

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2000 to June 30, 2001

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, 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.