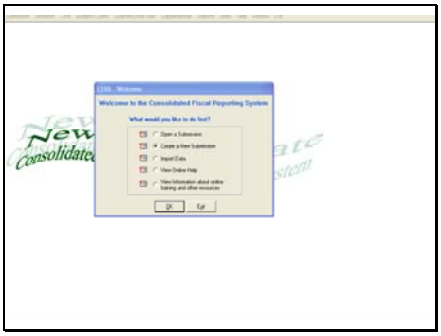
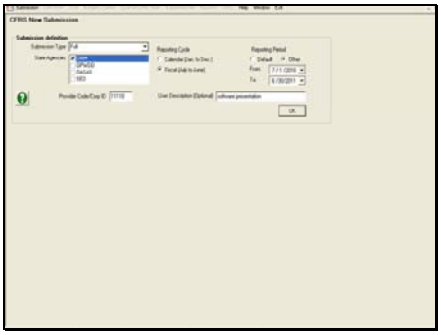
Slide 1

Slide 2



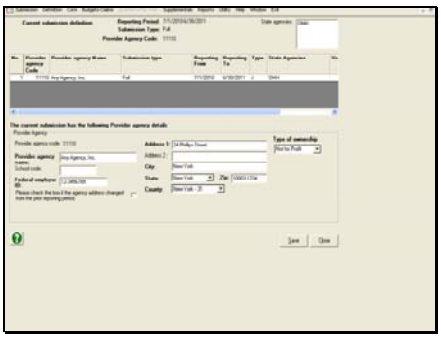
Provider downloads the CFRS Software at: https://www.omh.ny.gov/omhweb/CFRSWeb/default.asp Once the CFR Software has been installed on PC, clicking on the CFR Software icon located on desktop will bring you to this screen.

Slide 3



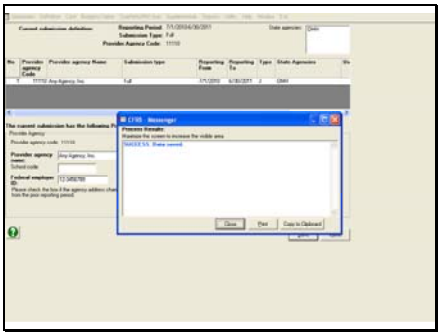
Defining the Submission Type: Provider should refer to the Consolidated Fiscal Reporting and Claiming Manual, Section 2.0 Submission Requirements to determine which type of submission they are required to file (Full, Abbreviated, Mini Abbreviated, Article 28 Abbreviated).

Slide 4

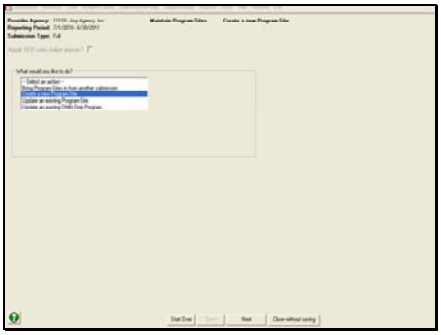


Creating the Agency Definition:

Slide 5

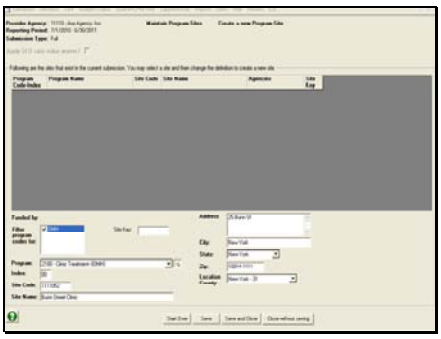


Slide 6



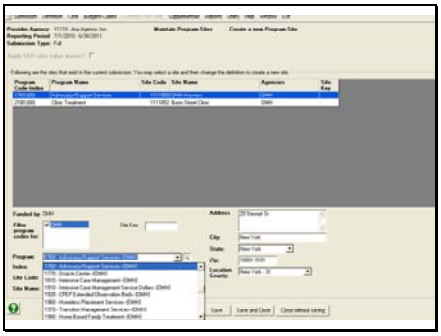
Adding or Editing the Program-Site Definition:

Slide 7



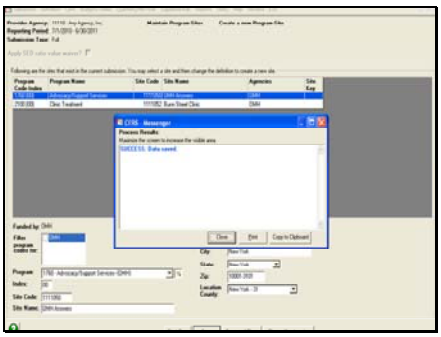
Complete the fields at the bottom of the screen for each program your agency operated during the reporting period. Provider should refer to the Consolidate Fiscal Reporting and Claiming Manual, Appendices E through H (Program Types, Definitions and Codes) to determine the CFR program code, index code and site code that corresponds to each of the programs the agency operated during the reporting period. Click the SAVE button after filling in information for each program type.

Slide 8



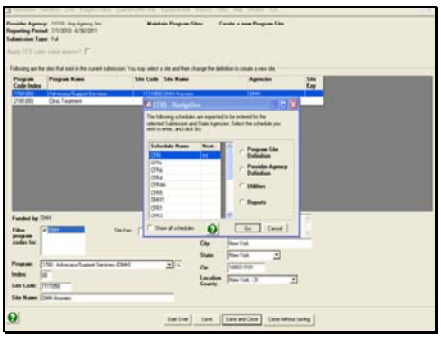
The PROGRAM field includes a dropdown of all the valid program codes to choose from. Checking the box under “Filter program code” will cause only the valid codes for that State Agency to display in the PROGRAM field dropdown.

Slide 9



After entering the data for the last program-site your agency operated for the reporting period, you should click the SAVE AND CLOSE button.

Slide 10



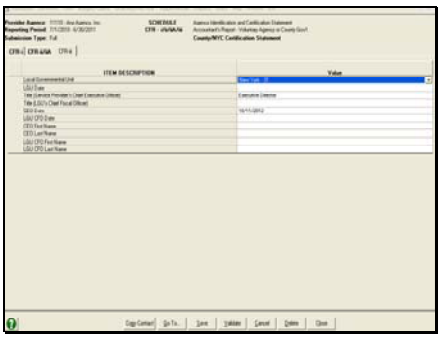
Slide 11

Provider should GO TO the CFR-i/ii/iii and enter the appropriate data. The first TAB contains the CFR-i Agency Identification and Certification Statement.

Slide 12

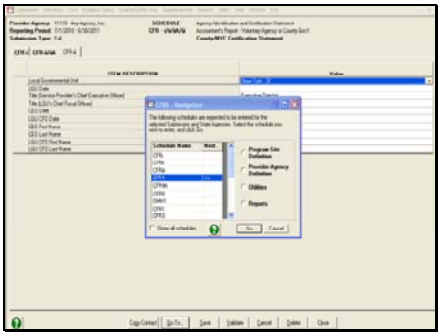
The second TAB contains the CFR-ii/iiA Accountant's report. The information on this form pertains to the independent certified accountant hired by the provider to certify the information contained on the CFR.

Slide 13

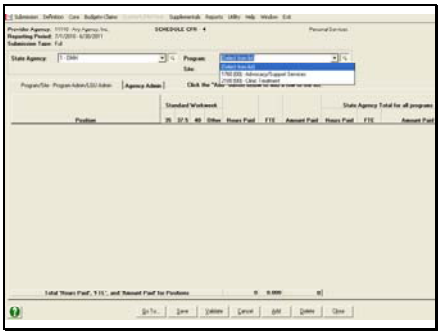


The third TAB contains the CFR-iii County/New York City Certification Statement. The information on this form is required when the provider has contracts through the County or New York City.

Slide 14

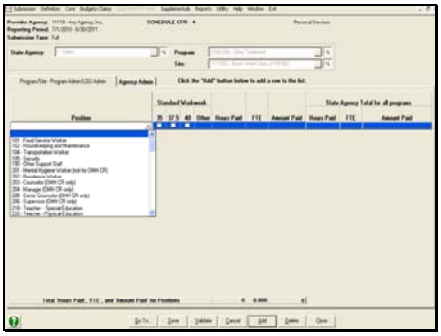


Slide 15



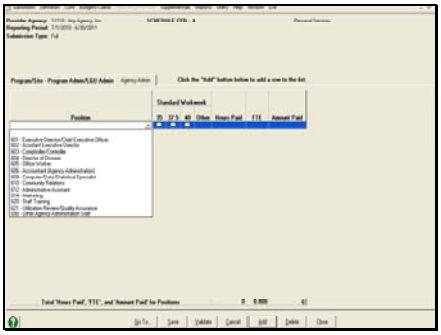
All employees hours paid and amount paid are aggregated by Position Title Code and by Program Code and are entered on **CFR-4 Personal Service.** Position Title Codes 100-590 should be entered on the first tab "Program/Site-Program Admin/LGU Admin". Position Title Codes700-790 which are only valid for County providers are also entered under this first tab. Provider should refer to the Consolidated Fiscal Reporting and Claiming Manual, Appendix R – Position Titles and Codes to determine the CFR position title code that best reflects functions performed by individual employee.

Slide 16



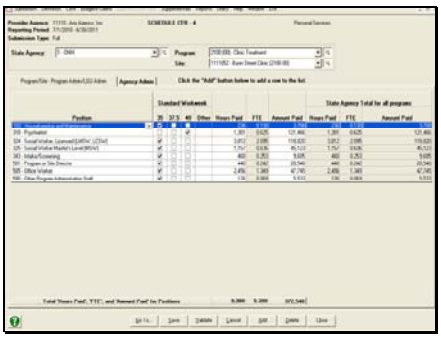
Select the Position Title Code to enter from the dropdown; then check the applicable Standard Workweek; enter Hours Paid and Amount Paid. The CFRS software will calculate the FTE field.

Slide 17



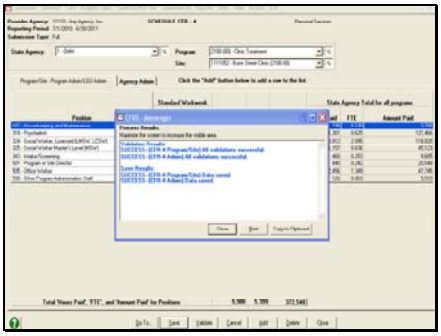
Position Title Codes 600-690 should be entered on the second tab “Agency Admin”. There is no program code dropdown since agency administration positions are allocated to each program by the CFRS Software using the Ratio Value method.

Slide 18



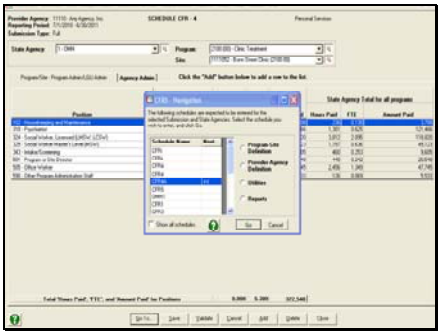
Click the ADD button to enter another Position Title Code; highlight a row and click the DELETE button if the entire entry is incorrect or if you want to remove a blank row that is not needed.

Slide 19

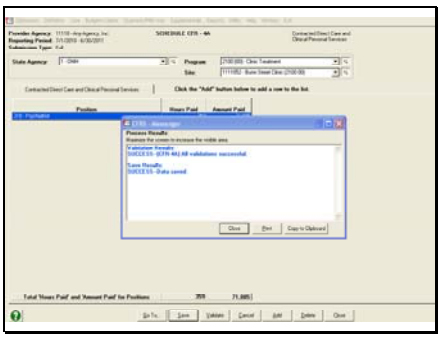


After entering all the Position Title Codes, click the SAVE button at the bottom of the screen. After closing the CFRS-Messenger click the GO TO button at the bottom of the screen. The CFRS Navigation window should pop-up. You can now proceed to another schedule by highlighting the Schedule Name and then clicking the GO button.

Slide 20

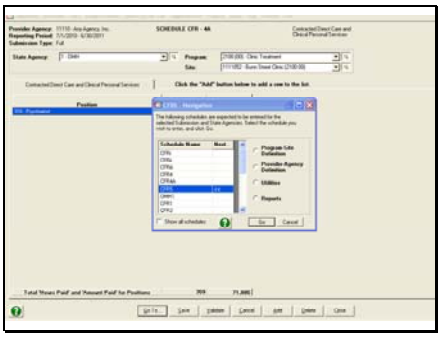


Slide 21



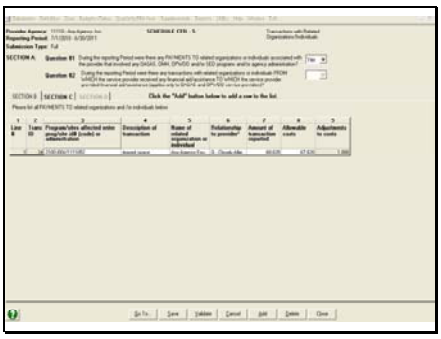
Hours paid and amount paid for direct care and clinical independent contractors are aggregated by Position Title Code and by Program Code and are entered on **CFR-4A Contracted Direct Care and Clinical Personal Services**. Typically, independent contractors would be those individuals that receive a Form 1099 rather than a W-2 from the provider at year-end. Only Position Title Codes 200-290 and 300-390 are available from the Position Title Code dropdown since only independent contractors providing direct care or clinical services are required to be reported on CFR-4A. Provider should refer to the Consolidated Fiscal Reporting and Claiming Manual, Appendix R -Position Titles and Codes to determine the CFR position title code that best reflects functions performed by individual contractor.

Slide 22



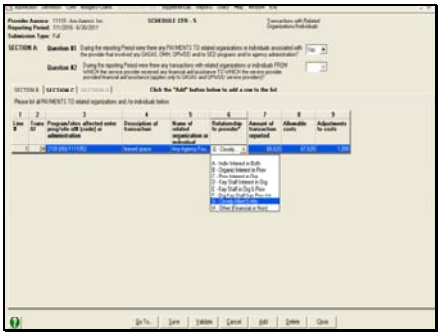
After entering all the Position Title Codes for a program, click the SAVE button at the bottom of the screen. After closing the CFRS-Messenger click the GO TO button at the bottom of the screen. The CFRS Navigation window should pop-up. You can now proceed to another schedule by highlighting and then clicking the GO button.

