

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2001 to June 30, 2002

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

Page _____

AGENCY NAME: _____
AGENCY CODE: _____

Line No.	COLUMN NUMBER																
	PROGRAM CODE																
	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
	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																