



Office of
Mental Health

CBR for Direct Contracts

WHAT YOU WILL NEED TO COMPLETE THE CBR

- A. Your “Contract Summary Report.”
- B. If applicable, your program-specific funding model.
 - A. ex. CR Gross-Income Net (GIN), ACT Case Management Report, etc.
- C. Access to the Consolidated Fiscal Reporting System (CFRS).

Note: If you do not have a Contract Summary Report, please contact the Field Office (FO) administering your contract.

CONTRACT SUMMARY REPORT - EXAMPLE



Contract Summary Report By Contract

Contract Period: 07/01/2023 - 06/30/2024 Contract Type: Multi Year
 Authorized On: 9/27/2023 8:03:29AM Issuance Type: NEW

Contract: C12345GM Amd: 0 Mod: 0 Provider: 12345-Main Street Mental Health Term: 07/01/2023 - 06/30/2028 MWBE Goals: 0% MBE Goals: 0% WBE Goals: 0%

<u>Funding Code-Name</u>	<u>Total Contract:</u>	<u>July-Sept Quarter</u>	<u>Oct-Dec Quarter</u>	<u>Jan-Mar Quarter</u>	<u>Apr-June Quarter</u>	<u>Optional Payment</u>	<u>Beds</u>	<u>Slots</u>	<u>Managers</u>
County: Statewide OFY - 64	Region: Cent Off (OFY)								
046L Community Support Programs-C&F	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			
Total for: Statewide OFY - 64	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			
Contract Totals	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			

Contract Remarks:

Amendment Remarks:

Allocation Remarks: 046L Community Support Programs-C&F Funding of \$250,000 quarterly supports Office of Mental Health contract. (FAV \$1,000,000). Program Code 1720 should be used on all OMH financial reporting documents.

CHECKING ACCESS TO THE CFRS & LOGGING IN

CHECKING ACCESS TO THE CFRS & LOGGING IN

1. Open the CFRS Web: <https://cfrweb.omh.ny.gov/auth-select>
2. Select “External/Local Provider.”

Consolidated Fiscal Reporting System

Welcome to Consolidated Fiscal Reporting System

The resource you are accessing requires you to authenticate. Please select how you would like to authenticate.

State Providers
(State Employees)

Sign-in with state account

External/Local Provider
(Non-State Employees)

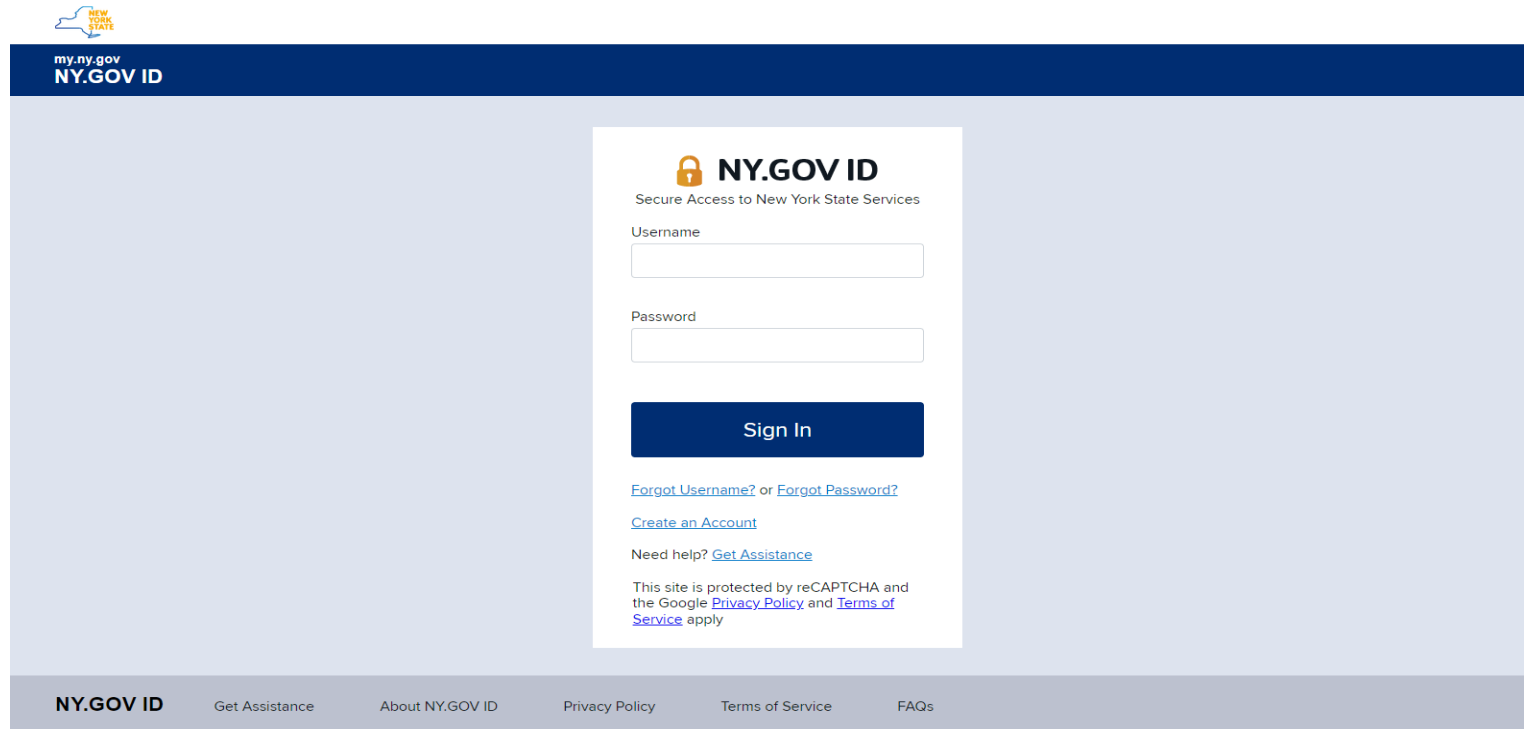
Sign-in with NY.gov account

CHECKING ACCESS TO THE CFRS & LOGGING IN

3. Enter your CFRS Username & Password.

Note: This should have been assigned to you by your agency's CFRS Security Manager.

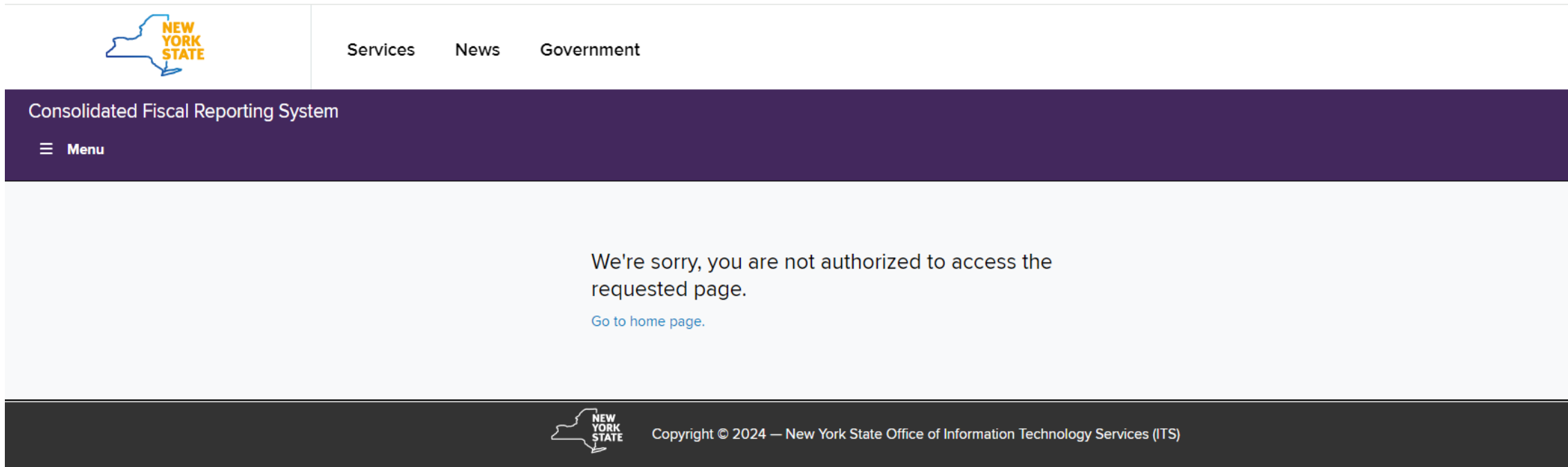
4. Select "Sign In."



