

OUT OF NEW YORK STATE SERVICES

For Out of New York State Self-Direction Services (e.g. IDGS) to be authorized, all of the following seven criteria must be met and approval must be granted by the OPWDD Developmental Disabilities Regional Office (DDRO). If this request is for an extended period of time out of state, additional information will be required (1-7).

CRITERIA		
1.	There must be a clear statement of intent that the Self-Direction participant will continue to reside in New York State. (see attached statement)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.	The situation, and the corresponding authorization, must be time limited. For example, receiving a special service, (e.g., equine therapy, out-of-state; or paying direct support staffing while the participant is attending an out-of-state college) would be approved for only the specific time period under review, typically the annual period of the Self-Direction Budget. The approval is not assumed to be open-ended.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	The Fiscal Intermediary agency must indicate that it understands the oversight requirements and agrees to provide all necessary oversight to ensure proper provision and documentation of services.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.	The people providing services must meet all the same requirements that a service provider (individual or agency) in-state needs to meet including finger printing, criminal background checks, driver's license check (if appropriate), training and any other requirement for employment of staff or an independent contractor providing the same or a similar service within New York State.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.	The costs funded through the Self-Direction Budget are identical to or less than the cost for the same service, or are comparable to provisions of the same service within New York State.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.	The support or service being funded must meet the criteria for that category of service (e.g. a clinical consultant funded through IDGS must be licensed by the NYS Office of the Professions). Fiscal Intermediary will verify.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7.	Medicaid service documentation requirements MUST be met, and the FI holds the same responsibility for Medicaid service documentation and retention as if the services were provided within New York State.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

DDRO Approval Signature

Date

Individual/Advocate Signature

Date

Broker or Person Completing Form

Date

Description of Travel

(Please address questions #1 & #2)

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