Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 3

Agency Administration

Personal Services, Fringe Benefits, OTPS | **Equipment, Property** | **Ratio Value**

Line No.	ITEM DESCRIPTION	Cost Codes	Value
	PERSONAL SERVICES		
1	Total Personal Services (from CFR-4, Agency Admin.)	11998	530,488
2	Vacation Leave Accruals	12998	12,513
	FRINGE BENEFITS		
3	Mandated Fringe Benefits	13201	51,534
4	Non-Mandated Fringe Benefits	13301	89,664
5	Total Fringe Benefits (Sum Lines 3-4)	13998	141,198
	OTHER THAN PERSONAL SERVICES (OTPS)		
6	Audit/Legal	14200	21,713
7	Utilities	14210	16,931
8	Telephone	14220	13,725
9	Repairs and Maintenance	14021	15,685
10	Office Supplies and Postage	14161	21,971
11	Organizational Expense	14230	0
12	Interest - Working Capital	14240	844
13	Expensed Equipment	14081	1,590
* 14	Contracted Personal Services	14151	23,510
15	Staff Travel	14251	13,400
* 16	Insurance - General	14261	4,900
* 17	Other (Detail Required)	14997	1,587
18	Total OTPS (Sum Lines 6-17)	14996	135,856

Go To... Save Validate Cancel Delete Close

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

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 3 Agency Administration

Personal Services, Fringe Benefits, OTPS | Equipment, Property | **Ratio Value**

Line No.	ITEM DESCRIPTION	Cost Codes	Value
	EQUIPMENT - PROVIDER PAID		
19	Lease/Rental - Vehicle	15011	6,497
20	Lease/Rental - Equipment	15030	2,700
21	Depreciation - Vehicle	15041	2,330
22	Depreciation - Equipment	15060	4,754
23	Interest - Vehicle	15071	1,258
* 24	Other (Detail Required)	15997	0
25	Total Equipment (Sum Lines 19-24)	15996	17,539
	PROPERTY - PROVIDER PAID		
26	Lease/Rental - Real Property	16011	40,726
27	Leasehold/Leasehold Improvements	16021	0
28	Depreciation - Building	16031	0
29	Depreciation - Building/Land Improvements	16050	0
30	Mortgage Interest	16061	0
31	Mortgage Expenses	16071	0
32	Insurance - Property & Casualty	16081	15,643
33	Real Estate Taxes	16091	0
34	Maintenance in Lieu of Rent (LGU only)	16141	0
35	Interest on Capital Indebtedness	16101	0
* 36	Other (Detail Required)	16997	0
37	Total Property (Sum Lines 26-36)	16996	56,369

38	Parent Agency Administration Allocation	19070	0
39	County Wide Cost Allocation (LGU Only)	19080	0
40	Total Agency Administration (Sum Lines 1,2,5,18,25,37,38,39)	19090	893,963
* 41	Adjustments/Non-Allowable Costs (Detail Required)	19031	1,200
42	Net Agency Administration (Line 40 minus 41)	19998	892,763

Go To... Save Validate Cancel Delete Close

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

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

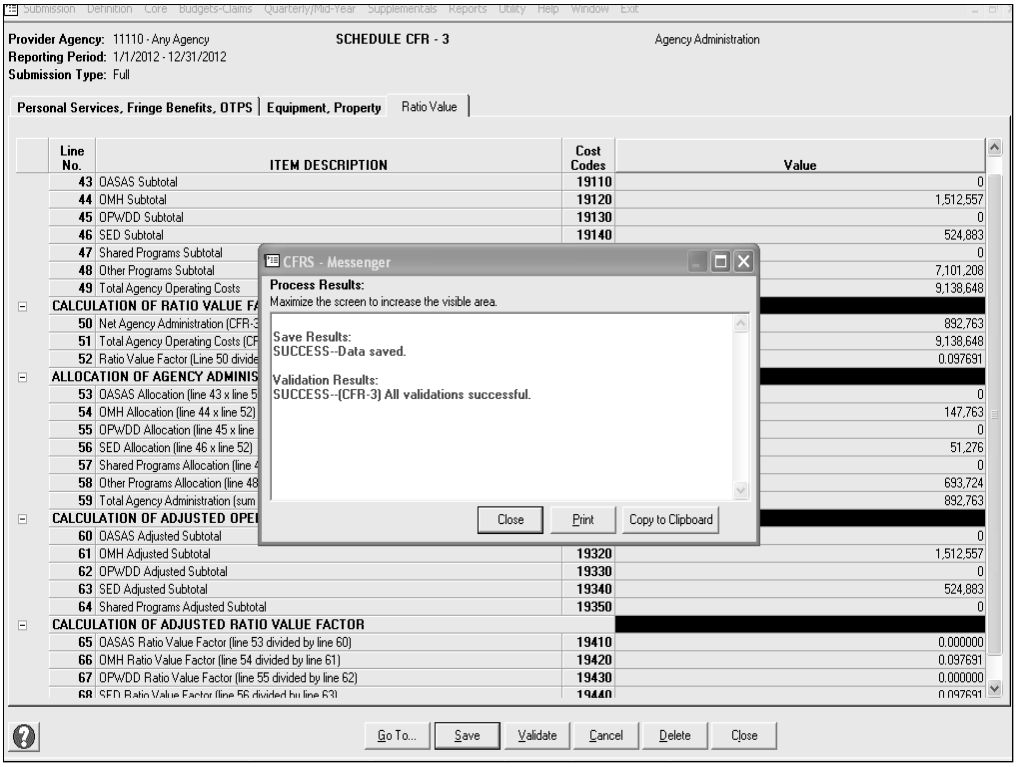
SCHEDULE CFR - 3 Agency Administration

Personal Services, Fringe Benefits, OTPS | **Equipment, Property** | Ratio Value

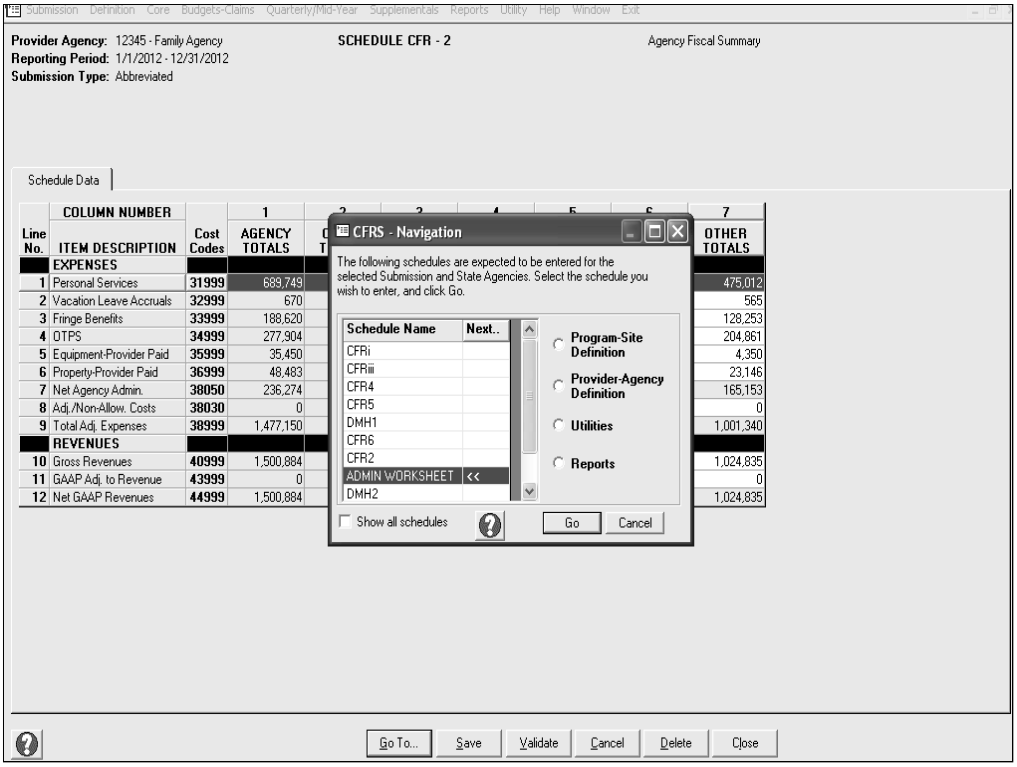
Line No.	ITEM DESCRIPTION	Cost Codes	Value
43	OASAS Subtotal	19110	0
44	OMH Subtotal	19120	1,512,557
45	OPWDD Subtotal	19130	0
46	SED Subtotal	19140	524,883
47	Shared Programs Subtotal	19150	0
48	Other Programs Subtotal	19160	7,101,208
49	Total Agency Operating Costs	19170	9,138,648
	CALCULATION OF RATIO VALUE FACTOR		
50	Net Agency Administration (CFR-3, Line 42)	19999	892,763
51	Total Agency Operating Costs (CFR-3, Line 49)	19171	9,138,648
52	Ratio Value Factor (Line 50 divided by Line 51)	19180	0.097691
	ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE		
53	OASAS Allocation (line 43 x line 52)	19210	0
54	OMH Allocation (line 44 x line 52)	19220	147,763
55	OPWDD Allocation (line 45 x line 52)	19230	0
56	SED Allocation (line 46 x line 52)	19240	51,276
57	Shared Programs Allocation (line 47 x line 52)	19250	0
58	Other Programs Allocation (line 48 x line 52)	19260	693,724
59	Total Agency Administration (sum lines 53 - 58)	19270	892,763
	CALCULATION OF ADJUSTED OPERATING COSTS		
60	OASAS Adjusted Subtotal	19310	0
61	OMH Adjusted Subtotal	19320	1,512,557
62	OPWDD Adjusted Subtotal	19330	0
63	SED Adjusted Subtotal	19340	524,883
64	Shared Programs Adjusted Subtotal	19350	0
	CALCULATION OF ADJUSTED RATIO VALUE FACTOR		
65	OASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.000000
66	OMH Ratio Value Factor (line 54 divided by line 61)	19420	0.097691
67	OPWDD Ratio Value Factor (line 55 divided by line 62)	19430	0.000000
68	SED Ratio Value Factor (line 56 divided by line 63)	19440	0.097691

Go To... Save Validate Cancel Delete Close

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



SAVE then CLOSE.
Next the navigation screen will appear.



CFRS Navigation Screen for Abbreviated filers includes an “Admin Worksheet” in place of CFR3, that Full filers must complete.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 12345 - Family Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Abbreviated

Agency Administration Worksheet

Agency Administration

Ratio Value

☐ **Override automatic calculation of agency administration (may require State Agency authorization)?**

Line No.	ITEM DESCRIPTION	Cost Codes	Value
	CALCULATION OF OPERATING COSTS		
1	OASAS Subtotal	19110	174,129
2	OMH Subtotal	19120	0
3	OPWDD Subtotal	19130	174,123
4	SED Subtotal	19140	0
5	Shared Programs Subtotal	19150	0
6	Other Programs Subtotal	19160	808,691
7	Total Agency Operating Costs	19170	1,156,943
	CALCULATION OF RATIO VALUE FACTOR		
8	Net Agency Administration	19999	236,274
9	Total Agency Operating Costs (Line 7)	19171	1,156,943
10	Ratio Value Factor (Line 8 divided by Line 9)	19180	0.204223
	ALLOCATION OF AGENCY ADMINISTRATION USING RATIO VALUE		
11	OASAS Allocation (line 1 x line 10)	19210	35,561
12	OMH Allocation (line 2 x line 10)	19220	0
13	OPWDD Allocation (line 3 x line 10)	19230	35,560
14	SED Allocation (line 4 x line 10)	19240	0
15	Shared Programs Allocation (line 5 x line 10)	19250	0
16	Other Programs Allocation (line 6 x line 10)	19260	165,153
17	Total Agency Administration (sum lines 11 - 16)	19270	236,274
	CALCULATION OF ADJUSTED OPERATING COSTS		
18	OASAS Adjusted Subtotal	19310	174,129
19	OMH Adjusted Subtotal	19320	0
20	OPWDD Adjusted Subtotal	19330	174,123
21	SED Adjusted Subtotal	19340	0
22	Shared Programs Adjusted Subtotal	19350	0
	CALCULATION OF ADJUSTED RATIO VALUE FACTOR		
23	OASAS Ratio Value Factor (line 11 divided by line 18)	19410	0.204223
24	OMH Ratio Value Factor (line 12 divided by line 19)	19420	0.000000

Go To... Save Validate Cancel Delete Close

Abbreviated filers will complete the Agency Administrative Worksheet Note: Abbreviated filers may override the automatic calculation, Full filers do not have this option.

Provider should highlight the next schedule he/she needs to prepare, then click and GO.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 2 Agency Fiscal Summary

Schedule Data

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes	1 AGENCY TOTALS	2 OASAS TOTALS	3 OMH TOTALS	4 OPWDD TOTALS	5 SED TOTALS	6 SHARED TOTALS	7 OTHER TOTALS
	EXPENSES								
1	Personal Services	31999	5,691,168	0	997,127	0	391,742	0	4,302,299
2	Vacation Leave Accruals	32999	175,544	0	2,842	0	7,063	0	165,639
3	Fringe Benefits	33999	1,512,480	0	271,023	0	102,371	0	1,139,086
4	OTPS	34999	1,759,456	0	241,565	0	23,707	0	1,494,184
5	Equipment-Provider Paid	35999	233,073	0	4,115	0	5,299	0	223,659
6	Property-Provider Paid	36999	924,179	0	109,775	0	38,817	0	775,587
7	Net Agency Admin.	38050	892,763	0	147,763	0	51,276	0	693,724
8	Adj./Non-Allow. Costs	38030	1,824	0	1,000	0	324	0	500
9	Total Adj. Expenses	38999	11,186,839	0	1,773,210	0	619,951	0	8,793,678
	REVENUES								
10	Gross Revenues	40999	11,463,045	0	1,790,057	0	546,714	0	9,126,274
11	GAAP Adj. to Revenue	43999	0	0	0	0	0	0	0
12	Net GAAP Revenues	44999	11,463,045	0	1,790,057	0	546,714	0	9,126,274

Go To... Save Validate Cancel Delete Close

Providers are required to enter data into Column 7 “Other Totals” on CFR-2. Providers should enter expenses and revenues for non-DMH/SED activities (which includes fundraising and special events)
Under Column7. 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 Ration Value calculation on CFR-3 can calculated correctly by the CFRS Software.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 2

Agency Fiscal Summary

Schedule Data

Line No.	COLUMN NUMBER / ITEM DESCRIPTION	Cost Codes	1 AGENCY TOTALS	2 OASAS TOTALS	3 OMH TOTALS	4 OPWDD TOTALS	5 SED TOTALS	6 SHARED TOTALS	7 OTHER TOTALS
	EXPENSES								
1	Personal Services	31999	5,691,168	0	997,127	0	391,742	0	4,302,299
2	Vacation Leave Accruals	32999	175,544	0	2,842	0	7,063	0	165,639
3	Fringe Benefits	33999	1,512,480	0	271,023	0	102,371	0	1,139,086
4	OTPS	34999	1,759,456	0	241,565	0	23,707	0	1,494,184
5	Equipment-Provider Paid	35999	233,073	0	4,115	0	5,299	0	223,659
6	Property-Provider Paid	36999	924,179	0	109,775	0	38,817	0	775,587
7	Net Agency Admin.	38050	892,763	0	147,763	0	51,276	0	693,724
8	Adj./Non-Allow. Costs	38030	1,824	0	1,000	0	324	0	500
9	Total Adj. Expenses	38999	11,186,839	0	1,773,210	0	619,951	0	8,793,678
	REVENUES								
10	Gross Revenues	40999	11,463,045	0	1,790,057	0	546,714	0	9,126,274
11	GAAP Adj. to Revenue	43999	0	0	0	0	0	0	0
12	Net GAAP Revenues	44999	11,463,045	0	1,790,057	0	546,714	0	9,126,274

CFRS - Messenger

Process Results:
Maximize the screen to increase the visible area.

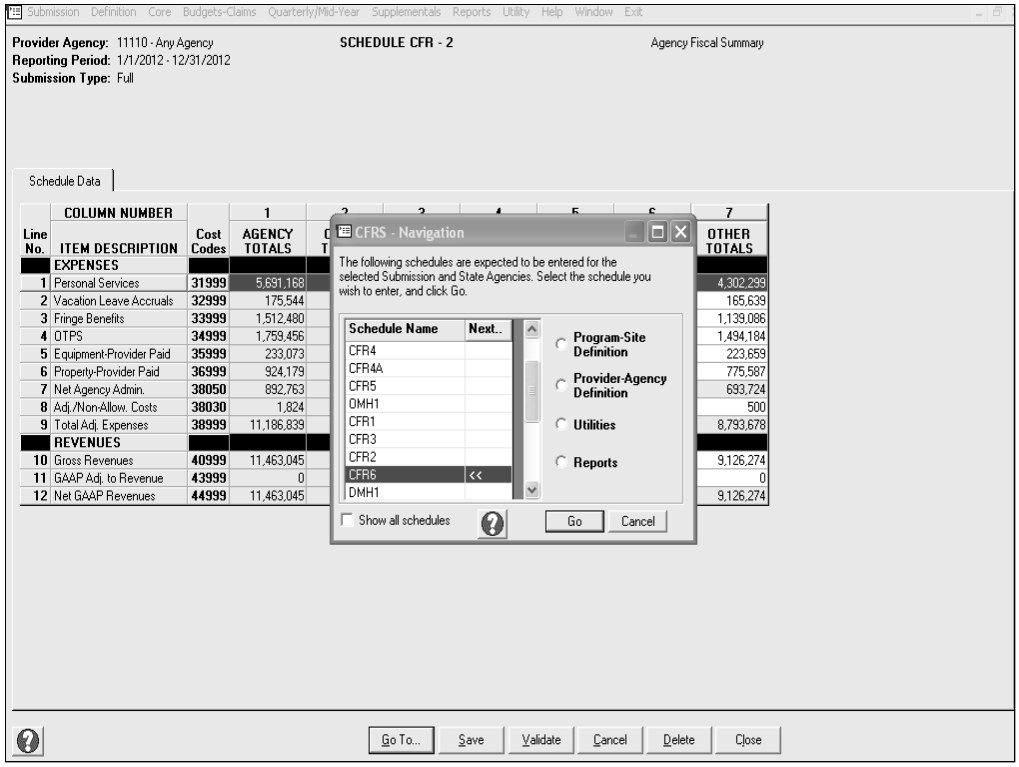
Validation Results:
SUCCESS--(CFR-2) All validations successful.

Save Results:
SUCCESS--Data saved.

