

Out of New York State Services

The OPWDD Developmental Disabilities Regional Office (DDRO) Director or their designee has reviewed the required criteria to permit the participant listed below to receive services outside of the State of New York. In signing this form, approval is granted by the OPWDD DDRO Director or their designee for the participant listed below to travel outside of the New York State and receive the services identified in this request.

Name of Participant	Dates they will be out of NYS
Name of DDRO Director or designee signing form	Title
Signature of Person signing Form	Date
Signature of Fiscal Intermediary	Date

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 NYSED 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

Individual/Advocate Signature

Date

Broker or Person Completing Form Signature

Date

FI Signature

Date

DDRO Director or Designee Signature

Date

Description of Travel

(Please address questions #1 & #2)

Out of State Continued

Name: _____

Tabs #: _____

FI/Budget Year: _____

Budget Line to be utilized: Check all that apply and add subcategories if applicable

_____ Com Hab Staff _____ Respite Staff _____ FRR

_____ IDGS: _____ _____ OTPS: _____

IDGS

For Community Classes:

Yes No **Is this a continuing education opportunity (has the individual previously taken this type of class while at home?)**

Yes No **Is there a valued outcome in the hab plan and /or ISP that supports the funding request?**

Yes No **Does the class adhere to the Community Class criteria as per the current guidance?**

OTPS:

Budget Line to be utilized: Check all that apply and add subcategories as applicable.

_____ Staff activity fees _____ Personal Use Transportation

_____ Other Goods and Services that Increase Independence

_____ Other Goods and Services Related to Health and Safety

For any item or service to be approved for OTPS funding in any category, it must pass ALL of the following four tests:

Yes No 1. Be related to a valued outcome in the person's plan.

Yes No 2. Increase the person's independence and/or health and safety.

Yes No 3. Not be an OTPS excluded item.

Yes No 4. Not be funded through any other source.

Other pertinent information to be considered:

Out of State Continued

Name: _____

Tabs #: _____

FI/Budget Year: _____