

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2006 to December 31, 2006*

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

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<b>AGENCY NAME:</b> _____ <b>AGENCY CODE:</b> _____	<b>SITE ADDRESS:</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
Pharmacy Services						Home Care Services					
1	a. Prescription Drugs					23	a. Home Health Care				
2	b. Non-Prescription Drugs					24	b. Personal Care				
3	c. Medical Supplies *					25	c. Private Duty Nursing				
4	d. Enteral Formulae					Medical Services					
5	e. Diapers					26	a. General Medical - Direct Service				
Equipment						27	b. General Medical - Consultation				
6	a. Durable Medical					28	c. Nursing				
7	b. Prosthetic & Orthotic					29	d. All Dental Services				
Service Coordination						30	e. Clinical Laboratory				
8	a. Service Coordination					31	f. X-Ray Diagnostic				
Transportation Services						32	g. Specialized (Specify)				
9	a. To Medical Office/Clinic					33	h. Specialized (Specify)				
Therapy Services (See definition)						34	i. Specialized (Specify)				
10	a. Physical Therapy - Direct Service					Complete this section only if this site is funded for Day Services within the ICF/DD Rate					
11	b. Physical Therapy - Consultation					35	a. Day Programming * *				
12	c. Occupational Therapy - Direct Service					36	b. Day Training				
13	d. Occupational Therapy - Consultation					37	c. Sheltered Workshop				
14	e. Speech Therapy - Direct Service					38	d. Education				
15	f. Speech Therapy - Consultation						<b>Definitions:</b>  <b>Consultation</b> - Practitioner provides training, oversight and direction to direct care staff.  <b>Direct Service</b> - Practitioner directly treats the consumers.				
16	g. Psychological - Direct Service										
17	h. Psychological - Consultation										
18	i. Physician - Direct Service										
19	j. Physician - Consultation										
20	k. Psychiatrist - Direct Service										
21	l. Psychiatrist - Consultation										
22	m. Other (Specify)										

\* **Medical Supplies:** If Column 2 or 3 is checked, complete Schedule OMRDD-2 for each site as well.  
\*\* If Line 35 (Day Programming) 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.