Hearing Date: March 27, 2015

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#### **ITEM 10**

# INCORRECT REDUCTION CLAIM PROPOSED DECISION

Former Education Code Section 72246 (Renumbered as § 76355)<sup>1</sup>

Statutes 1984, Chapter 1 (1983-1984 2nd Ex. Sess.); Statutes 1987, Chapter 1118

Health Fee Elimination

Fiscal Years 2002-2003, 2003-2004 and 2004-2005

08-4206-I-18

Los Rios Community College District, Claimant

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<sup>&</sup>lt;sup>1</sup> Statutes 1993, chapter 8.

### **SixTen and Associates Mandate Reimbursement Services**

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February 4, 2009

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**COMMISSION ON** STATE MANDATE

Paula Higashi, Executive Director Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

RE:

Health Fee Elimination

Fiscal Years: 2002-03 through 2004-05

**Incorrect Reduction Claim** 

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Los Rios Community College District.

SixTen and Associates has been appointed by the District as its representative for this matter and all interested parties should direct their inquiries to me, with a copy as follows:

Jon Sharpe, Deputy Chancellor Los Rios Community College District 1919 Spanos Court Sacramento, CA 95825-3981

Thank you.

Sincerely,

Keith B. Petersen

### **COMMISSION ON STATE MANDATES**

#### 1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

#### 2. CLAIMANT INFORMATION

Los Rios Community College District

Jon Sharpe Deputy Chancellor 1919 Spanos Court Sacramento, CA 95825-3981

Voice: 916-568-3058 Fax: 916-568-3078

E-Mail: SharpeJ@losrios.edu

## 3. CLAIMANT REPRESENTATIVE INFORMATION

Claimant designates the following person to act as its sole representative in this incorrect reduction claim. All correspondence and communications regarding this claim shall be forwarded to this representative. Any change in representation must be authorized by the claimant in writing, and sent to the Commission on State Mandates.

Keith B. Petersen, President SixTen and Associates 3841 North Freeway Blvd., Suite 170 Sacramento, CA 95834

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For CSM Use Only

Filing Date:

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## COMMISSION ON STATE MANDATE

IRC#:

IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

Statutes of 1984, Chapter 1, 2<sup>nd</sup> E.S. Statutes of 1987, Chapter 1118

#### 5. AMOUNT OF INCORRECT REDUCTION

| Fiscal Year                   | Amount of Reduction                 |
|-------------------------------|-------------------------------------|
| 2002-03<br>2003-04<br>2004-05 | \$814,928<br>\$865,621<br>\$874,066 |
| TOTAL:                        | \$2,554,615                         |

### 6. NOTICE OF INTENT TO CONSOLIDATE This claim is not being filed with the intent to

consolidate on behalf of other claimants.

Sections 7-15 are attached as follows:

| <ul><li>7. Written Detailed Narrative:</li><li>8. SCO Results of Review Letters:</li><li>9. Parameters and Guidelines:</li><li>10. Claiming Instructions:</li><li>11. SCO Audit Report:</li></ul> | Pages 1 to 27 Exhibit A Exhibit B Exhibit C Exhibit D |
|---|---|
| 12. January 22, 2007 email:<br>13. CCC Budget & Accounting  | Exhibit <u>E</u>                                      |
| Manual, Ch. 4, 2000 ed.<br>14. CCCCO Health Fee letter:   | Exhibit <u>F</u><br>Exhibit <u>G</u>                  |
| 15. Annual Reimbursement Claims:  | Exhibit H   |

#### 16. CLAIM CERTIFICATION

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to Government Code section 17561. This incorrect reduction claim is filed pursuant to Government Code section 17551, subdivision (d). I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or belief.

Jon Sharpe

**Deputy Chancellor** 

Signature

//29/09

| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9  | Claim Prepared by: Keith B. Petersen SixTen and Associates 3841 North Freeway Blvd., Suite 170 Sacramento, California 95834 Voice: (916) 565-6104 Fax: (916) 564-6103 E-mail: Kbpsixten@aol.com |   |  |  |  |  |  |  |
|--|---|---|--|--|--|--|--|--|
| 10   | BEFORE THE  |   |  |  |  |  |  |  |
| 11   | COMMISSION ON STATE MANDATES  |   |  |  |  |  |  |  |
| 12   | STATE OF CALIFORNIA   |   |  |  |  |  |  |  |
| 13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28 | INCORRECT REDUCTION CLAIM OF: ) ) LOS RIOS Community College District, ) Claimant. ) )  | No. CSM Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987  Education Code Section 76355  Health Fee Elimination  Annual Reimbursement Claims:  Fiscal Year 2002-2003  Fiscal Year 2003-2004  Fiscal Year 2004-2005 |  |  |  |  |  |  |
| 29   | II  | NCORRECT REDUCTION CLAIM FILING   |  |  |  |  |  |  |
| 30   | PART I. AUTHORITY FOR THE CLAIM   |   |  |  |  |  |  |  |
| 31   | The Commission on State Mandates has the authority pursuant to Government   |   |  |  |  |  |  |  |
| 32   | Code Section 17551(d) " to hear and decide upon a claim by a local agency or  |   |  |  |  |  |  |  |
| 33   | school district filed on or after January 1, 1985, that the Controller has incorrectly  |   |  |  |  |  |  |  |
| 34   | reduced payments to the local agency or s   | school district pursuant to paragraph (2) of  |  |  |  |  |  |  |
| 35   | subdivision (d) of Section 17561." Los Rios Community College District (hereafter   |   |  |  |  |  |  |  |
| 36   | "District" or "Claimant") is a school district as defined in Government Code Section  |   |  |  |  |  |  |  |

17519.<sup>1</sup> Title 2, CCR, Section 1185 (a), requires claimants to file an incorrect reduction claim with the Commission.

This incorrect reduction claim is timely filed. Title 2, CCR, Section 1185 (b), requires incorrect reduction claims to be filed no later than three years following the date of the Controller's remittance advice notifying the claimant of a reduction. A Controller's audit report dated May 21, 2008, has been issued. The audit report constitutes a demand for repayment and adjudication of the claim. The Claimant also received three result of review letters dated May 30, 2008. Copies of these letters are attached as Exhibit "A."

There is no alternative dispute resolution process available from the Controller's office. The audit report states that an Incorrect Reduction Claim should be filed with the Commission if the claimant disagrees with the findings.

#### PART II. SUMMARY OF THE CLAIM

The Controller has conducted a field audit of the District's annual reimbursement claims for the actual costs of complying with the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session and Chapter 1118, Statutes of 1987) for the period of July 1, 2002 through June 30, 2005. As a result of the audit, the Controller determined that none of the claimed costs were

<sup>&</sup>lt;sup>1</sup> Government Code Section 17519, added by Chapter 1459, Statutes of 1984, Section 1:

<sup>&</sup>quot;School district' means any school district, community college district, or county superintendent of schools."

#### allowable:

| 2 3 | Fiscal<br><u>Year</u> | Amount<br><u>Claimed</u> | Audit<br><u>Adjustment</u> | SCO<br><u>Payments</u> | Amount Due <state></state> |
|-----|-----------------------|--------------------------|----------------------------|------------------------|----------------------------|
| 4   | 2002-03               | \$814,928                | \$814,928                  | \$814,928              | <\$814,928>                |
| 5   | 2003-04               | \$865,621*               | \$865,621                  | \$0                    | \$0                        |
| 6   | 2004-05               | <u>\$874,066</u>         | <u>\$874,066</u>           | <u>\$0</u>             | <u>\$0</u>                 |
| 7   | Totals                | \$2,554,615              | \$2,554,615                | \$814,928              | <\$814,928>                |
| ,   | lotaio                | <del>+-</del> 1-2-1-     |                            |                        |                            |

<sup>\*</sup> Net amount claimed after \$1,000 late filing penalty

### PART III. PREVIOUS INCORRECT REDUCTION CLAIMS

On September 9, 2005, the District filed an incorrect reduction claim for fiscal years 1997-98, 1998-99, 1999-00, 2000-01, and 2001-02 for this mandate. The District is not aware of any incorrect reduction claims having been adjudicated on the specific issues or subject matter raised by this incorrect reduction claim.

### PART IV. BASIS FOR REIMBURSEMENT

### Mandate Legislation

Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, repealed Education

Code Section 72246 and added new Education Code Section 72246, which authorized
community college districts to charge a student health services fee for the purposes of
providing health supervision and services, and operating student health centers. This
statute also required that the scope of student health services provided by any
community college district during the 1983-84 fiscal year be maintained at that level in
the 1984-85 fiscal year and every year thereafter. The provisions of this statute were to

1 automatically repeal on December 31, 1987.

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Chapter 1118, Statutes of 1987, Section 4, amended Education Code Section 72246 to require any community college district that provided student health services in fiscal year 1986-87 to maintain student health services at that level in 1987-88 and each fiscal year thereafter.

Chapter 753, Statutes of 1992, Section 2, amended Education Code Section 72246 to increase the maximum fee that community college districts were permitted to charge for student health service. This statute also provided for future increases in the amount of the authorized fees that were linked to the Implicit Price Deflator for State and Local Government Purchase of Goods and Services.

Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added Education Code Section 76355² containing substantially the same provisions as

<sup>&</sup>lt;sup>2</sup> Education Code Section 76355, added by Chapter 8, Statutes of 1993, Section 34, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995, Section 99:

<sup>&</sup>quot;(a) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than ten dollars (\$10) for each semester, seven dollars (\$7) for summer school, seven dollars (\$7) for each intersession of at least four weeks, or seven dollars (\$7) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, or both.

The governing board of each community college district may increase this fee by the same percentage increase as the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. Whenever that calculation produces an increase of one dollar (\$1) above the existing fee, the fee may be increased by one dollar (\$1).

<sup>(</sup>b) If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional.

former Section 72246, effective April 15, 1993.

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Chapter 320, Statutes of 2005, Section 2 amended Education Code Section

76355 to remove the fee exemption for low-income students under 76355(c)(3).

(c) The governing board of a district maintaining a community college shall adopt rules and regulations that exempt the following students from any fee required pursuant to subdivision (a):

(1) Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.

(2) Students who are attending a community college under an approved apprenticeship training program.

(3) Low-income students, including students who demonstrate financial need in accordance with the methodology set forth in federal law or regulation for determining the expected family contribution of students seeking financial aid and students who demonstrate eligibility according to income standards established by the board of governors and contained in Section 58620 of Title 5 of the California Code of Regulations.

(d) All fees collected pursuant to this section shall be deposited in the fund of the district designated by the California Community Colleges Budget and Accounting Manual. These fees shall be expended only to provide health services as specified in regulations adopted by the board of governors.

Authorized expenditures shall not include, among other things, athletic trainers' salaries, athletic insurance, medical supplies for athletics, physical examinations for intercollegiate athletics, ambulance services, the salaries of health professionals for athletic events, any deductible portion of accident claims filed for athletic team members, or any other expense that is not available to all students. No student shall be denied a service supported by student health fees on account of participation in athletic programs.

- (e) Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district.
- (f) A district that begins charging a health fee may use funds for startup costs from other district funds and may recover all or part of those funds from health fees collected within the first five years following the commencement of charging the fee.
- (g) The board of governors shall adopt regulations that generally describe the types of health services included in the health service program."

However, this amendment is not relevant to this claim because it was not in effect during the fiscal years that are the subject of this incorrect reduction claim.

#### 2. Test Claim

On November 27, 1985, Rio Hondo Community College District filed a test claim alleging that Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session mandated increased costs within the meaning of California Constitution Article XIII B, Section 6, by requiring the provision of student health services that were previously provided at the discretion of the community college districts.

On November 20, 1986, the Commission on State Mandates determined that Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, imposed a new program upon community college districts by requiring any community college district that provided student health services for which it was authorized to charge a fee pursuant to former Section 72246 in the 1983-1984 fiscal year, to maintain student health services at that level in the 1984-1985 fiscal year and each fiscal year thereafter.

At a hearing on April 27, 1989, the Commission on State Mandates determined that Chapter 1118, Statutes of 1987, amended this requirement to apply to all community college districts that provided student health services in fiscal year 1986-1987, and required them to maintain that level of student health services in fiscal year 1987-1988 and each fiscal year thereafter.

#### 3. Parameters and Guidelines

On August 27, 1987, the original parameters and guidelines were adopted. On

- 1 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
- 2 1989, parameters and guidelines is attached as Exhibit "B."

#### 4. Claiming Instructions

The Controller has periodically issued or revised claiming instructions for the Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming instructions is attached as Exhibit "C." The September 2003 claiming instructions are believed to be substantially similar to the version extant at the time the claims that are the subject of this incorrect reduction claim were filed. However, because the Controller's claim forms and instructions have not been adopted as regulations, they have no force of law and no effect on the outcome of this claim.

#### PART V. STATE CONTROLLER CLAIM ADJUDICATION

The Controller conducted an audit of the District's annual reimbursement claims for fiscal years 2002-03, 2003-04, and 2004-05. The audit concluded that none of the District's costs claimed were allowable. A copy of the May 21, 2008, final audit report is attached as Exhibit "D." Further, the District received three Results of Review letters, which stated the same result. Copies of the letters, dated May 30, 2008, are attached as Exhibit "A."

#### VI. CLAIMANT'S RESPONSE TO THE STATE CONTROLLER

By letter dated February 20, 2008, the Controller transmitted a copy of its draft audit report. The District objected to the proposed adjustments set forth in the draft audit report by letter dated March 11, 2008. A copy of the District's response is included

in Exhibit "D." The Controller revised Finding 1 to reduce the unallowable costs from

\$194,335 (\$148,851 direct and \$45,484 indirect costs) to \$20,908 (\$16,019 direct and

\$4,889 indirect costs) because the amounts in the draft audit report resulted from

extrapolating non-statistically valid sample results to the total costs claimed. However,

the Controller again concluded that none of the District's costs claimed were allowable.

#### PART VII. STATEMENT OF THE ISSUES

#### Finding 1: Unallowable salaries and fringe benefits

The Controller asserts unallowable salaries totaling \$16,019 and related indirect costs of \$4,889 for an increased level of student health services for American River College and insufficient supporting documentation for Consumnes River College and Sacramento City College. The audit work that generated these findings was a review of "service logs" for one month at each college for each fiscal year, with an additional month reviewed at Consumnes River College for one fiscal year. These logs are actually sign-in sheets on which persons obtaining service, with or without appointments, write their name and provide a four or five word description of their ailment. Some patients declined to state the reason for their visit, which is their right under state and federal law.

Based on a review of these logs, the audit concluded that some visits were for services not provided in the base year, and where the patient declined to state the reason for the visit, the audit determined that this was insufficient documentation and thus disallowed the visit. These "service logs" are inappropriate as the basis for

## Incorrect Reduction Claim of Los Rios Community College District 1/84,1118/87 Health Fee Elimination

- 1 "findings" for several reasons, and should not have been used for the Controller's audit
- 2 in the first place.

- 3 Statutory and Regulatory Requirements
- 4 Education Code Section 76355, subdivision (e), states:
  - "Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter."
    - The parameters and guidelines state at Part III Eligible Claimants:
      - "Community college districts which provided health services in 1986-87 fiscal year and continue to provide the same services as a result of this mandate are eligible to claim reimbursement of those costs."

#### Source Documentation

This finding is based, partially, upon the report's assertion that the "parameters and guidelines state that all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs." In the final audit report, the Controller claims "[t]he health service logs identify actual health services provided." However, the logs only stated what ailments the students claimed they had. No description of the services used to treat these ailments is ever stated.

There is no indication that the students who identified a reason for their visit were able to accurately diagnose themselves or predict the services necessary for their treatment. Moreover, the audit disallows those visits for which no reason is stated by the patient. This penalizes the District for complying with federal privacy requirements (e.g., HIPAA), which are absolutely essential in providing health services. In the

present instance, two of the colleges maintained logs where a substantial number of students declined to state the reason for their visit, which is their right under state and federal law. In response, the audit disallowed the visit by virtue of "insufficient documentation."

The final audit report concludes that the District's compliance with HIPAA requirements is "not relevant," but then suggests that the District could comply by providing the health service logs without patient names or that "District staff may contemporaneously identify the service(s) provided if the patient does not." Providing the logs without patient names would be no different because students may still choose to exercise their rights and not disclose the reason for their visit on the log. This suggestion ignores the fact that the logs are not maintained for mandate reimbursement purposes. Similarly, the very essence of privacy laws would be violated if staff contemporaneously recorded the reason for the visit after the patient has decided not to disclose this on the log.

The service logs used by the Controller were not prepared for mandate or financial cost accounting purposes nor are they required by the parameters and guidelines. Neither the parameters and guidelines nor the Controller's claiming instructions require the claimants to report the number or type of services actually provided, but only require the claimant to list an inventory of the services available and the costs associated with the mandate. The Controller cannot base an audit finding on lack of documentation that the District was never required to maintain.

In an attempt to refute these arguments, the final audit report states that "... the district provided no other documentation related to patient visits or the actual amount of time spent on reimbursable activities." Logs stating the ailments reported by those students who wished to disclose the reason for their visit do not become relevant to determining health services available simply because the Controller relied on the logs during the audit or because no other documentation existed. Similarly, the Controller cites the District's failure to "... provide any documentation that shows the actual time spent on unallowable activities." There is absolutely no requirement for the District to maintain records documenting time spent on non-mandated activities.

Finally, the audit report states that the Controller did not choose to review the health service logs, and that the District chose to supply them in response to a general request for supporting documentation. This statement is untrue. In an email dated January 22, 2007, Joyce Mendoza, Auditor, specifically requested that she be able to schedule visits to ". . . the three campuses to look at their Health Services daily logs (i.e., logs identifying what services were provided on a given date)." A copy of this email is attached as Exhibit "E." The Controller incorrectly relied on documentation that was not prepared for mandate or financial cost accounting purposes, and which provided information only on the ailments reported by students and not the services provided or the costs of those services.

#### Services Provided vs. Services Rendered

During the audit, the Controller requested "documentation showing actual

services that the district provided." The final audit report also contains the "recommendation" that the district maintain logs identifying the health services actually provided. However, there is no provision in the parameters and guidelines that requires the District to maintain such records. The District is only required to maintain the availability of the same services as those offered in the 1986-87 fiscal year. Therefore, the only relevant documentation for the Controller's audit is that which supports the costs associated with maintaining the availability of these services, and not the actual services provided. The Controller incorrectly audited services *rendered*, rather than services *available*.

Not only is the final audit report's "recommendation" erroneous, it clearly oversteps the authority of the Controller by then suggesting, first, that the District should adopt uniform health service logs, and second, that the uniform logs should be those used by American River College during the audit years. The Controller does not have the authority to require documentation of services actually provided or to dictate to the District the proper procedure to document services actually provided.

The "recommendation" concludes that the District should "... claim only those costs related to heath services that the district provided in FY 1986-87." The statutory requirement is that at least the same level of services be *available*. There is no basis in law or fact that requires the entire variety of health care services *available* each year to actually have been utilized, which is to say *rendered*, each year. The costs of maintaining supplies and retaining trained personnel to make these services available

are incurred regardless of whether students actually require a particular service each year. The District is certifying that the same level of services continue to be available, not that each and every service was rendered each year. For example, hearing tests may be available every year but there may be a year in which no hearing tests were required by students.

Incidences of diseases and courses of treatment change over time. This dynamic perhaps was not anticipated when the parameters and guidelines were adopted about twenty years ago. If so, this matter cannot be charged to the claimants, as it is a Commission adopted document. The Controller, as the audit agency imposing the adjustment, has the burden of proving the factual and legal basis for its adjustments. Instead, the Controller incorrectly audited the services rendered rather than services available to the students.

#### Calculation of Unallowable Costs

The final audit report calculates the unallowable salaries and benefits using a method that does not take into consideration the actual costs of providing the disallowed services. The Controller divided total salaries and benefits claimed for each fiscal year by 12, with no consideration for the actual costs incurred during the audited month. Next, the number of unallowable visits is converted into a percentage of total visits recorded on the service logs. The average monthly salary and benefit costs is then reduced by this percentage.

