

Please Check State Agency:

- OMH
- OPWDD
- OASAS    SED

~~For the Supplemental 2015 Schedule 8A, 2016~~  
NEW YORK STATE

AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

SCHOOL CODE: (SED ONLY) \_\_\_\_\_

Line No.	Item Description	Cost Codes					
<b>SECTION A: GENERAL INFORMATION</b>							
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 (OASAS, OPWDD, and SED only)	00100					
11	Actual Capacity (OMH, 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 (OASAS, OPWDD, and SED only)	00150					

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Line No.	Program Code (Program Code Index)	Cost Codes					
	00010		)	)	)	( )	)
	00050						(

**SECTION B: EXPENSES**

COLUMN NUMBER	PERSONAL SERVICES						
<b>16</b>	Personal Services - Program/Site & Program Admin (from CFR-4)	11999	(	(	(		
<b>17</b>	Vacation Accruals - Program/Site & Program Admin	12999					
	<b>FRINGE BENEFITS</b>						
<b>18</b>	Mandated Fringe Benefits	13200					
<b>19</b>	Non-Mandated Fringe Benefits	13300					
<b>20</b>	Total Fringe Benefits (Sum Lines 18 & 19)	13999					
	<b>OTHER THAN PERSONAL SERVICES (OTPS)</b>						
<b>21</b>	Food	14010					
<b>22</b>	Repairs and Maintenance	14020					
<b>23</b>	Utilities	14030					
<b>24</b>	Transportation Related-Participant (Travel - Direct Care)	14040					
<b>25</b>	Staff Travel (Travel - Program Administration)	14250					
<b>26</b>	Participant Incidentals	14050					
<b>27</b>	Expensed Adaptive Equipment (Payments to BOCES/School Districts)	14070					
<b>28</b>	Expensed Equipment	14080					
<b>29</b>	Sub-Contract Raw Materials	14090					
<b>30</b>	Participant Wages-Non-Contract	14100					

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		00010	)	)	)	( )	)
	Program/Site Identification Number	00050					(
<b>31</b>	<b>Participant Wages Contract</b>	<b>14110</b>					
<b>32</b>	<b>Participant Fringe Benefits</b>	<b>14120</b>					
<b>33</b>	<b>Section 43.04 Services Assessment (Other Internal Service Activity Prog)</b>	<b>14130</b>	(	(	(		
<b>34</b>	<b>Staff Development</b>	<b>14140</b>					
<b>35</b>	<b>Contracted Direct Care and Clinical Personal Svs.(from CFR-4A)</b>	<b>14150</b>					
<b>36</b>	<b>Supplies and Materials - Non-Household</b>	<b>14160</b>					
<b>37</b>	<b>Household Supplies</b>	<b>14170</b>					
<b>38</b>	<b>Telephone</b>	<b>14190</b>					
<b>39</b>	<b>Insurance - General</b>	<b>14260</b>					
<b>40</b>	<b>Other (Detail Required)</b>	<b>14998</b>					
<b>41</b>	<b>Total Other Than Personal Services (Sum Lines 21-40)</b>	<b>14999</b>					
<b>EQUIPMENT-PROVIDER PAID</b>							
<b>42</b>	<b>Lease/Rental Vehicle</b>	<b>15010</b>					
<b>43</b>	<b>Lease/Rental Equipment</b>	<b>15020</b>					
<b>44</b>	<b>Depreciation-Vehicle</b>	<b>15040</b>					
<b>45</b>	<b>Depreciation-Equipment</b>	<b>15050</b>					
<b>46</b>	<b>Interest-Vehicle</b>	<b>15070</b>					
<b>47</b>	<b>Other (Detail Required)</b>	<b>15998</b>					
<b>48</b>	<b>Total Equipment (Sum of Lines 42-47)</b>	<b>15999</b>					
<b>PROPERTY-PROVIDER PAID</b>							
<b>49</b>	<b>Lease/Rental-Real Property</b>	<b>16010</b>					
<b>50</b>	<b>Leasehold/Leasehold Improvements</b>	<b>16020</b>					
<b>51</b>	<b>Depreciation-Building</b>	<b>16030</b>					
<b>52</b>	<b>Depreciation Building/Land Improvements</b>	<b>16040</b>					