The screenshot shows the NY.GOV ID login interface. At the top left, there is a small New York State logo and the text "my.ny.gov NY.GOV ID". The main content area features a white box with the NY.GOV ID logo (a padlock icon) and the text "NY.GOV ID Secure Access to New York State Services". Below this, there are two input fields: "Username" and "Password". A dark blue "Sign In" button is positioned below the password field. Underneath the button, there are three links: "Forgot Username? or Forgot Password?", "Create an Account", and "Need help? Get Assistance". At the bottom of the white box, a disclaimer states: "This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply". The footer of the page contains the text "NY.GOV ID" followed by links for "Get Assistance", "About NY.GOV ID", "Privacy Policy", "Terms of Service", and "FAQs".

CHECKING ACCESS TO CFRS & LOGGING IN

5. If you do not have access, or your login credentials are not working, you will see the following message:



The screenshot shows a web application interface. At the top left is the New York State logo. To its right are navigation links for 'Services', 'News', and 'Government'. Below this is a dark purple header bar with the text 'Consolidated Fiscal Reporting System' and a 'Menu' icon. The main content area is white and contains a message: 'We're sorry, you are not authorized to access the requested page.' Below this message is a blue link that says 'Go to home page.'. At the bottom of the page is a dark grey footer bar containing the New York State logo and the text 'Copyright © 2024 — New York State Office of Information Technology Services (ITS)'.

Note: If you cannot log in, please either reach out to your agency's CFRS Security Manager or OMH's CFR team (CFR@omh.ny.gov) for assistance.

CHECKING ACCESS TO CFRS & LOGGING IN

6. If you log in successfully, you will see the following screen:

Announcement Board

The Calendar Year (CY) January 1, 2021 to December 31, 2021 Consolidated Fiscal Report (CFR) is due May 1, 2022 for providers operating programs certified and/or funded by the Office of Mental Health (OMH) and/or the State Education Department (SED). A 30-day extension beyond the initial due date will be granted to OMH and SED service providers who submit the CFR Pre-Approved 30-Day Extension Request survey that is available from the SED Rate Setting Unit website http://www.oms.nysed.gov/rsu/Manuals_Forms/Manuals/CFRManual/. The CY CFR for providers certified and/or funded by the Office for People With Developmental Disabilities (OPWDD), the Office of Addiction Supports and Services (OASAS), the Department of Health (DOH) and/or the Office of Children and Family Services (OCFS) is due June 1, 2022.

Create a New Submission

Upon selection of the 'Create a New Submission' option, it is recommended to check for accuracy of any data that may have automatically populated from prior period reports.

Create a New Submission

Continue Submission and Upload Completed CFRs/CBRs

Continue working on CFRs/CBRs that have not yet been submitted to the NYS agencies.

View in Progress CFRs/CBRs

Review or Revise CFRs/CBRs and Upload Documents

Review or Revise CFRs/CBRs that have been submitted to the NYS agencies. Upload financial statements and other supporting documentation.

Review or Revise CFRs/CBRs

Helpful Links

- ▶ State Agencies
- CFR Manual [↗](#)
- CFR Training [↗](#)

CREATING A NEW SUBMISSION

CREATING A NEW SUBMISSION

7. Select “Create a New Submission.”

Announcement Board

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Review or Revise CFRs/CBRs

Helpful Links

- ▶ State Agencies
- CFR Manual
- CFR Training

CREATING A NEW SUBMISSION: NEW CFR SUBMISSION

8. Complete “New CFR Submission” page:

- **Submission Type:** Budget
- **State Agency:** OMH
- **Reporting Cycle:** You can determine this from your Contract Summary Report. See slide 13.
- **Reporting Period:** You can determine this from your Contract Summary Report. See slide 15.
- **Would you like to carryforward data from a prior submission? :** Select “No” or “Yes” and follow the prompts.
- **Submission Description (Recommended for Budget):** CBR

9. Select “Next” to begin filling out the CBR components and schedules.

CONTRACT SUMMARY REPORT EXAMPLE - COUNTY



Contract Summary Report By Contract
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Contract: C12345GM Amd: 0 Mod: 0 Provider: 12345-Main Street Mental Health Term: 07/01/2023 - 06/30/2028 MWBE Goals: 0% MBE Goals: 0% WBE Goals: 0%

