

Funding State Agency:

- OMH
- OPWDD
- OASAS

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

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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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.