



## Associated Costs and Mileage

### Policy:

In compliance with the DD/MR Medicaid Waiver Guidelines, Full Life will allot funds to each person we serve for mileage and associated costs. These funds are, in normal circumstances, provided to the Director Support Worker for mileage incurred while providing services and to pay for ISP and IP related activities and purchases with and/or for the participant. Full Life understands that situations do arise when a person may need or want to use these funds for special or emergency purposes.

### Procedures:

- 1) The Direct Support Worker will sign the addendum to this agreement that states the number of miles approved for reimbursement and the amount of associated costs he or she has to spend, based on the hours of service provided.
- 2) MILEAGE REIMBURSEMENT PROCEDURES
  - a) Each participant has a mileage budget. Direct Support Workers will be given (on the Mileage and Associated Cost agreement) a maximum number of miles they can be reimbursed each month. They will not be reimbursed for miles driven over this amount. Any miles driven over this amount are the responsibility of the Direct Support Worker and can be logged for possible IRS/tax credit. Direct Support Workers should talk to their tax accountant regarding this credit.
  - b) Mileage will only be reimbursed for appropriate community access as approved by the individual/parent/guardian and or Supervisor and within the individual's approved budget. Claim mileage only from the individual's home to the activity and back to the individual's home.
  - c) Mileage will not be reimbursed from the Direct Support Worker's home to the individual's home. To and from work miles are your responsibility and not reimbursable under the IRS.
  - d) Direct Support Workers and participants should plan activities carefully so that mileage is kept at a reasonable rate and within the individual's budget.
  - e) Direct Support Worker shall not log time for personal errands, or perform personal errands while on DSW time. Mileage is reserved only for services provided to the individual.
  - f) DSWs shall log all mileage on the Automobile Mileage Reimbursement Report. These reports are due at the beginning of the month. Only one month should be logged on each form.

### 3) ASSOCIATED COSTS PROCEDURES

Associated costs are determined by the number of hours of service the participant actually "receives". For instance, the participant may have 20 hours approved per week, but only use 18. In this instance, the associated costs are based upon the 18 that were actually provided/received. Full Life is not paid according to what is approved, but rather by what is actually provided.

- a) For each hour of service received, \$ .50 will be given for associated costs. This translates into a daily cap of \$12.00 (if 24 hour a day supports are provided). If two staff work in one day: 1 staff works 3 hours and one staff works 2 hours, the staff working three hours will receive 1.50 to spend and the other 1.00.
- b) Waiver dollars cannot legally pay for the following:
  1. Room and Board expenses
    - i. Rent and rent deposit
    - ii. Utilities (electricity, cable TV, water, gas, telephone, internet, etc.)
    - iii. Groceries, food for everyday consumption
- c) All expenses must be associated with Personal Assistance Habilitation services and be identified in the Individual Service Plan (ISP) or Individual Plan (IP). An example would be paying for entry to the movie with the Direct Support Worker.
- d) Meals and snacks are not paid for the DSW.
- e) Meals and snacks for the participant can consist of no more than 50% of associated costs and must be directly related to an ISP/IP goal.
- f) Associated costs cannot pay for medications (prescription or over the counter), medical supplies, diapers, etc. These are Medicaid reimbursable costs. Full Life cannot legally use Waiver dollars to supplant costs which can be paid for by Medicaid. If the participant has these types of costs, please talk to the case manager/pharmacist/doctor about completing the appropriate Medicaid reimbursement form.
- g) Associated costs cannot pay for gifts for others. The costs must be associated with goals and objectives.

## Associated Costs and Mileage, revised January 2012

h) Associated Costs must pay for the DSW if the cost is necessary in order to complete the activity.

**For example:** *the participant wants to go to a movie. The DSW is required to go with the participant, so the associated costs must pay their way in. Having a snack while at the movie is optional, so would not be paid for with associated costs. **OR** the participant wants to go bowling. The participant can enter the bowling alley without paying a fee. The DSW can go and support the participant in the bowling alley without actually bowling themselves. **OR** the participant chooses to workout at the local gym. The DSW must be with the participant to support them, but they will not be using the equipment. The participant purchases a membership, but the DSW does not need one. Associated costs do not pay for a membership for the DSW.*

i) If the participant does not use all the money in one day, it may be used another day **within the same month**. Reimbursed associated cost amount cannot exceed \$0.50 per hour of services provided that month.

j) If no money is used for activities on a daily basis, the \$0.50 per hour may be saved up and used for a larger expense activity or item. If the participant is saving from one month to the next, the Program Coordinator must be notified in writing that a specific larger expense item or activity is being saved for and this must be pre-approved by the Associated Costs Review Committee.

k) Negative and positive Associated Cost balances carry over the new fiscal year. Full Life's fiscal year ends on June 30<sup>th</sup>.

l) Proper documentation (receipts and cover sheet) must be completed in order to be reimbursed. If the cover page is not completed, the receipts will be returned un-reimbursed. We will not reimburse costs that do not have a corresponding receipt.

m) Associated Costs forms are due, with the receipts, by the 1<sup>st</sup> of each month. Late submissions will be reimbursed the following month.

Addendum A: Associated Costs Expense Agreement

Distribution: Participant Handbook

New Employee Policies and Procedures

Associated Costs and Mileage, revised January 2012

**Associated Costs Expense Agreement**

The following policies should be followed for all Associated Cost purchases.

1. DSW will purchase/pay for Associated Costs with their own money. Expenses will be logged on Associated Costs Expense Report and accompanied by original or photocopied receipts for each purchase. If a receipt is not provided by the vendor the DSW may write one themselves and have the Participant/Guardian and vendor sign it. The DSW will not be paid for purchases that do not have a receipt. All expenses must be associated with Direct Support Worker activities and identified in the Participant's IP. Associated Costs do not pay for DSW meals or snacks.
2. Associated Cost expenses will be reviewed, approved and signed off by the Participant/Guardian before being submitted to the Full Life office.
3. The Expense Report and receipts will be submitted to the Full Life office by the first of each month, for the previous month. The Supervisor will review and approve expenses by the 15th of the month and turn them in to the President for reimbursement on the mid-month payroll.
4. Participant/Guardian has the authority to disallow certain expenses (such as soda, fast foods, etc.) If you have been asked not to use activity money on those items, you will not be reimbursed.

Below is listed the name of the Participant that you will be working with and the limit on Mileage and Associated Costs for each month. Because of the scarcity of funds, Full Life will be unable to reimburse you if you exceed the limits listed below and exceeding limits will result in disciplinary action.

_____	_____
Participant Name	Employee Name
_____	_____
\$	
Associated Cost Limits <u>Month</u> or Day	Mileage Limits <u>Month</u> or Day

I have read the above policy and understand my responsibilities in handling Associated Costs. I further understand that I have a maximum monthly amount of money to spend (determined by the individual's budget and listed above) and will only be reimbursed up to that amount and only if I have completed the above documentation requirements.

_____	_____
DSW Signature	Date
_____	_____
Supervisor Signature	Date

If the amount of money that the DSW is expected to pay each month is exceptionally large, and the DSW has demonstrated financial need, Full Life will advance the DSW the money for Associated Costs. The limits listed above continue to apply.

Option Number 2:

DSW will be issued a budgeted amount of petty cash and will be responsible for keeping records and receipts to verify all expenses. When employment is terminated, the DSW is responsible for returning the remaining cash and receipts to equal the amount of the advance to their supervisor. If the DSW does not do this in a timely manner, the remaining amount will be deducted from the employee's last paycheck.

_____	_____
Amount to be advanced (1 & 1/2 months)	Date of Advance