

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2017 to December 31, 2017

SCHEDULE OPWDD-1
SCHEDULE OF SERVICES -
ICF/IIDs Only

Page _____

AGENCY NAME: _____ AGENCY CODE: _____ MEDICAID PROVIDER AGREEMENT NUMBER: _____	SITE ADDRESS: _____ PROGRAM TYPE & CODE NUMBER: _____ OPERATING CERTIFICATE NUMBER: _____
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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 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	Other (Detail Required)				
Complete this section only if this site is funded for Day Services within the ICF/IID 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 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.