



STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE
ALBANY, NEW YORK 12229-0001
(518) 473-1997 • TDD (518) 474-3694
www.omr.state.ny.us

June 19, 2007

Dear Agency Executive Director:

Beginning January 1, 2008, each OMRDD certified ICF/DD, Supervised IRA and Supervised Community Residence (CR) will be fiscally responsible for the medical gloves, underpads/diapers and over-the-counter drugs (except insulin) needed by its residents. From this date, the aforementioned medical supplies may not be "purchased" with the resident's Medicaid card; rather, the residential provider must supply the items.

Responsibility to Meet Resident Needs

ICF/DD, Supervised IRA and Supervised CR providers must meet all resident needs for medical gloves, underpads/diapers and over-the-counter drugs, except insulin. A revised ICF/DD Schedule of Services specifying this financial responsibility is included as Attachment A to this letter.

In addition to making the needed items available at the residence, the residential provider is fiscally responsible for the medical supplies the resident requires at his/her day program. For example, if a resident uses adult diapers, the residential provider, using its residential funds, must purchase the diapers and send a daily supply with the person to his/her day program.

Review of Resident Needs

To assist you in planning for the January 1, 2008 changes, we have included, as Attachment B to this letter, utilization data for residents of your residential programs, by program type. This data shows Medicaid payments for medical gloves, underpads/diapers and over the-counter-drugs (except insulin) for the period January 1 to December 31, 2006. Please use this data as you determine residents' current needs for these supplies. Also, please ensure that the needs identified in each person's Individual Program Plan or Individualized Service Plan are reviewed. All resident needs must be met!

Requests for Additional Funding

If additional funding is required to meet resident needs for the above specified medical supplies and over-the-counter drugs, providers may utilize OMRDD's rate appeal process for ICF/DDs, the price adjustment process for IRAs and the contingency fund process for CRs. Prospective requests for additional funding for the January 1, 2008 implementation must be filed by August 31, 2007. Providers also have the option of filing retroactive requests for additional funding. In accordance with regulations, retroactive ICF/DD rate appeals and IRA

June 19, 2007

price adjustment requests must be filed within one year of the close of the rate period. All current policies and procedures will be followed in reviewing requests for rate appeals, price adjustments and contingency funds.

If you have questions regarding these adjustment processes, please contact the following Rate Setting staff by phone at (518) 486-4289, or by e-mail at the address indicated below:

ICF/DD Rate Appeals	-	Susan Ivie Mahar	Susan.IvieMahar@omr.state.ny.us
IRA Price Adjustments	-	Janice Dagner	Janice.Dagner@omr.state.ny.us
CR Contingency funds	-	Diane Hogan	Diane.Hogan@omr.state.ny.us

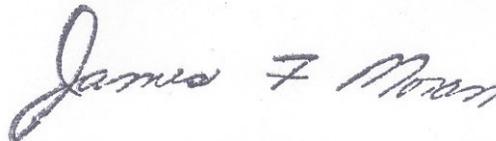
OMRDD Monitoring of Medicaid Claims for Medical Supplies

For claim dates on and after January 1, 2008, OMRDD will routinely monitor separate Medicaid billing for medical gloves, underpads/diapers and over-the-counter drugs other than insulin. For inappropriate claims, the residence will be given the opportunity to respond regarding OMRDD's findings. If OMRDD determines that the billing was indeed inappropriate, the residential provider will be required to make a payment to the Medicaid system.

If you have any general questions, please contact Jack Anderton of my staff. He can be reached by phone at (518) 402-4339 or by e-mail at John.Anderton@omr.state.ny.us.

Thank you for your cooperation in planning for the January 1, 2008 change. With your assistance, we can appropriately meet all resident needs.

Sincerely,



James F. Moran
Deputy Commissioner
Division of Administration and
Revenue Support

Attachments

cc: Commissioner Ritter
M. Chmura
P. Martinelli
K. Broderick

M. Gatens
H. DeSanto
G. Lind
L. Kagan
D. Pensky
J. Howard
S. Mahar
J. Dagner
D. Hogan
J. Anderton
R. Nussbaum
L. Kelly
DDSO Directors
Provider Associations
Multi-Cultural Network

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
 For the Period: January 1, 2008 to December 31, 2008 = Upstate

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 + Insulin					26	Home Health Aide				
2	Non-Prescription Drugs					27	Personal Care Aide				
3	Medical Gloves					Medical Services					
4	Enteral Formulae					28	General Medical - Direct Service				
5	Diapers/Underpads					29	General Medical - Consultation				
6	Other Medical Supplies*					30	Physician - Direct Service				
Equipment						31	Physician - Consultation				
7	Durable Medical					32	Psychiatrist - Direct Service				
8	Prosthetic & Orthotic					33	Psychiatrist - Consultation				
Service Coordination						34	All Dental Services				
9	Service Coordination					35	Clinical Laboratory				
Transportation Services						36	X-Ray Diagnostic				
10	To Medical Office/Clinic					37	Specialized (Specify)				
Therapy Services (See definition)						Complete this section only if this site is funded for Day Services within the ICF/DD Rate					
11	Long Term - Occupational Therapy					38	Day Programming * *				
12	Long Term - Physical Therapy					39	Day Training				
13	Long Term - Psychologist Services					40	Sheltered Workshop				
14	Long Term - Speech and Language Pathology					41	Education				
15	Long Term - Dietetics and Nutrition					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 - Rehabilitation Counseling										
17	Long Term - Social Work										
18	Long Term - Nursing										
19	Acute Care - Occupational Therapy ***										
20	Acute Care - Physical Therapy ***										
21	Acute Care - Psychologist Services ***										
22	Acute Care - Speech and Language Pathology ***										
23	Acute Care - Dietetics and Nutrition ***										
24	Acute Care - Nursing ***										
25	Other (Specify)										

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2008 to December 31, 2008

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				17	GAUZE PADS - STERILE		
2	ADHESIVE BANDAGES				18	GAUZE PADS - NON-STERILE		
3	ADHESIVE PLASTERS				19	IRRIGATION SUPPLIES		
4	ANTISEPTICS				20	OSTOMY CARE PRODUCTS		
5	CANES				21	LAMBS WOOL		
6	CATHETERS				22	SYNTHETIC SHEEP SKIN*		
7	CLOTH/CLOTH-LIKE PRODUCTS				23	LUBRICATING JELLY		
8	COMMODOE ACCESSORIES				24	MASTECTOMY PRODUCTS		
9	CONSTIPATION AIDS				25	RESPIRAT./TRACH. CARE PRODUCT		
10	COTTON/COTTON-LIKE PRODUCTS				26	RUBBER FLAT GOODS		
11	CRUTCHES				27	RUBBER MOLDED GOODS		
12	DIABETIC DIAGNOSTICS				28	SUPPORTED GOODS		
13	DIABETIC DAILY CARE				29	SYRINGES		
14	ELECTRIC COOL/HEAT PADS				30	THERMOMETERS		
15	EYE CARE SUPPLIES				31	OTHER		
16	GAUZE ROLLS							

* Include all Decubitus supplies here.