

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

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

AGENCY NAME: _____ AGENCY CODE: _____	SITE ADDRESS: _____ 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	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						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 purchased 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)										

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SCHEDULE OMRDD-2
ICF/DD
MEDICAL SUPPLIES

Page _____

AGENCY NAME: _____ AGENCY CODE: _____	OPERATING CERTIFICATE: _____ MEDICAID PROVIDER AGREEMENT NUMBER: _____ PROGRAM TYPE & CODE NUMBER: _____ COUNTY CODE: _____
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If Schedule CFR-1 includes amounts for medical supplies, this schedule must be completed. In addition, complete this schedule if "YES" was checked on line 3 (Medical Supplies) in either column 2 or 3 of schedule OMRDD-1. This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedules CFR-1 and OMRDD-1 .

Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED		Line No.	MEDICAL SUPPLY DESCRIPTION	INCLUDED	NOT INCLUDED
1	ADHESIVE TAPE				19	GLOVES		
2	ADHESIVE BANDAGES				20	IRRIGATION SUPPLIES		
3	ADHESIVE PLASTERS				21	OSTOMY CARE PRODUCTS		
4	ANTISEPTICS				22	LAMBS WOOL		
5	CANES				23	SYNTHETIC SHEEP SKIN*		
6	CATHETERS				24	LUBRICATING JELLY		
7	CLOTH/CLOTH-LIKE PRODUCTS				25	MASTECTOMY PRODUCTS		
8	COMMODE ACCESSORIES				26	RESPIRAT./TRACH. CARE PRODUCT		
9	CONSTIPATION AIDS				27	RUBBER FLAT GOODS		
10	COTTON/COTTON-LIKE PRODUCTS				28	RUBBER MOLDED GOODS		
11	CRUTCHES				29	SUPPORTED GOODS		
12	DIABETIC DIAGNOSTICS				30	SYRINGES		
13	DIABETIC DAILY CARE				31	THERMOMETERS		
14	ELECTRIC COOL/HEAT PADS				32	DISPOSABLE UNDERPADS		
15	EYE CARE SUPPLIES				33	ADULT DISPOSABLE DIAPERS		
16	GAUZE ROLLS				34	TODDLER/OVERNIGHT DISPOS. DIAPERS**		
17	GAUZE PADS-STERILE				35	OTHER		
18	GAUZE PADS-NON-STERILE							

* Include all Decubitus supplies here.

** Covered only when medical need may be demonstrated. Diapers will not be covered when incontinence occurs as part of the normal developmental process, i.e. under age three.

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SCHEDULE OMRDD-3
HUD REVENUES
AND EXPENSES

Page _____

AGENCY NAME: _____ AGENCY CODE: _____	OPERATING CERTIFICATE: MEDICAID PROVIDER AGREEMENT NUMBER: _____ PROGRAM TYPE & CODE NUMBER: _____ COUNTY CODE: _____
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	<u>AMOUNT</u>		<u>LINE # CFR-1</u>	<u>AMOUNT</u>
A. HUD SECTION 8/811 SUBSIDY:* (From Commitment Form HUD 92264)	\$ _____	D. EXPENSES INCLUDED ON SCHEDULE CFR-1		
B. REVENUE:		1. MORTGAGE	_____	\$ _____
1. HUD Section 8/811 Revenues	\$ _____	2. REAL ESTATE TAXES	_____	\$ _____
2. Other (Attach detail for revenue items > \$1,000)	\$ _____	3. REPAIRS AND MAINTENANCE	_____	\$ _____
3. Other (Attach detail for revenue items > \$1,000)	\$ _____	4. MORTGAGE INT. OPERATING EXPENSES	_____	\$ _____
4. Other (Attach detail for revenue items > \$1,000)	\$ _____	5. INSURANCE	_____	\$ _____
5. Other (Attach detail for revenue items > \$1,000)	\$ _____	6. GROUNDSKEEPING	_____	\$ _____
TOTAL REVENUE(Add Lines B1-B5)	\$ _____	7. UTILITIES	_____	\$ _____
C. REVENUE OFFSETS:		8. OTHER (Specify) _____	_____	\$ _____
1. Replacement Reserve Offset (HUD 92264, Line # 21)	\$ _____	9. OTHER (Specify) _____	_____	\$ _____
2. Participant Contribution (30% of Adjusted Participant Income)	\$ _____	10. OTHER (Specify) _____	_____	\$ _____
3. Other (Attach detail for revenue items > \$1,000)	\$ _____	11. OTHER (Specify) _____	_____	\$ _____
4. Other (Attach detail for revenue items > \$1,000)	\$ _____	12. OTHER (Specify) _____	_____	\$ _____
5. Other (Attach detail for revenue items > \$1,000)	\$ _____	13. OTHER (Specify) _____	_____	\$ _____
TOTAL OFFSETS (Add Lines C1-C5)	\$ _____	TOTAL EXPENSES (Add Lines D1-D13)		\$ _____

*HUD Section 8 Subsidy- Estimated project Gross Income based on number of units times Unit Rent per month at 100% occupancy.

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**SCHEDULE OMRDD-4
FRINGE BENEFIT EXPENSE AND
PROGRAM ADMINISTRATION EXPENSE DETAIL**

Page _____

AGENCY CODE: _____ AGENCY NAME: _____

Line No.	COLUMN NUMBER PROGRAM/SITE ID# PROGRAM TYPE & CODE ITEM DESCRIPTION				
	FRINGE BENEFITS				
1	Social Security				
2	Workers' Compensation				
3	Unemployment Insurance				
4	NYS Disability				
5	Sick Leave Accruals				
6	Health/Dental Insurance				
7	Life Insurance				
8	Pension/Retirement				
9	Other (Attach detail for items costing > \$1,000)				
10	Total (Add lines 1 - 9; must equal CFR-1, line 20)				

PROGRAM ADMINISTRATION (Report the amount included on each specified CFR-1 line that is associated with Program Administration for each site.)

11	Personal Services (CFR-1, Line 16)				
12	Vacation Leave Accruals (CFR-1, Line 17)				
13	Fringe Benefits (CFR-1, Line 20)				
14	Repairs and Maintenance (CFR-1, Line 22)				
15	Utilities (CFR-1, Line 23)				
16	Staff Travel (CFR-1, Line 25)				
17	Expensed Equipment (CFR-1, Line 28)				
18	Staff Development (CFR-1, Line 34)				
19	Supplies and Materials - non-Household (CFR-1, Line 36)				
20	Telephone (CFR-1, Line 38)				
21	Insurance General (CFR-1, Line 39)				
22	Other OTPS (CFR-1, Line 40)				
23	Equipment (CFR-1, Line 48)				
24	Property (CFR-1, Line 63)				
25	Adjustments (CFR-1, Line 66)				
26	Totals (Add lines 11 - 24 minus 25)*				

* This total must equal the portion of CFR-1, line 67, that is directly associated with program administration.