

OUT OF NEW YORK STATE OPWDD SERVICES

For Out of New York State Services to be authorized, where applicable per ADM 2019-02, all of the following six 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 (1-6).

Individual's Name: _____

CRITERIA		
1.	There must be a clear statement of intent that the individual will continue to reside in New York State.	<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., 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, up to but not longer than one year. The approval is not assumed to be open-ended.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.	The provider 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 support or service being funded must meet the criteria for that service (e.g. a clinical consultant funded through IDGS must be licensed by the NYSED Office of the Professions). The provider agency will verify.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.	Medicaid service documentation requirements MUST be met, and the provider agency 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

Description of Travel (Please address questions 1 & 2)

Signature of Provider Agency

Signature of DDRO Director (or designee)