Slide 23



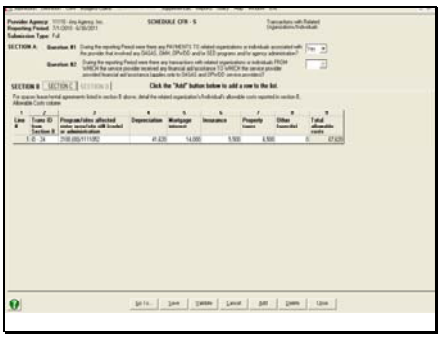
All transactions with related organizations and/or individuals should be disclosed on **CFR-5**. First answer Questions 1 and 2. If answer to Question 1 **(Payments To** related party**)** is YES, then Section B is required to be completed. If answer to Question 2 **(Payments From** related party**)** is YES, then Section D is required to be completed.

Slide 24



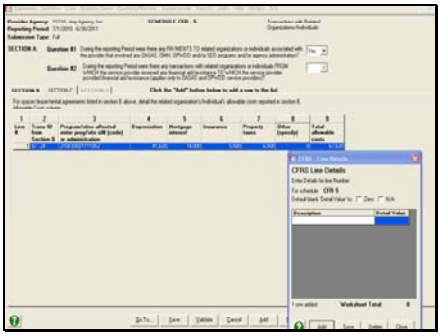
If Question 1 was answered YES; Proceed to **Section B** tab. Highlight either Admin or the specific prog/site from the dropdown under Column 3. Enter a description of the transaction in Column 4. Enter name of related organization or individual in Column 5. Select the appropriate relationship to provider from the dropdown in Column 6. (Refer to CFR Manual, Section 18.0 for the **Relationship Key)**. Enter the amount of the Payment To the related party in Column 7. Enter the portion of the amount paid to the related party that is 'allowable' in Column 8. Any portion of the transaction that is 'non-allowable' (amount greater than owner's cost) is displayed in Column 9 and must be transferred to CFR-3, Line 41 (Agency Admin) or CFR-1, Line 66 (Program/Site).

Slide 25



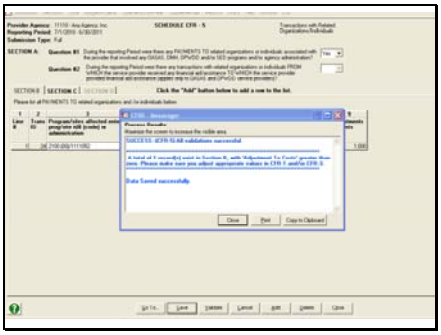
If Section B includes a space lease/rental transaction ,then **Section C** tab is required to be completed. In column 2, select the applicable ID from the dropdown. In Column 3, select either Admin or specific Prog/Site, as applicable. Enter applicable amounts in Columns 4 through 7. Enter description and dollar amount in the pop-up Detail box under Column 8.

Slide 26



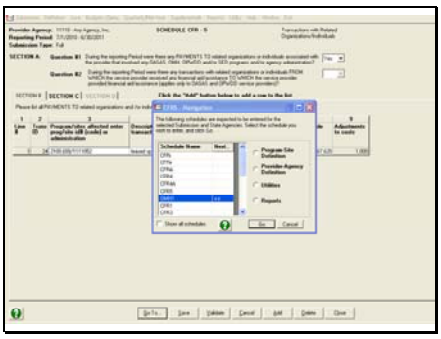
NOTE: We are not showing a screen print of Section D in this presentation. Question 2 applies only to OPWDD and OASAS providers, and if answered with YES, **Section D** must be filled out. The purpose of **Section D** is to determine the direction of the financial assistance/aid, whether given **To** the related party or received **From** the related party.

Slide 27



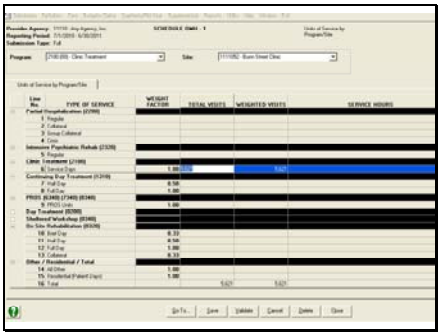
After completing Section D, click the SAVE button at the bottom of the screen. After closing the CFRS-Messenger click the GO TO button at the bottom of the screen. The CFRS Navigation window should pop-up.

Slide 28



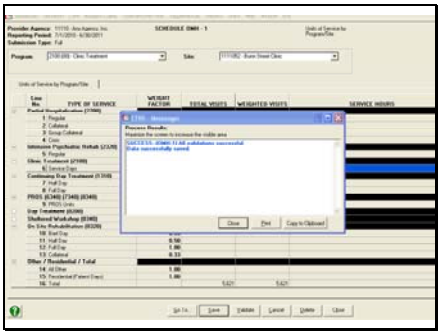
You can now proceed to another schedule by highlighting the Schedule Name and then clicking the GO button.

Slide 29

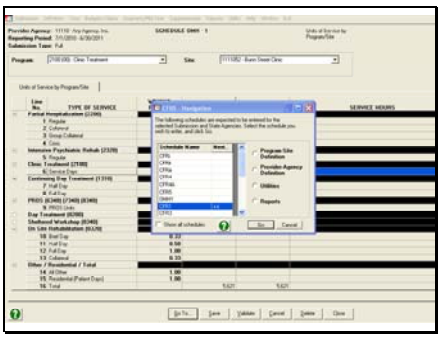


For OMH service providers: you must enter the Units of Service provided on line 6 of this schedule. The Units of Service will then be carried forward to Schedule CFR-1.

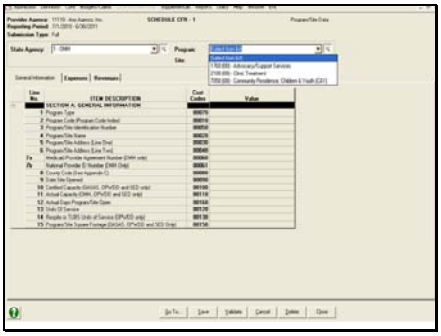
Slide 30



Slide 31

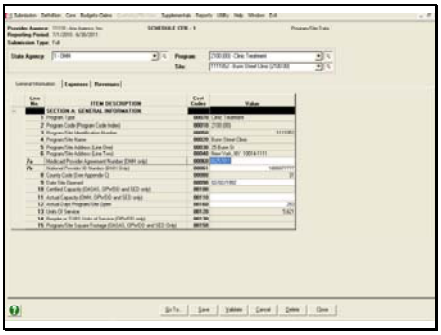


Slide 32



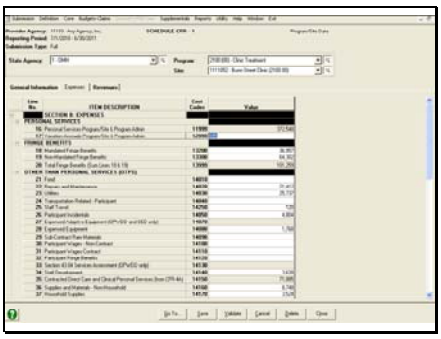
Provider should now complete **CFR-1 Program/Site Data**. CFR-1 is to be completed for each program/site. First select OMH from the STATE AGENCY field. Next select a program/site from the PROGRAM field. Enter all relevant information for the program selected on the **General Information** tab.

Slide 33



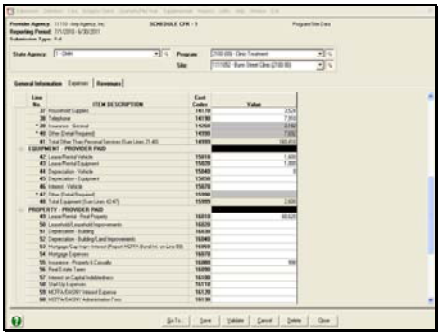
Program/site data entered previously on other schedules will auto-fill on the appropriate 'grayed out' lines. You will be entering data into the white areas.

