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	
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AGE	AGENCY NAME:																	
AGE	AGENCY CODE:																	
	COLUMN NUMBER																	
Line	PROGRAM CODE (PROGRAM CODE INDEX)			(()		()				()			()		()		
No.	PROGRAM TYPE							•									•	
	PROG/SITE ID. #																	
	TYPE OF SERVICE	WEIGHT	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE		WEIGHTED	SERVICE			SERVICE	
	(PROGRAM CODE)	FACTOR	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS										
	Continuing Day Treatment (1310)																	
	Partial Hospitalization (2200)																	
	Regular																	
	Collateral																	
	Group Collateral																	
	Crisis																	
	Intensive Psychiatric Rehab. (2320)																	
5	Regular																	
	Clinic Treatment (2100)																	
	Non Inpatient Crisis (0700)																	
	Emergency Unit Treatment (0130)	0.50																
	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)																	
40	On Site Rehabilitation (0320)	0.00																
	Brief Day	0.33																
	Half Day	0.50																
	Full Day	1.00																
	Collateral	0.33																
	All Other	1.00																
	Residential (Patient Days)	1.00																
18	Total																1	

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

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AGE	NCY NAME:		· · · · · · · · · · · · · · · · · · ·														
AGE	NCY CODE:																
	COLUMN NUMBER																
Line	PROGRAM CODE (PROGRAM CODE INDEX)				()		()				()			()	(()
No.	PROGRAM TYPE		,			,		\		1							
	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													<u> </u>			
	Intensive Psychiatric Rehab. (2320)																
5	Regular													<u> </u>			
	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						_									
	Half Day	0.50						-									
	Full Day	1.00						-									
15	Collateral	0.33															
16	All Other	1.00															
	Residential (Patient Days)	1.00															
18	Total			1		1							ı		,	1	1

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2006 to December 31, 2006

SCHEDULE OMH-3 CLIENT INFORMATION

								Pa	ıge	
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									
2	Persons Removed from Rolls									
	reisons Removed from Rolls									
4	Persons on Rolls, End of Year)					
								4		