

Funding State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2016 to December 31, 2016

SCHEDULE DMH-2
**AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY**

Page _____

AGENCY NAME: _____ PREPARED BY: _____ TELEPHONE: (____) _____
 AGENCY CODE: _____ Please check the box if the preparer changed from the previous submission.
 COUNTY NAME & CODE: _____ (____) PLEASE CHECK: FINAL CLAIM _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes				
1	Accounting Method					
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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COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	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.