

## Tuesdays at Ten: CFR & Industry Updates IDD & Behavioral Health

March 31, 2026

# Meet the Presenters



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# Agenda

1. Industry Update
2. CFR Update
3. Questions



# Executive Budget – Mental Hygiene

Summary of All Funds Mental Hygiene Spending				
CATEGORY	FY 2026 (\$ in millions)	FY 2027 (\$ in millions)	DOLLAR CHANGE (\$ in millions)	PERCENT CHANGE (%)
OPWDD	7,505.41	7,848.17	342.77	4.6
OMH	5,451.21	6,131.36	680.16	12.5
OASAS	1,080.73	1,021.87	(58.87)	(5.4)
Justice Center	56.62	57.07	0.45	0.8
CDD	5.70	5.70	0.00	0.0
<b>SUBTOTAL</b>	<b>14,099.66</b>	<b>15,064.17</b>	<b>964.51</b>	<b>6.8</b>
Adjustments - OPWDD*	0.00	(46.95)	(46.95)	
<b>TOTAL</b>	<b>14,099.66</b>	<b>15,017.23</b>	<b>917.56</b>	<b>6.5</b>

\*OPWDD Adjustments reflect Mental Hygiene Stabilization Fund expenses that will be funded outside of the DOH Global Cap through use of additional Financial Plan resources. This shift has no impact on OPWDD service delivery or operations.

# OPWDD All Funds Appropriations Comparison (FY23–FY27)

CATEGORY	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027*
State Operations	\$2,299,683,000	\$2,356,875,000	\$2,361,225,000	\$2,369,025,000	\$2,369,025,000
Aid to Localities	\$4,821,118,000	\$4,993,192,000	\$5,174,212,000	\$7,510,094,000	\$7,827,025,000
Capital Projects	\$112,600,000	\$119,450,000	\$139,426,000	\$266,726,000	\$142,926,000
<b>Total</b>	<b>\$7,233,401,000</b>	<b>\$7,469,517,000</b>	<b>\$7,674,863,000</b>	<b>\$10,145,845,000</b>	<b>\$10,339,976,000</b>

FY2023 – FY 2026 Funds available  
 \* FY2027 Appropriations recommended



# OPWDD

**Invest in New Service Opportunities.**

**Enhance Family Care Rates.**

**Modernize Research in Developmental Disabilities.**

**Create Regional Disability Clinics.**

**Additional Funding to Develop Housing.**



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Targeted Inflationary Increase

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Transportation

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Room & Board

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Recertification of Medicaid Eligibility

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Future Reimbursement

# OMH All Funds Appropriations Comparison (FY23–FY27)

CATEGORY	FY 2023	FY 2024	FY 2025	FY 2026	FY 2027*
<b>State Operations</b>	\$2,205,594,265	\$2,296,736,862	\$2,318,976,000	\$2,401,073,000	\$2,400,147,000
<b>Aid to Localities</b>	\$2,561,019,000	\$2,695,277,000	\$2,983,172,000	\$3,266,390,000	\$3,454,304,000
<b>Capital Projects</b>	\$444,472,000	\$1,460,472,000	\$596,472,000	\$604,472,000	\$444,472,000
<b>Total</b>	\$5,211,085,265	\$6,452,485,862	\$5,898,620,000	\$6,271,935,000	\$6,298,923,000

FY2023 – FY 2026 Funds available  
 \* FY2027 Appropriations recommended



# OMH Focus



**Supportive Housing  
Stabilization**



**Youth Mental Health**



# OASAS All Funds Appropriations Comparison (FY23–FY27)

<b>CATEGORY</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027*</b>
<b>State Operations</b>	\$164,449,000	\$179,247,000	\$172,613,000	\$190,289,000	\$198,647,000
<b>Aid to Localities</b>	\$1,209,094,000	\$1,069,620,000	\$960,536,000	\$977,183,000	\$1,052,684,000
<b>Capital Projects</b>	\$102,000,000	\$92,000,000	\$94,250,000	\$94,250,000	\$93,000,000
<b>Total</b>	\$1,475,543,000	\$1,340,867,000	\$1,225,359,000	\$1,261,722,000	\$1,344,331,000

