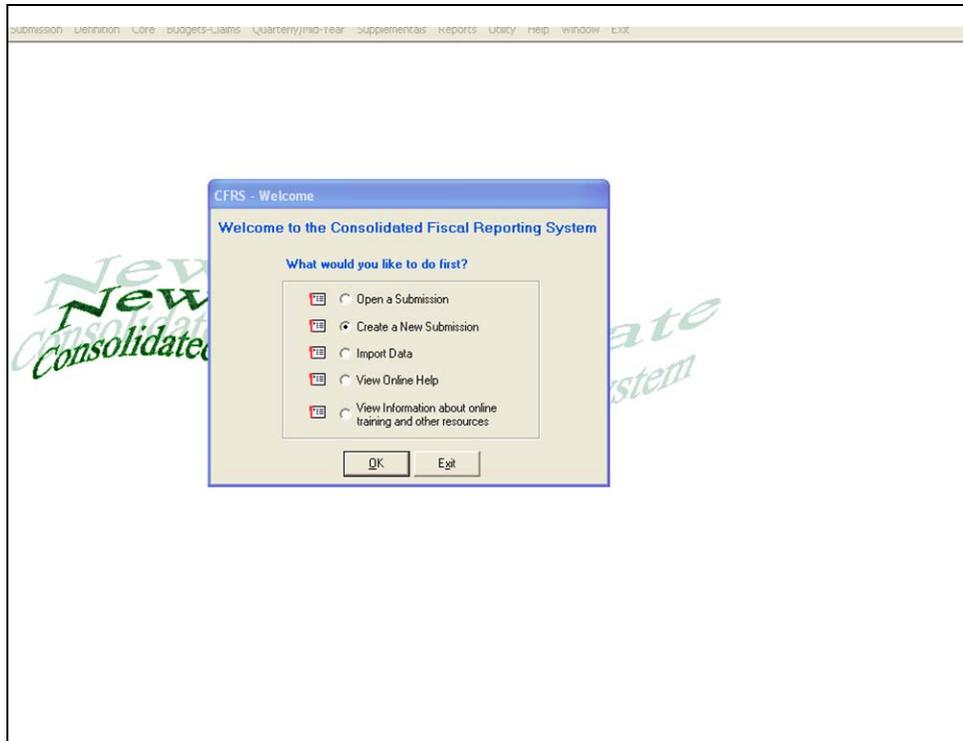


Slide 1



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

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

CFRS New Submission

Submission definition

Submission Type: Full

State Agencies: DMH, OPWDD, OASAS, SED

Reporting Cycle: Calendar (Jan. to Dec.), Fiscal (July to June)

Reporting Period: Default, Other

From: 7/1/2010, To: 6/30/2011

Provider Code/Corp ID: 11110, User Description (Optional): software presentation

OK

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

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

Current submission definition: Reporting Period: 7/1/2010-6/30/2011 State agencies: OMH
Submission Type: Full
Provider Agency Code: 11110

No	Provider agency Code	Provider agency Name	Submission type	Reporting From	Reporting To	Type	State Agencies	Us
1	11110	Any Agency, Inc.	Full	7/1/2010	6/30/2011	J	OMH	

The current submission has the following Provider agency details

Provider Agency
Provider agency code: 11110

Address 1: 24 Phillips Street
Address 2:
City: New York
State: New York
Zip: 10003-1234
County: New York - 31

Provider agency name: Any Agency, Inc.
School code:
Federal employer ID: 12-3456789

Type of ownership: Not for Profit

Please check the box if the agency address changed from the prior reporting period.

Save Close

Creating the Agency Definition:

Slide 5

The screenshot displays a software application window with a menu bar (Submission, Definition, Core, Budgets-Claims, Quarterly/Mid-Year, Supplementals, Reports, Utility, Help, Window, Exit) and a main content area. The main area contains a form for submission definition with the following fields:

- Current submission definition: Reporting Period: 7/1/2010-6/30/2011, Submission Type: Full, Provider Agency Code: 11110, State agencies: DMH

Below the form is a table with the following data:

No	Provider agency Code	Provider agency Name	Submission type	Reporting From	Reporting To	Type	State Agencies	Us
1	11110	Any Agency, Inc.	Full	7/1/2010	6/30/2011	J	DMH	

Below the table, there is a section titled "The current submission has the following Pr" with the following fields:

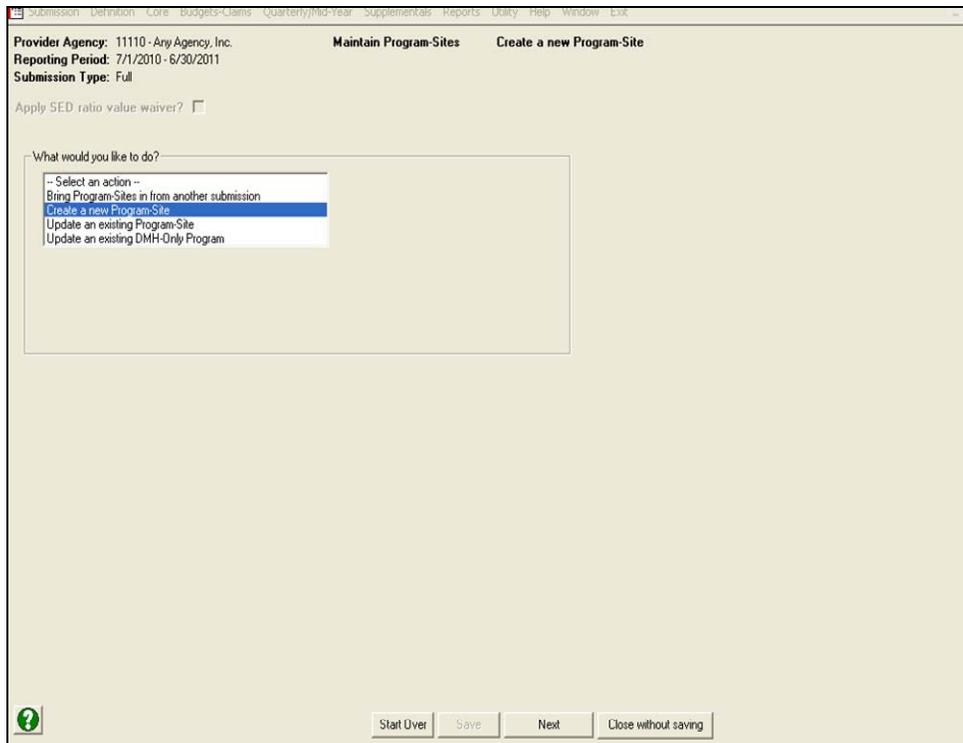
- Provider Agency: Provider agency code: 11110
- Provider agency name: Any Agency, Inc.
- School code: [Empty field]
- Federal employer ID: 12-3456789
- Please check the box if the agency address changed from the prior reporting period. [Empty checkbox]

A "CFRS - Messenger" dialog box is overlaid on the main window, displaying the following text:

Process Results:
Maximize the screen to increase the visible area.
SUCCESS: Data saved.

The dialog box has buttons for "Close", "Print", and "Copy to Clipboard".

Slide 6



Adding or Editing the Program-Site Definition:

Slide 7

Provider Agency: 11110 - Any Agency, Inc. Maintain Program-Sites Create a new Program-Site
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

Apply SED ratio value waiver?

Following are the sites that exist in the current submission. You may select a site and then change the definition to create a new site.

Program Code-Index	Program Name	Site Code	Site Name	Agencies	Site Key
--------------------	--------------	-----------	-----------	----------	----------

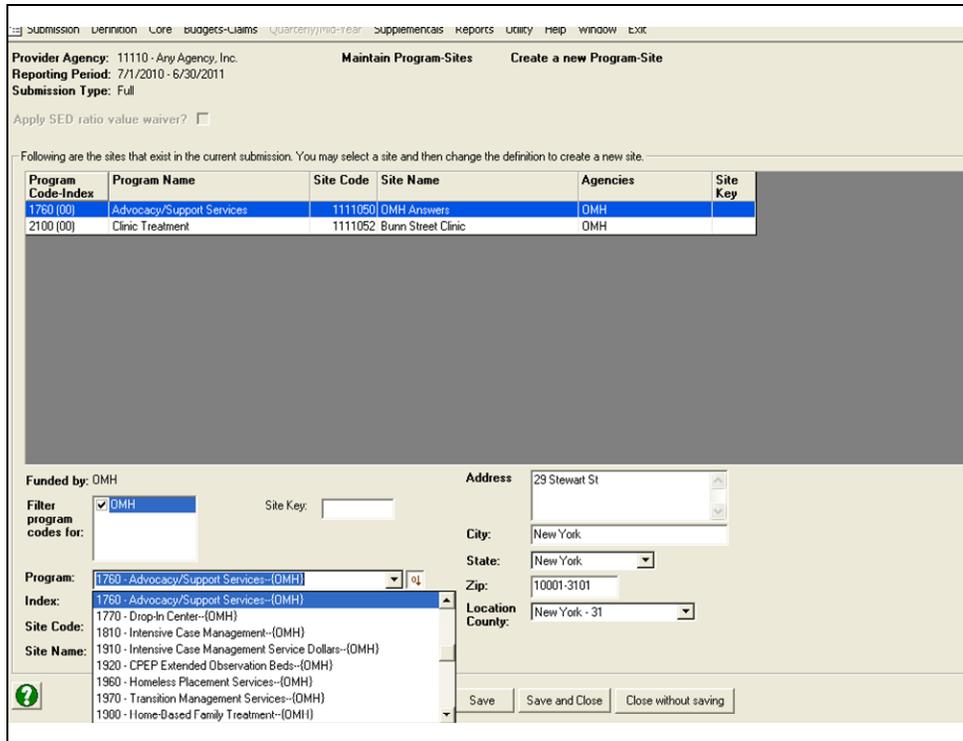
Funded by: OMH Site Key:

Filter program codes for:

Program: 2100 - Clinic Treatment-(OMH) Address: 25 Bunn St
Index: 00 City: New York
Site Code: 1111052 State: New York
Site Name: Bunn Street Clinic Zip: 10014-1111
Location County: New York - 31

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



Submission | Definition | Core | Budgets-UAMS | Quarterly/Info-Team | Supplementals | Reports | Utility | Help | Window | Exit

Provider Agency: 11110 - Any Agency, Inc. **Maintain Program-Sites** Create a new Program-Site

Reporting Period: 7/1/2010 - 6/30/2011

Submission Type: Full

Apply SED ratio value waiver?

Following are the sites that exist in the current submission. You may select a site and then change the definition to create a new site.

Program Code-Index	Program Name	Site Code	Site Name	Agencies	Site Key
1760 (00)	Advocacy/Support Services	1111050	OMH Answer	OMH	
2100 (00)	Clinic Treatment	1111052	Burr Street Clinic	OMH	

Funded by: OMH

Filter program codes for: OMH Site Key:

Address: 29 Stewart St

City: New York

State: New York

Zip: 10001-3101

Location County: New York - 31

Program: 1760 - Advocacy/Support Services--(OMH)

Index: 1760 - Advocacy/Support Services--(OMH)

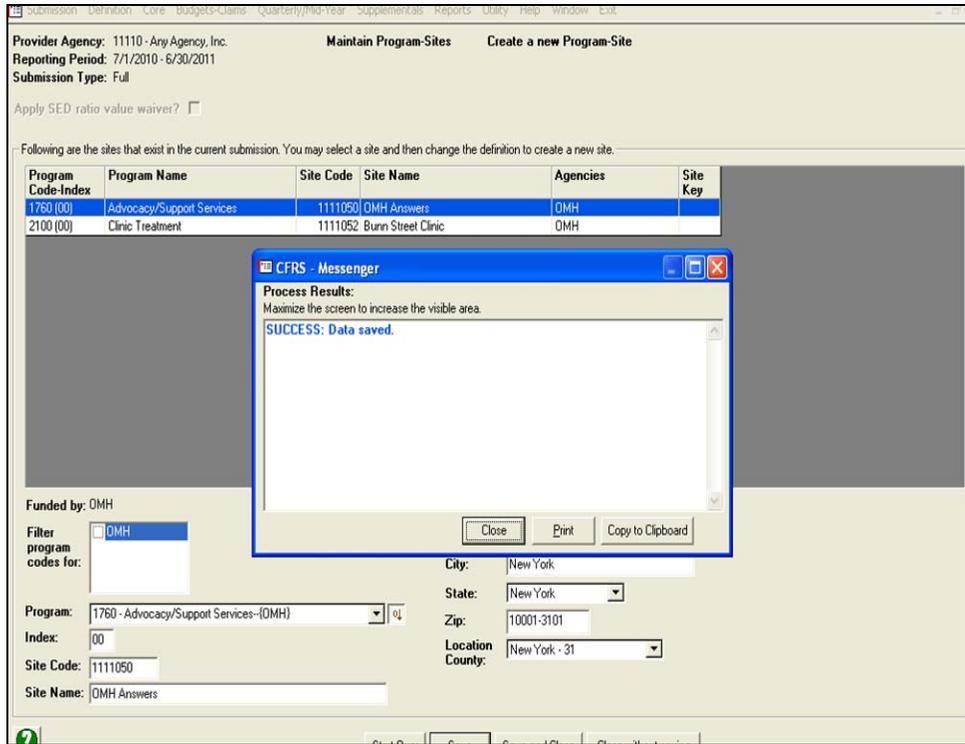
Site Code: 1770 - Drop-In Center--(OMH)
1810 - Intensive Case Management--(OMH)
1910 - Intensive Case Management Service Dollars--(OMH)
1920 - CPEP Extended Observation Beds--(OMH)
1960 - Homeless Placement Services--(OMH)
1970 - Transition Management Services--(OMH)
1900 - Home-Based Family Treatment--(OMH)

Site Name:

Save Save and Close Close without saving

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

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

Provider Agency: 11110 - Any Agency, Inc. **Maintain Program-Sites** **Create a new Program-Site**
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

Apply SED ratio value waiver?

Following are the sites that exist in the current submission. You may select a site and then change the definition to create a new site.