Slide 34

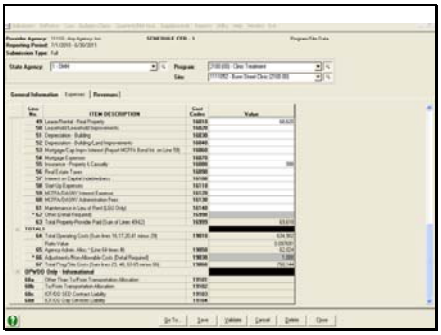


Click on the **Expenses** tab. Providers should refer to CFR Manual Section 13.0 for assistance in determining the types of costs that should be reported on the various lines. It is recommended that providers structure their internal financial reporting system to reflect the level of detail of cost categories included on the CFR. (Continue to scroll down through the various lines until you reach the end Line 68d).

Slide 35

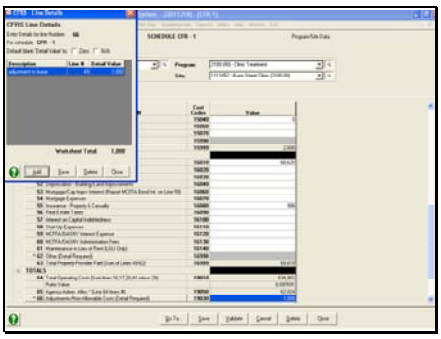


Slide 36



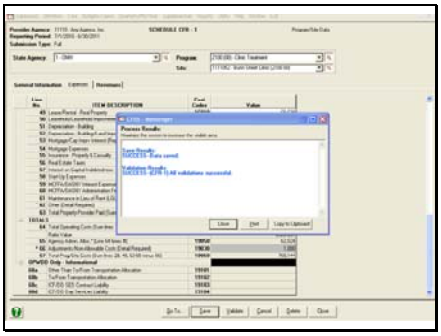
Click on SAVE at bottom of screen.

Slide 37



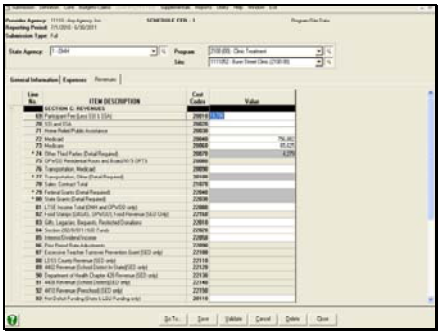
Note: When clicking on certain line items labeled' Other (Detail Required), a pop-up window will appear which allows provider to list description and amount. The CFRS software aggregates all items entered in this pop-up and displays the total on the corresponding CFR-1 line.

Slide 38



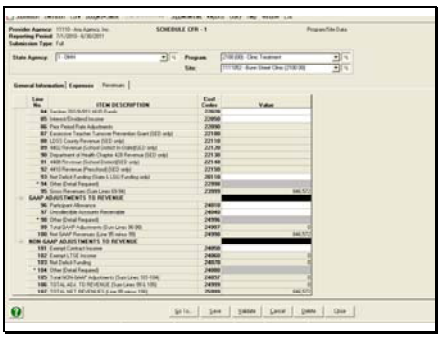
Be sure to SAVE often so that if the software 'times out' you will not lose that data you have already entered.

Slide 39



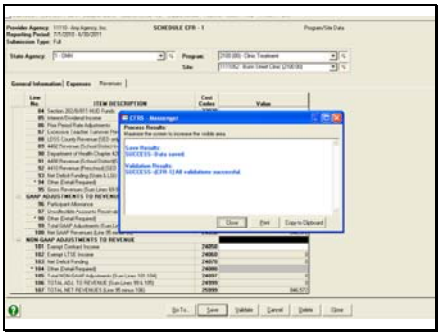
click on **Revenues** tab. Enter all program/site revenues earned for the reporting period for the program selected.

Slide 40



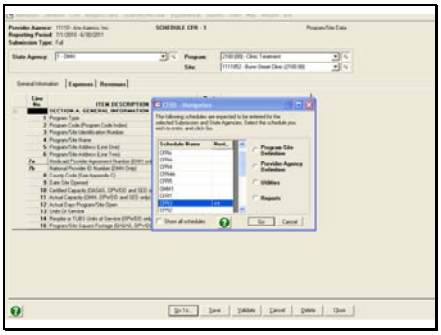
Scroll to bottom of revenues section to be sure all data is entered.

Slide 41



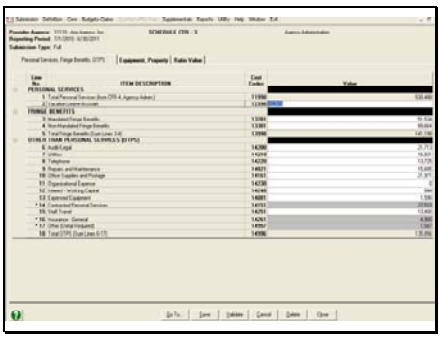
SAVE

Slide 42



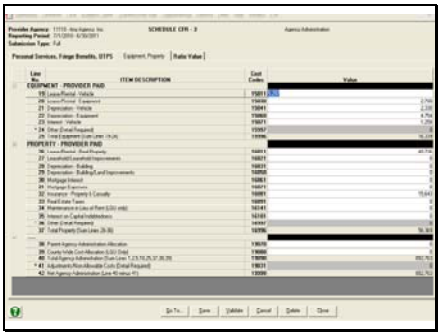
Click on GO TO at bottom of screen, then click on next schedule that you need to prepare.

Slide 43



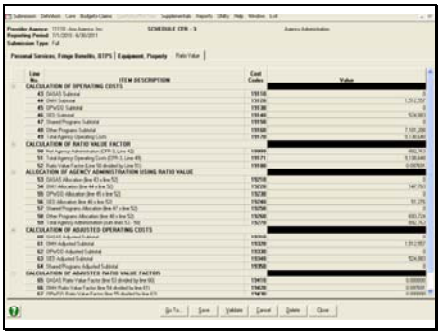
Click on Personal Service, Fringe Benefits, OTPS tab, enter applicable data, then click on Equipment and Property tab.

Slide 44



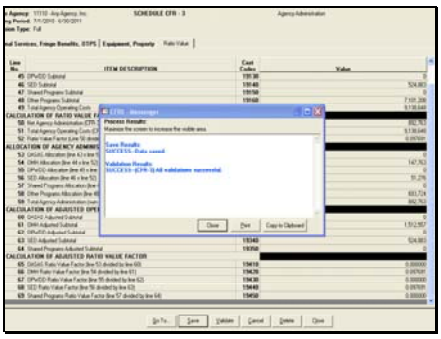
Enter applicable data. CFR-3 Line 24 Other Equipment, Line 36 Other Property and Line 41 Adjustments/Non-Allowable Costs require detail. A pop-up will appear when clicking on these lines. Providers should refer to CFR Manual Appendix X to determine non-allowable costs for each state agency.

Slide 45



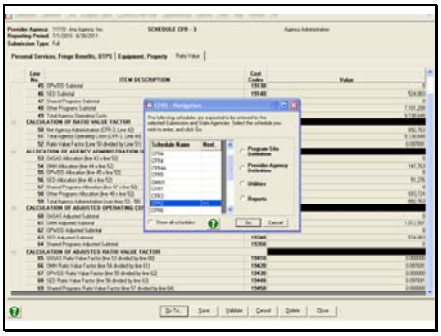
Providers are not required to enter anything on CFR-3 Ratio Value tab. The CFRS software automatically calculates the ratio value factor (Net Agency Admin divided by Total Agency Operating Costs) and uses this factor to calculate the Agency Administration Allocation to each program on CFR-1 Line 65.