FY2023 – FY 2026 Funds available  
 \* FY2027 Appropriations recommended

# OASAS Focus

**Address Problem Gambling Through Expanded Access to Specialized Prevention and Treatment Services.**

**Increase Resources for Behavioral Health Supportive Housing Programs.**

**Support First Responders' Mental Health.**

**Build Community With Guided Recovery Action Through Congregational Engagement.**

**Expand and Invest in Youth and Young Adult Substance Use Programs.**

**Invest in Cannabis Prevention Strategies, Education, Training, and Treatment.**

# SED

State Aid/Foundation Aid

Expansion of Universal Pre-K

Tuition Rate Methodology

Early Intervention

Preschool/School Supportive Health Services Medicaid Program



Reminders!

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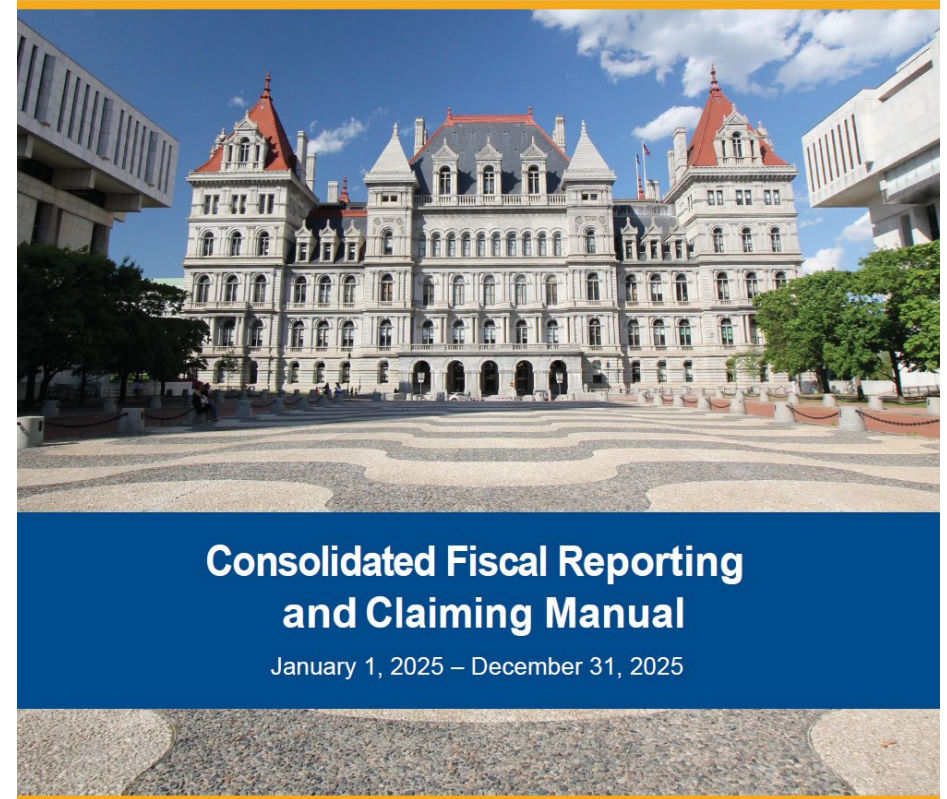
Retained Allowable Surplus

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NYC Medicaid Cost Report (SSHP)

# CFR Submission Deadlines

- **OMH & SED**
  - CFR due **May 1, 2026**
  - One **pre-approved 30-day extension** available if requested by May 1, 2026
- **OASAS, OPWDD, & DOH**
  - CFR due **June 1, 2026**
  - **No extensions available**



Office of Mental Health    Office for People With Developmental Disabilities    Office of Addiction Services and Supports    NYS Education Department    Department of Health

