

IHSS Training Participant Travel Reimbursement

Individual Training Participants - or - Counties Seeking Reimbursement for Employee's Travel to participate in IHSS Training (v. January 2017)

In May 2016, the California Department of Social Services/Adult Services partners released a memo to all county IHSS managers to specify the circumstances under which travel reimbursement will be extended to cover expenses incurred by participants in trainings conducted by the IHSS Training Academy (IHSSTA) at San Diego State University. (Please see Attachment A for a copy of the memo that lays out specific detail.)

Effective October 5, 2016, travel pre-approvals are managed by the IHSSTA at San Diego State University via ihss-travel@sdsu.edu.

In short, **only mileage and hotel are reimbursed** (at state rate-see Attachment C) when a training participant's place of business is more than 50 miles one way away from the training venue. A map, substantiating the distance of 50 miles or more between work address and training location must be attached to all reimbursements.

Reimbursement can include:

- **Mileage and Parking** to and from training venue that is over 50 miles one way from the participant's place of business
- **Hotel** for overnight stays (the day prior to each training day or meeting) when travel is over 50 miles one way and start time requires overnight stay
- **Airfare, Rail, Meals, and Incidentals** are not covered

Please note that original receipts and original signatures are required for reimbursement of travel. Individual participants or their counties will be reimbursed for up to actual expenses, not to exceed state rate guidelines in Attachment C.

Individual training participants or their county must book and pay for their own/employee's travel. IHSSTA staff is not able to book hotel rooms for training participants, but can provide assistance in identifying hotels at state rate.

When Prior Approval is/is not Required from IHSSTA:

- If travel is 50 miles or more within the same region, no prior approval required.
- If travel is over 50 miles one way and the participant is traveling from the region where their place of business is located to a different region in which the training is taking place, prior IHSSTA approval is required. Approval form/email must be attached when submitting reimbursement request.

(See Attachment B for IHSSTA pre-approval form; Attachment D for IHSS Regional Map)

Travel Reimbursement Procedures

Step 1: Secure Necessary Forms (Individual and Counties)

Travel Reimbursement Forms and IHSS Templates will be provided to you for this fiscal year 15/16 and for any future fiscal years. If you prefer, you may download the standard forms using this link: <http://www.foundation.sdsu.edu/forms/index.html#ap>

Forms to Download:

1. Travel Reimbursement Request Form 2016-STANDARD FORMAT
2. Mileage Reimbursement Form 2016-STANDARD FORMAT

Step 1a:

Print a map showing the distance of your work address to the training location. A printout of a map must be attached to all reimbursement requests.

Step 2:

Complete and Return the Travel Reimbursement —or— Mileage Reimbursement Form (Individuals ONLY)

The Travel Reimbursement Form is used in most circumstances.

The Mileage Reimbursement Form is used when the only expense a participant is requesting reimbursement for is mileage using a personal vehicle (for example travel to a training over 50 miles one way on a single day-no hotel claimed).

NOTE: The Travel Reimbursement Form will include mileage when other travel expenses are also incurred.

Instructions for completing the Travel Reimbursement Form 2017:

PLEASE SIGN THIS FORM UNDER SIGNATURE OF TRAVELER.

Attachment E is the travel reimbursement form, customized for IHSS. Please note highlights in yellow that indicate the areas that the traveler must fill out. Pink areas are not applicable for IHSS.

Instructions for completing the Mileage Reimbursement Form 2017:

PLEASE SIGN THIS FORM UNDER SIGNATURE OF TRAVELER.

See Attachment F for the mileage reimbursement form, customized for IHSS and note highlights in yellow that indicate the areas that the traveler must fill out.

Step 2a:

Prepare one invoice for all training participants from one County (Counties ONLY)

Counties should use their own established process for travel advances and/or reimbursement to individual employees who participate in IHSS trainings. Then request reimbursement for mileage and/or hotel stays within the state rate that you paid for employees by submitting an invoice that includes:

- | | |
|--|--|
| <ul style="list-style-type: none">• Payable to: Name & Address• Person submitting form with contact information• Full Name(s) of employees for whom reimbursement is requested• Date & Location of IHSS training attended by employees listed | <ul style="list-style-type: none">• Itemized listing of charges for mileage and hotel up to state rate• Original receipts• Vendor Information Form
https://www.foundation.sdsu.edu/pdf/purchasing_sdsurf_vendor_info_form.pdf |
|--|--|

Step 3:

Attach required documentation; Make a copy for your records; and Submit (Individual and Counties)

As previously noted, original receipts must be attached. For any receipt smaller than 8½ x 11, please tape to an 8½ x 11 sheet of paper. IHSSTA approval form/email must be included as well. Sign and date as indicated.

