

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2012 to June 30, 2013*

**SCHEDULE OPWDD-2**  
**ICF/DD**  
**MEDICAL SUPPLIES**

Page \_\_\_\_\_

|   |                                   |
|---|-----------------------------------|
| AGENCY NAME: _____                        | PROGRAM TYPE & CODE NUMBER: _____ |
| AGENCY CODE: _____                        |                                   |
| MEDICAID PROVIDER AGREEMENT NUMBER: _____ | OPERATING CERTIFICATE: _____      |

Complete this schedule if "YES" was checked on line 6 (Other Medical Supplies) in either column 2 or 3 of schedule OPWDD-1.  
This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedules CFR-1and OPWDD-1 .

| Line NO. | MEDICAL SUPPLY DESCRIPTION  | INCLUDED | NOT INCLUDED | Line NO. | MEDICAL SUPPLY DESCRIPTION    | INCLUDED | NOT INCLUDED |
|----------|-----------------------------|----------|--------------|----------|-------------------------------|----------|--------------|
| 1        | ADHESIVE TAPE               |          |              | 17       | GAUZE PADS - STERILE          |          |              |
| 2        | ADHESIVE BANDAGES           |          |              | 18       | GAUZE PADS - NON-STERILE      |          |              |
| 3        | ADHESIVE PLASTERS           |          |              | 19       | IRRIGATION SUPPLIES           |          |              |
| 4        | ANTISEPTICS                 |          |              | 20       | OSTOMY CARE PRODUCTS          |          |              |
| 5        | CANES                       |          |              | 21       | LAMBS WOOL                    |          |              |
| 6        | CATHETERS                   |          |              | 22       | SYNTHETIC SHEEP SKIN*         |          |              |
| 7        | CLOTH/CLOTH-LIKE PRODUCTS   |          |              | 23       | LUBRICATING JELLY             |          |              |
| 8        | COMMODE ACCESSORIES         |          |              | 24       | MASTECTOMY PRODUCTS           |          |              |
| 9        | CONSTIPATION AIDS           |          |              | 25       | RESPIRAT./TRACH. CARE PRODUCT |          |              |
| 10       | COTTON/COTTON-LIKE PRODUCTS |          |              | 26       | RUBBER FLAT GOODS             |          |              |
| 11       | CRUTCHES                    |          |              | 27       | RUBBER MOLDED GOODS           |          |              |
| 12       | DIABETIC DIAGNOSTICS        |          |              | 28       | SUPPORTED GOODS               |          |              |
| 13       | DIABETIC DAILY CARE         |          |              | 29       | SYRINGES                      |          |              |
| 14       | ELECTRIC COOL/HEAT PADS     |          |              | 30       | THERMOMETERS                  |          |              |
| 15       | EYE CARE SUPPLIES           |          |              | 31       | OTHER (Detail Required)       |          |              |
| 16       | GAUZE ROLLS                 |          |              |          |                               |          |              |

\* Include all Decubitus supplies here.