



SANDHILLS CENTER

Managing Mental Health, Intellectual/Developmental Disabilities and Substance Abuse Services
910-673-9111 (FAX) 910-673-6202 www.sandhillscenter.org Victoria Whitt, CEO

Out of State Travel Request Form

Date of Request:		
Name of Individual:		
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 individual's needs:

5. What services need to be delivered out of state (must not be Respite):

On what schedule will these services be delivered:

Hours	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- If licensed professionals are involved, Medicaid cannot waiver other state licensure laws.
- Medicaid will not be responsible for room, board, or transportation cost.
- Provider Agencies, Employers of Record or Agencies with Choice must assume all liability for their staff while out of state.
- Individual Support 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 or are not available to individuals receiving Residential Supports.

P.O. Box 9, West End, NC 27376
 24-Hour Access to Care Line: 800-256-2452
 TTY: 1-866-518-6778 or 711
 Serving Anson, Guilford, Harnett, Hoke, Lee, Montgomery,
 Moore, Randolph, & Richmond Counties



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

Agency Supervisor Signature above:	Printed Name above:	Date above:
Agency with Choice Signature above:	Printed Name above:	Date above:
Managing Employer Signature above:	Printed Name above:	Date above:

Send form to:
Network Operations
Sandhills Center
P.O. Box 9
West End, NC 27376
Fax: (910) 673-0904

SHC use only:
Approved
Denied

Comments:

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Reviewer's
Signature: _____

Date: _____