

CRISS

Maintenance & Transportation County Policy Summary

NOTE: This grid captures guidelines used by county CCS programs at the time the grid was compiled. Payments represent the maximum amount each county will pay. The payment schedule may change at any time based on county budgets.

County	Mileage/Ground Transportation Costs Reimbursement	Meal Costs Reimbursement	Lodging Costs Reimbursement	Reimbursement of Other Necessary Costs
Alameda	Per mile: \$0.24 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: No Reimburse for other transportation expenses: BART, East Bay Paratransit Vouchers or other financial support: Taxi Vouchers	Per meal (max): • \$5.00 breakfast • \$5.00 lunch • \$5.00 dinner Per day (max): \$15 Require receipts: Yes Reimburse meals for more than one family member: Yes, 2+ Special conditions: Payment for hospital meal vouchers for one family member unless the child’s prognosis is very poor and the family wishes to have the immediate family present.	Per day (max): Negotiated rates Require receipts: Yes Special conditions: Must use hospital bedside option if possible. Other free or inexpensive lodging, such as, Ronald McDonald House.	Other expenses covered: No Alternative resources available: American Heart Association, American Lung Association, St. Vicent de Paul, Catholic Charities, Kars for Kids, March of Dimes, Act Full Gospel Church.
Butte	Per mile: \$0.235 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: Taxi with receipt (one occasion) Vouchers or other financial support: No	Per day (max): \$15 Require receipts: No Reimburse meals for more than one family member: No Special conditions: No	Per day (max): \$84 Require receipts: Yes Special conditions: If bed side not available will pay for lodging	Other expenses covered: No Alternative resources available: No

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Colusa	<p>Per mile: \$0.165</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Receipts for bus fare: No</p> <p>Reimburse for other transportation expenses: Emergency Advanced Funds for meal and mileage. Occasionally County Transit transport if available but not further than Sacramento</p> <p>Vouchers or other financial support: No</p>	<p>Per day (max): \$15</p> <p>Require receipts: Yes</p> <p>Reimburse meals for more than one family member: Two parents</p> <p>Special conditions: No</p>	<p>Per day (max): Actual cost of State of California Employee lodging rate</p> <p>Require receipts: Yes</p> <p>Special conditions: Stay at bedside if possible</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>
Contra Costa	<p>Per mile: \$0.24</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Receipts for bus fare: No. CCS staff checks for opened SARs and/or confers with PHN prior to providing BART/bus tickets</p> <p>Reimburse for other transportation expenses: Hospital SW will request CCS for reimbursement of BART/bus tickets, taxi, or A Car 4 Kids if applicable to CCS eligible appointment.</p> <p>Vouchers or other financial support: No</p>	<p>Per day (max): \$15</p> <p>Require receipts: No. Hospital provides meal vouchers and requests CCS' approval for reimbursement</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: Client must be inpatient, and parent staying at bedside</p>	<p>Per day (max): \$84</p> <p>Require receipts: No</p> <p>Special conditions: Bedside option preferred. Lodging approval based on client's medical needs and location of services</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>

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El Dorado	Per mile: \$0.56 (Only one way) Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts Yes Receipts for bus fare: Yes Reimburse for other transportation expenses No Vouchers or other financial support: Refer families to external agencies	Per day (max): \$15 Require receipts: Yes Reimburse meals for more than one family member: No Special conditions: Reimburse for meals for inpatient stay only, and when the SCC does not provide meal vouchers	Per day (max): \$60 Require receipts: Yes Special conditions: 1. Use hospital bedside if possible. 2. Use Ronald McDonald or Kiwanis, or any other family house available. 3. Hotels that honor hospital rates.	Other expenses covered: No Alternative resources available: No
Fresno	Per mile: \$0.235 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: Train fare and gas Vouchers or other financial support: City bus tokens	Per day (max): \$15 Require receipts: Yes Reimburse meals for more than one family member: 3 (clients and parents) Special conditions: Must meet CCS criteria, per NL:03-0810	Per day (max): \$84 Require receipts: Yes Special conditions: Hospital bedside option (Must meet NL:03-0810)	Other expenses covered: No Alternative resources available: No

