

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

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. #																
		MEDICAID			MEDICAID			MEDICAID			MEDICAID			MEDICAID			
	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
	<b>Partial Hospitalization (2200)</b>																
1	Regular	N/A															
2	Collateral	N/A															
3	Group Collateral	N/A															
4	Crisis	N/A															
	<b>Intensive Psychiatric Rehab. (2320)</b>																
5	Regular	N/A															
	<b>Clinic Treatment (2100)</b>																
6	Service Days	1.00															
	<b>Continuing Day Treatment (1310)</b>																
7	Half Day	0.50															
8	Full Day	1.00															
	<b>PROS (6340) (7340) (8340)</b>																
9	PROS Units	1.00															
	<b>Day Treatment (0200)</b>																
10	Brief Day	0.33															
11	Half Day	0.50															
12	Full Day	1.00															
13	Collateral	0.33															
14	All Other	1.00															
15	Residential (Patient Days)	1.00															
16	Total																