

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2014 to June 30, 2015

SCHEDULE OMH-2

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. #																
			MEDICAID			MEDICAID			MEDICAID			MEDICAID			MEDICAID		
	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
	Partial Hospitalization (2200)																
1	Regular	N/A															
2	Collateral	N/A															
3	Group Collateral	N/A															
4	Crisis	N/A															
	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															
8	Full Day	1.00															
	PROS (6340) (7340) (8340)																
9	PROS Units	1.00															
	Day Treatment (0200)																
10	Brief Day	0.33															
11	Half Day & Pre-Admission Half Day Visits	0.50															
12	Full Day & Pre-Admission Full Day Visits	1.00															
13	Collateral, Home Visit & Crisis Visits	0.33															
	Other/Residential/Total																
14	All Other	1.00															
15	Residential (Patient Days)	1.00															
16	Total																