

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

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 |
| | PARTIAL HOSPITALIZATION (2200) | | | | | | | | | | | | | | | | |
| 1 | Regular | | | | | | | | | | | | | | | | |
| 1a | Regular - Medicaid Fee for Service | N/A | | | | | | | | | | | | | | | |
| 1b | Regular - Medicaid Managed Care | N/A | | | | | | | | | | | | | | | |
| 2 | Collateral | | | | | | | | | | | | | | | | |
| 2a | Collateral - Medicaid Fee for Service | N/A | | | | | | | | | | | | | | | |
| 2b | Collateral - Medicaid Managed Care | N/A | | | | | | | | | | | | | | | |
| 3 | Group Collateral | | | | | | | | | | | | | | | | |
| 3a | Group Collateral - Medicaid Fee for Service | N/A | | | | | | | | | | | | | | | |
| 3b | Group Collateral - Medicaid Managed Care | N/A | | | | | | | | | | | | | | | |
| 4 | Crisis | | | | | | | | | | | | | | | | |
| 4a | Crisis - Medicaid Fee for Service | N/A | | | | | | | | | | | | | | | |
| 4b | Crisis - Medicaid Managed Care | N/A | | | | | | | | | | | | | | | |
| | INTENSIVE PSYCHIATRIC REHAB. (2320) | | | | | | | | | | | | | | | | |
| 5 | Regular | | | | | | | | | | | | | | | | |
| 5a | Regular - Medicaid Fee for Service | N/A | | | | | | | | | | | | | | | |
| 5b | Regular - Medicaid Managed Care | N/A | | | | | | | | | | | | | | | |
| | CLINIC TREATMENT (2100) | | | | | | | | | | | | | | | | |
| 6 | Service Days | | | | | | | | | | | | | | | | |
| 6a | Service Days - Medicaid Fee for Service | 1.00 | | | | | | | | | | | | | | | |
| 6b | Service Days - Medicaid Managed Care | 1.00 | | | | | | | | | | | | | | | |
| | CONTINUING DAY TREATMENT (1310) | | | | | | | | | | | | | | | | |
| 7 | Half Day | | | | | | | | | | | | | | | | |
| 7a | Half Day - Medicaid Fee for Service | 0.50 | | | | | | | | | | | | | | | |
| 7b | Half Day - Medicaid Managed Care | 0.50 | | | | | | | | | | | | | | | |
| 8 | Full Day | | | | | | | | | | | | | | | | |
| 8a | Full Day - Medicaid Fee for Service | 1.00 | | | | | | | | | | | | | | | |
| 8b | Full Day - Medicaid Managed Care | 1.00 | | | | | | | | | | | | | | | |

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| | PROS (6340) (7340) (8340) | | | | | | | | | | | | | | | | | |
| 9 | PROS Units - Medicaid Fee for Service | | | | | | | | | | | | | | | | | |
| 9a | PROS Units - Medicaid Fee for Service | 1.00 | | | | | | | | | | | | | | | | |
| 9b | PROS Units - Medicaid Managed Care | 1.00 | | | | | | | | | | | | | | | | |
| | DAY TREATMENT (0200) | | | | | | | | | | | | | | | | | |
| 10 | Brief Day | | | | | | | | | | | | | | | | | |
| 10a | Brief Day - Medicaid Fee for Service | 0.33 | | | | | | | | | | | | | | | | |
| 10b | Brief Day - Medicaid Managed Care | 0.33 | | | | | | | | | | | | | | | | |
| 11 | Half Day & Pre-Admission Half Day Visits | | | | | | | | | | | | | | | | | |
| 11a | Half Day & Pre-Admission Half Day Visits - Medicaid Fee for Service | 0.50 | | | | | | | | | | | | | | | | |
| 11b | Half Day & Pre-Admission Half Day Visits - Medicaid Managed Care | 0.50 | | | | | | | | | | | | | | | | |
| 12 | Full Day & Pre-Admission Full Day Visits | | | | | | | | | | | | | | | | | |
| 12a | Full Day & Pre-Admission Full Day Visits - Medicaid Fee for Service | 1.00 | | | | | | | | | | | | | | | | |
| 12b | Full Day & Pre-Admission Full Day Visits - Medicaid Managed Care | 1.00 | | | | | | | | | | | | | | | | |
| 13 | Collateral, Home Visit & Crisis Visits | | | | | | | | | | | | | | | | | |
| 13a | Collateral, Home Visit & Crisis Visits - Medicaid Fee for Service | 0.33 | | | | | | | | | | | | | | | | |
| 13b | Collateral, Home Visit & Crisis Visits - Medicaid Managed Care | 0.33 | | | | | | | | | | | | | | | | |
| 14 | All Other | | | | | | | | | | | | | | | | | |
| 14a | All Other - Medicaid Fee for Service | 1.00 | | | | | | | | | | | | | | | | |
| 14b | All Other - Medicaid Managed Care | 1.00 | | | | | | | | | | | | | | | | |
| 15 | Residential (Patient Days) | | | | | | | | | | | | | | | | | |
| 15a | Residential (Patient Days) - Medicaid Fee for Service | 1.00 | | | | | | | | | | | | | | | | |
| 15b | Residential (Patient Days) - Medicaid Managed Care | 1.00 | | | | | | | | | | | | | | | | |
| 16 | TOTAL - Medicaid Units of Service | | | | | | | | | | | | | | | | | |
| 16a | TOTAL - Medicaid Fee for Service | | | | | | | | | | | | | | | | | |
| 16b | TOTAL - Medicaid Managed Care | | | | | | | | | | | | | | | | | |