

Funding State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2017 to June 30, 2018

SCHEDULE DMH-2
AID TO LOCALITIES/
DIRECT CONTRACT
SUMMARY

Page _____

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

| Line No. | COLUMN NUMBER ITEM DESCRIPTION | Cost Codes | | | | |
|-----------------|---|------------|---|---------------|---|---|
| 1 | Accounting Method | | | PLEASE CHECK: | | |
| 2 | State Contract Number / LGU Contract Number * | 00200 | | | | |
| 3 | Program Type | 00072 | | | | |
| 4 | Program Code (Program Code Index) | 00012 |) |) |) |) |
| EXPENSES | | | | | | |
| 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 | | | | |
| REVENUES | | | | | | |
| 14 | Participant Fees (less SSI & SSA) | 46010 | | | | |
| 15 | SSI & SSA | 46020 | | | | |
| 16 | Home Relief/Public Assistance | 46030 | | | | |
| 17a | Medicaid Fee for Service | 46045 | | | | |
| 17b | Medicaid Managed Care | 46050 | | | | |
| 18 | Medicare | 46060 | | | | |
| 19 | Other Third Parties | 46070 | | | | |
| 20 | OPWDD Residential Room and Board | 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.

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

| Line No. | COLUMN NUMBER ITEM DESCRIPTION | Cost Codes | PLEASE CHECK: | ESTIMATED CLAIM | FINAL CLAIM |
|--|--|------------|---------------|-----------------|-------------|
| | 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 | SNAP (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 | | | (|
| GAAP ADJUSTMENTS TO REVENUE | | | | | |
| 31 | Participant Allowance | 47010 | | | |
| 32 | Provision for Bad Debt - Revenue Deduction | 47040 | | | |
| 33 | Other (Detail Required) | 47045 | | | |
| 34 | Total GAAP Adjustments (Sum Lines 31-33) | 47049 | | | |
| 35 | Net GAAP Revenues (Line 30 minus 34) | 47025 | | | |
| NON-GAAP ADJUSTMENTS TO REVENUE | | | | | |
| 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 | | | |
| DEFICIT FUNDING | | | | | |
| 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.