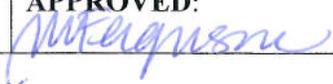


<b>STATE OF ALASKA</b> <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b> <b>Division of Public Assistance</b>  <b>POLICY &amp; PROCEDURE MANUAL</b>	<b>SECTION:</b> Travel	<b>Number:</b> 600	<b>Page:</b> 1
	<b>SUBJECT:</b> Travel Restrictions FY09		
	<b>SUPERCEDES NUMBER/PAGE:</b> Old P&P and SOP Manuals		
	<b>APPROVED:</b> 	<b>DATE:</b> 2/6/09	

PURPOSE:

To outline the travel procedures per the Governor's direction.

POLICY:

- A. Effective January 23, 2009 the Governor has directed all departments to curtail travel wherever possible to reduce the state expenses for the current fiscal year of 2009.
- B. Travel arrangements prior to January 23, 2009 will not be cancelled. Please proceed with all travel plans that were approved prior to January 23, 2009.
- C. All in-state travel will be reviewed and approved by the Section Chief and Director of the Division of Public Assistance (DPA).
- D. All out-of-state travel will be reviewed and approved by the Section Chief, Division Director of DPA and the Commissioner of Health and Social Services.
- E. The division will follow the guidelines in the attached Memorandum from Alison Elgee dated January 27, 2009 regarding "travel review and restrictions".

RESPONSIBILITIES:

- A. All in-state travel needs to be reviewed and approved by the Section Chief before seeking the Director's approval. The Section Chiefs will ensure that the Travel Request form clearly identifies the criteria listed in the outline below. If the section chief decides not to approve the travel, they will communicate why it was denied to the requestor. If the Section Chief decides to approve the travel, they will submit the request to the Administrative Assistant II (AA II) in Juneau who will track and seek the approval of the Director. Once approved or denied by the Director it will be returned to the Section Chief and requestor.
- B. All out-of-state travel needs to be reviewed and approved by the Section Chief before seeking the Director's and Commissioner's approval. The Section Chiefs will ensure that the justification memorandum clearly identifies the criteria in the outline below. If the Section Chief decides not to approve the travel, they will communicate why it was denied to the requestor. If the Section Chief decides to approve the travel, they will submit the request and all documentation to the AA II who will track and seek the approval of the Director. The travel request will then be routed to the Commissioner for approval and will be returned to the Director, Section Chief and requestor after the final determination.

<b>STATE OF ALASKA</b> <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b> <b>Division of Public Assistance</b>  <b>POLICY &amp; PROCEDURE MANUAL</b>	<b>SECTION:</b>	<b>Number:</b>	<b>Page:</b>
	Travel	600	2
	<b>SUBJECT:</b>		
	Travel Restrictions FY09		
<b>SUPERCEDES NUMBER/PAGE:</b>		<b>DATE:</b>	
Old P&P and SOP Manuals			
<b>APPROVED:</b>			

PROCEDURES:

A. All in-state travel being requested will include a Travel Request form with justification provided on the form. In the justification one or more of the below criteria needs to be identified.

1. Travel must be necessary to perform the duties of the job in providing direct services, technical assistance to providers, or some other element of the job that benefits from having a personal presence.
2. Travel to attend meetings: Need to participate in video or teleconference when possible. Travel should be approved if traveler can couple meeting attendance with other job responsibilities such as those listed in item #1 above.
3. Travel to attend conferences: Should only be approved when attendance is necessary because of participation in the actual delivery of conference activities, or the ability to meet with conference participants that will substitute for future travel demands. Where conference attendance is deemed important to the on-going operations of the division, be judicious in determining the number of staff necessary to attend any one event.

If the Section Chief approves of the travel he/she will initial off on the Travel Request Form. It will then be submitted to the AA II in Juneau who will then seek the approval of the Director. After the Director either approves or denies the travel, the AA II will return the form and the memo to the Section Chief and requestor.

B. All out-state travel being requested will include a Travel Request form and justification memorandum. The justification memorandum needs to be addressed to the Division Director, thru the Section Chief and from the Supervisor. The Administrative Officer I (AO I) will prepare the necessary documentation for the Commissioner's approval. A sample justification memorandum for the Director's approval is attached. In the justification memo one or more of the below criteria needs to be identified.

