. ***Signed and dated CFR-i must be mailed to each funding NYS Agency.*** The schedule signed must have the same DCN as the CFR submitted via the Internet.

CFR-ii/CFR-iiA Accountant’s Report

- CFR-ii when general purpose financial statement period corresponds to CFR.
- CFR-iiA when general purpose financial statement period differs from CFR.
- Signed by CPA. ***Signed and dated CFR-ii or CFR-iiA must be mailed to each funding NYS Agency.*** The schedule signed must have the same DCN as the CFR submitted via the Internet.
- Adhere to audit/examination guidelines - See Appendix AA of the CFR Manual.

CFR-ii/CFR-iiA Accountant's Report

- Schedules CFR-ii/CFRiiA have been modified to include additional schedules, beginning with the 2009/2010 CFR. Schedules OMH-4, SED-4 and schedule CFR-6, Question 3 have been added.
- Extensive changes have been made to the audit guidelines in Appendix AA of the CFR Manual.

A Full CFR requires CPA certification in almost all cases.

Exceptions can be found in Section 2.0 of the CFR Manual.

These exceptions are rare.

CFR-iii Certification Statement

- Complete if agency receives Aid to Localities funding through an LGU or direct contract.
- Executive Director/CEO signs left portion of schedule.
- ***Signed and dated CFR-iii must be mailed to each funding NYS Agency.*** The schedule signed must have the same DCN as the CFR submitted via the Internet.

A Full CFR consists of up to three sections:

- Core schedules:
  CFR-1 through CFR-6 and DMH-1.
- Claiming schedules:
  DMH-2 and DMH-3 (these schedules are not applicable for SED).
- Supplemental schedules:
  Additional detail schedules specific to an individual NYS Agency.

The recommended order of completion for the Core Schedules:

CFR-4
CFR-4A
CFR-1 (lines 1 through 64)
CFR-3
CFR-5
CFR-1 (lines 65 through 107)
CFR-2
CFR-6
DMH-1

CFR-4 Personal Services

- This schedule is NYS Agency and/or shared program specific.
- A NYS Agency/shared program specific schedule is completed for direct care, clinical, support and program administration and LGU administration staff (Position Title Codes 100 - 599).
- A separate schedule CFR-4 is completed for the agency administration personal services expenses for your entire agency (Position Title Codes 600 - 699).

CFR-4 Position Title Codes
(Appendix R of the CFR Manual)

- 100 level – Support Staff
- 200 level – Direct Care Staff
- 300 level – Clinical Staff
- 400 level – Production Staff
- 500 level – Program Administration Staff
- 600 level – Agency Administration Staff
- 700 level – Local Gov. Unit (LGU) Staff only

CFR-4 cont.

- Only salaried employees of your agency are reported on this schedule (those receiving W-2s).
- Position title codes may be specific to NYS Agencies or program types.
- The standard work week must be at least 35 hours per week, and not greater than 45 hours per week.
- Individuals can be split between sites and/or program titles (See Appendices J and Appendix L of the CFR Manual).

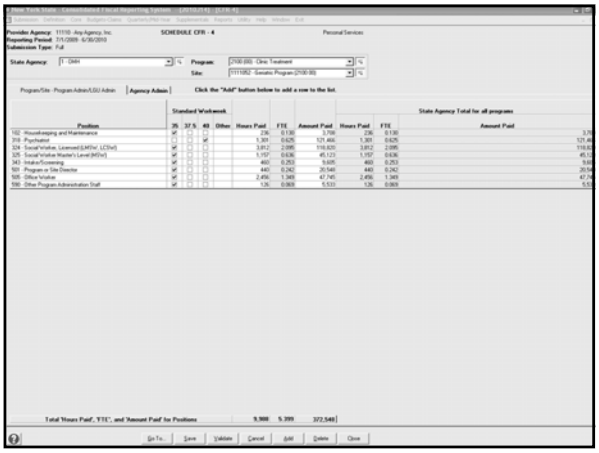
CFR-4 cont.

- FTE's are calculated to 3 decimal places.
- Where applicable, employees hours and salary paid should be allocated between programs and/or position titles.
- The Hours Paid, FTE's and Amount Paid are totalled by column.