<u>Funding Code-Name</u>	<u>Total Contract:</u>	<u>July-Sept Quarter</u>	<u>Oct-Dec Quarter</u>	<u>Jan-Mar Quarter</u>	<u>Apr-June Quarter</u>	<u>Optional Payment</u>	<u>Beds</u>	<u>Slots</u>	<u>Managers</u>
County: Statewide OFY - 64	Region: Cent Off (OFY)								
046L Community Support Programs-C&F	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			
<i>Total for: Statewide OFY - 64</i>	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			
Contract Totals	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			

Contract Remarks:

Amendment Remarks:

Allocation Remarks : 046L Community Support Programs-C&F Funding of \$250,000 quarterly supports Office of Mental Health contract. (FAV \$1,000,000). Program Code 1720 should be used on all OMH financial reporting documents.

CREATING A NEW SUBMISSION: REPORTING CYCLE

Reporting Cycle will be determined by **the county listed on your Contract Summary Report:**

A. Select, “**Fiscal [July-June]**” if the county listed on your Contract Summary Report is one of the following:

- **New York – 31**
- **OMH Statewide OFY (OMH ONLY) – 64**

B. Select, “**Calendar [January-December]**” if the county (or counties) listed on your Contract Summary Report is anything other than the two listed above.

C. **Do not select the “Non Standard” option unless told otherwise.**

CONTRACT SUMMARY REPORT – CONTRACT PERIOD



Office of
Mental Health

Aid to Localities Financial System

Contract Summary Report By Contract

Contract Period: 07/01/2023 - 06/30/2024 Contract Type: Multi Year

Authorized On: 9/27/2023 8:03:29AM Issuance Type: NEW

Contract: C12345GM Amd: 0 Mod: 0 Provider: 12345-Main Street Mental Health

Term: 07/01/2023 - 06/30/2028

MWBE Goals: 0% MBE Goals: 0% WBE Goals: 0%

<u>Funding Code-Name</u>	<u>Total Contract:</u>	<u>July-Sept Quarter</u>	<u>Oct-Dec Quarter</u>	<u>Jan-Mar Quarter</u>	<u>Apr-June Quarter</u>	<u>Optional Payment</u>	<u>Beds</u>	<u>Slots</u>	<u>Managers</u>
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Contract Remarks:

Amendment Remarks:

Allocation Remarks : 046L Community Support Programs-C&F Funding of \$250,000 quarterly supports Office of Mental Health contract. (FAV \$1,000,000). Program Code 1720 should be used on all OMH financial reporting documents.

CREATING A NEW SUBMISSION: REPORTING PERIOD

Reporting Period will be determined by the contract period listed on your Contract Summary Report:

Examples of Fiscal Reporting Periods:

07/01/2023 – 06/30/2024 = 2023-2024

07/01/2024 – 06/30/2025 = 2024-2025

Examples of Calendar Reporting Periods:

01/01/2023 – 12/31/2023 = 2023

01/01/2024 – 12/31/2024 = 2024

01/01/2025 – 12/31/2025 = 2025

Note: If the contract period is not as straightforward as the examples above, and you do not know which period to select, please contact the Field Office administering your contract for assistance.

CBR SCHEDULES

CBR SCHEDULES

- **Provider Agency Definition:** Agency information
- **Program Site Definition:** Program site information
- **CBR-i:** Agency contact information
- **CBR-4:** Personal Services
- **Admin Worksheet:** Administration costs
- **DMH-2 (Budget):** Aid to Localities/Direct Contract Summary
- **DMH-3 (Budget):** Aid to Localities and Direct Contracts Program Funding Source Summary
- **OMH Property Worksheet:** Property cost details by site

CBR SCHEDULES: PROVIDER AGENCY DEFINITION

10. Complete the bolded fields (in the CFRS) with your agency's information:

- **Agency Name:** Name listed on the Contract Summary Report.
- **Agency Address:** Address associated with your agency's Federal Employer ID Number (FEIN).
- **Agency City:** City associated with your agency's Federal Employer ID Number (FEIN).
- **Agency State:** State associated with your agency's Federal Employer ID Number (FEIN).
- **Agency Zip Code:** Zip Code associated with your agency's Federal Employer ID Number (FEIN).
- **Agency County:** County where your agency is located, not necessarily what is on the Contract Summary Report.
- **Ownership Type:** Select the option that best fits your agency.
- **FEDERAL EMPLOYER ID NUMBER:** or FEIN