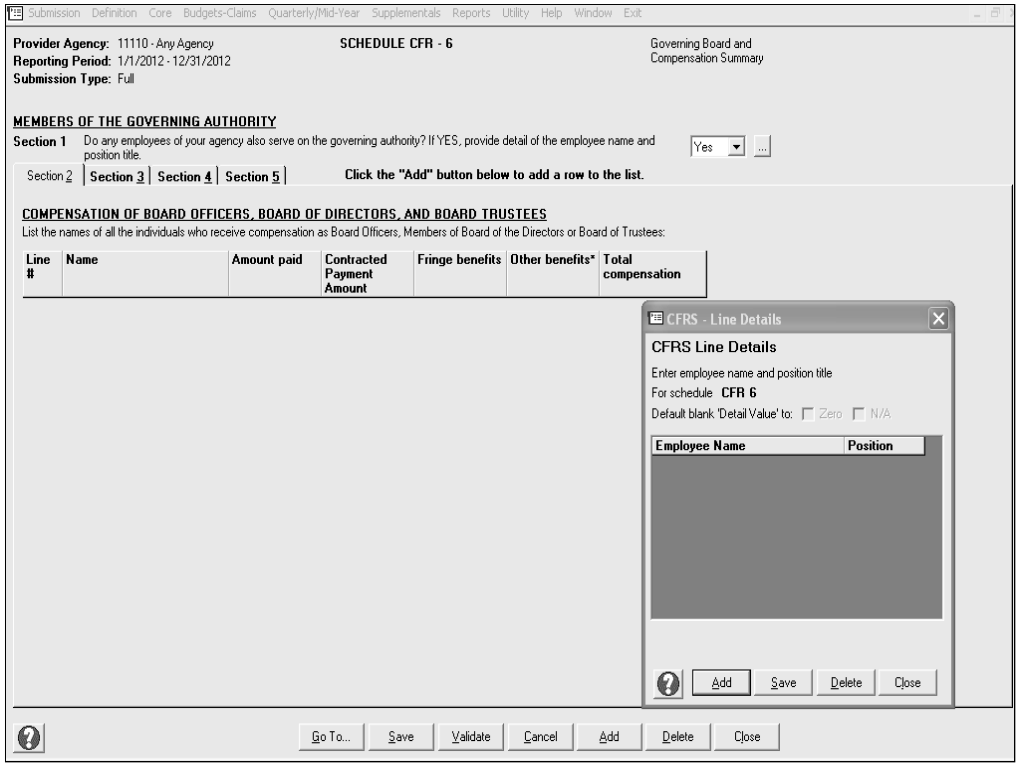
Close Print Copy to Clipboard

Go To... Save Validate Cancel Delete Close

Click on SAVE at the bottom of the screen. The CFRS navigation screen will appear



Provider would next highlight the schedule he/she wishes to prepare, then click on GO.



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 including the detail screen info. If applicable, list Compensation of Board Officers, Board of Directors an/or Board of Trustees in the Section 2 tab.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 6

Governing Board and Compensation Summary

MEMBERS OF THE GOVERNING AUTHORITY

Section 1 Do any employees of your agency also serve on the governing authority? If YES, provide detail of the employee name and position title. No

Section 2 | **Section 3** | **Section 4** | **Section 5** | **Click the "Add" button below to add a row to the list.**

COMPENSATION OF BOARD OFFICERS, BOARD OF DIRECTORS, AND BOARD TRUSTEES

List the names of all the individuals who receive compensation as Board Officers, Members of Board of the Directors or Board of Trustees:

Line #	Name	Amount paid	Contracted Payment Amount	Fringe benefits	Other benefits*	Total compensation

Go To... Save Validate Cancel Add Delete Close

For the purpose of the presentation the answer is NO

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 6

Governing Board and Compensation Summary

MEMBERS OF THE GOVERNING AUTHORITY

Section 1 Do any employees of your agency also serve on the governing authority? If YES, provide detail of the employee name and position title. No

Section 2 | Section 3 | Section 4 | Section 5 | Click the "Add" button below to add a row to the list.

COMPENSATION OF THE HIGHEST PAID EMPLOYEES

List all employees that received a total annualized salary and contracted payment amount in excess of $125,000 and the five highest paid employees whose total annualized salary and contracted payment amount was in excess of $75,000. Employees reported as receiving salaries in excess of $125,000 should be counted as part of the five highest paid.

	[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]
Line #	Name	Position title code. Check the box for multiple positions.	Amount paid	FTE	Annualized salary	Contracted payment amount	Total annualized salary and contracted payment	Fringe benefits	Other benefits*
5			0	0.000				0	0

515 - Assistant Principal
516 - Coordinator/Education Department Head
518 - Supervising Teacher
520 - Staff Training
521 - Utilization Review/Quality Assurance
590 - Other Program Administration Staff
601 - Executive Director/Chief Executive Officer
602 - Assistant Executive Director
603 - Comptroller/Controller
604 - Director of Division
605 - Office Worker
606 - Accountant (Agency Administration)
606 - Accountant
609 - Computer/Data/Statistical Specialist

Go To... | Save | Validate | Cancel | Add | Delete | Close

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)

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 6

Governing Board and Compensation Summary

MEMBERS OF THE GOVERNING AUTHORITY

Section 1 Do any employees of your agency also serve on the governing authority? If YES, provide detail of the employee name and position title. No

Section 2 Section 3 **Section 4** **Section 5** **Click the "Add" button below to add a row to the list.**

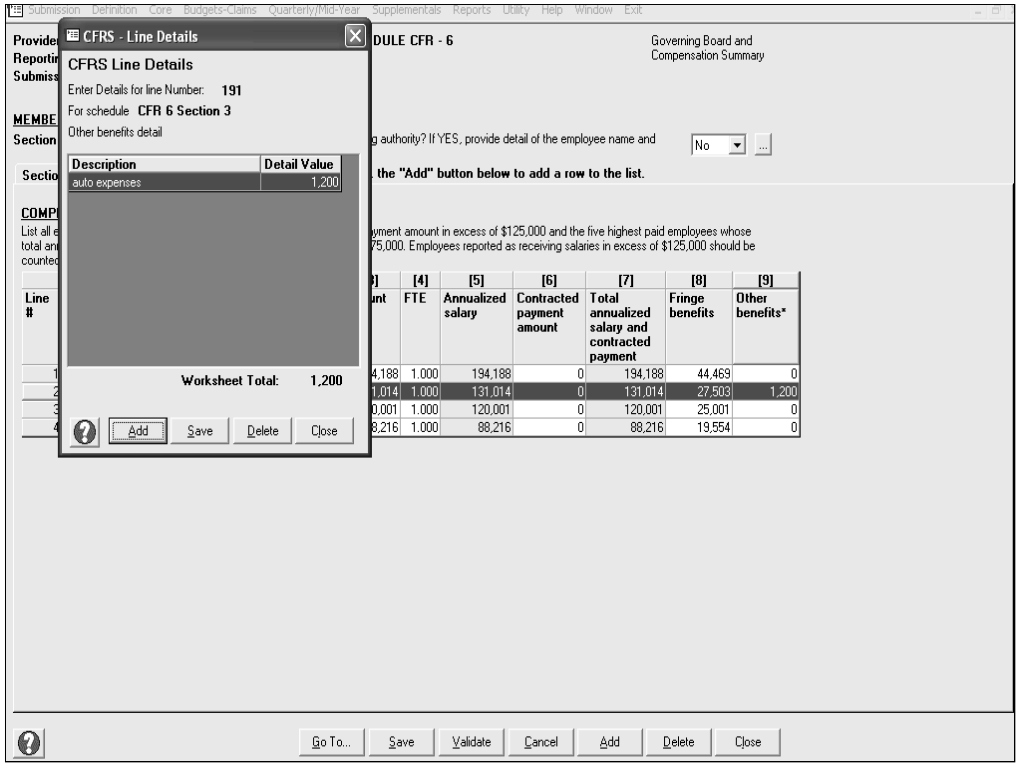
COMPENSATION OF THE HIGHEST PAID EMPLOYEES

List all employees that received a total annualized salary and contracted payment amount in excess of $125,000 and the five highest paid employees whose total annualized salary and contracted payment amount was in excess of $75,000. Employees reported as receiving salaries in excess of $125,000 should be counted as part of the five highest paid.

[1] Line #	Name	[2] Position title code. Check the box for multiple positions.		[3] Amount paid	[4] FTE	[5] Annualized salary	[6] Contracted payment amount	[7] Total annualized salary and contracted payment	[8] Fringe benefits	[9] Other benefits*
1	Marcus Welby	318 - Psychiatrist	☐	194,188	1.000	194,188	0	194,188	44,469	0
2	Mary Reynolds	601 - Executive Director...	☐	131,014	1.000	131,014	0	131,014	27,503	1,200
3	Robert House	602 - Assistant Executiv...	☑	120,001	1.000	120,001	0	120,001	25,001	0
4	Lewis Knoxberry	603 - Comptroller/Control...	☐	88,216	1.000	88,216	0	88,216	19,554	0

Go To... Save Validate Cancel Add Delete Close

In cases where an individual is performing in multiple positions, a check mark must be placed in the box next to the appropriate position title code. Note: This slide is not related to the full sample presentation of Any Agency.



Provider needs to detail information for Other Benefits , comparing the description to Appendix X of CFR Manual for allowable cost. If not an allowable cost provider would need to report the value on CFR-1, line 66 or CFR-3, Line 41 .

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE CFR - 6

Governing Board and Compensation Summary

MEMBERS OF THE GOVERNING AUTHORITY

Section 1 Do any employees of your agency also serve on the governing authority? If YES, provide detail of the employee name and position title. No

Section 2 | Section 3 | Section 4 | Section 5 | **Click the "Add" button below to add a row to the list.**

COMPENSATION OF THE FIVE HIGHEST INDEPENDENT CONTRACTORS FOR PROFESSIONAL SERVICES

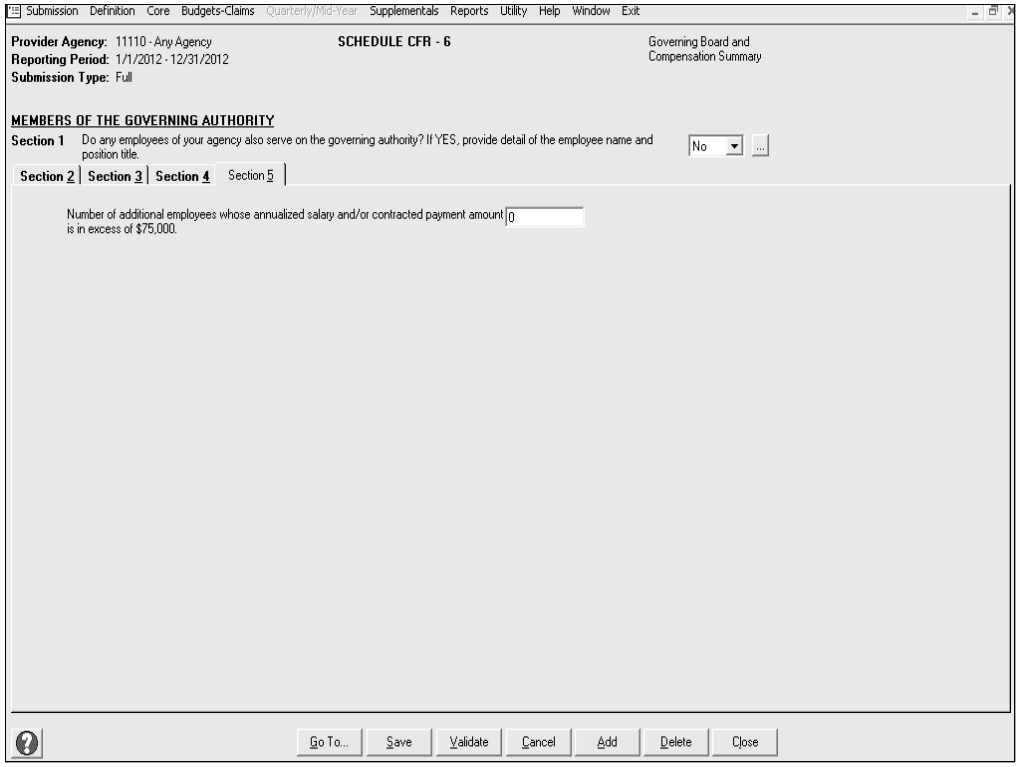
List the five highest paid independent contractors (individual or firm) that received payments in excess of $50,000:

	[1]	[2]	[3]
Line #	Name	Type of service	Amount paid
1	Ed Norton, MD	3 - Medical	71,885

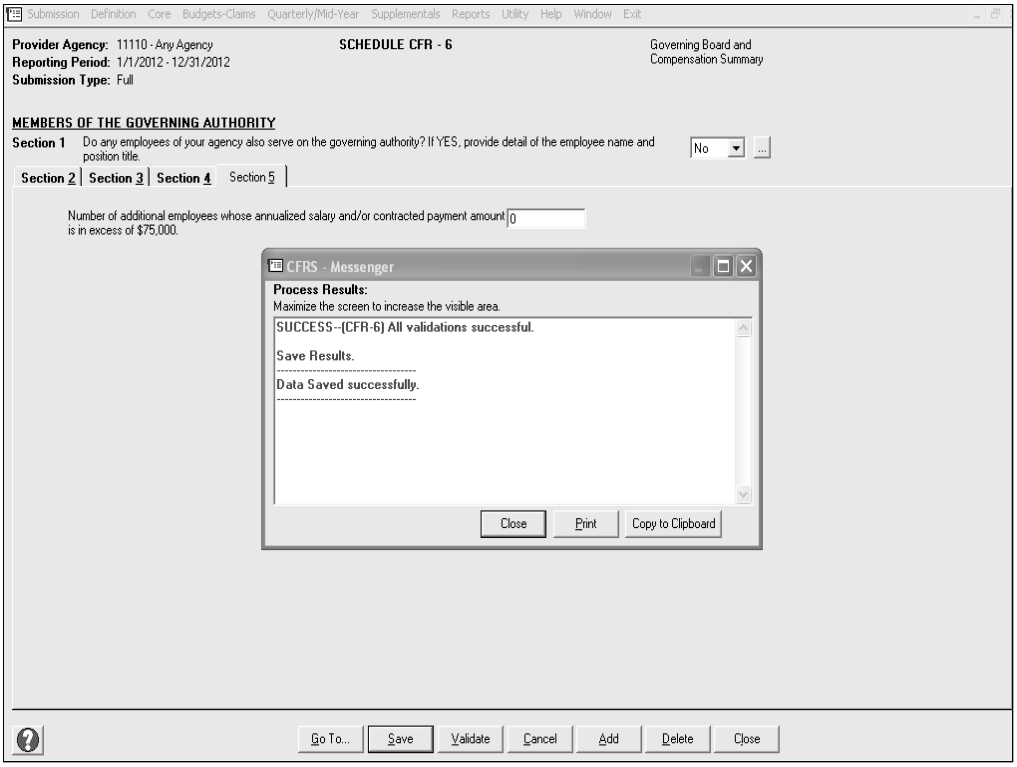
1 - Accounting
2 - Legal
3 - Medical
4 - Consulting
5 - Other

Go To... Save Validate Cancel Add Delete Close

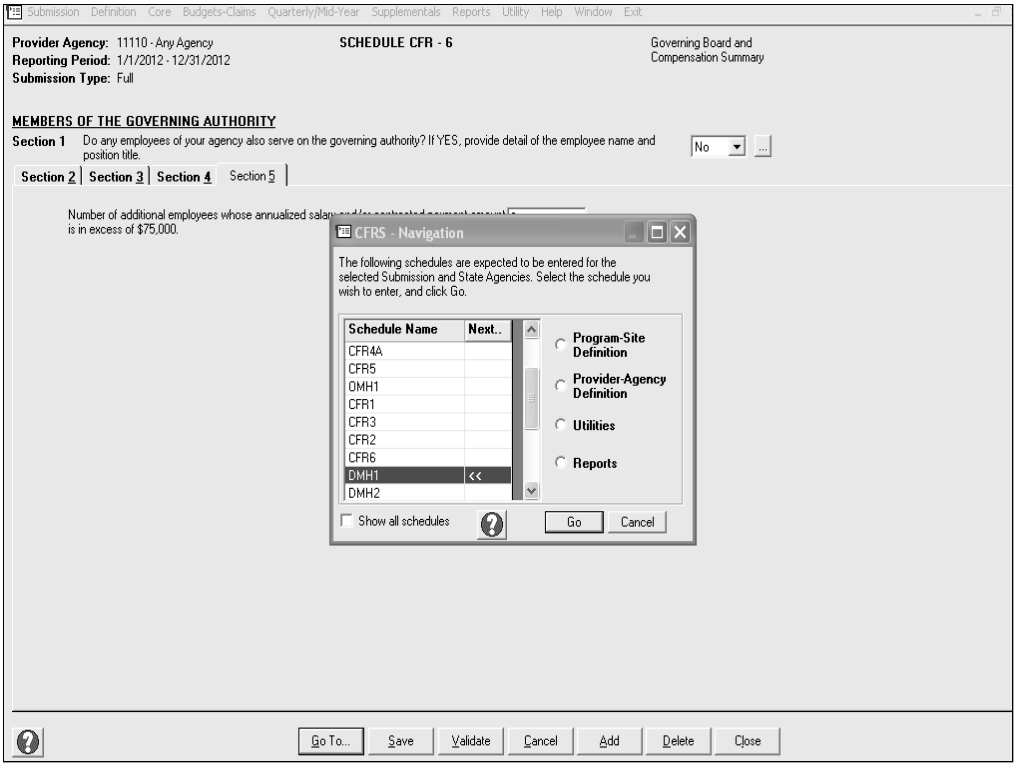
Next a provider must complete Section 4, listing the compensation of the five highest paid independent contractors earning in excess of $50,000 . Column 2 includes a drop down screen of service choices.
In the next software version of this screen, providers will be able to elaborate on the word “other” providing more details



Provider is required to complete CFR-6 Section 5.
If there are no additional employees earning in excess of $75,000, "0" must be entered on the line.



Click on SAVE at the bottom of the screen. The CFRS navigation window will appear.



Provider will now choose the next schedule to be prepared, then click on GO

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 1

Program Fiscal Summary

State Agency: 1 - OMH

Program: (Select from list.)

