

Appendix L |

Request for Out-of-State Travel

NC Innovations IFDS Option: Out-of-State Travel Request Form

Date of request: _____

Name of member: _____ Date of birth: _____

Dates of travel: *From:* _____ *To:* _____

Destination: _____

1. Natural supports traveling with individual (include relationship to individual):

2. Individual's daily needs:

3. Staff requirements (based on needs above):

4. Why are natural supports unable to meet the individual's needs?

5. What services need to be delivered out of state? (Cannot be Respite.)

On what schedule will these services be delivered?

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Terms and Conditions

- If licensed professionals are involved, Vaya Health and NC Medicaid cannot waive other state licensure laws.
- Vaya Health and NC Medicaid are not responsible for room, board, or transportation cost.
- Provider agencies, Employers of Record (EOR), or Agencies with Choice (AWC) providers assume all liability for their staff and the participant while out of state.
- Individual plans of care must not be changed to increase services while out of state.
- Respite, based on the definition, is not available as natural supports are present during the travel.

By signing below, the provider agency agrees with this request and to all above-listed terms and conditions:

 Provider agency supervisor/AWC provider signature

 Date signed

 Employer of Record (EOR)/Managing Employer signature

 Date signed

Send form to: IDDUM@vayahealth.com via secure email accessed at <https://providers.vayahealth.com/learning-lab/zixmail>.

Please CC: Care Manager

VAYA HEALTH USE ONLY:

Comments:

 Approved Denied

 Reviewer signature

 Date signed