

Funding State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2017 to June 30, 2018

SCHEDULE DMH-1
PROGRAM FISCAL
SUMMARY

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____

| Line No. | COLUMN NUMBER ITEM DESCRIPTION | Cost Codes | | | | | |
|-------------------------|---|------------|---|---|---|---|---|
| 1 | Program Type | 00071 | | | | | |
| 2 | Program Code (Program Code Index) | 00011 |) |) |) |) |) |
| UNITS OF SERVICE | | | | | | | |
| 3 | OMH Units of Service | 00121 | | | | | |
| 4 | OPWDD Units of Service | 00161 | | | | | |
| 5 | OASAS Units of Service | 00170 | | | | | |
| EXPENSES* | | | | | | | |
| 6 | Personal Services | 17010 | | | | | |
| 7 | Vacation Leave Accruals | 17020 | | | | | |
| 8 | Fringe Benefits | 17030 | | | | | |
| 9 | Other Than Personal Services | 17040 | | | | | |
| 10 | Equipment-Provider Paid | 17050 | | | | | |
| 11 | Property-Provider Paid | 17060 | | | | | |
| 12 | Agency Administration | 17080 | | | | | |
| 13 | Adjustments/Non-Allowable Costs | 17090 | | | | | |
| 14 | Total Adjusted Expenses (Lines 6-12 minus 13) | 17999 | | | | | |
| REVENUES* | | | | | | | |
| 15 | Participant Fees (less SSI & SSA) | 26010 | | | | | |
| 16 | SSI & SSA | 26020 | | | | | |
| 17 | Home Relief/Public Assistance | 26030 | | | | | |
| 18a | Medicaid Fee for Service | 26045 | | | | | |
| 18b | Medicaid Managed Care | 26050 | | | | | |
| 19 | Medicare | 26060 | | | | | |
| 20 | Other Third Parties | 26070 | | | | | |
| 21 | OPWDD Residential Room and Board | 26080 | | | | | |
| 22 | Transportation, Medicaid | 26090 | | | | | |
| 23 | Transportation, Other | 26100 | | | | | |
| 24 | Sales: Contract Total | 26140 | | | | | |
| 25 | Federal Grants (Detail Required) | 26160 | | | | | |

* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

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Page _____

AGENCY NAME: _____
 AGENCY CODE: _____

| Line | COLUMN NUMBER ITEM DESCRIPTION | Cost Codes | | | | | |
|------|---|---------------|---|---|---|---|---|
| No. | Program Type | 00071 | | | | | |
| | Program Code (Program Code Index) | 00011 |) |) |) |) |) |
| 26 | State Grants (Detail Required) | 26190 | | | | | |
| 27 | LTSE Income Total (OMH and OPWDD only) | 26220 | | | (| | |
| 28 | SNAP (OASAS and OPWDD Only) | 26240 | | | | | |
| 29 | Net Deficit Funding (State & LGU Funding only)* | 26110 | | | | | |
| 30 | Other (Detail Required) | 26230 | (| (| | (| (|
| 31 | Total Gross Revenues (Sum Lines 15-30) | 26999 | | | | | |
| | GAAP ADJUSTMENTS TO REVENUE** | | | | | | |
| 32 | Participant Allowance | 27010 | | | | | |
| 33 | Provision for Bad Debt - Revenue Deduction | 27040 | | | | | |
| 34 | Other (Detail Required) | 27045 | | | | | |
| 35 | Total GAAP Adjustments (Sum Lines 32-34) | 27049 | | | | | |
| 36 | Net GAAP Revenues (Line 31 minus 35) | 27025 | | | | | |
| | NON-GAAP ADJUSTMENTS TO REVENUE** | | | | | | |
| 37 | Exempt Contract Income | 27050 | | | | | |
| 38 | Exempt LTSE Income | 27060 | | | | | |
| 39 | Net Deficit Funding*** | 27070 | | | | | |
| 40 | Other (Detail Required) | 27080 | | | | | |
| 41 | Total NON-GAAP Adjustments (Sum Lines 37-40) | 27998 | | | | | |
| 42 | Subtotal Adj. to Revenue (Sum Lines 35 & 41) | 27999 | | | | | |
| 43 | Total Net Revenues (Line 31 minus 42) | 28999 | | | | | |
| 44 | Net Operating Cost (Line 14 minus 43) | 29999 | | | | | |

* Do not include non-funded or voluntary contributions.