11. Select "Next Schedule."

CONTRACT SUMMARY REPORT – PROGRAM CODE



Contract Summary Report By Contract

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 Authorized On: 9/27/2023 8:03:29AM Issuance Type: NEW

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<u>Funding Code-Name</u>	<u>Total Contract:</u>	<u>July-Sept Quarter</u>	<u>Oct-Dec Quarter</u>	<u>Jan-Mar Quarter</u>	<u>Apr-June Quarter</u>	<u>Optional Payment</u>	<u>Beds</u>	<u>Slots</u>	<u>Managers</u>
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Total for: Statewide OFY - 64	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			
Contract Totals	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000			

Contract Remarks:

Amendment Remarks:

Allocation Remarks : 046L Community Support Programs-C&F Funding of \$250,000 quarterly supports Office of Mental Health contract. (FAV \$1,000,000). **Program Code 1720** should be used on all OMH financial reporting documents.

CBR SCHEDULES: PROGRAM SITE DEFINITION

12. Select “Add a Program.”

13. Complete the following:

- **Program:** The program code may be found in the allocation remarks on your Contract Summary Report.
If additional information is needed, please contact the FO administering your contract.
- **Index:** Enter 00 for the first site, unless told otherwise. For additional sites, please use indexes 01, 02, 03, etc.
- **Site Code:** Enter your site code found in MHPD. If you do not have that yet, please enter 1234567 as a placeholder. Once you receive your site code, you must revise and resubmit your CBR.
- **Site Name, Address, City, State.** This should match the program name in MHPD, when applicable.
- **Location County:** Enter the county in which the site/program is located. This might not necessarily match the county listed on your Contract Summary Report.

14. Select “Save.”

CBR SCHEDULES: PROGRAM SITE DEFINITION

When saved correctly, your page will look something like this:

Program Site Definition ?


Add a Program

Program Sites | DMH Only Programs

State Agency	Program Code (Index) - Program Name	Site Code - Site Name	Site Key
OMH	1720 (00) - 988 Crisis Hotline Center	1234567 - Main Street Mental Health	

Previous Schedule

Next Schedule

 NEW YORK STATE

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15. If you have multiple Sites or multiple Program Codes, repeat steps 12-14.

CBR SCHEDULES: CBR-i

17. Complete all fields in bold, with your agency's contact information, as well as the "CLAIMS CONTACT INFORMATION" section.

Note: If the "CLAIMS CONTACT INFORMATION" is the same as the "Provider Contact Information," you can select the "Copy Contact" button, and most fields will auto-populate. You will, however, have to select your title from the dropdown list.

18. Select "Next Schedule."

CBR-4 & ADMIN WORKSHEET

CBR SCHEDULES - CBR-4: PERSONAL SERVICES

Notes –

- The salaries and wages of directly hired staff should be reported as personal services on the “Program Admin/LGU Admin” tab. Any compensation paid to contracted staff or subcontractors would be reported as OTPS on the DMH-2 schedule.
- You must combine multiple employees with the same position code/title and the same standard workweek and enter the information on one line.
- Once the information is saved, the data will be forwarded to other lines or schedules in the CBR.

CBR SCHEDULES - CBR-4: PERSONAL SERVICES

19. Select the County **on your Contract Summary Report** from the County dropdown options.

20. Select the Program Code/Site from the Program dropdown options.

21. Select “Add a line.”

22. Select the position title that best fits your employee(s) from the Position dropdown options.

Note: A description of each position can be found in the CFR Manual [Appendix R](#).

CBR SCHEDULES - CBR-4: PERSONAL SERVICES

23. Enter the agency's standard work week (35, 37.5, 40 hours, etc.).

24. Enter the number of hours the employee(s) will work on the program during the contract period.

25. Enter the amount paid to the employee(s) for the entire contract period. See next slide for an example.

CBR-4: PERSONAL SERVICES - EXAMPLE

CBR-4 — Personal Services - Budget ?