It is highly suggested that you make and retain a copy for your own records.

Individuals may submit completed travel reimbursement to their respective Regional Coordinator on-site at the completion of a training/meeting or mail appropriate travel reimbursement form and receipts *within two weeks of training completion* to the IHSSTA.

IHSS Training Academy
Social Policy Institute
6505 Alvarado Road, Suite
112 San Diego, CA92120

**For pre-approvals and questions related to travel or reimbursements,
please contact: ihss-travel@sdsu.edu**

Attachment A

State of California Travel Reimbursement Guidelines Memo

May 11, 2016

TO: IN-HOME SUPPORTIVE SERVICES (IHSS) COUNTY SOCIAL SERVICES STAFF

FROM: CARRIE STONE, CHIEF
QUALITY ASSURANCE & IMPROVEMENT BUREAU

SUBJECT: IHSS TRAINING ACADEMY (IHSSTA) TRAVEL REIMBURSEMENT

The California Department of Social Services (CDSS), Adult Programs Division (APD), Quality Assurance and Improvement Bureau (QA&IB), Training and Development Unit (T&DU), provides the following general travel reimbursement guidelines for county social services staff when participating in IHSSTA classes. The following information will help ensure the appropriate county social services staff attend IHSSTA trainings in the most cost-effective manner.

- Know which region your county belongs to in order to attend the appropriate trainings in your region (see attached regional map).
- Travel reimbursement is authorized under certain circumstances by CDSS and is restricted to mileage and lodging. County social services staff will be reimbursed in accordance with State travel reimbursement rules and policies as specified below.
 - If the training participant must travel 50 miles or more one way within their region, travel will be reimbursed by San Diego State University Research Foundation (SDSURF). No prior CDSS approval required.
 - If the participant needs to travel more than 50 miles one way and the training falls outside the participant's region, travel reimbursement (mileage and/or lodging) requires CDSS' pre-approval. (Requests should be made directly to CDSS, who will inform requestor and the IHSSTA of their decision.)

Travel Reimbursement Process

- SDSURF will provide a Travel Reimbursement Claim form to each county participant at the training site. (Hotel reservations, if needed-and pre-approved by CDSS -are to be made by the training participant, or through the county process. SDSURF does not make hotel reservations for training participants.)
- All claims must be submitted directly to SDSURF with the original receipts attached at the final day of training or no later than two weeks after completion of training.

Travel Reimbursement Pre-Approval Process

- If county social services staff need to attend training outside of their region due to a conflict in their schedule and/or because there are a limited number of available trainings remaining that fall outside of their region, an approval request must be obtained from CDSS within two weeks of the training start date, or sooner. These requests must be sent to IHSS-Training@dss.ca.gov, and include the following components (see attachment B - CDSS pre-approval form):
 - Reason for the request;
 - Which region the individual resides in (including the address of the county IHSS office where s/he works);
 - Which region s/he is requesting to attend the training in;
 - Whether *mileage only* or mileage **and** lodging reimbursement are requested.
 - Upon receiving the approval from CDSS, email notification will be provided to SDSURF and the county social services participant to coordinate the process for travel reimbursement.

Additional questions and/or concerns may be emailed to IHSS-Training@dss.ca.gov.

ATTACHMENT B
In Home Supportive Services (IHSS) Training Academy
Travel Reimbursement Pre-Approval Request Form

Please complete this form and submit it to the IHSSTA at San Diego State University at least two weeks prior to the training start date, at: IHSS-travel@sdsu.edu.

Ensure all fields are filled out to ensure timely processing.

Module: _____

Training Dates: _____

Name of Participant(s): _____

Participant Title(s): _____

Primary Role: Intake ☐ Reassessment ☐ Supervisory ☐ QA ☐ Other ☐

Length of employment in IHSS Program: _____ Years _____ Months

Have you taken this training before: No ☐ Yes ☐ How many times? _____

County & IHSS county office address: _____

County & Training Venue address: _____

Reason for traveling outside of Region: _____

Type of Reimbursement Requested:

Mileage Only: ☐ Lodging Only: ☐ Mileage & Lodging: ☐

Supervisor Approval Obtained: ☐ Yes ☐ No (provide reason) _____

Questions and/or concerns may be emailed to IHSS-Travel@sdsu.edu.