This method of calculation does not take into account the variance in monthly

costs nor the variance in costs for different services. For example, the amount of time (and therefore the associated costs) for the simple removal of a splinter would be far less than for a full physical exam. But the audit report makes no distinction between the various visits disallowed. There is also no allowance for the seasonal workload variances caused by having fewer enrolled students during the summer. Further, this method assumes that all staff labor is applied only to patient visits. Therefore, the Controller's method of calculating the "unallowable" costs has no basis in fact.

In defense of this calculation method, the Controller cites the District's failure to provide a "reasonable alternative methodology" to calculate unallowable costs. It is not the duty of the Claimant to calculate the unallowable cost. Therefore, the Controller's method does not become relevant, accurate, or based in fact simply because the Claimant has not provided an alternate method.

The final audit report then states that the chosen methodology is reasonable because "[t]he district's failure to provide any evidence of the individual costs allegedly incurred puts its entire claim in question." This statement is absolutely untrue. If it were accurate, then there would be no basis for the entire claim and nothing for the Controller to audit. The auditor was provided with general ledger reports and other documentation (e.g., supporting payroll records).

#### Unreasonable or Excessive

None of the adjustments were made because the costs claimed were excessive

or unreasonable. Government Code Section 17561(d)(2)³ requires the Controller to pay claims, provided that the Controller may audit the records of any school district to verify the actual amount of the mandated costs, and may reduce any claim that the Controller determines is excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable. It would therefore appear that the entire findings are based upon the wrong standard for review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

#### Finding 2: Unallowable services and supplies

The Controller asserts unallowable services and supplies totaling \$21,067 and related indirect costs of \$6,497 as services not reimbursable under the mandate program and services not provided in the base year. The statutory and regulatory requirements are the same as in Finding 1.

<sup>3</sup> Government Code Section 17561, added by Chapter 879, Statutes of 1986, Section 6, as amended by Chapter 1124, Statutes of 2002, Section 30.6, effective September 30, 2002:

"(d)...

(2) In subsequent fiscal years each local agency or school district shall submit its claims as specified in Section 17560. The Controller shall pay these claims from funds appropriated therefor, provided that the Controller (A) may audit the records of any local agency or school district to verify the actual amount of the mandated costs, (B) may reduce any claim that the Controller determines is excessive or unreasonable, and (C) shall adjust the payment to correct for any underpayments or overpayments which occurred in previous fiscal years...."

#### **Athletics**

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This finding includes a disallowance of "\$12,305 to provide medical services at sporting events and physical exams for intercollegiate athletes." In support of this adjustment, the Controller cites Education Code Section 76355, subdivision (d)(2), which prohibits physical examinations for intercollegiate athletes and the salaries of health professionals at athletic events (among other things) from being included in authorized expenditures. However, this subdivision must be read in context. Education Code Section 76355, subdivision (a), permits the collection of student fees for health services. Subdivision (d)(1) requires that these fees, if collected, be deposited in a designated fund and be expended only as authorized. Subdivision (d)(2) prohibits expenditures from the fund for physical examinations for intercollegiate athletics or the salaries of health professionals for athletic events. The prohibition only applies to the expenditure of funds from the special account into which the student fees are deposited. Since this District does not collect a student health service fee, there is no such restricted fund and the expenditures are not subject to the requirements of Section 76355, subdivision (d)(2).

The Controller has already properly asserted that the parameters and guidelines define the scope of reimbursement. The parameters and guidelines expressly include physicals for athletes, as well as accident reports, a college physician, outside physician, registered nurse, examinations, first aid, and dressing changes, which would seem to satisfactorily encompass the scope of medical services provided at athletic

- events. There is no prohibition in the parameters and guidelines against reimbursement for medical services related to intercollegiate athletics. Therefore, this adjustment by the Controller is in direct contradiction to the parameters and guidelines of this mandate.

Lab and Immunization Services

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The finding disallows \$3,568 for laboratory services and \$5,194 for immunizations, with \$2,702 in related indirect costs, which the audit concludes were not provided in the base year. The District does not dispute this adjustment.

However, the audit report "recommends" that the District only claim costs for "those health services that it provided in FY 1986-87." As discussed under Finding 1, the Controller is applying an incorrect standard. The Parameters and Guidelines require the District to make the same level of health services available. The costs of maintaining supplies and retaining trained personnel to make these services available are incurred regardless of whether students actually require a particular service each year. Therefore, it appears that the Controller applied the incorrect standard.

#### Finding 3 - Overstated Indirect Cost Rates Claimed

The Controller asserts that the District overstated its indirect costs in the amount of \$76,173 for FY 2002-03 and \$83,553 for FY 2003-04. Indirect costs were understated for FY 2004-05 by \$23,438, leaving a net audit adjustment of \$136,288.

This finding results from the District calculating the indirect cost rates using the CCSF-311 report's characterizations of the various accounts as direct or indirect costs.

## Incorrect Reduction Claim of Los Rios Community College District 1/84.1118/87 Health Fee Elimination

The Controller claims that the CCSF-311 report "does not identify accounts as direct or indirect." While the terms "direct" and "indirect" do not appear on the face of the report, it does make these classifications. The California Community College Budget and Accounting Manual provides direction for allocating expenses to specific accounts. These accounts are then directly translated to the CCSF-311 report and each is identified as a separate line item. A copy of Chapter 4 of the 2000 version of this manual is attached as Exhibit "F." For instance, "[t]he direct costs of classroom instruction are recorded by discipline within Activities 0100 through 4900." Account 5900 includes benefits and retirement incentives for staff that are recorded in accounts 0100 - 4900. These accounts are listed under the heading of "Instructional Activities" on the CCSF-311 report. The remaining accounts are listed under the general heading "Administrative and Support Activities."

#### CCFS-311

Both the District's method and the Controller's method utilize the same source document, the CCFS-311 annual financial and budget report required by the state. The difference in the claimed and audited methods is in the determination of which of those cost elements are direct costs and which are indirect costs. The Controller's method arbitrarily assigns certain costs to different categories. For example, the Controller does not include depreciation as an indirect cost for the first two fiscal years in this audit, but does for the third fiscal year. Another indication of the arbitrary nature of the Controller's method is the wide variation in "allowable" indirect costs rates derived from

it (16.26% - 35.96%) in comparison to the relatively stable rates derived from the District's method (29.66% - 31.96%). In the final audit report, the Controller asserts that "[t]he SCO calculated indirect cost rates based on its claiming instructions applicable in each fiscal year." This statement does not rebut the District's argument, because it is the development of the Controller's method, and not its application, that is arbitrary. Regulatory Requirements

No particular indirect cost rate calculation is required by law. The Controller insists that the rate be calculated according to the claiming instructions. The parameters and guidelines state that "Indirect costs *may be claimed* in the manner described by the State Controller in his claiming instructions." The district claimed these indirect costs "in the manner" described by the Controller. The correct forms were used and the claimed amounts were entered at the correct locations. Further, "may" is not "shall"; the parameters and guidelines do not *require* that indirect costs be claimed in the manner described by the Controller.

The District utilized the CCSF-311 classification of accounts which is more rational and consistent than the Controller's evolving formula. Further, it should be noted that the Controller did not determine that the District's rate was excessive or unreasonable. In the audit report, the Controller asserts that because parameters and guidelines specifically references the claiming instructions, the claiming instructions thereby become authoritative criteria. Since the Controller's claiming instructions were never adopted as law, or regulations pursuant to the Administrative Procedure Act, the

claiming instructions are a statement of the Controller's interpretation and not law.

#### Unreasonable or Excessive

The Controller is authorized to reduce a claim only if it determines the claim to be excessive or unreasonable (see Finding 1). Here, the District has computed its ICRPs following the guidance of the California Community Colleges Budget and Accounting Manual in conjunction with the CCSF-311 report, and the Controller has disallowed it without a determination of whether the product of the District's calculation would, or would not, be excessive, unreasonable, or inconsistent with cost accounting principles.

Neither State law nor the parameters and guidelines make compliance with the Controller's claiming instructions a condition of reimbursement. The district has followed the parameters and guidelines. The burden of proof is on the Controller to prove that the product of the District's calculation is unreasonable, not to recalculate the rate according to its unenforceable ministerial preferences.

Indeed, federally "approved" rates that the Controller will accept without further action are "negotiated" rates calculated by the district and submitted for approval, indicating that the process is not an exact science, but a determination of the relevance and reasonableness of the cost allocation assumptions made for the method used. In conclusion, the Controller made no determination as to whether the method used by the District was reasonable and substituted its FAM-29C method for the method reported by the District. The substitution of the FAM-29C method is not a "finding" enforceable either by fact or law.

#### Finding 4: Understated authorized health fee revenues claimed

This finding is based on the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized health fee revenues in the amount of \$3,554,470. The Controller calculated authorized health service fees using student enrollment data and health service fee rates from the Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected. The District does not collect a student health services fee.

#### **Government Code Section 17556**

The Controller relies upon Government Code Section 17556 for the conclusion that "the COSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service." Government Code Section 17556 as last amended by Chapter 895/04 actually states:

The commission shall not find costs mandated by the state, as defined in Section 17514, in any claim submitted by a local agency or school district, if, after a hearing, the commission finds that: . . .

(d) The local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the mandated program or increased level of service.

The Controller misrepresents the law. Government Code Section 17556 prohibits the Commission on State Mandates from finding costs subject to reimbursement, that is, approving a test claim where there is authority to levy fees in an amount sufficient to offset the entire mandated costs. Here, the Commission has already made a finding of a new program or increased costs. It is not the position of the

## Incorrect Reduction Claim of Los Rios Community College District 1/84,1118/87 Health Fee Elimination

- 1 Controller to second-guess the Commission's determinations or to use audits to
- 2 promote its own interpretation of Section 17556.

#### Government Code Section 17514

.7

Nor can the Controller rely upon Government Code Section 17514 for the conclusion that to the extent community college districts can charge a fee, they are not required to incur a cost. Government Code Section 17514, as added by Chapter 1459, Statutes of 1984, states:

"Costs mandated by the state" means any increased costs which a local agency or school district is required to incur after July 1, 1980, as a result of any statute enacted on or after January 1, 1975, or any executive order implementing any statute enacted on or after January 1, 1975, which mandates a new program or higher level of service of an existing program within the meaning of Section 6 of Article XIII B of the California Constitution.

There is nothing in the language of the statute regarding the authority to charge a fee, any nexus of fee revenue to increased cost, nor any language which describes the legal effect of fees collected.

#### **Education Code Section 76355**

Education Code Section 76355, subdivision (a), in relevant part, provides: "The governing board of a district maintaining a community college <u>may require</u> community college students to pay a fee . . . for health supervision and services . . . " (emphasis added). There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b), which states "If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, *if any*, that a part-time student is required to pay. *The* 

## Incorrect Reduction Claim of Los Rios Community College District 1/84,1118/87 Health Fee Elimination

- 1 governing board may decide whether the fee shall be mandatory or optional."
- 2 (emphasis added)

#### Parameters and Guidelines

The Controller notes that health service fees were included in the parameters and guidelines as a possible source of offsetting savings, and then concludes that fees authorized by Education Code Section 76355 must be deducted because "[t]o the extent districts have the authority to charge a fee, they are not required to incur a cost." The parameters and guidelines actually state:

Any offsetting savings that the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of [student fees] as authorized by Education Code Section 72246(a)<sup>4</sup>.

In order for a district to "experience" these "offsetting savings" the district must actually have collected these fees. Note that the student health fees are named as a potential source of the reimbursement *received* in the previous sentence. The use of the term "any offsetting savings" further illustrates the permissive nature of the fees. Student fees actually collected must be used to offset costs, but not student fees that could have been collected and were not. Thus, this finding is based on an illogical interpretation of the parameters and guidelines by the Controller.

Finally, the Department of Finance proposed, as part of the amendments that

<sup>&</sup>lt;sup>4</sup> Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, Section 29, and was replaced by Education Code Section 76355.

- were adopted on May 25, 1989, that a sentence be added to the offsetting savings section expressly stating that if no health service fee was charged, the claimant would be required to deduct the amount authorized. The Commission declined to add this requirement and adopted the parameters and guidelines without this language.

  Therefore, it is evident that the Commission intends the language of the parameters and guidelines to be construed as written, and only those savings that are experienced are to be deducted.
- Health Services Fee Amount

The Controller concludes that since the Chancellor's Office notified community college districts that they could charge a fee of \$12 per semester and \$9 per summer session for FY 2002-03 and FY 2003-04, and \$13 per semester and \$10 per summer session for FY 2004-05, the colleges will charge this amount. Districts receive notice of these fee amounts by letter from the Chancellor of the California Community Colleges. An example of one such notice is the Chancellor's letter dated March 5, 2001, attached as Exhibit "G." While Education Code Section 76355 provides for an increase in the student health services fees, it did not grant the Chancellor the authority to establish mandatory fee amounts or mandatory fee increases. No state agency was granted that authority by the Education Code, and no state agency has exercised its rulemaking authority to establish mandatory fees amounts. It should be noted that the Chancellor's letter properly states that increasing the amount of the fee is at the option of the district, and that the Chancellor is not asserting that authority. Therefore, the Controller cannot

rely upon the Chancellor's notice as a basis to adjust the claim for "collectible" student
health services fees.

#### Fees Collected vs. Fees Collectible

This issue is one of student health fees revenue actually received, rather than student health fees which might be collected. The Commission determined, as stated in the parameters and guidelines that the student health fees "experienced" (collected) would reduce the amount subject to reimbursement. Student fees not collected are student fees not "experienced" and as such should not reduce reimbursement. Further, the amount "authorized" will never equal actual revenues collected due to changes in a student's BOGG eligibility, bad debt accounts, and refunds.

Because districts are not required to collect a fee from students for student health services, and if such a fee is collected the amount is to be determined by the district and not the Controller, the Controller's adjustment is without legal basis. What the parameters and guidelines require districts to do is to reduce the amount of their claimed costs by the amount of student health services fee revenue actually received. Therefore, student health fees are merely collectible, they are not mandatory, and it is inappropriate for the Controller to reduce claim amounts by revenues not received.

#### **Actual Amounts Paid by the State**

The audit report asserts in several locations that the District was paid \$814,928 and this amount should be remitted to the state. The money was never "paid" to the District. According to the final audit report, "[t]he State discharged its FY 2002-03

indebtedness to the district by equally discharging the district's indebtedness to the

State for other mandated program claims." The audit report does not provide proof that

the debt was discharged.

#### PART VIII. RELIEF REQUESTED

The District filed its annual reimbursement claims within the time limits prescribed by the Government Code. The amounts claimed by the District for reimbursement of the costs of implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs incurred by the District to carry out this program. These costs were properly claimed pursuant to the Commission's parameters and guidelines. Reimbursement of these costs is required under Article XIIIB, Section 6 of the California Constitution. The Controller denied reimbursement without any basis in law or fact. The District has met its burden of going forward on this claim by complying with the requirements of Section 1185, Title 2, California Code of Regulations. Because the Controller has enforced and is seeking to enforce these adjustments without benefit of statute or regulation, the burden of proof is now upon the Controller to establish a legal basis for its actions.

The District requests that the Commission make findings of fact and law on each and every adjustment made by the Controller and each and every procedural and jurisdictional issue raised in this claim, and order the Controller to correct its audit report findings therefrom.

1 PART IX. CERTIFICATION 2 By my signature below, I hereby declare, under penalty of perjury under the laws 3 of the State of California, that the information in this incorrect reduction claim submission is true and complete to the best of my own knowledge or information or 4 5 belief, and that the attached documents are true and correct copies of documents 6 received from or sent by the state agency that originated the document. Executed on January <u>29</u>, 2009 at Sacramento, California, by 7 8 Jon Sharpe, Deputy Chareellor 9 Los Rios Community College District 10 1919 Spanos Court 11 12 Sacramento, California 95825-3981 Voice: 916-568-3058 13 14 Fax: 916-568-3078 15 E-mail: SharpeJ@losrios.edu 16 APPOINTMENT OF REPRESENTATIVE 17 Los Rios Community College District appoints Keith B. Petersen, SixTen and 18 Associates, as its representative for this Incorrect reduction claim. 19 Jon/Sharpe, Deputy Chancellor 20 Los Rios Community College District 21 22 Attachments: 23 Exhibit "A" SCO Results of Review letters dated May 30, 2008 Parameters and Guidelines as amended May 25, 1989 24 Exhibit "B" 25 Exhibit "C" Controller's Claiming Instructions September 2003 SCO Audit Report dated May 21, 2008 26 Exhibit "D" 27 Email from Auditor Joyce Mendoza dated January 22, 2007 Exhibit "E" 28 Exhibit "F" CCC Budget and Accounting Manual, Ch. 4 CCCCO Health Fee letter dated March 5, 2001 29 Exhibit "G" **Annual Reimbursement Claims** 30 Exhibit "H"



### California State Controller 2008/05/30 Bibision of Accounting and Reporting

BOARD OF TRUSTEES LOS RIOS COMM COLL DIST SACRAMENTO COUNTY 1919 SPANOS COURT SACRAMENTO CA 95825

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2002/2003 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

814,928,00

TOTAL ADJUSTMENTS (DETAILS BELOW)

814,928,00

TOTAL PRIOR PAYMENTS (DETAILS BELOW)

-814,928.00

AMOUNT DUE STATE

\$ 814,928.00

PLEASE REMIT A MARRANT IN THE AMOUNT OF \$ 814,928.00 MITHIN 30 DAYS FROM THE DATE OF THIS LETTER, PAYABLE TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875 MITH A COPY OF THIS LETTER, FAILURE TO REMIT THE AMOUNT DUE WILL RESULT IN OUR OFFICE PROCEEDING TO OFFSET THE AMOUNT FROM THE NEXT PAYMENTS DUE TO YOUR AGENCY FOR STATE MANDATED COST PROGRAMS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM: FIELD AUDIT FINDINGS TOTAL ADJUSTMENTS PRIOR PAYMENTS:

814,928.00

814,928.00

SCHEDULE NO. MA64136A PAID 10-25-2006 TOTAL PRIOR PAYMENTS

-814,928.00

-814,928.00

### RECEIVED

JUN 02 2008

SINCERELY,

Bring Brinning MANAGER

CHANCELLOR'S OFFICE LDS RIOS COMMUNITY COLLEGE DISTRICT

LOCAL REIMBURSEMENT SECTION P.O. BOX 942850 SACRAMENTO, CA 94250-5875

T-839 P003/004 F-159



### California State Controller 2008705/30 Pibisian of Accounting and Reporting

BOARD OF TRUSTEES LOS RIOS COMM COLL DIST SACRAMENTO COUNTY 1919 SPANOS COURT SACRAMENTO CA 95825

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2003/2004 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

866,621.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS

865,621,00

LATE CLAIM PENALTY

1,000.00

TOTAL ADJUSTMENTS

866,621.00

AMOUNT DUE CLAIMANT

0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 DR IN HRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

## RECEIVED

JUN 02 2008

SINCERELY,

GHANCELLOR'S OFFICE LOS RIOS COMMUNITY COLLEGE DISTRICT

Kinny Brummel.
GINNY BRUMMELS, MANAGER

LOCAL REIMBURSEMENT SECTION
P.O. BOX 942850 SACRAMENTO, CA 94250-5875

T-839 P00Z/004 F-159



#### Talifornia State Controller 2008/05/30 Pibision of Accounting and Reporting MAY 30, 2008

BOARD OF TRUSTEES LOS RIOS COMM COLL DIST SACRAMENTO COUNTY 1919 SPANOS COURT SACRAMENTO CA 95825

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2004/2005 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

874,066.00

ADJUSTMENT TO CLAIM;

FIELD AUDIT FINDINGS

874,066.00

TOTAL ADJUSTMENTS

874,066.00

AMOUNT DUE CLAIMANT

\$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 DR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875.

to Ray cc: Keith P. Carvi B

RECEIVED

JUN 02 2008

SINCERELY,

CHANGELLOR'S OFFICE
LOS RIOS COMMUNITY COLLEGE DISTRICT

Sinny Brummel , MANAGER

LOCAL REIMBURSEMENT SECTION P.O. BOX 942850 SACRAMENTO, CA 94250-5875 **Adopted:** 8/27/87 **Amended:** 5/25/89

#### PARAMETERS AND GUIDELINES Chapter 1, Statutes of 1984, 2nd E.S. . Chapter 1118, Statutes of 1987 Health Fee Elimination

#### I. SUMMARY OF MANDATE

Chapter 1, Statutes of 1984, 2nd E.S. repealed Education Code Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. This statute also required that health services for which a community college district charged a fee during the 1983-84 fiscal year had to be maintained at that level in the 1984-85 fiscal year and every year thereafter. The provisions of this statute would automatically repeal on December 31, 1987, which would reinstate the COMMUNITY colleges districts' authority to charge a health fee as specified.