Comparison data unavailable

[Program/Site - Program Admin/LGU Admin](#)

[Agency Admin](#)

State Agency

County

Program

OMH

OMH Statewide OFY (OMH ONLY) - 64

*

1760 (00) Advocacy/Support Services

Position	Standard Workweek	Hours Paid	FTE	Amount Paid		State Agency Total for all programs		
						Hours Paid	FTE	Amount Paid
203 - Counselor (OMH CR only)	40.0	8,320	4.000	260,000		8,320	4.000	260,000
318 - Psychiatrist	40.0	1,040	0.500	100,000		1,040	0.500	100,000
501 - Program or Site Director	40.0	2,080	1.000	65,000		2,080	1.000	65,000
590 - Other Program Administration Staff	40.0	4,160	2.000	75,000		4,160	2.000	75,000
Total for all positions		15,600	7.500	500,000		15,600	7.500	500,000

- [Add a line](#)
- [Change County](#)
- [Define DMH Only Programs](#)

[Previous Schedule](#)

[Next Schedule](#)

CBR SCHEDULES - CBR-4: PERSONAL SERVICES

26. To add/edit another position, repeat steps 21-25.

27. To add another County and/or Program Code/Site, repeat steps 19-26.

28. Once complete, select “Next Schedule.”

CBR SCHEDULES – ADMIN WORKSHEET

Note: This schedule is not required to complete or submit your CBR. You can use the Agency Administration Worksheet screen to enter agency administration values used to compute administrative costs not directly related to a specific program/site. *If you would like to manually enter these costs on the DMH-2 schedule, please click the “Override automatic calculation of agency administration?” button and select “Next Schedule.”*

Agency Administration costs include:

- Costs for the overall direction of the organization (service provider)
- Costs for general record-keeping, budget and fiscal management; agency-wide audit
- Costs for governing board activities
- Costs for public relations (excluding fundraising and special events)
- Costs for parent agency expenditures.

Note: Admin costs should not exceed 15% of your contract period value (excluding Rent/Mortgage and Equipment expenses) unless specified otherwise.

DMH-2

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

“Expenses” tab:

29. Select the County **on your Contract Summary Report** from the County dropdown options.

30. Select the Program Code/Site from the Program dropdown options.

31. Select “Direct Contract” as the Contract Type.

32. **Accounting Method** (Line 1): Select your agency’s method using the dropdown options.

33. **State Contract Number/LGU Contract Number** (Line 2): Enter your contract number. *Disregard error message for now. It should disappear after you complete the DMH-3 schedule.*

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

“Expenses” tab continued:

34. Lines 3, 4, and 5 will automatically populate from previous schedules.

35. Enter the remainder of your budget on lines 6-11, if applicable. See next slide for an example.

Note: Line 13 should equal the total contract period amount on your Contract Summary Report. However, in certain scenarios (licensed housing, ACT programs, etc.) this may not be true. In those specific scenarios, line 13 should match all revenue plus the contract period amount on your Contract Summary Report. If you have any questions or concerns about this, please contact the FO administering your contract.

36. Once complete, select the “Revenues” tab toward the top of the page.

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

“Expenses” tab example:

DMH-2 — Aid to Localities/Direct Contract Summary ? Comparison data unavailable

State Agency: County: * Program:

Expenses | Revenues | Adjustments to Revenues | Deficit Funding

Contract Type

Direct Contract (Contract directly with a State Agency (OASAS/OMH/OPWDD))

Local Contract (Contract through approval letter with a county)

Line No	Description	Cost Code	Value
1	Accounting Method		<input type="text" value="Accrual"/>
2	State Contract Number/LGU Contract Number - STATE	00200	<input type="text" value="C12345GG"/> ⓘ <small>ⓘ Contract Number and Contract Type on DMH-2 (C12345GG) must match the Contract Number and Contract Type() on DMH-3.</small>
3	Program Type	00072	<input type="text" value="988 Crisis Hotline Center"/>
4	Program Code (Program Code Index)	00012	<input type="text" value="1720 (00)"/>
EXPENSES			
5	Personal Services	18010	<input type="text" value="500,000"/>
6	Vacation Leave Accruals	18020	<input type="text"/>
7	Fringe Benefits	18030	<input type="text" value="120,000"/>
8	Other Than Personal Services (OTPS)	18040	<input type="text" value="280,000"/>
9	Equipment - Provider Paid	18050	<input type="text"/>
10	Property - Provider Paid	18060	<input type="text"/>
11	Agency Administration	18080	<input type="text" value="100,000"/>
12	Adjustments/Non-Allowable Costs (Detail Required)	18090	<input type="text"/> ⓘ
13	Total Adjusted Expenses (sum lines 5-11 minus line 12)	18999	<input type="text" value="1,000,000"/>

