

Funding State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2020 to December 31, 2020

SCHEDULE DMH-1
PROGRAM FISCAL
SUMMARY

Page _____

AGENCY NAME: _____
 AGENCY CODE: _____

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes					
1	Program Type	00071					
2	Program Code (Program Code Index)	00011	()	()	()	()	()
UNITS OF SERVICE							
3	OMH Units of Service	00121					
4	OPWDD Units of Service	00161					
5	OASAS Units of Service	00170					
EXPENSES*							
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					
REVENUES*							
15	Participant Fees (less SSI & SSA)	26010					
16	SSI & SSA	26020					
17	Home Relief/Public Assistance	26030					
18a	Medicaid Fee for Service	26045					
18b	Medicaid Managed Care	26050					
19	Medicare	26060					
20	Other Third Parties	26070					
21	OPWDD Residential Room and Board	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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	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	SNAP (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				
	GAAP ADJUSTMENTS TO REVENUE**					
32	Participant Allowance	27010				
33	Provision for Bad Debt - Revenue Deduction	27040				
34	Other (Detail Required)	27045				
35	Total GAAP Adjustments (Sum Lines 32-34)	27049				
36	Net GAAP Revenues (Line 31 minus 35)	27025				
	NON-GAAP ADJUSTMENTS TO REVENUE**					
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.