NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2002 to December 31, 2002

SCHEDULE OMRDD-2 ICF/DD MEDICAL SUPPLIES

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				OPE	RATING CERTIFICATE:				
AGENCY NAME:				MED	MEDICAID PROVIDER AGREEMENT NUMBER:				
				PRO	GRAM TYPE & CODE NUMBER:				
AGENCY CODE:				COUNTY CODE:					
				<u>.</u>					
					on, medical supplies on Schedule OMRDD-1 should		mn labeled		
					re included or not included in the costs reported on		NOT INCLUDED		
Line No.		INCLUDED	NOT INCLUDED	Line No.		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				
	COTTON/COTTON-LIKE PRODUCTS				RUBBER MOLDED GOODS				
11	CRUTCHES				SUPPORTED GOODS				
	DIABETIC DIAGNOSTICS				SYRINGES				
	DIABETIC DAILY CARE				THERMOMETERS				
	ELECTRIC COOL/HEAT PADS				DISPOSABLE UNDERPADS				
	EYE CARE SUPPLIES				ADULT DISPOSABLE DIAPERS				
	GAUZE ROLLS				TODDLER/OVERNIGHT DISPOS. DIAPERS**				
	GAUZE PADS-STERILE				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.