Calculation of FTE's

- Hours Paid/(Standard work week x 52)
- Example: FTE for position where the standard full time work week is 40 hours and employee works 32.5 hours a week for 32 weeks during the fiscal year:

$$\frac{32.5 \times 32}{40 \times 52} = \frac{1040}{2080} = .500 \text{ FTE}$$



CFR-4 cont.

- The total personal services for each program/site carries forward to CFR-1, line 16.
- The total personal services for agency administration staff carries forward to CFR-3, line 1.

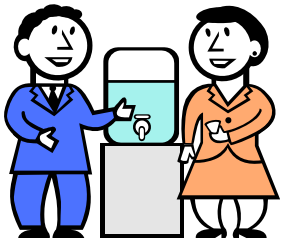
CFR-4A
Contracted Direct Care and Clinical Personal Services

- Only direct care and clinical contracted positions are reported on this schedule (Position Title Codes 200-399).
- Position title codes are found in Appendix R.
- Report Hours Paid and Amount Paid. The Hours Paid field ***cannot*** be left blank.
- This figure carries forward to CFR-1, line 35.

Any Questions So Far?

- Let's take a Break!

Click Here to Start Timer



CFR-1
Program/Site Data
General Information Page 1.1

- Lines 1 through 6 and 8 carry forward from the program site definition screen.
- Line 13: Units of Service.
  - Must be completed correctly!
  - Inaccurate information will cause CFR to be rejected
  - See Appendices E-H for guidance
  - Transfers from OMH-1 for OMH sites

CFR-1

- It is critical that Units of Service delivered during the reporting period are captured, counted and reported correctly!
- It is expected that providers:
  - Train staff regarding the appropriate measures of units for the program types they run.
  - Ensure that information is recorded at the time the service is delivered.
  - Make data available in the format of the CFR.

CFR-1
Program/Site Data
General Information Page 1.1

Change for 2009/2010

We are now capturing both Medicaid Provider Agreement Number on Line 7(a)

and

National Provider ID Number (NPI) on Line 7(b).

Both numbers should be associated with the program site being reported.

CFR-1 cont.
Expense Categories

- Personal Services (from schedule CFR-4)
- Vacation Leave Accruals
- Fringe Benefits
- Other Than Personal Services (OTPS)
- Equipment
- Property
- Agency Administration (Allocated from schedule CFR-3)

CFR-1 cont.
Expenses - Page 1.2

- Line 16: Personal services carry forward from schedule CFR-4.
- Line 17: Increase or decrease in vacation accruals from previous year.
- Line 18: Mandated Fringe Benefits: FICA, Medicare, Workers Comp., Unemployment Insurance, NYS Disability.
- Line 19: Non-Mandated Fringe Benefits: Health and Dental Insurance.

CFR-1 cont.
Expenses - Pages 1.2-1.3

- Line 22: Repairs and Maintenance - Reports costs for maintenance and minor repairs. Also report contracts for housekeeping, garbage and snow removal.
- Line 28: Expensed Equipment - Refer to Appendix O for guidelines.
- Lines 30 - 32: Salaries & benefits paid to participants in work programs.

CFR-1 cont.
Expenses - Page 1.3

- Line 35: Contracted Direct Care and Clinical Personal Services carry forward from CFR-4A.
- Line 39: Insurance General
  - For OMH and SED: Indicate one figure in the line details box.
  - For OASAS and OMRDD: Indicate the following items separately in the line details box: Vehicle Insurance, Professional Malpractice, Medical Malpractice, Crime/Fidelity, General Liability Umbrella and Other.

CFR-1 cont.
Expenses - Pages 1.3-1.4

- Line 44: Depreciation - Vehicle
- Line 45: Depreciation - Equipment
- Line 51: Deprecation – Building
- Line 52: Depreciation - Building/Land Improvements

See Appendix O for where to find guidelines on capitalization & depreciation.

CFR-1 cont.
Expenses - Other Lines

- The OTPS, Equipment and Property categories each have an “Other” line for miscellaneous items:
  - OTPS: CFR-1, line 40;
  - Equipment: CFR-1, line 47;
  - Property: CFR-1,line 62.
- Detail is required for individual items with initial cost of $1,000 or more.
- Items less than $1,000 may be grouped together as “All items <$1,000 each”.

CFR-1 cont.
Expenses – Page 1.4 cont.

