

Funding State Agency:

- OMH
- OPWDD
- OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2012 to December 31, 2012*

**SCHEDULE DMH-1**  
**PROGRAM FISCAL**  
**SUMMARY**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Program Type	00071					
2	Program Code (Program Code Index)	00011	( )	( )	( )	( )	( )
	<b>UNITS OF SERVICE</b>						
3	OMH Units of Service	00121					
4	OPWDD Units of Service	00161					
5	OASAS Units of Service	00170					
	<b>EXPENSES*</b>						
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					
	<b>REVENUES*</b>						
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.

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Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	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	Food Stamps (OASAS and OPWDD Only)	26240					
29	Net Deficit Funding (State & LGU Funding only)*	26110					
30	Other (Detail Required)	26230					
31	Total Gross Revenues (Sum Lines 15-30)	26999					
	<b>GAAP ADJUSTMENTS TO REVENUE**</b>						
32	Participant Allowance	27010					
33	Uncollectible Accounts Receivable	27040					
34	Other (Detail Required)	27045					
35	Total GAAP Adjustments (Sum Lines 32-34)	27049					
36	Net GAAP Revenues (Line 31 minus 35)	27025					
	<b>NON-GAAP ADJUSTMENTS TO REVENUE**</b>						
37	Exempt Contract Income	27050					
38	Exempt LTSE Income	27060					
39	Net Deficit Funding***	27070					
40	Other (Detail Required)	27080					
41	Total NON-GAAP Adjustments (Sum Lines 37-40)	27998					
42	Subtotal Adj. to Revenue (Sum Lines 35 & 41)	27999					
43	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.

\*\*\* Amounts should equal the corresponding amounts reported as revenue on line 29 above.

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**NEW YORK STATE**  
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*For the Period: January 1, 2012 to December 31, 2012*

**SCHEDULE DMH-2**  
**AID TO LOCALITIES/  
 DIRECT CONTRACT  
 SUMMARY**

Page \_\_\_\_\_

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Accounting Method						
2	State Contract Number / LGU Contract Number *	00200					
3	Program Type	00072					
4	Program Code (Program Code Index)	00012	( )	( )	( )	( )	( )
<b>EXPENSES</b>							
5	Personal Services	18010					
6	Vacation Leave Accruals **	18020					
7	Fringe Benefits	18030					
8	Other Than Personal Services (OTPS)	18040					
9	Equipment-Provider Paid ***	18050					
10	Property-Provider Paid ****	18060					
11	Agency Administration	18080					
12	Adjustments/Non-Allowable Costs (Detail Required)	18090					
13	Total Adjusted Expenses (Lines 5-11 minus 12)	18999					
<b>REVENUES</b>							
14	Participant Fees (less SSI & SSA)	46010					
15	SSI & SSA	46020					
16	Home Relief/Public Assistance	46030					
17	Medicaid	46040					
18	Medicare	46060					
19	Other Third Parties	46070					
20	OPWDD Residential Room and Board/NYS OPTS	46080					
21	Transportation, Medicaid	46090					
22	Transportation, Other	46100					
23	Sales: Contract Total	46140					
24	Federal Grants (Detail Required)	46160					

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

\*\* OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.

\*\*\* OASAS funded service providers cannot report equipment depreciation for State aid reimbursement.

\*\*\*\* OASAS funded service providers cannot report property related depreciation for State aid reimbursement.

DMH-2.1

Rev. October 2012

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**NEW YORK STATE**

**SCHEDULE DMH-2**

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**CONSOLIDATED FISCAL REPORT**  
For the Period: January 1, 2012 to December 31, 2012

**AID TO LOCALITIES/  
DIRECT CONTRACT  
SUMMARY**

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Type	00072					
	Program Code (Program Code Index)	00012	( )	( )	( )	( )	( )
25	State Grants (Detail Required)	46190					
26	LTSE Income Total (OMH and OPWDD Only)	46220					
27	Food Stamps (OASAS and OPWDD Only)	46240					
28	Net Deficit Funding (State & LGU Funding Only)*	46110					
29	Other (Detail Required)	46230					
30	Total Gross Revenue (Sum Lines 14-29)	46999					
<b>GAAP ADJUSTMENTS TO REVENUE</b>							
31	Participant Allowance	47010					
32	Uncollectible Accounts Receivable	47040					
33	Other (Detail Required)	47045					
34	Total GAAP Adjustments (Sum Lines 31-33)	47049					
35	Net GAAP Revenues (Line 30 minus 34)	47025					
<b>NON-GAAP ADJUSTMENTS TO REVENUE</b>							
36	Exempt Contract Income	47050					
37	Exempt LTSE Income	47060					
38	Net Deficit Funding**	47070					
39	Other (Detail Required)	47080					
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998					
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999					
42	Total Net Revenues (Line 30 minus 41)	48999					
43	Net Operating Costs (Line 13 minus 42)	49999					
<b>DEFICIT FUNDING</b>							
44	State Share	60010					
45	Local Government Share	60020					
46	Service Provider Share (Voluntary Contributions)	60030					
47	Total Approved Deficit Funding (Sum lines 44 - 46)	60039					
48	Non-Funded	60040					
49	Total Net Deficit (Sum Lines 47-48)	60999					

\* Do not include non-funded or voluntary contributions.

\*\* Amounts should equal the corresponding amounts reported as revenue on line 28 above.

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**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2012 to December 31, 2012*

SCHEDULE DMH-3  
AID TO LOCALITIES AND DIRECT CONTRACTS  
PROGRAM FUNDING SOURCE SUMMARY

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_  Please check the box if the preparer changed from the previous submission.  
 COUNTY NAME & CODE: \_\_\_\_\_ (\_\_\_\_) PLEASE CHECK: ESTIMATED CLAIM \_\_\_\_ FINAL CLAIM \_\_\_\_

Line No.	COLUMN NUMBER	ITEM DESCRIPTION	Cost Codes							TOTAL
1		Accounting Method								
2		Program Type	00073							
3		Program Code (Program Code Index)	00013	( )	( )	( )	( )	( )		
4		Total Persons Served/Month	00220							
5		Total Units of Service	00999							
6		Gross Cost/Unit of Service	70999							
7		Net Cost/Unit of Service	71999							
8		Please Check If Participant Specific Methodology Is Used (OPWDD ONLY)	72999							
9	A. Funding Source Code (Local Assistance)	Index (OMH/OASAS only)		001		001		001		001
10		Number Persons Served/Month	00260							
11		Number Units of Service	00250							
12		Total Adjusted Expenses	50999							
13		Less Applied Net Revenue	61999							
14		Net Operating Costs	62999							
15		State Contract Number / LGU Contract Number *	00201							
16	B. Funding Source Code	Index (OMH/OASAS only)								
17		Number Persons Served/Month	00261							
18		Number Units of Service	00251							
19		Total Adjusted Expenses	50998							
20		Less Applied Net Revenue	61998							
21		Net Operating Costs	62998							
22		State Contract Number / LGU Contract Number *	00202							
23	C. Funding Source Code	Index (OMH/OASAS only)								
24		Number Persons Served/Month	00262							
25		Number Units of Service	00252							
26		Total Adjusted Expenses	50997							
27		Less Applied Net Revenue	61997							
28		Net Operating Costs	62997							
29		State Contract Number / LGU Contract Number *	00203							
	D. Totals From A-C Above									
30		Total Adjusted Expenses	51999							
31		Less Net Revenue	63999							
32		Net Operating Costs	52999							

\* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.