

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2019 to December 31, 2019

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
		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)																
9		PROS Units	1.00															
		Day Treatment (0200)																
		On Site Rehabilitation (0320)																
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 & Crisis Visits	0.33															
		Other/Residential/Total																
14		All Other	1.00															
15		Residential (Patient Days)	1.00															
16		Total																