1. Travel that is to be funded by a source other than State General Funds will be approved.
2. Travel for training that is critical to the individual's performance of job responsibilities, it can not be obtained elsewhere, and is time sensitive, will be approved.
3. Travel that is necessary to represent the state in meetings for the development of Federal policy will be approved.
4. Travel for training that can be postponed, or to participate in a national conference without specific benefit to state job responsibilities will not be approved.

<b>STATE OF ALASKA</b> <b>DEPARTMENT OF HEALTH &amp; SOCIAL SERVICES</b> <b>Division of Public Assistance</b>  <b>POLICY &amp; PROCEDURE MANUAL</b>	<b>SECTION:</b> Travel	<b>Number:</b> 600	<b>Page:</b> 3
	<b>SUBJECT:</b> Travel Restrictions FY09		
	<b>SUPERCEDES NUMBER/PAGE:</b> Old P&P and SOP Manuals		
	<b>APPROVED:</b>	<b>DATE:</b>	

If the Section Chief approves of the travel he/she will initial off on the Travel Request form and justification and submit it to the AO I in Juneau who will then seek the approval of the Director and Commissioner. Once final determination has been made the documents will be returned to the requestor and Section Chief.

ATTACHMENTS:

- A. Memorandum from Alison Elgee dated January 27, 2009
- B. Travel Request form
- C. Template of Out-of-State memorandum to the Director
- D. Sample of Out-of-State justification memorandum & documents to the Director

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER  
FINANCE AND MANAGEMENT SERVICES

SARAH PALIN, GOVERNOR

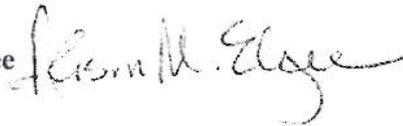
P. O. Box 110650  
Juneau, AK 99811-0650  
Phone: (907) 465-3082  
Fax: (907) 465-2499

## MEMORANDUM

**DATE:** January 27, 2009

**TO:** H&SS Leadership

**FROM:** Alison Elgee



**SUBJECT:** travel review and restrictions

The Governor's office has directed us to curtail travel wherever possible to reduce the state expenses for the current fiscal year. The following guidelines are meant to address this request.

**Travel arrangements made prior to Jan. 23, 2009.** Please proceed with all travel planned prior to the announcement of the travel restrictions. Cancellations generally carry a cost that we do not wish to incur.

**For future travel:** Directors will have the discretion to review and approve all in-state travel requests for their divisions. Out-of-state travel will require the review and approval of the appropriate Deputy Commissioner/Commissioner for your division.

**In-State travel review** should use the following criteria:

- Is the travel necessary to perform the duties of the job in providing direct services, technical assistance to providers, or some other element of the job that benefits from personal presence? This travel should be approved.
- For travel that is to attend meetings, can the individual participate via video or teleconference? This travel should only be approved if the traveler can couple meeting attendance with other job responsibilities as described in #1.
- Travel to attend conferences. Conferences provide a wonderful networking opportunity for individuals. However, due to the restrictions we have been asked to impose on state travel, conference attendance should only be approved where the attendance is necessary

because the traveler is participating in actual delivery of conference activities, or the ability to meet with conference participants will substitute for future travel demands. Where conference attendance is deemed important to the on-going operations of the division, please be judicious in determining the number of staff necessary to attend any one event.

**Out-of-State travel review criteria:**

- Is the need for out-of-state travel being paid for by someone other than the State of Alaska, or is it being supported by a fund source other than State General Funds? If the travel meets all other public purpose kind of reviews, then it will be approved.
- Is the travel for training critical to the individual's performance of job responsibilities? Is it training that cannot be obtained elsewhere? Is the training time-sensitive, i.e. is it important that the training occur as soon as possible? If the answers to these questions is yes, then travel will be approved.
- Is the travel necessary to represent the state in meetings for the development of federal policy? Travel will be approved.
- If the travel is for training that can be postponed, or to participate in a national conference without specific benefit to state job responsibilities, the travel request will not be approved.

Please contact me you have any additional questions regarding travel restrictions and review policy.

