# **NEW YORK STATE**

## **CONSOLIDATED FISCAL REPORT**

For the Period: July 1, 2007 to June 30, 2008

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AGE	NCY NAME:																
AGF	ENCY CODE:																
<i>.</i>																	
	COLUMN NUMBER																
Line	PROGRAM CODE (PROGRAM CODE I	NDEX)			( )			( )			( )			( )			( )
No.	PROGRAM TYPE	•												•			
	PROG/SITE ID. #																
	TYPE OF SERVICE	WEIGHT	TOTAL	WEIGHTED	SERVICE		WEIGHTED	SERVICE									
	(PROGRAM CODE)	FACTOR	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS									
	Continuing Day Treatment (1310)																
	Partial Hospitalization (2200)	_															
	Regular	_															
	Collateral	_															
	Group Collateral	_															
4	Crisis	_															
	Intensive Psychiatric Rehab. (2320)	_															
5	Regular	_															
	Clinic Treatment (2100)																
	Non Inpatient Crisis (0700)																
	Emergency Unit Treatment (0130)	0.50						1									
	Brief	0.50													<u> </u>		
	Regular	1.00													<u> </u>		
	Group	0.35													<u> </u>		
	Collateral	1.00													<u> </u>		
	Group Collateral	0.35													<u> </u>		
11	Crisis	1.00															
	Day Treatment (0200)																
	Sheltered Workshop (0340)																
40	On Site Rehabilitation (0320)	0.00														ı	
	Brief Day	0.33													<u> </u>		
	Half Day	0.50													<u> </u>		
	Full Day	1.00	1												<u> </u>		
	Collateral	0.33															
	All Other	1.00															
17	Residential (Patient Days)	1.00													1		

18 Total

### **NEW YORK STATE**

#### CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2007 to June 30, 2008

SCHEDULE OMH-2 MEDICAID UNITS OF SERVICE BY PROGRAM/SITE

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AGENCY NAME: AGENCY CODE: **COLUMN NUMBER** Line PROGRAM CODE (PROGRAM CODE INDEX) No. PROGRAM TYPE PROG/SITE ID. # TYPE OF SERVICE WEIGHT TOTAL WEIGHTED TOTAL SERVICE TOTAL WEIGHTED SERVICE SERVICE WEIGHTED SERVICE TOTAL WEIGHTED SERVICE TOTAL WEIGHTED VISITS (PROGRAM CODE) **FACTOR** VISITS VISITS HOURS **VISITS** VISITS **HOURS VISITS** VISITS HOURS VISITS **VISITS HOURS** VISITS 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, 2007 to June 30, 2008

SCHEDULE OMH-3 CLIENT **INFORMATION** 

							Pag	ge	
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								
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								