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

On the “Revenues” tab:

37. Enter total contract period amount on line 28. See next slide for an example.

Note: If you have Medicaid and/or SSI revenue, add to line(s):

a. 15 (SSI and SSA)

b. 17a (Medicaid Fee for Service)

When applicable, please refer to any relevant fiscal model(s) to determine estimated Medicaid and SSI revenues that should be included in your CBR. If you have any questions about this, please contact the FO administering your contract.

38. Once complete, select the “Deficit Funding” tab.

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

“Revenues” tab example:

Expenses	Revenues	Adjustments to Revenues	Deficit Funding
22	Transportation, Other	46100	
23	Sales: Contract Total	46140	
24	Federal Grants (Detail Required)	46160	
25	State Grants (Detail Required)	46190	
26	LTSE Income Total (OMH and OPWDD only)	46220	
27	SNAP (OASAS, OPWDD)	46240	
28	Net Deficit Funding (State and LGU Funding only)	46110	1,000,000
29	Other (Detail Required)	46230	
30	Total Gross Revenues (sum lines 14-29)	46999	1,000,000

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

On the “Deficit Funding” tab:

39. Enter the total contract period amount on line 44. See next slide for an example.

40. To add another County and/or Program Code/Site on the DMH-2 schedule, repeat steps 29-39.

Note: All counties should be included even if \$0.

41. Select “Next Schedule.”

CBR SCHEDULES – DMH-2: AID TO LOCALITIES/DC SUMMARY

“Deficit Funding” tab example:

DMH-2 — Aid to Localities/Direct Contract Summary 

Comparison data unavailable

State Agency: County: * Program:

[Expenses](#) | [Revenues](#) | [Adjustments to Revenues](#) | [Deficit Funding](#)

Line No	Description	Cost Code	Value
DEFICIT FUNDING			
44	State Share	60010	<input type="text" value="1,000,000"/>
45	Local Government Share	60020	<input type="text"/>
46	Service Provider Share (Voluntary Contributions)	60030	<input type="text"/>
47	Total Approved Deficit Funding (sum lines 44-46)	60039	<input type="text" value="1,000,000"/>
48	Non-Funded	60040	<input type="text"/>
49	Total Deficit Funding (sum lines 47-48)	60999	<input type="text" value="1,000,000"/>

[Previous Schedule](#)

[Next Schedule](#)

DMH-3 & OMH PROPERTY WORKSHEET

CONTRACT SUMMARY REPORT – FUNDING SOURCE



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CBR SCHEDULES – DMH-3: ATL & DC PROGRAM FUNDING SOURCE

42. Select the County **on your Contract Summary Report** from the County dropdown options.
43. Select the Program Code/Site from the Program dropdown options.
44. Select the Funding Source (aka Funding Code) on your Contract Summary Report from the Funding Source dropdown options.
45. Select “Direct Contract” under Contract Type.

CBR SCHEDULES – DMH-3: ATL & DC PROGRAM FUNDING SOURCE

46. Lines 1, 2, 3, and 9 will automatically populate from previous schedules.

47. Enter budgeted amount for site on line 12.

Note:

- Program totals for Total Adjusted Expenses (Line 12) must equal line 13 on DMH-2 schedule.

- Additional Note: On line 13, if applicable, include revenue from Medicaid/SSI. Line 12 minus line 13 should equal line 14 for the contract period amount.

48. Enter contract number on line 15.

CBR SCHEDULES – DMH-3: ATL & DC PROGRAM FUNDING SOURCE

49. To add another:

- Funding Source – repeat steps 44-48. *Note: All fund codes should be included even if \$0.*
- County and/or Program Code/Site – repeat steps 42-48.

50. Once all Counties & Programs are added, line 14 (Net Operating Costs) should equal the contract period amount. If it doesn't, please revise. See slide 36 for an example.