(Select from list.)
1760 (00) - Advocacy/Support Services
2100 (00) - Clinic Treatment
7050 (00) - Community Residence, Children & Youth

Program Units of Service and Expenses | **Program Revenues** | **Program Adjustments to Revenues**

Line No.	ITEM DESCRIPTION	Cost Codes	Value
1	Program Type	00071	
2	Program Code (Program Code Index)	00011	
	UNITS OF SERVICE		
3	OMH Units of Service	00121	
4	OPWDD Units of Service	00161	
5	OASAS Units of Service	00170	
	EXPENSES		
6	Personal Services	17010	
7	Vacation Leave Accruals	17020	
8	Fringe Benefits	17030	
9	Other Than Personal Services	17040	
10	Equipment - Provider Paid	17050	
11	Property - Provider Paid	17060	
12	Agency Administration	17080	
* 13	Adjustments/Non-Allowable Costs	17090	
14	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	

Transfer to DMH2 | Go To... | Save | Validate | Cancel | Delete | Close

Full 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.
Abbreviated filers will need to input their information in manually

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 1 Program Fiscal Summary

State Agency: 1 - OMH **Program:** 2100 (00) - Clinic Treatment

Program Units of Service and Expenses | **Program Revenues** | **Program Adjustments to Revenues**

Line No.	ITEM DESCRIPTION	Cost Codes	Value
1	Program Type	00071	Clinic Treatment
2	Program Code (Program Code Index)	00011	2100 (00)
	UNITS OF SERVICE		
3	OMH Units of Service	00121	5,621
4	OPWDD Units of Service	00161	0
5	OASAS Units of Service	00170	0
	EXPENSES		
6	Personal Services	17010	372,548
7	Vacation Leave Accruals	17020	685
8	Fringe Benefits	17030	101,259
9	Other Than Personal Services	17040	160,410
10	Equipment - Provider Paid	17050	2,600
11	Property - Provider Paid	17060	69,618
12	Agency Administration	17080	62,024
* 13	Adjustments/Non-Allowable Costs	17090	1,000
14	Total Adjusted Expenses (Lines 6-12 Minus 13)	17999	768,144

Transfer to DMH2 | Go To... | Save | Validate | Cancel | Delete | Close

CFR Full filers values will be automatically be entered, by the software.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 1 Program Fiscal Summary

State Agency: 1 - OMH **Program:** 2100 (00) - Clinic Treatment

Program Units of Service and Expenses | Program Revenues | **Program Adjustments to Revenues**

	Line No.	ITEM DESCRIPTION	Cost Codes	Value
	REVENUES			
	15	Participant Fees (less SSI and SSA)	26010	19,786
	16	SSI and SSA	26020	0
	17	Home Relief/Public Assistance	26030	0
	18	Medicaid	26040	756,882
	19	Medicare	26060	68,626
	* 20	Other Third Parties	26070	1,278
	21	OPWDD Residential Room and Board/NYS OPTS	26080	0
	22	Transportation, Medicaid	26090	0
	23	Transportation, Other	26100	0
	24	Sales: Contract Total	26140	0
	* 25	Federal Grants (Detail Required)	26160	0
	* 26	State Grants (Detail Required)	26190	0
	27	LTSE Income Total (OMH and OPWDD only)	26220	0
	28	Food Stamps (OASAS, OPWDD)	26240	0
	29	Net Deficit Funding (State & LGU Funding only)	26110	0
	* 30	Other (Detail Required)	26230	0
	31	Total Gross Revenues (Sum Lines 15-30)	26999	846,572

Transfer to DMH2 | Go To... | Save | Validate | Cancel | Delete | Close

Provider needs to change tab , click on program revenue tab

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 1

Program Fiscal Summary

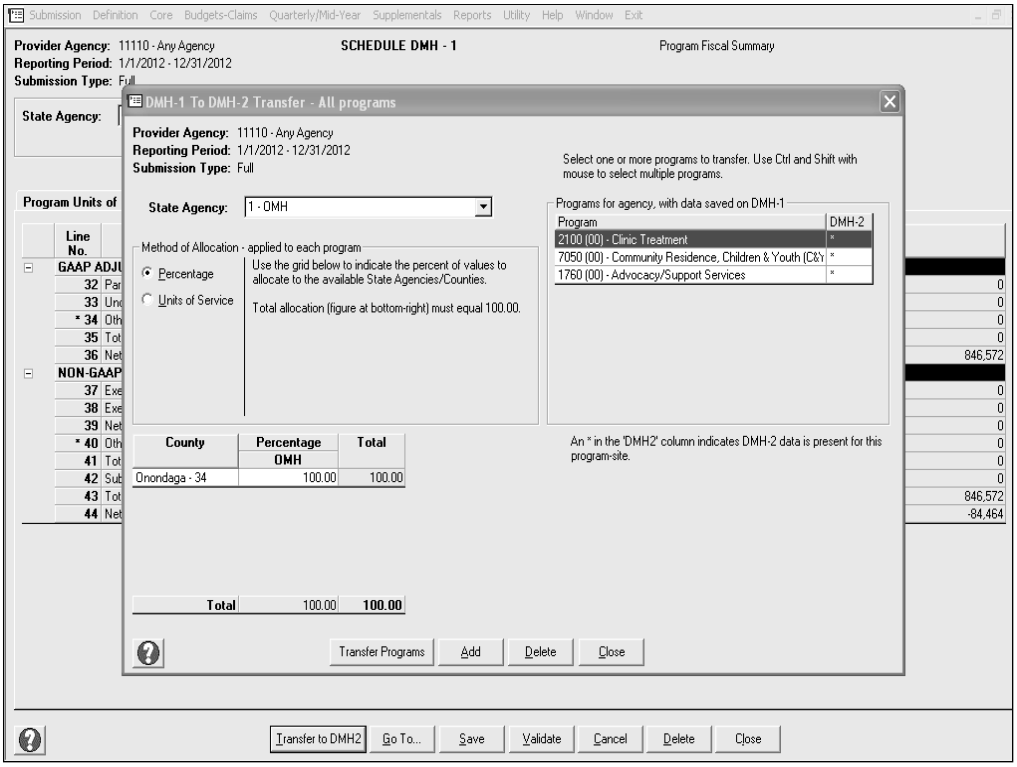
State Agency: 1 - OMH **Program:** 2100 (00) - Clinic Treatment

Program Units of Service and Expenses | Program Revenues | Program Adjustments to Revenues

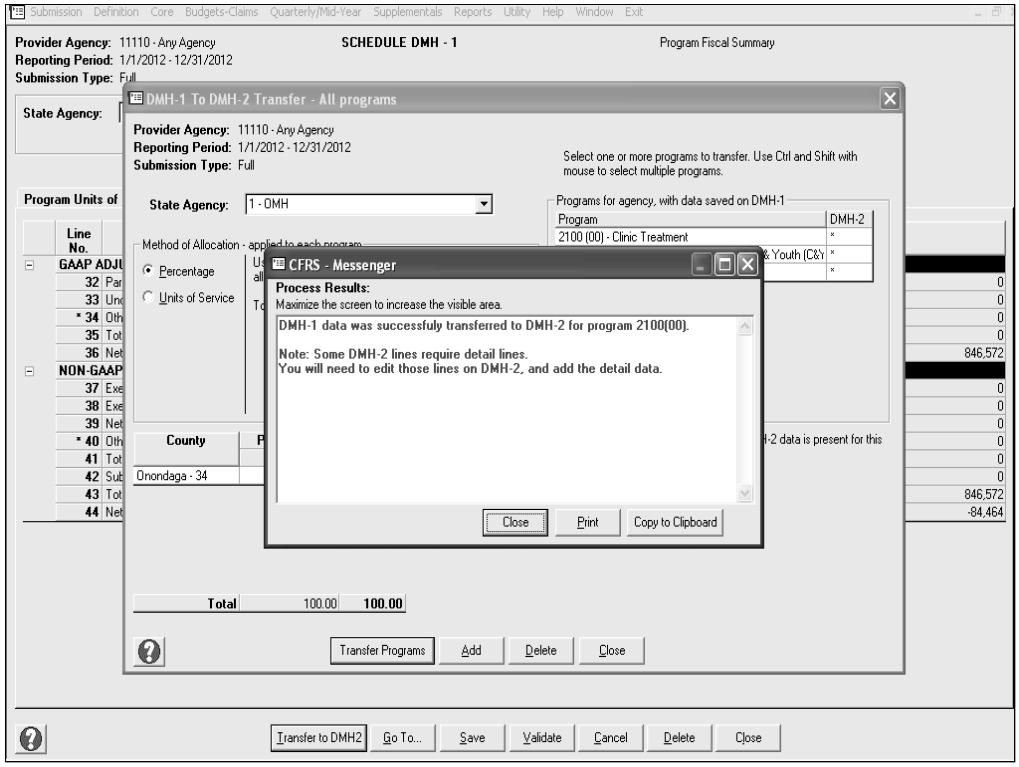
Line No.	ITEM DESCRIPTION	Cost Codes	Value
	GAAP ADJUSTMENTS TO REVENUE		
32	Participant Allowance	27010	0
33	Uncollectible Accounts Receivable	27040	0
* 34	Other (Detail Required)	27045	0
35	Total GAAP Adjustments (Sum Lines 32-34)	27049	0
36	Net GAAP Revenues (Line 31 minus 35)	27025	846,572
	NON-GAAP ADJUSTMENTS TO REVENUE		
37	Exempt Contract Income	27050	0
38	Exempt LTSE Income	27060	0
39	Net Deficit Funding	27070	0
* 40	Other (Detail Required)	27080	0
41	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998	0
42	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999	0
43	Total Net Revenues (Line 31 Minus 42)	28999	846,572
44	Net Operating Cost (Line 14 Minus 43)	29999	-78,428

Transfer to DMH2 | Go To... | Save | Validate | Cancel | Delete | Close

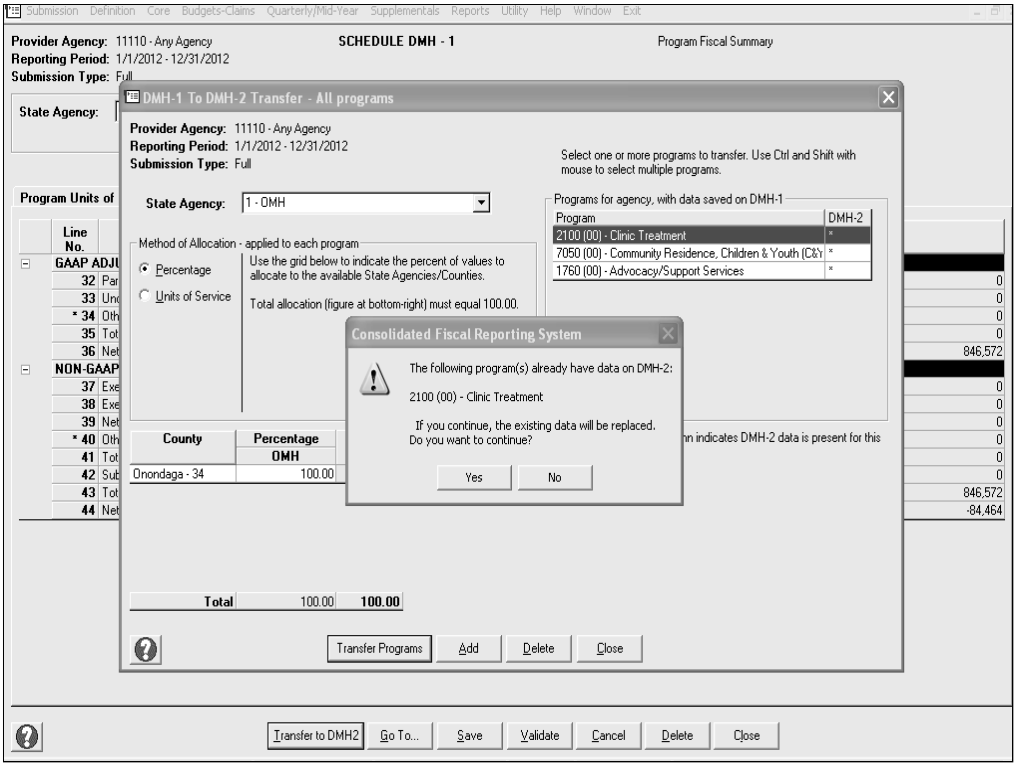
Provider needs to change tab again, click on program adjustment to revenue tab



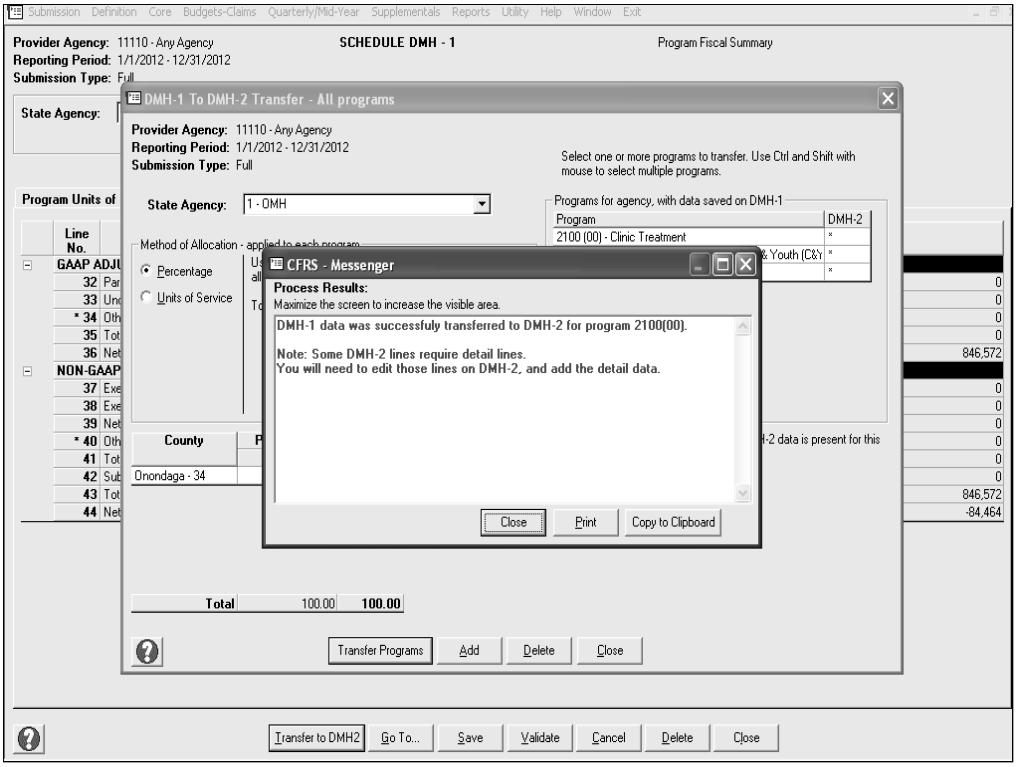
Providers can use the information on DMH-1 to complete the majority of information required to be entered on DMH-2. To transfer information form DMH-1 to DMH-2, providers should click on TRANSFER TO DMH-2 button and then select which program(s) to transfer from the list displayed. Once the desired programs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



Click the CLOSE button in the smallest box, continued to close the next box by clicking CLOSE button. The final steps click on CLOSE button the for the last screen.



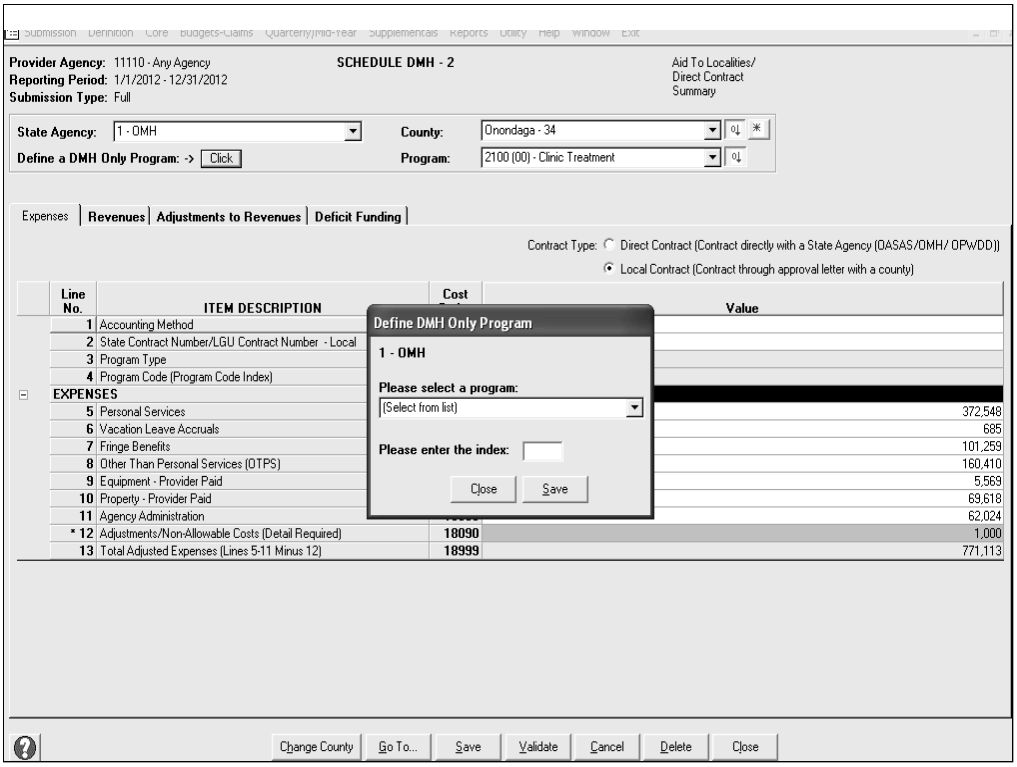
The * symbol indicates that the data has been successfully transferred.
The smallest screen, indicates to provider that program has already been transferred once before.



If the provider makes any changes to the data on CFR-1, CFR-3 or CFR-4 after transferring data from DMH-1 to DMH-2 he/she must go back and retransfer the data.
Note: DMH-2 is not automatically updated.
Provider must close all screens before preceding to a different schedule

Provider now must choose the next schedule he/she wishes to prepare, Click on GO

Provider must choose the appropriate state agency, county and program code.



Provider should be using this button for "DMH Only Programs", when he/she needs to report a program that was combined on the core schedules with another program but, now is needed to be shown in it's own column matching to the approved budget columns.

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 2

Aid To Localities/ Direct Contract Summary

State Agency: 1 - OMH
County: Onondaga - 34
Define a DMH Only Program: -> Click
Program: 2100 (00) - Clinic Treatment

Expenses | Revenues | Adjustments to Revenues | Deficit Funding

Contract Type: Direct Contract (Contract directly with a State Agency (OASAS/OMH/ OPWDD))
Local Contract (Contract through approval letter with a county)

Line No.	ITEM DESCRIPTION	Cost	Value
1	Accounting Method		
2	State Contract Number/LGU Contract Number - Local		
3	Program Type		
4	Program Code (Program Code Index)		
	EXPENSES		
5	Personal Services		372,548
6	Vacation Leave Accruals		685
7	Fringe Benefits		101,259
8	Other Than Personal Services (OTPS)		160,410
9	Equipment - Provider Paid		5,569
10	Property - Provider Paid		69,618
11	Agency Administration		62,024
* 12	Adjustments/Non-Allowable Costs (Detail Required)		1,000
13	Total Adjusted Expenses (Lines 5-11 Minus 12)		771,113

Define DMH Only Program

1 - OMH

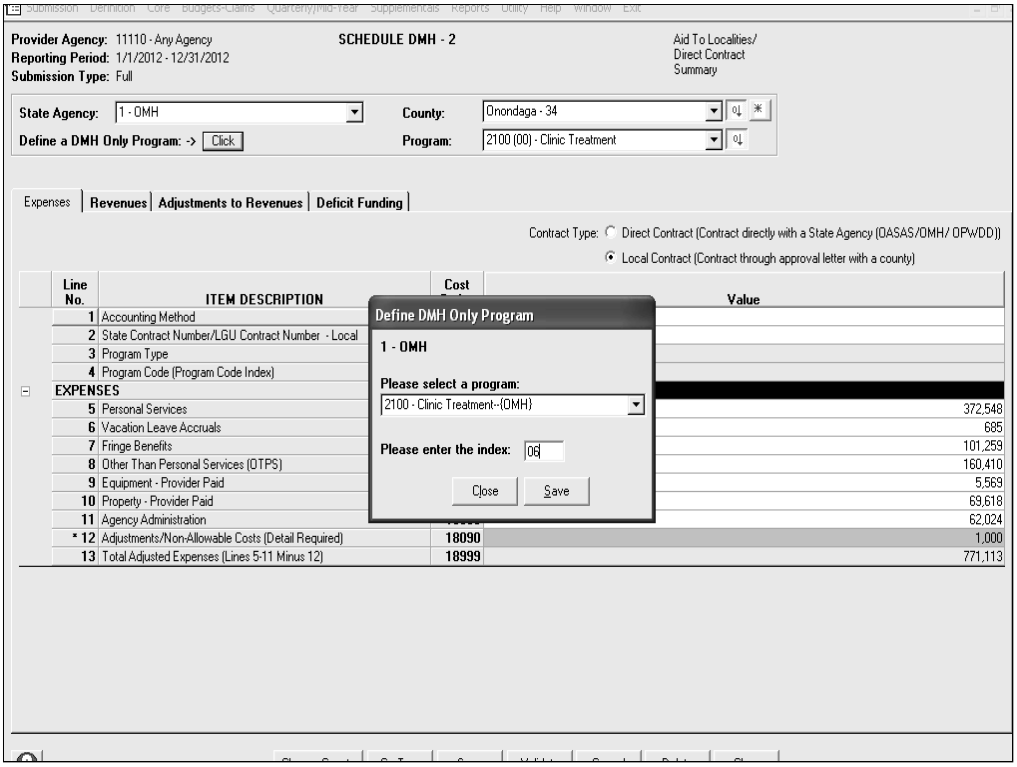
Please select a program:

[Select from list]

1980 - Home-Based Family Treatment--(OMH)
2040 - Family Based Treatment Program--(OMH)
2070 - Transient Housing (THP, Some PHP and some
2100 - Clinic Treatment--(OMH)
2200 - Partial Hospitalization--(OMH)
2300 - HCBS Waiver--(OMH)
2320 - Intensive Psychiatric Rehabilitation Treatment--(OMH)
2340 - Affirmative Business/Industry--(OMH)

Change County | Go To... | Save | Validate | Cancel | Delete | Close

For DMH only program column, a provider must select an appropriate program description.



