NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2004 to June 30, 2005

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
	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) Non Inpatient Crisis (0700) Emergency Unit Treatment (0130)																	
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) Sheltered Workshop (0340) On Site Rehabilitation (0320)																	
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																	