APPENDIX L

Request for Out-of-State Travel

NC Innovations Waiver, Individual and Family Directed Services (IFDS) Option

Date of request: _____

Member name: _____ Date of birth: _____

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

Destination: _____

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

   _____

2. Member's daily needs:

   _____

3. Staff requirements (based on needs above):

   _____

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

   _____

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

   _____

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On what schedule will these services be delivered?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Terms and Conditions

- If licensed professionals are involved, Vaya Partners and NC Medicaid cannot waive other state licensure laws.
- Vaya Partners 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 care plans 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@VayaPartners.org via secure email. **Please CC: Care Manager/Care Coordinator**

VAYA PARTNERS USE ONLY:

Comments:

_____ ☐ Approved ☐ Denied

_____

Reviewer signature _____ Date signed _____

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