51. Select “Next Schedule”

CBR SCHEDULES: DMH-3 EXAMPLE

DMH-3 (Budget) — Aid to Localities and Direct Contracts Program Funding Source Summary Comparison data unavailable

State Agency: County: * Program:

Funding Source Summary | Statistics | Summary Totals

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

Line No	Description	Cost Code	Value	Program Totals for County
1	Accounting Method		Accrual	
2	Program Type	00073	988 Crisis Hotline Center	
3	Program Code (Program Code Index)	00013	1720 (00)	
8	Reserved for Future Use			
9	FUNDING SOURCE CODE		C&F CSP	
10	Number Persons Served/Year	00260		
11	Number Units of Service	00250		
12	Total Adjusted Expenses	50999	1,000,000	1,000,000
13	Less Applied Net Revenue	61999		
14	Net Operating Costs	62999	1,000,000	1,000,000
15	Contract Number (State/LGU) - STATE	00201	C12345GG	

CBR SCHEDULES – OMH PROPERTY COST WORKSHEET

This worksheet appears for all providers when completing a CBR but is only a requirement for certain contracts.

If you were not asked to complete this schedule, please continue to step 52. If you have any questions, please contact the FO administering your contract.

FINAL VALIDATIONS & ASSIGNING A DCN

FINAL VALIDATIONS & ASSIGN DOCUMENT CONTROL NUMBER (DCN)

52. Go to the top left-hand corner of the page and select "Menu."

53. Select "ADMIN WORKSHEET" and check to see what amount is listed in line 2 (OMH Subtotal).

Note:

- If you are not reporting Medicaid/SSI revenue, line 2 should match the total amount on your contract summary. If it does, you are good to validate and assign a DCN.

- If expenses connected to Medicaid/SSI revenue are reported, line 2 should match the net deficit plus any Medicaid/SSI revenue.

54. Select "Menu" again and scroll down to "Utilities."

55. Select the "Utilities" dropdown and then select "Final Validations and Assign DCN."

FINAL VALIDATIONS & ASSIGN DOCUMENT CONTROL NUMBER (DCN)

If you receive validation errors, you can edit your CBR to make the corrections and then repeat steps 54 & 55. See below for example of errors:

Final Validations & Assign DCN ⓘ

This submission has not passed final validations. A Document Control Number (DCN) has not been assigned.

Please correct all the items marked as a failure. Select the error message to be redirected to the source or location of the error. Once errors have been corrected, rerun the Final Validation by selecting 'Final Validations & Assign DCN' button.

Validation Message(s)	Status	Message
		=====
	NOTE	Address is missing from the Provider Definition. This is a required field.
	NOTE	City is missing from the Provider Definition. This is a required field.
	NOTE	Zip is missing from the Provider Definition. This is a required field.
	NOTE	County is missing from the Provider Definition. This is a required field.
	NOTE	Ownership Type is missing from the Provider Definition. This is a required field.
	NOTE	Federal Employer ID is missing from the Provider Definition. This is a required field.
		=====
	FAILURE	(DMH-2) If DMH-2 is filled out, CBR-i Claims Contact First Name and Last Name are mandatory.
	FAILURE	(DMH-2) If DMH-2 is filled out, CBR-i Claims Contact Title is mandatory.
	FAILURE	(DMH-2) If DMH-2 is filled out, CBR-i Claims Contact Telephone Number is mandatory.
	FAILURE	(DMH-2) If DMH-2 is filled out, CBR-i Claims Contact E-mail Address is mandatory.

FINAL VALIDATIONS & ASSIGN DOCUMENT CONTROL NUMBER (DCN)

If your submission passed final validations:

56. Write down your DCN because you will need it.

57. Select “Review Submission.”

58. Select the line with the DCN you just created.

59. Select “Submit Submission.”

60. Select “Submit Submission” again.

FINAL STEPS

After completing step 60, you should receive the following message:

“This submission has been successfully submitted on date.

Select ‘Submission Dashboard’ button to go back to the submission dashboard.”

If you do, please send the DCN to the FO administering your contract and wait for next steps.

ADDITIONAL RESOURCES

1. [Consolidated Fiscal Reporting and Claiming Manual \(July 1, 2023 – June 30, 2024\)](#)
2. [Consolidated Fiscal Report Appendices](#)



**Office of
Mental Health**