

**NEW YORK STATE
CONSOLIDATED FISCAL REPORT**

For the Period: January 1, 2013 to December 31, 2013

SCHEDULE OMH-2

**MEDICAID
UNITS OF SERVICE
BY PROGRAM/SITE**

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

Line No.	COLUMN NUMBER																
	PROGRAM CODE (PROGRAM CODE INDEX)		()			()			()			()			()		
	PROGRAM TYPE																
	PROG/SITE ID. #																
		MEDICAID			MEDICAID			MEDICAID			MEDICAID			MEDICAID			
TYPE OF SERVICE (PROGRAM CODE)		WEIGHT FACTOR	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS	TOTAL VISITS	WEIGHTED VISITS	SERVICE HOURS
	Partial Hospitalization (2200)																
1	Regular	N/A															
2	Collateral	N/A															
3	Group Collateral	N/A															
4	Crisis	N/A															
	Intensive Psychiatric Rehab. (2320)																
5	Regular	N/A															
	Clinic Treatment (2100)																
6	Service Days	1.00															
	Continuing Day Treatment (1310)																
7	Half Day	0.50															
8	Full Day	1.00															
	PROS (6340) (7340) (8340)																
9	PROS Units	1.00															
	Day Treatment (0200)																
10	Brief Day	0.33															
11	Half Day	0.50															
12	Full Day	1.00															
13	Collateral	0.33															
14	All Other	1.00															
15	Residential (Patient Days)	1.00															
16	Total																