

## **RHMR Reimbursement Workbook Guidance**

The Regional Hazardous Materials Response (RHMR) Reimbursement Workbook is designed to expedite the reimbursement process for assignee agencies that have provided training and personnel services within the guidelines identified by contractual agreement. The workbook provides for standardization of reimbursement submittal and accountability of expenditures for the California Governor's Office of Emergency Services (Cal OES) Fire and Rescue.

Cal OES Fire and Rescue Special Operations and Hazmat have developed contracts which identify reimbursable activities to local government assignee agencies for the response to hazardous materials releases. In 2018, Cal OES funded the RHMR program and distributed twelve (12) fully equipped Type II hazardous materials response vehicles. To ensure sustainability of the program, Cal OES entered into contractual agreements to provide funds for training, exercises, equipment, and personnel services to enhance statewide response to local and state emergencies.

The twelve (12) assignee agencies that have accepted Cal OES Type II hazmat vehicles have received allocations that with pre-approval provide flexibility in the expenditure of the funds. The reimbursement workbook is divided into a quick view summary that identifies the expenditures and balance of available funds and three tabs that breakdown the types of allowable expenditures.

The directions contained in this guidance will define the requirements which must be included to seek reimbursement for services provided by the assignee agencies.

The workbook is designed to automatically adjust the balance of funds available as entries are made to "Invoice Amount" column the workbook. The "Contract Budget" balance is automatically adjusted on the "Summary" cover page. Do not make entries in the "Contract Budget" column

## Directions

### Tab #1 Summary Page

1. Contract Number: Enter the contract number being used for reimbursement submittal.
2. Invoice Date: Enter the date that invoice was submitted to Cal OES.
3. Invoice Number: Enter the invoice number for each reimbursement submittal which was included on invoice.
4. Invoice Amount: Enter the invoice amount from the subsequent tab entries.
5. Agency: Enter the agency requesting reimbursement
6. Contract Start Date: Enter the date the contract was fully executed. Located on contract.
7. Contract End Date: Enter the date the contract expires. Located on contract.
8. Contract Budget: This total self-populates and maintains a current balance remaining on contract based on reimbursement submittals received by Cal OES. \*\*Do not make an entries in this column.
9. Reimbursement Type: Enter the type of reimbursement submittal, (Backfill/OT, Course Training or Blood Work/Treadmill) in this column.

A separate Summary entry row must be completed for each backfill/OT, Course Training or Blood work/Treadmill reimbursement request.

## Directions

### Tab #2 Backfill / OT Reimbursement

1. Agency: Enter the agency requesting reimbursement
2. Contract Number: Enter the contract number being used for reimbursement submittal.
3. Course Title: Enter the title of course that the agency is requesting reimbursement submittal.
4. Course Location: Enter the full address of location where course was conducted.
5. Course Date: Enter the a new course date for each reimbursement (HM Tech A will have a separate date than HM Tech B)
6. Cal OES Sponsored / Pre-approval: Enter Pre-Approval Received or Cal OES Sponsored. "All courses shall be Cal OES sponsored or have a completed pre-approval form on file prior to first day of course. The signed Pre-approval Form shall be included with reimbursement submittal package.
7. Student Name: Enter each course attendee on a separate row with the same name used on the course roster.
8. Certification or Pass/Fail: Enter Certified or Pass for all students that are requesting reimbursement. All students shall complete the course with a passing score or have received a certification to receive reimbursement. Course roster or copy of the certification shall be included with the reimbursement submittal package.
9. Rank: Enter the rank of each student that are requesting reimbursement. Reimbursement shall be based on actual costs and supporting payroll record shall be included with reimbursement submittal package.
10. OT Hours: Enter the total OT hours. OT hours will have payroll records to support entry in documentation package (see #5).
11. OT Costs: Enter the total OT costs. Supporting payroll records for replacement personnel shall be included in reimbursement documentation package (see #5). The OT Cost column auto-populates the total entries at the bottom of the column.

12. Backfill Hours: Enter the total backfill hours. Backfill hours will have payroll records to support entry in documentation package (see #5). Backfill personnel should be of like or lower rank. If backfill accomplished by personnel of higher rank, pre-approval required prior to first day of course or submit reimbursement documentation with the student hourly wage.

13. Backfill Costs: Enter the total backfill costs. Supporting payroll records for replacement personnel shall be included in reimbursement documentation package (see #5). The Backfill Cost column auto-populates the total entries at the bottom of the column.

Lodging: Enter total lodging amount. All requests for lodging reimbursement shall be submitted with a closed out receipt from the hotel. The student name and lodging dates must be included on receipt. Utilize GSA 2020 per diem rates ([https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems\\_report&state=CA&fiscal\\_year=2020&zip=&city=](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems_report&state=CA&fiscal_year=2020&zip=&city=)). The Lodging/Airfare, Car Rental and column auto-populates the total entries at the bottom of the column.

14. All rates above the GSA rate shall be pre-approved prior to first day of class / assignment. If not pre-approved, submit for GSA rate and home agency shall absorb the overage costs.

- Airfare: Enter total airfare amount. All airfare reimbursements shall be submitted with a receipt from the airline. The student name and flight dates shall be included on receipt. The airfare column auto-populates the total entries at the bottom of the column.
- Car Rental: Enter the total rental car amount. All car rental reimbursements shall be submitted with a receipt from the rental company. The student name and rental dates shall be included on the receipt. Cars shall be turned in with appropriate fuel levels. Home agency shall absorb the additional fuel costs for vehicles turned in below appropriate fuel levels. The car rental column auto-populates the total entries at the bottom of the column.

