

TRAVEL EXPENSE LOG, CD-106

PURPOSE:

This form is designed to provide a method for requesting reimbursement of allowable transportation costs of resource providers. The form is a child specific form to address the reimbursable travel for the **specified child** for the month specified. Only one child is to be entered on the form. Accuracy and adherence to policy requirements and limitations are essential to be compliant with auditing programs.

Allowable child specific transportation costs for vendors with AC, PP, behavioral or medical contracts continue to include:

- Medical care
- Counseling
- Visits with parent(s)
- Court
- FST and PPR meetings

The resource providers or eligible older youth may be reimbursed the current state mileage rate at the time of the travel for **all** the above listed allowable transportation purposes using a Payment Request, PR.

Additional allowable child specific transportation are trips that are intended to support the case plan as approved by the Family Support Team and/or case manager and supervisor. The reimbursement for these trips may be made at the current state mileage rate for each mile over a 15 mile round trip using a PR. The first 15 miles of these trips will not be reimbursed.

Any trip that is 75 miles round trip or over must have approval by the CD Regional Director or Designee. The written approval will be attached to the Travel Expense Log, CD-106, and PR for submission of reimbursement.

Transportation costs for any level of care for child care services is not an allowable cost, even if such services are part of the child's case plan.

Acceptable child specific transportation also includes education related transportation needs to maintain the child in the school enrolled in at the time of placement in foster care. Resource providers may receive mileage reimbursement at the current state mileage rate for each mile over a 10 mile round trip per day. The mileage will be reimbursed using a PR, with the service code TRED.

The Level B resource provider may be reimbursed at a per mile state rate for Level B foster youth specific transportation that is over a 200 mile round trip with Regional Director approval only. For cases that require frequent approval, the determination can be made at a Family Support Team meeting and a standing approval be granted for that frequent child specific trip. The approval in written form from the Regional Director or Designee will be attached to the travel Expense Log, CD-106 and the PR for submission of reimbursement.

A round trip is defined as leaving from point “A”, traveling to point “B” and returning to point “A”. Some round trips may not include the foster youth in the vehicle on the return trip, as when a youth is being dropped off to be picked up at a later time.

Non Child Specific

Transportation reimbursement will be paid through SAM II to resource providers for trips over a 15 mile round trip for pre-service (after the license is approved and granted), in-service training, and Foster Parent Advisory Board Meetings.

NUMBER OF COPIES AND DISTRIBUTION:

The CD-106 is completed by the provider. The worker will check the data for accuracy. It will be attached to the PR, which is completed by the worker, approved by the supervisor, entered in the system, and sent to Central Office Payment Unit for reimbursement payment. A copy of the PR with the CD-106 attached is filed in the centralized filing location which is determined locally. Neither the CD-106 nor the PR is to be placed in the resource provider case file due to the child specific information.

INSTRUCTIONS FOR COMPLETION:

The form is formatted to be completed electronically on-line, but may be printed and written by hand if desired. The form is completed by the resource provider and reviewed for accuracy by the worker.

The first part of the form is for entering identifying information.

- Field 1; enter the month using the drop down box and the year that the travel occurred.
- Field 2; enter the names of the resource parents.
- Field 3; enter the Department Vendor Number, DVN.
- Field 4; enter the appropriate vendor/ placement type using the drop down box. (FH, RH, KH, FG, CF, AD, FA, LG, TLA, ILA)
- Field 5; enter the complete address including street address, city and zip code of the resource provider.
- Field 6; enter the name of the foster youth.
- Field 7; enter the youth's Department Client Number, DCN.
- Field 8; enter the name of the worker.
- Field 9; enter the office address.

Travel Expense Table

If there is more than one foster youth in the vehicle on a trip, the worker must divide the miles up equally between all the foster youth on the trip.

- Field 10; enter the date that the travel occurred.

- Field 11; enter the complete address of the destination. This information must include street address, city, and zip code.
- Field 12; enter the purpose of the trip (i.e. court, doctor appointment, visitation, etc.)
- Field 13; enter the total round trip miles.
- Field 14; enter the amount of miles required to deduct per policy. For miles that are not medical care, counseling, visits with parent(s), court, or FST and PPR meetings, enter a deduction of 15. For miles that were used for education policy, enter a deduction of 10.
- Field 15; enter the amount of miles charged to the foster youth's DCN. This number will be less than column 13 if the purpose of the trip was not for medical care, counseling, visits with parent(s), court, or FST and PPR meetings.

When there is more than one youth being transported for a trip, the trip mileage must be divided between the number of youth that were on the trip. For example: Three (3) foster youth are transported to court. The trip is 24 miles round trip. Each foster youth's CD-106 will have entered on it the date for the trip, the purpose of the trip, the total round trip miles (24), and the last column will be 8.

- In **BOX A**, enter the total number of miles charged to the DCN
- Multiply the total number of charged miles by the current mileage reimbursement rate at the time of the travel.
- In **BOX B**, enter the current mileage rate at time of trip.
- In **BOX C**, enter the dollar amount that resulted from the multiplication of Box A and Box B.
- **The resource provider must sign and date the form and turn in to the worker within thirty (30) days of the month that the trip occurred.**
- The worker will review the form for accuracy. The worker will complete the PR. All CD-106 forms that are represented on the PR must be attached to the PR for payment to be made. The worker will be sure that all CD-106 forms are attached to the PR. The worker will sign and date the CD-106 substantiating accuracy of the data entered and submit to the supervisor for approval.
- The worker will assure that the documentation that supports the case plan is attached and check **yes** in the box after the total. If the mileage was for the total amount because of medical care, counseling, visits with parents, court, FST or PPR, check the **no** box, as the supporting documentation is not required.
- The supervisor will validate the accuracy of the documents, sign and date the CD-106.
- If the mileage was for a Level B provider the Regional Director must sign.

- If the mileage was for over 75 miles round trip the Regional Director or Designee must sign.
- The payment is entered into the system and then the documents are sent to Children's Division Payment Unit. File a copy of the documents in the designated centralized location for all Payment Requests.

Memo: [CD08-106](#), [CD 09-65](#), [CD09-85](#), [CD09-95](#), [CD09- 126](#), [CD11-49](#)