Program Code-Index	Program Name	Site Code	Site Name	Agencies	Site Key
1760 (00)	Advocacy/Support Services	1111050	OMH Answers	OMH	
2100 (00)	Clinic Treatment				

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..
CFRi	<<
CFRii	
CFRiii	
CFR4	
CFR4A	
CFR5	
OMH1	
CFR1	
CFR3	

Program-Site Definition
 Provider-Agency Definition
 Utilities
 Reports

Show all schedules

Funded by: OMH

Filter program codes for: OMH **Site Key:**

Program: 1760 - Advocacy/Support Services--(OMH) **City:** New York

Index: 00 **State:** New York

Site Code: 1111050 **Zip:** 10003-3101

Site Name: OMH Answers **Location County:** New York - 31

Slide 11

ITEM DESCRIPTION	Value
Provider Agency City	New York
Provider Agency State	New York
Provider Agency Zip Code	10003-1234
Provider Agency Code	11110
Provider Agency County	New York
School Code	010205005555
Provider Ownership Type	Not for Profit
Please check the box if the agency address changed from the prior reporting period.	<input type="checkbox"/>
FEDERAL EMPLOYER ID NUMBER	01-2345678
Contact Courtesy Title	Mrs
Contact First Name	Sally
Contact Last Name	Sanders
Contact Telephone Number	212 355-5555 Ext. 123
Contact Title	Accountant
Contact E-mail Address	ssanders@anyagency.org
Contact FAX Number	212 355-6666 Ext. _____
Please check the box if the person to contact changed from the prior reporting period.	<input type="checkbox"/>
Date Signed	10/11/2012
Director Courtesy Title	Mrs.
Director First Name	Mary
Director Last Name	Reynolds
Director Title	Executive Director
Director Phone Number	212 355-7778 Ext. 133
Chief Executive Officer E-mail Address	mreynolds@anyagency.com
Please check the box if the Chief Executive Officer changed from the prior reporting period.	<input type="checkbox"/>
Claims Contact Courtesy Title	Ms.
Claims Contact First Name	Sally
Claims Contact Last Name	Sanders
Claims Contact Phone Number	212 355-5555 Ext. 123
Claims Contact Title	Accountant

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

Provider Agency: 11110 - Any Agency, Inc.	SCHEDULE	Agency Identification and Certification Statement
Reporting Period: 7/1/2010 - 6/30/2011	CFR - i/ii/iii	Accountant's Report - Voluntary Agency or County Gov't
Submission Type: Full		County/NY/C Certification Statement

CFR-i	CFR-ii/iiA	CFR-iii
-------	------------	---------

ITEM DESCRIPTION	Value
Date of report (Enter date of the audit report on the financial statements).	09/10/2012
CPA Name	Alexandria Countitt
Firm Name	A. Countitt & Company
CPA Address Line 1	66 Wall St.
CPA Address Line 2	
CPA City	Homer
CPA State	NY
CPA Zip Code	13222
CPA Telephone Number	315 222-3535 Ext. _____
Date CFR ii signed	10/11/2012
CPA Firm Reg. Number	12-34567

Copy Contact	Go To...	Save	Validate	Cancel	Delete	Close
--------------	----------	------	----------	--------	--------	-------

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

Provider Agency: 11110 - Any Agency, Inc.		SCHEDULE Agency Identification and Certification Statement
Reporting Period: 7/1/2010 - 6/30/2011	CFR - i/ii/iii/A/iii	Accountant's Report - Voluntary Agency or County Gov't
Submission Type: Full		County/NYC Certification Statement
CFR-i CFR-ii/iiA CFR-iii		
ITEM DESCRIPTION	Value	
Local Governmental Unit	New York - 31	
LGU Date		
Title (Service Provider's Chief Executive Officer)	Executive Director	
Title (LGU's Chief Fiscal Officer)		
CEO Date	10/11/2012	
LGU CFO Date		
CEO First Name		
CEO Last Name		
LGU CFO First Name		
LGU CFO Last Name		

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

The screenshot shows a software application window with a menu bar (Submission, Definition, Core, Budgets-Claims, Quarterly/Mid-Year, Supplementals, Reports, Utility, Help, Window, Exit). The main area contains submission details:

- Provider Agency:** 11110 - Any Agency, Inc.
- Reporting Period:** 7/1/2010 - 6/30/2011
- Submission Type:** Full
- SCHEDULE:** Agency Identification and Certification Statement
- CFR - i/ii/iii/iv:** Accountant's Report - Voluntary Agency or County Gov't
- County/NYC Certification Statement**

Below the details is a table with two columns: 'ITEM DESCRIPTION' and 'Value'. The table has a dropdown menu for 'New York - 31' and a list of items including 'Local Governmental Unit', 'LGU Date', 'Title (Service Provider's Chief Executive Officer)', 'Title (LGU's Chief Fiscal Officer)', 'CEO Date', 'LGU CFO Date', 'CEO First Name', 'CEO Last Name', 'LGU CFO First Name', and 'LGU CFO Last Name'. The 'Value' column contains 'Executive Director'.

A 'CFRS - Navigation' dialog box is open in the center. It contains the following text: '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.' Below this is a table with 'Schedule Name' and 'Next.' columns. The 'CFRiv' row is selected. To the right of the table are radio buttons for 'Program-Site Definition', 'Provider-Agency Definition', 'Utilities', and 'Reports'. At the bottom of the dialog are 'Go' and 'Cancel' buttons, and a checkbox for 'Show all schedules'.

At the bottom of the main window are buttons for 'Copy Contact', 'Go To...', 'Save', 'Validate', 'Cancel', 'Delete', and 'Close'.

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 4 Personal Services
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - OMH Program: [Select from list]
 Site: [Select from list]
 1780 (00) - Advocacy/Support Services
 2100 (00) - Clinic Treatment

Program/Site - Program Admin/LGU Admin | Agency Admin | Click the "Add" button below to add a row to the list.

Position	Standard Workweek				Hours Paid	FTE	Amount Paid	State Agency Total for all programs		
	35	37.5	40	Other				Hours Paid	FTE	Amount Paid
Total 'Hours Paid', 'FTE', and 'Amount Paid' for Positions								0	0.000	0

Go To... Save Validate Cancel Add Delete Close

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 Codes 700-790 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

Submission Definition Core Budgets-Claims Quarterly/10-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 4 Personal Services
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

Program/Site - Program Admin/LGU Admin Agency Admin Click the "Add" button below to add a row to the list.

Position	Standard Workweek				Hours Paid	FTE	Amount Paid	State Agency Total for all programs		
	35	37.5	40	Other				Hours Paid	FTE	Amount Paid
101 - Food Service Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
102 - Housekeeping and Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
104 - Transportation Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
105 - Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
190 - Other Support Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
201 - Mental Hygiene Worker (not for DMH CR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
202 - Residence Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
203 - Counselor (DMH CR only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
204 - Manager (DMH CR only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
205 - Senior Counselor (DMH CR only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
206 - Supervisor (DMH CR only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
218 - Teacher - Special Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
220 - Teacher - Physical Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Total 'Hours Paid', 'FTE', and 'Amount Paid' for Positions 0 0.000 0

Go To... Save Validate Cancel Add Delete Close

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

The screenshot shows a software application window with the following details:

- Menu: Submission Definition Core Budgets-Claims Quarterly/Year Supplementals Reports Utility Help Window Exit
- Provider Agency: 11110 - Any Agency, Inc.
- SCHEDULE CFR - 4
- Reporting Period: 7/1/2010 - 6/30/2011
- Submission Type: Full
- Personal Services
- Program/Site: Program Admin/LGU Admin Agency Admin
- Instruction: Click the "Add" button below to add a row to the list.

Position	Standard Workweek				Hours Paid	FTE	Amount Paid
	35	37.5	40	Other			
601 - Executive Director/Chief Executive Officer							
602 - Assistant Executive Director							
603 - Comptroller/Controller							
604 - Director of Division							
605 - Office Worker							
606 - Accountant (Agency Administration)							
609 - Computer/Data/Statistical Specialist							
610 - Community Relations							
612 - Administrative Assistant							
614 - Marketing							
620 - Staff Training							
621 - Utilization Review/Quality Assurance							
690 - Other Agency Administration Staff							

Total 'Hours Paid', 'FTE', and 'Amount Paid' for Positions: 0 0.000 0

Buttons: Go To... Save Validate Cancel Add Delete Close

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.

Submission Denotation Core Budgets-Claims Claims/Info/Stat Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 4 Personal Services
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

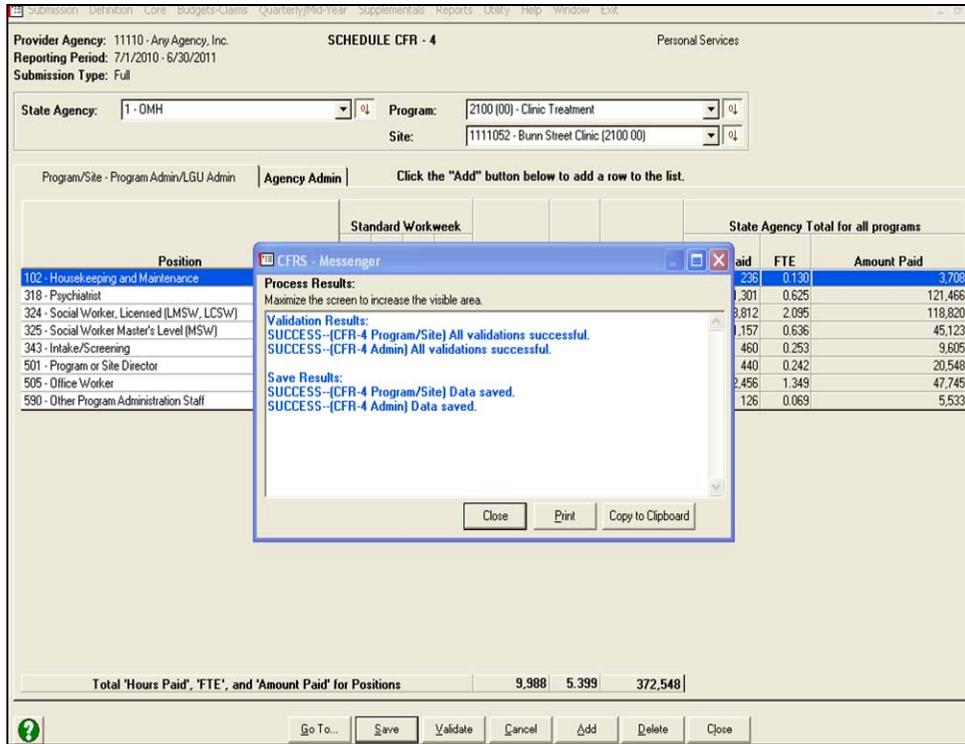
State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

Program/Site - Program Admin/LGU Admin Agency Admin Click the "Add" button below to add a row to the list.

Position	Standard Workweek				Hours Paid	FTE	Amount Paid	State Agency Total for all programs		
	35	37.5	40	Other				Hours Paid	FTE	Amount Paid
1102 - Housekeeping and Maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	236	0.130	3,708	236	0.130	3,708
318 - Psychiatrist	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,301	0.625	121,466	1,301	0.625	121,466
324 - Social Worker, Licensed (LMSW, LCSW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3,812	2.095	118,820	3,812	2.095	118,820
325 - Social Worker Master's Level (MSW)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1,157	0.636	45,123	1,157	0.636	45,123
343 - Intake/Screening	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	460	0.253	9,605	460	0.253	9,605
501 - Program or Site Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	440	0.242	20,548	440	0.242	20,548
505 - Office Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2,456	1.349	47,745	2,456	1.349	47,745
590 - Other Program Administration Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	126	0.069	5,533	126	0.069	5,533
Total 'Hours Paid', 'FTE', and 'Amount Paid' for Positions					9,988	5.399	372,548			

Go To... Save Validate Cancel Add Delete Close

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.



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.

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 4 Personal Services
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

Program/Site - Program Admin/LGU Admin Agency Admin Click the "Add" button below to add a row to the list.

Position	Hours Paid	FTE	Amount Paid
102 - Housekeeping and Maintenance	236	0.130	3,708
318 - Psychiatrist	1,301	0.625	121,466
324 - Social Worker, Licensed (LMSW, LCSW)	3,812	2.095	118,820
325 - Social Worker Master's Level (MSW)	1,157	0.636	45,123
343 - Intake/Screening	460	0.253	9,605
501 - Program or Site Director	440	0.242	20,548
505 - Office Worker	2,456	1.349	47,745
590 - Other Program Administration Staff	126	0.069	5,533
State Agency Total for all programs			

CFRS - Navigation

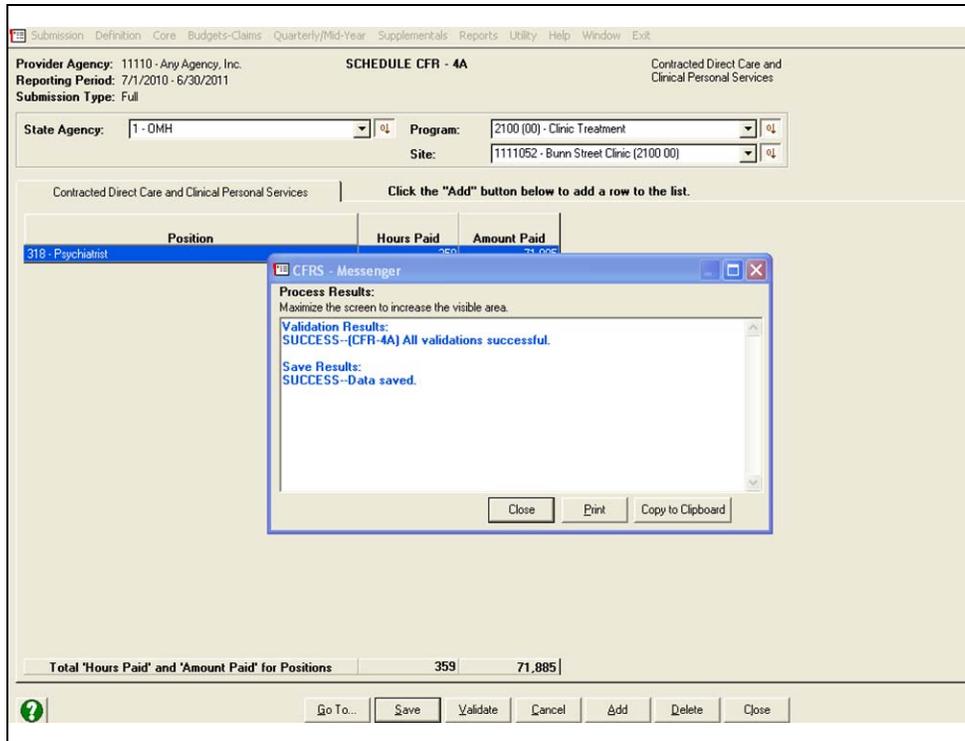
The following schedules are expected to be entered for the selected Submission and State Agencies. Select the schedule you wish to enter, and click Go.

Schedule Name	Next..
CFRi	
CFRii	
CFRiii	
CFR4	
CFR4A	<<
CFR5	
OMH1	
CFR1	
CFR3	

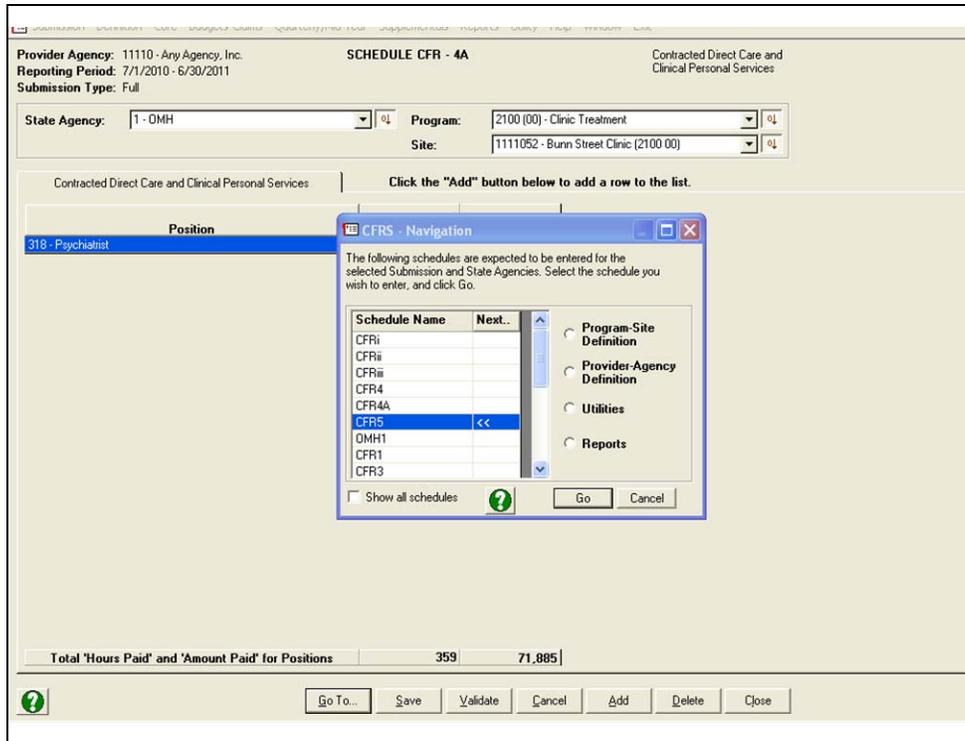
Show all schedules ? Go Cancel

Total 'Hours Paid', 'FTE', and 'Amount Paid' for Positions 9,988 5,399 372,548

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



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.



