

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 1999 to December 31, 1999

SCHEDULE OMRDD-2
ICF/DD
MEDICAL SUPPLIES

Page _____

AGENCY NAME: _____		OPERATING CERTIFICATE: _____	
AGENCY CODE: _____		MEDICAID PROVIDER AGREEMENT NUMBER: _____	
		PROGRAM TYPE & CODE NUMBER: _____	
		COUNTY CODE: _____	

If Schedule CFR-1 includes amounts for medical supplies, this schedule must be completed. In addition, medical supplies on Schedule OMRDD-1 should be marked in the column labeled "Included in Report - Yes". This schedule should show specifically which items of medical supplies are included or not included in the costs reported on Schedule CFR-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 (Attach detail for items costing > \$1,000)		
18	GAUZE PADS-NON-STERILE			36	OTHER (Attach detail for items costing > \$1,000)		

* 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.