

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2006 to June 30, 2007*

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

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|  |   |
|--|---|
| <b>AGENCY NAME:</b> _____<br><b>AGENCY CODE:</b> _____ | <b>SITE ADDRESS:</b> _____<br>_____<br><b>OPERATING CERTIFICATE NUMBER:</b> _____ |
|--|---|

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<br>Exclusively Purchased w/ Medicaid Card | Col. 2<br>Exclusively Purchased by ICF | Col. 3<br>ICF Purchases Made Only Where MA Card Did Not Cover Items | Col. 4<br>ICF Purchase Amount Associated w/ Col. 2 or 3 | Line No.   | SERVICE TYPE                     | Col. 1<br>Exclusively Purchased w/ Medicaid Card | Col. 2<br>Exclusively Purchased by ICF | Col. 3<br>ICF Purchases Made Only Where MA Card Did Not Cover Items | Col. 4<br>ICF Purchase Amount Associated w/ Col. 2 or 3 |
|--|--|--|--|---|---|--|----------------------------------|--|--|---|---|
| <b>Pharmacy Services</b>                 |  |  |  |   |   | <b>Aide Services</b>   |                                  |  |  |   |   |
| 1  | Prescription Drugs                             |  |  |   |   | 25   | Home Health Aide                 |  |  |   |   |
| 2  | Non-Prescription Drugs                         |  |  |   |   | 26   | Personal Care Aide               |  |  |   |   |
| 3  | Medical Supplies *                             |  |  |   |   | <b>Medical Services</b>  |                                  |  |  |   |   |
| 4  | Enteral Formulae                               |  |  |   |   | 27   | General Medical - Direct Service |  |  |   |   |
| 5  | Diapers  |  |  |   |   | 28   | General Medical - Consultation   |  |  |   |   |
| <b>Equipment</b>                         |  |  |  |   |   | 29   | Physician - Direct Service       |  |  |   |   |
| 6  | Durable Medical                                |  |  |   |   | 30   | Physician - Consultation         |  |  |   |   |
| 7  | Prosthetic & Orthotic                          |  |  |   |   | 31   | Psychiatrist - Direct Service    |  |  |   |   |
| <b>Service Coordination</b>              |  |  |  |   |   | 32   | Psychiatrist - Consultation      |  |  |   |   |
| 8  | Service Coordination                           |  |  |   |   | 33   | All Dental Services              |  |  |   |   |
| <b>Transportation Services</b>           |  |  |  |   |   | 34   | Clinical Laboratory              |  |  |   |   |
| 9  | To Medical Office/Clinic                       |  |  |   |   | 35   | X-Ray Diagnostic                 |  |  |   |   |
| <b>Therapy Services (See definition)</b> |  |  |  |   |   | 36   | Specialized (Specify)            |  |  |   |   |
| 10                                       | Long Term - Occupational Therapy               |  |  |   |   | <b>Complete this section only if this site is funded for Day Services within the ICF/DD Rate</b>   |                                  |  |  |   |   |
| 11                                       | Long Term - Physical Therapy                   |  |  |   |   | 37   | Day Programming * *              |  |  |   |   |
| 12                                       | Long Term - Psychologist Services              |  |  |   |   | 38   | Day Training                     |  |  |   |   |
| 13                                       | Long Term - Speech and Language Pathology      |  |  |   |   | 39   | Sheltered Workshop               |  |  |   |   |
| 14                                       | Long Term - Dietetics and Nutrition            |  |  |   |   | 40   | Education                        |  |  |   |   |
| 15                                       | Long Term - Rehabilitation Counseling          |  |  |   |   | <b>Definitions and Notes:</b><br><b>Consultation</b> - Practitioner provides training, oversight and direction to direct care staff.<br><b>Direct Service</b> - Practitioner directly treats the consumers.<br><b>Nursing</b> - Excludes medical services provided by a nurse practitioner.<br>* <b>Medical Supplies:</b> If Column 2 or 3 is checked, complete Schedule OMRDD-2 for each site as well.<br>** If <b>Day Programming</b> is completed, attach a list of consumers whose day service costs are included in the ICF/DD rate. Include each consumer's Medicaid Identification number. The list of consumers should only be sent to OMRDD.<br>***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. |                                  |  |  |   |   |
| 16                                       | Long Term - Social Work                        |  |  |   |   |  |                                  |  |  |   |   |
| 17                                       | Long Term - Nursing                            |  |  |   |   |  |                                  |  |  |   |   |
| 18                                       | Acute Care - Occupational Therapy ***          |  |  |   |   |  |                                  |  |  |   |   |
| 19                                       | Acute Care - Physical Therapy ***              |  |  |   |   |  |                                  |  |  |   |   |
| 20                                       | Acute Care - Psychologist Services ***         |  |  |   |   |  |                                  |  |  |   |   |
| 21                                       | Acute Care - Speech and Language Pathology *** |  |  |   |   |  |                                  |  |  |   |   |
| 22                                       | Acute Care - Dietetics and Nutrition ***       |  |  |   |   |  |                                  |  |  |   |   |
| 23                                       | Acute Care - Nursing ***                       |  |  |   |   |  |                                  |  |  |   |   |
| 24                                       | Other (Specify)                                |  |  |   |   |  |                                  |  |  |   |   |