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.

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 5 Transactions with Related Organizations/Individuals

Reporting Period: 7/1/2010 - 6/30/2011

Submission Type: Full

SECTION A: Question #1 During the reporting Period were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any QASAS, DMH, DPwDD and/or SED programs and/or agency administration? Yes

Question #2 During the reporting Period were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance TO WHICH the service provider provided financial aid/assistance (applies only to QASAS and DPwDD service providers)?

SECTION B | SECTION C | SECTION D Click the "Add" button below to add a row to the list.

Please list all PAYMENTS TO related organizations and /or individuals below:

1	2	3	4	5	6	7	8	9
Line #	Trans ID	Program/sites affected enter prog/site id# (code) or administration	Description of transaction	Name of related organization or individual	Relationship to provider*	Amount of transaction reported	Allowable costs	Adjustments to costs
1	24	2100 (00)/1111052	leased space	Any Agency Fou...	G - Closely Allie...	68,620	67,620	1,000

Go To... Save Validate Cancel Add Delete Close

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.

Submission: Denition Core Budgets-Claims Search/Print/Detail Supplementals Reports Query Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 5 Transactions with Related Organizations/Individuals
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

SECTION A: Question #1 During the reporting Period were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any OASAS, DMH, OPWDD and/or SED programs and/or agency administration? Yes
 Question #2 During the reporting Period were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance TO WHICH the service provider provided financial aid/assistance (applies only to OASAS and OPWDD service providers)?

SECTION B | SECTION C | SECTION D | Click the "Add" button below to add a row to the list.

Please list all PAYMENTS TO related organizations and /or individuals below:

1	2	3	4	5	6	7	8	9
Line #	Trans ID	Program/sites affected enter prog/site id# (code) or administration	Description of transaction	Name of related organization or individual	Relationship to provider*	Amount of transaction reported	Allowable costs	Adjustments to costs
1	24	2100 (00)/1111052	leased space	Any Agency Fou...	G - Closely...	68,620	67,620	1,000

A - Indiv Interest in Both
 B - Organiz Interest in Prov
 C - Prov Interest in Org
 D - Key Staff Interest in Org
 E - Key Staff in Org & Prov
 F - Org Key Staff has Prov Int
 G - Closely Allied Entity
 H - Other (Financial or Non)

Go To... Save Validate Cancel Add Delete Close

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).

Submission Definition Core Budgets-Claims Claims/Financial Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE CFR - 5** Transactions with Related Organizations/Individuals
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

SECTION A: **Question #1** During the reporting Period were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any OASAS, DMH, OPWDD and/or SED programs and/or agency administration? Yes
Question #2 During the reporting Period were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance TO WHICH the service provider provided financial aid/assistance (applies only to OASAS and OPWDD service providers)?

SECTION B | **SECTION C** | **SECTION D** | Click the "Add" button below to add a row to the list.

For spaces lease/rental agreements listed in section B above, detail the related organization's/individual's allowable costs reported in section B. Allowable Costs column

1	2	3	4	5	6	7	8	9
Line #	Trans ID from Section B	Program/sites affected enter prog/site id# (code) or administration	Depreciation	Mortgage interest	Insurance	Property taxes	Other (specify)	Total allowable costs
1	ID - 24	2100 (00)/1111052	41,620	14,000	5,500	6,500	0	67,620



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.

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 5 Transactions with Related Organizations/Individuals

Reporting Period: 7/1/2010 - 6/30/2011

Submission Type: Full

SECTION A: Question #1 During the reporting Period were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any OASAS, DMH, OPWDD and/or SED programs and/or agency administration?

Question #2 During the reporting Period were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance TO WHICH the service provider provided financial aid/assistance (applies only to OASAS and OPWDD service providers)?

SECTION B | **SECTION C** | **SECTION D** | Click the "Add" button below to add a row to the list.

For spaces lease/rental agreements listed in section B above, detail the related organization's/individual's allowable costs reported in section B, Allowable Costs column

1	2	3	4	5	6	7	8	9
Line #	Trans ID from Section B	Program/sites affected enter prog/site id# (code) or administration	Depreciation	Mortgage interest	Insurance	Property taxes	Other (specify)	Total allowable costs
1	ID - 24	2100 (00)/1111052	41,620	14,000	5,500	6,500	0	67,620

CFRS - Line Details

CFRS Line Details

Enter Details for line Number:

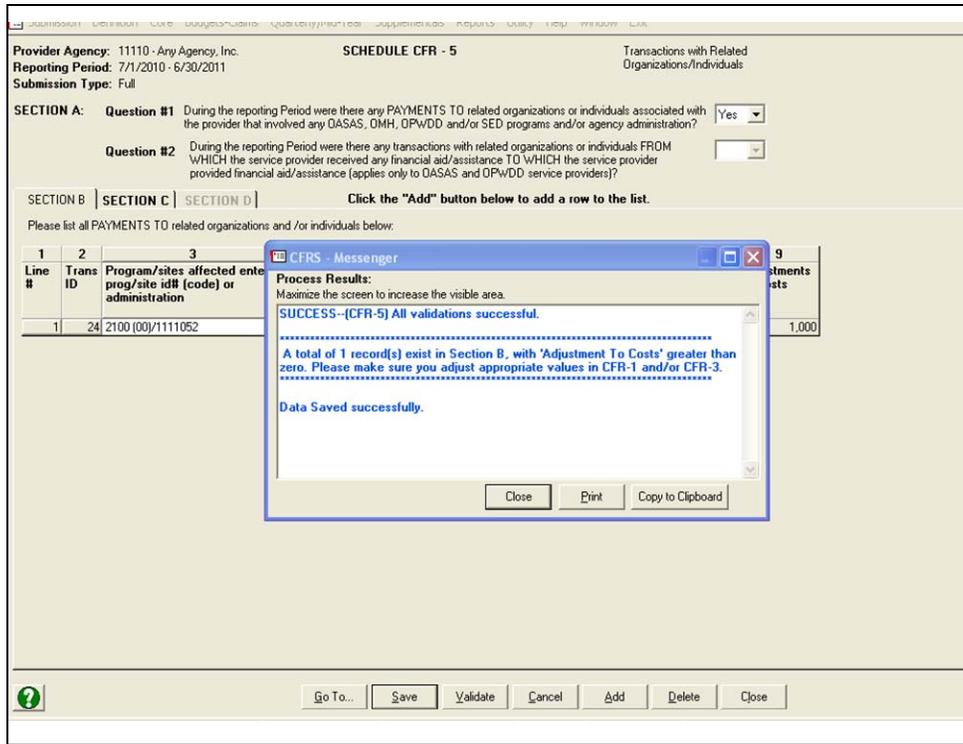
For schedule CFR 5

Default blank 'Detail Value' to: Zero N/A

Description	Detail Value

1 row added **Worksheet Total:** 0

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.



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.

The screenshot shows a software application window titled "SCHEDULE CFR - 5". At the top, there are menu items: Submission, Definition, Core, Budgets-Claims, Quarterly/Mid-Year, Supplementals, Reports, Utility, Help, Window, Exit. Below the menu, the following information is displayed:

- Provider Agency: 11110 - Any Agency, Inc.
- Reporting Period: 7/1/2010 - 6/30/2011
- Submission Type: Full
- Transactions with Related Organizations/Individuals

SECTION A: Question #1 During the reporting Period were there any PAYMENTS TO related organizations or individuals associated with the provider that involved any DASAS, OMH, OPWDD and/or SED programs and/or agency administration? Yes [dropdown]

Question #2 During the reporting Period were there any transactions with related organizations or individuals FROM WHICH the service provider received any financial aid/assistance TO WHICH the service provider provided financial aid/assistance (applies only to DASAS and OPWDD service providers)? [dropdown]

SECTION B | SECTION C | SECTION D | Click the "Add" button below to add a row to the list.

Please list all PAYMENTS TO related organizations and /or indiv

1	2	3	4	5	6	7	8	9
Line #	Trans ID	Program/sites affected enter prog/site id# (code) or administration	Description of transaction	Amount	Category	Agency	State	Adjustments to costs
1	24	2100 (00)/1111052	leased sp					67,620 1,000

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..
CFRii	
CFRii	
CFRiii	
CFR4	
CFR4A	
CFR5	
OMH1	<<
CFR1	
CFR3	

Show all schedules [?] [Go] [Cancel]

[?] [Go To...] [Save] [Validate] [Cancel] [Add] [Delete] [Close]

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

Slide 29

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

Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE OMH - 1** Units of Service by Program/Site
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

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

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	1.00	5,621	5,621	
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)					
Sheltered Workshop (0340)					
On Site Rehabilitation (0320)					
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		5,621	5,621	

Go To... Save Validate Cancel Delete Close

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.

COURTESY: LEBRON CARE SERVICES - Quarterly/MTWTFSS - Supplementals - Reports - Query - Help - WELM - CXL
Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE OMH - 1** Units of Service by Program/Site
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

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

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				
Continuing Day Treatment (1310)					
7	Half Day				
8	Full Day				
PROS (6340) (7340) (8340)					
9	PROS Units				
Day Treatment (0200)					
Sheltered Workshop (0340)					
On Site Rehabilitation (0320)					
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		5,621	5,621	

CFRS - Messenger

Process Results:
 Maximize the screen to increase the visible area.
SUCCESS - (OMH-1) All validations successful.
 Data successfully saved.

Close Print Copy to Clipboard

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, Inc. SCHEDULE OMH - 1 Units of Service by Program/Site
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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

Units of Service by Program/Site

Line No.	TYPE OF SERVICE	U.S.	U.S.	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			
Continuing Day Treatment (1310)				
7	Half Day			
8	Full Day			
PROS (6340) (7340) (8340)				
9	PROS Units			
Day Treatment (0200)				
Sheltered Workshop (0340)				
On Site Rehabilitation (0320)				
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			5,621

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...
CFRi	
CFRii	
CFRiii	
CFR4	
CFR4A	
CFR5	
OMH1	
CFR1	<<
CFR3	

Show all schedules

Program-Site Definition
 Provider-Agency Definition
 Utilities
 Reports

Go Cancel

Go To... Save Validate Cancel Delete Close

Submission | Denial | Core | Budgets-Claims | Administration | Supplementals | Reports | Utility | Help | Window | Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - OMH Program: [Select from list]
 Site: [Select from list]

1760 (00) - Advocacy/Support Services
 2100 (00) - Clinic Treatment
 7050 (00) - Community Residence, Children & Youth (C&Y)

General Information | Expenses | Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
SECTION A: GENERAL INFORMATION			
1	Program Type	00070	
2	Program Code (Program Code Index)	00010	
3	Program/Site Identification Number	00050	
4	Program/Site Name	00020	
5	Program/Site Address (Line One)	00030	
6	Program/Site Address (Line Two)	00040	
7a	Medicaid Provider Agreement Number (DMH only)	00060	
7b	National Provider ID Number (DMH Only)	00061	
8	County Code (See Appendix C)	00080	
9	Date Site Opened	00090	
10	Certified Capacity (QASAS, OPWDD and SED only)	00100	
11	Actual Capacity (DMH, OPWDD and SED only)	00110	
12	Actual Days Program/Site Open	00160	
13	Units Of Service	00120	
14	Respite or TUBS Units of Service (OPWDD only)	00130	
15	Program/Site Square Footage (QASAS, OPWDD and SED Only)	00150	

Go To... Save Validate Cancel Delete Close

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

Submission Definition Core Budgets-Claims Quarterly/M3-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment
 Site: 1111052 - Bunn Street Clinic (2100 00)

General Information | Expenses | Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
SECTION A: GENERAL INFORMATION			
1	Program Type	00070	Clinic Treatment
2	Program Code (Program Code Index)	00010	2100 (00)
3	Program/Site Identification Number	00050	1111052
4	Program/Site Name	00020	Bunn Street Clinic
5	Program/Site Address (Line One)	00030	25 Bunn St
6	Program/Site Address (Line Two)	00040	New York, NY 10014-1111
7a	Medicaid Provider Agreement Number (DMH only)	00060	00257811
7b	National Provider ID Number (DMH Only)	00061	1806077777
8	County Code (See Appendix C)	00080	31
9	Date Site Opened	00090	02/02/1992
10	Certified Capacity (QASAS, OPWDD and SED only)	00100	
11	Actual Capacity (DMH, OPWDD and SED only)	00110	
12	Actual Days Program/Site Open	00160	253
13	Units Of Service	00120	5,621
14	Respite or TUBS Units of Service (OPWDD only)	00130	
15	Program/Site Square Footage (QASAS, OPWDD and SED Only)	00150	

Go To... Save Validate Cancel Delete Close

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.

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - OMH Program: 2100 (00) - Clinic Treatment
 Site: 1111052 - Bunn Street Clinic (2100 00)

General Information Expenses Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
SECTION B: EXPENSES			
PERSONAL SERVICES			
16	Personal Services-Program/Site & Program Admin	11999	372,548
17	Vacation Accruals-Program/Site & Program Admin	12999	
FRINGE BENEFITS			
18	Mandated Fringe Benefits	13200	36,957
19	Non-Mandated Fringe Benefits	13300	64,302
20	Total Fringe Benefits (Sum Lines 18 & 19)	13999	101,259
OTHER THAN PERSONAL SERVICES (OTPS)			
21	Food	14010	
22	Repairs and Maintenance	14020	21,412
23	Utilities	14030	25,737
24	Transportation Related - Participant	14040	
25	Staff Travel	14250	120
26	Participant Incidentals	14050	4,804
27	Expensed Adaptive Equipment (OPWDD and SED only)	14070	
28	Expensed Equipment	14080	1,768
29	Sub-Contract Raw Materials	14090	
30	Participant Wages - Non-Contract	14100	
31	Participant Wages-Contract	14110	
32	Participant Fringe Benefits	14120	
33	Section 43.04 Services Assessment (OPWDD only)	14130	
34	Staff Development	14140	3,628
35	Contracted Direct Care and Clinical Personal Services (from CFR-4A)	14150	71,885
36	Supplies and Materials - Non-Household	14160	8,748
37	Household Supplies	14170	3,524

Go To... Save Validate Cancel Delete Close

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).