Provider also must choose an appropriate index funding code, that is not in conflict with existing CFR Manual Rules.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 2

Aid To Localities/ Direct Contract Summary

State Agency: 1 - OMH
Define a DMH Only Program: -> Click
County: Onondaga - 34
Program: 2100 (00) - Clinic Treatment

Expenses | **Revenues** | **Adjustments to Revenues** | **Deficit Funding**

Contract Type: Direct Contract (Contract directly with a State Agency (OASAS/OMH/ OPWDD))
gh approval letter with a county)

Line No.	ITEM DES	
1	Accounting Method	
2	State Contract Number/LGU Cont	
3	Program Type	
4	Program Code (Program Code Ind	
	EXPENSES	
5	Personal Services	372,548
6	Vacation Leave Accruals	685
7	Fringe Benefits	101,259
8	Other Than Personal Services (O	160,410
9	Equipment - Provider Paid	5,569
10	Property - Provider Paid	69,618
11	Agency Administration	62,024
* 12	Adjustments/Non-Allowable Costs	1,000
13	Total Adjusted Expenses (Lines 5-	771,113

CFRS - Messenger

Process Results:
Maximize the screen to increase the visible area.

SUCCESS--Data saved.

Close | Print | Copy to Clipboard

Change County | Go To... | Save | Validate | Cancel | Delete | Close

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 2

Aid To Localities/ Direct Contract Summary

State Agency: 1 - OMH
Define a DMH Only Program: -> Click
County: Onondaga - 34
Program: 2100 (06) - Clinic Treatment

Expenses | Revenues | Adjustments to Revenues | Deficit Funding

Contract Type: Direct Contract (Contract directly with a State Agency (OASAS/OMH/ OPWDD))
Local Contract (Contract through approval letter with a county)

Line No.	ITEM DESCRIPTION	Cost Codes	Value
1	Accounting Method		
2	State Contract Number/LGU Contract Number	00200	
3	Program Type	00072	Clinic Treatment
4	Program Code (Program Code Index)	00012	2100 (06)
EXPENSES			
5	Personal Services	18010	
6	Vacation Leave Accruals	18020	
7	Fringe Benefits	18030	
8	Other Than Personal Services (OTPS)	18040	
9	Equipment - Provider Paid	18050	
10	Property - Provider Paid	18060	
11	Agency Administration	18080	
* 12	Adjustments/Non-Allowable Costs (Detail Required)	18090	
13	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	0

Change County | Go To... | Save | Validate | Cancel | Delete | Close

Shown here is screen shot reflecting the new DMH only program .
Note: this sample is not part of the Full to 2012 CFR Sample.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 2

Aid To Localities/ Direct Contract Summary

State Agency: 1 - OMH
Define a DMH Only Program: -> Click
County: Onondaga - 34
Program: 2100 (00) - Clinic Treatment

Expenses | **Revenues** | **Adjustments to Revenues** | **Deficit Funding**

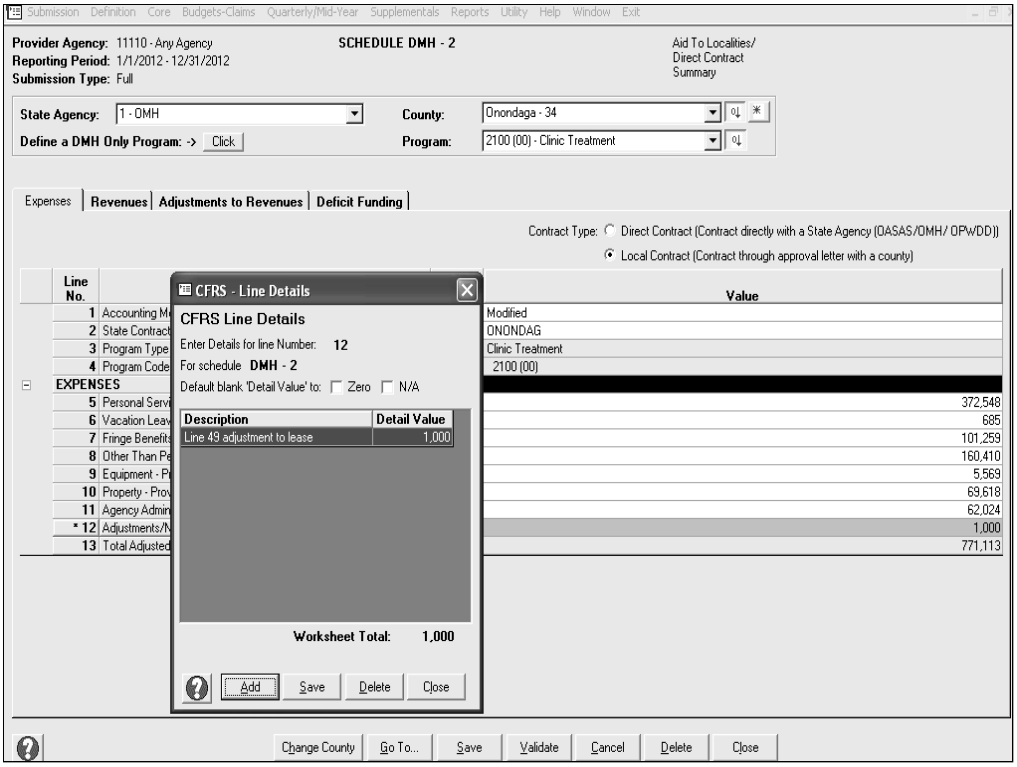
Contract Type: ○ Direct Contract (Contract directly with a State Agency (OASAS/OMH/ OPWDD))
● Local Contract (Contract through approval letter with a county)

Line No.	ITEM DESCRIPTION	Cost Codes	Value
1	Accounting Method		Modified
2	State Contract Number/LGU Contract Number - Local	00200	ONONDAG
3	Program Type	00072	Clinic Treatment
4	Program Code (Program Code Index)	00012	2100 (00)
	EXPENSES		
5	Personal Services	18010	372,548
6	Vacation Leave Accruals	18020	685
7	Fringe Benefits	18030	101,259
8	Other Than Personal Services (OTPS)	18040	160,410
9	Equipment - Provider Paid	18050	5,569
10	Property - Provider Paid	18060	69,618
11	Agency Administration	18080	62,024
* 12	Adjustments/Non-Allowable Costs (Detail Required)	18090	1,000
13	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	771,113

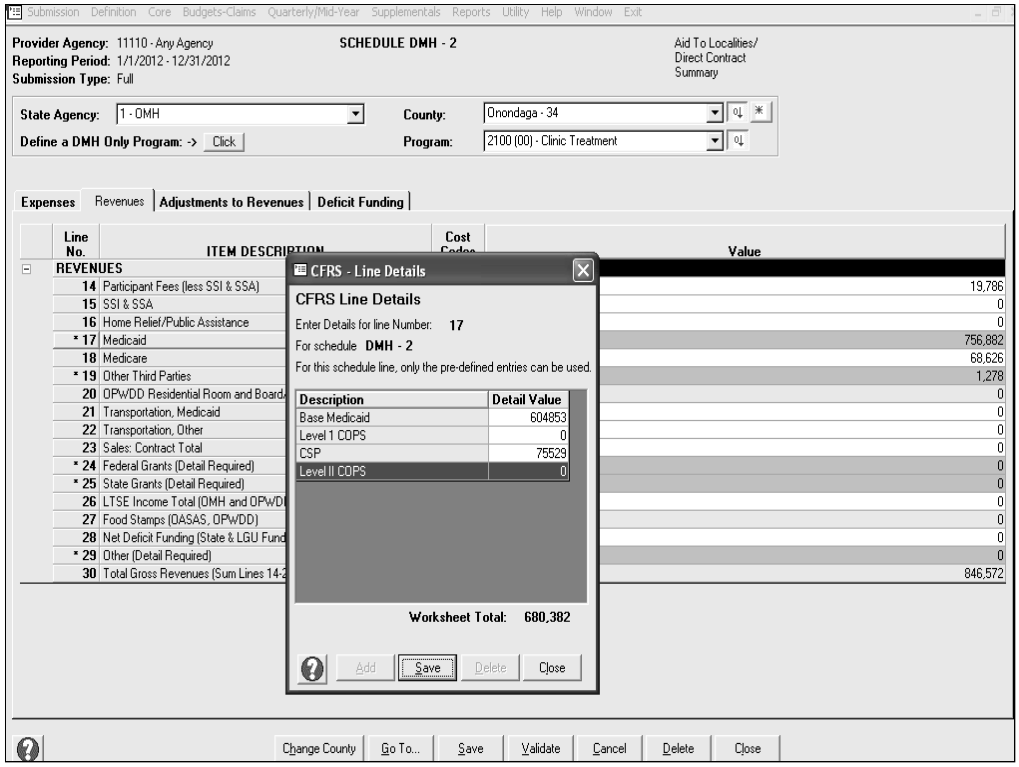
Change County | Go To... | Save | Validate | Cancel | Delete | Close

Provider now must decide if this is a local contract (County) or a direct contract (State)
Another Choice that must be made, is the method of Accounting to be used when claiming : Accrual,
Cash or Modified Accrual. Before adjusting any the dollar values the provider should enter a local or state contract number. Special instructions for assigning local contract numbers can be found in the CFR Manual.
For OASAS and OMH, the contract number and type indicated for each program on DMH-2 will be transferred to DMH-3.
OPWDD 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

Equipment when transferred reported a value was $2,600 (a depreciation value)
Provider needs to remove the depreciation value and replace it with the material cost of equipment authorized in his/her budget $5,569.

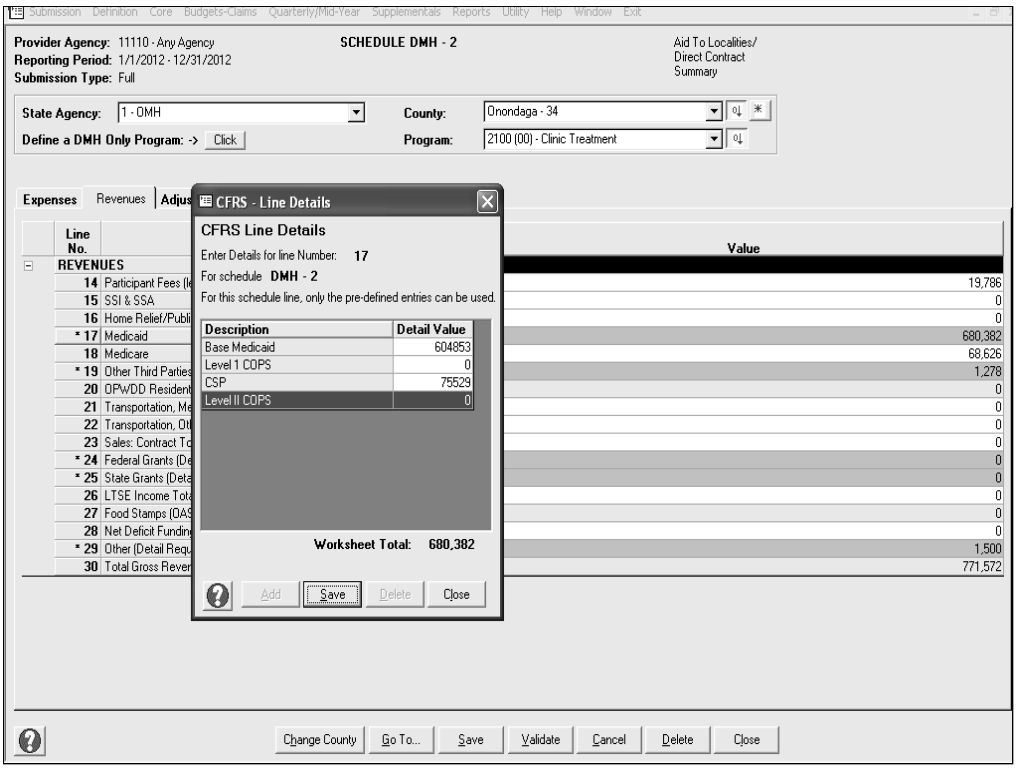


Detail information is not transferred from DMH-1 to DMH-2 .
It is the responsibility of the Provider to report the detail on the DMH-2.
This $1,000 comes from rental property adjustment report on CFR5.

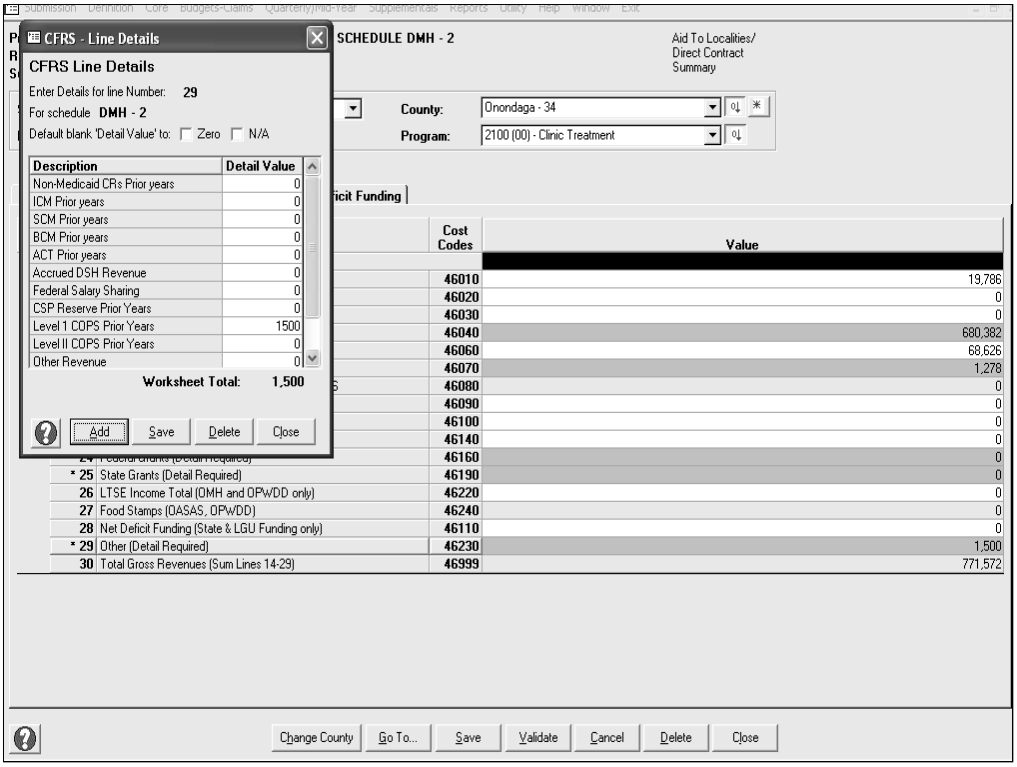


OMH funded service providers reporting Medicaid revenue on line 17 must enter the appropriate line detail information : Base Medicaid, CSP, COPS and Level II Cops.

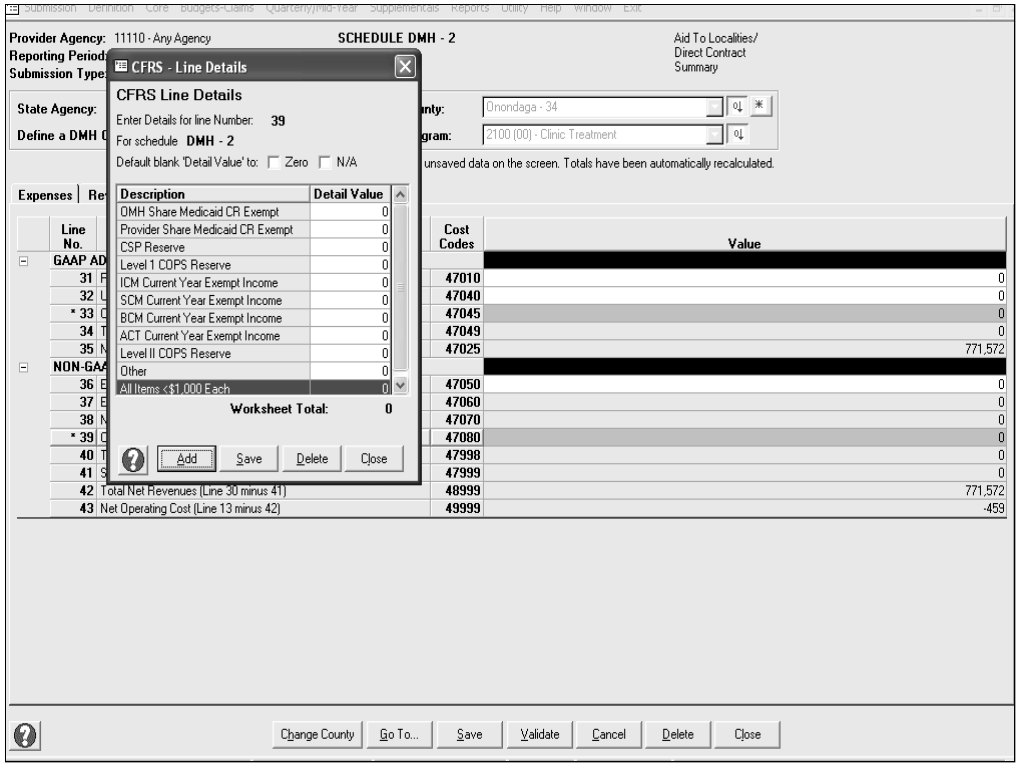
Click on second tab “Revenues”, enter appropriate data. DMH-2 line 28 Net Deficit Funding is required and should include funding from the State as well as funding from the County LGU



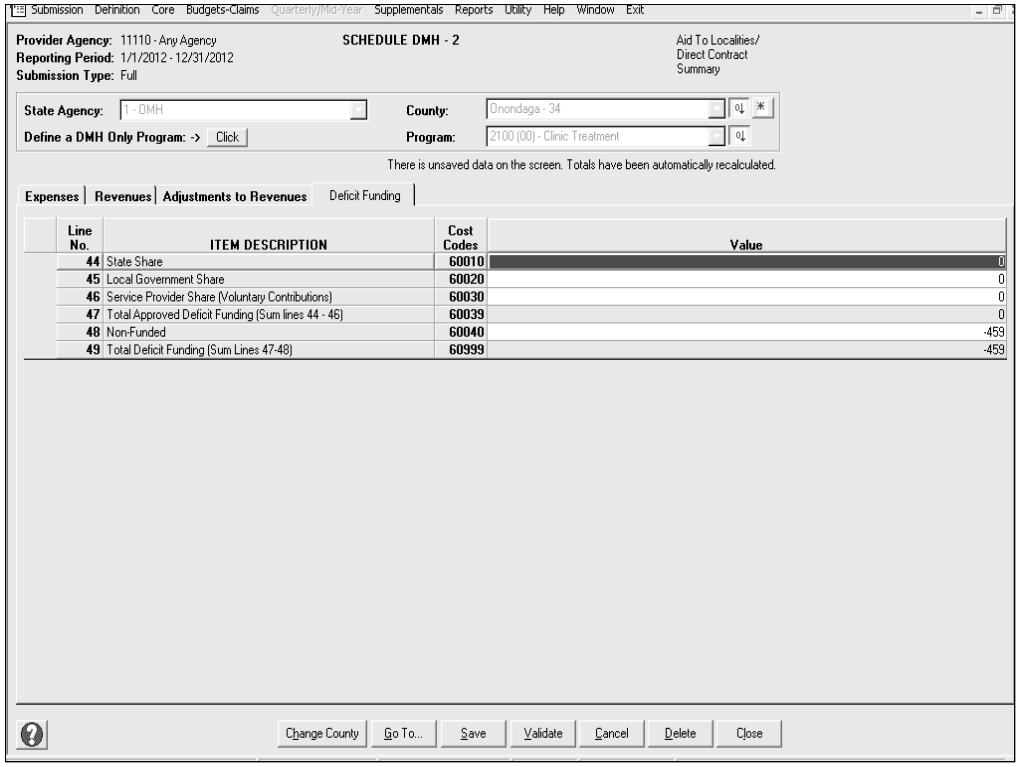
Example when the value is locked in the system. If the previous method used to input is not followed, results will be a failure at the very end of process, when validating the input.