- Total operating program/site costs are calculated on line 64. Operating costs are: Personal Services, Vacation Leave Accruals, Fringe Benefits, OTPS (less Subcontract Raw Materials) and are used as the basis for the allocation of agency administration costs.
- Line 65: The 6 digit ratio value factor carries forward from CFR-3, lines 65 – 69, as applicable.
- Multiply the 6 digit ratio value factor times the Total Operating Costs for the program/site on line 64 to get the agency administration allocation on line 65.

CFR-1 cont.
Expenses – Page 1.4 cont.

- Line 66: Adjustments/Non-Allowable Costs – Detail is required in the software
- Refer to Appendix X for non-allowable costs.
- Also report excess costs in related party transactions from Schedule CFR-5 here.

CFR-1 cont.
Expenses – Page 1.4 cont.

Line 67- Total Program/Site Costs

Sum of Lines:

29 - Sub-Contract Raw Materials
48 - Total Equipment
63 - Total Property - Provider Paid
64 - Total Operating Costs
65 - Agency Admin Allocation

Less: 66 - Adjustments/Non-Allowable Costs

CFR-1 cont.
Expenses – Page 1.4 cont.

- Lines 68a & 68b: **OMRDD ONLY - Transportation Allocation:**
  - These lines are informational and for OMRDD only!
  - Any service provider who reports an 0670 and/or 0880 transportation program on the CFR must allocate these expenses on line 68a for transportation within a program and/or 68b for to/from transportation (Day Hab, Day Treatment and Pre-Voc) to each program/site that is provided transportation services.

CFR-1 cont.
Expenses – Page 1.4 cont.

- Line 68c: Expenses for VOICF/DD School District Contract- not operated by the Service Provider must be reported in CFR-1, line 68c. The associated revenue must be reported as Medicaid in the related ICF/DD program.
- Line 68d: Expenses for VOICF/DD Day Services must be reported in CFR-1, line 68d. The associated revenue must be reported as Medicaid in the related ICF/DD program.

CFR-1 cont.
Revenues – Page 1.5

Line 69: Participant Fees

- Report monies received from participant in excess of SSI and SSA.
- SED providers report revenues for non-disabled students in Preschool Integrated programs Program codes 9160 – 9163 and 9165-9169.

CFR-1 cont.
Revenues – Page 1.5

Line 72 – Medicaid

- Include COPS up to the 110% limit.
- COPS thresholds for Clinics do not apply for services rendered after 6/30/2008.
- Include CSP revenue in the certified program (Clinic Treatment, CDT or Day Treatment) in which it is generated on schedule CFR-1.

CFR-1 cont.
Revenues – Page 1.5 cont.

- Line 74: Other Third Parties
  - For OASAS: Enter Medicaid Managed Care and Other Third Parties separately in the line details box.
  - For OMH and OMRDD: Enter one figure for Other Third Parties in the line details box.
  - This line is for Health Insurance only!
- Line 80: State Grants
  - Report State funding not including OASAS, OMH, OMRDD & SED.

CFR-1 cont.
Revenues – Page 1.5-1.6

- Line 82: Report Food Stamp revenue for OASAS and OMRDD; and National School Breakfast & Lunch program revenue for SED.
- Line 86: Used by OMRDD and SED providers to report prior period rate adjustments.
- SED 1:1 aide tuition revenue should be reported using program code 9230 on line 88, 89, 91 and/or 92.

CFR-1 cont.
Revenues – Page 1.6 cont.

- Lines 93 and 103: Net Deficit Funding (the same amount is reported on both lines).
  - Funds received by the LGU from NYS and passed on to the service provider.
  - Funds received directly from NYS via direct contract.
  - Funds received directly from the funding LGU.
- Line 94: Other Revenue - Include SED private pay tuition.

CFR-1 cont.
Revenues – Page 1.6 cont.

- Gross Revenues are reported on CFR-1, line 95.
- GAAP Adjustments are reported on CFR-1, lines 96 - 98 and totalled on CFR-1, line 99.
- Non-GAAP Adjustments are reported on CFR-1, lines 101 - 104 and totalled on CFR-1, line 105.
- Total Adjustments are reported on CFR-1, line 106.
- Total Net Revenues are reported on CFR-1, line 107.

