

Funding State Agency:

- OMH
- OPWDD
- OASAS

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

SCHEDULE DMH-2
AID TO LOCALITIES/
DIRECT CONTRACT
SUMMARY

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: FINAL CLAIM _____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Accounting Method						
2	State Contract Number / LGU Contract Number *	00200					
3	Program Type	00072					
4	Program Code (Program Code Index)	00012	()	()	()	()	()
EXPENSES							
5	Personal Services	18010					
6	Vacation Leave Accruals **	18020					
7	Fringe Benefits	18030					
8	Other Than Personal Services (OTPS)	18040					
9	Equipment-Provider Paid ***	18050					
10	Property-Provider Paid ****	18060					
11	Agency Administration	18080					
12	Adjustments/Non-Allowable Costs (Detail Required)	18090					
13	Total Adjusted Expenses (Lines 5-11 minus 12)	18999					
REVENUES							
14	Participant Fees (less SSI & SSA)	46010					
15	SSI & SSA	46020					
16	Home Relief/Public Assistance	46030					
17a	Medicaid Fee for Service	46045					
17b	Medicaid Managed Care	46050					
18	Medicare	46060					
19	Other Third Parties	46070					
20	OPWDD Residential Room and Board	46080					
21	Transportation, Medicaid	46090					
22	Transportation, Other	46100					
23	Sales: Contract Total	46140					
24	Federal Grants (Detail Required)	46160					

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.

** OASAS funded service providers cannot report vacation leave accruals for State aid reimbursement.

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SCHEDULE DMH-2
**AID TO LOCALITIES/
 DIRECT CONTRACT
 SUMMARY**

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: ESTIMATED CLAIM ____ FINAL CLAIM ____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
	Program Type	00072					
	Program Code (Program Code Index)	00012	()	()	()	()	()
25	State Grants (Detail Required)	46190					
26	LTSE Income Total (OMH and OPWDD Only)	46220					
27	SNAP (OASAS and OPWDD Only)	46240					
28	Net Deficit Funding (State & LGU Funding Only)*	46110					
29	Other (Detail Required)	46230					
30	Total Gross Revenue (Sum Lines 14-29)	46999					
GAAP ADJUSTMENTS TO REVENUE							
31	Participant Allowance	47010					
32	Provision for Bad Debt - Revenue Deduction	47040					
33	Other (Detail Required)	47045					
34	Total GAAP Adjustments (Sum Lines 31-33)	47049					
35	Net GAAP Revenues (Line 30 minus 34)	47025					
NON-GAAP ADJUSTMENTS TO REVENUE							
36	Exempt Contract Income	47050					
37	Exempt LTSE Income	47060					
38	Net Deficit Funding**	47070					
39	Other (Detail Required)	47080					
40	Total NON-GAAP Adjustments (Sum Lines 36-39)	47998					
41	Subtotal Adj. to Revenue (Sum Lines 34 & 40)	47999					
42	Total Net Revenues (Line 30 minus 41)	48999					
43	Net Operating Costs (Line 13 minus 42)	49999					
DEFICIT FUNDING							
44	State Share	60010					
45	Local Government Share	60020					
46	Service Provider Share (Voluntary Contributions)	60030					
47	Total Approved Deficit Funding (Sum lines 44 - 46)	60039					
48	Non-Funded	60040					
49	Total Net Deficit (Sum Lines 47-48)	60999					

* Do not include non-funded or voluntary contributions.

** Amounts should equal the corresponding amounts reported as revenue on line 28 above.

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NEW YORK STATE
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SCHEDULE DMH-3
AID TO LOCALITIES AND DIRECT CONTRACTS
PROGRAM FUNDING SOURCE SUMMARY

Page _____

AGENCY NAME: _____	PREPARED BY: _____	TELEPHONE: (____) _____
AGENCY CODE: _____	<input type="checkbox"/> Please check the box if the preparer changed from the previous submission.	
COUNTY NAME & CODE: _____ (____)	PLEASE CHECK: FINAL CLAIM _____	

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes	()	()	()	()	()	()	TOTAL
1	Accounting Method								
2	Program Type	00073							
3	Program Code (Program Code Index)	00013	()	()	()	()	()	()	
4	Total Persons Served/Year	00220							
5	Total Units of Service	00999							
6	Gross Cost/Unit of Service	70999							
7	Net Cost/Unit of Service	71999							
8	Reserved for Future Use	72999							
9	A. Funding Source Code (Local Assistance)	Index (OMH/OASAS only)	001	001	001	001	001	001	
10	Number Persons Served/Year	00260							
11	Number Units of Service	00250							
12	Total Adjusted Expenses	50999							
13	Less Applied Net Revenue	61999							
14	Net Operating Costs	62999							
15	State Contract Number / LGU Contract Number *	00201							
16	B. Funding Source Code	Index (OMH/OASAS only)							
17	Number Persons Served/Year	00261							
18	Number Units of Service	00251							
19	Total Adjusted Expenses	50998							
20	Less Applied Net Revenue	61998							
21	Net Operating Costs	62998							
22	State Contract Number / LGU Contract Number *	00202							
23	C. Funding Source Code	Index (OMH/OASAS only)							
24	Number Persons Served/Year	00262							
25	Number Units of Service	00252							
26	Total Adjusted Expenses	50997							
27	Less Applied Net Revenue	61997							
28	Net Operating Costs	62997							
29	State Contract Number / LGU Contract Number *	00203							
	D. Totals From A-C Above								
30	Total Adjusted Expenses	51999							
31	Less Net Revenue	63999							
32	Net Operating Costs	52999							

* For direct contracts, enter the State Contract Number. For local contracts, enter the local Contract Number, if applicable.