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Humboldt	<p>Per mile: \$0.235</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes, except for Golden Gate Bridge. <p>Reimburse for parking: Yes, at a maximum of \$15/day</p> <ul style="list-style-type: none"> Require receipts Yes <p>Receipts for bus fare: N/A</p> <p>Reimburse for other transportation expenses: No</p> <p>Vouchers or other financial support: Daily bus passes</p>	<p>Per day (max): \$15</p> <p>Require receipts: Yes. We will take any meal receipts until the total equals or exceeds the maximum allotment (We do not distinguish between meals, so often one dinner receipt is all we need in order to reimburse the \$30)</p> <p>Reimburse meals for more than one family member: 1 parent</p> <p>Special conditions:</p> <ol style="list-style-type: none"> The client is only eligible for meals if it is an "overnight" trip. Santa Rosa and Redding are considered "day trips". Any place beyond Santa Rosa is considered "overnight" trip. Dates on the receipt have to fall within the approved dates of travel. We do not reimburse for local receipts (for instance, stopping at McDonalds as the family is leaving Eureka on their way to UCSF is not reimbursable) 	<p>Per day (max): \$84 + tax</p> <p>Require receipts: Yes</p> <p>Special conditions: No reimbursement for lodging if parent can "room-in" the hospital</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: Flight may be an option for some families, but CCS is not involved in these arrangements. The family has to do this themselves.</p>

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Marin	Per mile: No reimbursement Reimburse for tolls: No Reimburse for parking: No Receipts for bus fare: No Reimburse for other transportation expense: No Vouchers or other financial support: No	Per day (max): \$15 Require receipts: Yes Reimburse meals for more than one family member: No Special conditions: all cases are considered individually	Per day (max): Require receipts: Yes Special conditions: No	Other expenses covered: No Alternative resources available: No
Mendocino	Per mile: \$0.23 Reimburse for tolls: Yes • Require receipts: No Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: Taxi with receipt Vouchers or other financial support: Yes, we provide gas vouchers in place of mileage reimbursement when needed	Per day (max): \$15 Require receipts: No Reimburse meals for more than one family member: Not usually. Child & 1 parent only when outpatient services are provided during 2 days or more. Special conditions: Child must have outpatient appts during 2 days or more.	Per day (max): \$84 Require receipts: Not when arranged by Social Work Department at hospital Special conditions: Must use hospital bedside when possible.	Other expenses covered: Yes, Greyhound bus tickets Alternative resources available: No

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<p>Monterey* * not a CRISS member</p>	<p>Per mile: \$0.235</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Receipts for bus fare: Yes</p> <p>Reimburse for other transportation expenses: Taxi or other necessary means, if pre-approved</p> <p>Vouchers or other financial support: Link and coordinate transportation through alternate resources, when eligible and available</p>	<p>Per day (max): \$15</p> <p>Require receipts: Not when invoiced directly from facility</p> <p>Reimburse meals for more than one family member: Generally no, but may be very rarely approved in extraordinary circumstances</p> <p>Special conditions: Meals are to be requested by facilities and authorized via Meal Tickets</p>	<p>Per day (max): \$84 (or family rate at charitable organization facility)</p> <p>Require receipts: Yes, unless invoiced directly from facility</p> <p>Special conditions: Must use bedside option if available</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>
<p>Napa</p>	<p>Per mile: \$0.20</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Reimburse for parking: Yes, up to 3 days per week</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Receipts for bus fare: No</p> <p>Reimburse for other transportation expenses: No</p> <p>Vouchers or other financial support: No</p>	<p>Per day (max): \$15/day for first 3 days \$10/day for days 4 & 5 \$5.00/day for days 6 & 7 Total of 7 days of meals/meal vouchers: \$75.00. No reimbursement for more than 7 days for a single patient stay</p> <p>Require receipts: Yes</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: No</p>	<p>Per day (max): \$40 / night for up to 4 days a week for 2 weeks</p> <p>Require receipts: Yes</p> <p>Special conditions: No</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>