Cc: II&SS Admin Managers



# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC ASSISTANCE

SARAH PALIN, GOVERNOR

P.O. BOX 110640  
JUNEAU, ALASKA 99811-0640  
PHONE: (907) 465-3347  
FAX: (907) 465-5154

## MEMORANDUM

DATE: (Month day, year)  
TO: Ellie Fitzjarrald, Director  
Thru: \_\_\_\_\_, Section Chief  
FROM: \_\_\_\_\_, Requestor  
SUBJECT: Out of State Travel Request

I request approval to participate in the (meeting/conference/training) to be held (dates) in (location). (Purpose of the trip. Be sure to follow the DPA's Internal Policy & Procedures in identifying the purpose of the trip.)

Travel expenses (If an outside entity will be paying for travel, identify the entity here. Or if travel is being supported by a fund source other than State General Funds, identify those funds here) will be \$xxx.xx. including airfare, hotel, mileage to/from airport, taxi fare, airport parking fees, and per diem of \$xx/day. Budget code is xxxxxxxx.

Thank you for your consideration of this request. Please let me know if you have any question I may answer.

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved

\_\_\_\_\_  
Ellie Fitzjarrald, Director

\_\_\_\_\_  
Date:

Enclosures (as)

Examples:

Agenda  
Travel Authorization form  
Email Documentation  
Flight/Hotel details

# STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC ASSISTANCE

SARAH PALIN, GOVERNOR

CONTRACTED SERVICES  
QUALITY ASSURANCE  
3601 C STREET, SUITE 200  
P.O. BOX 240249  
ANCHORAGE, ALASKA 99524-0249  
PHONE: (907) 269-7873  
FAX: (907) 269-1062

## MEMORANDUM

DATE: November 24, 2008

TO: Ellie Fitzjarrald  
Director, DPA

THRU: [REDACTED]

FROM: [REDACTED]

SUBJECT: Out of State Travel Request -- Boise Evaluation Committee

I request approval to participate in the Idaho evaluation committee to be held December 10 - 14, 2008 in Boise, Idaho, a state that monitors work services contracts very closely. Specifically I will attend the meeting in Boise, ID to evaluate a request for a proposal for enhanced work services. It will be an excellent opportunity to actively participate in their method of quarterly monitoring of contracts on a first-hand basis and how it applies and/or may enhance our work services contracts within SOA.

Travel expenses are paid for by the State of Idaho, including airfare, hotel, mileage to/from airport, taxi fare, airport parking fees, and per diem of \$49/day. In accordance with our SU Bargaining Unit, SOA costs will be the difference in the per diem rate of \$60 vs their \$49, for a total of \$77 for the travel dates of December 9 - 15, 2008. Budget code is 06216433.

E-correspondence and their approved travel to cover my expenses are attached.

Thank you for your consideration of this request. Please let me know if you have any questions I may answer.

Approved: \_\_\_\_\_

*Ellie Fitzjarrald*  
Ellie Fitzjarrald

*11/25/08*  
Date

Enclosures (as)

*contingent upon  
ID's approval to pay  
travel*

*Sample*

## AGENDA

FWS RFP Evaluation Team

December 10-13, 2008

9<sup>th</sup> floor conf room, PTC

8am – noon Evaluate Requests for Proposal

Lunch on own

1-5 pm Evaluate Requests for Proposal



[REDACTED] (HSS)

---

From: [REDACTED] (HSS)  
Sent: Tuesday, October 28, 2008 2:48 PM  
To: [REDACTED] (HSS)  
Subject: FW: participation on the evaluation committee for Idaho

Here's the request

---

From: [REDACTED] (HSS)  
Sent: Tuesday, October 28, 2008 10:07 AM  
To: [REDACTED] (SS)  
Subject: FW: participation on the evaluation committee for Idaho

Here is the e-mail regarding Idaho's request for help with their PEC. I checked my notes from the last TANF Directors meeting in Region X and Idaho is the state that monitors their work services contracts very closely. They do reviews quarterly and pull a sample from around the state. The contractors were meeting twice a year to share best practices. They also were meeting monthly with contractors to discuss any families reaching the 12 month mark. Their program is much more stringent than ours, the caseload is small and families don't stay on long – most for only 4 months. Basically if they go to work, they become over income for the program, and if they don't comply with the work requirements by participating immediately, their case is closed. I don't think we want to follow a lot of their rules, but their method for monitoring contractors might be enlightening. Of course, now with only one contractor, their methods might be changing.

