



**HIDALGO COUNTY, TEXAS
APPLICATION FOR OFFICIAL TRAVEL**

DATE OF REQUEST: 07/19/12
TOTAL NUMBER OF EMPLOYEES TRAVELING: 1

DEPARTMENT NAME: Health and Human Services
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Dairen Sarmiento - Director

EVENT INFORMATION

TITLE OF EVENT: Texas RHP Planning Summit
EVENT DATE(S) FROM: 08/07/12 TO: 08/08/12
DEPARTURE DATE: 08/06/12 RETURN DATE: 08/08/12
LOCATION OF EVENT: CITY: Austin STATE: Texas

PURPOSE OF TRAVEL

- Place an "X" by the applicable purpose of the trip.
- To obtain statutorily required continuing professional education.
 - To obtain continuing education related to an employee's work or maintenance of a license or certification.
 - To testify before legislative bodies, regulatory agencies and commissions, and other forums that may make decisions affecting the County and its affiliated organizations and operations.
 - To participate in professional organizations related to the employee or official's job assignment.
 - To conduct essential research & information-gathering for improvement of County operations or compliance with law.
 - To monitor the development of state or federal legislation or implementation of legislation that might affect the County
 - To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County
 - To pursue the County's interests in litigation or criminal justice.
 - To promote the economic development interests of the County.
 - To carry out other purposes determined by Commissioners' Court to be in the interest of the County (Commissioners' Court approval is attached).

JUSTIFICATION FOR THE NEED TO TRAVEL OUT-OF-STATE

Explain the benefits that this trip it will bring to Hidalgo County. Attach an itinerary, agenda, or schedule for the conference and/ or event. If applicable, justify the need for multiple persons traveling to the same event.

Funds through A1# 33452

SUMMARY OF ESTIMATED TRAVEL EXPENSES	ESTIMATED EXPENSES	(DBM USE ONLY) FUNDS AVAILABLE BALANCE	MODE OF TRAVEL (Place an "X" by applicable mode of travel)
1. REGISTRATION FEE(S)	\$ -		AIRFARE*
Subtotal for Object Code 584	\$ -	\$	BUS**
2. AIRFARE - ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car**
3. TAXI FARE	\$ -		County Vehicle**
4. BUS FARE	\$ -		Private Vehicle**
5. RENTAL CAR	\$ -		OTHER** (Specify)
6. GASOLINE/DIESEL/FUEL	\$ 70.00		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists.
7. MILEAGE REIMBURSEMENT	\$ -		** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation.
8. TELEPHONE CALLS	\$ -		
9. PARKING	\$ -		
10. LODGING	\$ 199.50		
11. MEALS	\$ 108.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 373.50		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 373.50	\$	

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:

NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)

- I certify that:
- Trip expenses are necessary and will be incurred for official county business.
 - Reasonable efforts to minimize the use of county funds have been explored.
 - Sufficient funds are available within in my department's budget to pay for the related travel expenses without the need of a budget amendment.
- If this trip is for out-of-state training, the training is not available in some other form that does not require out-of-state travel.

APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD: [Signature] DATE: 7/19/12 DEPARTMENT CONTACT PERSON: Eddie Olvarez PHONE NO.: 383-8858

FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

TRAVEL IS **APPROVED** for the individuals listed below:
TRAVEL IS **NOT APPROVED** for the individuals listed below:

REVIEWED BY (PRINT NAME): Veronica Ortiz DATE: 7/27/12 REVIEWER'S SIGNATURE: [Signature] PHONE NO.: 292-7025

DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME): DATE: SIGNATURE OF DBM DEPARTMENT HEAD:



**HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 1 OF 2**

DEPARTMENT:	Health & Human Services	If, applicable, was travel approved by Co. Exec. Officer?	
DEPARTURE DATE:	8/6/2012	RETURN DATE:	8/8/2012
TO CITY:	Austin	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	DAIREN SARMIENTO		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	1		
PURPOSE/BENEFIT TO HIDALGO COUNTY:			