CFR-1 cont.
Revenues - Other Lines

- The Revenue, GAAP Adjustments to Revenue and Non-GAAP Adjustments to Revenue categories each have an "Other" line for miscellaneous items:
  - Revenue: CFR-1, line 94;
  - GAAP Adjustments to Revenue: CFR-1, line 98;
  - Non-GAAP Adjustments to Revenue : CFR-1, line 104.
- 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-2
Agency Fiscal Summary

- Expenses and revenues of the entire agency.
- Provider agency totals are reported in column 1.
- Programs not certified or funded by participating NYS Agencies are entered in column 7 (Other Programs).
- Operating expenses on CFR-2 are used to distribute agency administration costs to column 7 (Other Programs) using the Ratio Value Allocation Methodology.

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. Threshold has changed from $50,000 to $75,000.
- 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 Above $75,000). If there are 5 or less employees that meet the criteria, enter "0".

Supplemental Schedules and Important Notes for 2009/2010

Important OASAS Notes

- The following program codes have been ***added*** to Appendix E:

  0840 – Criminal Justice Case Management
  3078 – Shelter Plus Care Case Management
  3970 – Recovery Community Centers

Important OASAS Notes

- The following program codes have been ***deleted*** from Appendix E:

  0830 – Criminal Justice Intervention/DWI
  0893 – Road to Recovery Supplemental Payments
  2020 – Primary Care (Alcoholism Crisis Center)
  2058 – Enhanced Methadone Maintenance - Outpatient
  4071 – Intake, Outreach & Referral Units
  4073 – Support Services – Medical/Legal/Psychological
  4175 – COSA (Children of Substance Abuse)
  4470 – AIDS Resource

Important OASAS Notes

- A new service type, Recovery, has been ***added*** to Appendix E and includes the following program codes:

  3070 – Shelter Plus Care Housing
  3078 – Shelter Plus Care Case Management
  3270 – NY NY III Post-Treatment Housing
  3370 – NY NY III Housing for Persons at Risk of Homelessness
  3470 – Permanent Supported Housing
  3970 – Recovery Community Centers

Important OASAS Notes

Problem areas:

- The Units of Service (visits or patient days as applicable) reported on the CFR do not match the information reported to the OASAS Monthly Service Delivery system.
- Providers receiving more than $750,000 in state aid for all OASAS programs combined are not submitting Full CFRs.

Important OASAS Notes

Problem areas cont:

- All OASAS programs operated by a provider (both funded and un-funded) are not reported on the CFR submitted.
- The correct Program Number/Program Reporting Unit Number (PRU) assigned to programs are not being used as the Site Code in the NYS CFRS software.

Important OASAS Notes

Ambulatory Patient Groupings (APGs)

- No later than early 2011 OASAS will implement the new Ambulatory Patient Groupings (APGs) Medicaid pricing and billing system for OASAS certified outpatient chemical dependence programs (clinic and opiod)
- Once implemented APGs will replace the current threshold pricing and rate code structure.

Important OASAS Notes

APGs Cont.

- APG pricing is intended to more closely align Medicaid reimbursement with the cost of service delivery.
- As a result of this transformation, accurate CFR information will be critical in assisting OASAS to develop Medicaid APG prices.
- Therefore, it is extremely important that providers complete the correct CFR submission type in a timely manner and that the submitted CFR contains a complete and correct array of programs operated.

Important OASAS Notes

APGs Cont.

- For additional APG information please see the OASAS APG webpage:

http://www.oasas.state.ny.us/admin/hcf/APG/Index.cfm

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

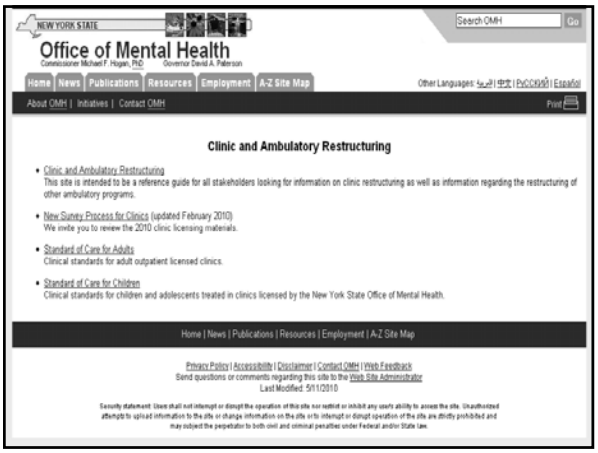
- The OMH-2 is only completed for program sites that are eligible to bill Medicaid for the services provided.
- Medicaid units of service are a subset of the units of service reported on OMH-1.
- Units of service on schedule OMH-2 are calculated in the same manner as those on schedule OMH-1. Do not use 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.



