

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: July 1, 2020 to June 30, 2021

SCHEDULE OPWDD-1
SCHEDULE OF SERVICES -
ICF/IIDs 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 | 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 | | | | | | Aide Services | | | | | |
| 1 | Prescription Drugs + Insulin | | | | | 26 | Home Health Aide | | | | |
| 2 | Non-Prescription Drugs | | | | | 27 | Personal Care Aide | | | | |
| 3 | Medical Gloves | | | | | Medical Services | | | | | |
| 4 | Enteral Formulae | | | | | 28 | General Medical - Direct Service | | | | |
| 5 | Diapers/Underpads | | | | | 29 | General Medical - Consultation | | | | |
| 6 | Other Medical Supplies* | | | | | 30 | Physician - Direct Service | | | | |
| Equipment | | | | | | 31 | Physician - Consultation | | | | |
| 7 | Durable Medical | | | | | 32 | Psychiatrist - Direct Service | | | | |
| 8 | Prosthetic & Orthotic | | | | | 33 | Psychiatrist - Consultation | | | | |
| Service Coordination | | | | | | 34 | All Dental Services | | | | |
| 9 | Service Coordination | | | | | 35 | Clinical Laboratory | | | | |
| Transportation Services | | | | | | 36 | X-Ray Diagnostic | | | | |
| 10 | To Medical Office/Clinic | | | | | 37 | Other (Detail Required) | | | | |
| Therapy Services (See Definition) | | | | | | Complete this section only if this site is funded for Day Services within the ICF/IID Rate | | | | | |
| 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 | | | | | 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. | | | | | |
| 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) | | | | | | | | | | |