

Funding State Agency:

- OMH
- OPWDD
- OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2010 to June 30, 2011

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				
18	Medicaid	26040				
19	Medicare	26060				
20	Other Third Parties	26070				
21	OPWDD Residential Room and Board/NYS OPTS	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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Line No.	COLUMN NUMBER	Cost Codes					
	ITEM DESCRIPTION						
	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	Food Stamps (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	Uncollectible Accounts Receivable	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.

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*** Amounts should equal the corresponding amounts reported as revenue on line 29 above.