

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2018 to December 31, 2018*

**SCHEDULE OPWDD-1**  
**SCHEDULE OF SERVICES -**  
**ICF/IIDs Only**      Page \_\_\_\_\_

<b>AGENCY NAME:</b> _____ <b>AGENCY CODE:</b> _____ <b>MEDICAID PROVIDER AGREEMENT NUMBER:</b> _____	<b>SITE ADDRESS:</b> _____ <b>PROGRAM TYPE &amp; CODE NUMBER:</b> _____ <b>OPERATING CERTIFICATE NUMBER:</b> _____
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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	Col. 2	Col. 3	Col. 4	Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 3	Col. 4
		Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3			Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	ICF Purchase Amount Associated w/ Col. 2 or 3
<b>Pharmacy Services</b>						<b>Aide Services</b>					
1	Prescription Drugs + Insulin					26	Home Health Aide				
2	Non-Prescription Drugs					27	Personal Care Aide				
3	Medical Gloves					<b>Medical Services</b>					
4	Enteral Formulae					28	General Medical - Direct Service				
5	Diapers/Underpads					29	General Medical - Consultation				
6	Other Medical Supplies*					30	Physician - Direct Service				
<b>Equipment</b>						31	Physician - Consultation				
7	Durable Medical					32	Psychiatrist - Direct Service				
8	Prosthetic & Orthotic					33	Psychiatrist - Consultation				
<b>Service Coordination</b>						34	All Dental Services				
9	Service Coordination					35	Clinical Laboratory				
<b>Transportation Services</b>						36	X-Ray Diagnostic				
10	To Medical Office/Clinic					37	Other (Detail Required)				
<b>Therapy Services (See Definition)</b>						<b>Complete this section only if this site is funded for Day Services within the ICF/IID Rate</b>					
11	Long Term - Occupational Therapy					38	Day Programming				
12	Long Term - Physical Therapy					39	Day Training				
13	Long Term - Psychologist Services					40	Sheltered Workshop				
14	Long Term - Speech and Language Pathology					41	Education				
15	Long Term - Dietetics and Nutrition					<b>Definitions and Notes:</b> <b>Consultation</b> - Practitioner provides training, oversight and direction to direct care staff. <b>Direct Service</b> - Practitioner directly treats the consumers. <b>Nursing</b> - Excludes medical services provided by a nurse practitioner.  *Other Medical Supplies: If Column 2 or 3 is checked, complete Schedule OPWDD-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.					
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)										