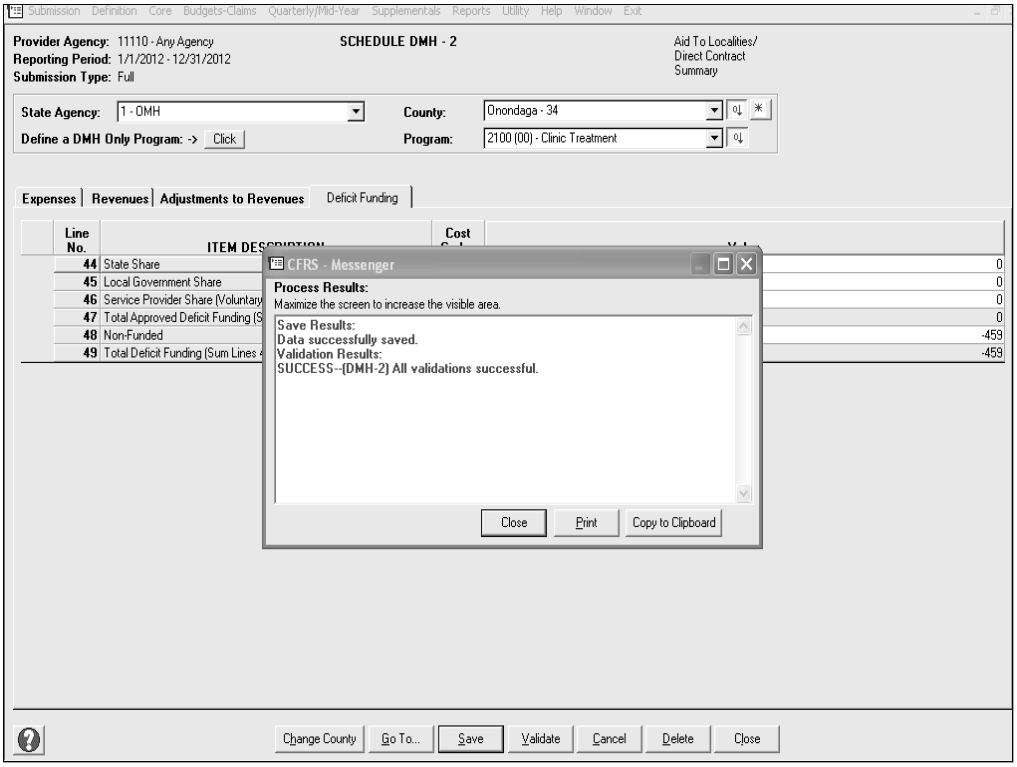
Revenues detail must be provided on the “Other” lines 29, 33 & 39.
Approved NYS CFRS software provides line detail boxes to enter this data.

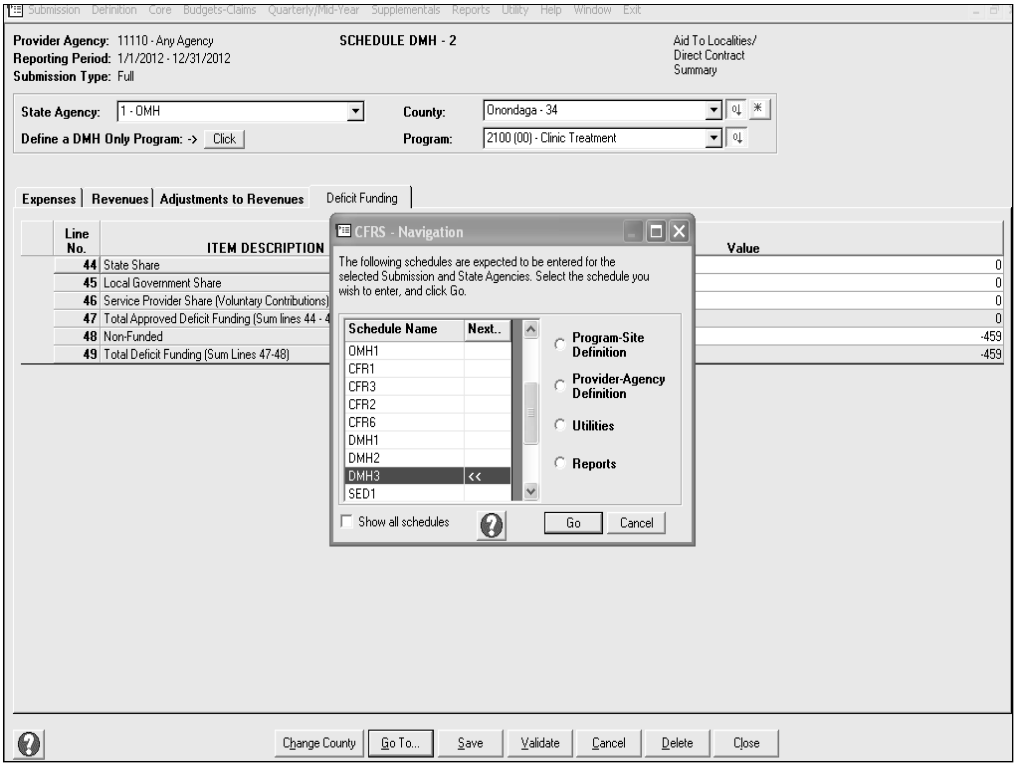


Specific descriptions have been encrypted into the software to meet each State Agency's needs.



Provider needs to enter data on how net operating cost is funded on lines 44-48.
Line 43 must match line 49.


Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full
SCHEDULE DMH - 2
Aid To Localities/ Direct Contract Summary
State Agency: 1 - OMH
County: Onondaga - 34
Define a DMH Only Program: -> Click
Program: 2100 (00) - Clinic Treatment
Expenses
Revenues
Adjustments to Revenues
Deficit Funding
Line No.
Cost
44 State Share 0
45 Local Government Share 0
46 Service Provider Share (Voluntary 0
47 Total Approved Deficit Funding (S 0
48 Non-Funded -459
49 Total Deficit Funding (Sum Lines -459
CFRS - Messenger
Process Results:
Maximize the screen to increase the visible area.
Save Results:
Data successfully saved.
Validation Results:
SUCCESS--(DMH-2) All validations successful.
Close
Print
Copy to Clipboard
Change County
Go To...
Save
Validate
Cancel
Delete
Close


Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full
SCHEDULE DMH - 2
Aid To Localities/ Direct Contract Summary
State Agency: 1 - OMH
County: Onondaga - 34
Define a DMH Only Program: -> Click
Program: 2100 (00) - Clinic Treatment
Expenses
Revenues
Adjustments to Revenues
Deficit Funding
Line No.
ITEM DESCRIPTION
Value
44 State Share 0
45 Local Government Share 0
46 Service Provider Share (Voluntary Contributions) 0
47 Total Approved Deficit Funding (Sum lines 44 - 4 0
48 Non-Funded -459
49 Total Deficit Funding (Sum Lines 47-48) -459
CFRS - Navigation
The following schedules are expected to be entered for the selected Submission and State Agencies. Select the schedule you wish to enter, and click Go.
Schedule Name
Next..
OMH1
CFR1
CFR3
CFR2
CFR6
DMH1
DMH2
DMH3
SED1
Program-Site Definition
Provider-Agency Definition
Utilities
Reports
Show all schedules
Go
Cancel
Change County
Go To...
Save
Validate
Cancel
Delete
Close

Provider must choose the specific funding source found on his/her approved budget.
OPWDD only providers must indicate participants methodology being used on line 8

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 3

Aid To Localities And Direct Contracts
Program Funding Source Summary

State Agency: 1 - OMH
County: Onondaga - 34
Program: 2100 (00) - Clinic Treatment

Funding Source Summary | **Statistics** | **Summary Totals**

Funding Source: 090 - Non-Funded

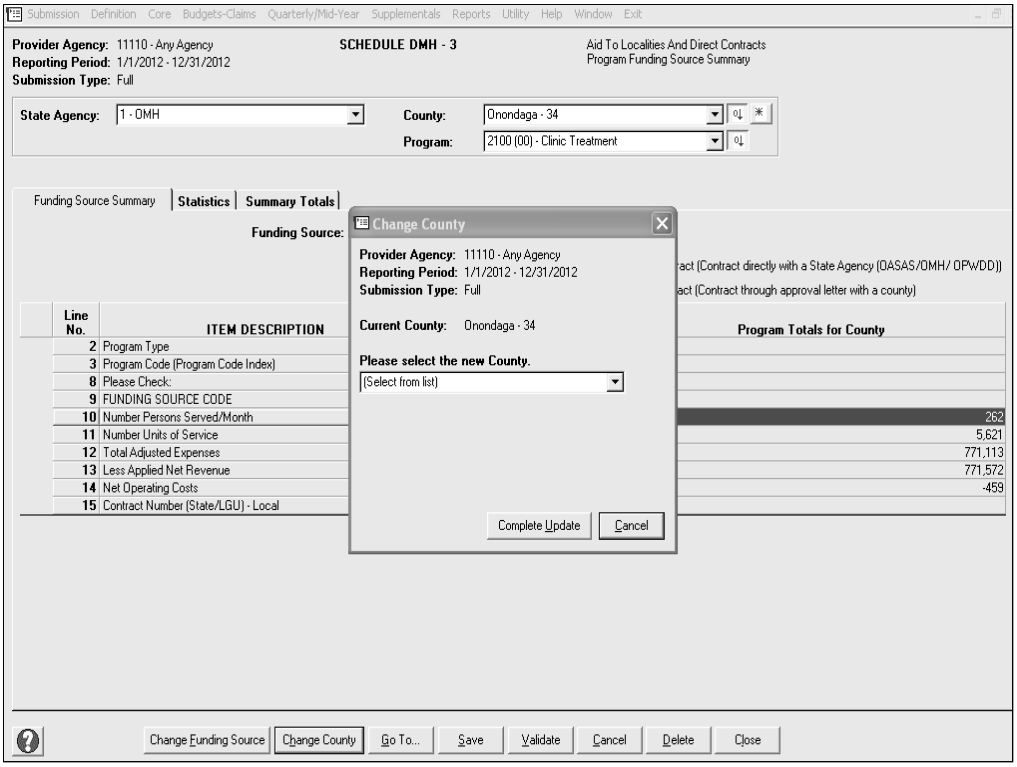
Contract Type: ○ Direct Contract (Contract directly with a State Agency (OASAS/OMH/ OPWDD))
● Local Contract (Contract through approval letter with a county)

Line No.	ITEM DESCRIPTION	Cost Codes	Value	Program Totals for County
2	Program Type	00073	Clinic Treatment	
3	Program Code (Program Code Index)	00013	2100 (00)	
8	Please Check:			
9	FUNDING SOURCE CODE		Non-Funded	
10	Number Persons Served/Month	00260	262	262
11	Number Units of Service	00250	5,621	5,621
12	Total Adjusted Expenses	50999	771,113	771,113
13	Less Applied Net Revenue	61999	771,572	771,572
14	Net Operating Costs	62999	-459	-459
15	Contract Number (State/LGU) - Local	00201	ONONDAG	

Change Funding Source | Change County | Go To... | Save | Validate | Cancel | Delete | Close

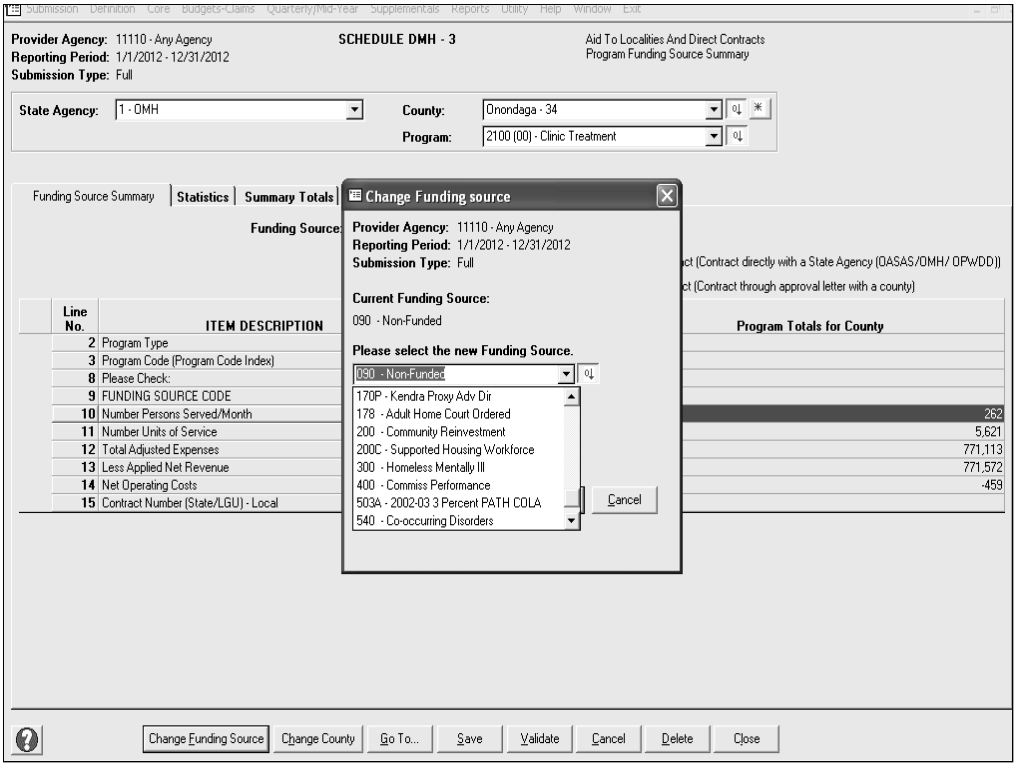
For each funding source, a provider must enter: persons served, units of service, the adjusted expenses, applied net revenue and net operating cost per funding source.

Contract number and contract type information from the DMH-2 is brought forward by the software to DMH3.



Provider has the option to choose a different county at this time

Provider highlights his/her choice of county



Provider has the option to choose a different funding source at this time

Funding source listing appears for the specific state agency, which the provider wishes to change too.

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE DMH - 3

Aid To Localities And Direct Contracts
Program Funding Source Summary

State Agency: 1 - OMH
County: Onondaga - 34
Program: 2100 (00) - Clinic Treatment

Funding Source Summary | Statistics | Summary Totals

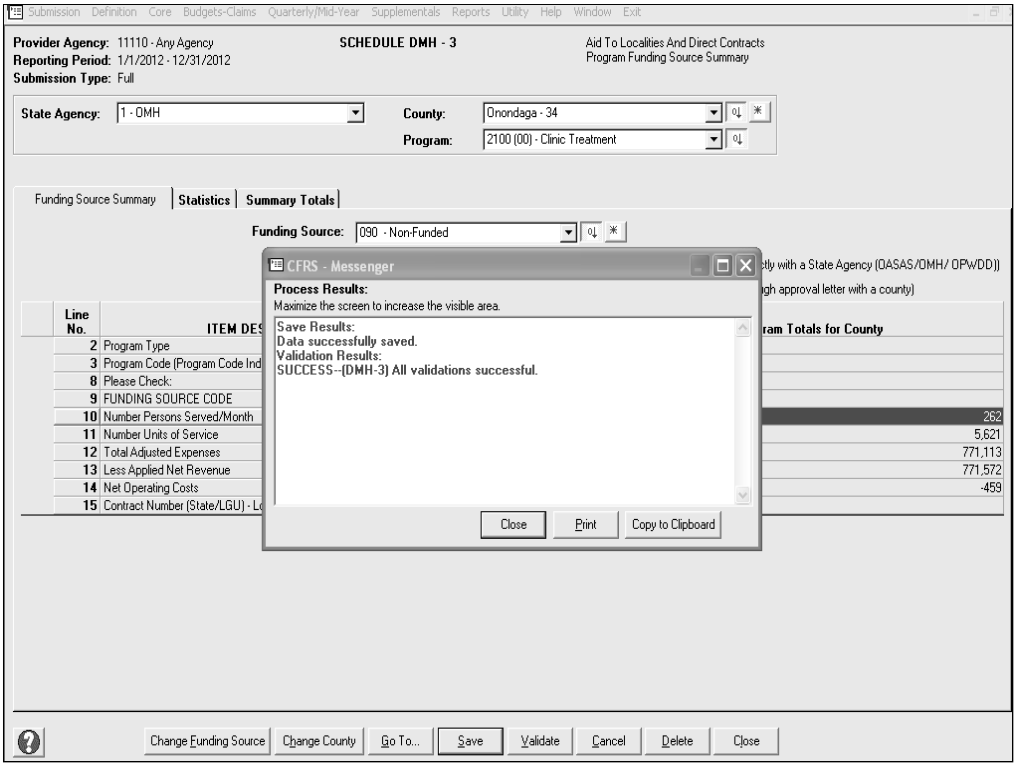
Funding Source: 090 - Non-Funded

Contract Type: Direct Contract (Contract directly with a State Agency (OASAS/OMH/ OPWDD))
Local Contract (Contract through approval letter with a county)

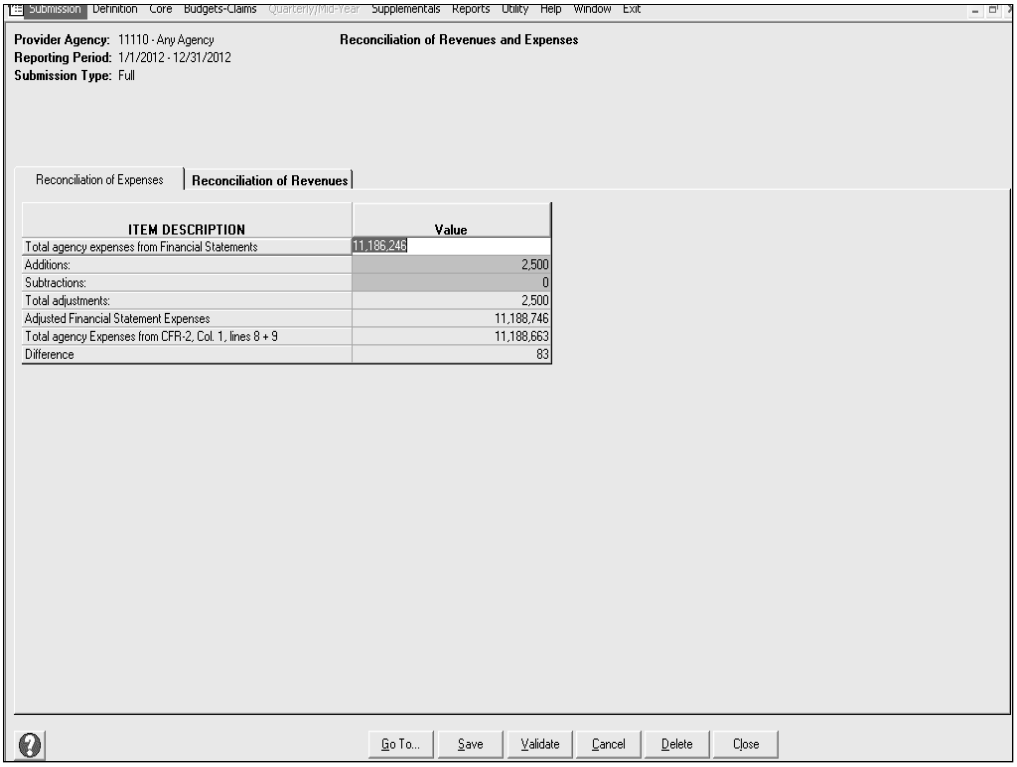
Line No.	ITEM DESCRIPTION	Cost Codes	Value	Program Totals for County
2	Program Type	00073	Clinic Treatment	
3	Program Code (Program Code Index)	00013	2100 (00)	
8	Please Check:			
9	FUNDING SOURCE CODE		Non-Funded	
10	Number Persons Served/Month	00260	262	262
11	Number Units of Service	00250	5,621	5,621
12	Total Adjusted Expenses	50999	771,113	771,113
13	Less Applied Net Revenue	61999	771,572	771,572
14	Net Operating Costs	62999	-459	-459
15	Contract Number (State/LGU) - Local	00201	ONONDAG	

