NEW YORK STATE

CONSOLIDATED FISCAL REPORT

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

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

Page _____

AGENCY NAME: _____ **SITE ADDRESS:** _____

AGENCY CODE: _____ **PROGRAM TYPE & CODE NUMBER:** _____

MEDICAID PROVIDER AGREEMENT 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 Exclusively Purchased w/ Medicaid Card	Col. 2 Exclusively Purchased by ICF	Col. 3 ICF Purchases Made Only Where MA Card Did Not Cover Items	Col. 4 ICF Purchase Amount Associated w/ Col. 2 or 3
	Pharmacy Services				
1	Prescription Drugs + Insulin				
2	Non-Prescription Drugs				
3	Medical Gloves				
4	Enteral Formulae				
5	Diapers/Underpads				
6	Other Medical Supplies*				
	Equipment				
7	Durable Medical				
8	Prosthetic & Orthotic				
	Service Coordination				
9	Service Coordination				
	Transportation Services				
10	To Medical Office/Clinic				
	Therapy Services (See Definition)				
11	Long Term - Occupational Therapy				
12	Long Term - Physical Therapy				
13	Long Term - Psychologist Services				
14	Long Term - Speech and Language Pathology				
15	Long Term - Dietetics and Nutrition				
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)				

Line No.	SERVICE TYPE	Col. 1 Exclusively Purchased w/ Medicaid Card	Col. 2 Exclusively Purchased by ICF	Col. 3 ICF Purchases Made Only Where MA Card Did Not Cover Items	Col. 4 ICF Purchase Amount Associated w/ Col. 2 or 3
	Aide Services				
26	Home Health Aide				
27	Personal Care Aide				
	Medical Services				
28	General Medical - Direct Service				
29	General Medical - Consultation				
30	Physician - Direct Service				
31	Physician - Consultation				
32	Psychiatrist - Direct Service				
33	Psychiatrist - Consultation				
34	All Dental Services				
35	Clinical Laboratory				
36	X-Ray Diagnostic				
37	Specialized (Detail Required)				
	Complete this section only if this site is funded for Day Services within the ICF/DD Rate				
38	Day Programming				
39	Day Training				
40	Sheltered Workshop				
41	Education				

Definitions and Notes:

Consultation - Practitioner provides training, oversight and direction to direct care staff.

Direct Service - Practitioner directly treats the consumers.

Nursing - Excludes medical services provided by a nurse practitioner.

***Other Medical Supplies: If Column 2 or 3 is checked, complete Schedule OMRDD-2 for each site as well.**

****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.**