IHSSTA TO COMPLETE THIS SECTION

Approved: _____ Denied: _____ Reason: _____

IHSS Staff Initials: _____ Date: _____

Attachment C

State of California Travel Reimbursement Guidelines for Reimbursement of Expenses Incurred for Travel to IHSS Trainings

The following State of California reimbursement rates are maximums, not allowances. This means trainers may claim up to the amount specified. Individual and counties must provide original receipts substantiating the amount claimed.

Mileage Reimbursement Rate For 2017

- Personal Vehicle - **53.5 cents per mile**

Lodging Reimbursement Rates:

- Training participants who incur approved overnight lodging expenses may be reimbursed.
- Training participants must stay at a commercial lodging establishment catering to short-term travelers, such as a hotel, motel, bed and breakfast, public campground, etc.
- Training participants must provide a receipt to claim reimbursement; no reimbursement will be paid without a receipt.
- Please make sure that any hotel/lodging receipts show the amount paid but also shows a \$0.00 balance on it.

STATE OF CALIFORNIA RATES FOR LODGING:

All Counties/Cities located in California (except as noted below):

Actual lodging expense, supported by a receipt, up to **\$90** per night, plus tax.

Napa, Riverside, and Sacramento Counties:

Actual lodging expense, supported by a receipt, up to **\$95** per night, plus tax.

Los Angeles, Orange, and Ventura Counties and Edwards AFB, excluding the city of Santa Monica:

Actual lodging expense, supported by a receipt, up to **\$120** per night, plus tax.

Monterey, San Diego Counties:

Actual lodging expense, supported by a receipt, up to **\$125** per night, plus tax.

Alameda, San Mateo, Santa Clara Counties:

Actual lodging expense, supported by a receipt, up to **\$140** per night, plus tax.

City of Santa Monica:

Actual lodging expense, supported by a receipt, up to **\$150** per night, plus tax.

San Francisco County:

Actual lodging expense, supported by a receipt, up to **\$250** per night, plus tax.

California Regional Map - Attachment D



Attachment E

Travel Reimbursement Form 2017 - IHSS Template

SDSU RESEARCH FOUNDATION

Choose One



Check: Mail to payee's address listed below



Direct Deposit: Payee must have direct deposit established or complete the direct deposit authorization form and attach to disbursement request

SDSURF

Inv #

Audit by:

DE By:

TRAVEL REIMBURSEMENT REQUEST 2017

Forward completed document to SDSURF Sponsored Research Administration, MC 1934.

PREPARED BY:

PHONE #

TRAVELER'S LEGAL NAME*:

DEPARTMENT:

STREET ADDRESS: (home)

CITY:

STATE:

CA

ZIP:

HOME PHONE #:

Are you an employee or student of SDSU or SDSURF?



No



Yes

If Yes, Enter SDSU Red ID No:

N/A

PURPOSE OF TRAVEL:

IHSS Training Participation (circle one): IHSS 101 CAC MI/PI/SH

TRAVEL DATE(S)				ALLOWED EXPENSES										PAID DIRECTLY BY RF		TOTAL
DATE			DEPART/ RETURN	LOCATION From Office To Training	Breakfast	Incidentals	Lodging	Transportation	Registration Fees	PRIVATE CAR		Other Expenses	Daily Total	Paid By Pcard	Pre-Paid	Amount Due Traveler
M	D	Y			Lunch					Miles	Amount**					
				AM												
				PM						0.00		0.00				0.00
				AM												
				PM						0.00		0.00				0.00
				AM												
				PM						0.00		0.00				0.00
				AM												
				PM						0.00		0.00				0.00

Remarks/Details: *STATE RATES FOR EXCLUDED EMPLOYEES APPLY* MILEAGE: RATE FOR EXCLUDED EMPLOYEES = \$.535 PER MILE

I certify that this travel claim is a true statement of travel expenses incurred by me. I have not been reimbursed for these expenses from any other source nor have I included any expenses paid directly on my behalf from another source. I have reduced my travel claim by all amounts either advanced or prepaid using a check request, purchase order, SDSURF Corporate Travel Card, etc. If this claim includes private car use, I also certify the following: 1) I have a valid California State drivers license; 2) I have a current vehicle registration; 3) I am covered by liability insurance in at least the minimum amount prescribed by State law; and 4) my vehicle is in safe mechanical condition as required by State law.

TOTAL AMOUNT CLAIMED ON THIS REQUEST	0.00	0.00	0.00	0.00
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LESS ADVANCES	
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SUMMARY	
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Signature of Traveler: Date:

BALANCE DUE TRAVELER	0.00
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*Is payee a resident alien or USCitizen?
Yes ----- NO-----
If "NO", complete and attach Foreign National Travel Supplement Form and other required documents.