Change Funding Source | Change County | Go To... | Save | Validate | Cancel | Delete | Close

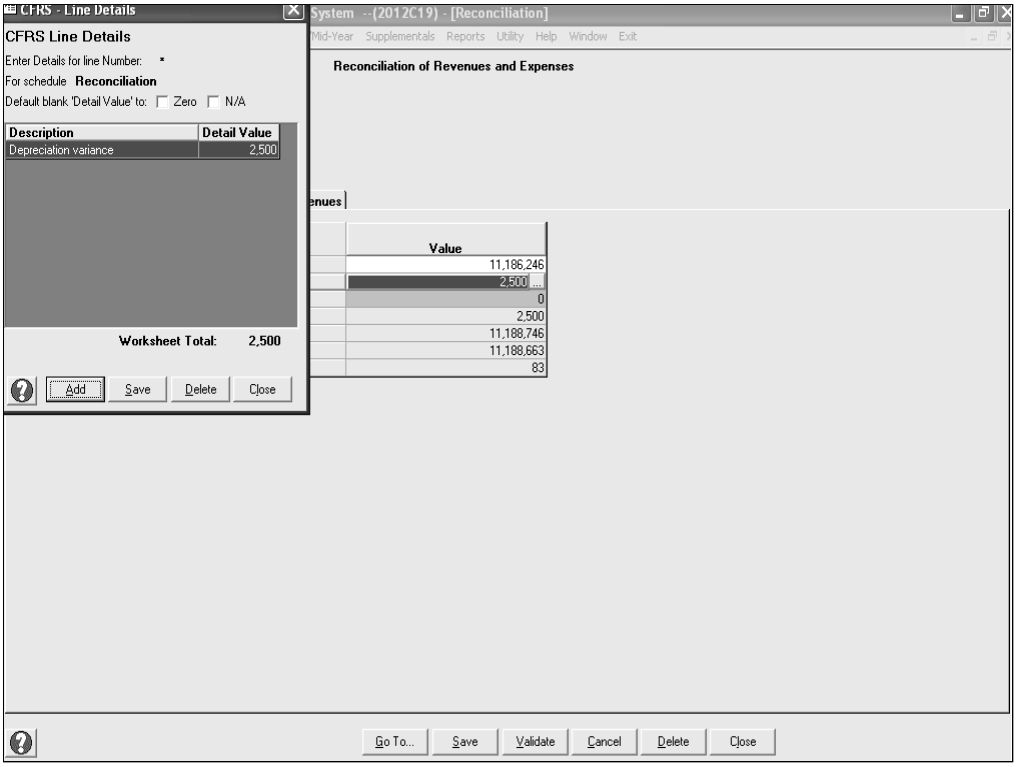
Total program gross, revenue, and net on the DMH-3 must equal total program gross, revenue and net on the DMH-2 .
On a printed version of CFR: Total Adjusted Expenses on DMH-2, line 13 equals value found on DMH-3, line 30;
Net Revenue on DMH-2, line 42 equals value found on DMH-3, line 31;
Net Operating Costs on DMH-2, line 43 equals value found on DMH-3, line 32


Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full
SCHEDULE DMH - 3
Aid To Localities And Direct Contracts
Program Funding Source Summary
State Agency: 1 - OMH
County: Onondaga - 34
Program: 2100 (00) - Clinic Treatment
Funding Source Summary
Statistics
Summary Totals
Funding Source: 090 - Non-Funded
CFRS - Messenger
Process Results:
Maximize the screen to increase the visible area.
Save Results:
Data successfully saved.
Validation Results:
SUCCESS--(DMH-3) All validations successful.
Close
Print
Copy to Clipboard
Line No.
ITEM DES
ram Totals for County
2 Program Type
3 Program Code (Program Code Ind
8 Please Check:
9 FUNDING SOURCE CODE
10 Number Persons Served/Month 262
11 Number Units of Service 5,621
12 Total Adjusted Expenses 771,113
13 Less Applied Net Revenue 771,572
14 Net Operating Costs -459
15 Contract Number (State/LGU) - Lo
Change Funding Source
Change County
Go To...
Save
Validate
Cancel
Delete
Close

Providers are required to complete the a CFR reconciliation statement comparing their independent certified public accountant's Financial Statements to the CFR



Provider need to provide details to their adjustments, regardless if it is addition or a subtraction.



Detail screen is available for provider to make his/her comments

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

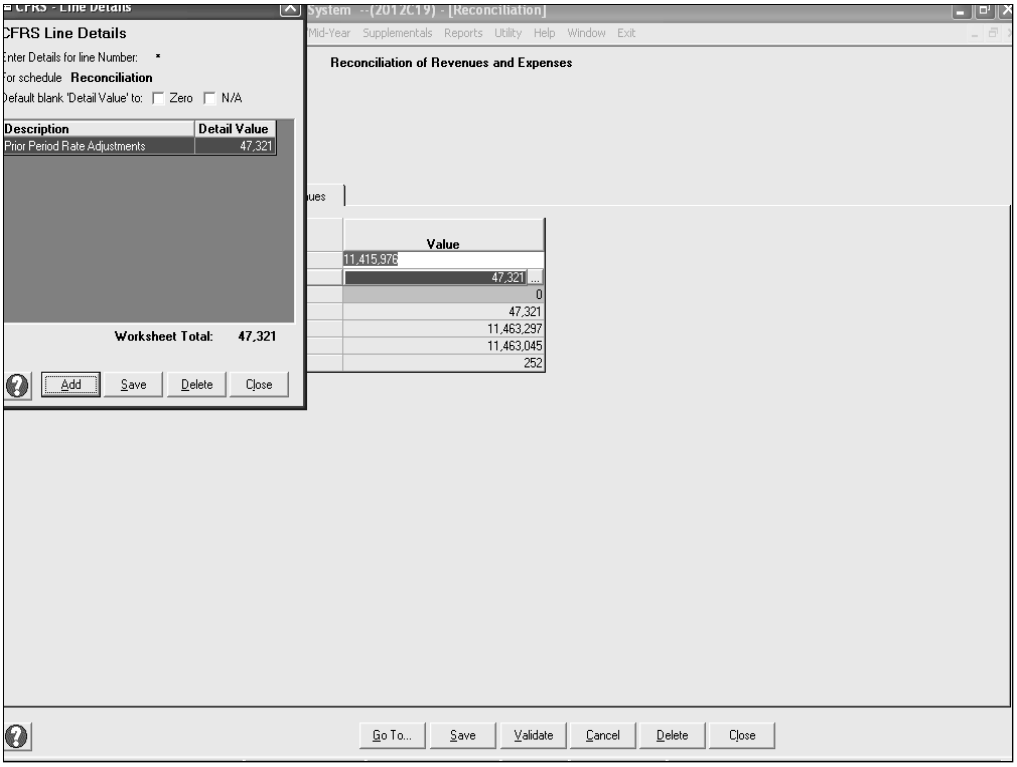
Reconciliation of Revenues and Expenses

Reconciliation of Expenses | Reconciliation of Revenues

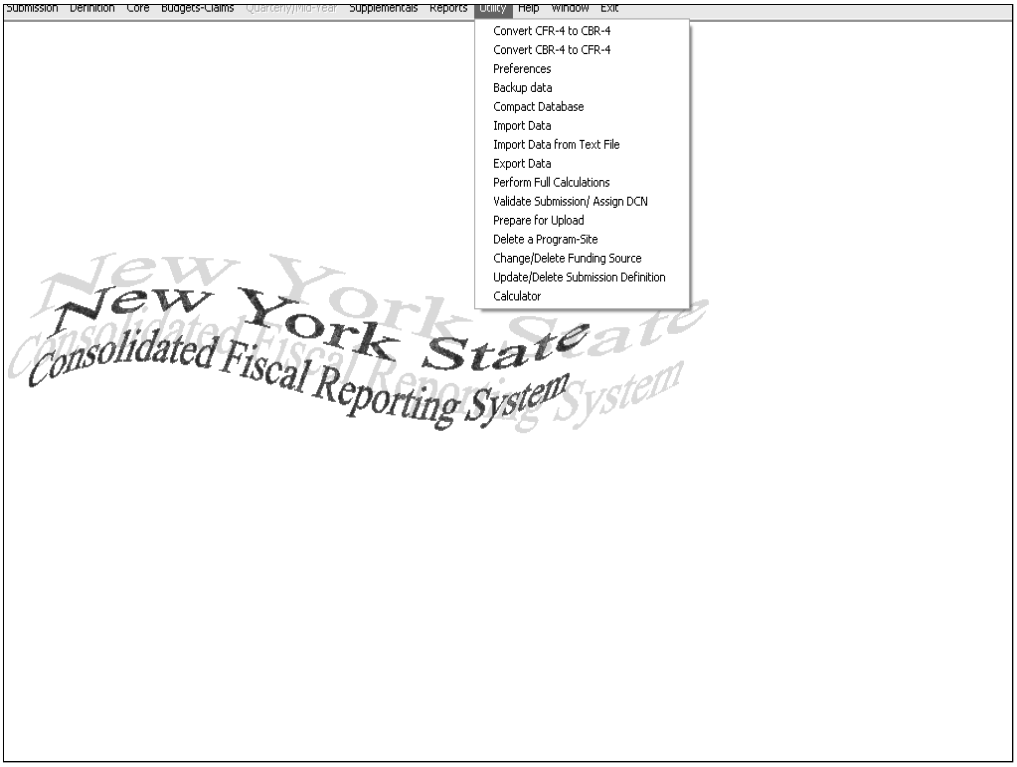
ITEM DESCRIPTION	Value
Total agency Revenues from Financial Statements	11,415,976
Additions:	47,321
Subtractions:	0
Total Adjustments:	47,321
Adjusted Financial Statement Revenues	11,463,297
Total agency Revenues from CFR-2, Col. 1, line 12	11,463,045
Difference	252

Go To... Save Validate Cancel Delete Close

Provider need to provide details to their adjustments, regardless if it is addition or a subtraction

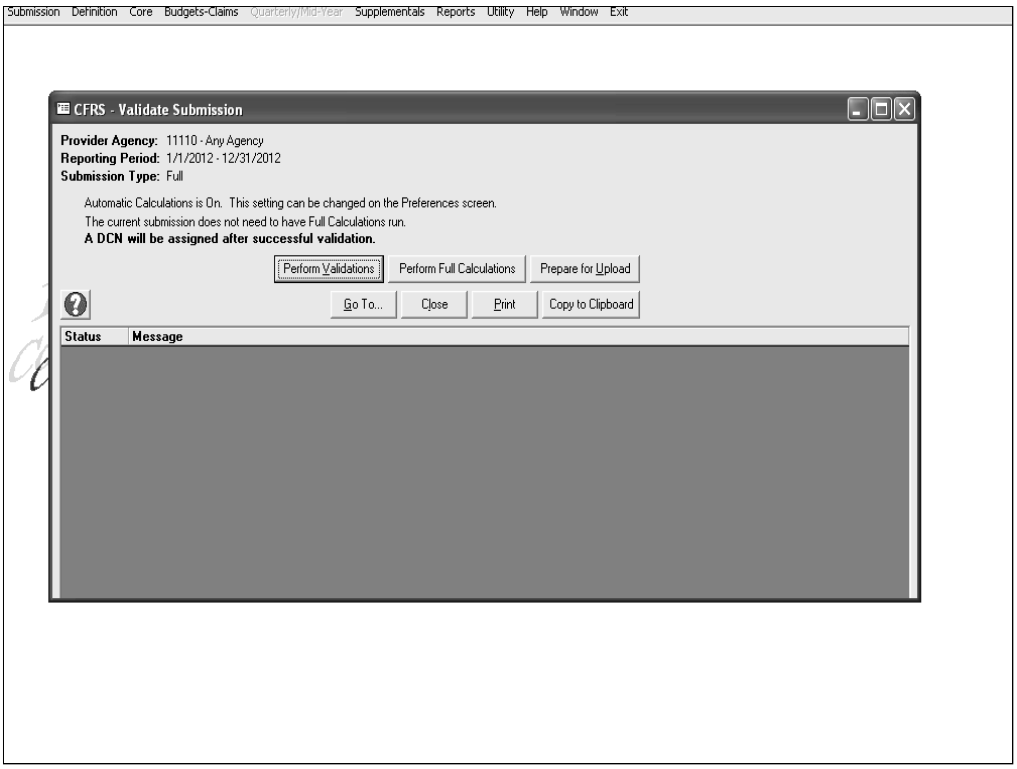


Detail screen is available for provider to make his/her comments

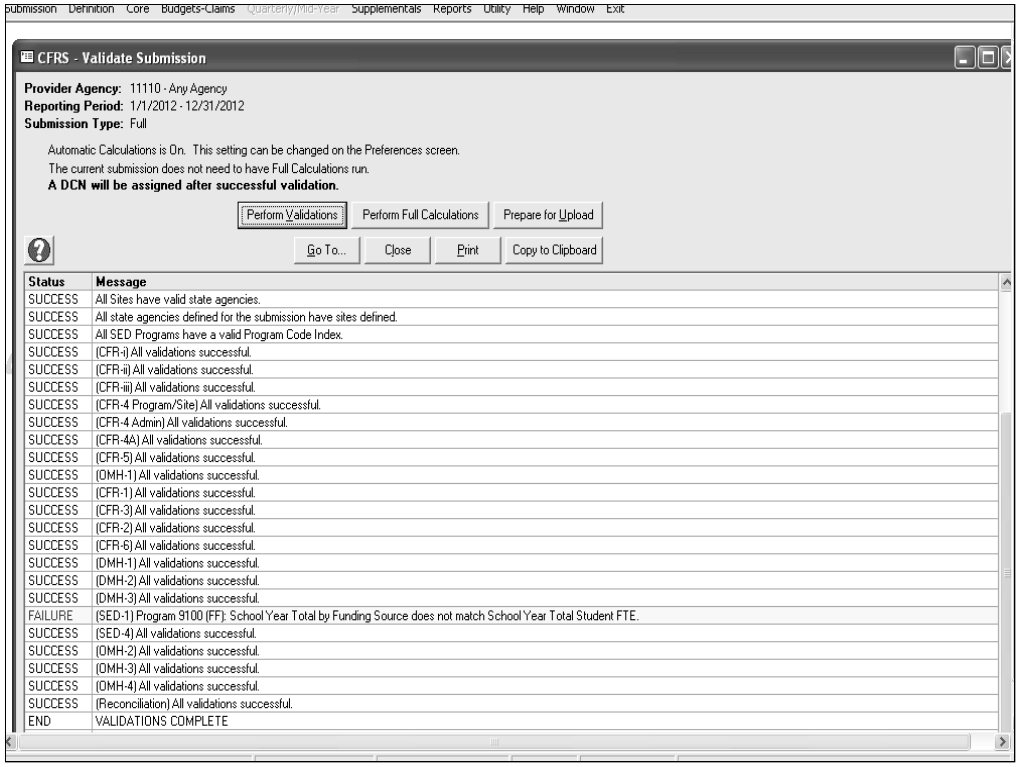


Provider must make sure all screens are closed before proceeding to validate submission

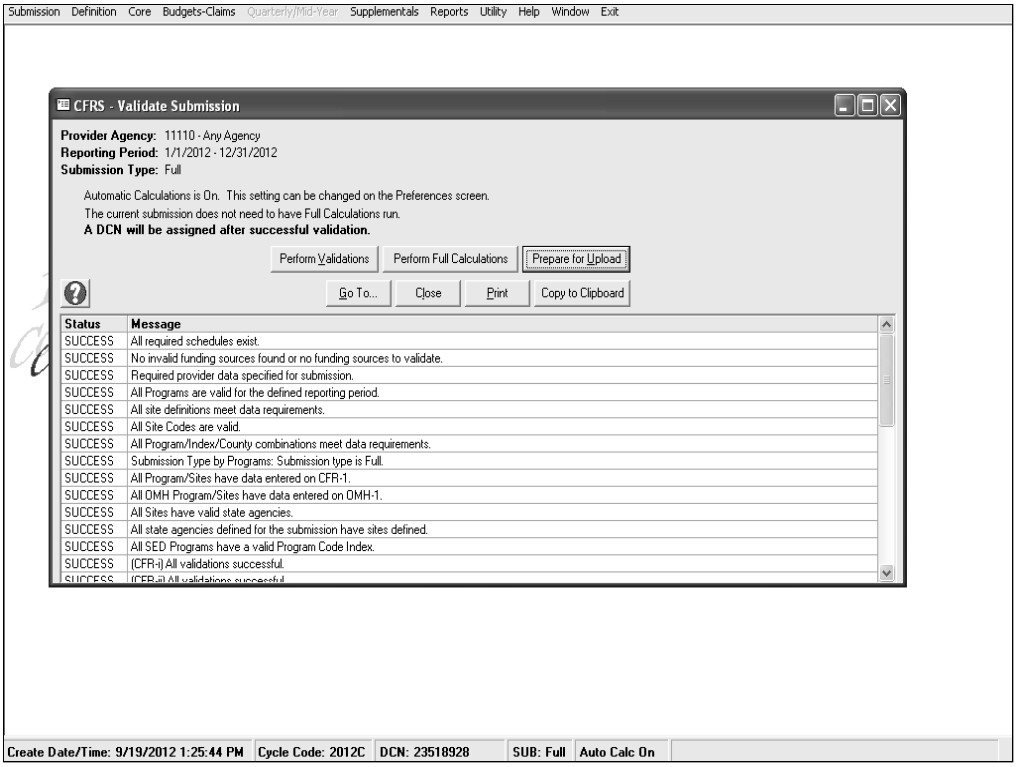
For provider to validate submission he/she should click on the “Utility” selection at the top of the CFR screen. Then click on “Perform Validation/Assign DCN”