# CFR Update – CFR Manual Changes

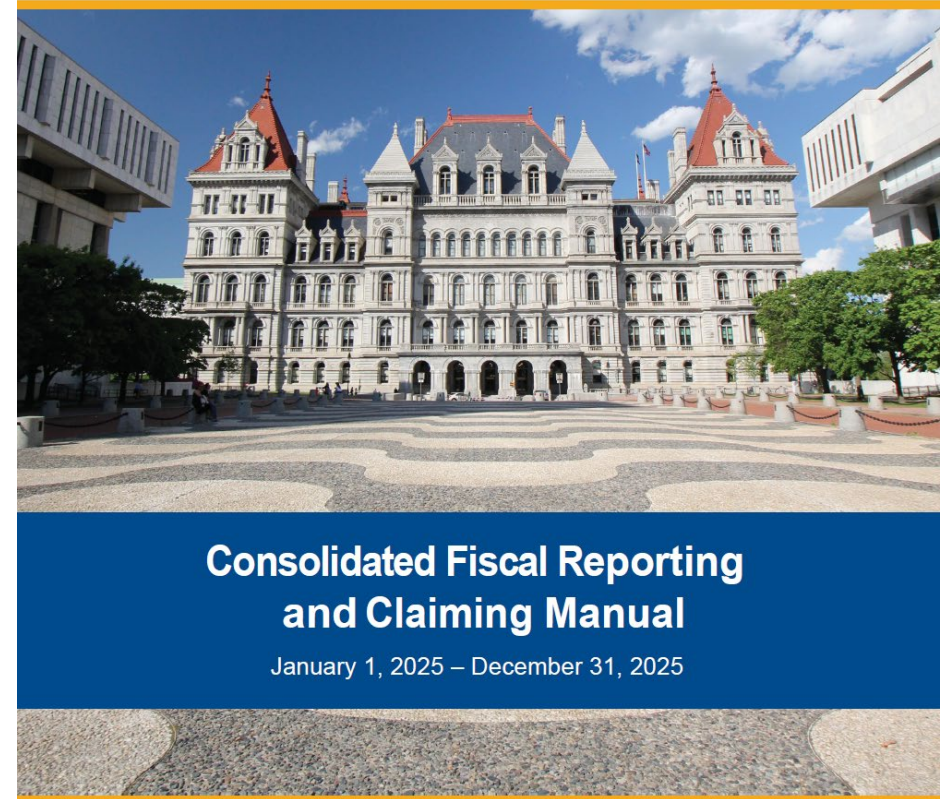
## Electronic Signature (e-Sign) Enhancements

E-sign is now embedded across certification schedules, including:

- ▶ CFR-i
- ▶ CFR-iiA
- ▶ CFR-iii
- ▶ CFR-iv

“Date” fields were removed and replaced with system timestamps tied to e-signatures.

New FAQs and guidance were added to clarify e-sign requirements and reporting periods.



Office of Mental Health    Office for People With Developmental Disabilities    Office of Addiction Services and Supports    NYS Education Department    Department of Health

01234 XYZ Services Center

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**Submission Details: January 01, 2022 – December 31, 2022** ?

- ▶ DCN - 546737865 Full OCFS,OMH,OPWDD,SED
- ▼ DCN - 74678767 Full OCFS,OMH,OPWDD,SED
  - Submitted date: 04/13/2023 10:58:01
  - Submitter: JXG01234
  - [View Submission](#) [Revise Submission](#)
  - ▶ Submit Documents
  - ▶ E-Signature
- ▶ DCN - 94385947 Abbreviated OCFS,OMH
- ▶ Uploaded Documents
- ▶ E-Signed Documents

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Certificates	Role	County(ies)	Status	E-Signed By	E-Signed Date	Actions
CFR-i	Executive Director E-Sign	N/A	E-Signed	CEO Name	9/3/2024 03:25:25 PM	<a href="#">E-Sign</a>
CFR-ii	CPA E-Sign	N/A	Pending			<a href="#">E-Sign</a>
CFR-iv	Executive Director E-Sign	N/A	Pending			<a href="#">E-Sign</a>

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▼ E-Signature

Certificates	Role	County(ies)	Status	E-Signed By	E-Signed Date	Actions
CFR-i	Executive Director E-Sign	N/A	Pending			<a href="#">E-Sign</a>
CFR-iv	Executive Director E-Sign	N/A	Pending			<a href="#">E-Sign</a>
Compliance Review	CPA E-Sign	N/A	Pending			<a href="#">E-Sign</a>
CFR-iii	LGU CFO E-Sign	All	Pending			<a href="#">E-Sign</a>
	County Director E-Sign	Albany	Pending			<a href="#">E-Sign</a>
	County Director E-Sign	Allegany	Pending			<a href="#">E-Sign</a>

▶ DCN - 94385947 Abbreviated OCFS,OMH

▶ Uploaded Documents

Review & E-Sign: CFR-i – Agency Identification and Certification Statement ?