Slide 46



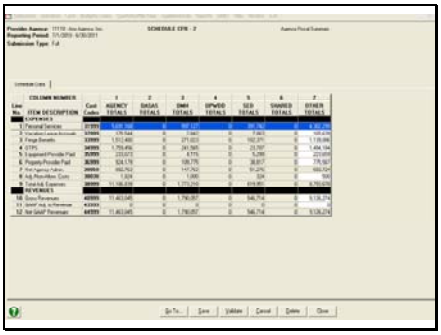
SAVE, then CLOSE. The navigation screen should pop-up.

Slide 47



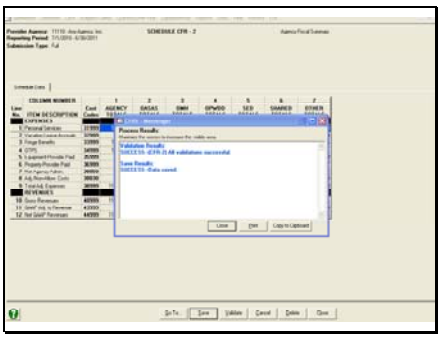
Highlight the next schedule that you need to prepare, then click on GO.

Slide 48



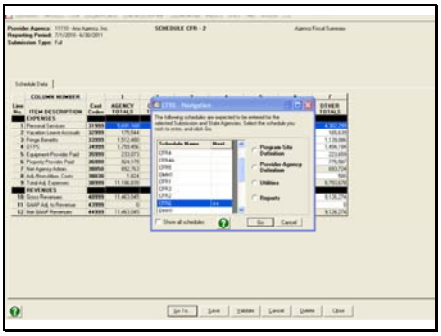
Providers are only required to enter data under Column 7 Other Programs on CFR-2. Providers should enter expenses and revenues for non-DMH/SED activities (which includes fundraising and special events) under Column 7. The remaining columns are completed by the CFRS software by aggregating data by State Agency from CFR-1 and CFR-3. This schedule should be completed before completing CFR-3 so that the Ratio Value calculation on CFR-3 can be calculated correctly by the CFRS software.

Slide 49



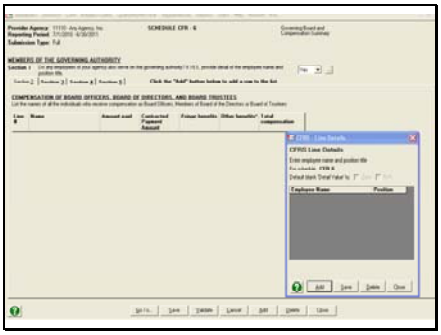
Click on SAVE at the bottom of the screen. The CFRS navigation screen should pop-up.

Slide 50



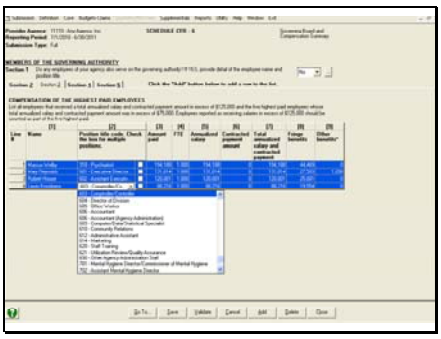
Highlight the next schedule you need to prepare, then click on GO.

Slide 51



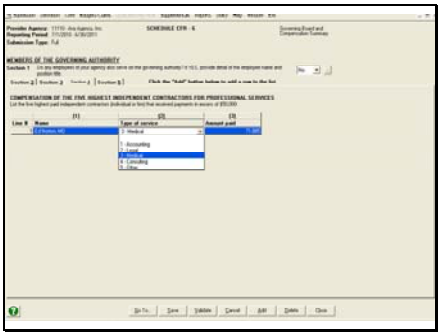
Provider should now complete **CFR-6 Governing Board and Compensation Summary**. If the answer to the question in Section 1 is YES, complete the information in the pop-up window. If applicable, list Compensation of Board Officers, Board of Directors an/or Board Trustees in the SECTION 2 tab.

Slide 52



List the compensation of the five highest paid employees earning in excess of $75,000 in the SECTION 3 tab. Please note that ALL employees whose compensation is in excess of $125,000 must be listed (even if there are more than 5 employees earning greater than $125,000).

Slide 53

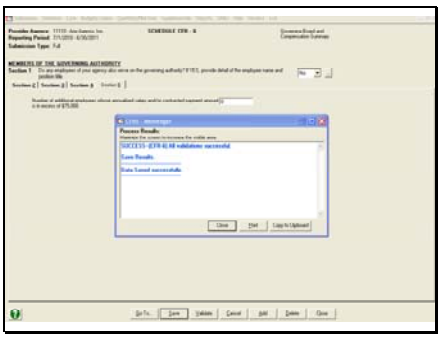


List the compensation of the five highest paid independent contractors earning in excess of $50,000 in the SECTION 4 tab. Column 2 includes a dropdown of service choices.

Slide 54

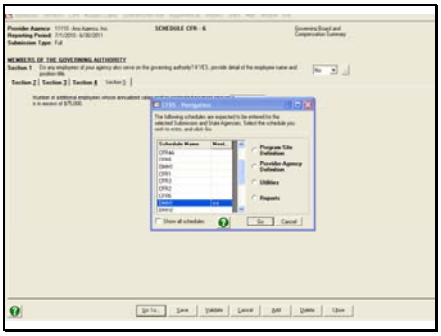
CFR-6 Section 5 must be completed even if there are “0” additional employees earning in excess of $75,000.

Slide 55



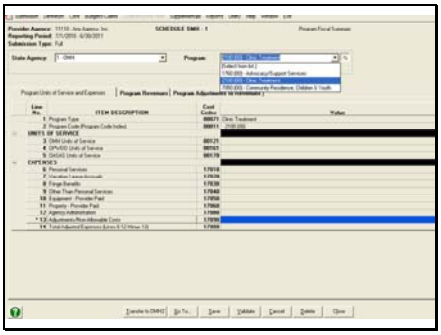
Click on SAVE at the bottom of the screen. The CFRS navigation window should pop-up.

Slide 56



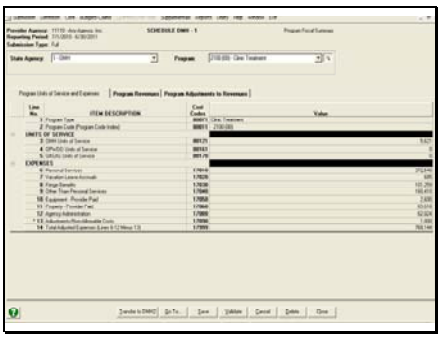
Highlight the next schedule that you need to prepare, then click on Go.

Slide 57

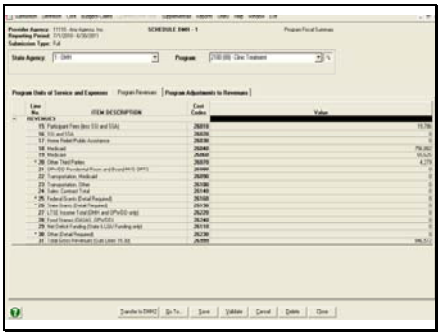


Providers are not required to enter anything on DMH-1. The CFRS software aggregates expenses, revenues and units of service by program type for all individual sites operated by a service provider and displays the results on DMH-1 Program Fiscal Summary.

