

5.7.2 Out-of-State Travel Requests

(a) Policy

California Correctional Health Care Services (CCHCS) out-of-state travel (OST) requests shall be approved in advance by the Undersecretary, Health Care Services; Secretary; and the Governor's Office, as applicable, prior to traveling outside of California on official business only.

(b) Purpose

Out-of-state travel is defined as any travel outside the State of California for the purpose of conducting state business.

(c) Procedure

(1) OST Blanket Request

- (A) OST Blanket Travel provides state agencies the authority, in advance, to approve travel listed in their department's travel plan. The OST Blanket Travel requests are classified as either mission-critical or non-mission critical (discretionary) travel, based on the Out of State Blanket request form submitted by the requesting program.
- (B) The Fiscal Management Section (FMS) Technical Unit shall issue an OST Blanket Call Letter and OST Request form on an annual basis, generally issued between December and April, to inform all CCHCS program areas to submit a request for advanced approval. OST Request forms are due to FMS Technical Unit.
- (C) To be considered for OST Blanket, each program shall prepare and submit the OST request package one-year in advance, including all necessary forms and supporting documentation (with required signatures), as identified in the Call Letter, to the FMS OST mailbox: m_OutOfStateTravel@cdcr.ca.gov.
- (D) Upon approval, FMS shall forward the OST request package to CDCR's Accounting Services Branch (ASB).
 1. Medical Requests: ASB shall retain the OST request package for record keeping only. FMS shall forward a copy of the request package to the CDCR Agency Secretary.
 2. Dental and Mental Health Requests: ASB shall route the OST request packages to the Secretary and the Governor's Office, as applicable, for approval.

(2) Individual Trip Requests

- (A) Individual OST requests are submitted when travel was not originally known or requested through the OST Blanket Request process.
- (B) To be considered for an Individual OST, the requester shall prepare an Individual Trip Request package to include the following:
 1. A request memorandum (refer to the [CCHCS](#) and [CDCR](#) Individual OST Memorandum template);
 2. Completed CDCR 3060, Out of State Individual Trip Request, and STD 257, Out-of-State Travel, which are available on the CDCR [Out-of-State Travel](#) page; and
 3. Relevant event documentation (e.g., brochure, flyer, invitation and agenda).
- (C) Individual OST requests shall be submitted to FMS at least eight weeks in advance of the travel date to provide sufficient time to obtain the required approvals, as indicated in the steps below.
 1. Medical Services Requests¹
 - a. The program shall submit a completed Individual OST request package, including an Individual OST Memorandum addressed to the Director of Health Care Policy and Administration, CDCR 3060, STD 257, and supporting documentation (e.g., brochure, flyer, invitation, and agenda) to support the trip to the FMS OST mailbox: m_OutOfStateTravel@cdcr.ca.gov.
 - b. The FMS analyst shall review the Individual Trip Request package and provide any feedback to the program.
 - c. The program shall complete necessary revisions and route the Individual Trip Request package to the program director and applicable program leadership for approval.
 - d. All levels of the traveler's supervisory chain of command between the traveler and program director shall also review and approve the Individual OST request package.
 - e. Approvers shall indicate their approval by initialing in the memorandum's Via field.
 - f. The program director shall sign the memorandum to indicate their approval of the costs, purpose of travel, and content of the presentation, if available.

¹ Medical Services requests are under the authority of the Receiver, or designee. Upon the end of the Receivership, Medical Services requests will align with Section (c)(2)(C)2.

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- g. The program shall submit the completed Individual Trip Request package to the FMS OST mailbox: m_OutOfStateTravel@cdcr.ca.gov.
 - h. The FMS analyst shall review and route the completed Individual Trip Request package to the following:
 - 1) Director, Health Care Policy and Administration, for approval and signature on the memorandum.
 - 2) Program director and Undersecretary, Health Care Services, for approval and signature on the STD 257.
 - i. Upon approval by the Director, Health Care Policy and Administration, Receiver, and Undersecretary, Health Care Services, the FMS analyst shall forward a copy of the Individual Trip Request package to ASB and the CDCR Agency Secretary and notify the program of their trip number once assigned by ASB.
2. Dental and Mental Health Services Requests
- a. The program shall submit a completed Individual Trip Request package, including a memorandum addressed to the Associate Director of ASB, CDCR 3060, STD 257, and backup documentation (e.g., brochure, flyer, invitation, and agenda) to support the trip to the FMS OST mailbox: m_OutOfStateTravel@cdcr.ca.gov.
 - b. The FMS analyst shall review the OST request package and provide any feedback to the program.
 - c. The program shall complete necessary revisions and route the Individual Trip Request package to the program director and applicable program leadership for approval.
 - d. All levels of the traveler's supervisory chain of command between the traveler and program director shall also review and approve the Individual OST request package.
 - e. Approvers shall indicate their approval on a route slip or by attaching an email indicating their approval.
 - f. The program director shall sign the memorandum to indicate their approval of the costs, purpose of travel, and content of the presentation, if available.
 - g. The program shall submit the completed Individual Trip Request package with all required signatures to the FMS OST mailbox: m_OutOfStateTravel@cdcr.ca.gov.
 - h. The FMS analyst shall review and route the completed Individual Trip Request package to the following:
 - 1) Undersecretary, Health Care Services, for approval and signature on the STD 257.
 - 2) ASB Associate Director for review and approval.
 - i. Upon approval, ASB shall forward the Individual Trip request to the CDCR Agency Secretary for approval.
 - j. ASB shall notify FMS of the outcome, and FMS shall notify the traveler and requester of the approval and ASB-assigned trip number or denial.

References

- California Government Code, Title 2, Division 3, Part 1, Chapter 1, Article 9.5, Section 11139.8
- Prohibition on State-Funded and State-Sponsored Travel to States with Discriminatory Laws, [California Attorney General](#) website
- California Department of Corrections and Rehabilitation, Department Operations Manual, Section 22020.25, Individual Request for Approval of Out-of-State Travel
- State Administrative Manual, Section 760, Out-of-State Travel
- State Administrative Manual, Section 761, Advance Blanket Approval
- State Administrative Manual, Section 762, Criteria for Blanket Approval of Out-of-State Travel
- State Administrative Manual, Section 763, Travel Plan
- State Administrative Manual, Section 764, Individual Trip Approval

Revision History

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