

## APPENDIX L

# Request for Out-of-State Travel

### Innovations Waiver 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 (Vaya) and NC Medicaid cannot waive other state licensure laws.
- Vaya and NC Medicaid are not responsible for room, board, or transportation costs.
- Provider agencies, Employers of Record (EORs), or Agency 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](mailto:IDDUM@vayahealth.com) via secure email. **Please CC: Care manager/care coordinator**

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### VAYA HEALTH USE ONLY:

Comments:

\_\_\_\_\_  
☐ Approved ☐ Denied

\_\_\_\_\_  
Reviewer signature

\_\_\_\_\_  
Date signed