Slide 58

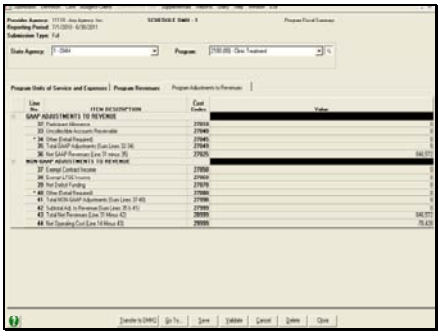


Slide 59



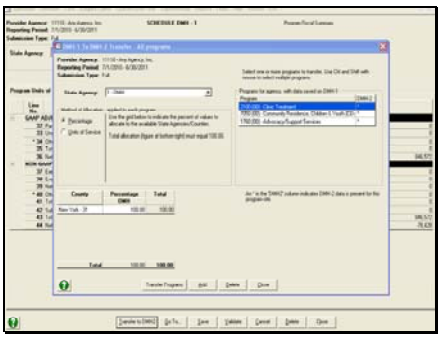
Scroll to end

Slide 60



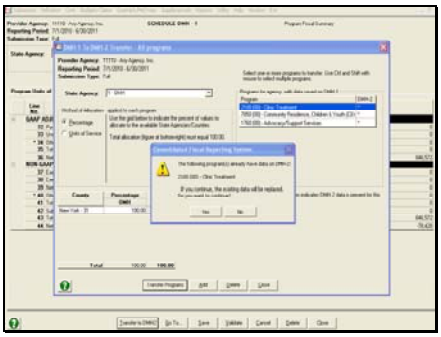
Scroll to end

Slide 61



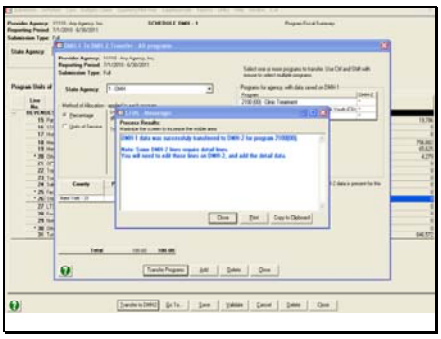
Providers can use the information on DMH-1 to complete the majority of information required to be entered on DMH-2. To transfer information form DMH-1 to DMH-2, providers should click on **TRANSFER TO DMH-2** button and then select which contracted programs to transfer from the list displayed. Once the desired programs have been selected, the provider should click on the **TRANSFER PROGRAMS** button. The CFRS-Messenger window will pop-up to confirm which programs were successfully transferred.

Slide 62

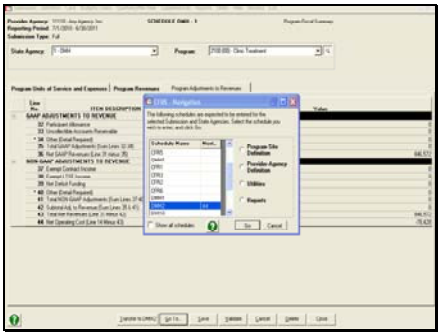


The * symbol indicates that the data has been successfully transferred.

Slide 63

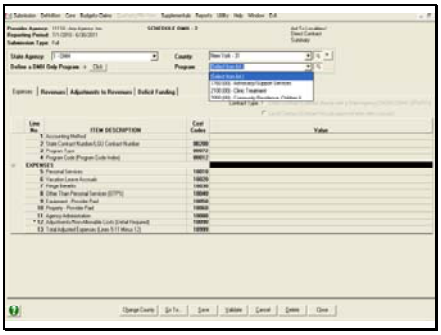


Slide 64



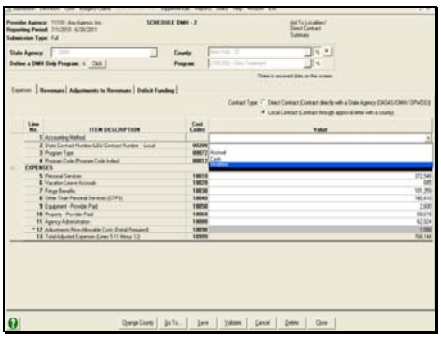
Highlight next schedule that you need to prepare, click on Go.

Slide 65

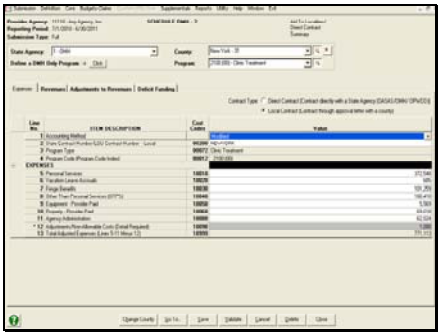


Enter any remaining data that was not transferred from DMH-1, as applicable. The first tab **'Expenses'** includes Expenses as well as Contract Type, Accounting Method and Contract Number.

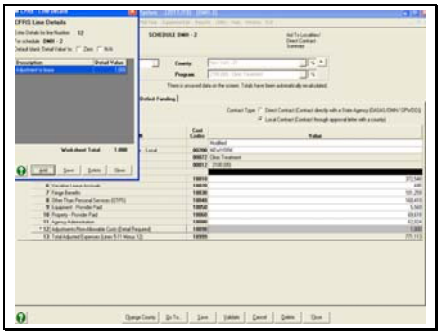
Slide 66



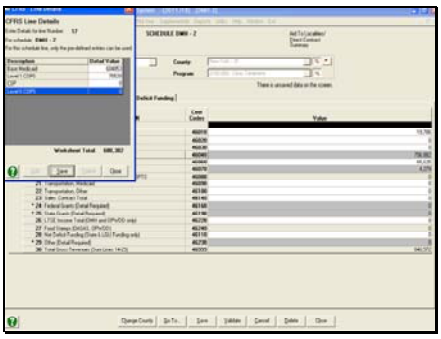
Slide 67



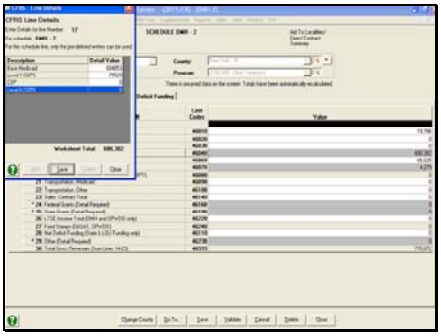
Slide 68



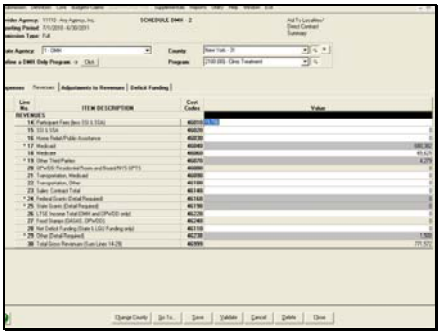
Slide 69



Slide 70

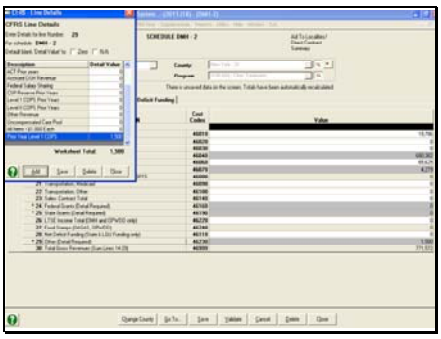


Slide 71

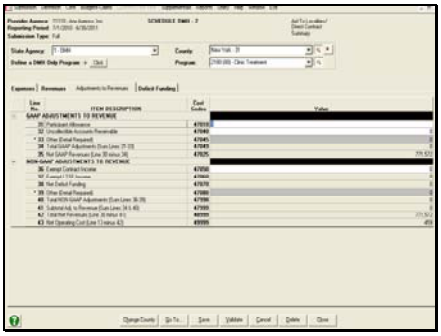


Click on second tab **“Revenues”.** Enter appropriate data. DMH-2 Line 28 Net Deficit Funding is required and should include funding from the State as well as funding from the County (LGU).

