

- Funding State Agency:
- OMH     SED
  - OPWDD     DOH
  - OASAS     OCFS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2019 to June 30, 2020*

**SCHEDULE CFR-1**  
**PROGRAM/SITE**  
**DATA**

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

| Line No.                              | COLUMN NUMBER<br>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                                    | Total Units of Service                                  | 00120      |        |        |        |        |
| 13a                                   | Medicaid Fee for Service Units of Service               | 00114      |        |        |        |        |
| 13b                                   | Medicaid Managed Care Units of Service                  | 00115      |        |        |        |        |
| 13c                                   | All Other Units of Service                              | 00116      |        |        |        |        |
| 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.                                   | COLUMN NUMBER   | Cost  |     |     |     |     |     |
|--|---|-------|-----|-----|-----|-----|-----|
|  | ITEM DESCRIPTION  | Codes |     |     |     |     |     |
|  | Program Code (Program Code Index)                             | 00010 | ( ) | ( ) | ( ) | ( ) | ( ) |
|  | Program/Site Identification Number                            | 00050 |     |     |     |     |     |
| <b>SECTION B: EXPENSES</b>                 |   |       |     |     |     |     |     |
| <b>PERSONAL SERVICES</b>                   |   |       |     |     |     |     |     |
| 16   | Personal Services - Program/Site & Program Admin (from CFR-4) | 11999 |     |     |     |     |     |
| 17   | Vacation Accruals - Program/Site & Program Admin              | 12999 |     |     |     |     |     |
| <b>FRINGE BENEFITS</b>                     |   |       |     |     |     |     |     |
| 18   | Mandated Fringe Benefits                                      | 13200 |     |     |     |     |     |
| 19   | Non-Mandated Fringe Benefits                                  | 13300 |     |     |     |     |     |
| 20   | Total Fringe Benefits (Sum Lines 18 & 19)                     | 13999 |     |     |     |     |     |
| <b>OTHER THAN PERSONAL SERVICES (OTPS)</b> |   |       |     |     |     |     |     |
| 21   | Food  | 14010 |     |     |     |     |     |
| 22   | Repairs and Maintenance                                       | 14020 |     |     |     |     |     |
| 23   | Utilities   | 14030 |     |     |     |     |     |
| 24   | Transportation Related-Participant                            | 14040 |     |     |     |     |     |
| 25   | Staff Travel  | 14250 |     |     |     |     |     |
| 26   | Participant Incidentals                                       | 14050 |     |     |     |     |     |
| 27   | Expensed Adaptive Equipment (OPWDD and SED only)              | 14070 |     |     |     |     |     |
| 28   | Expensed Equipment  | 14080 |     |     |     |     |     |
| 29   | Sub-Contract Raw Materials                                    | 14090 |     |     |     |     |     |
| 30   | Participant Wages-Non-Contract                                | 14100 |     |     |     |     |     |

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

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

| Line No. | COLUMN NUMBER   | Cost Codes |     |     |     |     |     |
|----------|---|------------|-----|-----|-----|-----|-----|
|          | ITEM DESCRIPTION  |            |     |     |     |     |     |
|          | Program Code (Program Code Index)                               | 00010      | ( ) | ( ) | ( ) | ( ) | ( ) |
|          | Program/Site Identification Number                              | 00050      |     |     |     |     |     |
| 31       | Participant Wages-Contract                                      | 14110      |     |     |     |     |     |
| 32       | Participant Fringe Benefits                                     | 14120      |     |     |     |     |     |
| 33       | Section 43.04 Services Assessment (OPWDD only)                  | 14130      |     |     |     |     |     |
| 34       | Staff Development   | 14140      |     |     |     |     |     |
| 35       | Contracted Direct Care and Clinical Personal Svs. (from CFR-4A) | 14150      |     |     |     |     |     |
| 36       | Supplies and Materials - Non-Household                          | 14160      |     |     |     |     |     |
| 37       | Household Supplies  | 14170      |     |     |     |     |     |
| 38       | Telephone, Cable and Internet                                   | 14190      |     |     |     |     |     |
| 39       | Insurance - General   | 14260      |     |     |     |     |     |
| 40       | Other (Detail Required)   | 14998      |     |     |     |     |     |
| 41       | Total Other Than Personal Services (Sum Lines 21-40)            | 14999      |     |     |     |     |     |
|          | <b>EQUIPMENT-PROVIDER PAID</b>                                  |            |     |     |     |     |     |
| 42       | Lease/Rental Vehicle  | 15010      |     |     |     |     |     |
| 43       | Lease/Rental Equipment  | 15020      |     |     |     |     |     |
| 44       | Depreciation-Vehicle  | 15040      |     |     |     |     |     |
| 45       | Depreciation-Equipment  | 15050      |     |     |     |     |     |
| 46       | Interest-Vehicle  | 15070      |     |     |     |     |     |
| 47       | Other (Detail Required)   | 15998      |     |     |     |     |     |
| 48       | Total Equipment (Sum of Lines 42-47)                            | 15999      |     |     |     |     |     |
|          | <b>PROPERTY-PROVIDER PAID</b>                                   |            |     |     |     |     |     |
| 49       | Lease/Rental-Real Property                                      | 16010      |     |     |     |     |     |
| 50       | Leasehold/Leasehold Improvements                                | 16020      |     |     |     |     |     |
| 51       | Depreciation-Building   | 16030      |     |     |     |     |     |
| 52       | Depreciation Building/Land Improvements                         | 16040      |     |     |     |     |     |

