NEW YORK STATE CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2016 to December 31, 2016

SCHEDULE OPWDD-1 SCHEDULE OF SERVICES -ICF/IIDs Only

Page ____

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 Col. 4 i	AGEN	CY NAME:	SITE A	ADDRESS:									
Complete a separate schedule for each site. For each service type or supply, check Cols. 1, 2 or 3. it Col. 2 or 3 is checked, show the dollar amount associated with Col. 2 or 3 in Column 4. Col. 1	AGENCY CODE:												
Col. 1 Col. 2 Col. 3 Col. 4 Col. 2 Col. 3 Col. 4 Col. 4 Col. 5 Col. 4 Col. 4 Col. 4 Col. 5 Col. 4 C	MEDICAID PROVIDER AGREEMENT NUMBER:						OPERATING CERTIFICATE NUMBER:						
CF Purchases CF Purchase CF Purchase CF Purchase CF Purchase CF Purchase CF Purchase CF Purchas	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.												
Purchased No. SERVICE TYPE Mode Only Where		·	Col. 1	Col. 2	Col. 3	Col. 4			Col. 1	Col. 2	Col. 3	Col. 4	
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17 Long Term - Social Work Consultation - Practitioner provides training, oversight and direction to direct care staff. 18 Long Term - Nursing Direct Service - Practitioner directly treats the consumers.	15	15 Long Term - Dietetics and Nutrition											
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ů v	17	Long Term - Social Work						Consultation - Practitioner provides train	ing, oversight and	direction to dir	ect care staff.		
19 Acute Care - Occupational Therapy ** Nursing - Excludes medical services provided by a nurse practitioner.	18	Long Term - Nursing						Direct Service - Practitioner directly treats the consumers.					
	19	Acute Care - Occupational Therapy **						Nursing - Excludes medical services provided by a nurse practitioner.					
20 Acute Care - Physical Therapy **													
21 Acute Care - Psychologist Services ** *Other Medical Supplies: If Column 2 or 3 is checked, complete Schedule OPWDD-2 for each site as well.	21 Acute Care - Psychologist Services **				*Other Medical Supplies: If Column 2 or 3 is checked, complete Schedule OPWDD-2 for each site as well.								
, ,	22 Acute Care - Speech and Language Pathology **					**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.						
,	24 Acute Care - Nursing **						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					,	
25 Other (Detail Required)	\vdash	· ·											
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