Slide 72

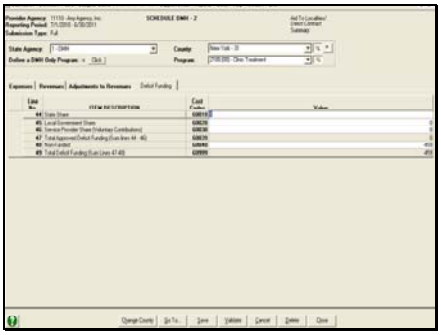


Slide 73



Click on the third tab, **"Adjustments to Revenues"**. DMH-2 Lines 31,32 and 33 are the only lines that require data entry (if applicable).

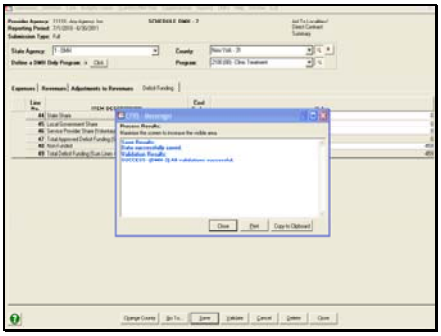
Slide 74



Click on Fourth tab, "Deficit Funding". Funding received from the State (i.e. Contract Payments, Health Care Enhancement, COLA, etc.) should be aggregated and entered on Line 44. Payments from the County (LGU) should be aggregated and entered on Line 45. Voluntary contributions should be entered on Line 46. Providers should enter the NON Funded portion of Net Operating Costs on Line 48. The Total State Share, Local Government Share Service Provider Share and Non-Funded Share aggregated and totaled on Line 49 should equal/match the amount of Net Operating Costs

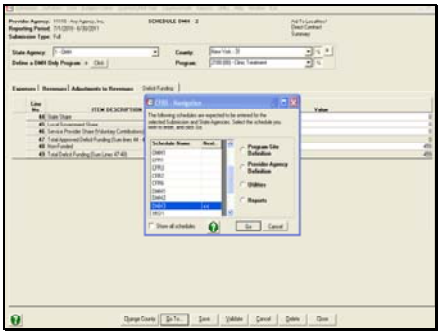
reported on DMH-2 Line 43.

Slide 75

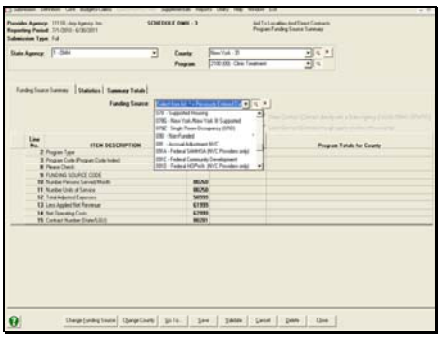


Click on SAVE, proceed to DMH-3.

Slide 76

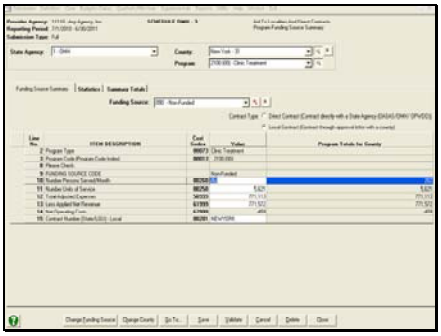


Slide 77



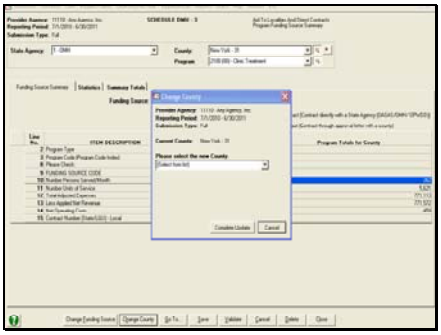
All applicable Funding Sources should be entered for each program listed in PROGRAM dropdown. The total of all the funding source codes entered for each program should equal DMH-2 Line 49 Total Net Deficit. CFR Manual Appendix N contains a listing of all valid funding source codes for each reporting period.

Slide 78



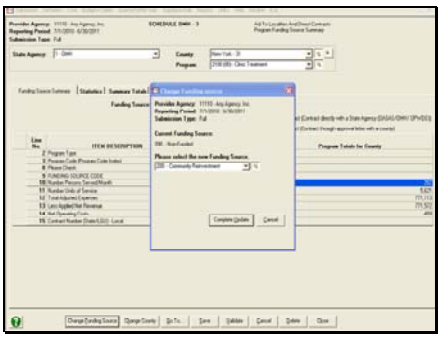
Enter applicable data.

Slide 79



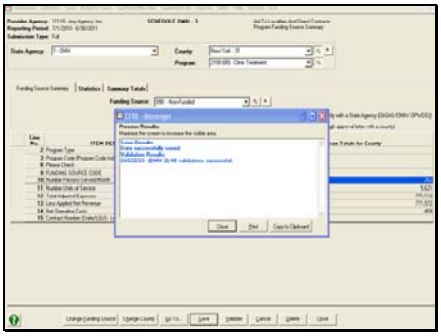
If applicable, there is a “Change County” button at the bottom of the screen for those providers that operate programs in more than one county.

Slide 80



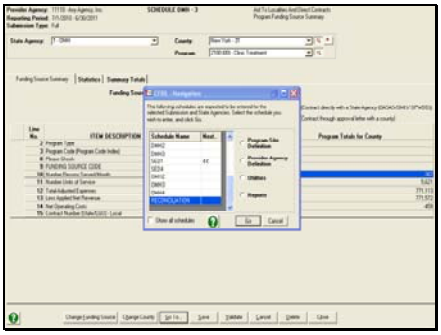
If there was Non-Funded entered on DMH-2 Line 28, then funding source code 090 Non-Funded should be entered on DMH-3.

Slide 81



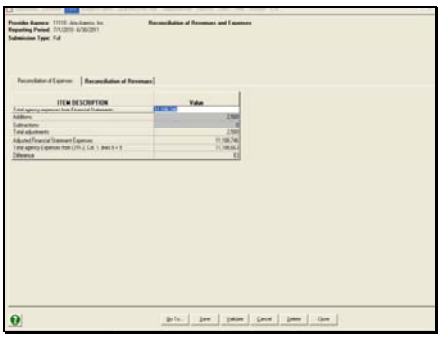
Save, Close and proceed to reconciliation schedule.

Slide 82



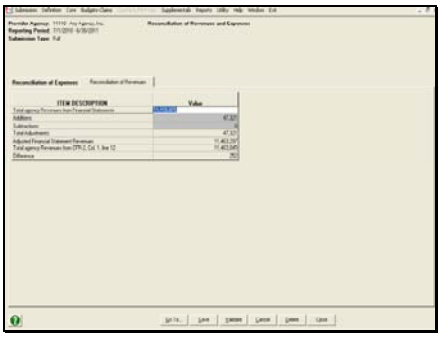
Highlight and click on GO.

