

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2002 to June 30, 2003

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.