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - OMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

General Information Expenses Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
37	Household Supplies	14170	3,524
38	Telephone	14190	7,910
* 39	Insurance - General	14260	3,182
* 40	Other (Detail Required)	14998	7,692
41	Total Other Than Personal Services (Sum Lines 21-40)	14999	160,410
EQUIPMENT - PROVIDER PAID			
42	Lease/Rental Vehicle	15010	1,600
43	Lease/Rental Equipment	15020	1,000
44	Depreciation - Vehicle	15040	0
45	Depreciation - Equipment	15050	
46	Interest - Vehicle	15070	
* 47	Other (Detail Required)	15998	
48	Total Equipment (Sum Lines 42-47)	15999	2,600
PROPERTY - PROVIDER PAID			
49	Lease/Rental - Real Property	16010	68,620
50	Leasehold/Leasehold Improvements	16020	
51	Depreciation - Building	16030	
52	Depreciation - Building/Land Improvements	16040	
53	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	
54	Mortgage Expenses	16070	
55	Insurance - Property & Casualty	16080	998
56	Real Estate Taxes	16090	
57	Interest on Capital Indebtedness	16100	
58	Start-Up Expenses	16110	
59	MCFFA/DASNY Interest Expense	16120	
60	MCFFA/DASNY Administration Fees	16130	

Go To... Save Validate Cancel Delete Close

Slide 36

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

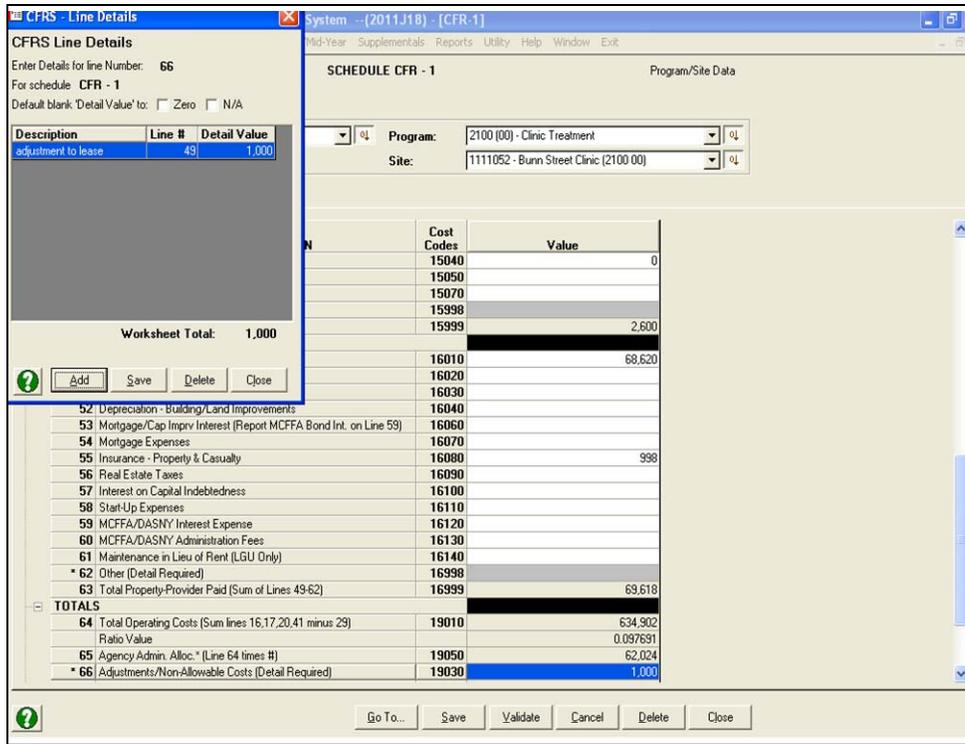
State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment
 Site: 1111052 - Bunn Street Clinic (2100 00)

General Information Expenses Revenues

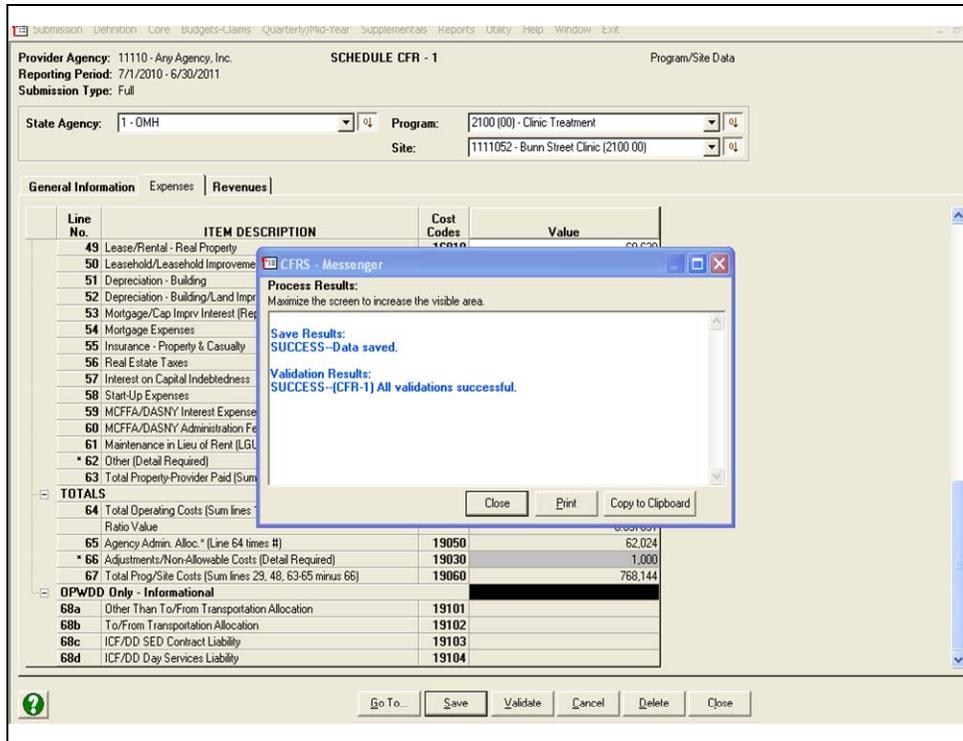
Line No.	ITEM DESCRIPTION	Cost Codes	Value
49	Lease/Rental - Real Property	16010	68,620
50	Leasehold/Leasehold Improvements	16020	
51	Depreciation - Building	16030	
52	Depreciation - Building/Land Improvements	16040	
53	Mortgage/Cap Imprv Interest (Report MCFFA Bond Int. on Line 59)	16060	
54	Mortgage Expenses	16070	
55	Insurance - Property & Casualty	16080	998
56	Real Estate Taxes	16090	
57	Interest on Capital Indebtedness	16100	
58	Start-Up Expenses	16110	
59	MCFFA/DASNY Interest Expense	16120	
60	MCFFA/DASNY Administration Fees	16130	
61	Maintenance in Lieu of Rent (LGU Only)	16140	
* 62	Other (Detail Required)	16998	
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999	69,618
TOTALS			
64	Total Operating Costs (Sum lines 16,17,20,41 minus 29)	19010	634,902
	Ratio Value		0.097691
65	Agency Admin. Alloc. * (Line 64 times #)	19050	62,024
* 66	Adjustments/Non-Allowable Costs (Detail Required)	19030	1,000
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060	768,144
OPWDD Only - Informational			
68a	Other Than To/From Transportation Allocation	19101	
68b	To/From Transportation Allocation	19102	
68c	ICF/DD SED Contract Liability	19103	
68d	ICF/DD Day Services Liability	19104	

Go To... Save Validate Cancel Delete Close

Click on SAVE at bottom of screen.



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.



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

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - OMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

General Information Expenses Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
SECTION C: REVENUES			
69	Participant Fee (Less SSI & SSA)	20010	16723
70	SSI and SSA	20020	
71	Home Relief/Public Assistance	20030	
72	Medicaid	20040	756,882
73	Medicare	20060	65,625
* 74	Other Third Parties (Detail Required)	20070	4,279
75	OPWDD Residential Room and Board/NYS OPTS	20080	
76	Transportation, Medicaid	20090	
* 77	Transportation, Other (Detail Required)	20100	
78	Sales- Contract Total	21070	
* 79	Federal Grants (Detail Required)	22040	
* 80	State Grants (Detail Required)	22030	
81	LTSE Income Total (OMH and OPWDD only)	22080	
82	Food Stamps (DASAS, OPWDD), Food Revenue (SED Only)	22160	
83	Gifts, Legacies, Bequests, Restricted Donations	22010	
84	Section 202/8/811 HUD Funds	22020	
85	Interest/Dividend Income	22050	
86	Prior Period Rate Adjustments	22090	
87	Excessive Teacher Turnover Prevention Grant (SED only)	22100	
88	LDSS County Revenue (SED only)	22110	
89	4402 Revenue (School District In-State)(SED only)	22120	
90	Department of Health Chapter 428 Revenue (SED only)	22130	
91	4408 Revenue (School District)(SED only)	22140	
92	4410 Revenue (Preschool) (SED only)	22150	
93	Net Deficit Funding (State & LGU Funding only)	20110	

Go To... Save Validate Cancel Delete Close

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

General Information | Expenses | Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
84	Section 202/8/811 HUD Funds	22020	
85	Interest/Dividend Income	22050	
86	Prior Period Rate Adjustments	22090	
87	Excessive Teacher Turnover Prevention Grant (SED only)	22100	
88	LDSS County Revenue (SED only)	22110	
89	4402 Revenue (School District In-State)(SED only)	22120	
90	Department of Health Chapter 428 Revenue (SED only)	22130	
91	4408 Revenue (School District)(SED only)	22140	
92	4410 Revenue (Preschool) (SED only)	22150	
93	Net Deficit Funding (State & LGU Funding only)	20110	
* 94	Other (Detail Required)	22998	
95	Gross Revenues (Sum Lines 69-94)	23999	846,572
GAAP ADJUSTMENTS TO REVENUE			
96	Participant Allowance	24010	
97	Uncollectible Accounts Receivable	24040	
* 98	Other (Detail Required)	24996	
99	Total GAAP Adjustments (Sum Lines 96-98)	24997	0
100	Net GAAP Revenues (Line 95 minus 99)	24998	846,572
NON-GAAP ADJUSTMENTS TO REVENUE			
101	Exempt Contract Income	24050	
102	Exempt LTSE Income	24060	0
103	Net Deficit Funding	24070	0
* 104	Other (Detail Required)	24080	
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0
106	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0
107	TOTAL NET REVENUES (Line 95 minus 106)	25999	846,572

Go To... Save Validate Cancel Delete Close

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

Slide 41

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

State Agency: 1 - OMH Program: 2100 (00) - Clinic Treatment
Site: 1111052 - Bunn Street Clinic (2100 00)

General Information | Expenses | Revenues

Line No.	ITEM DESCRIPTION	Cost Codes	Value
84	Section 202/8/811 HUD Funds		
85	Interest/Dividend Income		
86	Prior Period Rate Adjustments		
87	Excessive Teacher Turnover Pres		
88	LDSS County Revenue (SED only)		
89	4402 Revenue (School District In		
90	Department of Health Chapter 42		
91	4408 Revenue (School District)S		
92	4410 Revenue (Preschool) (SED		
93	Net Deficit Funding (State & LGU		
* 94	Other (Detail Required)		
95	Gross Revenues (Sum Lines 69-9		
GAAP ADJUSTMENTS TO REVENUE			
96	Participant Allowance		
97	Uncollectible Accounts Receivab		
* 98	Other (Detail Required)		
99	Total GAAP Adjustments (Sum Lin		
100	Net GAAP Revenues (Line 95 minus		
NON-GAAP ADJUSTMENTS TO REVENUE			
101	Exempt Contract Income	24050	
102	Exempt LTSE Income	24060	0
103	Net Deficit Funding	24070	0
* 104	Other (Detail Required)	24080	
105	Total NON-GAAP Adjustments (Sum Lines 101-104)	24097	0
106	TOTAL ADJ. TO REVENUE (Sum Lines 99 & 105)	24999	0
107	TOTAL NET REVENUES (Line 95 minus 106)	25999	846,572

CFRS - Messenger
Process Results:
Maximize the screen to increase the visible area.
Save Results:
SUCCESS--Data saved.
Validation Results:
SUCCESS--(CFR-1) All validations successful.

Close Print Copy to Clipboard

Go To... Save Validate Cancel Delete Close

SAVE

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 1 Program/Site Data
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment Site: 1111052 - Bunn Street Clinic (2100 00)

General Information | Expenses | Revenues

Line No.	ITEM DESCRIPTION
SECTION A: GENERAL INFORMATION	
1	Program Type
2	Program Code (Program Code Index)
3	Program/Site Identification Number
4	Program/Site Name
5	Program/Site Address (Line One)
6	Program/Site Address (Line Two)
7a	Medicaid Provider Agreement Number (DMH only)
7b	National Provider ID Number (DMH Only)
8	County Code (See Appendix C)
9	Date Site Opened
10	Certified Capacity (DASAS, OPWDD and SED only)
11	Actual Capacity (DMH, OPWDD and SED only)
12	Actual Days Program/Site Open
13	Units Of Service
14	Respite or TUBS Units of Service (OPWDD only)
15	Program/Site Square Footage (DASAS, OPWDD only)

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..
CFRii	
CFRiii	
CFR4	
CFR4A	
CFR5	
DMH1	
CFR1	
CFR3	<<
CFR2	

Show all schedules

Go Cancel

Go To... Save Validate Cancel Delete Close

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

Slide 43

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 3 Agency Administration
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

Personal Services, Fringe Benefits, DTPS | **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	2,618
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.

Slide 44

Submission: Linnenton Core Budgets-Claims Quarterly/mid-year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 3 Agency Administration
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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

Line No.	ITEM DESCRIPTION	Cost Codes	Value
EQUIPMENT - PROVIDER PAID			
19	Lease/Rental - Vehicle	15011	5,297
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	16,339
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	892,763
* 41	Adjustments/Non-Allowable Costs (Detail Required)	19031	0
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. 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.

Line No.	ITEM DESCRIPTION	Cost Codes	Value
PERSONAL SERVICES, FRINGE BENEFITS, OTPS Equipment, Property Ratio Value			
Calculation of Operating Costs			
43	OASAS Subtotal	19110	0
44	OMH Subtotal	19120	1,512,557
45	OPW/DD 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	OPW/DD 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	OPW/DD 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	OPW/DD Ratio Value Factor (line 55 divided by line 62)	19430	0.000000

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

Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 3 Agency Administration
 Reporting Period: 7/1/2010 - 6/30/2011
 Reporting Type: Full

Personal Services, Fringe Benefits, OT/PS | Equipment, Property | Ratio Value

Line No.	ITEM DESCRIPTION	Cost Codes	Value
45	DPWDD 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		9,138,648
CALCULATION OF RATIO VALUE FACTOR			
50	Net Agency Administration (CFR-3)		892,763
51	Total Agency Operating Costs (CFR-3)		9,138,648
52	Ratio Value Factor (Line 50 divided by line 51)		0.097691
ALLOCATION OF AGENCY ADMINISTRATION			
53	DASAS Allocation (line 43 x line 52)		0
54	DMH Allocation (line 44 x line 52)		147,763
55	DPWDD Allocation (line 45 x line 52)		0
56	SED Allocation (line 46 x line 52)		51,276
57	Shared Programs Allocation (line 47 x line 52)		0
58	Other Programs Allocation (line 48 x line 52)		693,724
59	Total Agency Administration (sum of lines 53-58)		892,763
CALCULATION OF ADJUSTED OPERATING COSTS			
60	DASAS Adjusted Subtotal		0
61	DMH Adjusted Subtotal		1,512,557
62	DPWDD Adjusted Subtotal		0
63	SED Adjusted Subtotal	19340	524,883
64	Shared Programs Adjusted Subtotal	19350	0
CALCULATION OF ADJUSTED RATIO VALUE FACTOR			
65	DASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.000000
66	DMH Ratio Value Factor (line 54 divided by line 61)	19420	0.097691
67	DPWDD 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
69	Shared Programs Ratio Value Factor (line 57 divided by line 64)	19450	0.000000

CFRS - Messenger

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

Save Results:
SUCCESS-Data saved.