Thanks for checking on [REDACTED] availability. Once I hear back from you, I will reply to [REDACTED]

[REDACTED]

---

From: [REDACTED]  
Sent: Friday, October 24, 2008 6:57 AM  
To: [REDACTED]  
Subject: RE: participation on the evaluation committee for Idaho

Thanks [REDACTED]. We have had to change the date of the bidders conference and will not be holding it until Wed. I will be out of the office Oct 30th through Nov 3 and would really like to know if someone from Alaska is available to help us before Wed. If we have an inkling of whether Maximus will bid on Wed, I will shoot you an e-mail and let you know.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*"Not finance. Not strategy. Not technology. It is team work that remains the ultimate competitive advantage, both because it is so powerful and so rare."*

*Patrick Lencioni*

---

From: [REDACTED]

11/24/2008

Sent: Thursday, October 23, 2008 6:35 PM

To: [REDACTED]

Subject: RE: participation on the evaluation committee for Idaho

Hi [REDACTED] I just wanted to let you know that I got your message and I am checking if we have someone available to help you out. I should be able to get back to you early next week. Maybe by then you will know if Maximus is going to bid.

I'll be in touch soon.

[REDACTED]

[REDACTED]

Alaska Division of Public Assistance

(907) [REDACTED]

My new e-mail address is [REDACTED]

---

From: [REDACTED]

Sent: Monday, October 20, 2008 8:34 AM

To: [REDACTED]

Cc: [REDACTED]

Subject: participation on the evaluation committee for Idaho

[REDACTED] It was nice talking to you. The exact dates that we would need to have someone from Alaska serve on the evaluation committee are December 10, 11, and 12. We would send copies of the bids for the individual to review the week prior to this meeting. As I said in my message, we would be happy to pay transportation, lodging and per diem for the trip. I also understand that since Maximus is one of your EWS contractors, it would be a conflict of interest for a representative from Alaska to serve on the committee if Maximus submits a bid. We should probably have a pretty good idea of whether Maximus is interested in bidding after Monday of next week since that is the date of the bidders conference. Let me know if these dates work.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

*"Not finance. Not strategy. Not technology. It is team work that remains the ultimate competitive advantage, both because it is so powerful and so rare."*

*Patrick Lencioni*

The information contained in this email may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this email in error, please reply to the sender that you have received this information in error. Also, please delete this email after replying to the sender. The information contained in this email may be privileged, confidential or otherwise protected from disclosure. All persons are advised that they may face penalties under state and federal law for sharing this information with unauthorized individuals. If you received this email in error, please reply to the sender that you have received this information in error. Also, please delete this email after replying to the sender.

11/24/2008

**STATE OF IDAHO  
DEPARTMENT OF HEALTH AND WELFARE  
REQUEST FOR APPROVAL -- OUT-OF-STATE TRAVEL**

LOG NO.		DATE: Nov 24 2008	
TO:		To: RICHARD M. ARMSTRONG, Director, Idaho Department of Health and Welfare	
SUBJECT:		Out of State Travel to <b>Boise, ID</b> and return.	
1.	Name of Traveler:	[REDACTED]	Division: SR
2.	Conference, Meeting, etc., to be Attended:	SR Evaluation Team	
3.	Names of Other Department Employees Attending (if known):	none	
4.	Justification for Attendance (e.g. what is the expected value to the State?) Submit an agenda of the event with this request. [REDACTED] will participate on an RFP evaluation team for EWS Services for the SR Division		
If Travel is for training, complete the Employee Training Request and Authorization form			
5.	Meeting or Conference Dates:	From: Dec 10 2008	To: Dec 13 2008
6.	Travel Time	Date of Departure: 9-Dec	Date of Return: Dec 14 2008
7.	Means of Transportation:	commercial air	Personal Car > Miles @
8.	<b>ESTIMATED COST OF TRAVEL</b> <i>Begin Here &gt;</i>		
	Each type of expense must be included in the estimates. If an expense is not included, a revised Out-of-State Travel form must be submitted and be approved before any reimbursement is made to the traveler.	5 Nights @ \$ 99.00	Transportation \$ 800.00
		6 Days @ \$ 39.00	Hotel \$ 495.00
		<a href="#">Click for Rates</a>	Per Diem \$ 234.00
			Registration \$ -
			Car Rental \$ -
	<a href="#">List Items Here &gt;</a>	TAXI, SHUTTLE, AIRPORT PARKING	Miscellaneous \$ 80.00
	If the actual cost of the trip exceeds the approved budget by more than \$250, final payment for the trip will not be made until a revised Request for Approval - Out of State Travel form (HWJ-0199) has been approved.		TOTAL \$ 1,609.00
9.	Is another Agency (Federal or State) reimbursing costs for this trip? If yes, Enter Agency Name Here >		PCA > 31349
10.	Recommended by (Supervisor) Signature: _____		
11.	Approved by (Division Administrator) Signature: _____		
12.	Director, Department of Health and Welfare Signature: _____		Date: _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved

Send Original to the Director, Department of Health and Welfare. Original will be returned to you. Attach a copy of the approved form with your Travel Voucher and/or P-Card Transmittal.

