Fund	ing State	e Agency:
	OMH	

□ OPWDD

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2019 to June 30, 2020

SCHEDULE DMH-1
PROGRAM FISCAL
SUMMARY

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	OAOAO							Page
AGE	NCY NAME:							
	NCY CODE:							
Line	COLUMN NUMBER	Cost		T				
No.		Codes						
1	Program Type	00071						
	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						
	Medicare	26060						
20	Other Third Parties	26070						
21	OPWDD Residential Room and Board	26080						
22	Transportation, Medicaid	26090		1				
	Transportation, Other	26100						
	Sales: Contract Total	26140						
25	Federal Grants (Detail Required)	26160						

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Rev. Aug. 2020

^{*} 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.

Funding State Agency: □ омн

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NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: July 1, 2019 to June 30, 2020

SCHEDULE DMH-1
PROGRAM FISCAL
SUMMARY

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AGENCY NAME:	_
AGENCY CODE:	

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l	COLUMN NUMBER	Cost					
Line		Codes					
No.	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**						
	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.

DMH-1.2

Rev.

Aug. 2020

^{**} 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.