NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2009 to December 31, 2009

SCHEDULE OMH-1 UNITS OF SERVICE BY PROGRAM/SITE

Page	
------	--

AGE	AGENCY NAME:																
AGE	AGENCY CODE:																
	COLUMN NUMBER																
	PROGRAM CODE (PROGRAM CODE IN	IDEX)			()			()			()			()			()
No.	PROGRAM TYPE																
	PROG/SITE ID. #																
	TYPE OF SERVICE	WEIGHT	TOTAL	WEIGHTED	SERVICE												
	(PROGRAM CODE)	FACTOR	VISITS	VISITS	HOURS												
	Partial Hospitalization (2200)																
	Regular																
	Collateral																
	Group Collateral																
4	Crisis																
	Intensive Psychiatric Rehab. (2320)			-													
5	Regular																
	Clinic Treatment (2100)																
	Brief	0.50															
	Regular	1.00															
	Group	0.35															
	Collateral	1.00															
	Group Collateral	0.35															
11	Crisis	1.00															
	Day Treatment (0200)																
	Sheltered Workshop (0340)																
	On Site Rehabilitation (0320)																
	Continuing Day Treatment (1310)																
12	Brief Day	0.33															
13	Half Day	0.50															
	Full Day	1.00															
	Collateral	0.33															
	All Other	1.00															
17	Residential (Patient Days)	1.00															
18	Total																

OMH-1 Rev. October 2009

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2009 to December 31, 2009

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

Page	
------	--

AGENCY NAME:																	
AGE	AGENCY CODE:																
	COLUMN NUMBER																
Line	PROGRAM CODE (PROGRAM CODE INDEX)				()			()			()			()	()		
No.	PROGRAM TYPE																
	PROG/SITE ID. # TYPE OF SERVICE	WEIGHT	TOTAL							TOTAL MELOUTED LOSDWOS			WEIGHTED	050//05	TOTAL WEIGHTED 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	VISITS	WEIGHTED VISITS	HOURS
	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)																
	Continuing Day Treatment (1310)																
	Brief Day	0.33															
13	Half Day	0.50															
	Full Day	1.00															
15	Collateral	0.33															
	All Other	1.00															
	Residential (Patient Days)	1.00															
18	Total																

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2009 to December 31, 2009

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					-						
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											