

Out of New York State Services

| For out of NY state services to be authorized within a Self-Direction service (e.g. IDGS), all of the following eight criteria must be met: | | Date Completed / Proof Attached |
|--|---|---------------------------------|
| 1. There must be a clear statement of intent that the Self-Direction participant will continue to reside in NYS. | (see attached statement) | |
| 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. <u>The approval is not assumed to be open-ended.</u> | (see attached description of situation and of services to be delivered) | |
| 3. The FI agency must indicate that it understands the oversight requirements and agrees to provide all necessary oversight to ensure proper provision and documentation of services. | (see attached statement) | |
| 4. The people providing services must meet all the same requirements that a service provider (individual or agency) in-State needs to meet including fingerprinting, 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. | (see attached - FI will verify this information) | |
| 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. | (see attached statement) | |
| 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). | (see attached - FI will verify this information) | |
| 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. | (FI will maintain documentation) | |
| 8. Approval is granted by the OPWDD Developmental Disabilities Regional Office (DDRO) Director or their designee. | (see attached verification) | |
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| Name of Participant | Dates they will be out of NYS | |
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| Name of Person Completing Form | Title | |
| | | |
| Signature of Person Completing Form | Date | |
| | | |
| Signature of Fiscal Intermediary | Date | |
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