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NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2017 to December 31, 2017

SCHEDULE OMH-2

OMH-2.1
Rev. Feb. 2018

MEDICAID
UNITS OF SERVICE
BY PROGRAM/SITE

Page _____

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	
	PROS (6340) (7340) (8340)																	
9	PROS Units - Medicaid Fee for Service																	
9a	PROS Units - Medicaid Fee for Service	1.00																
9b	PROS Units - Medicaid Managed Care	1.00																
	DAY TREATMENT (0200)																	
10	Brief Day																	
10a	Brief Day - Medicaid Fee for Service	0.33																
10b	Brief Day - Medicaid Managed Care	0.33																
11	Half Day & Pre-Admission Half Day Visits																	
11a	Half Day & Pre-Admission Half Day Visits - Medicaid Fee for Service	0.50																
11b	Half Day & Pre-Admission Half Day Visits - Medicaid Managed Care	0.50																
12	Full Day & Pre-Admission Full Day Visits																	
12a	Full Day & Pre-Admission Full Day Visits - Medicaid Fee for Service	1.00																
12b	Full Day & Pre-Admission Full Day Visits - Medicaid Managed Care	1.00																
13	Collateral, Home Visit & Crisis Visits																	
13a	Collateral, Home Visit & Crisis Visits - Medicaid Fee for Service	0.33																
13b	Collateral, Home Visit & Crisis Visits - Medicaid Managed Care	0.33																
14	All Other																	
14a	All Other - Medicaid Fee for Service	1.00																
14b	All Other - Medicaid Managed Care	1.00																
15	Residential (Patient Days)																	
15a	Residential (Patient Days) - Medicaid Fee for Service	1.00																
15b	Residential (Patient Days) - Medicaid Managed Care	1.00																
16	TOTAL - Medicaid Units of Service																	
16a	TOTAL - Medicaid Fee for Service																	
16b	TOTAL - Medicaid Managed Care																	

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