

**REIMBURSEMENT OF TRANSPORTATION COSTS INCURRED BY LAW
ENFORCEMENT AND DEPARTMENT OF CORRECTIONS AND REHABILITATION
PERSONNEL RELATED TO INVOLUNTARY CIVIL COMMITMENTS**

PURPOSE:

Establish a procedure to implement W.Va. Code §27-5-4(s)(3) that requires the Department of Health and Human Resources to reimburse the Sheriff, the Department of Corrections and Rehabilitation, and other law enforcement agencies for the actual costs related to transporting a patient who has been involuntarily committed and transported in accordance with W.Va. Code §27-5-1 *et seq.*

Except as expressly stated otherwise in this Policy, the terms, conditions, and definitions contained in Title 148, Department of Administration, State of West Virginia Travel Rules shall control (as may be amended).

ALLOWABILITY OF EXPENSES:

Allowable Costs shall include all permissible travel related expenses for the custodian and the patient as defined by the Rule and any reasonable and necessary employee wages associated with a Member of Law Enforcement (Officer) who has a Custodial Relationship of a Patient and who provides transportation of a Patient to a state psychiatric hospital or a diversion psychiatric hospital in accordance with W.Va. Code §27-5-1 *et seq.*, from his/her Duty Station. Actual Costs do not include costs, expenses, wages, and the like that are or may be incurred by an Officer and that fails to result in the court-ordered transportation, commitment, and placement of a Patient to a psychiatric hospital.

Payment shall be contingent on the Officer's provision of court ordered transportation services as well as the timely submission and approval of all required information and documents.

DOCUMENTATION REQUIREMENTS:

The requirements below were developed to ensure financial accountability of state funds and to put a standard process in place for all agencies that may be court ordered to provide transportation services in the State of West Virginia. The following instructions define allowable expenditures, documentation requirements, and are intended to assist in the preparation and submittal of the Travel Expense Account Settlement Form.

Please note that Office of Health Facilities Policy requires Law Enforcement to contact the State Facility for which the patient is committed prior to transportation to ensure available bed capacity. In the event, the State Facility to which the patient has been committed does not have an available bed, the Facility will reach out to its diversion facilities to find an appropriate placement for the patient.

General Guidelines:

- All guidelines contained herein should be followed to ensure that the cost to the State is clearly reasonable and necessary.
- Trips should be planned/administered to avoid unnecessary costs (lodging/meal and related costs).

- Officers/Travelers must be qualifying agents of the Local or State Law Enforcement Agency court ordered to provide transportation to the State Facilities (Transporting Agency).
- Transportation must be by the most reasonable, direct and necessary mode based on the cost/benefit analysis.
- Officers should request government rates for lodging and/or other costs when incurred.
- Mileage will be reimbursed at the current approved state rate for the date of transport.
- Invoice should reflect a total of all costs being submitted, include the timeframe for costs incurred, provide for the inclusion of all detailed support documents, and include the name and address of the vendor as it is set up in WVOASIS.
- Reimbursement from the Department of Health and Human Resources will only be made to the Transporting Agency and as such no costs will be issued directly to any individual.

Travel Expense Account Settlement Preparation Guidelines:

- The Transporting Agency must submit an original invoice document with an accompanying state Travel Expense Account Settlement (TEAS) form and Court Order as backup documentation. If the vendor chooses, they may invoice weekly or monthly for multiple transports and accordingly should include each of the TEAS forms and associated Court Orders as attachments to the invoice.
- The original invoice document should be on the Sheriff Department's letterhead or similar invoicing form. Either version of an invoice document should contain the Sheriff Department's "Remit To" name and Address as it appears on their wvOASIS Vendor/Customer Profile. Please ensure that the information for the invoice matches exactly.
- The invoice must also contain an invoice date, a unique invoice number, a general description of the services provided and a total charge. If multiple TEAS forms are attached as support documents, they should be itemized on the invoice with a grand total at the bottom of the invoice.
- The official name to be included on the TEAS form should be the Transporting Agency or other law enforcement agency and NOT the Officer. The transporting Officer or agent's name should be included in parenthesis next to the Sheriff Department's.
- Please ensure that the Vendor name and number provided on the TEAS Form matches exactly what is listed in wvOASIS and on the invoice document.
- Each Travel Expense Account Settlement form must be complete within itself and show all facts necessary to support the claim and justify payment for that specific travel. To facilitate processing, Transporting Agencies should ensure that the completed TEAS forms include all

reimbursable costs with attached support documents for each cost listed. I.e. receipts for food, tolls and other expenses.

- The City/State section of the form should have a “From” and “To” listed. If all travel occurred within one city, then the street addresses should be entered for the location where the travel began and where it ended. For example: 1) From: “address of courthouse or hearing location” (2) To: “address of Psychiatric Facility” 3) To: “address of return duty station.” If travel occurs between multiple cities, then only the city and state is necessary.
- The Transporting Agency should also provide documentation of the required pre-travel communication with the State Facility to ensure bed availability. At a minimum, documentation should contain the time of call, individuals with whom they communicated, and the specific guidance issued by the State Facility.
- Parking and tolls are reimbursable with a receipt. The total amount of tolls paid and the applicable date must be stated on the Travel Expense Account Settlement form.
- For any requests for reimbursement of Officer’s time, the specific time of departure (commitment or custody) and the hour of arrival (back to Officer’s duty station) must be included on the Travel Expense Account Settlement form.
- The Officer and the Transporting Agency must both sign the Travel Expense Account Settlement form. If more than one individual is responsible for the transportation, the name of each Officer must be included on the form along with their signature
- Travel Expense Account Settlement forms must be submitted within one year of transport. Invoices not submitted within this timeframe will not be reimbursed.

Meals

State Policy allows that travelers providing guardian travel may be reimbursed the cost of companion meals not to exceed the maximum per diem. In such instances the traveler would be eating with the patient. No other meal reimbursement for the Officer would be allowable unless the single day travel for the Officer exceeds 12 hours in a 24-hour period. In the event that single day travel exceeds 12 hours, applicable per diem rates for State Travel would apply.

In all instances for meal reimbursement the DHHR will only issue payment to the Transporting Agency, who is then responsible for payment to the Officer.

Compensation

For reimbursement of an Officer’s time, the Transporting Agency should submit a copy of the individual’s time sheet or record that includes the period of transportation as well as supporting documents for the rates paid during that time. If an Officer was reimbursed overtime, those rates and documentation of payment should be included with the Travel Expense Account Settlement form.

Questions and completed Travel Reimbursement forms should be submitted to:

FACILITY CONTACTS:

William R. Sharpe, Jr Hospital
936 Sharpe Hospital Road
Weston, WV 26452

Bryan Gustke, CFO 304-269-1210 Ext. 311

Mildred Mitchell-Bateman Hospital
1530 Norway Avenue
Huntington, WV 25709

Christina Vance, Accounting Tech 304-399-1050