ACCOUNTING DISTRIBUTION			
FUND	ACCOUNT	AMOUNT	

BALANCE DUE SDSURF	0.00
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State Rate-Excluded Employees= \$.535/Mile

** Approved SDSURF rate effective 01/01/17 = 53.5c per mile

PROJECT SIGNATURE:	DATE:
SDSURF SIGNATURE:	DATE:

SDSURF pick up
from: ----- (3 initials)

Attachment F
Mileage Reimbursement Form 2017 - IHSS Template

SDSU RESEARCH FOUNDATION MILEAGE REIMBURSEMENT REQUEST 2017

SDSURF Inv #:

DE by:

CHECK ONE:

☒ **Check:** Mailed to payee's address listed below

☐ **Direct Deposit:** Payee must have direct deposit established or complete the direct deposit authorization and attach to disbursement request

Please complete all items below and attach appropriate documentation. Sample signatures of authorized approving representatives must be on file at SDSU Research Foundation and must agree with signatures on this request. Forward completed document to SDSU Research Foundation Sponsored Research Administration, MC1934.

Payee's Legal Name:							
Address Line One:		(home)					
Address Line Two:							
City:		State:		Zip:		Phone:	
Are you an employee or a student of SDSU or SDSU Research Foundation? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					If yes, Enter SDSU Red ID Number		N/A
This form is to be completed at least monthly and pertains only to private vehicle mileage. Please provide a detailed listing of your mileage on the reverse side of this form and enter the applicable mileage rate in the box below. "Total Claim" is number of miles times rate per mile plus additional parking and tolls paid. Note: If a funding agency has more restrictive travel rates than SDSU Research Foundation's, the agency rates must be used. Current approved SDSURF rate effective January 1, 2016 = \$.535 per mile Prior approved SDSURF rate effective 01/01/16 through 12/31/16 = \$.54 per mile NOTE: Other rates may apply based on grant restrictions and/or may be less than the IRS approved rates.							
ENTER RATE USED:		MILES CLAIMED (FROM PAGE 2)		PARKING/TOLL (FROM BELOW)		TOTAL CLAIM	
\$ 0.535 Per Mile		-		\$ -		\$ -	
I hereby certify that the above is a true statement of my SDSU Research Foundation business travel. If claiming an exception based on travel outside the metropolitan area, I certify that the mileage I am claiming is in excess of the number of miles I would normally drive between my residence and my normal place of work. If claiming a "home office" exception, I have attached my Certification of Eligibility for Reimbursement of Automobile Mileage - Office in Home form. I also certify that I, 1) have a valid California drivers license, 2) have a current vehicle registration, 3) am covered by liability in at least the minimum amount prescribed by State law, and 4) my vehicle is in safe mechanical condition as required by State law.							
Payee's Signature:----- Date: -----							

ACCOUNTING DISTRIBUTION

Fund	Account	%	or \$ Amount
CHECK TOTAL			\$ -
Project Signature:			Date:
Foundation Signature:			Date:
Additional Signature:			Date:

FOR EMERGENCY USE ONLY
CHECK DISTRIBUTION:
SEND TO: _____
EXT: _____
For pick-up by: _____

Shaded areas to be completed by SDSURF staff only.

Vendor ID Number	P.O. or G.E. Number
Vendor Invoice Date	Check Due Date
Vendor Invoice #(15 characters, one time use):	
F P Please circle one: Final or Partial Pmt	

2017

M/D/Y	Departure Location	Destination Location	Purpose of Trip	Park/Toll Charges	Number of Miles
	use IHSS office location	use IHSS training location	insert type of IHSS training		
Totals (Transfer to Page 1)				-	0.0



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TRAVEL AND MILEAGE REIMBURSEMENT

ADDITIONAL GUIDANCE FOR IHHS TRAINING PARTICIPANTS

In order to process your reimbursement as quickly as possible, please make sure the following is in place:

- ✓ Adhere to state rates for hotels (per state rate policy). Original, itemized receipt must be attached.
- ✓ List every expense by day on separate rows (no lump sum for hotel when multiple nights).
- ✓ Ensure dates of training attended are listed correctly.
- ✓ Do not include meals or other expenses (other than lodging and mileage) on your travel reimbursement request form (per policy).
- ✓ Mileage reimbursement can only be requested for use of private vehicles.
- ✓ Only request reimbursement for one individual per form and submit with original signature, certifying that all listed expenses are accurate and reflect actual costs incurred.
- ✓ Direct deposit is not an option for training participant reimbursement.
- ✓ Once submitted correctly, the reimbursement process takes approximately 45 days.

For any travel related questions, please contact ihss-travel@sdsu.edu.