Description	Value
I hereby certify that I have read and understand the above statement, that the information furnished in this report has been completed in its entirety, and is in accordance with the instructions and is true and correct to the best of my knowledge. I further attest to the fact that there are records and allocation worksheets to support all the information contained herein, in the custody of the above named sponsoring agency. I acknowledge that the department of mental hygiene, or any of its offices or divisions, or the state education department, or any of its offices or divisions, may reject this report if it has not been fully, or accurately completed.	
Courtesy Title	<input type="text"/>
First Name	test
Last Name	test
Title	CEO
Phone Number	99999999 Ext.
E-mail Address	test@gmail.com
<input checked="" type="checkbox"/> By selecting checkbox, I affirm that I am electronically signing the CFR-i certification schedule of the Consolidated Fiscal Report – DCN #74678767 in the capacity and authority of the Executive Director/ Chief Executive Officer for the Agency. I understand that an electronic signature is the legal equivalent of a handwritten signature on the certification schedule and am affirming to the truth of the information contained therein. I attest that the statements on the certification schedule are true under the penalties of perjury.	

[E-Signature](#) [Back](#)

[Back to Dashboard](#)

## Submission Details: January 01, 2022 – December 31, 2022 ?

▶ DCN - 546737865	Full	OCFS,OMH,OPWDD,SED
▶ DCN - 74678767	Full	OCFS,OMH,OPWDD,SED
▶ DCN - 94385947	Abbreviated	OCFS,OMH

## ▶ Uploaded Documents

## ▼ E-Signed Documents

Document Type	State Agencies	Submission Type	DCN	E-Signed Date	View/Download
Certification Pages	OCFS;OMH;OPWDD	Full	74678767	5/3/2023 03:25:25 PM	<a href="#">CFR-i</a>
	OCFS;OMH;OPWDD	Full	74678767	5/3/2023 03:45:25 PM	<a href="#">CFR-iii</a>
Supplemental Attestation Schedule	OCFS;OMH;OPWDD	Full	74678767	5/3/2023 03:35:25 PM	<a href="#">CFR-iv</a>



**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
 For the Period: July 01, 2024 to June 30, 2025

Page 1  
 SCHEDULE CFR-I  
 AGENCY IDENTIFICATION  
 AND CERTIFICATION  
 STATEMENT

AGENCY NAME: XYZ Services Center  
 AGENCY ADDRESS: ABC Avenue  
 New York New York 10000

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

AGENCY CODE: 01234  
 COUNTY NAME: New York  
 COUNTY CODE: 31

## TYPE OF OWNERSHIP:

NOT-FOR-PROFIT:   
 PROPRIETARY:   
 GOVERNMENTAL:

## Person to Contact with Regard to Questions Concerning this Report:

Mr. ABC 212 000-0000 Ext. \_\_\_\_\_  
 Name Telephone Number  
 Assistant Contoller  
 Title  
 ABC@XYZ.ORG 212-000-0000 Ext. \_\_\_\_\_  
 E-mail Address Secondary Number

Please check the box if the person to contact changed from the prior reporting period.

SCHOOL CODE (SED ONLY):  
 FEDERAL EMPLOYER ID NUMBER:  
 CERTIFIED FINANCIAL STATEMENT REPORTING PERIOD: 07/01/2024-06/30/2025

## CHECK THE STATE AGENCY(IES):

OMH  SED  
 OPWDD  DOH  
 OASAS

## CHECK THE CFR SUBMISSION TYPE:

FULL CFR  
 ABBREVIATED CFR  
 ARTICLE 28 ABBREVIATED CFR  
 MINI-ABBREVIATED CFR

## Contact information for President/Chair, Board of Directors:

Mr. DEF  
 Name  
 President  
 Title  
 DEF@XYZ.ORG  
 E-mail Address

Please check the box if the President/Chair changed from the prior reporting period.

**MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.**

## CERTIFICATION STATEMENT

I hereby certify that I have read and understand the above statement, that the information furnished in this report has been completed in its entirety, and is in accordance with the instructions and is true and correct to the best of my knowledge. I further attest to the fact that there are records and allocation worksheets to support all the information contained herein, in the custody of the above named sponsoring agency. I acknowledge that the Department of Mental Hygiene, or any of its offices or divisions, or the State Education Department, or any of its offices or divisions, may reject this report if it has not been fully, or accurately completed.

By selecting checkbox, I affirm that I am electronically signing the CFR-I certification schedule of the Consolidated Fiscal Report, DCN 77397196 in the capacity and authority of the Executive Director/Chief Executive Officer for the Agency. I understand that an electronic signature is the legal equivalent of a handwritten signature on the certification schedule and an affirming to the truth of the information contained therein. I attest that the statements on the certification schedule are true under the penalties of perjury.

ABC@XYZ.ORG  
 E-mail Address  
 212 000-0000  
 Telephone Number

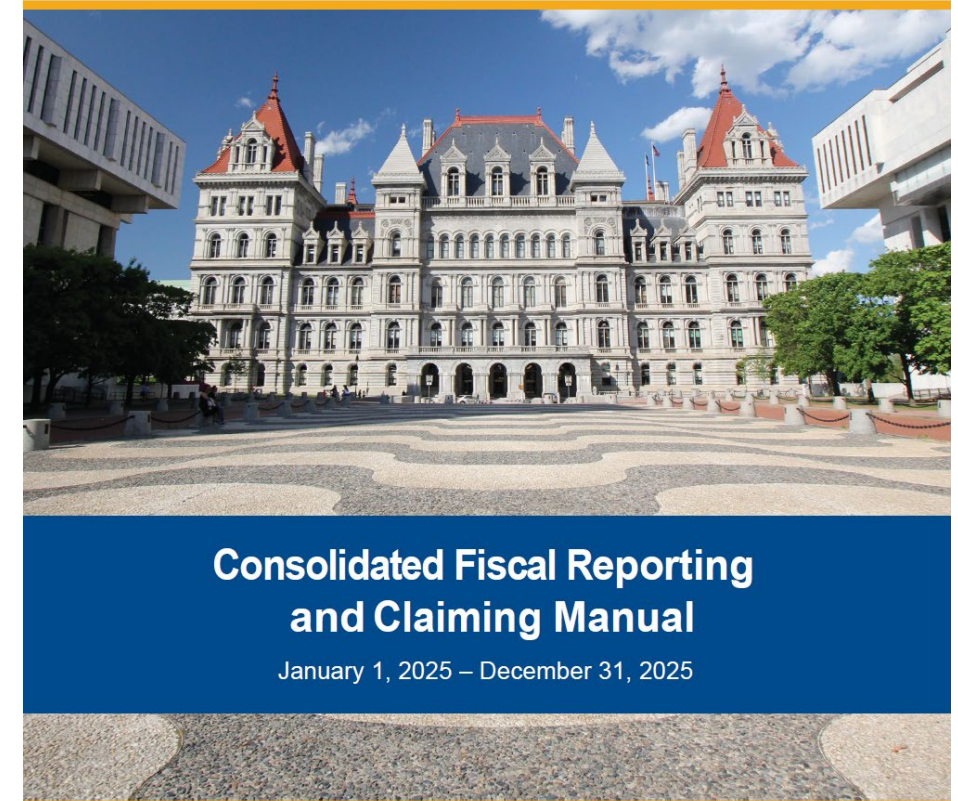
CEO Name (Chief Executive Officer)  
 Name and Title  
 Electronically signed by L1234AB, CEO Name Date: 11/20/2025 08:31:52 PM  
 Signature of Chief Executive Officer

Please check the box if the Chief Executive Officer changed from the prior reporting period.

