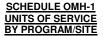
## **NEW YORK STATE** CONSOLIDATED FISCAL REPORT

## For the Period: January 1, 2015 to December 31, 2015



Page

AGENCY NAME: AGENCY CODE: COLUMN NUMBER PROGRAM CODE (PROGRAM CODE INDEX) Line No. PROGRAM TYPE PROG/SITE ID. # TYPE OF SERVICE WEIGHT TOTAL WEIGHTED SERVICE VISITS (PROGRAM CODE) FACTOR VISITS HOURS VISITS VISITS HOURS VISITS VISITS HOURS VISITS VISITS HOURS VISITS VISITS HOURS Partial Hospitalization (2200) 1 Regular N/A Collateral N/A 2 Group Collateral N/A 3 N/A Crisis 4 Intensive Psychiatric Rehab. (2320) 5 Regular N/A Clinic Treatment (2100) 6 Service Days 1.00 Continuing Day Treatment (1310) 7 Half Day 0.50 1.00 8 Full Day PROS (6340) (7340) (8340) 9 PROS Units 1.00 Day Treatment (0200) On Site Rehabilitation (0320) 0.33 10 Brief Day 11 Half Day & Pre-Admission Half Day Visits 0.50 12 Full Day & Pre-Admission Full Day Visits 1.00 13 Collateral, Home & Crisis Visits 0.33 Other/Residential/Total 14 All Other 1.00 15 Residential (Patient Days) 1.00 16 Total

Nov. 2015

OMH-1

Rev.