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Placer	Per mile: \$0.235 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: N/A Reimburse for other transportation expenses: Gas cards Vouchers or other financial support: No	Per day (max): \$15 / person Require receipts: Yes, or we authorize social services at the hospital Reimburse meals for more than one family member: 2 Special conditions: No	Per day (max): Per State of California employee lodging Require receipts: Yes Special conditions: Use Ronald McDonald House if available	Other expenses covered: No Alternative resources available: No
Sacramento	Per mile: \$0.235 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: N/A Reimburse for other transportation expenses: No Vouchers or other financial support: Daily bus passes	Per day (max): \$15 Require receipts: Yes Reimburse meals for more than one family member: 1 parent Special conditions: Reimburse for child only if food not provided	Per day (max): \$84 Require receipts: Yes Special conditions: Must use hospital bedside option or lodging option like Ronald McDonald House if possible.	Other expenses covered: No Alternative resources available: No

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<p>San Joaquin</p>	<p>Per mile: \$0.235 (IRS med/moving rate)</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> Require receipts Yes <p>Receipts for bus fare: Yes</p> <p>Reimburse for other transportation expenses: With receipt, we reimburse for BART, ACE, Amtrak</p> <p>Vouchers or other financial support: Greyhound vouchers</p>	<p>Per day (max): \$15</p> <p>Require receipts: Yes</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: We reimburse for meal costs when lodging is authorized for admission. No more than 15 days during a 30 day period is eligible for reimbursement. No meal reimbursement for 1 day trip</p>	<p>Per day (max): \$40.00 - \$84 for motel, \$10 for Kiwanis/RM House</p> <p>Require receipts: Yes</p> <p>Special conditions: Hospital bedside to be used. If not available, will pay for 7 consecutive days per each 30 day stay starting on day of admission. Will authorize 1 night/6 consecutive days following if needed. No lodging reimbursement for 1 day trip.</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>
<p>San Francisco</p>	<p>Per mile: \$0.165</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> Require receipts: Yes <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> Require receipts Yes <p>Receipts for bus fare: Yes</p> <p>Reimburse for other transportation expenses: Yes, example: air tickets if is required related expenses</p> <p>Vouchers or other financial support: No</p>	<p>Per day (max): \$15</p> <p>Require receipts: Yes</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: Yes, will reimburse both parents if justification provided</p>	<p>Per day (max): N/A</p> <p>Require receipts: Yes</p> <p>Special conditions: Hospital bedside option is the first choice, and the lowest cost hotel/motel, and negotiable cost if possible.</p>	<p>Other expenses covered: Yes</p> <p>Alternative resources available: Only if meeting guideline, e.g. taxi fare</p>

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San Mateo	<p>Per mile: No reimbursement</p> <p>Reimburse for tolls: No</p> <p>Reimburse for parking: No</p> <p>Receipts for bus fare: No</p> <p>Reimburse for other transportation expense: Medical Transportation</p> <p>Vouchers or other financial support: Yes, for Taxis, Paratransit (Rediwheels) and other forms of public transportation</p>	<p>Per day (max): \$15</p> <p>Require receipts: No</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: If yes, what are they? Up to 15 days per each 30 days of client hospitalization. If the family's trip to the outpatient provider can be completed in one day (round trip and appointment time included) there will not be reimbursement for meals or lodging.</p>	<p>Per day (max): \$40</p> <p>Require receipts: No</p> <p>Special conditions: Must use hospital bedside option if possible. Up to 15 days of lodging for each 30 days of client hospitalization. If the family's trip to the outpatient provider can be completed in one day (round trip and appointment time included) there will not be reimbursement for meals or lodging.</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: Care-A-Van & Marguerite Shuttle (LPCH). Paratransit (RediWheels). FISH-A volunteer group composed of individuals from churches in the local community that provides transportation to and from medical appointment for person who are unable to drive themselves or use public transportation and do not have a family member available to drive them. For those not eligible for Redi-Wheels and for whom taking a taxi presents a financial burden. Can also take you to dental and therapy appointments. (may not always be accessible to people who use wheelchairs) Areas served: Belmont, Redwood City, San Carlos. Ph# 650-593-1288</p>

