Funding State Agency: □ OMH □ OPWDD

□ OASAS

NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: January 1, 2013 to December 31, 2013

SCHEDULE DMH-1 PR SU

OGRAM	FISCAL
MMARY	

				Page
GENCY NAME:				
GENCY CODE:				
ine	COLUMN NUMBER	Cost		

AGENCY CODE:							
Line	COLUMN NUMBER	Cost					
No.	ITEM DESCRIPTION	Codes					
1	Program Type	00071					
2	Program Code (Program Code Index)	00011	()	()	()	()	()
	UNITS OF SERVICE						
	OMH Units of Service	00121					
	OPWDD Units of Service	00161					
5	OASAS Units of Service	00170					
	EXPENSES*						
	Personal Services	17010					
	Vacation Leave Accruals	17020					
	Fringe Benefits	17030					
	Other Than Personal Services	17040					
	Equipment-Provider Paid	17050					
	Property-Provider Paid	17060					
	Agency Administration	17080					
	Adjustments/Non-Allowable Costs	17090					
14	Total Adjusted Expenses (Lines 6-12 minus 13)	17999					
	REVENUES*						
	Participant Fees (less SSI & SSA)	26010					
	SSI & SSA	26020					
	Home Relief/Public Assistance	26030					
	Medicaid	26040					
	Medicare	26060					
	Other Third Parties	26070					
21	OPWDD Residential Room and Board/NYS OPTS	26080					
	Transportation, Medicaid	26090					
23	Transportation, Other	26100					
	Sales: Contract Total	26140					
25	Federal Grants (Detail Required)	26160					

^{*} These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

Funding State Agency: ☐ OMH ☐ OPWDD ☐ OASAS

NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: January 1, 2013 to December 31, 2013

SCHEDULE DMH-1 PROGRAM FISCAL SUMMARY

	Page
GENCY NAME:	
GENCY CODE:	

	COLUMN NUMBER	Cost						
Line	ITEM DESCRIPTION	Codes						
No.	Program Type	00071						
	Program Code (Program Code Index)	00011	()	()	()	()	()	
26	State Grants (Detail Required)	26190						
27	LTSE Income Total (OMH and OPWDD only)	26220						
28	SNAP (OASAS and OPWDD Only)	26240						
29	Net Deficit Funding (State & LGU Funding only)*	26110						
30	Other (Detail Required)	26230						
31	Total Gross Revenues (Sum Lines 15-30)	26999						
	GAAP ADJUSTMENTS TO REVENUE**							
	Participant Allowance	27010						
	Uncollectible Accounts Receivable	27040						
	Other (Detail Required)	27045						
	Total GAAP Adjustments (Sum Lines 32-34)	27049						
36	Net GAAP Revenues (Line 31 minus 35)	27025						
	NON-GAAP ADJUSTMENTS TO REVENUE**							
37	Exempt Contract Income	27050						
38	Exempt LTSE Income	27060						
39	Net Deficit Funding***	27070						
40	Other (Detail Required)	27080						
41	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998						
42	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999						
43	Total Net Revenues (Line 31 minus 42)	28999						
44	Net Operating Cost (Line 14 minus 43)	29999						

^{*} Do not include non-funded or voluntary contributions.

DMH-1.2

Rev. Nov. 2013

^{**} These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

^{***} Amounts should equal the corresponding amounts reported as revenue on line 29 above.