

Funding State Agency:

- OMH
- OPWDD
- OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2012 to June 30, 2013*

**SCHEDULE DMH-1**  
**PROGRAM FISCAL**  
**SUMMARY**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

| Line No.                | COLUMN NUMBER<br>ITEM DESCRIPTION             | Cost Codes |     |     |     |     |     |
|-------------------------|---|------------|-----|-----|-----|-----|-----|
| 1                       | Program Type                                  | 00071      |     |     |     |     |     |
| 2                       | Program Code (Program Code Index)             | 00011      | ( ) | ( ) | ( ) | ( ) | ( ) |
| <b>UNITS OF SERVICE</b> |   |            |     |     |     |     |     |
| 3                       | OMH Units of Service                          | 00121      |     |     |     |     |     |
| 4                       | OPWDD Units of Service                        | 00161      |     |     |     |     |     |
| 5                       | OASAS Units of Service                        | 00170      |     |     |     |     |     |
| <b>EXPENSES*</b>        |   |            |     |     |     |     |     |
| 6                       | Personal Services                             | 17010      |     |     |     |     |     |
| 7                       | Vacation Leave Accruals                       | 17020      |     |     |     |     |     |
| 8                       | Fringe Benefits                               | 17030      |     |     |     |     |     |
| 9                       | Other Than Personal Services                  | 17040      |     |     |     |     |     |
| 10                      | Equipment-Provider Paid                       | 17050      |     |     |     |     |     |
| 11                      | Property-Provider Paid                        | 17060      |     |     |     |     |     |
| 12                      | Agency Administration                         | 17080      |     |     |     |     |     |
| 13                      | Adjustments/Non-Allowable Costs               | 17090      |     |     |     |     |     |
| 14                      | Total Adjusted Expenses (Lines 6-12 minus 13) | 17999      |     |     |     |     |     |
| <b>REVENUES*</b>        |   |            |     |     |     |     |     |
| 15                      | Participant Fees (less SSI & SSA)             | 26010      |     |     |     |     |     |
| 16                      | SSI & SSA                                     | 26020      |     |     |     |     |     |
| 17                      | Home Relief/Public Assistance                 | 26030      |     |     |     |     |     |
| 18                      | Medicaid                                      | 26040      |     |     |     |     |     |
| 19                      | Medicare                                      | 26060      |     |     |     |     |     |
| 20                      | Other Third Parties                           | 26070      |     |     |     |     |     |
| 21                      | OPWDD Residential Room and Board/NYS OPTS     | 26080      |     |     |     |     |     |
| 22                      | Transportation, Medicaid                      | 26090      |     |     |     |     |     |
| 23                      | Transportation, Other                         | 26100      |     |     |     |     |     |
| 24                      | Sales: Contract Total                         | 26140      |     |     |     |     |     |
| 25                      | Federal Grants (Detail Required)              | 26160      |     |     |     |     |     |

\* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

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| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION               | Cost Codes |     |     |     |     |     |
|----------|---|------------|-----|-----|-----|-----|-----|
|          | Program Type                                    | 00071      |     |     |     |     |     |
|          | Program Code (Program Code Index)               | 00011      | ( ) | ( ) | ( ) | ( ) | ( ) |
| 26       | State Grants (Detail Required)                  | 26190      |     |     |     |     |     |
| 27       | LTSE Income Total (OMH and OPWDD only)          | 26220      |     |     |     |     |     |
| 28       | Food Stamps (OASAS and OPWDD Only)              | 26240      |     |     |     |     |     |
| 29       | Net Deficit Funding (State & LGU Funding only)* | 26110      |     |     |     |     |     |
| 30       | Other (Detail Required)                         | 26230      |     |     |     |     |     |
| 31       | Total Gross Revenues (Sum Lines 15-30)          | 26999      |     |     |     |     |     |
|          | <b>GAAP ADJUSTMENTS TO REVENUE**</b>            |            |     |     |     |     |     |
| 32       | Participant Allowance                           | 27010      |     |     |     |     |     |
| 33       | Uncollectible Accounts Receivable               | 27040      |     |     |     |     |     |
| 34       | Other (Detail Required)                         | 27045      |     |     |     |     |     |
| 35       | Total GAAP Adjustments (Sum Lines 32-34)        | 27049      |     |     |     |     |     |
| 36       | Net GAAP Revenues (Line 31 minus 35)            | 27025      |     |     |     |     |     |
|          | <b>NON-GAAP ADJUSTMENTS TO REVENUE**</b>        |            |     |     |     |     |     |
| 37       | Exempt Contract Income                          | 27050      |     |     |     |     |     |
| 38       | Exempt LTSE Income                              | 27060      |     |     |     |     |     |
| 39       | Net Deficit Funding***                          | 27070      |     |     |     |     |     |
| 40       | Other (Detail Required)                         | 27080      |     |     |     |     |     |
| 41       | Total NON-GAAP Adjustments (Sum Lines 37-40)    | 27998      |     |     |     |     |     |
| 42       | Subtotal Adj. to Revenue (Sum Lines 35 & 41)    | 27999      |     |     |     |     |     |
| 43       | Total Net Revenues (Line 31 minus 42)           | 28999      |     |     |     |     |     |
| 44       | Net Operating Cost (Line 14 minus 43)           | 29999      |     |     |     |     |     |

\* Do not include non-funded or voluntary contributions.

\*\* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

\*\*\* Amounts should equal the corresponding amounts reported as revenue on line 29 above.