Chapter 1118, Statutes of 1987, amended Education Code section 72246 to require any community college district that provided health services in 1986-87 to maintain health services at the level provided during the 1986-87 fiscal year in 1987-88 and each fiscal year thereafter.

#### II. COMMISSION ON STATE MANDATES DECISION

At its hearing on November 20, 1986, the Commission on State Mandates determined that Chapter 1, Statutes of 1984, 2nd E.S. imposed a "new program' upon community college districts by requiring any community college district which provided health services for which it was authorized to charge a fee pursuant to former Section 72246 in the 1983-84 fiscal year to maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter. This maintenance of effort requirement applies to all community college districts which levied a health services fee in the 1983-84 fiscal year, regardless of the extent to which the health services fees collected offset the actual costs of providing health services at the 1983-84 fiscal. year level.

At its hearing of April 27, 1989, the Commission determined that Chapter 1118, Statutes of 1987, amended this maintenance of effort requirement to apply to all community college districts which provided health services in fiscal year 1986-87 and required them to maintain that level in fiscal year 1987-88 and each fiscal year thereafter.

#### III. ELIGIBLE CLAIMANTS

Community college districts which provided health services in 1986-87 fiscal year and continue to provide the same services as a result of this mandate are eligible to claim reimbursement of those costs.

### IV. PERIOD OF REIMBURSEMENT

Chapter 1, Statutes of 1984, 2nd E.S., became effective July 1, 1984. Section 17557 of the Government Code states that a test claim must be submitted on or before November 30th following a given fiscal year to establish for that fiscal year. The test claim for this mandate was filed on November 27, 1985; therefore, costs incurred on or after July 1, 1984, are reimbursable. Chapter 1118, Statutes of 1987, became effective January 1, 1988. Title 2, California Code of Regulations, section 1185.3(a) states that a parameters and guidelines amendment filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines; therefore, costs incurred on or after January 1, 1988, for Chapter 1118, Statutes of 1987, are reimbursable.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim if applicable. Pursuant to Section 17561(d)(3) of the Government Code, all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

### V. REIMBURSABLE COSTS

### A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services program. Only services provided in 1986-87 fiscal year may be claimed.

### B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year 1986-87:

### ACCIDENT REPORTS

#### APPOINTMENTS

College Physician - Surgeon
Dermatology, Family Practice, Internal Medicine
Outside Physician
Dental Services
Outside Labs (X-ray, etc.)
Psychologist, full services
Cancel/Change Appointments
R.N.
Check Appointments

```
ASSESSMENT, INTERVENTION 81 COUNSELING
   Birth Control
   Lab Reports
   Nutrition
   Test Results (office)
   Other Medical Problems
   CD
   URI
   ENT
   Eye/Vision
   Derm./Allergy
   Gyn/Pregnancy
                   Services
   Neuro
   Ortho
   GU
   Dental
   GI
           Counseling
   Stress
   Crisis
            Intervention
   Child Abuse Reporting and Counseling
   Substance Abuse Identification and Counseling
   Aids
          Disorders
   Eating
   Weight Control
   Personal Hygiene
   Burnout
EXAMINATIONS (Minor Illnesses)
   Recheck Minor Injury
HEALTH TALKS OR FAIRS - INFORMATION
   Sexually Transmitted Disease
   Drugs
   Aids
   Child Abuse
   Birth Control/Family Planning
   Stop Smoking
   Etc.
   Library - videos
                       and
                             cassettes
FIRST AID (Major Emergencies)
FIRST AID (Minor Emergencies)
FIRST AID KITS (Filled)
IMMUNIZATIONS
   Diptheria/Tetanus
   Measles/Rubella
   Influenza
   Information
```