# CFR Update – CFR Manual Changes

## Schedule-Specific Updates

- **DMH-2:** “Expense Variance Report” renamed to “Expense/Revenue Variance Report” and now includes revenue data
- **Appendix AA:** Renamed from “Audit Guidelines” to “Examination Guidelines”; all references to “Audit” changed to “Examination”
- **Appendix CC:** Appendix CC was updated to revise the CFR Agreed Upon Procedures Report Format for LGU(Local Governmental Units) compliance reviews



Office of Mental Health    Office for People With Developmental Disabilities    Office of Addiction Services and Supports    NYS Education Department    Department of Health



# CFR Update – CFR Manual Changes

## OMH – Office of Mental Health

### Added OMH program codes

- 1350 – Short-Term Transitional Residence (STTR)
- 5320 – CTTP for Children, Youth and Families: Transitional Residential Setting (TRS)
- 7330 – Personalized Recovery Oriented Services (PROS) Service Dollars

### Removed OMH program code

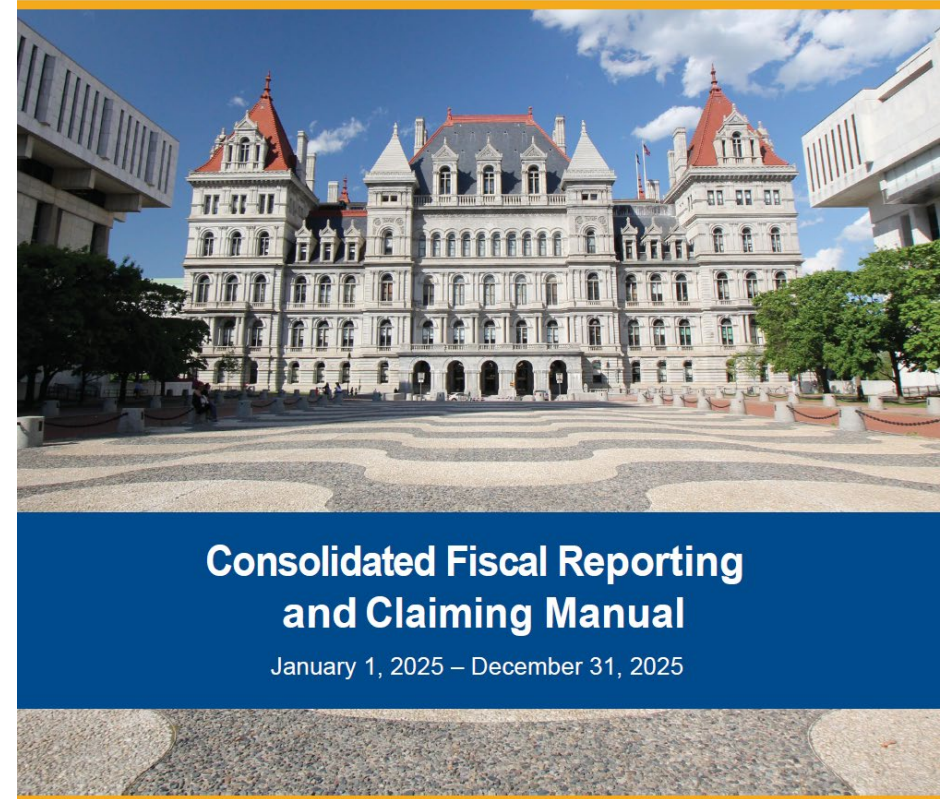
- 4910 – Children & Family Treatment & Support Services: Mobile Crisis Intervention (CI)

### Revised OMH program descriptions

- 1940 – CTTP for Children, Youth and Families: Critical Time Intervention (CTI)
- 4900 – Children & Family Treatment & Support Services: Family Peer Support Services (FPSS)
- 1360 – Critical Time Intervention (CTI) Team – Adult (Non-Licensed Program)



Consolidated Fiscal Reporting System  
Interagency Committee



Office of  
Mental Health

Office for People With  
Developmental Disabilities

Office of Addiction  
Services and Supports

NYS Education  
Department

Department  
of Health

# CFR Update – CFR Manual Changes

## OPWDD – Office for People With Developmental Disabilities

### New index codes

- 0211 – Home-Enabling Supports Updated Index Codes
  - 01 – Devices Technology
  - 02 – Subscription Services – Remote Supports
  - 03 – Subscription Services – Health Assessment Coordination Services (HACS)