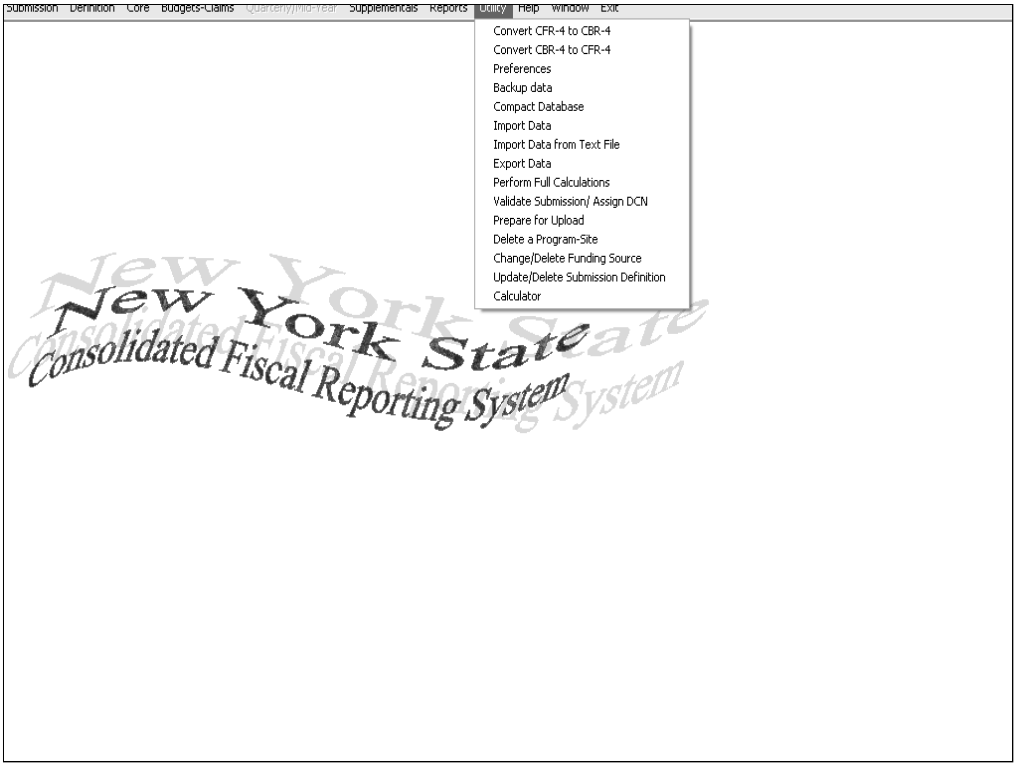
To validate submission provider must click on “Perform Validations”

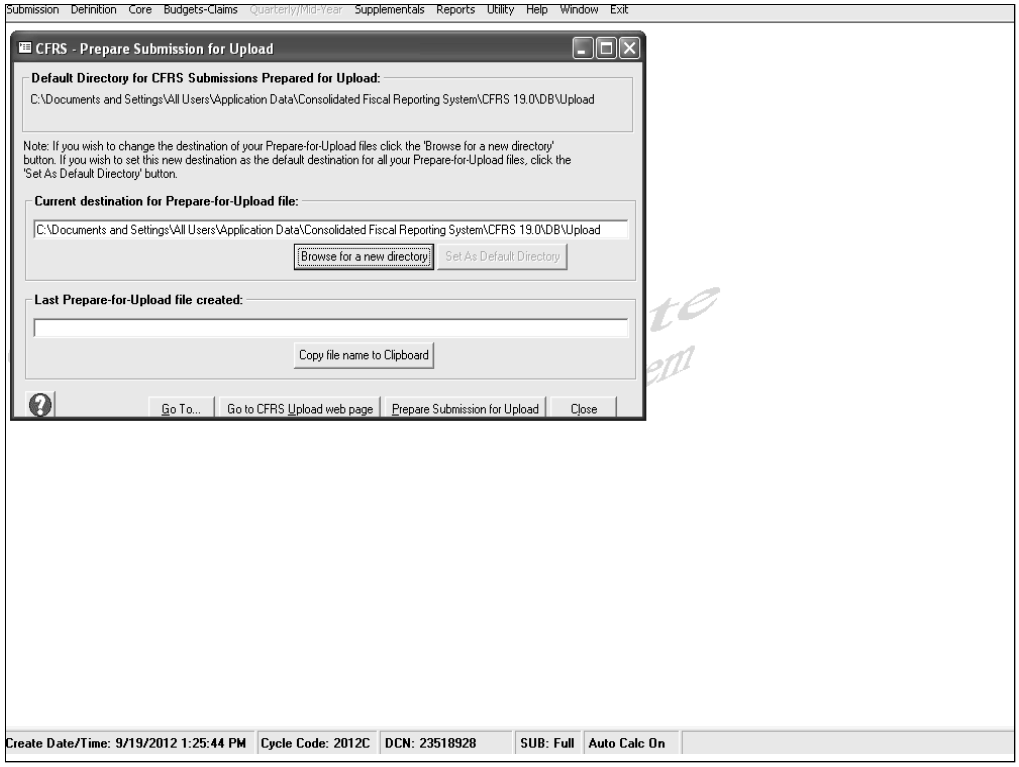


If an error is found while attempting validate a submission, a screen with the specific failure will appear. A provider will place his/her cursor on the failure. Then click on the failure, in most cases the software will take the user to the error, where it occurred.

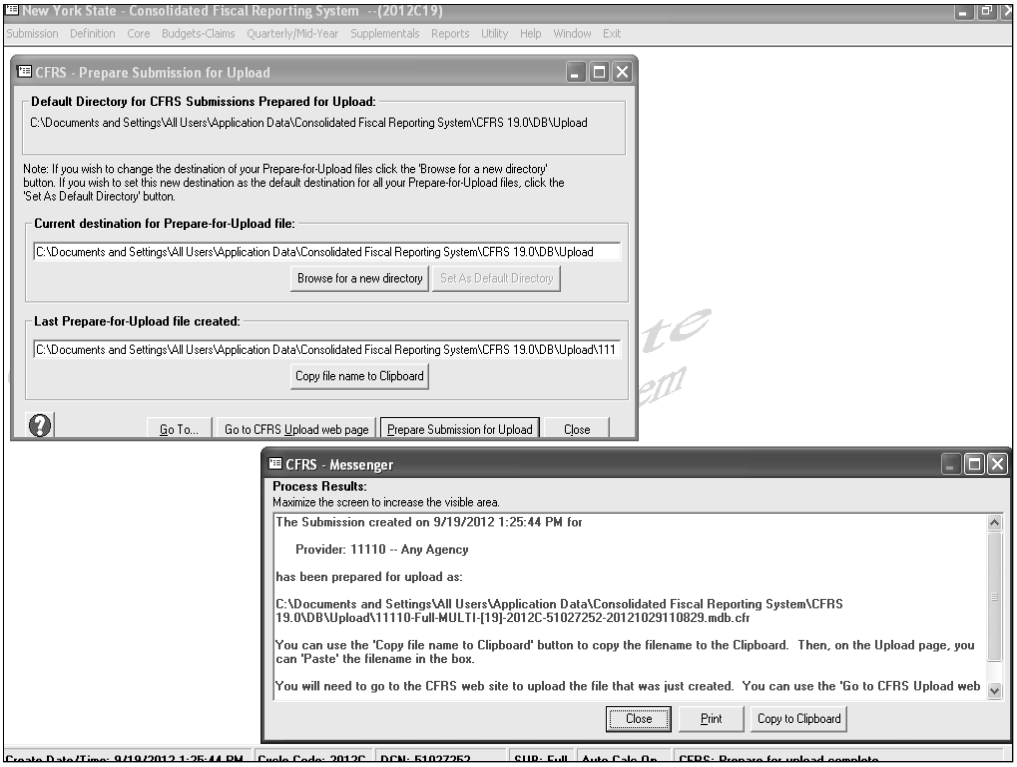


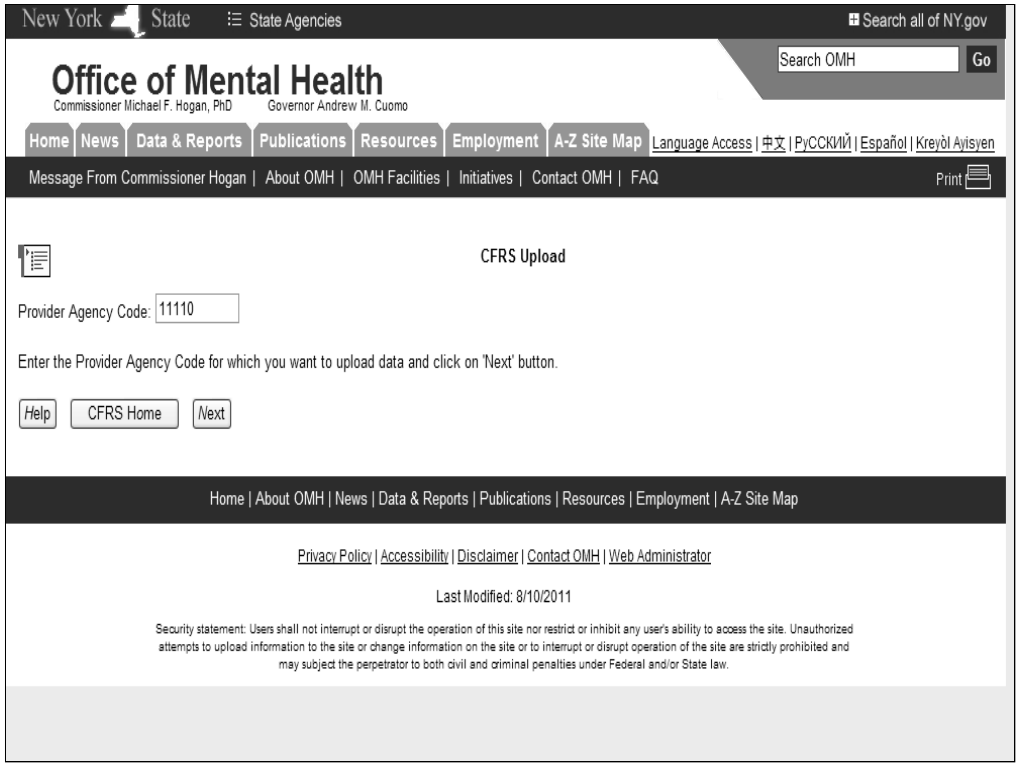
Once all errors have been addressed “Perform Validations” will result in the assigning of a Document Control Number (DCN). Provider now may click on “Prepare for Upload”.


Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
Convert CFR-4 to CBR-4
Convert CBR-4 to CFR-4
Preferences
Backup data
Compact Database
Import Data
Import Data from Text File
Export Data
Perform Full Calculations
Validate Submission/ Assign DCN
Prepare for Upload
Delete a Program-Site
Change/Delete Funding Source
Update/Delete Submission Definition
Calculator
New York State
Consolidated Fiscal Reporting System



If a Provider has a problem uploading his/her CFR submission, provider should contact the software Help Desk at 1-800-HELPNYS (1-800-435-7697) for assistance. Click “CLOSE “ To arrive at the main CFR Reporting screen.


New York State - Consolidated Fiscal Reporting System --(2012C19)
Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
CFRS - Prepare Submission for Upload
Default Directory for CFRS Submissions Prepared for Upload:
C:\Documents and Settings\All Users\Application Data\Consolidated Fiscal Reporting System\CFRS 19.0\DB\Upload
Note: If you wish to change the destination of your Prepare-for-Upload files click the 'Browse for a new directory' button. If you wish to set this new destination as the default destination for all your Prepare-for-Upload files, click the 'Set As Default Directory' button.
Current destination for Prepare-for-Upload file:
C:\Documents and Settings\All Users\Application Data\Consolidated Fiscal Reporting System\CFRS 19.0\DB\Upload
Browse for a new directory
Set As Default Directory
Last Prepare-for-Upload file created:
C:\Documents and Settings\All Users\Application Data\Consolidated Fiscal Reporting System\CFRS 19.0\DB\Upload\111
Copy file name to Clipboard
Go To...
Go to CFRS Upload web page
Prepare Submission for Upload
Close
CFRS - Messenger
Process Results:
Maximize the screen to increase the visible area.
The Submission created on 9/19/2012 1:25:44 PM for
Provider: 11110 -- Any Agency
has been prepared for upload as:
C:\Documents and Settings\All Users\Application Data\Consolidated Fiscal Reporting System\CFRS 19.0\DB\Upload\11110-Full-MULTI-[19]-2012C-51027252-20121029110829.mdb.cfr
You can use the 'Copy file name to Clipboard' button to copy the filename to the Clipboard. Then, on the Upload page, you can 'Paste' the filename in the box.
You will need to go to the CFRS web site to upload the file that was just created. You can use the 'Go to CFRS Upload web
Close
Print
Copy to Clipboard


New York State
State Agencies
Search all of NY.gov
Search OMH
Go
Office of Mental Health
Commissioner Michael F. Hogan, PhD
Governor Andrew M. Cuomo
Home
News
Data & Reports
Publications
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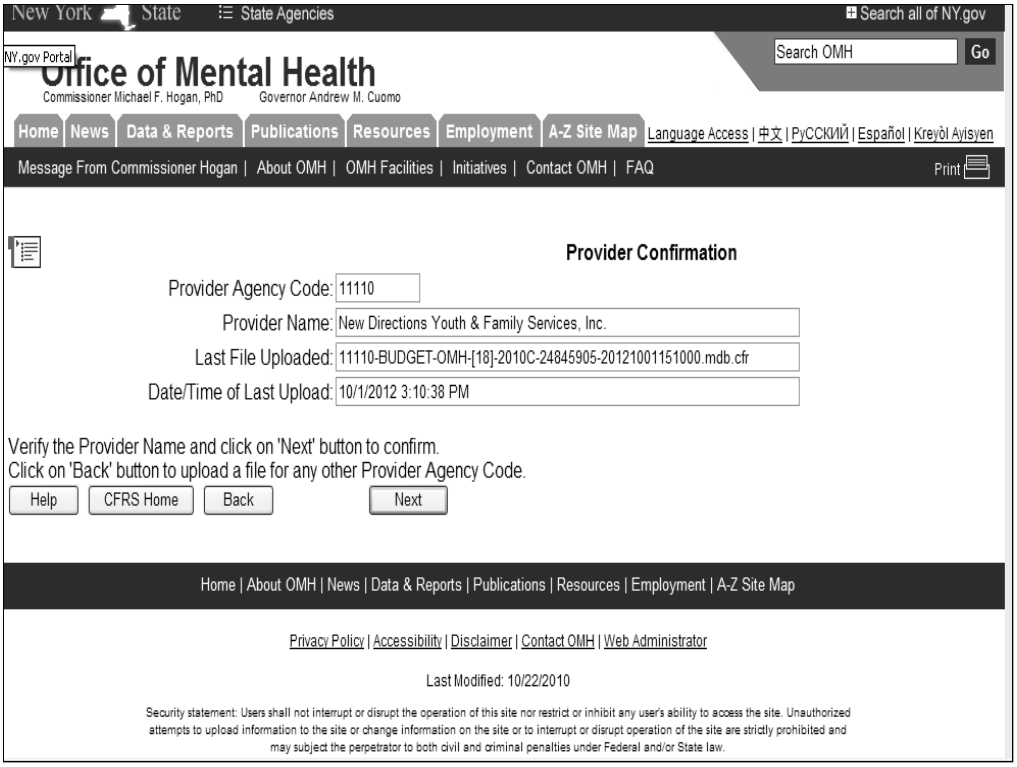
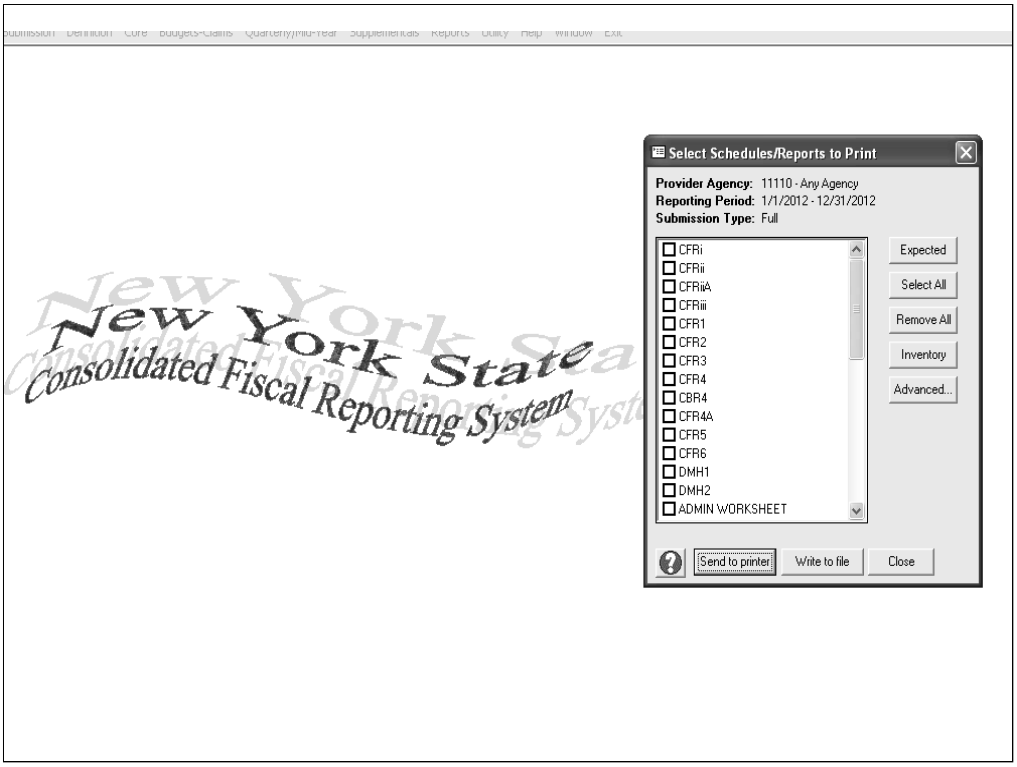
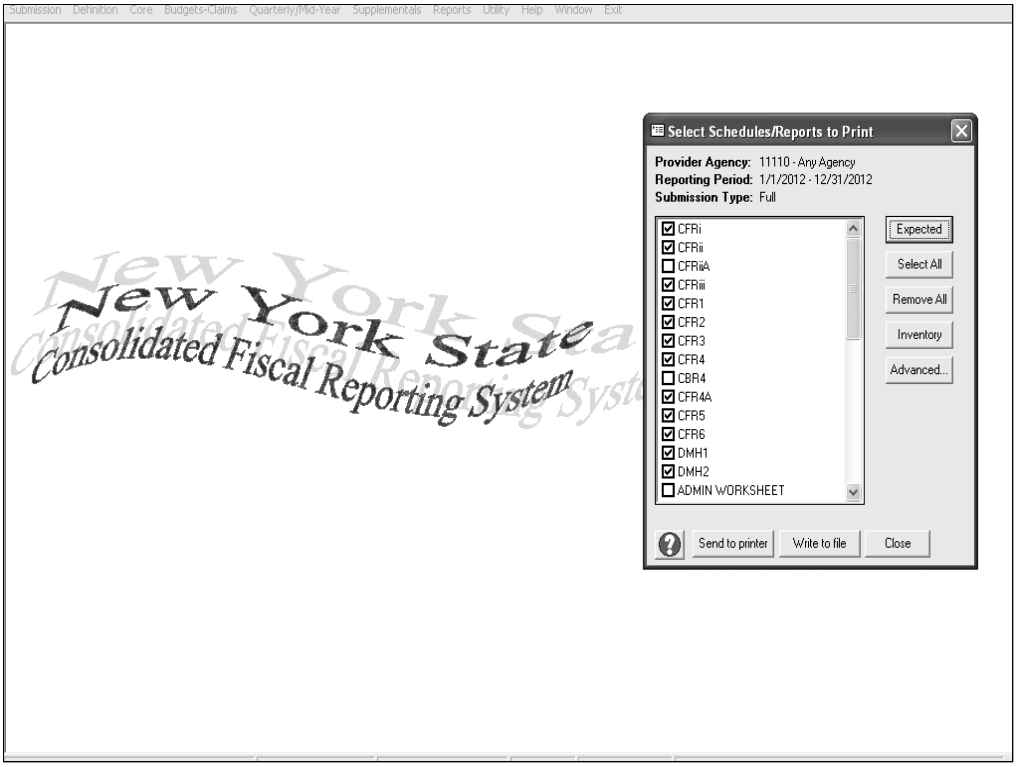
Employment
A-Z Site Map
Language Access | 中文 | РуССКИЙ | Español | Kreyòl Ayisyen
Message From Commissioner Hogan | About OMH | OMH Facilities | Initiatives | Contact OMH | FAQ
Print
CFRS Upload
Provider Agency Code: 11110
Enter the Provider Agency Code for which you want to upload data and click on 'Next' button.
Help
CFRS Home
Next
Home | About OMH | News | Data & Reports | Publications | Resources | Employment | A-Z Site Map
Privacy Policy | Accessibility | Disclaimer | Contact OMH | Web Administrator
Last Modified: 8/10/2011
Security statement: Users shall not interrupt or disrupt the operation of this site nor restrict or inhibit any user's ability to access the site. Unauthorized attempts to upload information to the site or change information on the site or to interrupt or disrupt operation of the site are strictly prohibited and may subject the perpetrator to both civil and criminal penalties under Federal and/or State law.