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INSURANCE
   On Campus Accident
   Voluntary
               Inquiry/Claim
                              Administration
   Insurance
LABORATORY TESTS DONE
   Inquiry/Interpretation
   Pap Smears
PHYSICALS
   Employees
   Students
   Athletes
MEDICATIONS (dispensed OTC for misc. illnesses)
   Antacids
   Antidiarrhial
   Antihistamines
   Aspirin, Tylenol, etc.
   Skin rash preparations
   Misc.
   Eye drops
   Ear drops
   Toothache - 0il cloves
   Stingkill .
   Midol - Menstrual Cramps
PARKING CARDS/ELEVATOR KEYS
   Tokens
   Return card/key
   Parking inquiry
   Elevator passes
   Temporary handicapped parking permits
REFERRALS TO OUTSIDE AGENCIES
   Private Medical Doctor
   Health
           Department
   Clinic
   Dental
   Counseling Centers
   Crisis Centers
   Transitional Living Facilities
                                     (Battered/Homeless
                                                        Women)
   Family Planning Facilities
   Other Health Agencies
TESTS
   Blood Pressure
   Hearing
   Tuberculosis
      Reading
      Information
   Vision
   G1 ucometer
```

Urinalysis

Hemoglobin
E.K.G.
Strep A testing
P.G. testing
Monospot
Hemacult
Misc.

### **MISCELLANEOUS**

Absence Excuses/PE Waiver
Allergy Injections
Bandaids
Booklets/Pamphlets
Dressing Change
Rest
Suture Removal
Temperature
Weigh
Misc.
Information
Report/Form
Wart Removal

### **COMMITTEES**

Safety Environmental Disaster Planning

SAFETY DATA SHEETS Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

**BODY FAT MEASUREMENTS** 

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

### WORKSHOPS

Test Anxiety
Stress Management
Corrmunication Skills
Weight Loss
Assertiveness Skills

### VI. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a list of each item for which reimbursement is claimed under this mandate.

### A. Description of Activity

- 1. Show the total number of full-time students enrolled per semester/quarter.
- 2. Show the total number of full-time students enrolled in the summer program.
- 3. Show the total number of part-time students enrolled per semester/quarter.
- 4. Show the total number of part-time students enrolled in the summer program.
- B. Actual Costs of Claim Year for Providing 1986-87 Fiscal Year Program Level of Service

Claimed costs should be supported by the following information:

1. Employee Salaries and Benefits

Identify the employee,(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

3. Allowable Overhead Cost

Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions.

### VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 1986-87 program to substantiate a maintenance of effort. These documents must be kept on file by the agency submitting the claim for a period of no

less than three years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

### VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of \$7.50 per full-time student per semester, \$5.00 per full-time student for summer school, or \$5.00 per full-time student per quarter, as authorized by Education Code section 72246(a). This shall also include payments (fees) received from individuals other than students who are not covered by Education Code Section 72246 for health services.

### IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with:

and

THAT I am the person authorized by the local agency to file claims for funds with the State of California.

| Signature | of | Authorized | Representative | Date      |     |
|-----------|----|------------|----------------|-----------|-----|
| Title     |    |            |                | Telephone | No. |

0350d

### **HEALTH FEE ELIMINATION**

### 1. Summary of Chapters 1/84, 2nd E.S., and Chapter 1118/87

Chapter 1, Statutes of 1984, 2nd E.S., repealed Education Code § 72246 which authorized community college districts to charge a fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. The statute also required community college districts that charged a fee in the 1983/84 fiscal year to maintain that level of health services in the 1984/85 fiscal year and each fiscal year thereafter. The provisions of this statute would automatically repeal on December 31, 1987, which would reinstate the community college districts' authority to charge a health fee as specified.

Chapter 1118, Statutes of 1987 amended Education Code § 72246 to require any community college district that provided health services in the 1986/87 fiscal year to maintain health services at that level in the 1986/87 fiscal year and each fiscal year thereafter. Chapter 8, Statutes of 1993, has revised the numbering of § 72246 to § 76355.

### 2. Eligible Claimants

Any community college district incuming increased costs as a result of this mandate is eligible to claim reimbursement of these costs.

### 3. Appropriations

To determine if current funding is available for this program, refer to the schedule "Appropriations for State Mandated Cost Programs" in the "Annual Claiming Instructions for State Mandated Costs" issued in mid-September of each year to community college presidents.

### 4. Types of Claims

### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement claim and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

### B. Minimum Claim

Section 17564(a), Government Code, provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year.

### 5. Filing Deadline

(1) Refer to item 3 "Appropriations" to determine if the program is funded for the current fiscal year. If funding is available, an estimated claim must be filed with the State Controller's Office and postmarked by November 30, of the fiscal year in which costs are to be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by November 30, of the following fiscal year regardless whether the payment was more or less than the actual costs. If the local agency fails to file a reimbursement claim, monies received must be returned to the State. If no estimated claim was filed, the local agency may file a reimbursement

claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. (See item 3 above).

(2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by November 30 following the fiscal year in which costs were incurred. If the claim is filed after the deadline but by November 30 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

### 6. Reimbursable Components

Eligible claimants will be reimbursed for health service costs at the level of service provided in the 1986/87 fiscal year. The reimbursement will be reduced by the amount of student health fees authorized per the Education Code § 76355.

After January 1, 1993, pursuant to Chapter 8, Statutes of 1993, the fees students were required to pay for health supervision and services were not more than:

\$10.00 per semester

\$5.00 for summer school

\$5.00 for each quarter

Beginning with the summer of 1997, the fees are:

\$11.00 per semester

\$8.00 for summer school or

\$8.00 for each quarter

The district may increase fees by the same percentage increase as the Implicit Price Deflator (IPD) for the state and local government purchase of goods and services. Whenever the IPD calculates an increase of one dollar (\$1) above the existing amount, the fees may be increased by one dollar (\$1).

### 7. Reimbursement Limitations

- A. If the level at which health services were provided during the fiscal year of reimbursement is less than the level of health services that were provided in the 1986/87 fiscal year, no reimbursement is forthcoming.
- B. Any offsetting savings or reimbursement the claimant received from any source (e.g. federal, state grants, foundations, etc.) as a result of this mandate, shall be identified and deducted so only net local costs are claimed.

### 8. Claiming Forms and Instructions

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms HFE-1.0, HFE-1.1, and form HFE-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated and reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary. In such instances, new replacement forms will be mailed to claimants.

### A. Form HFE- 2, Health Services

This form is used to list the health services the community college provided during the 1986/87 fiscal year and the fiscal year of the reimbursement claim.

### B. Form HFE-1.1, Claim Summary

This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy of the document must be submitted with the claim. The amount shown on line (13) of this form is carried to form HFE-1.0.

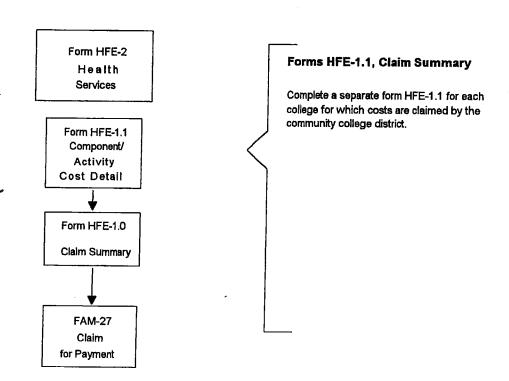
### C. Form HFE-1.0, Claim Summary

This form is used to list the individual colleges that had increased costs due to the state mandate and to compute a total claimable cost for the district. The "Total Amount Claimed", line (04) on this form is carried forward to form FAM-27, line 13, for the reimbursement claim, or line (07) for the estimated claim.

### D. Form FAM-27, Claim for Payment

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form HFE-1.0 and HFE 1.1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

#### Illustration of Claim Forms



|        | State Controller's Of   | fice  |                          |                           | Cor     | mmunity College                       | Mandated      | Cost Manua     |
|--------|---|---|--------------------------|---------------------------|---------|---------------------------------------|---------------|----------------|
|        |   | CLAIM FOR F                                   | PAYMEN                   | Т                         |         | For State Controlle                   | ir Uše Only   | Program,       |
|        | Pursuar   | nt to Government                              | t Code S                 | ection 17561              |         | (19) Program Numbe                    | er 00234      |                |
|        |   | HEALTH FEE E                                  | LIMINAT                  | ION                       |         | (20) Date Filed                       | <i>!!</i>     | 7234           |
| _      | (04) 01:  |   |                          |                           |         |                                       |               |                |
| L<br>A | (01) Claimant Identification Nu   | imber   |                          |                           |         | Reimburs                              | ement Clain   | n Data         |
| B      | (02) Claimant Name  |   |                          |                           |         | (22) HFE-1.0, (04)(b)                 |               |                |
| Ĺ      | County of Location  |   |                          |                           |         | (23)                                  |               |                |
| H      | Street Address or P.O. Box  | ··· · · · · · · · · · · · · · · · · ·         | <del></del>              | Suite                     |         | (24)                                  |               | ·              |
| R<br>E | City  |   | State                    | Zip Code                  |         | (25)                                  |               |                |
| •      | Type of Claim   | Estimated C                                   |                          | Reimbursement C           | Join J  |                                       | <del></del>   |                |
|        | Type of Claim   |   | iaiiii —                 |                           | iaiini  | (26)                                  |               | <del></del>    |
|        |   | (03) Estimated                                |                          | (09) Reimbursement        |         | (27)                                  |               | . <u> </u>     |
|        |   | (04) Combined                                 |                          | (10) Combined             |         | (28)                                  |               |                |
|        |   | (05) Amended                                  |                          | (11) Amended              |         | (29)                                  |               |                |
|        | Fiscal Year of Cost   | (06) 20/2                                     | 0                        | (12) 20/20                |         | (30)                                  |               |                |
|        | Total Claimed Amount  | (07)  |                          | (13)                      |         | (31)                                  |               |                |
|        | Less: 10% Late Penalty,   | , not to exceed \$1,                          | 000                      | (14)                      |         | (32)                                  |               |                |
|        | Less: Prior Claim Paym  | ent Received                                  |                          | (15)                      |         | (33)                                  |               |                |
|        | Net Claimed Amount  |   |                          | (16)                      |         | (34)                                  |               |                |
|        | Due from State  | (08)  |                          | (17 <u>)</u>              |         | (35)                                  |               |                |
|        | Due to State  |   |                          | (18)                      |         | (36)                                  |               |                |
| 1      | (37) CERTIFICATION  | OF CLAIM                                      |                          |                           |         |                                       |               | ·              |
|        | In accordance with the pro<br>district to file mandated co<br>violated any of the provision                           | ost claims with the S                         | tate of Cali             | ifornia for this program, | and ce  |                                       |               |                |
|        | I further certify that there v<br>costs claimed herein, and<br>and reimbursements set fo<br>documentation currently n | such costs are for a<br>orth in the Parameter | new progr<br>rs and Guid | am or increased level of  | service | es of an existing prog                | ram. All offs | etting savings |
|        | The amounts for this Estin<br>actual costs set forth on th<br>foregoing is true and corre                             | ne attached statemen                          |                          |                           |         |                                       |               |                |
|        | Signature of Authorized Offic   | cer   |                          |                           |         | Date                                  |               |                |
| -      | <u> </u>  |   |                          |                           | -       |                                       |               |                |
| ŀ      | Type or Print Name  |   |                          |                           | -       | Title                                 |               |                |
| Ī      | (38) Name of Contact Person fo  | r Claim                                       |                          | Telephone Num             | ber     | ( ) -                                 | Ext.          |                |
|        |   | _   |                          | E-Mail Address            | ~·· _   | · · · · · · · · · · · · · · · · · · · |               |                |

Form FAM-27 (Revised 09/03)



# HEALTH FEE ELIMINATION Certification Claim Form Instructions

FORM FAM-27

- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) Leave blank.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form HFE-1.1 and enter the amount from line (13).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Leave blank.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form HFE-1.1, line (13). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), or \$1,000, whichever is less.
- (15) If filing an actusl reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., HFE-1.0, (04)(b), means the information is located on form HFE-1.0, block (04), column (b). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. Completion of this data block will expedite the payment process.
- Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)
- (38) Enter the name, telephone number, and e-mail address of the person whom this office should contact if additional information is required.

Claims should be rounded to the nearest dollar. Submit a signed original and a copy of form FAM-27, Claim for Payment, and all other forms and supporting documents. (To expedite the payment process, please sign the form in blue ink, and attach a copy of the form FAM-27 to the top of the claim package.) Use the following mailing addresses:

Address, if delivered by U.S. Postal Service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting P.O. Box 942850 Sacramento, CA 94250 Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER ATTN: Local Reimbursements Section Division of Accounting and Reporting 3301 C Street, Suite 500 Sacramento, CA 95816

| State Controller's Office                           | OCHOO! WAITUAL   | ed Cost Manda                         |  |  |
|---|--|---------------------------------------|--|--|
| MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY |  |                                       |  |  |
| (01) Claimant                                       | (02) Type of Claim Reimbursement Estimated                         | Fiscal Year<br>19/19                  |  |  |
| (03) List all the colleges o                        | of the community college district identified in form HFE-1.1, line | (03)                                  |  |  |
| :   | (a)<br>Name of College   | (b)<br>Claimed<br>Amount              |  |  |
| 1.  |  |                                       |  |  |
| 2.  |  | j                                     |  |  |
| 3.  |  |                                       |  |  |
| 4.  |  |                                       |  |  |
| <b>5.</b>   |  |                                       |  |  |
| 6.  |  |                                       |  |  |
| 7.  |  |                                       |  |  |
| 8.  |  |                                       |  |  |
| 9.  |  |                                       |  |  |
| 10.   |  | ·                                     |  |  |
| 11.   |  |                                       |  |  |
| 12.   |  | _                                     |  |  |
| 13.   |  |                                       |  |  |
| 14.   |  |                                       |  |  |
| 15.   |  |                                       |  |  |
| 16.   |  |                                       |  |  |
| 17.   |  | · · · · · · · · · · · · · · · · · · · |  |  |
| 18.   | ·  |                                       |  |  |
| 19.   |  |                                       |  |  |
| 20.   |  |                                       |  |  |
| 21.   |  |                                       |  |  |
| (04) Total Amount Claime                            | d [Line (3.1b) + line (3.2b) + line (3.3b) +line (3.21b)]          |                                       |  |  |

# HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions

FORM HFE-1.0

- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office on behalf of its colleges.
- (02) Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which the expenses were/are to be incurred. A separate claim must be filed for each fiscal year.

Form HFE-1.0 must be filed for a reimbursement claim. Do not complete form HFE-1.0 if you are filing an estimated claim and the estimate is not more than 110% of the previous fiscal year's actual costs. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, forms HFE-1.0 and HFE-1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) List all the colleges of the community college district which have increased costs. A separate form HFE-1.1 must be completed for each college showing how costs were derived.
- (04) Enter the total claimed amount of all colleges by adding the Claimed Amount, line (3.1b) + line (3.2b) ...+ (3.21b).

| tate              | Control     | ler's Office                                    |   |              | Co   | ommunity        | College Ma       | ndated Co                              | st Manual                                     |
|-------------------|-------------|---|---|--------------|--|-----------------|------------------|--|---|
| Pro               | ogram<br>34 |   | HE  | ALTH FEE     | ED COSTS<br>ELIMINATION<br>UMMARY                  | ON              |                  |  | FORM<br>HFE-1.1                               |
| 01)               | Claiman     | t   |   |              | (02) Type o<br>Reimb<br>Estima                     | ursement        |                  | Fi<br>20                               | scal Year<br>/20                              |
| (03)              | Name of     | College   |   |              |  |                 |                  |  | . <u> </u>                                    |
| (04)<br>compallow | parison to  | vith a check mark, the<br>the 1986-87 fiscal ye | e level at which<br>ar. If the "Less"<br>LESS | box is chec  | ces were prov<br>ked, STOP, d<br>ME                | MOR             | RE               | 710 1011110                            | sement in sement is                           |
|                   |             |   |   |              |  |                 | Direct Cost      | Indirect<br>Cost                       | Total   |
| (05)              | Cost of     | health services for                             | the fiscal year                               | of claim     | _  |                 |                  |  |   |
| (06)              | Cost of     | providing current fi                            | scal year heal                                | th services  | in excess o  | f 1986-87       |                  |  |   |
|                   | ILine (0    | providing current fi<br>5) - line (06)]         |   |              |  | <del></del>     |                  |  |   |
| (08)              | Comple      | ete columns (a) thro                            | ough (g) to pro                               | vide detail  | data for hea                                       | Ith fees        |                  |  | 74  |
|                   | Collection  | n Period  | (a)<br>Number of<br>Students<br>Enrolled      | EC           | (c)<br>Students<br>Exempt per<br>EC<br>76355(c)(2) | EC              | Subject to       | (f) Unit Cost Per Student Per EC 76355 | (g)<br>Student<br>Health<br>Fees<br>(e) x (f) |
| 1.                | Per Fall 9  | Semester  |   |              |  |                 |                  |  |   |
| 2.                | Per Sprir   | ng Semester                                     |   |              |  |                 |                  |  |   |
| 3.                | Per Sum     | mer Session                                     |   |              |  |                 |                  |  |   |
| 4.                | Per First   | Quarter   |   |              |  |                 |                  |  |   |
| 5.                | Per Seco    | ond Quarter                                     | 1   |              |  |                 |                  |  |   |
| 6.                | Per third   | Quarter   |   |              |  |                 |                  |  |   |
| (09               | Total h     | ealth fee that could                            | i have been co                                | ollected: Th | e sum of (Line                                     | (08)(1)(c) thro | ough line (08)(6 | )(c)                                   |   |
| Ŀ                 | ) Subtot    |   |   |              |  | (07) - line (09 |                  |  |   |
| <u> </u>          | st Reduc    |   |   |              |  |                 |                  |  |   |
| _                 |             | Offsetting Savings                              |   | <del></del>  |  |                 |                  |  |   |
| <u> </u>          |             | Other Reimbursem                                | nents   |              |  |                 | -                |  |   |
| H                 | -           | Claimed Amount                                  |   |              | [Line (10) -                                       | {line (11) + li | ne (12)}]        |  |   |

Program 234

# HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions

FORM HFE-1.1

- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office (SCO) on behalf of its colleges.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.

Form HFE-1.1 must be filed for a reimbursement claim. Do not complete form HFE-1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form HFE-1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

- (03) Enter the name of the college or community college district that provided student health services in the 1986-87 fiscal year and continue to provide the same services during the fiscal year of claim.
- (04) Compare the level of services provided during the fiscal year of reimbursement to the 1986-87 fiscal year and indicate the result by marking a check in the appropriate box. If the "Less" box is checked, STOP and do not complete the remaining part of this claim form. No reimbursement is forthcoming.
- (05) Enter the direct cost, indirect cost, and total cost of health services for the fiscal year of claim on line (05). Direct cost of health services is identified on the college expenditure report authorized by Education Code §76355 and included in the Community College Annual Financial and Budget Report CCFS-311, EDP Code 6440, column 5. If the amount of direct costs claimed is different than that shown on the expenditure report, provide a schedule listing those community college costs that are in addition to, or a reduction to expenditures shown on the report. For claiming indirect costs, college districts have the option of using a federally approved rate from the Office of Management and Budget Circular A-21, form FAM-29C, or a 7% indirect cost rate.
- (06) Enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986-87 fiscal year.
- (07) Enter the difference of the cost of health services for the fiscal year of claim, line (05) and the cost of providing current fiscal year services that are in excess of the level provided in the 1986-87 fiscal year line (06).
- (08) Complete columns (a) through (g) to provide details on the number of students enrolled, the number of students exempt per EC Section 76355(c)(1), (2), and (3), and the amount of health service fees that could have been collected. After 05/01/01, the student fees for health supervision and services are \$12.00 per semester, \$9.00 for summer school, and \$9 for each quarter.
- (09) Enter the sum of student health fees that could have been collected, other than exempt students.
- (10) Enter the difference of the cost of providing health services at the 1986-87 level, line (07) and the total health fee that could have been collected, line (09). If line (09) is greater than line (07), no claim shall be filed.
- (11) Enter the total savings experienced by the school identified in line (03) as a direct cost of this mandate. Submit a detailed schedule of savings with the claim.
- (12) Enter the total of other reimbursements received from any source, (i.e., federal, other state programs, etc.,) Submit a detailed schedule of reimbursements with the claim.
- (13) Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements, line (12), from Total 1986-87 Health Service Cost excluding Student Health Fees.

# MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES

FORM HFE-2

| HEALIH SERVIC  | )E3                              |                      |                       |
|--|----------------------------------|----------------------|-----------------------|
| (01) Claimant:   | (02) Fiscal Year costs were incu | rred:                |                       |
| (03) Place an "X" in columns (a) and/or (b), as applicable, t<br>were provided by student health service fees for the indica |                                  | (a)<br>FY<br>1986/87 | (b)<br>FY<br>of Claim |
| Accident Reports   |                                  | <u> </u>             |                       |
| Appointments   |                                  |                      |                       |
| College Physician, surgeon   |                                  |                      |                       |
| Dermatology, family practice   |                                  |                      |                       |
| Internal Medicine  |                                  |                      |                       |
| Outside Physician  |                                  |                      |                       |
| Dental Services  | •                                | •                    |                       |
| Outside Labs, (X-ray, etc.)  |                                  | <u> </u>             |                       |
| Psychologist, full services  |                                  |                      |                       |
| Cancel/Change Appointments   |                                  |                      |                       |
| Registered Nurse   |                                  |                      |                       |
| Check Appointments   |                                  |                      |                       |
| .,   |                                  |                      |                       |
| Assessment, Intervention and Counseling  |                                  |                      | <u> </u>              |
| Birth Control  |                                  |                      |                       |
| Lab Reports  |                                  |                      |                       |
| Nutrition  |                                  |                      |                       |
| Test Results, office   | •                                |                      |                       |
| Venereal Disease   |                                  |                      | 1                     |
| Communicable Disease   |                                  | 1                    |                       |
| Upper Respiratory Infection  | ÷                                |                      |                       |
| Eyes, Nose and Throat  Eye/Vision  |                                  |                      |                       |
| Dermatology/Allergy  |                                  |                      | i                     |
| Gynecology/Pregnancy Service   |                                  |                      |                       |
| Neuralgic  |                                  |                      |                       |
| Orthopedic   |                                  |                      |                       |
| Genito/Urinary   |                                  |                      |                       |
| Dental   |                                  |                      |                       |
| Gastro-Intestinal  |                                  |                      |                       |
| Stress Counseling  |                                  | [                    |                       |