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

| Line                              | COLUMN NUMBER<br>ITEM DESCRIPTION  | Cost Codes |     |     |     |     |
|-----------------------------------|--|------------|-----|-----|-----|-----|
| No.                               | Program Code (Program Code Index)  | 00010      | ( ) | ( ) | ( ) | ( ) |
|                                   | Program/Site Identification Number   | 00050      |     |     |     |     |
| 53                                | Mortgage/Capital Improvements Interest (Report MCFFA/DASNY Bond Int. on Line 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 (LGU only)   | 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/IID SED Contract Liability   | 19103      |     |     |     |     |
| 68d                               | Program Administration Property  | 19104      |     |     |     |     |
| 68e                               | ICF/IID Day Services Liability   | 19105      |     |     |     |     |

\* 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 and 0890 and state agency specific programs which are exempt from agency administration.

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| SCHOOL CODE: (SED ONLY) _____ |  |            |     |     |     |     |     |
| Line No.                      | COLUMN NUMBER                                      | Cost Codes |     |     |     |     |     |
|                               | ITEM DESCRIPTION                                   |            |     |     |     |     |     |
|                               | Program Code (Program Code Index)                  | 00010      | ( ) | ( ) | ( ) | ( ) | ( ) |
|                               | Program/Site Identification Number                 | 00050      |     |     |     |     |     |
| <b>SECTION C: REVENUES</b>    |  |            |     |     |     |     |     |
| 69                            | Participant Fee (less SSI & SSA)                   | 20010      |     |     |     |     |     |
| 70                            | SSI & SSA  | 20020      |     |     |     |     |     |
| 71                            | Home Relief/Public Assistance                      | 20030      |     |     |     |     |     |
| 72a                           | Medicaid Fee for Service                           | 20045      |     |     |     |     |     |
| 72b                           | Medicaid Managed Care                              | 20050      |     |     |     |     |     |
| 73                            | Medicare   | 20060      |     |     |     |     |     |
| 74                            | Other Third Parties                                | 20070      |     |     |     |     |     |
| 75                            | OPWDD Residential Room and Board                   | 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, Donations               | 22010      |     |     |     |     |     |
| 84                            | Section 202/8/811 HUD Funds                        | 22020      |     |     |     |     |     |
| 85                            | Interest/Dividend Income                           | 22050      |     |     |     |     |     |
| 86                            | Prior Period Rate Adjustments*                     | 22090      |     |     |     |     |     |
| 87                            | Non-Disabled Universal Pre-Kindergarten (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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|------------|---|--------------|-----|-----|-----|-----|-----|
|            | Program Code (Program Code Index)                     | 00010        | ( ) | ( ) | ( ) | ( ) | ( ) |
|            | Program/Site Identification Number                    | 00050        |     |     |     |     |     |
| <b>90</b>  | Department of Health Chapter 428 Revenue (SED only)   | <b>22130</b> |     |     |     |     |     |
| <b>91</b>  | 4408 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>  | Provision for Bad Debts - Revenue Deduction           | <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.