



**For Medicaid Use Only:**

**Out of State Travel Request Determination:**     **Approved**         **Denied**

**Name of Reviewer:** \_\_\_\_\_

**Signature of Reviewer:** \_\_\_\_\_

**Fax results to: 801-536-0958, Address to: *Attention Out of State Travel***

**If the travel request is approved, fax the completed Cover Sheet to the Bureau of Eligibility Policy at: 801-538-6952.**

**Prior to arranging Food and Lodging Reimbursement, the Bureau of Eligibility Policy will confirm that the following criteria have been met:**

**(All Items must be Checked in Order to Be Eligible):**

- Patient is Eligible for Traditional Medicaid  
(Primary Care Network and Non-Traditional Medicaid recipients are not eligible for this benefit)**
- Patient is NOT receiving inpatient services**
- The need for food and lodging must be for a time period greater than 2 consecutive nights**
- The service being provided must be a Medicaid covered service**
- The service must be obtained at the closest facility that can possibly provide the needed service**

**Inquiries About Food and Lodging Reimbursement Requests may be Made by Calling:  
801-538-6418**