

Funding State Agency:

- OMH
- OPWDD
- OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2020 to June 30, 2021*

**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	( )	( )	( )	( )	( )
<b>EXPENSES</b>							
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					
<b>REVENUES</b>							
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.

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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: 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				
<b>GAAP ADJUSTMENTS TO REVENUE</b>						
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				
<b>NON-GAAP ADJUSTMENTS TO REVENUE</b>						
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				
<b>DEFICIT FUNDING</b>						
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.

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**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.