Validation Results:
SUCCESS--(CFR-3) All validations successful.

Close Print Copy to Clipboard

Go To... Save Validate Cancel Delete Close

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

Slide 47

submission | Demotion | Core | Budgets-Claims | Quarterly/mo-year | Supplementals | Reports | Utility | Help | Window | Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 3 Agency Administration
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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

Line No.	ITEM DESCRIPTION	Cost Codes	Value
45	OPwDD Subtotal	19130	0
46	SED Subtotal	19140	524,883
47	Shared Programs Subtotal		0
48	Other Programs Subtotal		7,101,208
49	Total Agency Operating Costs		9,138,648
CALCULATION OF RATIO VALUE FACTOR			
50	Net Agency Administration (CFR-3, Line 42)		892,763
51	Total Agency Operating Costs (CFR-3, Line 49)		9,138,648
52	Ratio Value Factor (Line 50 divided by Line 51)		0.097691
ALLOCATION OF AGENCY ADMINISTRATION U			
53	DASAS Allocation (line 43 x line 52)		0
54	DMH Allocation (line 44 x line 52)		147,763
55	OPwDD Allocation (line 45 x line 52)		0
56	SED Allocation (line 46 x line 52)		51,276
57	Shared Programs Allocation (line 47 x line 52)		0
58	Other Programs Allocation (line 48 x line 52)		693,724
59	Total Agency Administration (sum lines 53 - 58)		892,763
CALCULATION OF ADJUSTED OPERATING CO			
60	DASAS Adjusted Subtotal		0
61	DMH Adjusted Subtotal	19340	524,883
62	OPwDD Adjusted Subtotal	19350	0
63	SED Adjusted Subtotal		0
64	Shared Programs Adjusted Subtotal		0
CALCULATION OF ADJUSTED RATIO VALUE FACTOR			
65	DASAS Ratio Value Factor (line 53 divided by line 60)	19410	0.000000
66	DMH 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
69	Shared Programs Ratio Value Factor (line 57 divided by line 64)	19450	0.000000

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..
CFR3	
CFR4	
CFR4A	
CFR5	
DMH1	
CFR1	
CFR3	
CFR2	<<
CFR6	

Program-Site Definition
 Provider-Agency Definition
 Utilities
 Reports

Show all schedules ?

Go Cancel

Go To... Save Validate Cancel Delete Close

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

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 2 Agency Fiscal Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

Schedule Data

Line No.	ITEM DESCRIPTION	Cost Codes	COLUMN NUMBER						
			1	2	3	4	5	6	7
			AGENCY TOTALS	OASAS TOTALS	OMH TOTALS	OPWDD TOTALS	SED TOTALS	SHARED TOTALS	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 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

The screenshot shows a software application window titled "SCHEDULE CFR - 2" with a menu bar including "Submission", "Version", "Core", "Budgets/Claims", "Quarterly/Info-Year", "Supplementals", "Reports", "Utility", "Help", "Window", and "Exit". The main area displays "Agency Fiscal Summary" for "Provider Agency: 11110 - Any Agency, Inc.", "Reporting Period: 7/1/2010 - 6/30/2011", and "Submission Type: Full".

A "Schedule Data" tab is active, showing a table with columns for "COLUMN NUMBER", "Line No.", "ITEM DESCRIPTION", "Cost Codes", and seven "TOTALS" columns (1-7). The table lists "EXPENSES" (lines 1-9) and "REVENUES" (lines 10-12).

A "CFRS - Messenger" dialog box is overlaid on the table, displaying the following text:

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

Validation Results:
SUCCESS-[CFR-2] All validations successful.

Save Results:
SUCCESS-Data saved.

The dialog box has "Close", "Print", and "Copy to Clipboard" buttons.

At the bottom of the application window, there is a toolbar with buttons for "Go To", "Save", "Validate", "Cancel", "Delete", and "Close".

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 2 Agency Fiscal Summary
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

Schedule Data

Line No.	COLUMN NUMBER	Cost Codes	AGENCY TOTALS	OTHER TOTALS
EXPENSES				
1	Personal Services	31999	5,631,168	4,302,299
2	Vacation Leave Accruals	32999	175,544	165,639
3	Fringe Benefits	33999	1,512,480	1,139,086
4	OTPS	34999	1,759,456	1,494,184
5	Equipment-Provider Paid	35999	233,073	223,659
6	Property-Provider Paid	36999	924,179	775,587
7	Net Agency Admin.	38050	892,763	693,724
8	Adj./Non-Allow. Costs	38030	1,824	500
9	Total Adj. Expenses	38999	11,186,839	8,793,678
REVENUES				
10	Gross Revenues	40999	11,463,045	9,126,274
11	GAAP Adj. to Revenue	43999	0	0
12	Net GAAP Revenues	44999	11,463,045	9,126,274

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...
CFR4	
CFR4A	
CFR5	
DMH1	
CFR1	
CFR3	
CFR2	
CFR6	<<
DMH1	

Show all schedules ? Go Cancel

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 6 Governing Board and Compensation Summary

Reporting Period: 7/1/2010 - 6/30/2011

Submission Type: Full

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. Yes ...

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

CFRS - Line Details

CFRS Line Details

Enter employee name and position title

For schedule: CFR 6

Default blank 'Detail Value' to: Zero N/A

Employee Name	Position

Add Save Delete Close

Go To... Save Validate Cancel Add Delete Close

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.

Submission Definition Core Budgets-Uams Quarterly/100-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 6 Governing Board and Compensation Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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.

Line #	[1] 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	44,463	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 Knobbery	603 - Comptroller/Co...	88,216	1,000	88,216	0	88,216	19,554	0

603 - Comptroller/Controller
 604 - Director of Division
 605 - Office Worker
 606 - Accountant
 606 - Accountant (Agency Administration)
 609 - Computer/Data/Statistical Specialist
 610 - Community Relations
 612 - Administrative Assistant
 614 - Marketing
 620 - Staff Training
 621 - Utilization Review/Quality Assurance
 630 - Other Agency Administration Staff
 701 - Mental Hygiene Director/Commissioner of Mental Hygiene
 702 - Assistant Mental Hygiene Director

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 | **COMPENSATION** | REPORTS | FAMILY | HELP | WINDOW | EXIT

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 6 Governing Board and Compensation Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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
1	Ed Norton, MD	3 - Medical
		Amount paid
		71,885

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

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

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

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE CFR - 6 Governing Board and Compensation Summary

Reporting Period: 7/1/2010 - 6/30/2011

Submission Type: Full

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 ...

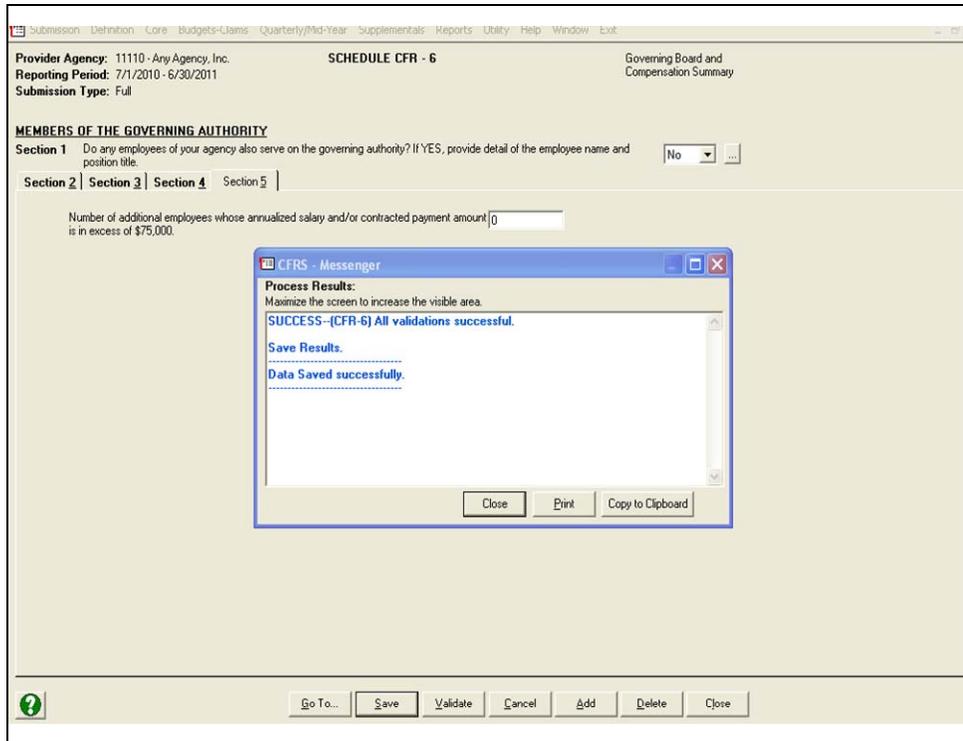
Section 2 | Section 3 | Section 4 | Section 5 |

Number of additional employees whose annualized salary and/or contracted payment amount is in excess of \$75,000. 0

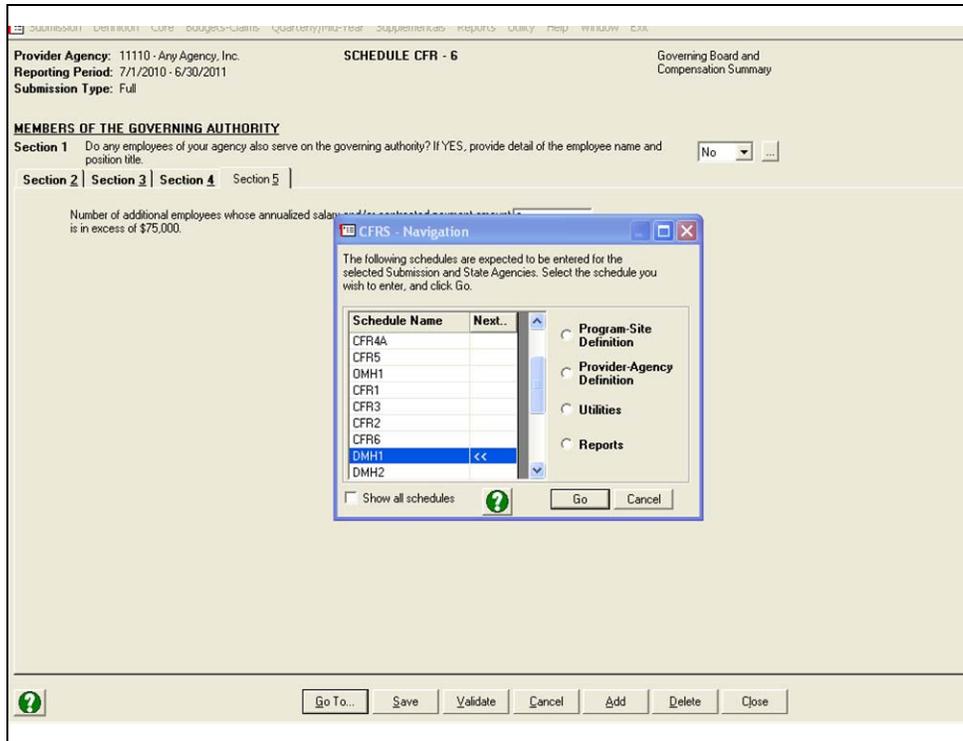
Go To... Save Validate Cancel Add Delete Close

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.



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

Submission | Location | Core | Budgets-Claims | Quarterly/Info-Year | Supplementals | Reports | Utility | Help | Window | Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 1 Program Fiscal Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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

(Select from list)
 1780 (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	Clinic Treatment
2	Program Code (Program Code Index)	00011	2100 (00)
UNITS OF SERVICE			
3	DMH 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

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.

Submission | Verminon | Core | Budgets-Claims | Quarterly/10-Year | Supplementals | Reports | Utility | Help | Window | Exit

Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE DMH - 1** Program Fiscal Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

State Agency: 1 - DMH 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	DMH Units of Service	00121	5,621
4	DPW/DD 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

Slide 59

Submission | Definition | Core | Budgets-Uams | Quarterly/Info-Team | Supplementals | Reports | Utility | Help | Window | Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 1 Program Fiscal Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

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	65,625
* 20	Other Third Parties	26070	4,279
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

Scroll to end

Slide 60

Submission Denison Core Budgets-Claims Claims/DMH/DMH Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 1 Program Fiscal Summary
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

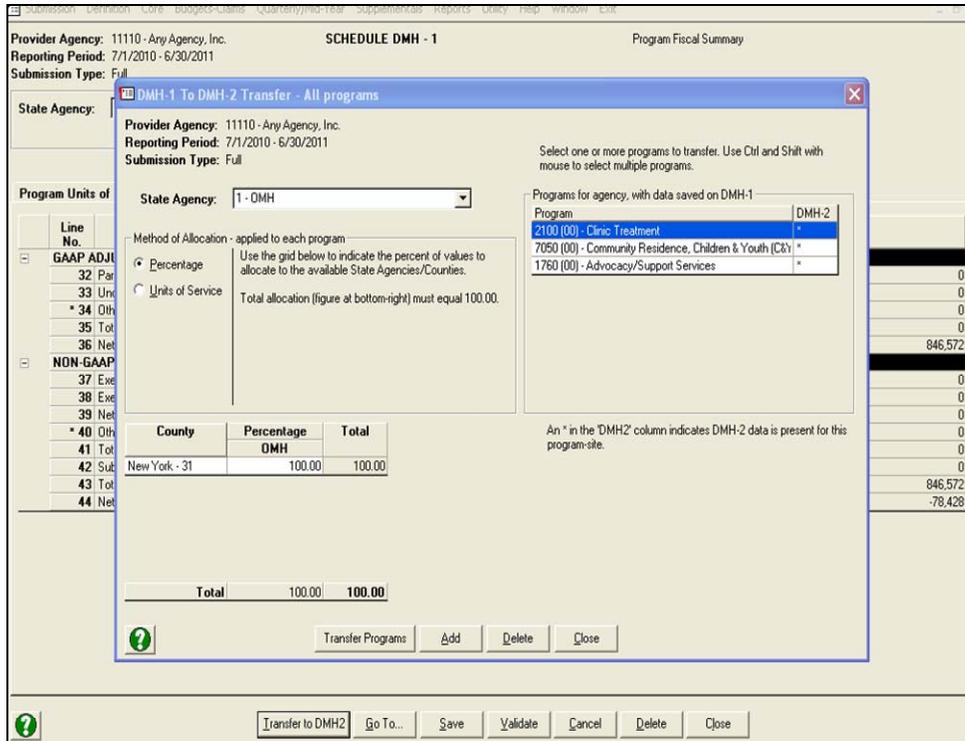
State Agency: 1 - DMH Program: 2100 (00) - Clinic Treatment

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

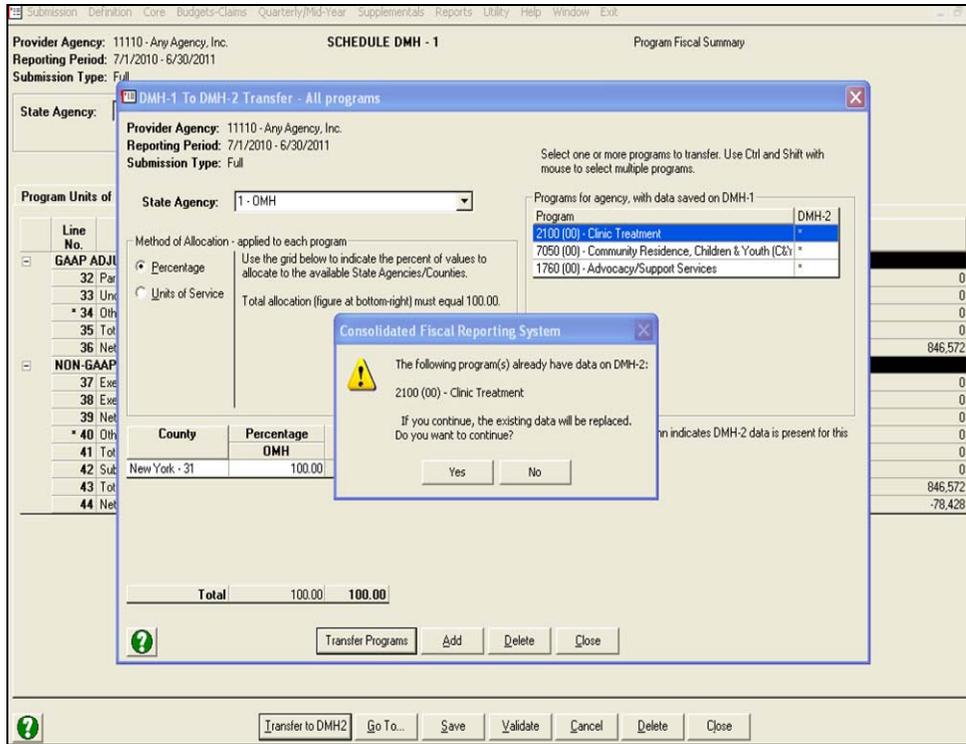
Line No.	ITEM DESCRIPTION	Cost Codes	Value
GAAP ADJUSTMENTS TO REVENUE			
32	Participant Allowance	27010	0
33	Uncollectible Accounts Receivable	27040	0
* 34	Other (Detail Required)	27045	0
35	Total GAAP Adjustments (Sum Lines 32-34)	27049	0
36	Net GAAP Revenues (Line 31 minus 35)	27025	846,572
NON-GAAP 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

Scroll to end



Providers can use the information on DMH-1 to complete the majority of information required to be entered on DMH-2. To transfer information from 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.



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

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 1 Program Fiscal Summary
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

State Agency: 1 - DMH

Provider Agency: 11110 - Any Agency, Inc.
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

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

Programs for agency, with data saved on DMH-1

Program	DMH-2
2100 (00) - Clinic Treatment	*
% Youth (Ct)	*

Method of Allocation - applied to each program

Percentage Units of Service

County: New York - 31

Process Results:
Maximize the screen to increase the visible area.
DMH-1 data was successfully transferred to DMH-2 for program 2100(00).
Note: Some DMH-2 lines require detail lines.
You will need to edit those lines on DMH-2, and add the detail data.

Close Print Copy to Clipboard

Line No.	REVENUES		
15	Par		19,786
16	SSI		0
17	Hor		0
18	Med		756,882
19	Med		65,625
* 20	Oth		4,279
21	OP		0
22	Tra		0
23	Tra		0
24	Sak		0
* 25	Fed		0
* 26	Sta		0
27	LTS		0
28	Foc		0
29	Net		0
* 30	Oth		0
31	Tot		846,572

Total 100.00 100.00

Transfer Programs Add Delete Close

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

Slide 64

The screenshot shows a software application window titled "SCHEDULE DMH - 1" with a "Program Fiscal Summary" header. The main window contains a form with the following fields:

- Provider Agency: 11110 - Any Agency, Inc.
- Reporting Period: 7/1/2010 - 6/30/2011
- Submission Type: Full
- State Agency: 1 - DMH
- Program: 2100 (00) - Clinic Treatment

Below the form are three tabs: "Program Units of Service and Expenses", "Program Revenues", and "Program Adjustments to Revenues". The "Program Revenues" tab is active, displaying a table with columns for "Line No.", "ITEM DESCRIPTION", and "Value".

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

A "CFRS - Navigation" dialog box is overlaid on the table. It contains the following text: "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." Below this text is a table with columns "Schedule Name" and "Next..".

Schedule Name	Next..
CFR5	
DMH1	
CFR1	
CFR3	
CFR2	
CFR6	
DMH1	
DMH2	<<
DMH3	

At the bottom of the dialog box are radio buttons for "Program-Site Definition", "Provider-Agency Definition", "Utilities", and "Reports". There is also a "Show all schedules" checkbox and "Go" and "Cancel" buttons.

At the bottom of the main window, there is a "Transfer to DMH2" button and a "Go To..." button, along with "Save", "Validate", "Cancel", "Delete", and "Close" buttons.

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

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 2 Aid To Localities/
 Reporting Period: 7/1/2010 - 6/30/2011 Direct Contract
 Submission Type: Full Summary

State Agency: 1 - DMH County: New York - 31
 Define a DMH Only Program: -> Click Program: [Select from list]

Expenses Revenues Adjustments to Revenues Deficit Funding

Contract Type: Direct Contract (Contract directly with a State Agency [DASAS/GMH / 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	
4	Program Code (Program Code Index)	00012	
EXPENSES			
5	Personal Services	18010	
6	Vacation Leave Accruals	18020	
7	Fringe Benefits	18030	
8	Other Than Personal Services (OTFS)	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	

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

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.

Submission: Denholm Core Budgets-Calls *Accounting/Financial Supplementals Reports Utility Help Window Exit*

Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE DMH - 2** Aid To Localities/
Direct Contract
Summary

Reporting Period: 7/1/2010 - 6/30/2011

Submission Type: Full

State Agency: 1 - DMH **County:** New York - 31 ⏏ * ⏏

Define a DMH Only Program: -> **Program:** 2100 (00) - Clinic Treatment ⏏

There is unsaved data on the screen.

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

Contract Type: Direct Contract (Contract directly with a State Agency (DASAS/DMH/ 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 - Local	00200	
3	Program Type	00072	Accrual
4	Program Code (Program Code Index)	00012	Cash
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	2,600
10	Property - Provider Paid	18060	69,618
11	Agency Administration	18080	62,024
*	Adjustments/Non-Allowable Costs (Detail Required)	18090	1,000
13	Total Adjusted Expenses (Lines 5-11 Minus 12)	18999	768,144



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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 2 Aid To Localities/
 Reporting Period: 7/1/2010 - 6/30/2011 Direct Contract
 Submission Type: Full Summary

State Agency: 1 - DMH County: New York - 31
 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 (DASAS/DMH/ 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	NEWYORK
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

CFRS - Line Details

Enter Details for line Number: 12
 For schedule DMH - 2
 Default blank 'Detail Value' to: Zero N/A

Description	Detail Value
Adjustment to lease	1,000

Worksheet Total: 1,000

Buttons: Add Save Delete Close

system --(2011J18) - [DMH-Z]

Mid-Year Supplementals Reports Liberty Help Window Exit

SCHEDULE DMH - 2

Aid To Localities/
Direct Contract
Summary

County: New York - 31
 Program: 2100 (00) - Clinic Treatment

There is unsaved data on the screen. Totals have been automatically recalculated.

Deficit Funding

Contract Type: Direct Contract (Contract directly with a State Agency [DASAS/DMH/DPWDD])
 Local Contract (Contract through approval letter with a county)

Cost Codes	Value
18010	372,548
6 Vacation Leave Accruals	685
7 Fringe Benefits	101,259
8 Other Than Personal Services (OTPS)	180,410
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

Buttons: Change County Go To... Save Validate Cancel Delete Close

CFRS Line Details

Enter Details for line Number: 17
 For schedule DMH - 2
 For this schedule line, only the pre-defined entries can be used.

Description	Detail Value
Base Medicaid	604853
Level I COFS	75528
CSP	0
Level II COFS	0

Worksheet Total: 680,382

Buttons: Add, Save, Delete, Close

System - (2011.1.18) [DMH-2]
 Mid-Year Supplementals Reports Utility Help Window Exit

SCHEDULE DMH - 2

Aid To Localities/
 Direct Contract
 Summary

County: New York - 31
 Program: 2100 (00) - Clinic Treatment

There is unsaved data on the screen.

Deficit Funding

N	Cost Codes	Value
	46010	19,786
	46020	0
	46030	0
	46040	756,882
	46060	65,625
	46070	4,279
	46080	0
DPTS	46090	0
	46100	0
	46140	0
	46160	0
	46190	0
	46220	0
	46240	0
	46110	0
	46230	0
	46999	846,572

Buttons: Change County, Go To..., Save, Validate, Cancel, Delete, Close

CFRS Line Details

Enter Details for line Number: 17
 For schedule DMH - 2
 For this schedule line, only the pre-defined entries can be used.

Description	Detail Value
Base Medicaid	604853
Level I COPS	75529
CSP	0
Level II COPS	0

Worksheet Total: 680,382

Buttons: Add, Save, Delete, Close

System - (2011.1.18) - [DMH-2]

SCHEDULE DMH - 2

Aid To Localities/
 Direct Contract
 Summary

County: New York - 31
 Program: 2100 (00) - Clinic Treatment

There is unsaved data on the screen. Totals have been automatically recalculated.

Deficit Funding

N	Cost Codes	Value
	46010	19,786
	46020	0
	46030	0
	46040	680,382
	46060	65,625
	46070	4,279
	46080	0
	46090	0
	46100	0
	46140	0
	46160	0
	46190	0
	46220	0
	46240	0
	46110	0
	46230	0
	46999	770,072

Buttons: Change County, Go To..., Save, Validate, Cancel, Delete, Close

Slide 71

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

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 2 Aid To Localities/
 Reporting Period: 7/1/2010 - 6/30/2011 Direct Contract
 Submission Type: Full Summary

State Agency: T - DMH County: New York - 31
 Define a DMH Only Program: -> Click Program: 2100 (00) - Clinic Treatment

Expenses Revenues Adjustments to Revenues Deficit Funding

Line No	ITEM DESCRIPTION	Cost Codes	Value
REVENUES			
14	Participant Fees (less SSI & SSA)	46010	69,268
15	SSI & SSA	46020	0
16	Home Relief/Public Assistance	46030	0
* 17	Medicaid	46040	680,382
18	Medicare	46060	65,625
* 19	Other Third Parties	46070	4,279
20	OPWDD Residential Room and Board/NYS OPTS	46080	0
21	Transportation, Medicaid	46090	0
22	Transportation, Other	46100	0
23	Sales: Contract Total	46140	0
* 24	Federal Grants (Detail Required)	46160	0
* 25	State Grants (Detail Required)	46190	0
26	LTSE Income Total (DMH and OPWDD only)	46220	0
27	Food Stamps (OASAS, OPWDD)	46240	0
28	Net Deficit Funding (State & LGU Funding only)	46110	0
* 29	Other (Detail Required)	46230	1,500
30	Total Gross Revenues (Sum Lines 14-29)	46999	771,572

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

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).

CFRS - Line Details

Enter Details for line Number: 29
 For schedule **DMH - 2**
 Default blank 'Detail Value' to: Zero N/A

SCHEDULE DMH - 2 Aid To Localities/
 Direct Contract
 Summary

County: New York - 31
 Program: 2100 (00) - Clinic Treatment

There is unsaved data on the screen. Totals have been automatically recalculated.

Deficit Funding

	Cost Codes	Value
	46010	19,786
	46020	0
	46030	0
	46040	680,382
	46060	65,625
	46070	4,279
	46080	0
	46090	0
	46100	0
	46140	0
	46160	0
	46190	0
	46220	0
	46240	0
	46110	0
	46230	1,500
	46999	771,572

Worksheet Total: 1,500

21 Transportation, Medicaid
 22 Transportation, Other
 23 Sales: Contract Total
 * 24 Federal Grants (Detail Required)
 * 25 State Grants (Detail Required)
 26 LTSE Income Total (DMH and DPWDD only)
 27 Food Stamps (OASAS, DPWDD)
 28 Net Deficit Funding (State & LGU Funding only)
 * 29 Other (Detail Required)
 30 Total Gross Revenues (Sum Lines 14-29)

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

Submission Denial Core Budget-Claims Claims/DMH-2 Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 2 Aid To Localities/
 Reporting Period: 7/1/2010 - 6/30/2011 Direct Contract
 Submission Type: Full Summary

State Agency: 1 - DMH County: New York - 31
 Define a DMH Only Program: -> Click Program: 2100 (00) - Clinic Treatment

Expenses | Revenues | Adjustments to Revenues | Deficit Funding

Line No.	ITEM DESCRIPTION	Cost Codes	Value
GAAP ADJUSTMENTS TO REVENUE			
31	Participant Allowance	47010	
32	Uncollectible Accounts Receivable	47040	0
* 33	Other (Detail Required)	47045	0
34	Total GAAP Adjustments (Sum Lines 31-33)	47049	0
35	Net GAAP Revenues (Line 30 minus 34)	47025	771,572
NON-GAAP ADJUSTMENTS TO REVENUE			
36	Exempt Contract Income	47050	0
37	Exempt LTSE Income	47060	0
38	Net Deficit Funding	47070	0
* 39	Other (Detail Required)	47080	0
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998	0
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999	0
42	Total Net Revenues (Line 30 minus 41)	48999	771,572
43	Net Operating Cost (Line 13 minus 42)	49999	-459

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

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).

