

Bureau of Developmental Services Request for Out-of-State Approval

This form must be submitted to the Bureau of Developmental Services (BDS) Liaison for approval of out of state service provision.

Individual Information

Individual's Name:

Date of Birth:

Individual's Current Address:

Waiver:

Service Planning

Out-of-State Waiver Service(s) Requested:

Name of the Out of State Provider(s):

Address where individual will receive services:

Initial Review

Six Month Review

Please describe efforts to identify in-state options for service provision, including names and dates of providers contacted and the reasons that were given for not providing the service(s). This narrative may be attached as a supplemental document.

Necessary Service Documentation to Include with Submission to BDS

The plan for oversight and monitoring of the service plan pursuant to He-M 503.10(m) or He-M 522.11(m), as applicable. This plan should be included in the service agreement once approved.

The transition plan with a timeframe for return to New Hampshire. This plan should be included in the service agreement once approved.

The cost for all services (final or estimate), including transportation.

The plan to demonstrate how the individual will access acute care and ongoing medical and clinical needs that are not covered by the 1915 (c) Home and Community Based Waiver funds. This plan should be outlined in the service agreement once approved.

Service Planning and Provider Qualification Attestation

The agency submitting this form attests that:

- This setting meets the Home and Community Based Settings Expectations*.
- The home state licensing/certification reports from the previous 5 years, or the maximum number available for providers established within the previous 5 years, including deficiency reports and compliance records have been obtained and determined satisfactory by the agency submitting this request.
- Any applicable accreditations for Home and Community Based services have been obtained.
- For out of state requests after 7/1/23, this setting is an enrolled NH Medicaid Provider, as applicable based upon service(s) sought.

** All settings must demonstrate that the provider meets expectations for the home and community based setting in which the services are provided and complies with all applicable federal, State, and local law and regulation, including, but not limited to, 42 C.F.R. § 441.301(c)(4), and any amendments thereto. 1915(c) Waiver funds shall not be used in settings that do not meet these expectations. Please contact BDS for assistance in making this determination.*

Submitted By:

Signature:

Date Submitted:

BDS Determination:

Signature:

Date Received by BDS:

**Bureau of Developmental Services
Request for Out-of-State Approval
Form Instructions**

When to Submit

The *Bureau of Developmental Services Request for Out-of-State Approval* should be submitted to BDS by the Area Agency as soon as possible, once the person-centered-planning team has indicated that they have chosen services from an out-of-state provider.

Individual Information

In the appropriate sections, provide the individual's demographic information.

Necessary Service Documentation

In the appropriate sections, provide the requested service information.

Efforts to identify in-state service options shall be included with the request. A separate form may be attached, summarizing the requested information. If BDS has been a part of these efforts, please contact your BDS Liaison to determine if any additional documentation is required.

Home and Community Based Services Settings Criteria (“Settings”)

Settings compliance should be determined in collaboration with the Bureau of Developmental Services. BDS Liaison should be contacted as soon as the person centered planning team identifies that services may be sought in a setting that is required to meet the Settings criteria. This step can be initiated before this form and accompanying information is prepared.

Accompanying Documentation

All required documentation should be submitted to BDS with the completed *Request for Out-of-State Approval* form. Submissions that do not include all necessary documentation will be considered incomplete and BDS will not issue a determination.

Service Planning and Provider Qualification Attestation

The submitting entity attests that the information in this section is accurate. If the statements are not true, the form shall not be submitted. Documentation of these areas does not need to be submitted with the request.