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Santa Clara	<p>Per mile: No reimbursement</p> <p>Reimburse for tolls: No, never requested</p> <p>Reimburse for parking: no, as we hire a transportation company</p> <p>Receipts for bus fare: we give tokens</p> <p>Reimburse for other transportation expense: No</p> <p>Vouchers or other financial support: Public transit tickets where feasible may be provided for a guardian and the client to appointments if the family prefers or has no access to a car. Transportation will be funded by the most cost effective reasonable means.</p>	<p>Per day (max): \$15</p> <p>Require receipts: No</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: No</p>	<p>Per day (max): \$40</p> <p>Require receipts: No</p> <p>Special conditions: No</p>	<p>Other expenses covered: Do look at cases on a case by case basis</p> <p>Alternative resources available: No</p>
Santa Cruz	<p>Per mile: IRS Rate</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> • Require receipts: Yes <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> • Require receipts: Not necessarily <p>Receipts for bus fare: No</p> <p>Reimburse for other transportation expenses: Taxi and others if needed</p> <p>Vouchers or other financial support: No</p>	<p>Per day (max): \$15</p> <p>Require receipts: No</p> <p>Reimburse meals for more than one family member: 2</p> <p>Special conditions: Some means testing</p>	<p>Per day (max): \$65 or lower negotiable</p> <p>Require receipts: Yes</p> <p>Special conditions: If parent at bedside and seems to need some rest, may offer a motel option.</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>

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Shasta	Per mile: IRS medical transport rate Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: Taxi with receipt Vouchers or other financial support: No	Per day: \$15 Require receipts: Yes Reimburse meals for more than one family member: We reimburse up to \$15.00 per day per family Special conditions: Ensure that cigarettes and alcohol were not purchased with the \$15.00	Per day (max): \$84 - Only for a motel room with prior approval. We reimburse differently for the Ronald McDonald or Sharing House, etc. Require receipts: Yes Special conditions: If family can room in with the child we do not cover lodging. Would cover one night for every six nights if the child is hospitalized.	Other expenses covered: No Alternative resources available: Northern California resources for transportation don't exist. The larger medical centers then to have Ronald McDonalds Houses, Sharing Houses or they have agreements with local motels for special family rates.
Solano	Per mile: \$0.165 (IRS medical transport rate) Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: No Vouchers or other financial support: No	Per day: \$15 Require receipts: Yes Reimburse meals for more than one family member: No Special conditions: There is a lifetime maximum of \$500 for M&T services	Per day (max): \$40.00 Require receipts: Yes Special conditions: If rooming in or hospital bed option available it must be used	Other expenses covered: No Alternative resources available: No

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Sonoma	<p>Per mile: \$0.165</p> <p>Reimburse for tolls: Yes</p> <ul style="list-style-type: none"> • Require receipts: No <p>Reimburse for parking: Yes</p> <ul style="list-style-type: none"> • Require receipts: Yes <p>Receipts for bus fare: Yes</p> <p>Reimburse for other transportation expenses: By exception only, will reimburse hospital for cab fare.</p> <p>Vouchers or other financial support: Bus tickets</p>	<p>Per day (max): \$15</p> <p>Require receipts: Yes. If vouchers weren't provided at the hospital and family was required to buy meals on their own.</p> <p>Reimburse meals for more than one family member: 1 (only for client if in hospital family housing)</p> <p>Special conditions: Meals are provided for one parent up to a total of 15 days for each 30 days of hospitalization</p>	<p>Per day (max): \$84</p> <p>Require receipts: Yes</p> <p>Special conditions: Family must use hospital bedside option if available</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: Whistlestop</p>
Stanislaus	<p>Per mile: \$0.235</p> <p>Reimburse for tolls: No</p> <ul style="list-style-type: none"> • Require receipts: N/A <p>Reimburse for parking: No</p> <ul style="list-style-type: none"> • Require receipts: N/A <p>Receipts for bus fare: Yes</p> <p>Reimburse for other transportation expenses: We will authorize taxis if needed to transport from CHO to Alta Bates and back for clients of CHO receiving radiation services. These are not provided at CHO</p> <p>Vouchers or other financial support: Medi-van tickets up front</p>	<p>Per day (max): \$15</p> <p>Required receipts: Yes. Claims or bills usually sent by Dept. of Social Work rather than directing from parents</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: No</p>	<p>Per day (max): \$45</p> <p>Require receipts: Yes. If family pays directly, usually received from Dept of Social Work.</p> <p>Special conditions: The family must use the hospital bedside option if available</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: No</p>