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 2 Aid To Localities/
 Reporting Period: 7/1/2010 - 6/30/2011 Direct Contract
 Submission Type: Full Summary

State Agency: 1 - DMH County: New York - 31 Define a DMH Only Program: -> Click Program: 2100 (00) - Clinic Treatment

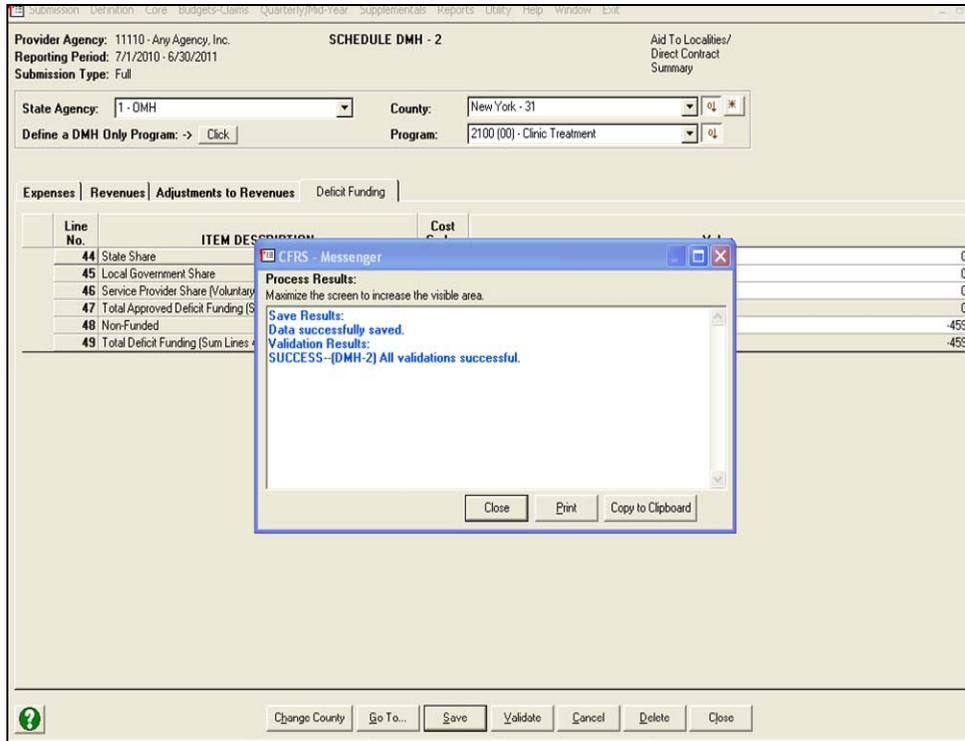
Expenses | Revenues | Adjustments to Revenues | Deficit Funding

Line No.	ITEM DESCRIPTION	Cost Codes	Value
44	State Share	60010	0
45	Local Government Share	60020	0
46	Service Provider Share (Voluntary Contributions)	60030	0
47	Total Approved Deficit Funding (Sum lines 44 - 46)	60039	0
48	Non-Funded	60040	-459
49	Total Deficit Funding (Sum Lines 47-48)	60999	-459

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

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.

Submission Definition Core Budgets/Class Quarterly/FY/Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE DMH - 2** Aid To Localities/
Reporting Period: 7/1/2010 - 6/30/2011 Direct Contract
Submission Type: Full Summary

State Agency: 1 - DMH **County:** New York - 31 **Program:** 2100 (00) - Clinic Treatment

Define a DMH Only Program: -> Click

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 - 46)	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..
DMH1	
CFR1	
CFR3	
CFR2	
CFR6	
DMH1	
DMH2	
DMH3	<<
SED1	

Show all schedules

Program-Site Definition
 Provider-Agency Definition
 Utilities
 Reports

Go Cancel

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

Submission Definition Core Budgets-Claims County/MD-Year Supplementals Reports Utility Help Window Exit

Provider Agency: 11110 - Any Agency, Inc. SCHEDULE DMH - 3 Aid To Localities And Direct Contracts
 Reporting Period: 7/1/2010 - 6/30/2011 Program Funding Source Summary
 Submission Type: Full

State Agency: 1 - DMH County: New York - 31 Program: 2100 (00) - Clinic Treatment

Funding Source Summary | Statistics | Summary Totals

Funding Source: [Select from list. * = Previously Entered Data]

Line No.	ITEM DESCRIPTION		Program Totals for County
2	Program Type		
3	Program Code (Program Code Index)		
8	Please Check:		
9	FUNDING SOURCE CODE		
10	Number Persons Served/Month	00260	
11	Number Units of Service	00250	
12	Total Adjusted Expenses	50999	
13	Less Applied Net Revenue	61999	
14	Net Operating Costs	62999	
15	Contract Number (State/LGU)	00201	

078 - Supported Housing
 078G - New York/New York III Supported
 078Z - Single Room Occupancy (SRO)
 090 - Non-Funded
 091 - Accrual Adjustment NYC
 091A - Federal SAMHSA (NYC Providers only)
 091C - Federal Community Development
 091D - Federal HOPWA (NYC Providers only)

Direct Contract (Contract directly with a State Agency (DASAS/DMH / OPWDD))
 Local Contract (Contract through approval letter with a county)

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

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

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

Provider Agency: 11110 - Any Agency, Inc. **SCHEDULE DMH - 3** Aid To Localities And Direct Contracts
Reporting Period: 7/1/2010 - 6/30/2011 Program Funding Source Summary
Submission Type: Full

State Agency: 1 - DMH **County:** New York - 31 **Program:** 2100 (00) - Clinic Treatment

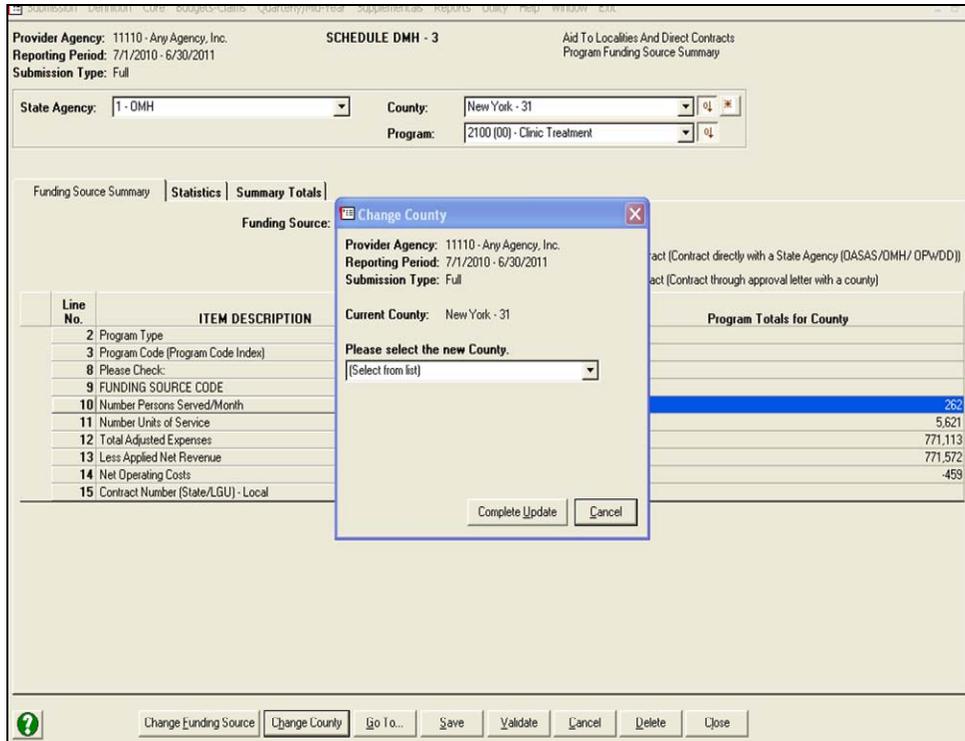
Funding Source Summary | Statistics | Summary Totals

Funding Source: 090 - Non-Funded **Contract Type:** Direct Contract (Contract directly with a State Agency (DASAS/DMH/ 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	NEWYORK	

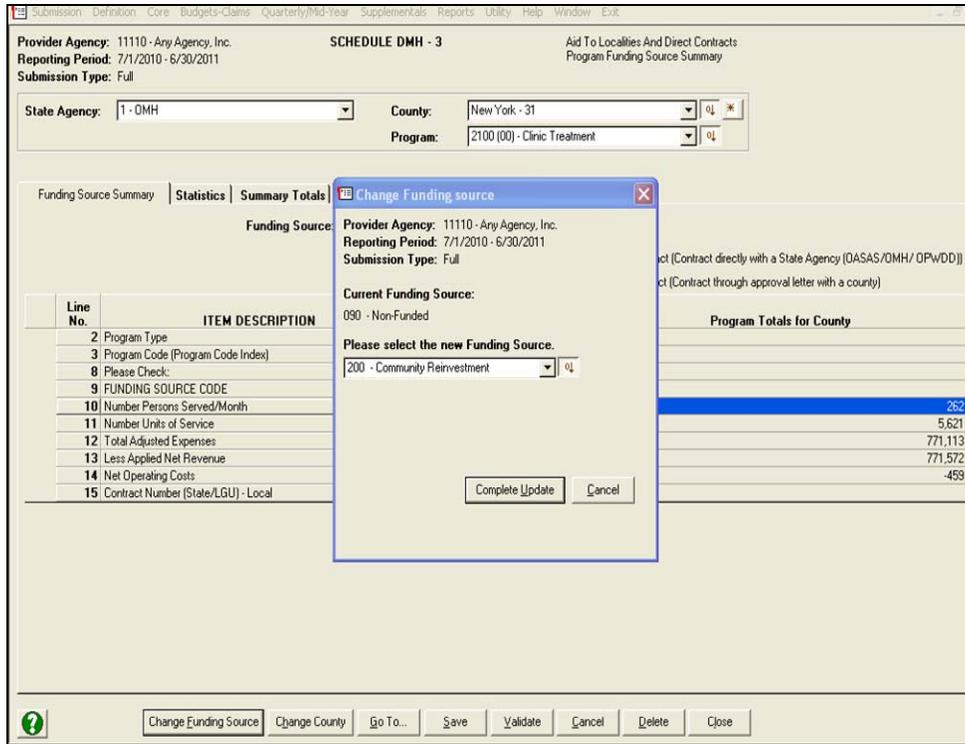
Change Funding Source Change County Go To... Save Validate Cancel Delete Close

Enter applicable data.



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

The screenshot shows a software application window titled "SCHEDULE DMH - 3" with a "Program Funding Source Summary" report. The report includes fields for "State Agency" (1 - DMH), "County" (New York - 31), and "Program" (2100 (00) - Clinic Treatment). A "CFRS - Messenger" dialog box is open in the foreground, displaying the following text:

Process Results:
Maximize the screen to increase the visible area.
Save Results:
Data successfully saved.
Validation Results:
SUCCESS--(DMH-3) All validations successful.

The background window also features a table with the following data:

Line No.	ITEM DESCRIPTION	
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) - L	

Save, Close and proceed to reconciliation schedule.

Submission Form - **Reconciliation of Revenues and Expenses**

Provider Agency: 11110 - Any Agency, Inc.
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

Reconciliation of Expenses | **Reconciliation of Revenues**

ITEM DESCRIPTION	Value
Total agency expenses from Financial Statements	11,188,246
Additions:	2,500
Subtractions:	0
Total adjustments:	2,500
Adjusted Financial Statement Expenses	11,188,746
Total agency Expenses from CFR-2, Col. 1, lines 8 + 9	11,188,663
Difference	83

Go To... Save Validate Cancel Delete Close

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.

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

Provider Agency: 11110 - Any Agency, Inc. Reconciliation of Revenues and Expenses
 Reporting Period: 7/1/2010 - 6/30/2011
 Submission Type: Full

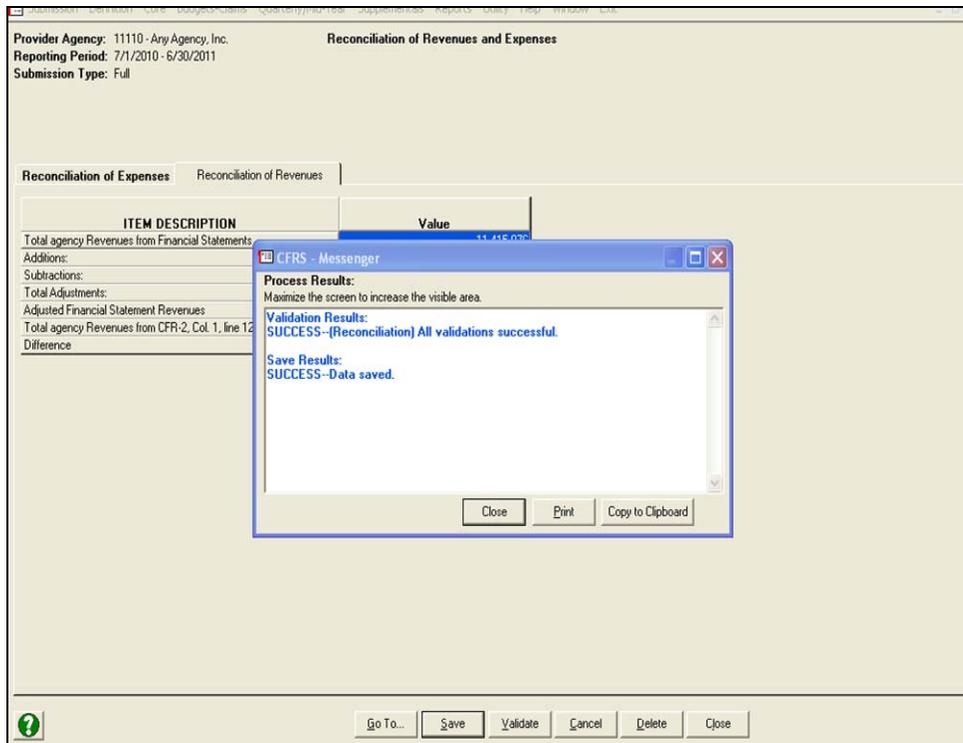
Reconciliation of Expenses Reconciliation of Revenues

ITEM DESCRIPTION	Value
Total Agency Revenues from Financial Statements	11,415,576
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

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.

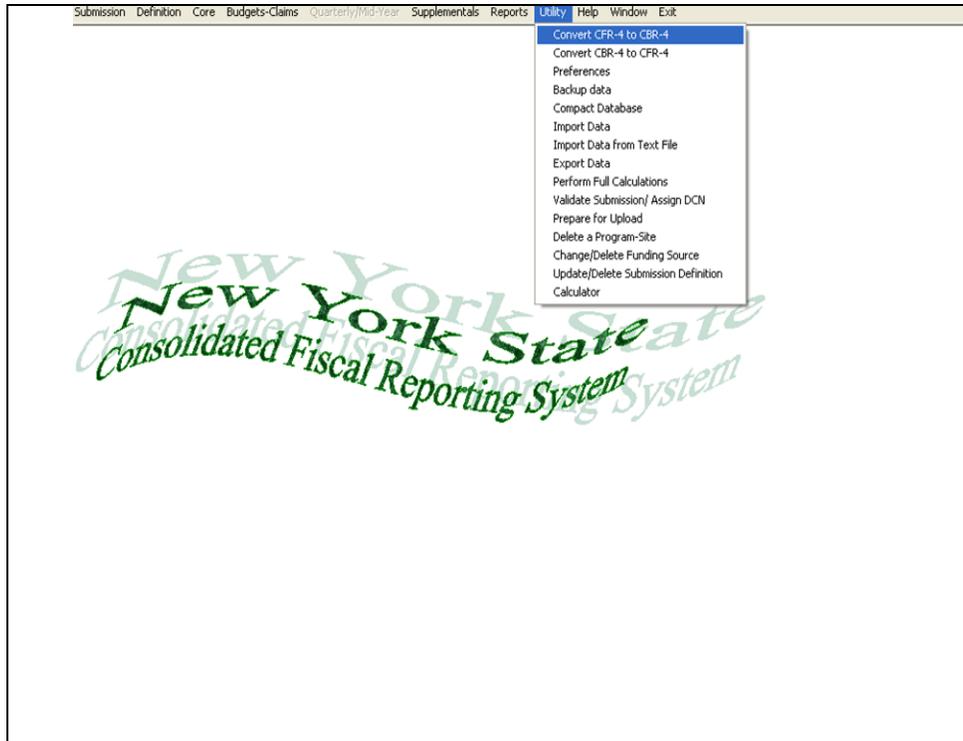
Slide 85



Save, close.

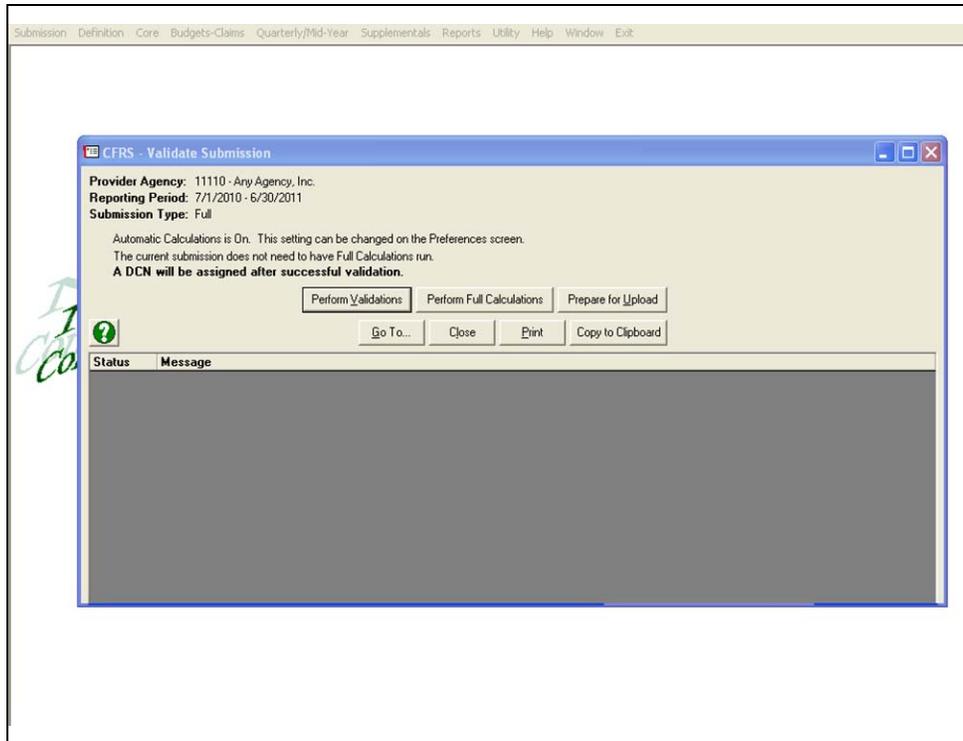


Slide 87

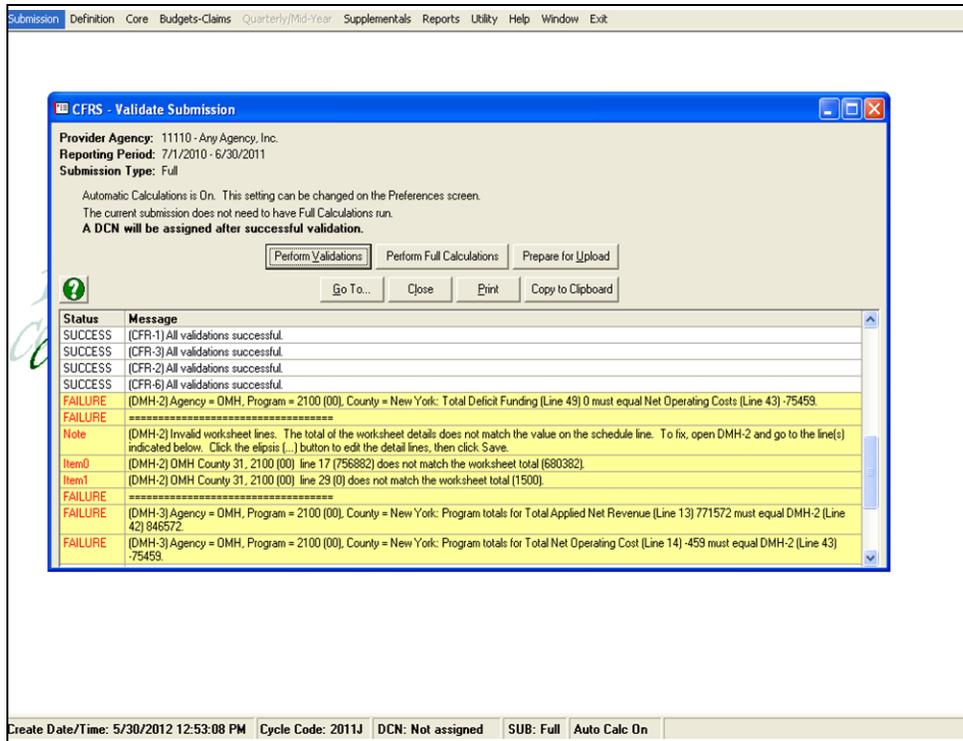


Once applicable data has been entered on all CFR screens, provider should click on the “Utility” selection at the top of the CFR screen. Then click on “Perform Validation/ Assign DCN”.

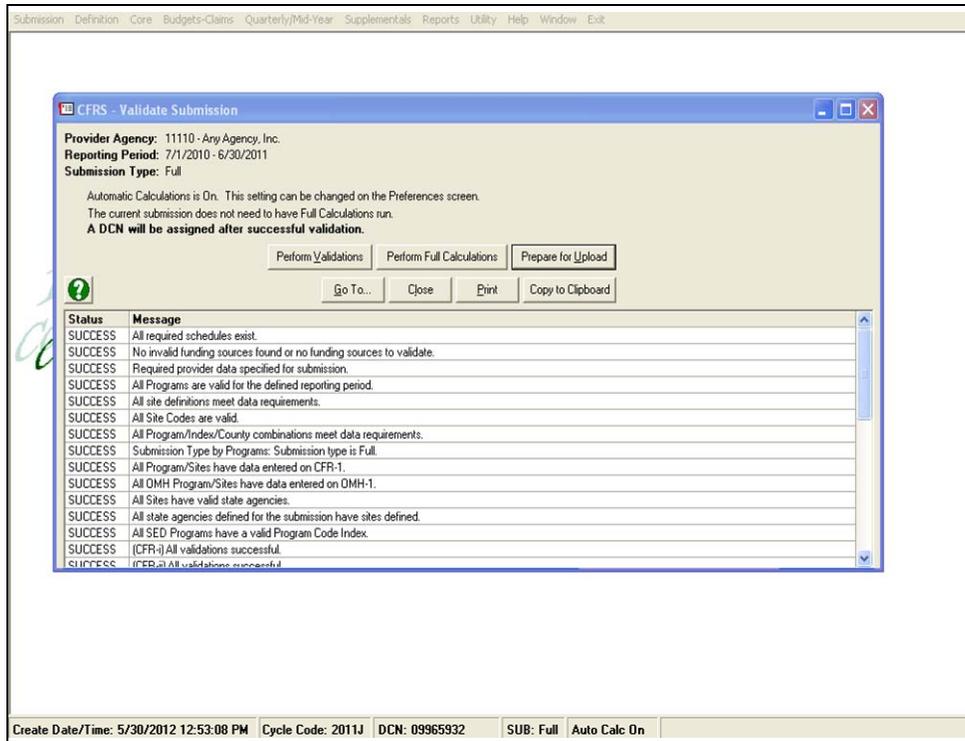
Slide 88



Click “Perform Validations” button.



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.



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.

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

CFRS - Validate Submission

Provider Agency: 11110 - Any Agency, Inc.
Reporting Period: 7/1/2010 - 6/30/2011
Submission Type: Full

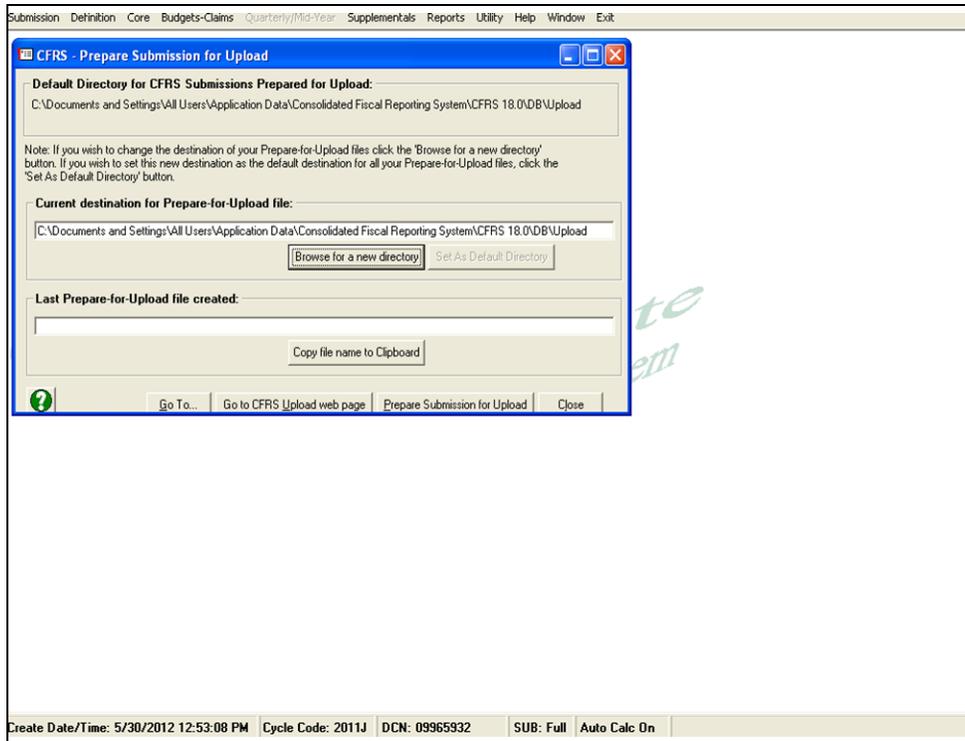
Automatic Calculations is On. This setting can be changed on the Preferences screen.
The current submission does not need to have Full Calculations run.
A DCN will be assigned after successful validation.

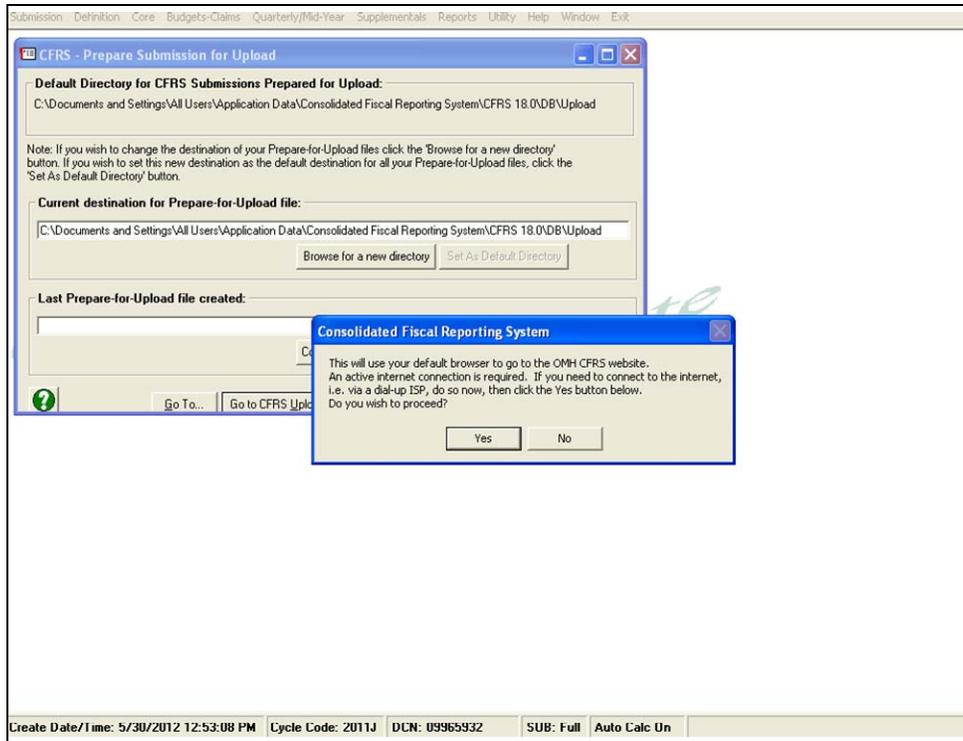
Perform Validations Perform Full Calculations Prepare for Upload

Go To... Close Print Copy to Clipboard

Status	Message
SUCCESS	(CFR-1) All validations successful.
SUCCESS	(CFR-3) All validations successful.
SUCCESS	(CFR-2) All validations successful.
SUCCESS	(CFR-6) All validations successful.
SUCCESS	(DMH-2) All validations successful.
SUCCESS	(DMH-3) All validations successful.
SUCCESS	(SED-1) All validations successful.
SUCCESS	(SED-4) All validations successful.
SUCCESS	(OMH-2) All validations successful.
SUCCESS	(OMH-3) All validations successful.
SUCCESS	(OMH-4) All validations successful.
SUCCESS	(Reconciliation) All validations successful.
END	VALIDATIONS COMPLETE
	DCN Assigned

Create Date/Time: 5/30/2012 12:53:08 PM Cycle Code: 2011J DCN: 09965932 SUB: Full Auto Calc On



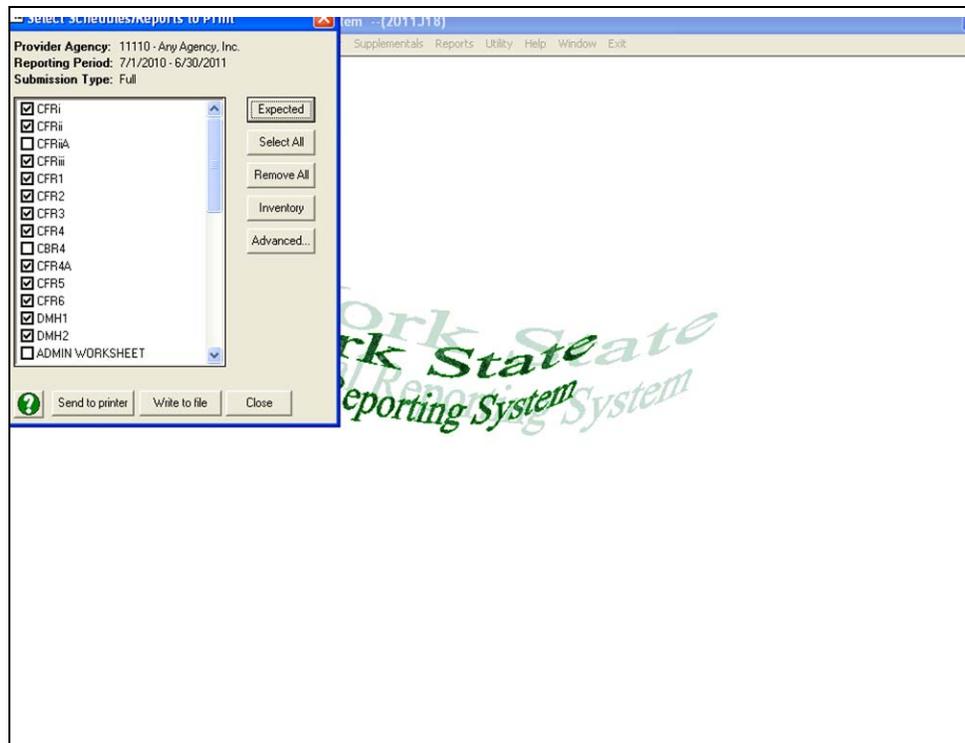


Read the messenger window and click on appropriate response button.

Slide 94



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



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.

Slide 96