| Crisis Intervention  | •                                | 1                    |                       |
| Child Abuse Reporting and Counseling   |                                  |                      |                       |
| Substance Abuse Identification and Counseling  |                                  |                      |                       |
| Acquired Immune Deficiency Syndrome  |                                  | 1                    |                       |
| Eating Disorders   |                                  |                      |                       |
| Weight Control   |                                  |                      |                       |
| Personal Hygiene   |                                  |                      |                       |
| Burnout Other Medical Broblems, list   |                                  |                      |                       |
| Other Medical Problems, list   |                                  |                      |                       |
| Examinations, minor illnesses  |                                  |                      |                       |
| Recheck Minor Injury   |                                  |                      | *                     |
| Hoolth Talks on Enire Information  |                                  |                      |                       |
| Health Talks or Fairs, Information   |                                  |                      |                       |
| Sexually Transmitted Disease   |                                  |                      |                       |
| Drugs  |                                  |                      |                       |
| Acquired Immune Deficiency Syndrome  |                                  |                      |                       |
| _  |                                  |                      |                       |

# MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES

FORM HFE-2

| (01) Claimant:  | ed: | ,———                 |                       |
|---|-----|----------------------|-----------------------|
| (03) Place an "X" in column (a) and/or (b), as applicable, to i<br>provided by student health service fees for the indicated fisc |     | (a)<br>FY<br>1986/87 | (b)<br>FY<br>of Clain |
| Child Abuse   |     |                      |                       |
| Birth Control/Family Planning   | •   |                      |                       |
| Stop Smoking  |     |                      |                       |
| Library, Videos and Cassettes   | ·   |                      |                       |
| First Aid, Major Emergencies  |     |                      |                       |
| First Aid, Minor Emergencies  |     |                      |                       |
| First Aid Kits, Filled  |     |                      |                       |
| Immunizations   |     |                      |                       |
| Diphtheria/Tetanus  | •   |                      |                       |
| Measles/Rubella   |     |                      |                       |
| Influenza   |     |                      |                       |
| Information   |     |                      |                       |
| Insurance   |     |                      |                       |
| On Campus Accident  |     |                      |                       |
| Voluntary   |     |                      |                       |
| Insurance Inquiry/Claim Administration  |     |                      | -                     |
| Laboratory Tests Done   |     |                      |                       |
| Inquiry/Interpretation  | 1   | •                    |                       |
| Pap Smears  |     |                      |                       |
| Physical Examinations   | ·   |                      |                       |
| Employees   |     |                      |                       |
| Students  | •   |                      |                       |
| Athletes  |     |                      | ļ                     |
| Medications   |     |                      |                       |
| Antacids  |     |                      |                       |
| Antidiarrheal   |     |                      |                       |
| Aspirin, Tylenol, Etc<br>Skin Rash Preparations   | •   |                      |                       |
| Eye Drops   | •   |                      |                       |
| Ear Drops   |     |                      |                       |
| Toothache, oil cloves   | ·   |                      | -                     |
| Stingkill   |     |                      |                       |
| Midol, Menstrual Cramps   |     |                      |                       |
| Other, list   |     |                      |                       |
| Parking Cards/Elevator Keys   |     |                      |                       |
| Tokens  | •   | Ì                    |                       |
| Return Card/Key   |     |                      |                       |
| Parking Inquiry   |     |                      |                       |
| Elevator Passes   |     |                      |                       |
| Temporary Handicapped Parking Permits   | ·   |                      |                       |

# MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES

FORM HFE-2

| HEALTH SERVIC   | ES                                |                      |                       |
|---|-----------------------------------|----------------------|-----------------------|
| (01) Claimant:  | (02) Fiscal Year costs were incur | red:                 |                       |
| (03) Place an "X" in columns (a) and/or (b), as applicable, were provided by student health service fees for the indicate   |                                   | (a)<br>FY<br>1986/87 | (b)<br>FY<br>of Claim |
| Referrals to Outside Agencies Private Medical Doctor Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless won Family Planning Facilities Other Health Agencies | nen                               |                      |                       |
| Tests   |                                   |                      |                       |
| Blood Pressure Hearing Tuberculosis Reading Information   |                                   |                      |                       |
| Vision<br>Glucometer<br>Urinalysis<br>Hemoglobin<br>EKG   |                                   |                      |                       |
| Strep A testing PG Testing Monospot Hemacult Others, list   |                                   |                      |                       |
| Miscellaneous Absence Excuses/PE Waiver Allergy Injections Bandaids Booklets/Pamphlets Dressing Change Rest Suture Removal  |                                   |                      |                       |
| Temperature Weigh Information Report/Form Wart Removal Others, list   |                                   |                      |                       |
| Committees Safety Environmental Disaster Planning   |                                   |                      |                       |
|   |                                   |                      |                       |

Exhibit D

**55** 

# LOS RIOS COMMUNITY COLLEGE DISTRICT

Audit Report

### **HEALTH FEE ELIMINATION PROGRAM**

Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, and Chapter 1118, Statutes of 1987

July 1, 2002, through June 30, 2005



JOHN CHIANG
California State Controller

May 2008



## JOHN CHIANG California State Controller

May 21, 2008

Anne Blackwood, President Board of Trustees Los Rios Community College District 1919 Spanos Court Sacramento, CA 95825-3981

Dear Ms. Blackwood:

The State Controller's Office audited the costs claimed by the Los Rios Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2005.

The district claimed \$2,554,615 (\$2,555,615 less a \$1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that the entire amount is unallowable, primarily because the district did not report authorized health service fees. The State paid the district \$814,928, which the State will offset from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

If you disagree with the audit findings, you may file an Incorrect Reduction Claim (IRC) with the Commission on State Mandates (CSM). The IRC must be filed within three years following the date that we notify you of a claim reduction. You may obtain IRC information at CSM's Web site, at www.csm.ca.gov (Guidebook link); you may obtain IRC forms by telephone, at (916) 323-3562, or by e-mail, at csminfo@csm.ca.gov.

If you have any questions, please contact Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849.

Sincerely,

Original signed by

JEFFREY V. BROWNFIELD Chief, Division of Audits

JVB/vb

cc: Jon Sharpe, Deputy Chancellor

Los Rios Community College District
Carrie Bray, Director, Accounting Services
Los Rios Community College District
Marty Rubio, Specialist, Fiscal Accountability Section
California Community Colleges Chancellor's Office
Jeannie Oropeza, Program Budget Manager
Education Systems Unit
Department of Finance

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## **Audit Report**

### **Summary**

The State Controller's Office (SCO) audited the costs claimed by the Los Rios Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2005.

The district claimed \$2,554,615 (\$2,555,615 less a \$1,000 penalty for filing a late claim) for the mandated program. Our audit disclosed that the entire amount is unallowable, primarily because the district did not report authorized health service fees. The State paid the district \$814,928, which the State will offset from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

### **Background**

Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session (E.S.) repealed Education Code section 72246 which authorized community college districts to charge a health fee for providing health supervision and services, providing medical and hospitalization services, and operating student health centers. This statute also required that health services for which a community college district charged a fee during fiscal year (FY) 1983-84 had to be maintained at that level in FY 1984-85 and every year thereafter. The provisions of this statute would automatically sunset on December 31, 1987, reinstating the community college districts' authority to charge a health service fee as specified.

Chapter 1118, Statutes of 1987, amended Education Code section 72246 (subsequently renumbered as section 76355 by Chapter 8, Statutes of 1993). The law requires any community college district that provided health services in FY 1986-87 to maintain health services at the level provided during that year in FY 1987-88 and each fiscal year thereafter.

On November 20, 1986, the Commission on State Mandates (CSM) determined that Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session imposed a "new program" upon community college districts by requiring specified community college districts that provided health services in FY 1983-84 to maintain health services at the level provided during that year in FY 1984-85 and each fiscal year thereafter. This maintenance-of-effort requirement applied to all community college districts that levied a health service fee in FY 1983-84.

On April 27, 1989, the CSM determined that Chapter 1118, Statutes of 1987, amended this maintenance-of-effort requirement to apply to all community college districts that provided health services in FY 1986-87, requiring them to maintain that level in FY 1987-88 and each fiscal year thereafter.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. CSM adopted parameters and guidelines on August 27, 1987, and amended them on May 25, 1989. In compliance with Government Code section 17558, the SCO issues claiming instructions to assist school districts in claiming mandated program reimbursable costs.

## Objective, Scope, and Methodology

We conducted the audit to determine whether costs claimed represent increased costs resulting from the Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2005.

Our audit scope included, but was not limited to, determining whether costs claimed were supported by appropriate source documents, were not funded by another source, and were not unreasonable and/or excessive.

We conducted the audit according to Government Auditing Standards, issued by the Comptroller General of the United States, and under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the district's financial statements. We limited our audit scope to planning and performing audit procedures necessary to obtain reasonable assurance that costs claimed were allowable for reimbursement. Accordingly, we examined transactions, on a test basis, to determine whether the costs claimed were supported.

We limited our review of the district's internal controls to gaining an understanding of the transaction flow and claim preparation process as necessary to develop appropriate auditing procedures.

We asked the district's representative to submit a written representation letter regarding the district's accounting procedures, financial records, and mandated cost claiming procedures as recommended by *Government Auditing Standards*. However, the district declined our request.

### **Conclusion**

Our audit disclosed instances of noncompliance with the requirements outlined above. These instances are described in the accompanying Summary of Program Costs (Schedule 1) and in the Findings and Recommendations section of this report.

For the audit period, the Los Rios Community College District claimed \$2,554,615 (\$2,555,615 less a \$1,000 penalty for filing a late claim) for costs of the Health Fee Elimination Program. Our audit disclosed that the entire amount is unallowable.

The State paid the district \$814,928, which it will offset from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

### Views of Responsible Official

We issued a draft audit report on February 20, 2008. Jon Sharpe, Deputy Chancellor, responded by letter dated March 11, 2008 (Attachment), disagreeing with the audit results. This final audit report includes the district's response.

After further review, we revised Finding 1 to eliminate previously reported unallowable costs that resulted from extrapolating non-statistical sample results to the population sampled. Finding 1 now shows unallowable salaries and benefits totaling \$16,019 and unallowable indirect costs totaling \$4,889. We previously reported unallowable salaries and benefits totaling \$148,851 and unallowable indirect costs totaling \$45,484.

### **Restricted Use**

This report is solely for the information and use of the Los Rios Community College District, the California Community Colleges Chancellor's Office, the California Department of Finance, and the SCO; it is not intended to be and should not be used by anyone other than these specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

Original signed by

JEFFREY V. BROWNFIELD Chief, Division of Audits

May 21, 2008

### Schedule 1— Summary of Program Costs July 1, 2002, through June 30, 2005

|  |           |                              |           |                                  |                          | -                                   |
|--|-----------|------------------------------|-----------|----------------------------------|--------------------------|-------------------------------------|
| Cost Elements  | _A        | ctual Costs<br>Claimed       |           | Allowable<br>per Audit           | Audit<br>Adjustment      | Reference 1                         |
| July 1, 2002, through June 30, 2003  |           |                              |           |                                  |                          |                                     |
| Direct costs: Salaries Benefits Services and supplies  | \$        | 501,152<br>115,242<br>12,117 | \$        | 498,087<br>114,542<br>6,287      | (700)                    | Finding 1<br>Finding 1<br>Finding 2 |
| Total direct costs Indirect costs  |           | 628,511<br>186,417           |           | 618,916<br>107,398               | (9,595)<br>(79,019)      | Findings 1, 2, 3                    |
| Total direct and indirect costs<br>Less authorized health service fees                       | . —       | 814,928                      | _(        | 726,314<br>1,293,681)            | (88,614)<br>(1,293,681)  |                                     |
| Subtotal<br>Audit adjustments that exceed costs claimed                                      |           | 814,928<br>—                 |           | (567,367)<br>567,367             | (1,382,295)<br>567,367   |                                     |
| Total program costs Less amount paid by the State  | <u>\$</u> | 814,928                      |           | —<br>(814,928)                   | \$ (814,928)             |                                     |
| Allowable costs claimed in excess of (less than)   | amoun     | t paid                       | \$        | (814,928)                        |                          |                                     |
| July 1, 2003, through June 30, 2004  |           |                              |           |                                  |                          |                                     |
| Direct costs: Salaries Benefits Services and supplies  |           | 516,187<br>128,945<br>19,506 | \$        | 508,796<br>127,151<br>13,031     | (1,794)                  | Finding 1<br>Finding 1<br>Finding 2 |
| Total direct costs Indirect costs  |           | 664,638<br>201,983           |           | 648,978<br>113,671               | (15,660)<br>(88,312)     | Findings 1, 2, 3                    |
| Total direct and indirect costs Less authorized health service fees Less late filing penalty |           | 866,621<br>—<br>(1,000)      | (         | 762,649<br>1,137,243)<br>(1,000) | (103,972)<br>(1,137,243) | Finding 4                           |
| Subtotal Audit adjustments that exceed costs claimed   |           | 865,621<br>—                 |           | (375,594)<br>375,594             | (1,241,215)<br>375,594   |                                     |
| Total program costs Less amount paid by the State  | <u>\$</u> | 865,621                      |           |                                  | \$ (865,621)             |                                     |
| Allowable costs claimed in excess of (less than)   | amount    | paid                         | <u>\$</u> |                                  |                          |                                     |

### Schedule 1 (continued)

|  | · · · · · · · · · · · · · · · · · · · |                                     |                                    | _                                   |
|--|---------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| Cost Elements  | Actual Costs<br>Claimed               | Allowable<br>per Audit              | Audit<br>Adjustment                | Reference 1                         |
| July 1, 2004, through June 30, 2005  |                                       |                                     |                                    |                                     |
| Direct costs: Salaries Benefits Services and supplies  | \$ 516,410<br>128,609<br>17,352       | \$ 513,946<br>128,004<br>8,590      | (605)                              | Finding 1<br>Finding 1<br>Finding 2 |
| Total direct costs Indirect costs  | 662,371<br>211,695                    | 650,540<br>231,352                  | (11,831)<br>19,657                 | Findings 1, 2                       |
| Total direct and indirect costs<br>Less authorized health service fees                       | 874,066<br>                           | 881,892<br>(1,123,546)              | 7,826<br>(1,123,546)               | Finding 4                           |
| Subtotal Audit adjustments that exceed costs claimed   | 874,066                               | (241,654)<br>241,654                | (1,115,720)<br>241,654             |                                     |
| Total program costs Less amount paid by the State  | \$ 874,066                            | . –<br>                             | \$ (874,066)                       |                                     |
| Allowable costs claimed in excess of (less than) a   | mount paid                            | <u>\$</u>                           |                                    |                                     |
| Summary: July 1, 2002, through June 30, 2005   |                                       |                                     |                                    |                                     |
| Direct costs: Salaries Benefits Services and supplies  | \$ 1,533,749<br>372,796<br>48,975     | \$ 1,520,829<br>369,697<br>27,908   | \$ (12,920)<br>(3,099)<br>(21,067) |                                     |
| Total direct costs Indirect costs  | 1,955,520<br>600,095                  | 1,918,434<br>452,421                | (37,086)<br>(147,674)              |                                     |
| Total direct and indirect costs Less authorized health service fees Less late filing penalty | 2,555,615<br>                         | 2,370,855<br>(3,554,470)<br>(1,000) | (184,760)<br>(3,554,470)<br>—      |                                     |
| Subtotal<br>Audit adjustments that exceed costs claimed                                      | 2,554,615<br>                         | (1,184,615)<br>1,184,615            | (3,739,230)<br>1,184,615           |                                     |
| Total program costs Less amount paid by the State  | \$ 2,554,615                          | (814,928)                           | \$(2,554,615)                      |                                     |
| Allowable costs claimed in excess of (less than) a   | mount paid                            | \$ (814,928)                        |                                    |                                     |

 $<sup>^{1}\,</sup>$  See the Findings and Recommendations section.

## **Findings and Recommendations**

FINDING 1— Unallowable salaries and benefits The district claimed unallowable salaries and benefits totaling \$16,019. The related indirect costs total \$4,889. The unallowable salaries and benefits are attributable to (1) the increased level of health services that American River College (ARC) provided and (2) the insufficient supporting documentation that Consumnes River College (CRC) and Sacramento City College (SCC) provided.

The district's claims identified the health services that the district provided during fiscal year (FY) 1986-87, the mandated program's base year. For each college, we examined health service logs that covered a one-month period in each fiscal year. For CRC, we expanded our sample to include a second one-month period in FY 2003-04. The health service logs identify actual health services provided. ARC's health service logs showed that it provided health services exceeding the services that the district provided during FY 1986-87. In addition, CRC's and SCC's health service logs included entries that did not identify the service provided. As a result, we were unable to verify that those services were mandate-related.

The following table shows the percentage of unallowable or unsupported health services provided and the resulting unallowable salaries and benefits for each college and fiscal year:

|  | ARC        | CRC         | SCC_       | Total       |
|--|------------|-------------|------------|-------------|
| Fiscal Year 2002-03:<br>Salaries and benefits claimed                    | \$ 241,188 | \$ 145,430  | \$ 229,776 |             |
| Number of months per year  | ÷ 12       | ÷ 12        | ÷ 12       |             |
| Average monthly salaries and benefits claimed Percentage of unallowable  | 20,099     | 12,119      | 19,148     |             |
| services provided  | × (5.65)%  | ×(12.50)%   | × (5.82)%  |             |
| Audit adjustment   | (1,136)    | (1,515)     | (1,114)    | \$ (3,765)  |
| Fiscal Year 2003-04:   |            |             |            |             |
| Salaries and benefits claimed  | 240,486    | 179,984     | 224,662    |             |
| Number of months per year  | ÷ 12       | ÷ 12        | ÷ 12       |             |
| Average monthly salaries and   |            |             |            |             |
| benefits claimed   | 20,041     | 14,999      | 18,722     |             |
| Number of months audited   | <u>× 1</u> | × 2         | × 1        |             |
| Total salaries and benefits for months audited Percentage of unallowable | 20,041     | 29,998      | 18,722     |             |
| services provided  | × (4.20)%  | ×(24.09)%   | × (5.96)%  |             |
| Audit adjustment   | (842)      | (7,227)     | (1,116)    | (9,185)     |
| Fiscal Year 2004-05:   |            |             |            |             |
| Salaries and benefits claimed  | 253,007    | 178,176     | 213,836    |             |
| Number of months per year  | ÷ 12       | ÷ 12        | ÷ 12       |             |
| Average monthly salaries and benefits claimed                            | 21,084     | 14,848      | 17,820     |             |
| Percentage of unallowable services provided                              | × (5.04)%  | ×(13.51)%   | <u>× —</u> |             |
| Audit adjustment   | (1,063)    | (2,006)     |            | (3,069)     |
| Total audit adjustment   | \$ (3,041) | \$ (10,748) | \$ (2,230) | \$ (16,019) |

The following table summarizes the unallowable salaries and benefits and the related indirect costs:

|   | 2002-03               | 2003-04               | 2004-05             | Total                  |
|---|-----------------------|-----------------------|---------------------|------------------------|
| Salaries and benefits<br>Related indirect costs | \$ (3,765)<br>(1,117) | \$ (9,185)<br>(2,791) | \$ (3,069)<br>(981) | \$ (16,019)<br>(4,889) |
| Audit adjustment                                | \$ (4,882)            | \$ (11,976)           | \$ (4,050)          | \$ (20,908)            |

The program's parameters and guidelines state that a community college district may claim costs only for those health services that it provided in FY 1986-87. In addition, the parameters and guidelines state that "all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs."

### Recommendation

We recommend that the district maintain logs that consistently identify the health services actually provided. In addition, we recommend that the district adopt uniform health service logs by implementing ARC's health service log system for all colleges. We also recommend that the district claim only those costs related to health services that the district provided in FY 1986-87.

### District's Response

The audit work which generated these findings was a review of "service logs"... These logs are actually sign-in sheets in which persons obtaining service, with or without appointments, write their name and provide a four or five word description of their ailment. Some patients declined to state the reason for their visit, which is their right under state and federal laws, specifically HIPPA privacy laws.

The service logs were not prepared for mandate or financial cost accounting purposes nor are they required by the parameters and guidelines. Neither the parameters and guidelines nor the Controller's claiming instructions require the claimants to report the number or type of service actually provided, but only require the claimant to provide an inventory of services available to students.

There is no evidence that the service logs record all of the services provided each month. The extrapolation [finding] assumes that all staff labor is applied only to patient visits.

There is no indication that the number of services provided in each of these months is a statistically valid sample of the scope of services provided. That is, patient visits may not be representative of all types of services provided.

The time spent by staff to provide service varies by the type of service provided. The extrapolation assumes every patient visit requires the same amount of staff time to provide service.

The audit disallows those visits for which no reason is stated by the patient. This essentially disallows services which are probably allowable. This penalizes the District for complying with privacy requirements.

The audit report recommends that in the future the district maintain logs "that consistently identify the health services actually provided." This of course indicates that the auditor does not believe the current logs are representative of the services actually provided, yet the auditor used the logs for sampling and extrapolation. Therefore, the audit report concedes that findings are based on an incompetent source.

The audit report quotes the parameters and guidelines as the legal basis for the adjustment, specifically, that " ... all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs." It is ironic and entirely unacceptable for the Controller to adjust claimed costs for insufficient documentation when the auditor chose documents never intended nor designed for cost accounting as the basis for these findings and then criticized the District's source documentation.

The district also objected to the SCO extrapolating sample results to total salaries and benefits claimed for each college and fiscal year.

### SCO's Comment

We revised our audit finding to eliminate previously reported unallowable costs that resulted from extrapolating sample results to the full fiscal year for each college. For those colleges and fiscal years for which we sampled one month of services provided, we calculated unallowable costs by applying the percentage of unallowable services to the average monthly salaries and benefits claimed. Because we sampled two months for Consumnes River College's FY 2003-04 services provided, we doubled that amount. We also made non-substantive edits to our recommendation.

During our audit field work, we asked the district to provide documentation showing the actual services that the district provided. In response, the district provided the health service logs. We gave the district an opportunity to provide any other documentation that supports actual services provided. The district did not provide any other documentation during our audit fieldwork or in response to our draft audit report.

The district incorrectly states that the parameters and guidelines and the SCO's claiming instructions "only require the claimant to provide an inventory of services available to students." The parameters and guidelines actually state, "Only services provided in 1986-87 fiscal year may be claimed." They require the district to claim salaries and benefits by describing the mandated functions performed and specifying the actual number of hours devoted to each function. In addition, they state, "All costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs."

The district states that the service logs do not record all of the health services that it provided each month. However, the district provided no other documentation related to patient visits or the actual amount of time spent on reimbursable activities.