Slide 83



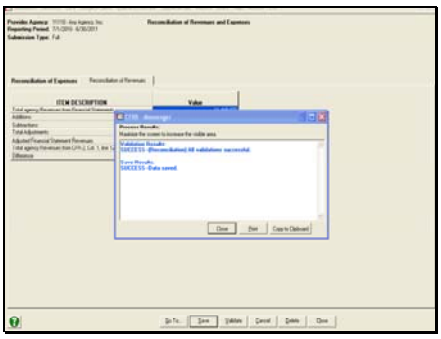
Total Agency Expenses from the providers certified Financial Statements (Statement of Activities) should be entered under the first tab "Reconciliation of Expenses". If the Total Agency Expenses from the Statement of Activities does not equal the CFR-2 Total Agency Expenses the difference will not equal "0". Provider should enter "Additions" and "Subtractions" (detail will be required) from the Statement of Activities Total Agency Expenses that were made in order to reconcile with the CFR-2 Total Agency Admin Expenses.

Slide 84



Click on the second tab, Reconciliation of Revenues. Enter the Total Agency Revenues from the providers certified Financial Statements (Statement of Activities). If the Total Agency Revenues from the Statement of Activities does not equal the CFR-2 Total Agency Revenues the difference will not equal "0". Provider should enter "Additions" and "Subtractions" (detail will be required) from the Statement of Activities Total Agency Revenues that were made in order to reconcile with the CFR-2 Total Agency Admin Revenues.

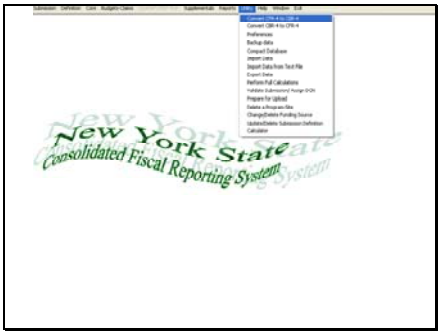
Slide 85



Save, close.

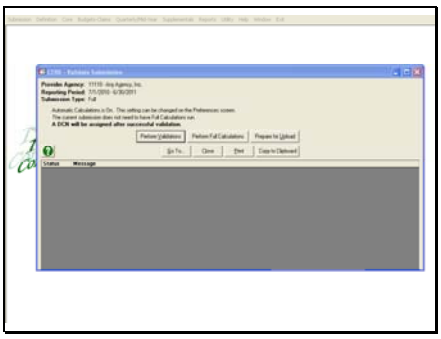
Slide 86

Slide 87



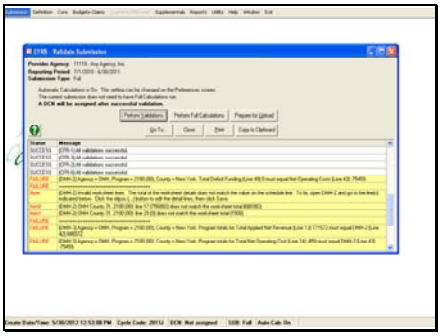
Once applicable data has been entered on all CFR screens, provider should click on the “Utility” selection at the top of the CFR screen. Then click on “Perform Validation/ Assign DCN”.

Slide 88



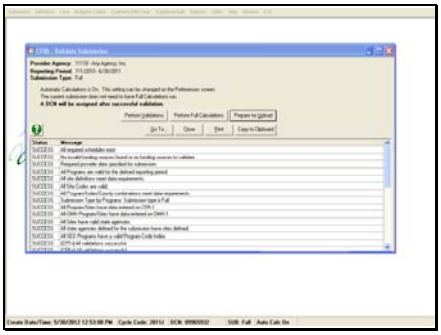
Click “Perform Validations” button.

Slide 89



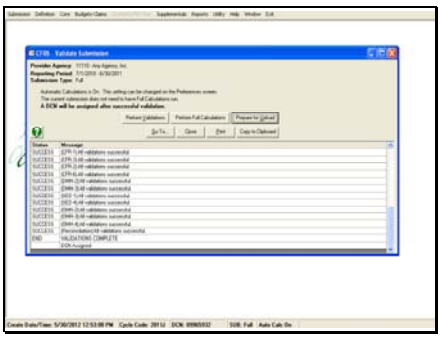
If errors are present, a listing of FAILURES will appear that need to be addressed before a Document Control Number will be assigned. If you place your cursor on the FAILURE, the software will return the user to the error.

Slide 90

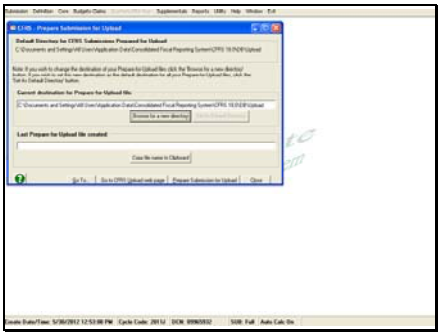


Once all errors have been addressed “Perform Validations” will result in the assigning of a Document Control Number (DCN). Now you can click on “Prepare for Upload”. If you have a problem uploading your CFR submission, you should contact the software Help Desk at 1-800-HELP NYS (1-800-435- 7697) for assistance. Click “Close” to arrive at the main CFR reporting screen.

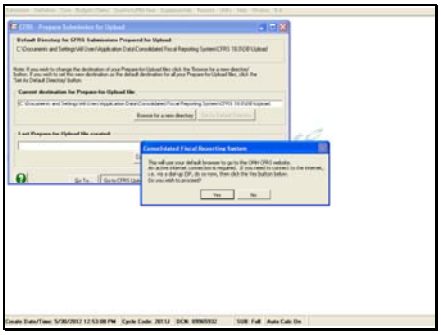
Slide 91



Slide 92

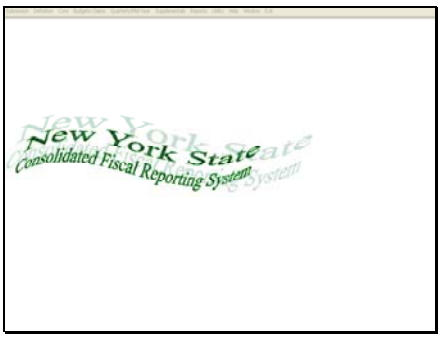


Slide 93



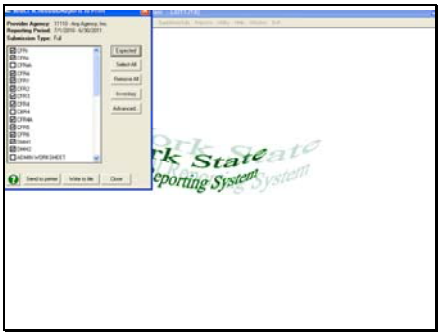
Read the messenger window and click on appropriate response button.

Slide 94



Make sure that you print a copy of your CFR at this point if you would like to have a hard copy.

Slide 95



To print a paper copy of your CFR or to save an electronic copy of the CFR, first select “Reports”. Once on the screen displayed, click on “Expected” so that CFRS software checks all applicable schedules for printing based on your submission type. Then click “Send to Printer” and either select your printer to print a paper copy or select CutePDF Writer (if your PC has this application) to save a copy of the CFR to your PC.