



# New York State Consolidated Fiscal Reporting Interagency Committee

September 11, 2014

Dear Fiscal Officer:

The Office of Alcoholism and Substance Abuse Services (OASAS), the Office of Mental Health (OMH), the Office For People With Developmental Disabilities (OPWDD) and the State Education Department (SED) will be conducting training sessions on completing the January 1, 2014 through December 31, 2014 Consolidated Fiscal Report (CFR) at five locations. Please refer to the State Education Department website:

<http://www.oms.nysed.gov/rsu/Training/CFRTraining>.

Dates and locations for the training sessions are indicated on the second page of this letter. Training sessions are primarily intended for individuals who have never completed a CFR. However, anyone seeking additional assistance with CFR preparation may attend.

**Attendance at the CFR training sessions is optional. However, if you wish to attend, you must pre-register at least one week before the scheduled date of the CFR training session.** As sessions will be closed to additional registrants when maximum room capacity is reached, early registration is recommended. Registration for the 2014 CFR Training sessions will be done in an online survey format, using a link at the website listed above. Each registrant must submit a separate survey, and may register for only one session. As training space is limited, no more than two representatives per provider should register for these training sessions. Please be aware that these are the only scheduled training sessions for the calendar year 2014 CFR.

**Please note that you must download and print the training materials and bring them with you to the training session.** The training materials will be available for download after October 16, 2014 at the website listed above.

Once finalized, the 2014 CFR Manual, forms and cover letter will be posted for download at the following SED website:

[http://www.oms.nysed.gov/rsu/Manuals\\_Forms/Manuals/CFRManual/home](http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/home).

Providers will be notified when these documents are available. Hard copies of these materials will not be mailed to service providers.

Should you have any questions regarding these training sessions, or if you have already registered and need to cancel or change your reservation, please contact Cathy Shippey at the OASAS Bureau of Provider Monitoring and Funding. She can be reached via e-mail at [cathy.shippey@oasas.ny.gov](mailto:cathy.shippey@oasas.ny.gov) or by phone at 518-485-2206.

Sincerely,

*Warren D. Moessner, Jr.*

Warren D. Moessner, Jr, Chairperson  
CFR Interagency Training Subcommittee

cc: Cathy Shippey (OASAS)  
Dianne Flood (OPWDD)

Peter Reilly (OMH)  
Paula McNulty (SED)

NYS Office of Mental Health  
44 Holland Avenue  
Albany, NY 12229  
CBFM CFR Unit: (518) 473-3572  
E-mail: CFR@omh.ny.gov  
Budget & Fiscal Services: (518) 473-7885  
  
Homepage:  
[www.omh.ny.gov/omhweb/finance/main.htm](http://www.omh.ny.gov/omhweb/finance/main.htm)

NYS Office For People With  
Developmental Disabilities  
44 Holland Avenue, 5th Floor  
Albany, NY 12229-0001  
  
CFR Processing Unit:  
(518) 402-4275  
Claims: (518) 402-4248  
Homepage: <http://www.opwdd.ny.gov>

NYS Office of Alcoholism  
and Substance Abuse Services  
1450 Western Avenue  
Albany, NY 12203-3526  
  
Provider Monitoring and Funding:  
(518) 457-5553  
Homepage: <http://www.oasas.ny.gov>

NYS Education Department  
Rate Setting Unit  
Albany, NY 12234  
  
(518) 474-3227  
E-Mail: [RATEWEB@MAIL.NYSED.GOV](mailto:RATEWEB@MAIL.NYSED.GOV)  
Homepage: <http://www.oms.nysed.gov/rsu/>

## 2014 CFR Training Schedule

Registration for the 2014 calendar year CFR Training sessions will be done in an online survey format using the link to [www.surveymonkey.com](http://www.surveymonkey.com) available at:

<http://www.oms.nysed.gov/rsu/Training/CFRTraining>

Each registrant must submit a separate survey. There is a maximum of two attendees per provider agency.

**Please register at least one week prior to the date of the 2014 CFR Training session.**

Date & Location	Time	Notes
<b>October 22, 2014</b> <b>Abilities!</b> <b>Smeal Learning Center</b> 201 I U Willets Road Albertson, NY 11507	Start: 12:30 p.m. End: 4:30 p.m.	There is no lunch break at this session. Limited parking is available. Please allow additional time!
<b>October 23, 2014</b> <b>Abilities!</b> <b>Smeal Learning Center</b> 201 I U Willets Road Albertson, NY 11507	Start: 9:30 a.m. End: 1:30 p.m.	There is no lunch break at this session. Limited parking is available. Please allow additional time!
<b>October 29, 2014</b> <b>Monroe 2 – Orleans BOCES</b> 3599 Big Ridge Road Spencerport, NY 14559	Start: 10:00 a.m. End: 3:00 p.m.	This session includes a one hour break for lunch on your own.  Large Conference Room (James Green, Jr. Room)
<b>October 30, 2014</b> <b>Central New York Regional Information Center at OCM BOCES</b> 6075 East Molloy Road Syracuse, NY 13211	Start: 10:00 a.m. End: 3:00 p.m.	This session includes a one hour break for lunch on your own.  Building 8 Large Conference Room
<b>November 13, 2014</b> <b>Ulster County BOCES</b> 175 Route 32 North <i>(GPS: 175 North Chestnut Street)</i> New Paltz, NY 12561	Start: 10:00 a.m. End: 3:00 p.m.	This session includes a one hour break for lunch on your own.  Conference Center
<b>November 17, 2014</b> <b>Capital District Developmental Disabilities Service Office (DDSO)</b> <b>O. D. Heck Developmental Center</b> 500 Balltown Road Schenectady, NY 12304	Start: 10:00 a.m. End: 3:00 p.m.	This session includes a one hour break for lunch on your own.  Building 3, Room 2
<b>November 24, 2014</b> <b>Capital District Developmental Disabilities Service Office (DDSO)</b> <b>O. D. Heck Developmental Center</b> 500 Balltown Road Schenectady, NY 12304	Start: 10:00 a.m. End: 3:00 p.m.	This session includes a one hour break for lunch on your own.  Building 3, Room 2

**You will be asked for the following information when registering online:**

Training Session Date and Time	Attendee's First Name
Five Digit CFR Agency Code	Attendee's Last Name
Provider Agency Name or Employer's Firm Name	Attendee's Job Title
Employer Type	Attendee's Telephone Number (Work or Cell)
NYS Agencies Certifying/Funding Your Programs	Attendee's E-mail Address