Welcome, Marilyn!  
 Priority Access member - [View benefits](#)  
[Site feedback](#)

Flight Details

1 Review trip details

1 traveler, round-trip (5 days, 4 nights) [More flight details](#)

Total airfare, taxes and fees: **\$666.30**

**Act fast! Only 4 tickets left at this price!**

**Price Assurance** Get our lowest fare or an automatic cash refund.

Wed, Dec 10 <i>Tue 12/9</i>	Depart: 11:30 am	Anchorage, AK (ANC)	Alaska Airlines 84	2+ stops
	Arrive: 8:59 pm	Boise, ID (BOI)	Alaska Airlines 76 Alaska Airlines 2398 <small>operated by Horizon Air</small>	
Sun, Dec 14	Depart: 7:30 am	Boise, ID (BOI)	Alaska Airlines 2269 <small>operated by Horizon Air</small>	1 stop
	Arrive: 12:40 pm	Anchorage, AK (ANC)	Alaska Airlines 87	

[E-mail flight information](#)

2 Optional: Members please sign in for faster booking

We'll fill in your preferences, coupons, reward points and billing info.

Am I a member?

E-mail address:  Password:

Remember my e-mail address when I return.

[Forgot your password?](#)

Sign in

3 Who's traveling?

Each traveler's name must match the name on his/her government-issued photo ID. Airlines do not allow passengers to transfer tickets or to change names on tickets.

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 Orbitz pledges to keep your personal information private and protected.  
[View our privacy policy](#)

Traveler: Adult

*First/given name	M.I.	*Last name/surname	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I am a resident of the European Union (EU). Why we ask

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**\$1,151 total**

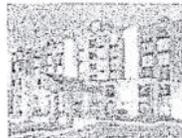
Flight + Hyatt Place Boise Towne Sq Mall

**K&K**



1.5 Miles West of Boise

Hotel centrally located in Boise's top shopping & corporate business area-just 1.5 blocks away from Boise Towne Square Mall & several restaurants, rooms include mini kitchens, refrigerator, wet bar, coffeemaker 42" color...



[Hotel and room details, photos and maps](#)

Select a room



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HOME BUILDINGS PRODUCTS SERVICES TECHNOLOGY POLICY

Per Diem

Home > Policy > Travel Management > Per Diem > Per Diem Rates

Overview

## Idaho - FY 09

FAQ

(October 1, 2008 through September 30, 2009)

Per Diem Rates

Meals and Incidental Expense Breakdown

Cities not appearing below may be located within a county for which rates are listed. To determine what county a city is located in, visit the National Association of Counties (NACO) website (a non-federal website).

Factors Influencing Lodging Rates

FY 09 Per Diem Highlights

NOTE: If neither the city nor the county is listed, the location is a standard CONUS destination with a rate of \$70.00 for lodging and \$39.00 for meals and incidental expenses (M&IE).

Fire Safe Hotels

Have a Per Diem Question?

State Tax Rates & Exemption Forms

Per Diem Files (Current & Archived)

Properties at Per Diem (FedRooms)

View a state map with highlighted areas showing where rates listed below apply. Standard CONUS rates apply elsewhere.

Select another State

Primary Destination	County	Max Lodging (incl. taxes)	M&IE Rate	Max Per Diem Rate	First & Last Day (10% of M&IE)
Boise	Ada	86	49	135	36.75
Coeur d'Alene (October 1 - June 30)	Kootenai	75	59	134	44.25
Coeur d'Alene (July 1 - August 31)	Kootenai	109	59	168	44.25
Coeur d'Alene (September 1 - September 30)	Kootenai	75	59	134	44.25
Sun Valley / Ketchum	Blaine	84	59	143	44.25
Twin Falls	Twin Falls	86	39	125	29.25

Printer Friendly format

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