NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2020 to June 30, 2021

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. #		( )			( )			( )			( )			( )		
	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																
1a	Regular - Medicaid Fee for Service	N/A															
1b	Regular - Medicaid Managed Care	N/A															
2	Collateral																
5a	Regular - Medicaid Fee for Service	N/A															
5b	Regular - Medicaid Managed Care	N/A															
	CLINIC TREATMENT (2100)																
6	Service Days																
6a	Service Days - Medicaid Fee for Service	1.00															
6b	Service Days - Medicaid Managed Care	1.00															
	CONTINUING DAY TREATMENT (1310)																
7	Half Day																
7a	Half Day - Medicaid Fee for Service	0.50															
7b	Half Day - Medicaid Managed Care	0.50															
8	Full Day																
8a	Full Day - Medicaid Fee for Service	1.00															
8b	Full Day - Medicaid Managed Care	1.00															

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	PROS (6340) (7340)																
9	PROS Units																
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 Se	0.50															
11b	Half Day & Pre-Admission Half Day Visits - Medicaid Managed (	0.50															
12	Full Day & Pre-Admission Full Day Visits																
12a	Full Day & Pre-Admission Full Day Visits - Medicaid Fee for Ser	1.00															
12b	Full Day & Pre-Admission Full Day Visits - Medicaid Managed (	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																