

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2005 to June 30, 2006

SCHEDULE OMH-1
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. #																	
	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	
	Continuing Day Treatment (1310) Partial Hospitalization (2200)																	
1	Regular																	
2	Collateral																	
3	Group Collateral																	
4	Crisis																	
	Intensive Psychiatric Rehab. (2320)																	
5	Regular																	
	Clinic Treatment (2100) Non Inpatient Crisis (0700) Emergency Unit Treatment (0130)																	
6	Brief	0.50																
7	Regular	1.00																
8	Group	0.35																
9	Collateral	1.00																
10	Group Collateral	0.35																
11	Crisis	1.00																
	Day Treatment (0200) Sheltered Workshop (0340) On Site Rehabilitation (0320)																	
12	Brief Day	0.33																
13	Half Day	0.50																
14	Full Day	1.00																
15	Collateral	0.33																
16	All Other	1.00																
17	Residential (Patient Days)	1.00																
18	Total																	

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2005 to June 30, 2006

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. #																
	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
	Continuing Day Treatment (1310)																
	Partial Hospitalization (2200)																
1	Regular																
2	Collateral																
3	Group Collateral																
4	Crisis																
	Intensive Psychiatric Rehab. (2320)																
5	Regular																
	Clinic Treatment (2100)																
6	Brief	0.50															
7	Regular	1.00															
8	Group	0.35															
9	Collateral	1.00															
10	Group Collateral	0.35															
11	Crisis	1.00															
	Day Treatment (0200)																
12	Brief Day	0.33															
13	Half Day	0.50															
14	Full Day	1.00															
15	Collateral	0.33															
16	All Other	1.00															
17	Residential (Patient Days)	1.00															
18	Total																

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2005 to June 30, 2006

SCHEDULE OMH-3
CLIENT
INFORMATION

Page _____

AGENCY NAME:	_____
AGENCY CODE:	_____

Line No.	COLUMN NUMBER				
	PROGRAM CODE (PROGRAM CODE INDEX)	()	()	()	()
	PROGRAM TYPE				
	PROG/SITE ID. #				
	PERSONS SERVED DURING THE YEAR				
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				