15. Mileage: Enter the total miles costs. Students using personal vehicles to attend training, exercises, and conferences shall submit for mileage at a rate of \$.58 per mile. Mileage will be calculated from departure site to training site using Google Maps. Google maps printout shall be included with reimbursement submittal package. The Mileage column auto-populates the total entries at the bottom of the column.
16. Enter the total meal per diem amount.

Meal Per Diem utilizing the GSA 2020 per diem rates:

([https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems\\_report&state=CA&fiscal\\_year=2020&zip=&city=](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup/?action=perdiems_report&state=CA&fiscal_year=2020&zip=&city=))

#### FIRST DAY: TRIP OF MORE THAN 24 HOURS

Trip begins at or before 6am: may claim breakfast

Trip begins at or before 11am: may claim lunch

Trip begins at or before 5pm: may claim dinner

#### FRACTIONAL DAY – AFTER 24 HOURS OF TRAVEL:

Trip ends at or after 8am: may claim breakfast

Trip ends at or after 2pm: may claim lunch

Trip ends at or after 7pm: may claim dinner

\*NOTE: Put start and end times of each trip on reimbursement form.

#### TRAVELLING LESS THAN 24 HOURS

Trip must begin at or before 6am AND end at or after 8am in order to claim breakfast.

Trip must begin at or before 5pm AND end at or after 7pm in order to claim dinner.

**NO lunch may be claimed. If there is no overnight stay, these meals are taxable.**

**NOTE: Full meals included in airfare, or hotel and conference fees, or otherwise provided may not also be claimed for reimbursement.** The same meal may not be claimed more than once on any date. Continental breakfasts of rolls, coffee, and juice are not considered “hot breakfast”.

The Meal Per Diem column auto-populates the total entries at the bottom of the column.

17. Self-parking and Tolls: Enter the total amount of self-parking and tolls. Identify if the entry is for self-parking or a toll. Receipts are required for self-parking over \$10.00 and all toll reimbursement submittals. Valet parking is not eligible for reimbursement.

The Self-parking & Tolls column auto-populates the total entries at the bottom of the column.

18. Incidentals: Enter the total incidental costs. Incidentals shall be reimbursable at the rate of \$5.00 per 24 hour period after first day. The Incidentals column auto-populates the total entries at the bottom of the column.

19. Invoice Number: Enter the invoice number for each reimbursement submittal included on invoice.

A separate workbook for backfill / OT reimbursement must be completed for each course submittal.

## Directions

### Tab #3 Course Training Reimbursement

1. Agency: Enter the agency requesting reimbursement.
2. Contract Number: Enter the contract number being used for reimbursement submittal.
3. Course Title: Enter the title of course that agency is requesting reimbursement submittal.
4. Course Location: Enter the full address of location where course was conducted.
5. Course Date: Enter the a new course date for each reimbursement (HM Tech A will have a separate date than HM Tech B)
6. Cal OES Sponsored / Pre-approval: Enter Pre-Approval Received or Cal OES Sponsored. "All courses shall be Cal OES sponsored or have a completed pre-approval form on file prior to first day of course.
7. Contractor/Instructor Name: Enter the name of contractor, company or individual instructor name.
8. Instructor Fees: Enter the invoiced instructor fees (Contracted fee or hourly wage). Invoice required with reimbursement submittal package.
9. Contractor Fees: Enter the invoiced contractor fees (Contracted fee or hourly wage). Invoice required with reimbursement submittal package.
10. Course Tuition Fees: Enter the tuition costs unless included in contracted fee (See #8 or #9). Invoice required with reimbursement submittal package, if separate fee.
11. Certification Fee: Enter the certification costs unless included in contracted fee (See #8 or #9). Invoice required with reimbursement submittal package, if separate fee.
12. Supply Fees: Enter the supply costs for books, printed materials, projector rental, testing materials, training/exercise props, etc. unless included in contracted fee (See #8 or #9). Invoice required with reimbursement submittal package, if separate fee.
13. Facility Fee: Enter the fee associated with rental of facility to conduct training/exercise.
14. All Fee columns auto-populate the total entries at the bottom of the column

15. Invoice Number: Enter the invoice number for each reimbursement submittal included on invoice.  
A separate workbook for course training reimbursement must be completed for each course submittal.



## Directions

### Tab #4: Blood work / Treadmill

1. Agency: Enter the agency requesting reimbursement
2. Contract Number: Enter the contract number being used for reimbursement submittal.
3. Employee Name: Enter the each patient name on a separate row with the same name used listed on the medical invoice. Invoice required with reimbursement submittal package.
4. Service Date: Enter the date of blood work or treadmill. Invoice required with reimbursement submittal package.
5. Treadmill Provider: Enter the name of medical provider conducting treadmill test. Invoice required with reimbursement submittal package.
6. Treadmill Fee: Enter the cost of providing treadmill test. Cal OES will reimburse up to the maximum dollar amount listed on contract per individual. Maximum number of personnel that an agency may include in reimbursement submittal package is 25 hazmat team members. Invoice required with reimbursement submittal package.
7. Blood Work Provider: Enter the name of medical provider conducting blood work for heavy metals testing (Hazmat blood tests). Invoice required with reimbursement submittal package.
8. Blood Work Fees: Enter the cost of providing blood work for heavy metals testing (Hazmat Blood Tests). Cal OES will reimburse up to the maximum dollar amount listed on contract per individual. Maximum number of personnel that an agency may include in reimbursement submittal package is 25 hazmat team members.
9. All Fee columns auto-populate the total entries at the bottom of the column
10. Invoice Number: Enter the invoice number for each reimbursement submittal included on invoice.

A separate workbook for blood work / treadmill reimbursement must be completed for each course submittal.