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Sutter	Per mile: Flat Rate Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: No Vouchers or other financial support: No	Per day (max): \$15 Require receipts: No Reimburse meals for more than one family member: No Special conditions: No	Per day (max): \$84 Require receipts: Yes Special conditions: For non-intensive care settings when a parent is able to room in, we will authorize one day of lodging after every 6 nights of client hospitalization. For intensive care settings and parent is not permitted to stay at a bedside, we authorize up to 7 days lodging and meals per hospitalization. The need for additional days of lodging should be evaluated based on clients circumstances	Other expenses covered: No Alternative resources available: No
Tulare	Per mile: \$0.235 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: Yes Vouchers or other financial support: Amtrak	Per day (max): \$15 Require receipts: No. Tulare County receives requests for meals from the Hospital Social Workers. If at least one parent is at bedside, Tulare County will authorize meals. If a family has access to a kitchen (example, Ronald McDonald House) Tulare County does not authorize meals Reimburse meals for more than one family member: No Special conditions: No	Per day (max): \$84 Require receipts: Yes, if reimbursement is to the family. Special conditions: Yes. If at least one parent is able to stay at bedside, Tulare County does not authorize lodging. Also, once a patient is discharged, lodging services are no longer a benefit.	Other expenses covered: No Alternative resources available: No. Families without a dependable car will ask friends/ relatives for assistance to drive them to appointments in Madera, Los Angeles, UCSF and Stanford. CCS is able to help with gas reimbursement. Angel Flight was able to help one our families with air transport to medical appointments.

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<p>Yolo</p>	<p>Per mile: \$0.20</p> <p>Reimburse for tolls: No</p> <ul style="list-style-type: none"> Require receipts: No <p>Reimburse for parking: No</p> <ul style="list-style-type: none"> Require receipts: No <p>Receipts for bus fare: Yes</p> <p>Reimburse for other transportation expenses: No</p> <p>Vouchers or other financial support: Public transit tickets where feasible may be provided for a guardian and the client to appointments if the family prefers or has no access to a car. Transportation will be funded by the most cost effective reasonable means.</p>	<p>Per day (max): \$15</p> <p>Require receipts: Yes</p> <p>Reimburse meals for more than one family member: No</p> <p>Special conditions: No</p>	<p>Per day (max): Lodging will be reimbursed for one night only at the least expensive available option (not higher than government rate).</p> <p>Require receipts: Yes</p> <p>Special conditions: Under no circumstances will lodging be paid or reimbursed at a higher rate than what would be charged to the family without CCS M&T benefits (e.g. Ronald McDonald House).</p>	<p>Other expenses covered: No</p> <p>Alternative resources available: None</p>

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Yuba	Per mile: \$0.165 Reimburse for tolls: Yes • Require receipts: Yes Reimburse for parking: Yes • Require receipts: Yes Receipts for bus fare: Yes Reimburse for other transportation expenses: No Vouchers or other financial support: No	Per day (max): \$15 / person Require receipts: Yes Reimburse meals for more than one family member: Yes, 2 parents Special conditions: If hospital meal vouchers provided, they will be credited as part of the \$15/day. A client should not be reimbursed for meals if the client/family could make the trip in one day if they traveled to the nearest appropriate provider service.	Per day (max): State of California employee lodging Require receipts: Yes Special conditions: For non-intensive care settings when a parent is able to room in, we will authorize one day of lodging after every 6 nights of client hospitalization. For intensive care settings and parent is Not permitted to stay at the bedside, we authorize up to 7 days lodging and meals per hospitalization. The need for additional days of lodging should be evaluated based on the client's circumstances. A client should not be reimbursed for lodging if the client/family could make the trip in one day if they traveled to the nearest appropriate provider service.	Other expenses covered: No Alternative resources available: No

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For more information or to notify CRISS regarding corrections, please contact:
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