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR:	HHSC RHP Planning Summit		
SPONSORED BY:	State HHSC		
REGISTRATION CHECK PAYABLE TO:	NA		
REGISTRATION ADDRESS:	NA	SEMINAR START DATE:	8/7/2012
	NA	SEMINAR END DATE:	8/8/2012
	NA	PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:	\$ -	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	0
2. REGISTRATION COST PER EMPLOYEE:	\$ -	NO. OF EMPLOYEES ATTENDING AT THIS RATE:	0
3. "FREE REGISTRATION COST:	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	1
GL ACCT NO.:	1100-444-00-240-001-0-	TOTAL NO. OF EMPLOYEES ATTENDING:	1
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$ -	TOTAL THIS PAGE (A):	\$ -
(SEE PAGE 2 FOR SECTIONS B, C, & D)		TOTAL 2ND PAGE (B + C + D):	\$ -
		GRAND TOTAL (A + B + C + D):	\$ -

E. CERTIFICATIONS AND EMPLOYEE AUTHORIZATIONS FOR PAYROLL DEDUCTIONS

DEPARTMENT'S PUBLIC OFFICIAL CERTIFICATION: I hereby certify that trip expenditures are necessary and will be incurred for official county business. Reasonable efforts to minimize the use of county funds have been explored. The information and estimates provided on this form are true and as accurate as possible. If it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. Travelers have read the Travel Policy, Guidelines, and Procedures and understand that failure to cancel reservations for any reasons other than those allowed by the Travel Policy will be at their expense.

	Eddie Olvarez	383-885
DEPARTMENT'S PUBLIC OFFICIAL (Signature)	DEPARTMENT'S CONTACT PERSON	PHONE #

TRAVELER'S AUTHORIZATION: I certify that if it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. If I fail to cancel reservations for reasons other than those allowed by Section 17 of the Travel Policy, Guidelines, and Procedures, I authorize the deduction of any travel expenses incurred by the county on my behalf from my payroll check.

Dairen Sarmiento	Dairen Sarmiento	058726
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.

From: "HHSC Texas Healthcare Transformation and Quality Improvement Program"
<TXHealthcareTransformation@hhsc.state.tx.us>
To:
Subject: RHP Planning Summit webcast: Request for accommodations
Date: 7/20/2012 3:18:34 PM

HHSC will be holding the **Regional Healthcare Partnership (RHP) Planning Summit** on August 7-8, 2012. In-person attendance is by invitation only; however, HHSC will broadcast the audio and video from both days of the summit live via the Internet so that individuals not able to attend in person can watch presentations and hear discussions. Once the details of the webinar are available, login instructions will be posted at: <http://www.hhsc.state.tx.us/1115-waiver.shtml>. No registration will be necessary to view this webcast. **If you would like to view this webcast but need special accommodation for hearing or sight disabilities, please email your request to TXHealthcareTransformation@hhsc.state.tx.us before 5 p.m. July 30.**

What is the Purpose of the Summit? Under the 1115 Transformation Medicaid waiver, eligibility to receive funding from Uncompensated Care (UC) or Delivery System Reform Incentive Payment (DSRIP) pools will require participation in a Regional Healthcare Partnership (RHP). RHPs must submit a regional plan for approval by HHSC and the federal Centers for Medicare and Medicaid Services (CMS). An RHP's plan outlines the region's participation in the waiver over the next four years and includes identifying regional healthcare partners, community needs, DSRIP projects and metrics, and related funding estimates.

To assist RHPs with development of regional plans, HHSC is organizing a two-day RHP Planning Summit. At the summit, HHSC will provide technical assistance to those RHP participants responsible for contributing to an RHP Plan—including representatives from public and private hospitals, providers, local government entities, and other stakeholders. The summit will be held from 8:00 a.m. – 5:30 p.m. on August 7th, and from 8:00 a.m. – 3:30 p.m. on August 8th. The planned agenda for day one includes a walk-through of specific content of RHP plan development and CMS expectations. Day one also will cover the Uncompensated Care Protocol and Requirements, the RHP Protocol (DSRIP Menu), and the Program Funding and Mechanics Protocol. For day two, planned sessions relate to intergovernmental transfers and allocation of funds and behavioral health.

Thank you for your continued interest in the 1115 Transformation waiver. Please send any questions to TXHealthcareTransformation@hhsc.state.tx.us, with RHP Summit in the subject line.

Donna Kay Miles

Administrative Assistant to
Lisa Kirsch, Deputy Director
Healthcare Transformation Waiver Operations
and Cost Containment
Phone: (512) 491-1491
Fax: (512) 491-1971
Email: donna.miles@hhsc.state.tx.us

Please print and bring with you to the event

97164098123837002001 	Event	HHSC Regional Healthcare Partnership (RHP) Planning Summit Tuesday, August 7 - Wednesday, August 8, 2012	
	Date+Time		Name DAIREN SARMIENTO
	Type	HHSC Regional Healthcare Partnership (RHP) Planning Summit	Payment Status Free Order
	Location	Hilton Austin 500 East 4th Street Austin, TX 78701	
	Order Info	Ordered by DAIREN SARMIENTO on July 17, 2012 2:40 PM	

Thank you for registering for the HHSC Regional Healthcare Partnership (RHP) Planning Summit. We are excited about this planning summit, and look forward to your participation.



97164098123837002001

Here are a few things to keep in mind.

Group room rates at the Hilton Downtown Austin of \$209.00 per night are available until Monday, July 16, 2012.

For reservations, call 1-800-236-1592 and mention the group code/name "RHP" to receive the group discount. Hotel information and directions can be found at the following website: austin.hilton.com

Hotel parking is available at the hotel parking lot adjacent to the hotel.

The dress code is business casual. Please keep in mind that hotel temperatures often fluctuate so consider bringing a sweater or jacket.

Breakfast and lunch will be provided for all registered attendees both days of the conference, but dinner will be on your own.

Please bring any materials that may be helpful in your regional planning (e.g. community needs assessments, draft plans, potential DSRIP projects, funding estimates).

Eventbrite

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Subject: Fw: La Quinta Hotel Reservation for EDUARDO OLIVAREZ arriving 08/06/2012
From: olivarez2@sbcglobal.net
Date: Thu, 19 Jul 2012 15:04:31 +0000
To: "Josie Escalante" <josie.escalante@hchd.org>

Sent on the Sprint® Now Network from my BlackBerry®

From: La Quinta Reservations <reservations@laquinta.com>
Date: Thu, 19 Jul 2012 11:01:36 -0400 (EDT)
To: EDUARDO OLIVAREZ<olivarez2@sbcglobal.net>
Subject: La Quinta Hotel Reservation for EDUARDO OLIVAREZ arriving 08/06/2012

This is an automated message, please do not reply.

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Your Reservation Confirmation No: 3149128962

[AUSTIN MOPAC NORTH IS TX](#)
11901 North Mopac Expwy.
AUSTIN, TX 78759
1-512-832-2121

Your Name: EDUARDO OLIVAREZ

Check-In Date: 08/06/2012

Check-In Time: 15:00

Check-Out Date: 08/08/2012

Check-Out Time: 12:00

Number of Rooms: 1

Room Type: One King Bed w/Microwave & Refrigerator

Nightly Rate: 85.00 USD

(Does not include all applicable taxes or fees)

Total Amount: 170.00 USD + tax

(Total Amount displayed does not include all applicable taxes or fees)

Rate Type: ##rateName##

Guarantee Method: Your reservation has been guaranteed through LQ.com with a credit card or direct bill number.

IF YOU HAVE TO CANCEL
CXL BY 6PM LOCAL HOTEL TIME
[Cancel](#) this reservation.

[Map & Directions](#)