NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2011 to June 30, 2012

SC	HEDUL	.E C	<u>MH</u>	<u>-1</u>
UN	ITS OF	SE	RVI	CE
BY	PROG	RAN	//SI	TE

F	age	

AGE	NCY NAME:											
AGE	NCY CODE:											
	COLUMN NUMBER	1										
Line	PROGRAM CODE (PROGRAM CODE INDEX)	()		()	()		()		()
No.	PROGRAM TYPE											
	PROG/SITE ID. #											
	TYPE OF CERVICE WEIGHT	TOTAL WEIGHTED C		TOTAL W/F	ICUTED CEDVIO	TOTAL	WEIGHTED CEDVICE	TOTAL WEIGHTED	CEDVICE	TOTAL	WEIGHTED	CEDVICE

		COLUMN NUMBER																
Li		PROGRAM CODE (PROGRAM CODE IN	IDEX)		()			()			()			()			()
No	o.	PROGRAM TYPE																
		PROG/SITE ID. #																
		TYPE OF SERVICE	WEIGHT	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED		TOTAL	WEIGHTED	SERVICE
		(PROGRAM CODE)	FACTOR	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS
		Partial Hospitalization (2200)																
	1	Regular	N/A															1
	2	Collateral	N/A															
	3	Group Collateral	N/A															
	4	Crisis	N/A															
		Intensive Psychiatric Rehab. (2320)																
	5	Regular	N/A															
		Clinic Treatment (2100)																
	6	Service Days	1.00															
		Continuing Day Treatment (1310)																
	7	Half Day	0.50															
	8		1.00															
		PROS (6340) (7340) (8340)																
		PROS Units	1.00															
		Day Treatment (0200)																
		Sheltered Workshop (0340)																
		On Site Rehabilitation (0320)																
	10	Brief Day	0.33															
	11	Half Day	0.50															
	12	Full Day	1.00															
	13	Collateral	0.33															
	14	All Other	1.00															
		Residential (Patient Days)	1.00															
		Total																

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CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2011 to June 30, 2012

SCHEDULE OMH-2

MEDICAID
UNITS OF SERVICE
BY PROGRAM/SITE

Page ₋	
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AGE	NCY NAME:																
AGE	NCY CODE:																
	COLUMN NUMBER																
Line	PROGRAM CODE (PROGRAM CODE IN	IDEX)			()			()			()			()			()
	PROGRAM TYPE	,			,			,			,			, ,			,
	PROG/SITE ID. #																
				MEDICAID)		MEDICAID)		MEDICAI)		MEDICAI)		MEDICAI)
	TYPE OF SERVICE	WEIGHT	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE									
	(PROGRAM CODE)	FACTOR	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS									
_	Partial Hospitalization (2200)	21/4															
1	Regular	N/A															
2	0 0 1101101 011	N/A															
3		N/A															——
4	Crisis	N/A															
	Intensive Psychiatric Rehab. (2320)	21/2															
	Regular	N/A															
	Clinic Treatment (2100)	4.00															
6		1.00															
	Continuing Day Treatment (1310)	0.50															
7	,	0.50														 '	
8	Full Day	1.00															
_	PROS (6340) (7340) (8340)	4.00															
	PROS Units	1.00															
	Day Treatment (0200)	0.00															
	Brief Day	0.33															
11	•	0.50															
12 13		1.00 0.33														<u> </u>	——
	All Other	1.00															
	Residential (Patient Days)	1.00															
16	Total															1	

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CONSOLIDATED FISCAL REPORT

For the Period: July 1, 2011 to June 30, 2012

SCHEDULE OMH-3 CLIENT **INFORMATION**

					Page
ENCY NAME:					
ENCY CODE:					
COLUMN NUMBER					
	()	()	()	()	()
	,	,	,	,	
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					
	COLUMN NUMBER PROGRAM CODE (PROGRAM CODE INDEX) PROGRAM TYPE PROG/SITE ID. # PERSONS SERVED DURING THE YEAR Persons on Rolls, Beginning of Year New Persons added to Rolls Persons Removed from Rolls	COLUMN NUMBER PROGRAM CODE (PROGRAM CODE INDEX) () PROGRAM TYPE PROG/SITE ID. # PERSONS SERVED DURING THE YEAR Persons on Rolls, Beginning of Year New Persons added to Rolls Persons Removed from Rolls	COLUMN NUMBER PROGRAM CODE (PROGRAM CODE INDEX) () () PROGRAM TYPE PROG/SITE ID. # PERSONS SERVED DURING THE YEAR Persons on Rolls, Beginning of Year Persons added to Rolls Persons Removed from Rolls	COLUMN NUMBER PROGRAM CODE (PROGRAM CODE INDEX) PROGRAM TYPE PROG/SITE ID. # PERSONS SERVED DURING THE YEAR Persons on Rolls, Beginning of Year Persons added to Rolls Persons Removed from Rolls	COLUMN NUMBER PROGRAM CODE (PROGRAM CODE INDEX) () () () PROGRAM TYPE PROG/SITE ID. # PERSONS SERVED DURING THE YEAR Persons on Rolls, Beginning of Year New Persons added to Rolls Persons Removed from Rolls

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SCHEDULE OMH-4 UNITS OF SERVICE BY PAYOR

	Y NAME:		
AGENO	Y CODE:		
			7
Line	PROGRAM CODE (PROGRAM CODE INDEX)	()	
No.	PROGRAM TYPE		
	PROG/SITE ID. #		
	THOU/OHE ID. #		
		TOTAL	REVENUE EARNED
		VISITS	BY PAYOR
	Payors:		
	i uyoro:		
1	Medicare Only		
2	Medicaid Fee-for-Service Only		
	-		
3	Medicaid Managed Care		
4	Medicaid and Medicare		
5	Medicaid Managed Care and Medicare		
6	Medicaid and Other Private Insurance		
7	Medicaid Managed Care and Other Private Insurance		
8	Child Health Plus or Family Health Plus		
	onia noditi na or rainiy noditi nao		
9	Other Private Insurance		
10	Participant Fees- Co-pays and Deductibles		
10	i ditioipunt i ces- co-pays and beductibles		
	Uncompensated Care:		
-11	Participant Fees- Not Including Co-pays		
- 11	i ditioipant i ces- 140t illolading oo-pays		
12	Third Party - Not Paid - Non-Covered Services		
12	Third Party - Not Paid - Non-Eligible Licensed Staff		

14 Third Party - Not Paid - Non-Eligible Out of Network

15 Total Visits (Sum of Lines 1-14)
Visits Eligible for Uncompensated Care Reimbursement (Sum
16 Lines 11-14)
Uncompensated Care Visits (Line 16) as Percent of Total
17 Visits (Line 15)

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