## NEW YORK STATE CONSOLIDATED FISCAL REPORT

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

| SC | HEDULE OMH-1   |  |
|----|----------------|--|
| UN | ITS OF SERVICE |  |
| BY | PROGRAM/SITE   |  |

| AGE  | NCY NAME:                           |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|------|-------------------------------------|--------|--------|----------|---------|--------|----------|---------|--------|----------|---------|--------|----------|---------|--------|----------|---------|
| AGE  | NCY CODE:                           |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | COLUMN NUMBER                       |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| Lina | PROGRAM CODE (PROGRAM CODE IN       | DEX)   |        |          | 1       |        |          | /       |        |          | ( )     |        |          | /       |        |          | /       |
|      | PROGRAM TYPE                        | DLX)   |        |          | ,       |        |          | ,       |        |          | ,       |        |          | , ,     |        |          |         |
| NO.  | PROG/SITE ID. #                     |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | TYPE OF SERVICE                     | WEIGHT | TOTAL  | WEIGHTED | SERVICE |
|      | (PROGRAM CODE)                      | FACTOR | VISITS | VISITS   | 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    |                                     | N/A    |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | Clinic Treatment (2100)             |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 6    |                                     | 1.00   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | Continuing Day Treatment (1310)     |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 7    | Half Day                            | 0.50   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 8    |                                     | 1.00   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | PROS (6340) (7340) (8340)           |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 9    | PROS Units                          | 1.00   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | Day Treatment (0200)                |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | Sheltered Workshop (0340)           |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | On Site Rehabilitation (0320)       |        |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 10   | Brief Day                           | 0.33   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 11   | Half Day                            | 0.50   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 12   | Full Day                            | 1.00   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 13   |                                     | 0.33   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
| 14   | All Other                           | 1.00   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |
|      | Residential (Patient Days)          | 1.00   |        |          |         |        |          |         |        |          |         |        |          |         |        |          |         |

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## **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT

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**SCHEDULE OMH-2** 

MEDICAID
UNITS OF SERVICE
BY PROGRAM/SITE

| Pag | е |  |  |
|-----|---|--|--|
|     |   |  |  |

| AGI | ENCY NAME:                          |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|-----|-------------------------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|
| AGI | ENCY CODE:                          |                  |                 |                    | <del></del>      |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|     | COLUMN NUMBER                       |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|     | PROGRAM CODE (PROGRAM CODE IN       | IDEX)            |                 |                    | ( )              |                 |                    | ( )              |                 |                    | ( )              |                 |                    | ( )              |                 |                    | ( )              |
| No. | PROGRAM TYPE                        |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|     | PROG/SITE ID. #                     |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|     |                                     |                  |                 | MEDICAID           | )                |                 | MEDICAI            | ס                |                 | MEDICAI            | )                |                 | MEDICAID           | )                | 1               | MEDICAL            | )                |
|     | TYPE OF SERVICE<br>(PROGRAM CODE)   | WEIGHT<br>FACTOR | TOTAL<br>VISITS | WEIGHTED<br>VISITS | SERVICE<br>HOURS |
|     | Partial Hospitalization (2200)      | TAOTOIL          | VIOLIO          | Violio             | 1100110          | VIOLIO          | V10110             | 1100110          | VIOLIO          | VIOLIO             | 1100110          | V10110          | VI0110             | 1100110          | VIOITO          | VISITS             | 1100110          |
| 1   | Regular                             | N/A              |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
| 2   | 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   |                                     | 1.00             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 | ļ                  |                  | !               | <u> </u>           |                  |
|     | Day Treatment (0200)                |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|     | Brief Day                           | 0.33             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  | <u> </u>        |                    |                  |
| 11  | ,                                   | 0.50             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  | <u> </u>        |                    |                  |
| 12  | ,                                   | 1.00             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 | <b></b>            |                  |
| 13  | 3 Collateral                        | 0.33             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 | <u> </u>           |                  | igsquare        |                    |                  |
|     | All Other                           | 1.00             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
|     | Residential (Patient Days)          | 1.00             |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |
| 16  | Total                               |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  |                 |                    |                  | 1               | 1                  |                  |

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SCHEDULE OMH-3 CLIENT INFORMATION

|      |                                     |   |   |   |   |     |     | Page     |
|------|-------------------------------------|---|---|---|---|-----|-----|----------|
| AGE  | NCY NAME:                           |   |   |   |   |     |     |          |
| AGE  | NCY CODE:                           |   |   |   |   |     |     |          |
|      | COLUMN NUMBER                       |   |   |   |   |     |     |          |
| Line | PROGRAM CODE (PROGRAM CODE INDEX)   | ( | ) | ( | ) | ( ) | ( ) | ( )      |
| No.  | PROGRAM TYPE                        |   |   |   |   |     |     |          |
|      | PROG/SITE ID. #                     |   |   |   |   |     |     |          |
|      | PERSONS SERVED DURING THE YEAR      |   |   |   |   |     |     |          |
|      |                                     |   |   |   | · |     | •   | <u> </u> |
| 1    | Persons on Rolls, Beginning of Year |   |   |   |   |     |     |          |
|      |                                     |   |   |   |   |     |     |          |
| 2    | New Persons added to Rolls          |   |   |   |   |     |     |          |
|      |                                     |   |   |   |   |     |     |          |
| 3    | Persons Removed from Rolls          |   |   |   |   |     |     |          |
|      |                                     |   |   |   |   |     |     |          |
| 4    | Persons on Rolls, End of Year       |   |   |   |   |     |     |          |
|      |                                     |   |   |   |   |     |     |          |

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SCHEDULE OMH-4 UNITS OF SERVICE BY PAYOR BY PROGRAM/SITE

Page \_

|                 | CY NAME:   |        |                |
|-----------------|--|--------|----------------|
| AGENO           | CY CODE:   |        |                |
|                 |  |        | 1              |
|                 |  |        |                |
| Line            | PROGRAM CODE (PROGRAM CODE INDEX)  | ( )    |                |
| No.             | PROGRAM TYPE   | , ,    |                |
| 140.            |  |        |                |
|                 | PROG/SITE ID. #  |        |                |
|                 |  | TOTAL  | REVENUE EARNED |
|                 |  | VISITS | BY PAYOR       |
|                 | _  |        |                |
|                 | Payors:  |        |                |
| 1               | Medicare Only  |        |                |
|                 |  |        |                |
| 2               | Medicaid Fee-for-Service Only  |        |                |
| 2               | Medicaid Managed Care  |        |                |
|                 | Medicald Managed Care  |        |                |
| 4               | Medicaid and Medicare  |        |                |
| _               | Medicaid Managed Care and Medicare   |        |                |
| 3               | Medicaid Managed Care and Medicare   |        |                |
| 6               | Medicaid and Other Private Insurance   |        |                |
|                 |  |        |                |
|                 | Medicaid Managed Care and Other Private Insurance  |        |                |
| 8               | Child Health Plus or Family Health Plus  |        |                |
|                 | -  |        |                |
| 9               | Other Private Insurance  |        |                |
| 10              | Participant Fees- Co-pays and Deductibles  |        |                |
|                 | a di dispanti i ces- do pays and beddenbies  |        |                |
|                 | Uncompensated Care:  |        |                |
| 11              | Participant Fees- Not Including Co-pays  |        |                |
| <del>- ''</del> | ratucipant rees- Not including co-pays   |        |                |
| 12              | Third Party - Not Paid - Non-Covered Services  |        |                |
|                 | Third Darky, Mad Daid, Man Elinible Lineared Co."  |        |                |
| 13              | Third Party - Not Paid - Non-Eligible Licensed Staff                                       |        |                |
| 14              | Third Party - Not Paid - Non-Eligible Out of Network                                       |        |                |
|                 |  |        |                |
| 15              | Total Visits (Sum of Lines 1-14) Visits Eligible for Uncompensated Care Reimbursement (Sum |        |                |
| 16              | Lines 11-14)   |        |                |
|                 | Uncompensated Care Visits (Line 16) as Percent of Total Visits                             |        |                |
| 17              | (Line 15)  |        |                |

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