

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 _____

AGENCY NAME: _____

AGENCY CODE: _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Program Type	00071					
2	Program Code (Program Code Index)	00011	()	()	()	()	()
UNITS OF SERVICE							
3	OMH Units of Service	00121					
4	OPWDD Units of Service	00161					
5	OASAS Units of Service	00170					
EXPENSES*							
6	Personal Services	17010					
7	Vacation Leave Accruals	17020					
8	Fringe Benefits	17030					
9	Other Than Personal Services	17040					
10	Equipment-Provider Paid	17050					
11	Property-Provider Paid	17060					
12	Agency Administration	17080					
13	Adjustments/Non-Allowable Costs	17090					
14	Total Adjusted Expenses (Lines 6-12 minus 13)	17999					
REVENUES*							
15	Participant Fees (less SSI & SSA)	26010					
16	SSI & SSA	26020					
17	Home Relief/Public Assistance	26030					
18	Medicaid	26040					
19	Medicare	26060					
20	Other Third Parties	26070					
21	OPWDD Residential Room and Board/NYS OPTS	26080					
22	Transportation, Medicaid	26090					
23	Transportation, Other	26100					
24	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.

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Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	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**						
32	Participant Allowance	27010					
33	Uncollectible Accounts Receivable	27040					
34	Other (Detail Required)	27045					
35	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.

** 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.

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NEW YORK STATE
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SCHEDULE DMH-2
**AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY**

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Accounting Method						
2	State Contract Number / LGU Contract Number *	00200					
3	Program Type	00072					
4	Program Code (Program Code Index)	00012	()	()	()	()	()
EXPENSES							
5	Personal Services	18010					
6	Vacation Leave Accruals **	18020					
7	Fringe Benefits	18030					
8	Other Than Personal Services (OTPS)	18040					
9	Equipment-Provider Paid ***	18050					
10	Property-Provider Paid ****	18060					
11	Agency Administration	18080					
12	Adjustments/Non-Allowable Costs (Detail Required)	18090					
13	Total Adjusted Expenses (Lines 5-11 minus 12)	18999					
REVENUES							
14	Participant Fees (less SSI & SSA)	46010					
15	SSI & SSA	46020					
16	Home Relief/Public Assistance	46030					
17	Medicaid	46040					
18	Medicare	46060					
19	Other Third Parties	46070					
20	OPWDD Residential Room and Board/NYS OPTS	46080					
21	Transportation, Medicaid	46090					
22	Transportation, Other	46100					
23	Sales: Contract Total	46140					
24	Federal Grants (Detail Required)	46160					

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.

*** OASAS funded service providers cannot report equipment depreciation for State aid reimbursement.

**** OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

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SCHEDULE DMH-2
**AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY**

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Type	00072					
	Program Code (Program Code Index)	00012	()	()	()	()	()
25	State Grants (Detail Required)	46190					
26	LTSE Income Total (OMH and OPWDD Only)	46220					
27	SNAP (OASAS and OPWDD Only)	46240					
28	Net Deficit Funding (State & LGU Funding Only)*	46110					
29	Other (Detail Required)	46230					
30	Total Gross Revenue (Sum Lines 14-29)	46999					
GAAP ADJUSTMENTS TO REVENUE							
31	Participant Allowance	47010					
32	Uncollectible Accounts Receivable	47040					
33	Other (Detail Required)	47045					
34	Total GAAP Adjustments (Sum Lines 31-33)	47049					
35	Net GAAP Revenues (Line 30 minus 34)	47025					
NON-GAAP ADJUSTMENTS TO REVENUE							
36	Exempt Contract Income	47050					
37	Exempt LTSE Income	47060					
38	Net Deficit Funding**	47070					
39	Other (Detail Required)	47080					
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998					
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999					
42	Total Net Revenues (Line 30 minus 41)	48999					
43	Net Operating Costs (Line 13 minus 42)	49999					
DEFICIT FUNDING							
44	State Share	60010					
45	Local Government Share	60020					
46	Service Provider Share (Voluntary Contributions)	60030					
47	Total Approved Deficit Funding (Sum lines 44 - 46)	60039					
48	Non-Funded	60040					
49	Total Net Deficit (Sum Lines 47-48)	60999					

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

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NEW YORK STATE
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SCHEDULE DMH-3
AID TO LOCALITIES AND DIRECT CONTRACTS
PROGRAM FUNDING SOURCE SUMMARY

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____
 COUNTY NAME & CODE: _____ (____)

PREPARED BY: _____ TELEPHONE: (____) _____

Please check the box if the preparer changed from the previous submission.

PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes									TOTAL
1	Accounting Method										
2	Program Type	00073									
3	Program Code (Program Code Index)	00013	()	()	()	()	()	()	()		
4	Total Persons Served/Month	00220									
5	Total Units of Service	00999									
6	Gross Cost/Unit of Service	70999									
7	Net Cost/Unit of Service	71999									
8	Please Check If Participant Specific Methodology Is Used (OPWDD ONLY)		72999								
9	A. Funding Source Code (Local Assistance)	Index (OMH/OASAS only)	001		001		001		001		001
10	Number Persons Served/Month	00260									
11	Number Units of Service	00250									
12	Total Adjusted Expenses	50999									
13	Less Applied Net Revenue	61999									
14	Net Operating Costs	62999									
15	State Contract Number / LGU Contract Number *		00201								
16	B. Funding Source Code	Index (OMH/OASAS only)									
17	Number Persons Served/Month	00261									
18	Number Units of Service	00251									
19	Total Adjusted Expenses	50998									
20	Less Applied Net Revenue	61998									
21	Net Operating Costs	62998									
22	State Contract Number / LGU Contract Number *		00202								
23	C. Funding Source Code	Index (OMH/OASAS only)									
24	Number Persons Served/Month	00262									
25	Number Units of Service	00252									
26	Total Adjusted Expenses	50997									
27	Less Applied Net Revenue	61997									
28	Net Operating Costs	62997									
29	State Contract Number / LGU Contract Number *		00203								
	D. Totals From A-C Above										
30	Total Adjusted Expenses	51999									
31	Less Net Revenue	63999									
32	Net Operating Costs	52999									

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.