# **NEW YORK STATE**

### **CONSOLIDATED FISCAL REPORT**

For the Period: January 1, 2004 to December 31, 2004

SCHEDULE OMH-1 UNITS OF SERVICE BY PROGRAM/SITE

Page	
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AGENCY NAME:																		
AGE	AGENCY CODE:																	
	COLUMN NUMBER																	
Line	ine PROGRAM CODE (PROGRAM CODE INDEX)			( )			( )			( )			(			) (		
No.	PROGRAM TYPE	ĺ										,						
	PROG/SITE ID. #																	
	TYPE OF SERVICE	WEIGHT	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE	TOTAL	WEIGHTED	SERVICE		WEIGHTED	SERVICE			SERVICE	
	(PROGRAM CODE)	FACTOR	VISITS	VISITS	HOURS	VISITS	VISITS	HOURS										
	Continuing Day Treatment (1310)																	
	Partial Hospitalization (2200)																	
	Regular																	
	Collateral																	
	Group Collateral																	
	Crisis																	
	Intensive Psychiatric Rehab. (2320)																	
5	Regular																	
	Clinic Treatment (2100)																	
	Non Inpatient Crisis (0700)																	
	Emergency Unit Treatment (0130)	0.50																
	Brief	0.50																
	Regular	1.00																
	Group	0.35																
	Collateral	1.00																
	Group Collateral	0.35																
11	Crisis	1.00																
	Day Treatment (0200)																	
	Sheltered Workshop (0340)																	
40	On Site Rehabilitation (0320)	0.00																
	Brief Day	0.33																
	Half Day	0.50																
	Full Day	1.00																
	Collateral	0.33																
	All Other	1.00																
	Residential (Patient Days)	1.00																
18	Total																1	

### **NEW YORK STATE**

#### **CONSOLIDATED FISCAL REPORT**

For the Period: January 1, 2004 to December 31, 2004

SCHEDULE OMH-2 MEDICAID UNITS OF SERVICE BY PROGRAM/SITE

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AGENCY NAME: AGENCY CODE: **COLUMN NUMBER** Line PROGRAM CODE (PROGRAM CODE INDEX) No. PROGRAM TYPE PROG/SITE ID. # TYPE OF SERVICE WEIGHT TOTAL WEIGHTED TOTAL SERVICE TOTAL WEIGHTED SERVICE SERVICE WEIGHTED SERVICE TOTAL WEIGHTED SERVICE TOTAL WEIGHTED VISITS (PROGRAM CODE) **FACTOR** VISITS VISITS HOURS **VISITS** VISITS **HOURS VISITS** VISITS HOURS VISITS **VISITS HOURS** VISITS HOURS Continuing Day Treatment (1310) Partial Hospitalization (2200) 1 Regular 2 Collateral 3 Group Collateral 4 Crisis Intensive Psychiatric Rehab. (2320) 5 Regular Clinic Treatment (2100) 6 Brief 0.50 7 Regular 1.00 8 Group 0.35 9 Collateral 1.00 10 Group Collateral 0.35 11 Crisis 1.00 Day Treatment (0200) 12 Brief Day 0.33 13 Half Day 0.50 14 Full Day 1.00 15 Collateral 0.33 16 All Other 1.00 17 Residential (Patient Days) 1.00 18 Total

# **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2004 to December 31, 2004

SCHEDULE OMH-3 CLIENT INFORMATION

												age	<b>.</b>		
AGE	GENCY NAME:														
AGE	NCY CODE:														
	COLUMN NUMBER														
Line	PROGRAM CODE (PROGRAM CODE INDEX)	(	)		( )		(	)		(	)		(	)	
No.	PROGRAM TYPE														
	PROG/SITE ID. #														
	PERSONS SERVED DURING THE YEAR														
												Ī			
1	Persons on Rolls, Beginning of Year														
	j j														
2	New Persons added to Rolls														
3	Persons Removed from Rolls														
4	Persons on Rolls, End of Year														