The district states, "The time spent by staff to provide service varies by the type of service provided. The extrapolation [finding] assumes every patient visit requires the same amount of staff time to provide service." However, the district did not provide any documentation that shows the actual time spent on unallowable activities. The district did not provide any documentation that specifies the actual number of hours devoted to each mandated function as required by the parameters and guidelines. In addition, the district failed to provide any reasonable alternative methodology to calculate costs claimed that are attributable to unallowable activities. The district's failure to provide any evidence of the individual costs allegedly incurred puts its entire claim in question. We conclude that the audit methodology is reasonable in light of the district's lack of supporting documentation.

The district also states, "The audit disallows those visits for which no reason is stated by the patient. This essentially disallows services which are probably allowable. This penalizes the District for complying with privacy requirements." The parameters and guidelines require the district to describe the mandated functions performed and specify the actual number of hours devoted to each function. The district provided no documentation showing that the referenced patient visits were "probably allowable." The district's compliance with Health Insurance Portability and Accountability Act (HIPAA) requirements is not relevant. It is the district's responsibility to maintain documentation that complies with the parameters and guidelines' requirements. The district may document actual services provided without violating HIPAA requirements simply by providing the same health service logs without disclosing patient names. District staff may contemporaneously identify the service(s) provided if the patient does not.

The district cites the audit report recommendation that states, "We recommend that the district maintain logs that consistently identify the health services actually provided." The district then incorrectly concludes that the SCO does not believe that the current logs are representative of the services actually provided and hypothesizes falsely that the audit report concedes to reporting a finding based on an incompetent source. Our recommendation only addresses the issue of documented patient visits that do not identify the actual service provided.

The district states, "It is ironic and entirely unacceptable for the Controller to adjust claimed costs for insufficient documentation when the auditor chose documents never intended nor designed for cost accounting as the basis for these findings and then criticized the District's source documentation." The SCO did not "choose" the documents. The SCO requested that the district provide documentation supporting actual services provided, in accordance with the parameters and guidelines' requirements. In response, the district provided copies of the health service logs. The district provided no other documentation to support actual services provided. The SCO did not "criticize" the source documentation, but instead noted instances in which the source documentation either did not identify the actual health services provided or identified unallowable services.

### FINDING 2— Unallowable services and supplies

The district claimed unallowable services and supplies totaling \$21,067. The related indirect costs total \$6,497.

The district claimed \$12,305 to provide medical services at sporting events and physical examinations for intercollegiate athletes. Education Code section 76355, subdivision (d)(2), states that authorized expenditures shall not include physical examinations for intercollegiate athletics and the salaries of health professionals for athletic events.

In addition, the district claimed \$3,568 for laboratory service costs and \$5,194 for immunization costs. The district's claims show that it did not provide these services during FY 1986-87. The parameters and guidelines state that a community college district may claim costs only for those health services that it provided in FY 1986-87.

The following table summarizes the audit adjustment:

|                                      |                       | Fiscal Year_          |                       |                        |
|--------------------------------------|-----------------------|-----------------------|-----------------------|------------------------|
|                                      | 2002-03               | 2003-04               | 2004-05               | Total                  |
| Services and supplies Indirect costs | \$ (5,830)<br>(1,729) | \$ (6,475)<br>(1,968) | \$ (8,762)<br>(2,800) | \$ (21,067)<br>(6,497) |
| Audit adjustment                     | \$ (7,559)            | \$ (8,443)            | <u>\$ (11,562)</u>    | <u>\$ (27,564)</u>     |

### Recommendation

We recommend that the district claim costs only for those health services that it provided in FY 1986-87.

### District's Response

The audit findings do not state which tests and immunizations are disallowed, so it cannot be determined if the finding is accurate.

#### SCO's Comment

Our finding and recommendation are unchanged. During our exit conference conducted January 10, 2008, we provided the district a detailed schedule showing each individual unallowable item, identified by both the district's reference number and voucher number. The district did not provide any documentation to refute the audit finding.

### FINDING 3— Overstated and understated indirect cost rates claimed

The district overstated its indirect cost rates for FY 2002-03 and FY 2003-04. The district understated its indirect cost rate for FY 2004-05. The overstated and understated indirect cost rates resulted in unallowable indirect costs totaling \$136,288.

The district prepared its FY 2002-03 and FY 2003-04 indirect cost rate proposals (ICRPs) using Office of Management and Budget (OMB) Circular A-21 methodology. However, the district did not obtain federal approval for these ICRPs.

The district prepared its FY 2004-05 ICRP using the SCO's FAM-29C methodology. However, the district did not prepare the ICRP according to the SCO's claiming instructions. The district prepared the FY 2004-05 ICRP using FY 2003-04 actual cost data and did not properly allocate costs as indirect costs or direct costs.

We calculated allowable indirect cost rates using the FAM-29C methodology that the SCO's claiming instructions allow. The following table summarizes the claimed and allowable indirect cost rates and the resulting audit adjustment.

|                                | Fiscal Year |             |            |             |
|--------------------------------|-------------|-------------|------------|-------------|
|                                | 2002-03     | 2003-04     | 2004-05    | Total       |
| Allowable indirect cost rate   | 16.47%      | 16.26%      | 35.76%     |             |
| Claimed indirect cost rate     | _(29.66)%   | _(30.39)%   | _(31.96)%  |             |
| (Overstated)/understated       |             |             |            |             |
| indirect cost rate             | (13.19)%    | (14.13)%    | 3.80%      |             |
| Allowable direct costs claimed | \$ 577,502  | \$ 591,315  | \$ 616,785 |             |
| Audit adjustment               | \$ (76,173) | \$ (83,553) | \$ 23,438  | \$(136,288) |

The parameters and guidelines state that "indirect costs may be claimed in the manner described by the State Controller in his claiming instructions." The SCO's claiming instructions state that districts must obtain federal approval for an ICRP prepared in accordance with OMB Circular A-21. Alternatively, the district may compute an indirect cost rate using Form FAM-29C, which is based on total fiscal year expenditures that the district reports in the California Community Colleges Annual Financial and Budget Report, Expenditures by Activity (CCFS-311).

### Recommendation

We recommend that the district claim indirect costs based on indirect cost rates computed in accordance with the SCO's claiming instructions. The district must obtain federal approval for ICRPs prepared in accordance with OMB Circular A-21. Alternatively, the district should prepare its ICRPs using SCO's Form FAM-29C.

### District's Response

This finding results from the District calculating the indirect cost rated based upon how the CCSF-311 report characterizes the various accounts as direct or indirect costs. The Controller's method arbitrarily assigns certain costs to different categories. For example, for the first two fiscal years in this audit, the Controller does not include depreciation as an indirect cost, but does for the third fiscal year. The Controller insists that the rate be calculated according to the claiming instructions. The parameters and guidelines for Health Fee Elimination (as last amended on 5/25/89) state that "Indirect costs maybe claimed in the manner described by the State Controller in his claiming instructions." It does not require that indirect costs be claimed in the manner described by the State Controller. The District utilized the CCSF-311 classification of accounts which is more rational and consistent than the Controller's evolving formula.

### SCO's Comment

Our finding and recommendation are unchanged. The district erroneously states that it calculated its indirect cost rates "based upon how the CCFS-311 report characterizes the various accounts as direct or indirect costs." The California Community Colleges Chancellor's Office's (CCCCO's) CCFS-311 report does not identify individual accounts as direct or indirect.

The SCO did not "arbitrarily" assign costs to direct or indirect cost categories. The SCO calculated indirect cost rates based on its claiming instructions applicable to each fiscal year. The SCO's Form FAM-29C methodology provides equitable rates that districts may use to allocate district administrative support costs to personnel that perform mandated program activities.

The district incorrectly concludes that the parameters and guidelines do not require that the district claim indirect costs according to the SCO's claiming instructions. The parameters and guidelines state, "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions." The district misinterprets "may be claimed" by concluding that compliance with the claiming instructions is voluntary. Instead, "may be claimed" simply permits the district to claim indirect costs. However, if the district chooses to claim indirect costs, then it must comply with the SCO's claiming instructions.

### FINDING 4— Unreported authorized health service fees

The district did not report authorized health service fees totaling \$3,554,470.

Mandated costs do not include costs that are reimbursable from authorized fees. Government Code section 17514 states that "costs mandated by the state" means any increased costs that a school district is required to incur. To the extent community college districts can charge a fee, they are not required to incur a cost. In addition, Government Code section 17556 states that the Commission on State Mandates (CSM) shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service.

For the audit period, Education Code section 76355, subdivision (c), states that health fees are authorized for all students except those who: (1) depend exclusively on prayer for healing; (2) are attending a community college under an approved apprenticeship training program; or (3) demonstrate financial need. The CCCCO identified the fees authorized by Education Code section 76355, subdivision (a). For FY 2002-03 and FY 2003-04, the authorized fees are \$12 per semester and \$9 per summer session. For FY 2004-05, the authorized fees are \$13 per semester and \$10 per summer session.

We obtained student enrollment, Board of Governors Grant (BOGG) recipient, and apprenticeship program enrollment data from the CCCCO. The CCCCO data is based on student data that the district reported. We calculated total authorized health service fees using the authorized health service fee rates that the CCCCO identified.

The following table shows the authorized health service fee calculation and audit adjustment:

|                                  |              | Semester     |              |                |
|----------------------------------|--------------|--------------|--------------|----------------|
|                                  | Summer       | Fall         | Spring       | Total          |
| Fiscal Year 2002-03:             |              |              |              |                |
| Student enrollment               | 28,310       | 72,031       | 68,248       |                |
| BOGG recipients                  | (7,847)      | (20,059)     | (19,597)     |                |
| Apprenticeship program enrollees | (790)        | (5,236)      | (2,335)      |                |
| Students subject to health fee   | 19,673       | 46,736       | 46,316       |                |
| Authorized health fee rate       | × \$ (9)     | × \$ (12)    | × \$ (12)    |                |
| Audit adjustment, FY 2002-03     | \$ (177,057) | \$ (560,832) | \$ (555,792) | \$(1,293,681)  |
| Fiscal Year 2003-04:             |              |              |              |                |
| Student enrollment               | 25,500       | 67,881       | 67,013       |                |
| BOGG recipients                  | (9,579)      | (23,472)     | (23,344)     |                |
| Apprenticeship program enrollees | (674)        | (2,244)      | (2,499)      |                |
| Students subject to health fee   | 15,247       | 42,165       | 41,170       |                |
| Authorized health fee rate       | × \$ (9)     | × \$ (12)    | × \$ (12)    |                |
| Audit adjustment, FY 2003-04     | \$ (137,223) | \$ (505,980) | \$ (494,040) | (1,137,243)    |
| Fiscal Year 2004-05:             |              |              |              |                |
| Student enrollment               | 25,290       | 67,316       | 67,936       |                |
| BOGG recipients                  | (11,302)     | (27,138)     | (27,250)     |                |
| Apprenticeship program enrollees | (1,385)      | (2,461)      | (1,671)      |                |
| Students subject to health fee   | 12,603       | 37,717       | 39,015       |                |
| Authorized health fee rate       | × \$ (10)    | × \$ (13)    | × \$ (13)    |                |
| Audit adjustment, FY 2004-05     | \$ (126,030) | \$ (490,321) | \$ (507,195) | _(1,123,546)   |
| Total audit adjustment           |              |              |              | \$ (3,554,470) |

#### Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. The district should maintain records that support its calculation of authorized health service fees. These records should identify the actual non-duplicated student enrollment and students who are exempt from health service fees under Education Code section 76355, subdivision (c).

#### District's Response

This finding reduces the claimed program costs by a calculated amount of student health services fees never collected. The District does not collect a student health services fee.

Education Code Section 76355, subdivision (a), in relevant part, provides: "The governing board of a district maintaining a community college <u>may require</u> community college students to pay a fee... for health supervision and services..." There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b) which states "If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, <u>if any</u>, that a part-time

student is required to pay. <u>The governing board may decide whether the</u> <u>fee shall be mandatory or optional</u>." (Emphasis supplied in both instances)

The Parameters and Guidelines, as last amended on 5/25/89, state, in relevant part, "Any offsetting savings... must be deducted from the costs claimed... This shall include the amount of (student fees) as authorized by Education Code Section 72246 (a)<sup>1</sup>." The use of the term "offsetting savings" further illustrates the permissive nature of the fees. Student fees actually collected must be used to offset costs, but not student fees that could have been collected and were not.

The audit report also cites Government Code Section 17556 which only prohibits the Commission on State Mandates from finding costs in certain instances. Here, the Commission has already made a finding of a new program or increased costs.

#### SCO's Comment

Our finding and recommendation are unchanged. We agree that community college districts may choose not to levy a health service fee. However, Education Code section 76355, subdivision (a), provides districts the authority to levy a health service fee. The CCCCO notifies districts of the fee amount authorized pursuant to Education Code section 76355, subdivision (a).

Regardless of the district's decision to levy or not levy a health service fee, the district does have the *authority* to levy the fee. Government Code section 17514 states, "Costs mandated by the state' means any increased costs which a local agency or school district is *required* to incur..." [Emphasis added]." To the extent the district is authorized to collect health service fees attributable to health service expenses, it is not *required* to incur a cost. Therefore, those health service expenses do not meet the statutory definition of mandated costs.

In addition, Government Code section 17556, subdivision (d), state that the CSM shall not find costs mandated by the State if the district has the authority to levy fees to pay for the mandated program or increased level of service. For the Health Fee Elimination Program, the CSM did recognize that another funding source was available by including health service fees as offsetting savings in the parameters and guidelines. The result is the same: To the extent districts have the authority to charge a fee, they are not required to incur a cost.

<sup>&</sup>lt;sup>1</sup> Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, Section 29, and was replaced by Education Code Section 76355.

# ADDITIONAL ISSUE—Claim Payment

The district's response included comments regarding the amounts paid by the State, as shown in Schedule 1, Summary of Program Costs. The district's response and SCO's comment are as follows:

#### District's Response

The audit report asserts in several locations that the District was paid \$814,928 and this amount should be remitted to the state. The money was never "paid" to the District. The Controller offset the amount payable by reductions to payments for other mandate claims and fiscal years.

#### SCO's Comment

The claim payment amount is unchanged. The term "paid" is simply the past tense of "pay," which is defined as "discharging indebtedness" <sup>1</sup>. The State discharged its FY 2002-03 indebtedness to the district by equally discharging the district's indebtedness to the State for other mandated program claims.

<sup>&</sup>lt;sup>1</sup> Merriam-Webster's Collegiate Dictionary, Tenth Edition

# Attachment— District's Response to Draft Audit Report

# LOS RIOS

CERTIFIED MAIL - RETURN RECEIPT REQUESTED



March 11, 2008

American River College Cosumnes River College Fulsom Lake College Sacramento City College

1919 Spanos Conrt Sacramento, CA 95825 Phone: 916 568-3112 Fax: 916 568-3061 www.losriocechi

Jim L. Spano, Chief, Mandated Costs Audits Bureau Division of Audits Office of the State Controller P.O. Box 942850 Sacramento, CA 94250-5874

Re:

Chapter 1, Statutes of 1984 Health Fee Elimination State Controller's Audit

Fiscal Years: 2002-03, 2003-04, and 2004-05

Dear Mr. Spano:

This letter is the response of the Los Rios Community College District to the letter from Jeffrey V. Brownfield, Chief, Division of Audits, dated February 20, 2008, and received by the District on February 28, 2008, which transmitted the draft audit report for the above referenced mandate program and fiscal years.

#### Finding 1 - Unallowable salaries and benefits

The draft audit report eliminates \$194,335 of salary and benefits for the three fiscal years. The stated reasons are that some of the services sampled exceeded those of the FY 1986-87 base year and that there was insufficient supporting documentation for other services. The audit work which generated these findings was a review of "service logs" for one month at each college for each fiscal year, with an additional month reviewed at Consumnes River College for one fiscal year. These logs are actually signin sheets in which persons obtaining service, with or without appointments, write their name and provide a four or five word description of their ailment. Some patients declined to state the reason for their visit, which is their right under state and federal laws, specifically HIPPA privacy laws.

Based on a review of these logs, the audit concluded that some visits were for services not provided in the base year, and where the patient declined to state the reason for the visit, the audit determined that this was insufficient documentation and thus disallowed the visit. These excess and unidentified services were determined to be "unallowable" and generated exception rates (ranging from about 4% to 24%) which were extrapolated to the entire cost of the salary and benefits for the student health services program.

These "service logs" are inappropriate as the basis for "findings" and extrapolation for the audit adjustments for several reasons:

- -The service logs were not prepared for mandate or financial cost accounting purposes nor are they required by the parameters and guidelines. Neither the parameters and guidelines nor the Controller's claiming instructions require the claimants to report the number or type of service actually provided, but only require the claimant to provide an inventory of services available to students.
- -There is no evidence that the one month of service logs reviewed for each of the three years (36 months of service) at each of the three colleges are representative of the entire year (total number of visits). There is definitely seasonal workload (fewer students in the summer) and seasonal staffing. The extrapolation assumes the workload and labor costs are the same each month.
- -There is no evidence that the service logs record all of the services provided each month. The extrapolation is adjusting total salaries and benefits and therefore assumes that *all* staff labor is applied only to patient visits.
- -There is no indication that the number of services provided in each of these months is a statistically valid sample of the scope of services provided. That is, patient visits may not be representative of all types of services provided.
- -The time spent by staff to provide service varies by the type of service provided. The extrapolation assumes every patient visit requires the same amount of staff time to provide service.
- -The audit disallows those visits for which no reason is stated by the patient. This essentially disallows services which are probably allowable. This penalizes the District for complying with privacy requirements.
- -Extrapolation of sample findings requires a statistically valid sample. The service logs are not factually or statistically relevant to the cost of services so they cannot be used as a sample of services provided. The extrapolation of the exceptions to the total salary and benefits costs is not a relevant universe of cost for extrapolation of the service log. The audit report recommends that in the future the district maintain logs "that consistently identify the health services actually provided." This of course indicates that the auditor does not believe the current logs are representative of the services actually provided, yet the auditor used the logs for sampling and extrapolation. Therefore, the audit report concedes that findings are based on an incompetent source.

The audit report quotes the parameters and guidelines as the legal basis for the adjustment, specifically, that "... all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs." It is ironic and entirely unacceptable for the Controller to adjust claimed costs for insufficient

documentation when the auditor chose documents never intended nor designed for cost accounting as the basis for these findings and then criticized the District's source documentation.

#### Finding 2 - Unallowable services and supplies

#### Lab and Immunization Services

The finding disallows \$3,568 for laboratory services and \$5,194 for immunizations which the audit concludes were not provided in the base-year. The source of this conclusion was the health services inventory which is part of the claim. The audit findings do not state which tests and immunizations are disallowed, so it cannot be determined if the finding is accurate.

#### Finding 3 - Overstated and understated indirect cost rates claimed

This finding results from the District calculating the indirect cost rated based upon how the CCSF-311 report characterizes the various accounts as direct or indirect costs. The Controller's method arbitrarily assigns certain costs to different categories. For example, for the first two fiscal years in this audit, the Controller does not include depreciation as an indirect cost, but does for the third fiscal year.

The Controller insists that the rate be calculated according to the claiming instructions. The parameters and guidelines for Health Fee Elimination (as last amended on 5/25/89) state that "Indirect costs *may be claimed* in the manner described by the State Controller in his claiming instructions." It does not require that indirect costs be claimed in the manner described by the State Controller. The District utilized the CCSF-311 classification of accounts which is more rational and consistent than the Controller's evolving formula.

#### Finding 4 - Understated authorized health service fees

This finding reduces the claimed program costs by a calculated amount of student health services fees never collected. The District does not collect a student health services fee.

Education Code Section 76355, subdivision (a), in relevant part, provides: "The governing board of a district maintaining a community college <u>may require</u> community college students to pay a fee . . . for health supervision and services . . . " There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b) which states "<u>If</u>, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, <u>if any</u>, that a part-time student is required to pay. <u>The governing board may decide</u> <u>whether the fee shall be mandatory or optional</u>." (Emphasis supplied in both instances)

The Parameters and Guidelines, as last amended on 5/25/89, state, in relevant part, "Any offsetting savings . . . must be deducted from the costs claimed . . . This shall include the amount of (student fees) as authorized by Education Code Section 72246(a)1." The use of the term "any offsetting savings" further illustrates the permissive nature of the fees, Student fees actually collected must be used to offset costs, but not student fees that could have been collected and were not.

The audit report also cites Government Code Section 17556 which only prohibits the Commission on State Mandates from finding costs in certain instances. Here, the Commission has already made a finding of a new program or increased costs.

The audit manager indicated at the entrance conference that this adjustment would be made and then stated at the exit conference that future claims would be audited to continue this adjustment. It would seem unnecessary to continue to burden the District and expend state staff resources for field audits when the Controller has decided that no costs will be allowed.

#### Claim Payment

The audit report asserts in several locations that the District was paid \$814,928 and this amount should be remitted to the state. The money was never "paid" to the District. The Controller offset the amount payable by reductions to payments for other mandate claims and fiscal years.

o

Therefore, for the reasons stated above, Los Rios Community College District requests that the audit report be changed to comply with the law.

Sincerely.

Jon Sharpe, Deputy Chancellor

Los Rios Community College District

Jeffrey V. Brownfield, Chief, Division of Audits C: Keith Petersen, SixTen and Associates Carrie Bray, Director, Accounting Services Raymond Andres, General Accounting Supervisor

<sup>&</sup>lt;sup>1</sup> Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, Section 29, and was replaced by Education Code Section 76355.

State Controller's Office Division of Audits Post Office Box 942850 Sacramento, CA 94250-5874

http://www.sco.ca.gov

#### McNamee, Vickie

From:

jmendoza@sco.ca.gov

Sent:

Monday, January 22, 2007 9:48 AM

To:

Bray, Carrie

Cc:

Andres, Raymond; svanzee@sco.ca.gov

Subject:

Health Fee Elimination audit

Attachments: Daily Logs Sample.xls

Hi Carrie,

I'd like to go ahead and schedule a time for me to visit the three campuses to look at their Health Services daily logs (i.e. logs identifying what services were provided on a given date). Attached is the sample I have selected that I would like to review. I am available the week of January 29th and February 5th. I am anticipating that it will take me a few days at each campus. Please let me know when the records will be available. Thanks for your help.

#### Joyce Mendoza, Auditor State Controller's Office Division of Audits

(916) 323-3098 FAX (916) 324-7223

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Progam Audit Period from July 1, 2002 through June 30, 2005

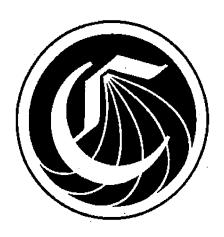
| Fiscal Year | ARC            | CRC           | SCC            |
|-------------|----------------|---------------|----------------|
| FY 2002-03  | October 2002   | April 2003    | September 2002 |
| FY 2003-04  | March 2004     | November 2003 | April 2004     |
| FY 2004-05  | September 2004 | May 2005      | February 2005  |

Note: Please provide daily logs for the months indicated above.

# California Community Colleges

# Budget and Accounting Manual

2000 Edition



**Board of Governors** 

Chancellor's Office Sacramento, California

### **California Community Colleges**

# BUDGET AND ACCOUNTING MANUAL

2000 Edition

#### Officially approved by the

#### **Board of Governors**

in accordance with *Education Code* Section 70901 for required use by California Community Colleges

Prepared under the direction of the

Fiscal Policy Division of the Chancellor's Office California Community Colleges

with the cooperation of the

**Association of Chief Business Officers Board** 



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Phillip J. Forhan, Fresno
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## Preface

This revision of the Budget and Accounting Manual, effective July 1, 2000, presents primarily technical changes to update and improve the accounting procedures of the California Community Colleges. No new program nor increased level of district effort is mandated by this revision. Our goal continues to be to make those changes necessary to achieve greater conformance with generally accepted governmental accounting principles, promote greater consistency and validity of reported financial data, and make the manual more useful for all users.

There will always be accounting issues that need to be addressed. Therefore, it is expected that this manual will be periodically revised and updated.

Thomas J. Nussbaum Chancellor

