



CDSS

WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



EDMUND G. BROWN JR.
GOVERNOR

June 13, 2016

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

FROM: CARRIE STONE, CHIEF
QUALITY ASSURANCE & IMPROVEMENT BUREAU

SUBJECT: IHSS TRAINING ACADEMY (IHSSTA) REGISTRATION AND 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 attends 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 Attachment A).
- 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, a pre-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:
 - 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.
- CDSS has provided a travel reimbursement pre-approval form for counties to use in submitting their request (see Attachment B).
 - CDSS will provide the approval/denial accordingly on the form, which will be emailed to the requestor and SDSURF to coordinate the final arrangements for travel reimbursement.

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

ATTACHMENT A

California



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

Please complete this form and submit it to the California Department of Social Services (CDSS), Adult Programs Division, Training and Development Unit, within two weeks of the training start date, at: IHSS-Training@dss.ca.gov.

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:

Mileage Calculator: (estimate only, not final mileage)

Miles from office to training X Number of days X Number of cars = Total estimate

X X =

Lodging Calculator: (estimate only, not final lodging total)

Cost of room X Number of rooms X Number of nights = Total estimate

X X =

Supervisor Approval Obtained: Yes No (provide reason:)

Supervisor Signature:

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

CDSS TO COMPLETE THIS SECTION

Approved: Denied:

Reason Code:

CDSS Staff Initials:

Date: