

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2009 to June 30, 2010

SCHEDULE OMRDD-1
SCHEDULE OF SERVICES -
ICF/DDs Only

Page _____

AGENCY NAME: _____
AGENCY CODE: _____
MEDICAID PROVIDER AGREEMENT NUMBER: _____

SITE ADDRESS: _____
PROGRAM TYPE & CODE NUMBER: _____
OPERATING CERTIFICATE NUMBER: _____

Complete a separate schedule for each site. For each service type or supply, check Cols. 1, 2 or 3. If Col. 2 or 3 is checked, show the dollar amount associated with Col. 2 or 3 in Column 4.

Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4	Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4
		Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3			Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3
Pharmacy Services						Aide Services					
1	Prescription Drugs + Insulin					26	Home Health Aide				
2	Non-Prescription Drugs					27	Personal Care Aide				
3	Medical Gloves					Medical Services					
4	Enteral Formulae					28	General Medical - Direct Service				
5	Diapers/Underpads					29	General Medical - Consultation				
6	Other Medical Supplies*					30	Physician - Direct Service				
Equipment						31	Physician - Consultation				
7	Durable Medical					32	Psychiatrist - Direct Service				
8	Prosthetic & Orthotic					33	Psychiatrist - Consultation				
Service Coordination						34	All Dental Services				
9	Service Coordination					35	Clinical Laboratory				
Transportation Services						36	X-Ray Diagnostic				
10	To Medical Office/Clinic					37	Other (Detail Required)				
Therapy Services (See Definition)						Complete this section only if this site is funded for Day Services within the ICF/DD Rate					
11	Long Term - Occupational Therapy					38	Day Programming				
12	Long Term - Physical Therapy					39	Day Training				
13	Long Term - Psychologist Services					40	Sheltered Workshop				
14	Long Term - Speech and Language Pathology					41	Education				
15	Long Term - Dietetics and Nutrition					<p>Definitions and Notes:</p> <p>Consultation - Practitioner provides training, oversight and direction to direct care staff.</p> <p>Direct Service - Practitioner directly treats the consumers.</p> <p>Nursing - Excludes medical services provided by a nurse practitioner.</p> <p>*Other Medical Supplies: If Column 2 or 3 is checked, complete Schedule OMRDD-2 for each site as well.</p> <p>**Service must be directly related to an acute illness, accident or post-hospitalization health need. If purchased with a Medicaid card, this acute care/rehabilitation service is limited to 3 consecutive months in a calendar year.</p>					
16	Long Term - Rehabilitation Counseling										
17	Long Term - Social Work										
18	Long Term - Nursing										
19	Acute Care - Occupational Therapy **										
20	Acute Care - Physical Therapy **										
21	Acute Care - Psychologist Services **										
22	Acute Care - Speech and Language Pathology **										
23	Acute Care - Dietetics and Nutrition **										
24	Acute Care - Nursing **										
25	Other (Detail Required)										