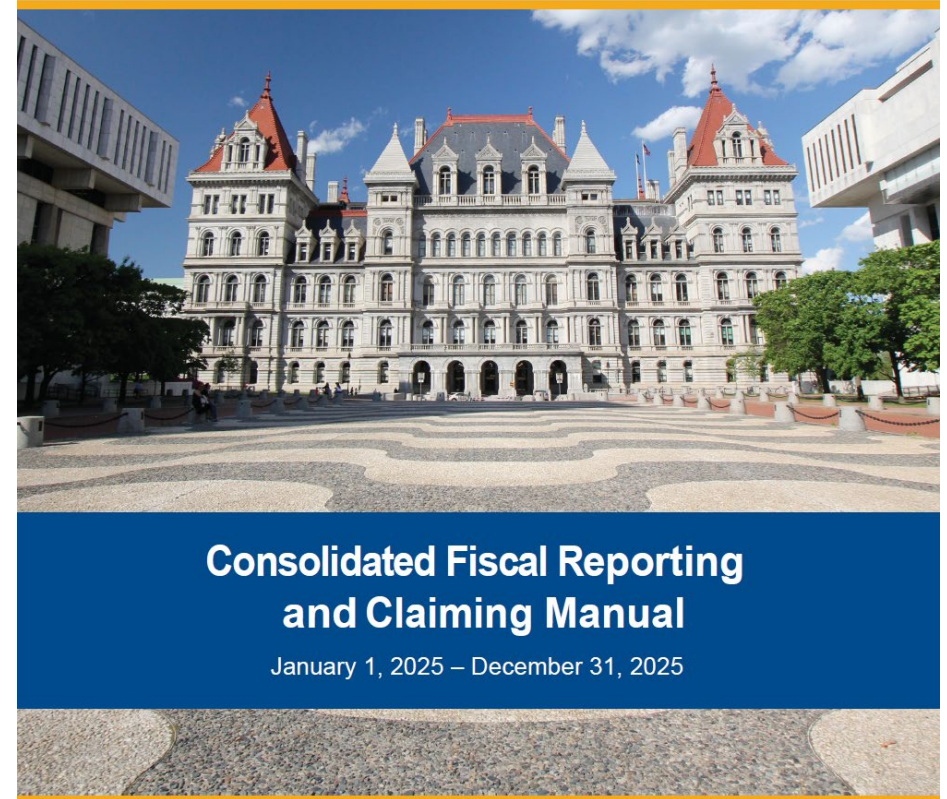
## OASAS – Office of Addiction Services and Supports

### Added OASAS program codes

- 1700 – Supportive Crisis Stabilization Center
- 1710 – Intensive Crisis Stabilization Center

### Revised program code names/descriptions

- 3470 – Supported Housing (description revised)
- 5520 – Primary Prevention Services (description revised)
- 5550 – Other Prevention Services (description revised)



Office of Mental Health | Office for People With Developmental Disabilities | Office of Addiction Services and Supports | NYS Education Department | Department of Health

# CFR Update – CFR Manual Changes

## DOH – Department of Health

### Added DOH program code

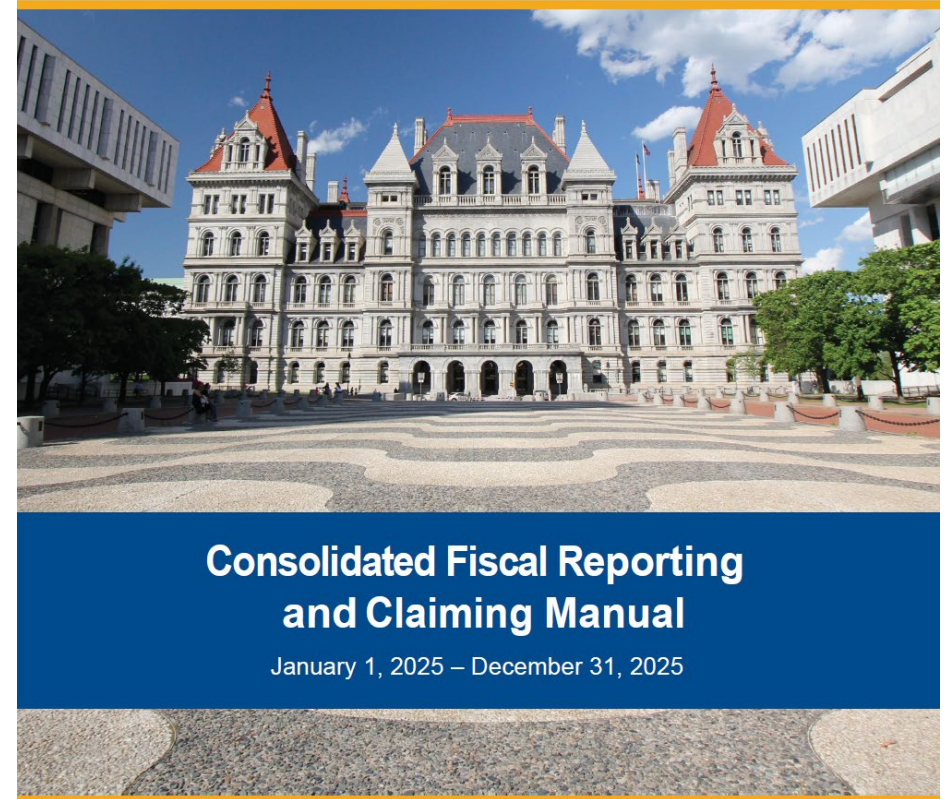
- 2540 – HCBS Consolidated Children’s Waiver: Bereavement Assessment & Counseling

