NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2007 to December 31, 2007

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 IN | NDEX) | | (| () | | | () | | | () | | | () | | | () |
| No. | PROGRAM TYPE | ĺ | | | | | | • | | | | | | | | | • |
| | 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, 2007 to December 31, 2007

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

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| | |

| | AGENCY NAME: AGENCY CODE: | | | | | | | | | | | | | | | | |
|------|-------------------------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|-----------------|--------------------|------------------|
| | COLUMN NUMBER | | | | | | | | | | | | | | | | |
| Line | PROGRAM CODE (PROGRAM CODE IN | IDEX) | | | () | | (| () | | | () | | | () | | | () |
| No. | PROGRAM TYPE | | | | | | | | | | | | | | | | |
| | PROG/SITE ID. # | WEIGHT | T0741 | WEIGHTED | 0550//05 | I | WEIGHTED | 050\(105 | T0T41 | WEIGHTED | 0551/105 | T0711 | WEIGHTED | 0551//05 | T0741 | WEIGHTED | 055)//05 |
| | TYPE OF SERVICE (PROGRAM CODE) | WEIGHT FACTOR | 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) | | | | | | | | | | i | | | | | | |
| 12 | Brief Day | 0.33 | | | | | | | | | | | | | | | |
| 13 | Half Day | 0.50 | | | | | | | | | | | | | | | |
| _ | Full Day | 1.00 | | | | | | | | | | | | | | | |
| 15 | Collateral | 0.33 | | | | | | | | | | | | | | | |
| 16 | All Other | 1.00 | | | | | | | | | | | | | | | |
| | Residential (Patient Days) | 1.00 | | | | | | | | | | | | | | | |
| 18 | Total | | | | | | | | | | | | | | | | |

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2007 to December 31, 2007

SCHEDULE OMH-3 CLIENT INFORMATION

| | | | | | | | | Pa | ige |
|------|-------------------------------------|-----|---|---|---|---|-----|----|-----|
| 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 | | | | | | | | |
| | | | | | | | | | |
| 3 | Persons Removed from Rolls | | | | | | | | |
| | | | | | | | | | |
| 4 | Persons on Rolls, End of Year | | | | | | | | |
| | | | | | | | | | |