

Policy/Procedure/Subject: Foster Parent Mileage Reimbursement			
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Approved By:		Title: Chief Executive Officer, Camelot	
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POLICY

Foster parents shall be reimbursed for reasonable mileage expenses that the foster parent incurs as a direct result of caring for the child that Camelot Community Care, Inc. has placed in the home.

PROCEDURE

1. Foster parents may seek reimbursement for qualifying mileage incurred as a direct result of caring for the foster child by completing a Department of Children and Families form CF C-676VM **Vicinity Mileage Trip** Log form according to form instructions. Mileage reimbursement request must be submitted within 30days of the travel and no travel over 180 days will be reimbursed.

Qualifying mileage items are as follows:

- a. In-service training
 - b. WIC appointments
 - c. Visitations
 - d. Dependency court appearances
 - e. Staffing Meetings that Camelot has requested attendance.
2. Foster parents are expected to transport children for medical, dental or other behavioral health appointments. These expenses will be paid by Medicaid after the foster parent completes a Medicaid Transportation Provider application.
 3. The foster parent must precisely record the odometer reading at the beginning and at the end of the trip for which mileage reimbursement is sought.
 4. The mileage listed on the form must agree with the difference between the beginning and ending odometer readings listed.
 5. The foster parent must sign the form(s) and submit them to the assigned Placement Unit Supervisor within the Case Management Organization for initial review and preliminary approval. These requests will be forwarded within 5 working days to Camelot's Utilization Management Unit (UM) for final review and approval. A service authorization form will be generated and attached to the request and forwarded to Accounts Payable for payment.
 6. Exceptions to the qualifying mileage listed above must have prior approval from the UM unit before the foster parent incurs the expense. Review and approval will be done on a case by case basis depending on the circumstances and nature of the mileage cost incurred.

**VICINITY MILEAGE TRIP LOG
FORM C-676VM**

Instructions for the completion of the DCF Vicinity Mileage Trip Log, (Form C-676VM) are given below. Numbers correspond to attached copy (see next two pages).

BLANK NO. INSTRUCTIONS

(1) Name - The name of the traveler as it will appear on the Travel Reimbursement Request (Form DBF-AA-15).

(2) SSN - The traveler's nine-digit social security number as it appears on the employee's W-4 card.

(3) Headquarters - The city in which the traveler is assigned.

(4) Program - The program in which the traveler works. Example: Economic Self-Sufficiency.

(5) Unit - The unit within the program in which the traveler works. Example: Food Stamps

(6) Period - The beginning and ending dates of the period for which the traveler is requesting reimbursement.

(7) Date - The date on which the trip occurred.

(8) Time - The time the traveler reports In and Out for each destination. Specify a.m. or p.m.

(9) Odometer - The beginning and ending odometer reading for each destination.

(10) Map Mileage - Indicate the point-to-point mileage.

(11) Vicinity Mileage - Indicate the vicinity mileage claimed.

Note: Odometer mileage must agree with the total of the map/vicinity mileage.

(12) Meals - Enter the dollar amounts for meals you are entitled to.

(13) Other - Enter the dollar amount of other items you are entitled to such as tolls.

(14) Address and Purpose - Enter the name and address of the client and/or facility to which you traveled and the purpose of the trip.

(15) Each page with an entry must be numbered. The form is to be utilized on both sides and each side is counted as a separate page. Example: page 1 of 5, page 2 of 5, etc.

(16) Totals - On the last page, enter the totals for the four columns indicated.