

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2009 to June 30, 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>                               |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |              |                 |               |     |