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 CDT Providers
  - The CFR reporting units of service on schedules OMH-1 and OMH-2 are Half Day/Full Day Units.
  - 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 2010/11.
- 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 revenue attributable to the period April 1, 2008 through June 30, 2009 should **not** be reported on the CFR but should be reflected as a reconciling item.
- The HCA revenue (paid separately from the regular contract payments) that is attributable to the period July 1, 2009 through June 30, 2010 should be reported as Net Deficit Funding on CFR-1 and DMH-2.

OMRDD Health Care Adjustment (HCA) IV and V

OMRDD Net Deficit Funded Programs

- Expenses associated with HCA revenue (paid separately from the regular contract payments) that are attributable to the period July 1, 2009 through June 30, 2010 should be reported on the applicable lines on CFR-1 and DMH-2 and reported on DMH-3 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 4/1/08-6/30/09 should be reported on line 86, CFR-1 Prior Period Rate Adjustments.
- HCA IV & V revenue attributable to the period 7/1/09-6/30/10 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 2009/10

- 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 !

The Claims Schedules consist of the following:

CFR-i

CFR-iii

DMH-2

DMH-3

Due dates for Direct Contract Claims:

OASAS	11/01/10
OMH	11/01/10 *
OMRDD	11/01/10 *

*** With Extension 12/01/10**

Due dates for LGU Claims:

OASAS	11/01/10
OMH	11/15/10 *
OMRDD	11/15/10 *

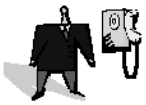
*** With Extension 12/15/10**

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

<u>and</u>

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 DDSO as appropriate.
- 1 paper copy of the complete CFR and an original signature State Aid Voucher (AC-1171) to the OMRDD Regional Office 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-2) 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 ***<u>NOW!</u>***

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

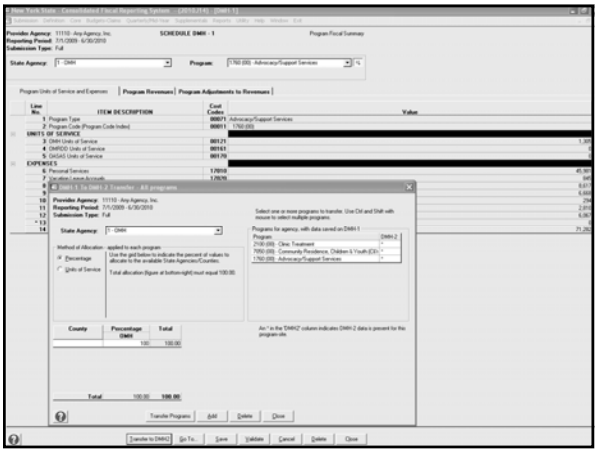
- DMH-3: Used to show how net operating cost is allocated by funding source.
- DMH-3 is displayed by State Agency and County.
- Funding source code information is found on your Budget.
- Must tie back to DMH-2 expenses and revenues by column.

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.

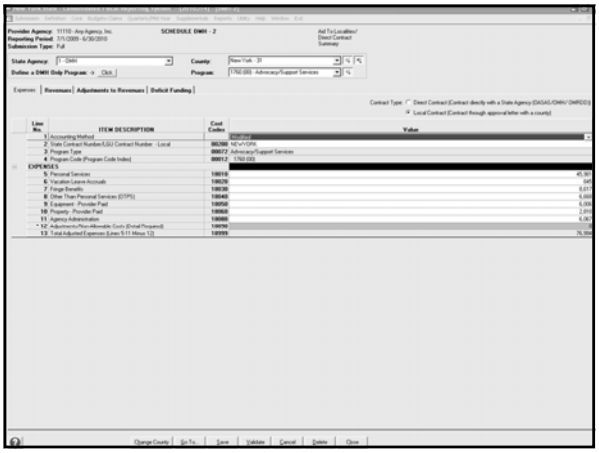
- You must choose either Direct or Local as the contract type.
- The Method of Accounting must be selected for each program reported on line 1.
- The DMH-2 can be completed on the full accrual, modified accrual or cash basis of accounting.
- A contract number must be entered for each program on line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

DMH-2 Summary cont.