** These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.

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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2017 to June 30, 2018

SCHEDULE DMH-2
AID TO LOCALITIES/
DIRECT CONTRACT
SUMMARY

Page _____

| | | |
|----------------------------------|--|-------------------------|
| AGENCY NAME: _____ | PREPARED BY: _____ | TELEPHONE: (____) _____ |
| AGENCY CODE: _____ | <input type="checkbox"/> | |
| COUNTY NAME & CODE: _____ (____) | Please check the box if the preparer changed from the previous submission. | FINAL CLAIM _____ |

| Line No. | COLUMN NUMBER ITEM DESCRIPTION | Cost Codes | | | | | |
|-----------------|---|------------|---|---------------|---|---|--|
| 1 | Accounting Method | | | PLEASE CHECK: | | | |
| 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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NEW YORK STATE
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For the Period: July 1, 2017 to June 30, 2018

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

Page _____

| | | |
|----------------------------------|--|---------------------------------------|
| AGENCY NAME: _____ | PREPARED BY: _____ | TELEPHONE: (____) _____ |
| AGENCY CODE: _____ | <input type="checkbox"/> | |
| COUNTY NAME & CODE: _____ (____) | Please check the box if the preparer changed from the previous submission. | ESTIMATED CLAIM ____ FINAL CLAIM ____ |

| Line No. | COLUMN NUMBER ITEM DESCRIPTION | Cost Codes | PLEASE CHECK: | ESTIMATED CLAIM | FINAL CLAIM |
|--|--|------------|---------------|-----------------|-------------|
| | 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.

FundingState Agency:
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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2017 to June 30, 2018

SCHEDULE DMH-3
AID TO LOCALITIES AND DIRECT CONTRACTS
PROGRAM FUNDING SOURCE SUMMARY

Page _____

| | | |
|----------------------------------|---|-------------------------|
| AGENCY NAME: _____ | PREPARED BY: _____ | TELEPHONE: (____) _____ |
| AGENCY CODE: _____ | <input type="checkbox"/> 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 | | | | | | | | | | | | | | TOTAL |
|----------|---|------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|-----|--|-------|
| 1 | Accounting Method | | | | | | | | | | | | | | | |
| 2 | Program Type | 00073 | | | | | | | | | | | | | | |
| 3 | Program Code (Program Code Index) | 00013 | () | () | () | () | () | () | () | () | | | | | | |
| 4 | Total Persons Served/Year | 00220 | | | | | | | | | | | | | | |
| 5 | Total Units of Service | 00999 | | | | | | | | | | | | | | |
| 6 | Gross Cost/Unit of Service | 70999 | | | | | | | | | | | | | | |
| 7 | Net Cost/Unit of Service | 71999 | | | | | | | | | | | | | | |
| 8 | Reserved for Future Use | 72999 | | | | | | | | | | | | | | |
| 9 | A. Funding Source Code (Local Assistance) | Index (OMH/OASAS only) | 001 | | 001 | | | 001 | | | 001 | | | 001 | | |
| 10 | Number Persons Served/Year | 00260 | | | | | | | | | | | | | | |
| 11 | Number Units of Service | 00250 | | | | | | | | | | | | | | |
| 12 | Total Adjusted Expenses | 50999 | | | | | | | | | | | | | | |
| 13 | Less Applied Net Revenue | 61999 | | | | | | | | | | | | | | |
| 14 | Net Operating Costs | 62999 | | | | | | | | | | | | | | |
| 15 | State Contract Number / LGU Contract Number * | 00201 | | | | | | | | | | | | | | |
| 16 | B. Funding Source Code | Index (OMH/OASAS only) | | | | | | | | | | | | | | |
| 17 | Number Persons Served/Year | 00261 | | | | | | | | | | | | | | |
| 18 | Number Units of Service | 00251 | | | | | | | | | | | | | | |
| 19 | Total Adjusted Expenses | 50998 | | | | | | | | | | | | | | |
| 20 | Less Applied Net Revenue | 61998 | | | | | | | | | | | | | | |
| 21 | Net Operating Costs | 62998 | | | | | | | | | | | | | | |
| 22 | State Contract Number / LGU Contract Number * | 00202 | | | | | | | | | | | | | | |
| 23 | C. Funding Source Code | Index (OMH/OASAS only) | | | | | | | | | | | | | | |
| 24 | Number Persons Served/Year | 00262 | | | | | | | | | | | | | | |
| 25 | Number Units of Service | 00252 | | | | | | | | | | | | | | |
| 26 | Total Adjusted Expenses | 50997 | | | | | | | | | | | | | | |
| 27 | Less Applied Net Revenue | 61997 | | | | | | | | | | | | | | |
| 28 | Net Operating Costs | 62997 | | | | | | | | | | | | | | |
| 29 | State Contract Number / LGU Contract Number * | 00203 | | | | | | | | | | | | | | |
| | D. Totals From A-C Above | | | | | | | | | | | | | | | |
| 30 | Total Adjusted Expenses | 51999 | | | | | | | | | | | | | | |
| 31 | Less Net Revenue | 63999 | | | | | | | | | | | | | | |
| 32 | Net Operating Costs | 52999 | | | | | | | | | | | | | | |

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.