Funding State Agency:

□ OMH □ OPWDD □ OASAS

NEW YORK STATE CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2013 to June 30, 2014

SCHEDULE DMH-1 PROGRAM FISCAL SUMMARY

						Page
AGENCY NAME:						
AGENCY CODE:						
Line COLUMN NUMBER	Cost					
No. ITEM DESCRIPTION	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.

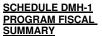
DMH-1.1 May 2014

Rev.

Funding State Agency:

NEW YORK STATE CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2013 to June 30, 2014



	UASAS						Page
AGE	NCY NAME:						
AGE	NCY CODE:						
	COLUMN NUMBER	Cost					
Line		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					
	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**						
	Exempt Contract Income	27050	 				
	Exempt LTSE Income	27060					
	Net Deficit Funding***	27070					
	Other (Detail Required)	27080					
	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998					
	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999					
	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. DMH-1.2 *** Amounts should equal the corresponding amounts reported as revenue on line 29 above. Rev. May 2014