

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2010 to December 31, 2010*

**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	
	<b>Partial Hospitalization (2200)</b>																	
1	Regular																	
2	Collateral																	
3	Group Collateral																	
4	Crisis																	
	<b>Intensive Psychiatric Rehab. (2320)</b>																	
5	Regular																	
	<b>Clinic Treatment (2100)</b>																	
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																
	<b>Day Treatment (0200)</b>																	
	Sheltered Workshop (0340)																	
	On Site Rehabilitation (0320)																	
	Continuing Day Treatment (1310)																	
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	<b>Total</b>																	