

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2018 to June 30, 2019*

**SCHEDULE OMH-1**  
**UNITS OF SERVICE**  
**BY PROGRAM/SITE**

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                                  | N/A           |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 2        | Collateral                               | N/A           |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 3        | Group Collateral                         | N/A           |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 4        | Crisis                                   | N/A           |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | Intensive Psychiatric Rehab. (2320)      |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 5        | Regular                                  | N/A           |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | Clinic Treatment (2100)                  |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 6        | Service Days                             | 1.00          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | Continuing Day Treatment (1310)          |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 7        | Half Day                                 | 0.50          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 8        | Full Day                                 | 1.00          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | PROS (6340) (7340)                       |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 9        | PROS Units                               | 1.00          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | Day Treatment (0200)                     |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | On Site Rehabilitation (0320)            |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 10       | Brief Day                                | 0.33          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 11       | Half Day & Pre-Admission Half Day Visits | 0.50          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 12       | Full Day & Pre-Admission Full Day Visits | 1.00          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 13       | Collateral, Home & Crisis Visits         | 0.33          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
|          | Other/Residential/Total                  |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 14       | All Other                                | 1.00          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 15       | Residential (Patient Days)               | 1.00          |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |
| 16       | Total                                    |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |