

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2007 to December 31, 2007

SCHEDULE OMRDD
SCHEDULE OF SERVICES
ICF/DDs Only

AGENCY NAME: _____	SITE ADDRESS: _____
AGENCY CODE: _____	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	Col. 2	Col. 3	Col. 4	Line No.	SERVICE TYPE	Col. 1	Col. 2	Col. 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			Exclusively Purchased w/ Medicaid Card	Exclusively Purchased by ICF	ICF Purchases Made Only Where MA Card Did Not Cover Items	
Pharmacy Services						Aide Services					
1	Prescription Drugs					25	Home Health Aide				
2	Non-Prescription Drugs					26	Personal Care Aide				
3	Medical Supplies *					Medical Services					
4	Enteral Formulae					27	General Medical - Direct Service				
5	Diapers					28	General Medical - Consultation				
Equipment						29	Physician - Direct Service				
6	Durable Medical					30	Physician - Consultation				
7	Prosthetic & Orthotic					31	Psychiatrist - Direct Service				
Service Coordination						32	Psychiatrist - Consultation				
8	Service Coordination					33	All Dental Services				
Transportation Services						34	Clinical Laboratory				
9	To Medical Office/Clinic					35	X-Ray Diagnostic				
Therapy Services (See definition)						36	Specialized (Specify)				
10	Long Term - Occupational Therapy					Complete this section only if this site is funded for Day Services within the ICF/DD Rate					
11	Long Term - Physical Therapy					37	Day Programming * *				
12	Long Term - Psychologist Services					38	Day Training				
13	Long Term - Speech and Language Pathology					39	Sheltered Workshop				
14	Long Term - Dietetics and Nutrition					40	Education				
15	Long Term - Rehabilitation Counseling					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. * Medical Supplies: If Column 2 or 3 is checked, complete Schedule OMRDD-2 for each site as well. ** If 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. ***Service must be directly related to an acute illness, accident or post-hospitalization health need. If provided with a Medicaid card, this acute care/rehabilitation service is limited to 3 consecutive months in a calendar year.					
16	Long Term - Social Work										
17	Long Term - Nursing										
18	Acute Care - Occupational Therapy ***										
19	Acute Care - Physical Therapy ***										
20	Acute Care - Psychologist Services ***										
21	Acute Care - Speech and Language Pathology ***										
22	Acute Care - Dietetics and Nutrition ***										
23	Acute Care - Nursing ***										
24	Other (Specify)										