### Removed DOH program code

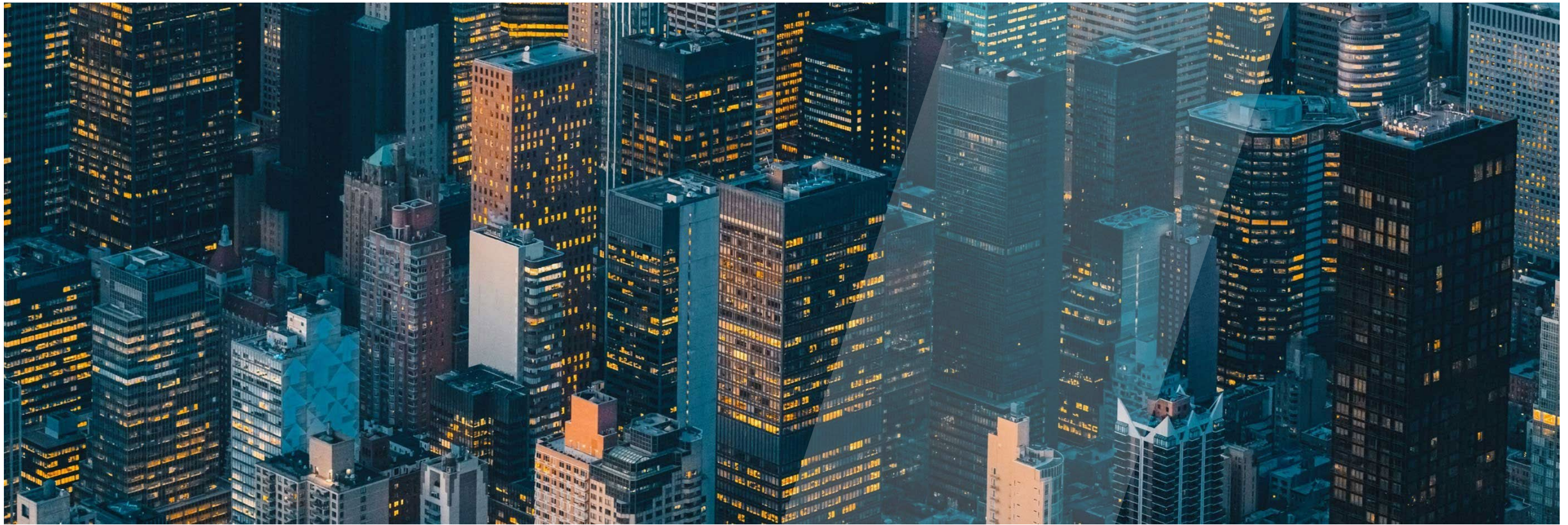
- 4910 – Children & Family Treatment & Support Services: Mobile Crisis Intervention (CI)

### Revised DOH program code descriptions

- Multiple HCBS Consolidated Children’s Waiver services (incl. 2240, 2350, 2360, 2380, 2390, 2400, 2500–2530, 8100, 8110)



Office of Mental Health    Office for People With Developmental Disabilities    Office of Addiction Services and Supports    NYS Education Department    Department of Health



Thank you!

# Contact

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