- For OASAS and OMRDD programs use the county code where the program is located (03-Bronx, 24-Kings, 31-New York, 41-Queens or 43-Richmond).
- For OMH programs use county code 31-New York regardless of where the program is located in the five boroughs of NYC.



IMPORTANT!

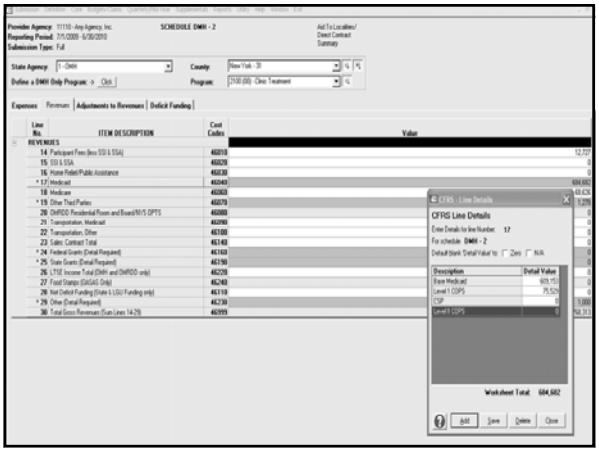
The method of accounting used on schedules DMH-2 and DMH-3 of your agency's CFR submission ***must*** be consistent with the method used in developing your agency's approved budget.

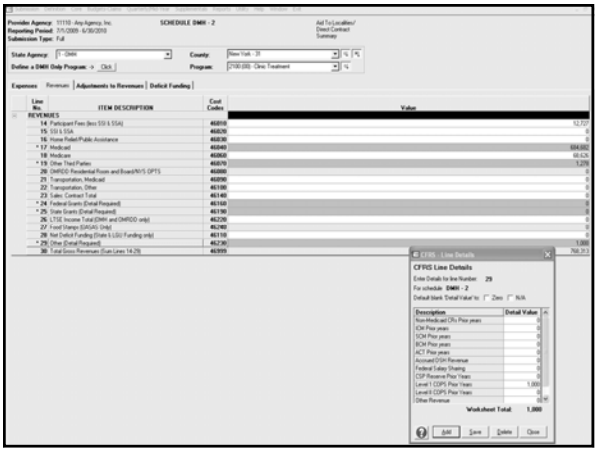
DMH-2
Summary cont.

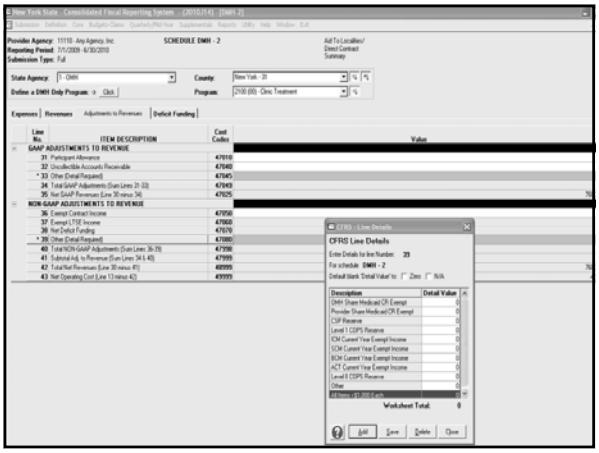
- Agency administration is allocated between NYS Agencies using the Ratio Value Methodology. This determines the total agency administration to be charged to each state agency.
- Within OASAS & OMH program arrays, agency administration may be allocated using the methodology used in your agency's approved 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).







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-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	DMH2		DMH3
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.

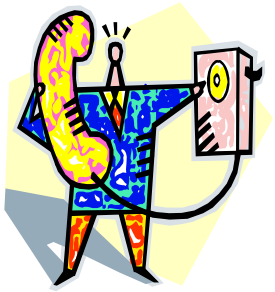
- For OMRDD at least one contract number and type (State or local) combination indicated for each program on DMH-3 must match the information indicated for that program on DMH-2.

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 2009/2010 CFR, please contact the appropriate NYS Agency at the number listed in the 2009/2010 CFR Manual, Section 8.0.



State Agency Points of Contact

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

Thank you for attending the 2009/2010 Full CFR Training