NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2008 to December 31, 2008

SCHEDULE OMRDD-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 OMRDD-1.
This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedules CFR-1and OMRDD-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.**