

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2006 to December 31, 2006

SCHEDULE OMH-1
UNITS OF SERVICE
BY PROGRAM/SITE

Page _____

| | |
|---------------------|--|
| AGENCY NAME: | |
| AGENCY CODE: | |

| Line No. | COLUMN NUMBER | | | | | | | | | | | | | | | | | |
|-------------|---|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----|
| | PROGRAM CODE (PROGRAM CODE INDEX) | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () | () |
| | PROGRAM TYPE | | | | | | | | | | | | | | | | | |
| | PROG/SITE ID. # | | | | | | | | | | | | | | | | | |
| | TYPE OF 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 | TOTAL VISITS | WEIGHTED VISITS | SERVICE 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) Non Inpatient Crisis (0700) Emergency Unit Treatment (0130) | | | | | | | | | | | | | | | | | |
| 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) Sheltered Workshop (0340) On Site Rehabilitation (0320) | | | | | | | | | | | | | | | | | |
| 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: January 1, 2006 to December 31, 2006

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

Page _____

AGENCY NAME: _____

AGENCY CODE: _____

| Line No. | COLUMN NUMBER | | | | | | | | | | | | | | | | |
|----------|---|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|
| | PROGRAM CODE (PROGRAM CODE INDEX) | | () | | | () | | | () | | | () | | | () | | |
| | PROGRAM TYPE | | | | | | | | | | | | | | | | |
| | PROG/SITE ID. # | | | | | | | | | | | | | | | | |
| | TYPE OF 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 | TOTAL VISITS | WEIGHTED VISITS | SERVICE 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: January 1, 2006 to December 31, 2006

SCHEDULE OMH-3
CLIENT
INFORMATION

Page _____

| | |
|--------------|--|
| AGENCY NAME: | |
| AGENCY CODE: | |

| Line No. | COLUMN NUMBER | | | | | |
|-------------|-------------------------------------|---------|---------|---------|---------|---------|
| | PROGRAM CODE (PROGRAM CODE INDEX) | () | () | () | () | () |
| | 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 | | | | | |
| | | | | | | |