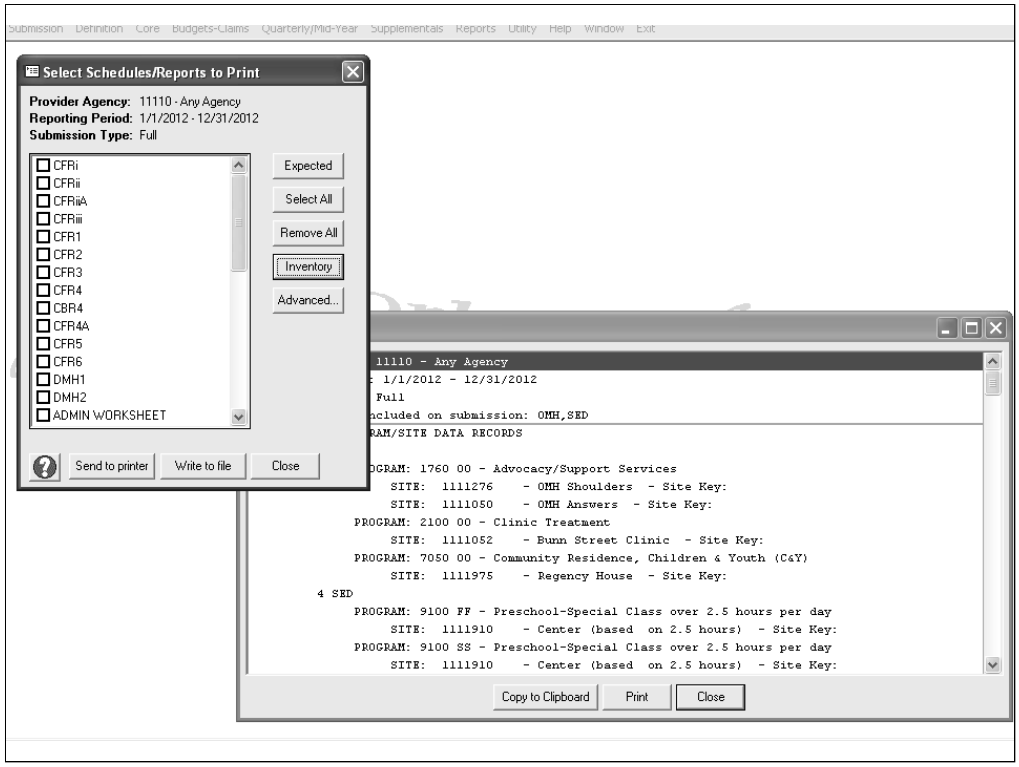


Provider's confirmation of CFR Budget Upload,
Note: This is not the Full 2012 CFR Upload. Software used to make the sample is version 19.0, this version will not allow for 2012 upload at this this time, only version 20.0 of software will allow the upload to be entered .

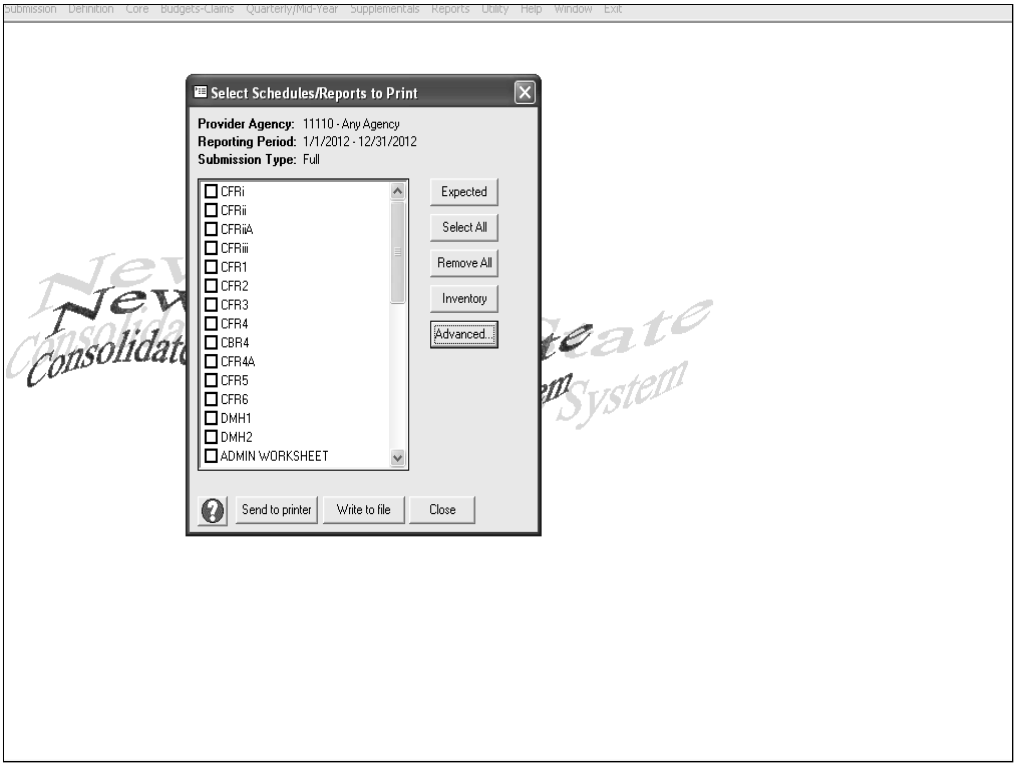


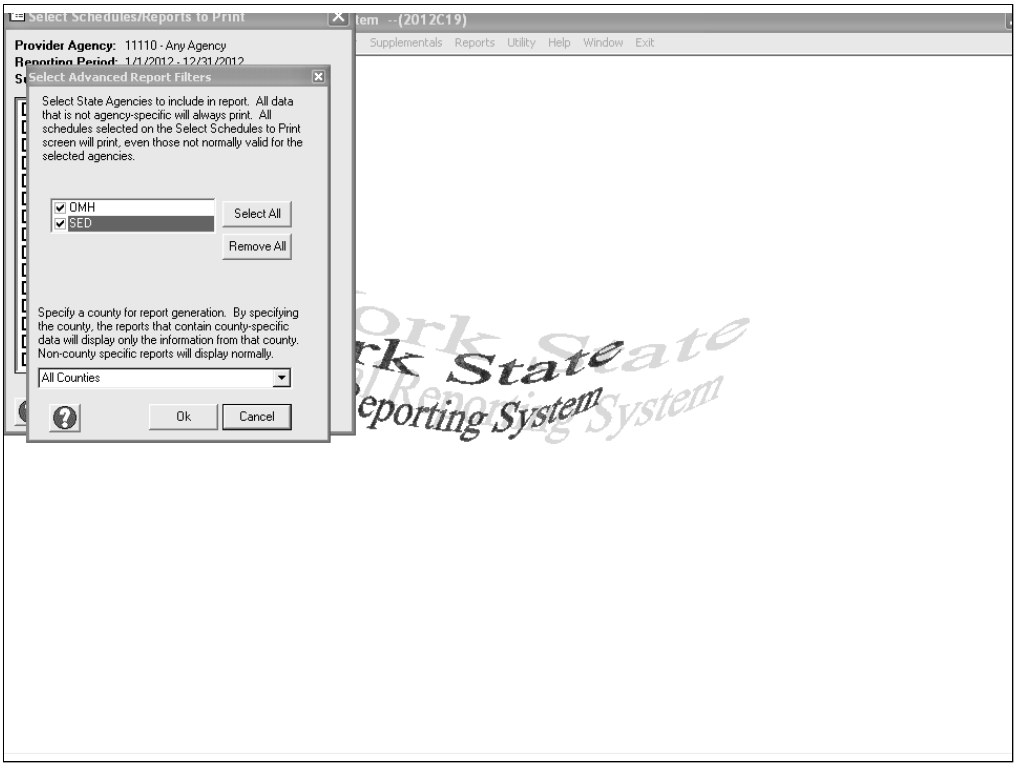
To print a provider 's CFR or to save an electronic copy of the CFR. First select " Reports". Once on the screen display, click on "Expected" , CFRS software applies a check mark to all applicable schedules for printing, based on provider's submission type. Then click "Send to Printer" the appropriate information is sent to provider's default printer to print.


Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
New York State
Consolidated Fiscal Reporting System
Select Schedules/Reports to Print
Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full
CFRi
CFRii
CFRiiA
CFRiii
CFR1
CFR2
CFR3
CFR4
CBR4
CFR4A
CFR5
CFR6
DMH1
DMH2
ADMIN WORKSHEET
Expected
Select All
Remove All
Inventory
Advanced...
Send to printer
Write to file
Close



The result when a provider chooses “Inventory”


Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit
Select Schedules/Reports to Print
Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full
CFRi
CFRii
CFRiiA
CFRiii
CFR1
CFR2
CFR3
CFR4
CBR4
CFR4A
CFR5
CFR6
DMH1
DMH2
ADMIN WORKSHEET
Expected
Select All
Remove All
Inventory
Advanced...
Send to printer
Write to file
Close



Results of a provider choosing "Advanced" report filters

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE SED - 1

Program and Enrollment Data

Program: 9100 (FF) - Preschool-Special Class over 2.5 h

Program and Enrollment Data

Line No.	ENROLLMENT (FTE) BY FUNDING SOURCE	SUMMER	SCHOOL YEAR
100	Non-disabled - UPK	0.000	0.000
101	Non-disabled - Other	0.000	0.000
102	Sec.4402 (Art.89) Sch. Dist. Placement	0.000	0.000
103	Department of Health Chapter 428	0.000	0.000
104	Sec.4408 (Art.89) Sch. Dist. Placement	0.000	0.000
105	Sec.4410 (3-4 yr.olds) Sch. Dist. Placement	15.661	13.900
106	Local Social Services District	0.000	0.000
107	Other	0.000	0.000
108	Total by Funding Source (Sum Lines 102-107)	15.661	13.900
109	Number of Days in Session	30	72
110	Care Days (Line 108 times Line 109)	470	1,001
115	Actual SEIS or SEIT Units Provided	0	0
201	Approved Classroom Ratio	12:1:1.0	08:1:2.0
202	Number of Classrooms	1.000	1.000
203	Student FTE	10.500	8.000
301	Approved Classroom Ratio		
302	Number of Classrooms	0.000	0.000
303	Student FTE	0.000	0.000
401	Approved Classroom Ratio	06:1:1.0	06:1:1.0
402	Number of Classrooms	1.000	1.000
403	Student FTE	5.161	5.900
501	Approved Classroom Ratio		
502	Number of Classrooms	0.000	0.000
503	Student FTE	0.000	0.000

Go To... Save Validate Cancel Delete Close

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: July 1, 2011 - June 30, 2012
Submission Type: Full

SCHEDULE SED - 4

Related Service Capacity, Need and Productivity

Program: 9100 - Preschool-Special Class over 2.5 hours

Related Service Capacity, Need and Productivity

	Capacity				Need					Productivity	
Col 1	**Col 2a**	**Col 2b**	**Col 2c**	**Col 3**	**Col 4a**	**Col 4b**	**Col 4c**	**Col 4d**	**Col 4e**	**Col 5**	**Col 6**
Related Service	Annual Related Service Employee FTE Allocated to Program	Annual Contracted Related Service Hours	Program Hours per Week	Annual Capacity of Related Service Time in Half-Hour Units (Column 2a x 52 Weeks x Column 2c x 2) + (Column 2b x 2)	Annual IEP Mandated Individual Related Service Sessions on All Students' IEPs	Annual IEP Mandated Group Related Service Sessions on All Students' IEPs	Average # of Students Served in Group	Annual Group Sessions	Annual IEP Mandated Half-Hour Related Service Sessions (Sum Columns 4a and 4d)	Annual IEP Mandated Half-Hour Related Service Sessions Provided RS-2 col 7	Percentage of Time Related Service Sessions Provided (Column 5 divided by Column 3)
Speech Therapy	0.884	0	25	2,298.40	2,001.00	398.00	3.00	133	2,133.67	1,967.00	85.5813
Physical Therapy	1.060	0	25	2,756.00	2,615.00	530.00	4.00	133	2,747.50	2,367.00	85.8853
Occupational Therapy	0.490	0	25	1,274.00	861.00	241.00	4.00	60	921.25	854.00	67.0330
Counseling	0.000	65	25	130.00	85.00	15.00	2.00	8	92.50	86.00	66.1538
Skilled Nursing	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000
Other	0.000	0	25	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0000

Go To... Save Validate Cancel Delete Close

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE OMH - 2

Medicaid Units of Service by Program/Site

Program: 2100 (00) - Clinic Treatment **Site:** 1111052 - Bunn Street Clinic

Medicaid Units of Service by Program/Site

Line No.	TYPE OF SERVICE	WEIGHT FACTOR	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS
	Partial Hospitalization (2200)				
1	Regular				
2	Collateral				
3	Group Collateral				
4	Crisis				
	Intensive Psychiatric Rehab (2320)				
5	Regular				
	Clinic Treatment (2100)				
6	Service Days	1.0	4,224	4,224	
	Continuing Day Treatment (1310)				
7	Half Day	0.50			
8	Full Day	1.00			
	PROS (6340) (7340) (8340)				
9	PROS Units	1.00			
	Day Treatment (0200)				
10	Brief Day	0.33			
11	Half Day	0.50			
12	Full Day	1.00			
13	Collateral	0.33			
	Other / Residential / Total				
14	All Other	1.00			
15	Residential (Patient Days)	1.00			
16	Total		4,224	4,224	0

Go To... Save Validate Cancel Delete Close

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE OMH - 3

Client Information

Program: 2100 (00) - Clinic Treatment **Site:** 1111052 - Bunn Street Clinic

Client Information

Line No.	ITEM DESCRIPTION	Value
1	Persons on Rolls Beginning of Year	301
2	New Persons added to Rolls	64
3	Persons Removed from Rolls	103
4	Persons on Rolls, End of Year	262

Go To... Save Validate Cancel Delete Close

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency
Reporting Period: 1/1/2012 - 12/31/2012
Submission Type: Full

SCHEDULE OMH - 4

Units of Service By Payor
By Program/Site

Program: 2100 (00) - Clinic Treatment **Site:** 1111052 - Bunn Street Clinic

Units of Service by Payor By Program/Site

Line No.	ITEM DESCRIPTION	TOTAL VISITS	REVENUE EARNED BY PAYOR
	Payors:		
1	Medicare Only	227	
2	Medicaid Fee-for-Service Only	2,764	
3	Medicaid Managed Care	843	
4	Medicaid and Medicare	617	
5	Medicaid Managed Care and Medicare		
6	Medicaid and Other Private Insurance		
7	Medicaid Managed Care and Other Private Insurance		
8	Child Health Plus or Family Health Plus	280	19,320
9	Other Private Insurance	562	
10	Participant Fees- Co-pays and Deductibles		4,736
	Uncompensated Care:		
11	Participant Fees- Not Including Co-pays	301	15,050
12	Third Party - Not Paid - Non-Covered Services	25	
13	Third Party - Not Paid - Non-Eligible Licensed Staff		
14	Third Party - Not Paid - Non-Eligible Out of Network		
15	Total Visits (Sum of Lines 1-14)	5,619	
16	Visits Eligible for Uncompensated Care Reimbursement (Sum Lines 11-14)	326	
17	Uncompensated Care Visits (Line 16) as Percent of Total Visits (Line 15)	6	

Go To... Save Validate Cancel Delete Close

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 40630 - NYSARC Herkimer County
Reporting Period: 1/1/2011 - 12/31/2011
Submission Type: Full

SCHEDULE OPWDD - 1

Schedule of Services - ICF/DDs Only

Program: (Select from list)
Site: (Select from list)

Schedule of Services - ICF/DDs Only

Line No.	SERVICE TYPE	Purchased w/Medicaid Card	Purchased by ICF/DD	ICF Purchase Over Med. Card	Amount Assoc/w Col. 2 or 3
	Pharmacy Services				
1	Prescription Drugs + Insulin	☐	☐	☐	
2	Non-Prescription Drugs	☐	☐	☐	
3	Medical Gloves	☐	☐	☐	
4	Enteral Formulae	☐	☐	☐	
5	Diapers/Underpads	☐	☐	☐	
6	Other Medical Supplies	☐	☐	☐	
	Equipment				
7	Durable Medical	☐	☐	☐	
8	Prosthetic & Orthotic	☐	☐	☐	
	Service Coordination.				
9	Service Coordination	☐	☐	☐	
	Transportation Services				
10	To Medical Office/Clinic	☐	☐	☐	
	Therapy Services (See definition)				
11	Long Term - Occupational Therapy	☐	☐	☐	
12	Long Term - Physical Therapy	☐	☐	☐	
13	Long Term - Psychologist Services	☐	☐	☐	
14	Long Term - Speech and Language Pathology	☐	☐	☐	
15	Long Term - Dietetics and Nutrition	☐	☐	☐	
16	Long Term - Rehabilitation Counseling	☐	☐	☐	
17	Long Term - Social Work	☐	☐	☐	
18	Long Term - Nursing	☐	☐	☐	
19	Acute Care - Occupational Therapy	☐	☐	☐	
20	Acute Care - Physical Therapy	☐	☐	☐	
21	Acute Care - Psychologist Services	☐	☐	☐	

Go To... Save Validate Cancel Delete Close

Only change to this schedule is the addition of one data field that is used to report the Operating Certificate # of the ICFDD site.

Submission Definition Core Budgets-Claims Quarterly/Mid-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 40630 - NYSARC Herkimer County **SCHEDULE OPWDD - 2** ICF/DD Medical Supplies
Reporting Period: 1/1/2011 - 12/31/2011
Submission Type: Full

Program: (Select from list)
Site: (Select from list)

ICF/DD Medical Supplies

Line No.	Medical Supply Description	Check Box if Included
1	ADHESIVE TAPE	
2	ADHESIVE BANDAGES	
3	ADHESIVE PLASTERS	
4	ANTISEPTICS	
5	CANES	
6	CATHETERS	
7	CLOTH/CLOTH-LIKE PRODUCTS	
8	COMMODE ACCESSORIES	
9	CONSTIPATION AIDS	
10	COTTON/COTTON-LIKE PRODUCTS	
11	CRUTCHES	
12	DIABETIC DIAGNOSTICS	
13	DIABETIC DAILY CARE	
14	ELECTRIC COOL/HEAT PADS	
15	EYE CARE SUPPLIES	
16	GAUZE ROLLS	
17	GAUZE PADS-STERILE	
18	GAUZE PADS-NON-STERILE	
19	IRRIGATION SUPPLIES	
20	OSTOMY CARE PRODUCTS	
21	LAMBS WOOL	
22	SYNTHETIC SHEEP SKIN	
23	LUBRICATING JELLY	
24	MASTECTOMY PRODUCTS	
25	RESPIRAT./TRACHE. CARE PRODUCT	
26	RUBBER FLAT GOODS	

Go To... Save Validate Cancel Delete Close

Only change to this schedule is the addition of one data field that is used to report the Operating Certificate # of the ICFDD site.