## **DEPARTMENT OF HUMAN SERVICES**



Children, Youth & Family Division 1501 Blue Spruce Dr Fort Collins, CO 80524 (970) 498-6900 Fax (970) 498-6304

## **Certified Foster and Kinship Homes Mileage Reimbursement Policy**

Effective January 1, 2024: Approved transportation is reimbursed at .67 cents per mile. Clarification of what types of transportation are reimbursable.

I. Policy

Larimer County Department of Human Services will reimburse certified foster and kinship homes what the Federal Government reimburses for Title IV-E.

Allowable Mileage Reimbursement:

- a. Transportation to and from visits with the child's family, both immediate and extended.
- b. Transportation to and from the child's home school if the child is no longer in their home school district and the district will not cover the transportation cost.
- II. PROCEDURE
  - All allowable mileage by certified and foster or kinship providers will be recorded on form LCHS 3539 (Foster/Kin Parent Mileage Reimbursement Form) each calendar month. Only approved mileage will be reimbursed.
  - 2. All mileage must be submitted with the roster each month.
  - 3. Please note that forms must be submitted each month to be paid.
  - 4. The Accounting Department will forward the roster to the Accountability Unit once received.
  - 5. The Accountability worker will forward mileage form to the Foster or Kinship caseworker who will review and approve all requested mileage reimbursement for adhering to the rules listed above, within 24 hours.
  - 6. The Foster/Kin worker will forward the documentation to the Foster/Kinship Supervisor, who will review and approve the form within 24 hours and submit back to the Accountability Unit for payment.
  - 7. Any forms submitted past 30 days may not get paid.

Transportation to and from medical/therapeutic appointments for services covered by the child's Medicaid should be submitted through Non-Emergent Medical Transportation (NEMT). Providers should contact NEMT at 1-855-264-6368 for pre-approval and instructions regarding Medicaid reimbursement for transportation costs to medical and therapy appointments.

## CYF SERVICES - School Transport Mileage Reimbursement - Effective January 1, 2024

Child's Name(s): _						
Time Period: Trails Case #: Provider's Name:	(M/d/yyyy)		(M/d/yyyy)	Date Received in Accounting:		
				Provider's Trails Number:		
or this document to	perform the mat	th calculations, yo	ou must <b>use t</b> l	e Tab key to move to the next field.		
Date		in / Destination		Purpose	# of miles	
4/2/23	Foster Home/Harmony House/Home			Parent visit	10	
				0		
				1		
	_					
				1		
	Tot	al Mileage Claim	ed: 0	\$ 0.67	=	
Provider Signature		Date		Foster/Kinship Caseworker Signature	Date	

Entering your first and last name is equivalent to a handwritten signa ure.

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LCHS 3539 (01/24)

1501 Blue Spruce Dr Fort Collins, CO 80524 (970) 498-6900 Fax (970) 498-6304

Date

Supervisor Signature

## CYF SERVICES - Visitation Transport- Effective January 1, 2024

Child's Name(s):				
Time Period:	(M/d/yyyy)	_ through(M/d/yyyy)	Date Received in Accounting:	
Trails Case #:			J	
Provider's Name:			Provider's Trails Number:	
or this document to	perform the mat	th calculations, you must <b>use tl</b>	he Tab key to move to the next field.	
Date		in / Destination	Purpose	# of miles
4/2/23	Foster Home/I	Harmony House/Home	Parent visit	10
			0	
			1	
	Tot	al Mileage Claimed: 0	\$ 0.67	\$ 0.00
Provider Signature		Date	Foster/Kinship Caseworker Signature	Date

Supervisor Signature

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