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Line No.	Program Code (Program Code Index) Program/Site Identification Number	Cost Codes	( )	( )	( )	( )	( )
53	<b>COLUMN NUMBER</b> Mortgage Lender Commitments Interest (Rpt. MCFFA/DASNY Bond Int. on Ln 59)	16060					
54	Mortgage Expenses	16070	(	(	(		
55	Insurance-Property & Casualty	16080					
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 (Operation & Maintenance Transfer)	16140					
62	Other (Detail Required)	16998					
63	Total Property-Provider Paid (Sum of Lines 49-62)	16999					
<b>TOTALS</b>							
64	Total Operating Costs (Sum lines 16, 17, 20, 41 minus 29)	19010					
65	Agency Admin. Alloc.(Line 64 times _____)*	19050					
66	Adjustments/Non-Allowable Costs (Detail Required)	19030					
67	Total Prog/Site Costs (Sum lines 29, 48, 63-65 minus 66)	19060					
<b>OPWDD Only - Informational</b>							
68a	Other Than To/From Transportation Allocation	19101					
68b	To/From Transportation Allocation	19102					
68c	ICF/DD SED Contract Liability	19103					
68d	Program Administration Property	19104					

\* The applicable 6 digit adjusted ratio value factor from CFR-3.2, line 65 through 69. Agency administration should not be allocated to programs 0880, 0890 and state agency specific programs which are exempt from agency administration.

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Line No.	Program Code (Program Code Index)	Cost Codes				
	Program Code (Program Code Index)	00010	)	)	)	( )
	Program/Site Identification Number	00050				(

**SECTION C: REVENUES**

COLUMN NUMBER	DESCRIPTION	COST CODE				
69	SSI & SSA	20010				
70	SSI & SSA	20020	(	(	(	
71	Home Relief/Public Assistance	20030				
72	Medicaid	20040				
73	Medicare	20060				
74	Other Third Parties (Detail Required)	20070				
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	SNAP (OASAS, 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				

\* Refer to CFR manual for specific instructions.

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Line No.	Program Code (Program Code Index)	Cost Codes					
	<b>Program/Site Identification Number</b>	<b>00050</b>					(
<b>90</b>	Department of Health Chapter 428 Revenue (SED only)	<b>22130</b>					
<b>91</b>	4400 Revenue (School District) (SED only)	<b>22140</b>					
<b>92</b>	4410 Revenue (Preschool) (SED only)	<b>22150</b>	(	(	(		
<b>93</b>	Net Deficit Funding (State & LGU Funding only)*	<b>20110</b>					
<b>94</b>	Other Revenue (Detail Required)	<b>22998</b>					
<b>95</b>	Gross Revenues (Sum Lines 69-94)	<b>23999</b>					
	<b>GAAP ADJUSTMENTS TO REVENUE</b>						
<b>96</b>	Participant Allowance	<b>24010</b>					
<b>97</b>	Uncollectible Accounts Receivable	<b>24040</b>					
<b>98</b>	Other (Detail Required)	<b>24996</b>					
<b>99</b>	Total GAAP Adjustments (Sum Lines 96-98)	<b>24997</b>					
<b>100</b>	Net GAAP Revenues (Line 95 minus 99)	<b>24998</b>					
	<b>NON-GAAP ADJUSTMENTS TO REVENUE</b>						
<b>101</b>	Exempt Contract Income	<b>24050</b>					
<b>102</b>	Exempt LTSE Income	<b>24060</b>					
<b>103</b>	Net Deficit Funding**	<b>24070</b>					
<b>104</b>	Other (Detail Required)	<b>24080</b>					
<b>105</b>	Total NON-GAAP Adjustments (Sum Lines 101-104)	<b>24097</b>					
<b>106</b>	<b>TOTAL ADJ. TO REVENUE (Sum Lines 99 &amp; 105)</b>	<b>24999</b>					
<b>107</b>	<b>TOTAL NET REVENUES (Line 95 minus 106)</b>	<b>25999</b>					

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 93 above.