



CCS Reimbursement for Transportation, Meals and Lodging

To: Parents/Guardians of _____

In general, providing maintenance and transportation is the responsibility of the client and parents or legal guardians. The California Children's Services (CCS) Program **may** reimburse families for costs of transportation, meals and lodging **when these costs present a barrier to a client's accessing CCS authorized medical care and in accordance with the CCS Numbered letter 03-0810.**

The following criteria **must** be met:

- The family must describe the hardship or reason this reimbursement of cost is required and there is no other resource to meet this need.

- The transportation, meals and /or lodging are necessary to access **CCS authorized medical care only**.
- Requests for reimbursement must be made **prior** to the date of the appointment and be **authorized** by this office. Once approved for M&T funds, each trip out-of-county requires that you notify your Nurse Case Manager at least five working days before an appointment. In an emergency, you need to notify your Nurse Case Manager within three business days of date of service. Requests may be made by phone, letter, fax, or in person.
- **Receipts** for pre-authorized meals and lodging (such as Ronald McDonald House or a motel room), bus fares, bridge tolls, and parking fees **must** be provided to this office. Reimbursement for lodging shall be based on the actual cost of one room but not to exceed the maximum amount per night based on the State of California Employee Lodging Rate. **NOTE:** Reimbursement for the cost of lodging provided by facilities sponsored by charitable organizations should not be greater than the customary charges to families. Food or meal reimbursement will be reimbursed at actual cost but not to exceed \$5.00 per meal or \$15.00 per day. For those requiring overnight stays, contact our office or the hospital social worker for assistance in locating the least expensive lodging available. CCS **will not** pay for lodging when parent is permitted to stay at bedside.
- Mileage reimbursement rate will be set at the IRS standard mileage rate for medical transportation; the rate fluctuates year to year. The rate paid will be the rate in effect on the date the travel occurred, not the rate in effect at the time the claim is submitted for payment and is reimbursed based on driving distances from home to medical care and return if appropriate, as calculated per online maps.
- Lake County claim forms and this agreement must be signed. Failure to comply with the above requirements may result in being excluded from future use of the maintenance and transportation benefit.

Initials

I certify under the penalty of perjury that I have reviewed and understand the above Maintenance and Transportation rules and requirements and and that the hardship statement is true and correct.

Name: _____ Signature: _____ Date: _____

Phone: _____ Address: _____