Glee Johnson Deputy Chancellor

Patrick J. Lenz Vice Chancellor Fiscal Policy Gary L. Cook Administrator Fiscal and Business Services

> Sacramento September 1999

## Acknowledgements

The following individuals served on the Fiscal Standards and Accountability Committee of the Association of Chief Business Officials Board and were responsible for the review and update of this manual:

Louise Davatz, Co-Chair, Los Rios Community College District

Cheryl Miller, Co-Chair, Santa Monica Community College District

John Puthuff, State Coordinator, Chancellor's Office

Lois Meyer, Palomar Community College District

Nancy Rice, Mt. San Antonio Community College District

Teresa Scott, Yosemite Community College District

Jack Sherman, San Bernardino Community College District

Elias Regalado, Chancellor's Office

Robert Wickstrom, Sierra Joint Community College District

In addition to these members of the Fiscal Standards and Accountability Committee, there were a number of additional district volunteers that provided input to this project. Their assistance is greatly appreciated.

Special thanks to the Finalization Task Group responsible for putting the manual in its final form:

Cory Wathen, Los Rios Community College District

Vicki Reader, Sierra Joint Community College District

Elias Regalado, Chancellor's Office

The Chancellor's Office also recognizes Louise Davatz, Chief Business Officer of the Los Rios Community College District, for many years of outstanding service in developing and improving the Budget and Accounting Manual. Louise participated on the committees that produced an updated manual effective in 1983, 1985, 1993, and the current manual to be effective in 2000. Louise has added depth and continuity to the development process that has contributed to an improved accounting system for the community colleges.

## Chapter 4

#### Accounting for Expenditures and Other Outgo

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#### **GENERAL**

This chapter explains procedures for community college districts to use in accounting for expenditures (payments for employee compensation, goods and services). This chapter prescribes the minimum accounting standards for classifying expenditures by fund, activity, and object, and for abating expenditures.

Detailed expenditure accounting serves several important purposes in that it:

- provides districts with a uniform method of recognizing and classifying expenditures;
- captures information that districts must report in various financial statements; and
- facilitates district planning and budget preparation by providing historical information on costs of activities and programs.

The classification of expenditures by fund, discussed in Chapter 2, Fund Structure, establishes the rules for determining the appropriate fund and the timing for recognition of the obligation.

Generally, districts account for expenditures in the accounting period in which the liability is incurred. Consequently, reported expenditures will include both actual disbursements and recorded liabilities.

Minimum accounting standards for classifying expenditures by categorical programs within the Governmental Funds Group are not prescribed by this manual. Districts have the additional responsibility to maintain appropriate expenditure control in order to satisfy particular funding source requirements. Examples of such programs include, but are not limited to:

| Federal | Vocational and Technical Education Act (VTEA)     |
|---------|---|
| State   | Extended Opportunity Programs and Services (EOPS) |
| Local   | Parking Services                                  |

California Code of Regulations Section 58307 limits district expenditures to the amount appropriated for each major expenditure classification as approved by the district governing board through adoption of the district budget (CCR §58305) or as amended by subsequent intrabudget transfers or other budget revisions. Because of this statutory control language, the budget, and all documents dealing with appropriations, must be prepared according to the same classification plan as that employed to account for expenditures.

#### **CLASSIFICATION OF EXPENDITURES BY ACTIVITY**

The classification of expenditures by activity reflects the purpose of the expenditures; it shows the aspect of college-district operations benefited by the expenditure. Generally, all activities are classified as either instructional or administrative and support. Some expenditures may directly benefit more than one activity and are properly allocable to more than one activity. Expenditures allocable to one or more activities may include any combination of objects of expenditure, such as salaries, fringe benefits, supplies, other operating expenses, and capital outlay. In this manual, the word "salaries" has the same meaning as the term "salaries and wages." While certain activities are recorded in a specific fund, some activities may be charged to multiple funds. For example, Activity 6900, Ancillary Services, such as bookstore or cafeteria should be recorded in the appropriate Special Revenue or Enterprise fund, while Activity 6500, Operation and Maintenance of Plant, may be applicable in multiple funds.

Descriptions of authorized instructional activities are contained in the *Taxonomy of Programs* (TOP) manual. Although the TOP manual provides the mechanism for detailed reporting of instructional activities, districts are required, for State fiscal purposes, to report instructional expenditures using a four digit account code comprised of the TOP two digit Discipline in the first two positions and two zero placeholders in the last two positions. Districts are strongly encouraged to maintain TOP detail, at the local level, to four positions for all direct instructional activities.

Descriptions of authorized Administrative and Support Activities (ASA) are contained in this chapter. Districts are required, for State fiscal purposes, to report administrative and support expenditures using a four-digit account code comprised of the ASA codes identified in this chapter. Districts may create subsidiary activity categories as needed.

Local district autonomy in priority-setting, budgetary allocation, and expenditure is to be maintained.

#### INSTRUCTIONAL ACTIVITIES

- 0100 Agriculture and Natural Resources
- 0200 Architecture and Environmental Design
- 0400 Biological Sciences
- 0500 Business and Management
- 0600 Communications
- 0700 Computer and Information Science
- 0800 Education
- 0900 Engineering and Related Industrial Technologies
- 1000 Fine and Applied Arts
- 1100 Foreign Language
- 1200 Health
- 1300 Consumer Education and Home Economics
- 1400 Law
- 1500 Humanities (Letters)
- 1600 Library Science
- 1700 Mathematics
- 1800 Military Studies
- 1900 Physical Sciences
- 2000 Psychology
- 2100 Public Affairs and Services
- 2200 Social Sciences
- 3000 Commercial Services
- 4900 Interdisciplinary Studies
- 5900 Instructional Staff-Retirees' Benefits and Retirement Incentives

Expenditures incurred for instructional activities are classified by controlling accounts (CA) 0100 through 5900 as shown above. The direct costs of classroom instruction are recorded by discipline within Activities 0100 through 4900. Costs of instruction include expenses incurred in offering credit and noncredit courses approved, either individually or as a part of some larger program, by the Chancellor's Office. Also included are the salaries, benefits, and related expenses of those coordinators, supervisors, departmental chairpersons and their support staff whose duties are directly related to specific instructional activities. Directors or coordinators whose duties are not related to direct instructional activities, such as directors of EOPS and DSPS and their support staff, are not recorded in these activities but rather in the appropriate administrative and support activity to which their efforts are directed.

Activity 5900, Instructional Staff-Retirees' Benefits and Retirement Incentives, includes expenditures on behalf of retired faculty and prepayments for retirement incentives and benefits that cannot be identified to specific disciplines. Examples of these payments could be to a State retirement system, to a self insurance fund, joint powers agency or private insurer. Activity 5900 is to be used only to record amounts expended for a district's share of retirees' health and other benefit costs and for retirement incentive pay for instructors, and instructional aides whose salaries qualified for inclusion as salaries of classroom instructors (CCR §59204).

Also included in Activity 5900 are the prorated portions of the district's share of retirees' health and other benefit costs and retirement incentive pay for qualified staff who were not assigned full-time to instructional assignments. If staff performed instructional and noninstructional assignments in their last year of service, charges made to this activity shall be in the same proportion as the time assigned to instruction was to the total assigned hours for each individual (see Activity 6740, Noninstructional Staff–Retirees' Benefits and Retirement Incentives).

- 6000 Instructional Administration and Instructional Governance
- 6100 Instructional Support Services
- 6200 Admissions and Records
- 6300 Student Counseling and Guidance
- 6400 Other Student Services
- 6500 Operation and Maintenance of Plant
- 6600 Planning, Policymaking, and Coordination
- 6700 General Institutional Support Services
- 6800 Community Services and Economic Development
- 6900 Ancillary Services
- 7000 Auxiliary Operations
- 7100 Physical Property and Related Acquisitions
- 7200 Long-Term Debt and Other Financing
- 7300 Transfers, Student Aid, and Other Outgo
- 7900 Appropriation for Contingencies (for budgetary purposes only)

Expenditures incurred for administrative and support activities are classified by Activities 6000-7900 as shown above. The costs of administrative and support activities include expenses incurred in providing various noninstructional services to students, faculty, and the community, necessary to achieve the function of the institution.

The classification of Administrative and Support Activities presented here provides major and subsidiary reporting categories used in recording expenditures by activity. Districts may create subsidiary activity categories as needed.

While certain activities are recorded in a specific fund, some activities may be charged to multiple funds. For example, Activity 6900, Ancillary Services, such as bookstore or cafeteria should be recorded in the appropriate Special Revenue or Enterprise fund, while Activity 6500, Operation and Maintenance of Plant, may be applicable in multiple funds.

#### 6000 Instructional Administration and Instructional Governance

- 6010 Academic Administration
- 6020 Course and Curriculum Development
- 6030 Academic/Faculty Senate
- 6090 Other Instructional Administration and Instructional Governance

This activity is used to record all expenditures associated with the administrative management of instructional activities. It includes the costs associated with the first level of administration immediately above the instructor. Positions at this level are commonly called (associate) deans of instruction or, in larger districts, division chairpersons. This activity includes salaries, benefits, and related expenses of these individuals and their support staff as well as the prorated portion of salaries, benefits and other expenses of faculty while serving on division or institutional committees, such as the Academic/Faculty Senate.

The costs of supervisors or coordinators and their support staff whose duties are specifically related to instructional activities are not recorded in this activity but rather in the appropriate TOP instructional activity (Activities 0100-4900). Also, directors or coordinators whose duties are not directly related to instructional activities, such as directors of EOPS and DSPS and their support staff, are not recorded in this activity but rather in the appropriate administrative and support activity to which their efforts are directed.

Activity 6000, Instructional Administration, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

#### 6010 Academic Administration

Expenditures for current academic operations, including scheduling and starting of classes, identification and requisition of needed materials and equipment, and evaluation of instructors, courses, and programs.

#### 6020 Course and Curriculum Development

Expenditures for activities established to improve or significantly add to instructional offerings. Costs of curriculum committees are included within this category even though some of their efforts are spent on current-year course administration problems.

#### 6030 Academic/Faculty Senate

Expenditures for the prorated portion of salary, benefits and other expenses of faculty while serving on behalf of the Academic/Faculty Senate. This includes the salary and

benefits of faculty released to serve on collective bargaining. Also included here would be support staff and other operating expenses.

#### 6090 Other Instructional Administration and Instructional Governance

Expenditures for the prorated portion of salary, benefits and other expenses of faculty while serving on instructional administrative and governance assignments that do not fall in the above categories (e.g., accreditation). Also included here would be support staff and other related operating expenses.

#### 6100 Instructional Support Services

- 6110 Learning Center
- 6120 Library
- 6130 Media
- 6140 Museums and Galleries
- 6150 Academic Information Systems and Technology
- 6190 Other Instructional Support Services

Activity 6100, Instructional Support Services, is the controlling account that is used to record expenditures for services directly provided by the following operations as supplement to the instructional effort within the appropriate subsidiary activity category:

#### 6110 Learning Center (Learning Resource Center)

Expenditures for the operation of the learning center. A learning center is defined as the specific location set aside for the general student body and faculty to supplement instructional activities and provide educational enrichment for students. Activities in the learning center may generate Full-Time Equivalent Students (FTES) for State funding purposes if all requirements for generating FTES are met. Direct costs incurred in generating FTES must be reported in the appropriate instructional activity.

The center may contain audio-visual and computer equipment and nonprint media such as tapes, slides, films, records, and programmed materials to assist students in their studies and may be located within the college library. The library, as used in this section, is not synonymous with the learning center.

Examples of activities conducted in the learning center include, but are not limited to, tutorial, self-study, programmed instruction, and language laboratory.

#### 6120 Library

Expenditures for the operation of the general college library.

The costs of department libraries and reference books primarily for the use of instructors and staff are recordedwithin the appropriate instructional activities.

#### 6130 Media

Expenditures for general institutionwide media (audio-visual) services, facilities, and equipment.

Examples include costs of teleconferencing, television and radio facilities, equipment, and personnel associated with providing media services for instructional programs where the costs are not separately identifiable to any specific instructional activities. Costs of television and radio operations beyond those for instructional services and support are recorded within Activity 7000, Auxiliary Operations.

Costs of services readily identifiable to one or several instructional activities are identified within those activities.

#### 6140 Museums and Galleries

Expenditures for the operation of museums or galleries for collection, preservation, and exhibition of historical materials, art objects, scientific displays, etc.

#### 6150 Academic Information Systems and Technology

Expenditures for instructional data processing and data management services. This activity is to be used if the district prorates or identifies instructional information systems expenditures and does not allocate such expenditures to individual instructional activities. (See Activity 6780, Management Information Systems.)

#### 6190 Other Instructional Support Services

Expenditures for instructional support services not listed above.

#### 6200 Admissions and Records

This activity is used to record all expenditures associated with student admissions and evaluations, including expenditures incurred in maintaining student records, statistics and reports, conducting transfer evaluations and registrations, and processing transcripts ans degree certifications.

#### 6300 Student Counseling and Guidance

- 6310 Counseling and Guidance
- 6320 Matriculation and Student Assessment
- 6330 Transfer Programs
- 6340 Career Guidance
- 6390 Other Student Counseling and Guidance

This activity is used to record all costs associated with formal student counseling and career guidance, but not costs associated with instructors' informal counseling. Costs of applicable activities include those associated with assisting students to select an occupation, to plan a program of study, or to deal with personal problems or other matters that affect academic performance. Costs of special testing services used to determine a student's aptitude for certain professions shall also be recorded as Student Counseling and Guidance activity expenditures.

This activity includes, but is not limited to, the salaries, benefits, and related expenses of counselors and support staff; operating expenses of the counseling office; supplies and materials; and testing equipment used by the counselors and guidance personnel.

Activity 6300, Student Counseling and Guidance, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

#### 6310 Counseling and Guidance

Expenditures for general counseling and guidance.

#### 6320 Matriculation and Student Assessment

Expenditures for the costs of instituting effective processes and services that are supportive of and aid in the success and assessment of students in establishing and achieving their educational goals.

#### 6330 Transfer Programs

Expenditures for the costs associated with helping students determine requirements to transfer to other institutions of higher education.

#### 6340 Career Guidance

Expenditures for career guidance.

#### 6390 Other Student Counseling and Guidance

Expenditures for counseling and guidance activities not identified above.

#### 6400 Other Student Services

- 6420 Disabled Students Programs and Services (DSPS)
- 6430 Extended Opportunities Programs and Services (EOPS)
- 6440 Health Services
- 6450 Student Personnel Administration
- 6460 Financial Aid Administration
- 6470 Job Placement Services
- 6480 Veterans Services
- 6490 Miscellaneous Student Services

This activity is used to record all expenditures associated with providing to students the services listed above as subsidiary detail of Controlling Account 6400. Such services are not recorded within any other activity classification.

It should be noted that these services generally are not programs and, therefore, not all program costs will necessarily be identified within any one activity. For example, the cost of processing a veteran's application for educational benefits should be recorded within Activity 6480, Veterans Services; but, the payment to the veteran should be recorded within Activity 7320, Student Aid.

The two major categorical programs, DSPS and EOPS, are treated separately within this activity because they are perceived and administered as separate entities within the district. The costs of other categorical programs are to be recorded in the applicable activity codes, such as Counseling and Guidance or Other Student Services. Costs of EOPS and DSPS directors and coordinators and their support staff are recorded in these activities.

Activity 6400, Other Student Services, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

#### 6420 Disabled Students Programs and Services (DSPS)

Expenditures for administration of the DSPS program and for direct services to DSPS students, excluding grants or other direct aid to students. Payments are recorded within Activity 7320, Student Aid. These payments are made from the Student Financial Aid Trust Fund, not the General Fund.

#### 6430 Extended Opportunities Programs and Services (EOPS)

Expenditures for administration of the EOPS program and for direct services to EOPS students, excluding grants or other direct aid to students. Payments are recorded within Activity 7320, Student Aid. These payments are made from the Student Financial Aid Trust Fund, not the General Fund.

#### 6440 Health Services

Expenditures to provide medical, dental, psychiatric, and nursing services, as well as student health insurance.

Student Health Fee revenues are recorded in Account 8876, Health Services in the General Fund–Restricted Subfund. Health Services Fees collected are restricted to allowable health services expenditures in accordance with *Education Code* Section 76355(d) and *California Code of Regulations* Section 54700 et seq. Any health services expenditures above the fees collected are from General Fund–Unrestricted Subfund moneys.

Districts subject to the maintenance-of-effort requirement of *Education Code* Section 76355(e) must separately identify these costs within this activity.

#### 6450 Student Personnel Administration

Expenditures for college or district administration of student personnel activities, including costs of the dean of students, supporting staff and other operating expenses.

#### 6460 Financial Aid Administration

Expenditures to administer grants, scholarships, loans, and other financial aid to students, including costs of determining student financial need.

Actual aid payments are recorded within Activity 7300, Student Aid.

#### 6470 Job Placement Services

Expenditures for services to assist students in obtaining employment, such as providing job referral, assisting students to develop job finding skills, and coordinating on-campus interviews with employers.

Included here would be economic development activities, such as working with the community in the area of job creation and workforce development.

#### 6480 Veterans Services

Expenditures to provide services to veterans and their dependents.

Applicable services would include the dissemination of information and verification of eligibility for educational benefits.

#### 6490 Miscellaneous Student Services

Expenditures for other services for special student groups or the general student population.

Services include student transportation and coordination or referrals for housing. Special student groups include economically disadvantaged, women, and minorities. Although the Chancellor's Office does not require separate accounting of other costs, districts may need to maintain detailed records to fulfill the reporting requirements of other funding agencies or to facilitate budget preparation.

The operation of housing facilities such as dormitories are reported within Activity 6900, Ancillary Services.

### 6500 Operation and Maintenance of Plant

- 6510 Building Maintenance and Repairs
- 6530 Custodial Services
- 6550 Grounds Maintenance and Repairs
- 6570 Utilities
- 6590 Other Operation and Maintenance of Plant

This activity is used to record all expenditures associated with the routine operation and maintenance of buildings and grounds.

The following are expenditures that should **not** be charged to this activity, but instead should be charged to Activity 7100, Physical Property and Related Acquisitions.

- Purchase of land and buildings
- Initial equipping of buildings
- Purchase of equipment permanently affixed to buildings
- Construction of buildings
- Modifications that improve the functionality or extend the useful life of land or buildings
- Nonroutine repair and maintenance of buildings and other structures (e.g., scheduled maintenance and special repair items defined under *Education Code* Section 84660)
- Upgrades of telecommunications and information technology infrastructure

Repairs or replacements of equipment, including furniture, identifiable to specific activities are charged to those activities and not to Activity 6500, Operation and Maintenance of Plant.

Activity 6500, Operation and Maintenance of Plant, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

### 6510 Building Maintenance and Repairs

Expenditures for activities related to routine repair and maintenance of buildings and other structures, including preventive maintenance.

Repairs of items attached to and considered integral parts of buildings or other structures are also included.

### 6530 Custodial Services

Expenditures for custodial supplies and services.

# 6550 Grounds Maintenance and Repairs

Expenditures for the maintenance of landscapes and grounds.

Repairs of both grounds and grounds maintenance equipment, including underground systems such as sprinklers, are included. Repairs of underground systems not a part of the grounds, such as sewers, underground communications lines, and power lines, are reported within Activity 6590, Other Operation and Maintenance of Plant.

#### 6570 Utilities

Expenditures for gas, water, electricity, telephone and other utilities necessary for the operation of the physical plant.

# 6590 Other Operation and Maintenance of Plant

Expenditures for all other plant maintenance and operation expenditures, including equipment repairs not assignable to any other activity.

Repairs of underground systems not a part of the grounds, such as sewers, underground communications lines, and power lines, are reported within this activity.

# 6600 Planning, Policymaking, and Coordination

This activity is used to record all expenditures associated with executive-level activities, such as board meetings or long-range planning, associated with management of a district. Applicable costs include expenditures for governing board and senior executive officers. Expenses for executive support staff, as well as expenditures for operating costs of the executive offices including legal services, analytical studies, institutional budget planning, and facilities development are also included.

# 6700 General Institutional Support Services

- 6710 Community Relations
- 6720 Fiscal Operations
- 6730 Human Resources Management
- 6740 Noninstructional Staff-Retirees' Benefits and Retirement Incentives
- 6750 Staff Development
- 6760 Staff Diversity
- 6770 Logistical Services
- 6780 Management Information Systems
- 6790 Other General Institutional Support Services

This activity is used to record all expenditures incurred in conducting district business services operations. Activity 6700, General Institutional Support Services, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

### 6710 Community Relations

Expenditures in developing and maintaining relationships with the general community, alumni, or other constituents, and conducting community fund raising activities.

# 6720 Fiscal Operations

Expenditures for budget control, audits, accounting, and fiscal management of contracts, grants, and investments.

### 6730 Human Resources Management

Expenditures for personnel management and maintenance of employee records.

# 6740 Noninstructional Staff-Retirees' Benefits and Retirement Incentives

Expenditures for a district's share of retirees' health and other benefit costs and retirement incentive pay for noninstructional staff. Costs of benefits for retired instructional staff are to be charged to Activity 5900, Instructional Staff-Retirees' Benefits and Retirement Incentives.

Included are the prorated portions of the district's share of retirees' health and other benefit costs and retirement incentive pay for qualified staff who were not assigned fulltime to noninstructional assignments. (See explanation of pro rated costs under Activity 5900, Instructional Staff-Retirees' Benefits and Retirement Incentives.)

# 6750 Staff Development

Expenditures for staff development, including amounts expended in accordance with the provisions of *Education Code* Section 87150 et seq. (Assembly Bill 1725/88). Sufficiently detailed records must be maintained to assure compliance with specific funding requirements of statutes and applicable regulations. Salary cost of attendance in staff development activities should be charged to the attendees regular salary activity. Costs such as transportation, tuition, etc. should be charged to Activity 6750.

### 6760 Staff Diversity

Amounts chargeable to enhancement of staff diversity, in accordance with the provisions of *Education Code* Section 87107 et seq. (Assembly Bill 1725/88), and applicable regulations.

### 6770 Logistical Services

Expenditures for campus security, fire protection, purchasing, warehouse and stores, environmental safety, insurance, central equipment and property management, garage and motor pool for staff transportation, and communication services such as reproduction, printing, noninstructional telecommunication services and mail services. As a district option, costs of services readily identified to one or more activities may be allocated accordingly. Monthly telephone usage and service charges are charged to Activity 6570, Utilities.

## 6780 Management Information Systems

Expenditures for noninstructional data processing and data management services. If a district prorates its information systems, the instructional portion could be allocated to the appropriate instructional activities or recorded within Activity 6150, Academic Information Systems and Technology.

### 6790 Other General Institutional Support Services

Expenditures for general institutional support services not listed above.

### 6800 Community Services and Economic Development

- 6810 Community Recreation
- 6820 Community Service Classes
- 6830 Community Use of Facilities
- 6840 Economic Development
- 6890 Other Community Services and Economic Development

This activity is used to record expenditures associated with providing general public services to the community-at-large or to business and special groups within the community. Applicable costs for community services include expenditures for conferences, lecture series, institutes, classes, and recreational activities, as well as the costs of providing facilities for the nonpartisan benefit of the community-at-large. Applicable costs for Economic Development include expenditures for education and services provided to the business community to advance California's economic growth and global competitiveness.

Activity 6800, Community Services and Economic Development, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

## 6810 Community Recreation

Expenditures to organize, promote and conduct community recreation programs sponsored by the district. Governing boards shall not expend State general fund moneys for this purpose.

### 6820 Community Service Classes

Expenditures as authorized by *Education Code* Section 78300 et seq., and implementing regulations in *California Code of Regulations* Section 55160 to provide instruction that contributes to the physical, mental, moral, economic, or civic development of individuals or groups enrolled therein, including the costs of contracted community service classes in music, drama, art, handicraft, science, literature, nature study, and athletics.

This excludes costs of courses approved by the Chancellor's Office either individually or as part of a credit or noncredit program, which are recorded within the applicable Instructional Activities 0100-4900. Governing boards shall not expend State general fund moneys to establish and maintain community service classes.

# 6830 Community Use of Facilities

Expenditures as authorized by *Education Code* Section 82537 et seq., to provide college buildings or grounds for public, literary, scientific, recreational, educational, or public agency meetings, or for the discussion of matters of general or public interest, subject to the limitations set forth in those sections.

### 6840 Economic Development

Expenditures pursuant to *Education Code* Section 66010.4(a)(3) and *Government Code* Section 15379.20 et seq., for services provided to the business community to advance California's economic growth and global competitiveness through education and services focusing on continuous workforce improvement, technology deployment, and business development. Expenditures for services to students should be recorded in the appropriate instructional or student services activity.

# 6890 Other Community Services and Economic Development

Expenditures for community services and economic development not identified above.

#### 6900 **Ancillary Services** 6910 Bookstores 6920 Child Development Centers 6930 Farm Operations Food Services 6940 6950 **Parking** Student and Co-curricular Activities 6960 6970 Student Housing 6990 Other Ancillary Services

This activity is used to record all expenditures for the operation of ancillary services (generally defined as self-sufficient entities providing services to students, faculty, and staff).

For most of the expenditures attributable to these activities, the appropriate Special Revenue Fund or Enterprise Fund, such as the Bookstore Fund, should be charged, rather than the General Fund. Examples of General Fund charges would be parking, co-curricular activities, and the incidental cost of administration or general support for these ancillary services activities.

Activity 6900, Ancillary Services is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

#### 6910 Bookstores

Expenditures for the operation of district bookstores.

## 6920 Child Development Centers

Expenditures for day care centers; for learning laboratories for students enrolled in child development or child care programs; or for services to develop children's physical, mental, and educational skills.

### 6930 Farm Operations

Expenditures for farm operations.

### 6940 Food Services

Expenditures as authorized by *California Code of Regulations* Section 59013 for food vending machines and cafeteria operations.

# 6950 Parking

Expenditures as authorized by *Education Code* Section 76360 for parking services and facilities which include the administration of and direct services related to the purchase, construction, and operation and maintenance of parking facilities.

#### 6960 Student and Co-curricular Activities

Expenditures for student and co-curricular activities that the district has elected to provide above and beyond the regular instructional program. Co-curricular activities are activities and events that are an extension of classroom instruction or related community college programs.

(Examples include the costs of such items as student newspapers, intramural athletics, intercollegiate athletics, and clubs.)

# 6970 Student Housing

Expenditures for the operation of dormitories and other housing facilities.

# 6990 Other Ancillary Services

Expenditures for all other ancillary services, including such items as student transportation services.

### 7000 Auxiliary Operations

7010 Contract Education

7090 Other Auxiliary Operations

This Activity is used to record expenditures within certain operations auxiliary to the regular instructional program, such as the operation of commercial rental property for income, that portion of radio or television station operations beyond that necessary for instruction and instructional services, or certain contract education classes.

This activity is not to be confused with auxiliary organizations formed under *Education Code* Section 72670 et seq.

Activity 7000, Auxiliary Operations, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

### 7010 Contract Education

Expenditures to conduct contracted classes that do not generate FTES (CCR §58050).

Contract Education classes are distinguished from Community Service classes (Activity 6820) by their intent to exclusively serve selected clientele.

Contract Education classes that generate FTES are to be reported within the applicable Instructional Activities 0100-4900.

# 7090 Other Auxiliary Operations

Expenditures for all other Auxiliary Operations.

# 7100 Physical Property and Related Acquisitions

This classification is used to record expenditures for capital outlay required in developing campus facilities. The following are examples of expenditures that should be charged to this activity:

- purchase of land and buildings
- initial equipping of buildings
- purchase of equipment permanently affixed to buildings
- construction of buildings
- modifications that improve the functionality or extend the useful life of land or buildings
- nonroutine repair and maintenance of buildings and other structures (e.g., scheduled maintenance and special repair items defined under *Education Code* Section 84660)
- · upgrades of telecommunications and information technology infrastructure

The portion of the salaries and benefits of district personnel (e.g., Facilities and Information Technology managers, facilities planners, and support staff) related to the above expenditures are also charged to this activity.

If a district uses a day labor or force account, within the limits of the law, *Public Contract Code* Section 20650 et seq., for the above activities, the expenditures should be a direct charge to this activity.

Expenditures related to parking facilities are recorded within Activity 6950, Parking Expenditures for equipment purchased for a specific instructional or administrative and instructional support activity are recorded within that particular activity, except for initial equipping of buildings. Expenditures included within Activity 6500, Operation and Maintenance of Plant, would also not be recorded here.

# 7200 Long-Term Debt and Other Financing

This activity is used to record expenditures for principal, interest, and other costs (e.g., service charges) associated with long-term debt and interest and other costs associated with short-term debt.

# 7210 Long-Term Debt

Expenditures for payments of principal, interest, and other related service fees for bonds or other indebtedness [Object 7100, Debt Retirement (Long Term Debt)]. This activity is also used to record the amount deducted from General Apportionment by the State Controller for repayment of emergency apportionment (CCR §58316).

# 7220 Tax Revenue Anticipation Notes (TRANs)

Expenditures for interest and related service fees for TRANs [Object 5000, Interest (Current Loans)].

# 7290 Other Financing

Expenditures for other financing.

# 7300 Transfers, Student Aid, and Other Outgo

7310 Transfers

7320 Student Aid

7390 Other Outgo

This activity is used to record transfers, student aid, and other outgo. Activity 7300, Transfers and Student Aid, is the controlling account that summarizes expenditures recorded in the following subsidiary activity categories:

### 7310 Transfers

Amounts transferred from one fund to another (interfund transfers) and amounts transferred to/from the General Fund Unrestricted Subfund and the General Fund Restricted Subfund (intrafund transfer), as well as amounts transferred to the district from a lapsed or reorganized community college district.

Transfers made as a temporary loan or otherwise intended to be reimbursed shall not be recorded here but shall be accounted for in the balance sheet accounts as "Due To" or "Due From."

#### 7320 Student Aid

Expenditures for direct financial aid payments to or for students, as well as maintenance allowance paid under *California Code of Regulations* Section 54200. Financial aid payments include direct financial aid (scholarships, grants, and loans) and payments to or for students for enrollment fees, books, supplies, and child care services, etc.

Work-study payments are reported as salaries within the activity receiving the benefit of the students' services.

#### 7390 Other Outgo

Expenditures for other uses of funds such as bankruptcy losses, investment losses and other outgo.

7900 Appropriation for Contingencies (for budgetary purposes only)

This activity is an appropriation classification only; no expenditures shall be recorded within this activity.

This activity is used to record that portion of the current fiscal year's appropriation not designated for any specific purpose and held available for transfer to specific appropriations as needed during the fiscal year.

This activity is not to be confused with the General Reserve, which is a balance sheet account used to record the reserve budgeted to provide operating cash in the succeeding fiscal year until local property taxes and State funds become available.

Transfers to/from contingencies must be approved by a two-thirds vote of the board of trustees (CCR §58307).

#### CLASSIFICATION OF EXPENDITURES BY OBJECT

District expenditures are classified both by activity and by object. Classification of expenditures by activity is explained in the preceding section of this chapter. In this manual, the word "salaries" has the same meaning as the term "salaries and wages."

Expenditure classification by object is the accounting segregation of expenditures into seven major categories:

- 1. Academic Salaries
- 2. Classified Salaries and Other Nonacademic Salaries
- 3. Employee Benefits
- 4 Supplies and Materials
- 5 Other Operating Expenses and Services
- 6. Capital Outlay
- 7. Other Outgo

Costs may be incurred for expenditures that include more than one object. Such costs are prorated on an equitable basis to the objects or services received. For example, if a faculty employee provides classroom instruction half time and acts as a student counselor half time, that individual's salary must be prorated one-half to Object 1100, Instructional Salaries, Contract or Regular Status, and one-half to Object 1200, Noninstructional Salaries, Contract or Regular Status.

The classification by object presented here provides major and subsidiary reporting categories to be used in recording expenditures. Account numbers have not been prescribed for some subordinate reporting classes in order that districts have discretionary control over the assignment of account numbers. Districts may create subsidiary object categories as needed.

| 1000 | Academic Salaries |   |  |  |
|------|-------------------|---|--|--|
|      | 1100              | Instructional Salaries, Contract or Regular Status    |  |  |
|      | 1200              | Noninstructional Salaries, Contract or Regular Status |  |  |
|      | 1300              | Instructional Salaries, Other                         |  |  |
|      | 1400              | Noninstructional Salaries, Other                      |  |  |

This object is used to record all expenditures for salaries of employees in academic positions that require minimum qualifications established by the Board of Governors pursuant to *Education Code* Section 87356. (See CCR §53400 and EC §§87001, 87002, and 87003 for definitions.) If an individual is occupying two positions, only one of which requires minimum qualifications, then only that portion of the individual's salary related to the position requiring minimum qualifications shall be reported within Object 1000, Academic Salaries.

The employment status of Academic Employees is determined pursuant to *Education Code* Section 87477.

Object 1000, Academic Salaries, is the controlling account that summarizes expenditures recorded in the following subsidiary object categories:

### 1100 Instructional Salaries, Contract or Regular Status

Expenditures for the full or prorated portions of salaries of all employees in contract or regular faculty positions. Contract employee means an employee of a district who is employed on the basis of a contract in accordance with *Education Code* Sections 87601, 87605, 87608, or 87608.5. Regular employee means an employee of a district who is employed in accordance with *Education Code* Sections 87601, 87608, 87608.5, or 87609.

This object also includes the following expenditures:

- Prorated salaries of contract or regular instructors working a reduced load or whose assignment includes both instructional and noninstructional duties.
- Pro-rated salaries of administrators having a teaching assignment as part of their regular work assignment
- Salaries of instructors on sabbatical leave
- Extra duty days or assignments paid as a part of an instructor's regular salary

Salaries of instructors designated as temporary employees pursuant to *Education Code* Section 87477 and overload and stipend pay for instructors designated as contract employees or as regular employees are recorded within Object 1300, Instructional Salaries, Other, or Object 1400 Noninstructional Salaries, Other, as appropriate.

Authorized duties of academic employees whose salaries are to be reported in this object account include, but are not limited to:

- Classroom instruction to students
- Preparation for and evaluation of classroom work
- Extracurricular activities that arise out of, or are extensions of, classroom work
- Duties ordinarily assigned to faculty personnel in connection with the custody and control of students in situations other than in the classroom (work experience programs or field trips)
- Intermittent duties as assigned either individually or in connection with committee work, in-service training, or institutes whose purpose is the evaluation or improvement of the educational program in the district

# 1200 Noninstructional Salaries, Contract or Regular Status

Expenditures for the full and prorated portions of salaries of employees in contract or regular noninstructional academic positions.

Districts shall record such noninstructional salaries within the applicable subobject:

### **Educational Administrators**

Expenditures for the salaries of educational administrators. Education Code Section 87002 and California Code of Regulations Section 53402 define "educational administrator" as an administrator who is employed in an academic position designated by the governing board of the district as having direct responsibility for supervising the operation of or formulating policy regarding the instructional or student services program of the college or district. Educational administrators include, but are not limited to, chancellors, presidents, and other supervisory or management employees designated by the governing board as educational administrators. This subobject may include the salaries of chief business officers, chief human resources officers, chief information system officers, etc., if these positions are designated by the governing board as being educational administrator positions.

### Other

Expenditures for the salaries of academic employees, other than educational administrators, in contract or regular noninstructional academic positions. This includes librarians, counselors, community college health professionals, disabled students programs and services professionals, extended opportunity programs and

services professionals, and faculty on noninstructional assignments. Sabbatical Leave for these employees is also included.

### 1300 Instructional Salaries, Other

Expenditures for the full or prorated portions of salaries of instructors who have **not** been designated as contract or regular employees. Included are the salaries of instructors designated as temporary employees pursuant to *Education Code* Section 87477 and overload and stipend pay for instructors designated as contract employees or as regular employees.

### 1400 Noninstructional Salaries, Other

Expenditures for the full and prorated portions of salaries of noninstructional academic employees who have **not** been designated as contract or regular employees.

Districts shall record such noninstructional salaries within the applicable subobject:

#### **Educational Administrators**

Expenditures for the salaries of educational administrators. Education Code Section 87002 and California Code of Regulations Section 53402 define "educational administrator" as an administrator who is employed in an academic position designated by the governing board of the district as having direct responsibility for supervising the operation of or formulating policy regarding the instructional or student services program of the college or district. Educational administrators include, but are not limited to, chancellors, presidents, and other supervisory or management employees designated by the governing board as educational administrators. This subobject may include the salaries of chief business officers, chief human resources officers, chief information system officers, etc., if these positions are designated by the governing board as being educational administrator positions.

#### Other

Expenditures for the salaries of academic employees, other than educational administrators, in positions **not** designated as contract or regular noninstructional academic positions. This includes librarians, counselors, disabled students programs and services professionals, extended opportunity programs and services professionals, and faculty on noninstructional assignments.

| 2000 | Classified and Other Nonacademic Salaries |   |  |  |  |
|------|---|---|--|--|--|
|      | 2100                                      | Noninstructional Salaries, Regular Status |  |  |  |
|      | 2200                                      | Instructional Aides, Regular Status       |  |  |  |
|      | 2300                                      | Noninstructional Salaries, Other          |  |  |  |
|      | 2400                                      | Instructional Aides, Other                |  |  |  |

This object is used to record all expenditures for salaries of employees in positions that **do not** require minimum qualifications established by the Board of Governors pursuant to *Education Code* Section 87356. This includes the salaries of employees in the classified service as defined in *Education Code* Section 87001.5 and those positions and employees specifically exempted by *Education Code* Sections 88003 and 88076 from the classified service. These exempted positions include, but are not limited to, full-time and part-time students employed part time in any college work-study program or in a work experience education program conducted by a district and which is financed by State or federal funds, professional experts employed on a temporary basis for a specific project, and apprentice positions.

Object 2000, Classified and Other Nonacademic Salaries, is the controlling account that summarizes expenditures recorded in the following subsidiary object categories:

# 2100 Noninstructional Salaries, Regular Status

Expenditures for the full and prorated portions of salaries of employees in regular classified and other regular nonacademic positions. *Education Code* Section 88001 defines "regular" as a classified employee who has probationary or permanent status.

This object may include, but is not limited to, the salaries of administrators not designated as academic administrators by the district governing board, professionals, supervisors, purchasing agents, clerical, maintenance workers, custodians, gardeners, telephone operators, security personnel, and data processing staff.

Districts shall record such nonacademic salaries within the applicable subobject:

#### Administrators and Supervisors

Expenditures for salaries of administrators and supervisors as defined in *Education Code* Section 84362.

#### Other

Expenditures for salaries of employees in regular classified positions that are not designated as administrators and supervisors.

# 2200 Instructional Aides, Regular Status

Expenditures for the full and prorated portions of salaries paid to instructional aides (defined in EC §88243) who have been designated as regular employees. Overtime paid to instructional aides who have regular status is recorded within Object 2400, Instructional Aides, Other.

These expenditures must be separated into the following subobjects:

#### Direct Instruction

Expenditures for the full and prorated portions of salaries paid to employees who are (a) assigned by governing board designation the basic title of "Instructional Aide" or any other appropriate title that denotes that the employees' duties include instructional tasks, and (b) employed to assist instructors in classroom instruction tasks during any portion of their duties (per *Education Code* Section 84362, the 50 Percent Law). Employees providing students with assistance and training in computer labs can be classified as instructional aides if they qualify under *Education Code* Section 84362.

An employee shall be deemed to be under the supervision of an instructor for the purpose of *Education Code* Section 84362 if the employee performs duties under the direction of an instructor.

#### Other

Although Education Code Section 88240 et seq. (and related regulations in CCR §59200 et seq.), are liberal in their definition of instructional aide, the intent of Education Code Section 84362 (the 50 Percent Law) restricts instructional aide salaries, that may be claimed as "salaries of classroom instructors" to salaries for the direct instruction of students. Therefore, instructional aide salaries must be segregated into those that participate in direct instruction of students and all others.

### 2300 Noninstructional Salaries, Other

Expenditures for the full and prorated portions of salaries of nonacademic employees that do not have regular status or who are paid for special work in excess of their regular work schedule, as well as overtime paid to nonacademic employees who have regular status. This object may include, but is not limited to, the salaries of student help, clerical staff, administrative personnel, professional staff, maintenance workers, custodians, gardeners, food service staff, telephone operators, transportation staff, and security personnel.

Districts shall record such nonacademic salaries within the appropriate subobject:

# Administrators and Supervisors

Expenditures for the salaries of nonacademic administrators and supervisors as defined in *Education Code* Section 84362.

#### Other

Expenditures for the salaries of employees in classified positions or other nonacademic positions that are not designated as administrators and supervisors.

# 2400 Instructional Aides, Other

Expenditures for the full and prorated portions of salaries of instructional aides (defined in EC §88243) that **do not** have regular status as well as overtime paid to instructional aides who have regular status.

Such instructional aide salary expenditures must be separated into the following subobjects:

#### Direct Instruction

Expenditures for the full and prorated portions of salaries paid to employees who are (a) assigned by governing board designation the basic title of "Instructional Aide" or any other appropriate title which denotes that the employees' duties include instructional tasks, and (b) employed to assist instructors in classroom instructional tasks during any portion of their duties (per *Education Code* Section 84362, the 50 Percent Law). Employees providing students with assistance and training in computer labs can be classified as instructional aides if they qualify under *Education Code* Section 84362.

An employee shall be deemed to be under the supervision of an instructor for the purpose of *Education Code* Section 84362 if the employee performs duties under the direction of an instructor.

#### Other

Although *Education Code* Section 88240 et seq., are liberal in their definition of instructional aide, the intent of *Education Code* Section 84362 (the 50 Percent Law) restricts instructional aide salaries that may be claimed as "salaries of classroom instructors" to those for the direct instruction of students. Therefore, instructional aide salaries must be segregated into those that participate in the direct instruction of students and all others.

| 3000 | Emple | oyee Benefits  |
|------|-------|--|
|      | 3100  | State Teachers' Retirement System (STRS) Fund        |
|      | 3200  | Public Employees' Retirement System (PERS) Fund      |
|      | 3300  | Old Age, Survivors, Disability, and Health Insurance |
|      | 3400  | Health and Welfare Benefits                          |
|      | 3500  | State Unemployment Insurance                         |
|      | 3600  | Workers' Compensation Insurance                      |
|      | 3700  | Local/Alternative Retirement Systems                 |
|      | 3900  | Other Benefits                                       |
|      |       |  |

This object is used to record all expenditures for the employer's share of contributions to retirement plans, as well as the costs of health and welfare benefits for current and retired employees and their dependents.

Districts may adopt either the cash basis or accrual basis for accounting for post-retirement benefits. If the district uses the cash basis for accounting, an actuarial study shall be conducted to determine the unfunded liability associated with retiree health benefits. At a minimum the total cost of the unfunded liability shall be disclosed in the footnotes of the district's audited financial statements.

Using the accrual basis, funded and unfunded liabilities associated with providing post-retirement benefits to active employees and retirees are reflected in the district's financial records, as well as the cost associated with the annual funding requirements. With this accounting method, districts may charge categorical programs for the projected future benefit costs for current employees assigned to the program. The benefit costs for retirees who were employed by the district in a categorical program may not be charged to such program funds. No matter which method is used, the employer's share of health and welfare benefit costs for all retired employees of the district is recorded within the appropriate subobject account in Object 3400, Health and Welfare Benefits.

Both STRS and PERS accounts may typically reflect employer contributions for academic and classified staff. PERS and STRS permit any employee who has been covered by one system and who takes a position covered by the other to choose which to be covered by. For example, if an instructor has been in STRS for a number of years and then obtains a classified position covered by PERS, the employee may elect to continue under STRS and retain the accrued credits under that system rather than starting anew under PERS.

Object 3000, Employee Benefits, is the controlling account that summarizes expenditures in the following subsidiary object categories:

# 3100 State Teachers' Retirement System (STRS) Fund

Expenditures for payments to STRS on behalf of employees.

STRS expenditures shall be separated into the following accounts:

### Academic Instructors and Instructional Aides (Direct Instruction)

Expenditures as retirement contributions for employees providing or assisting in providing instruction to students. Applicable costs are for instructors and direct instruction-related instructional aides whose salaries are reported within Objects 1100, 1300, 2200 (Direct Instruction), and 2400 (Direct Instruction).

# Classified and Other Nonacademic Employees

Expenditures for retirement contributions for classified and other nonacademic employees whose salaries are reported within Objects 2100, 2200 (Other), 2300, and 2400 (Other).

Instructional aide costs recorded here are those that are not related to direct instruction.

# Administrators and Supervisors

Expenditures for applicable retirement contributions for administrators and supervisors as defined in *Education Code* Section 84362(2). (See Appendix B for definitions of these terms.)

Other

Expenditures for applicable retirement contributions for employees in classified positions or other nonacademic positions that are not designated as administrator and supervisors.

## Other Academic Employees (Noninstructional)

Expenditures for retirement contributions for employees whose position is academic but who are noninstructional.

Related salaries are recorded within Objects 1200 and 1400.

Educational Administrators

Expenditures for applicable retirement contributions for educational administrators (EC §87002, CCR §53402(c)).

Other

Expenditures for applicable retirement contributions for academic employees other than educational administrators.

The remaining classifications of employee benefit objects of expenditures are based upon the same definitions of employee types that distinguish particular State Teachers' Retirement System Fund expenditures. Rather than reiterate these definitions within each following classification, the remaining employee benefit objects are presented without narrative. Districts shall record benefits for non-STRS employees with the same disaggregations as used in the STRS employee benefit object code narrative above.

# 3200 Public Employees' Retirement System (PERS) Fund

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

Other Academic Employees (Noninstructional)

Educational Administrators

Other

3300 Old Age, Survivors, Disability, and Health Insurance (OASDHI also known as OASDI or FICA). (Includes OASDHI Medicare for STRS employees not otherwise covered by OASDHI.)

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

Other Academic Employees (Noninstructional)

Educational Administrators

Other

## 3400 Health and Welfare Benefits

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

Other Academic Employees (Noninstructional)

Educational Administrators

Other

The employer's share of health and welfare benefit costs for all current and retired employees of the district is recorded within the appropriate subobject account in Object 3400.

# 3500 State Unemployment Insurance

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

Other Academic Employees (Noninstructional)

Educational Administrators

Other

3600 Workers' Compensation Insurance

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

# Other Academic Employees (Noninstructional)

Educational Administrators

. Other

# 3700 Local/Alternative Retirement Systems

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

# Other Academic Employees (Noninstructional)

Educational Administrators

Other

# 3900 Other Benefits

Academic Instructors and Instructional Aides (Direct Instruction)

Classified and Other Nonacademic Employees

Administrators and Supervisors

Other

# Other Academic Employees (Noninstructional)

Educational Administrators

Other

The employer's share of other benefits, including golden handshakes, for all employees and retirees employees of the district are recorded within the appropriate subobject account in Object 3900.

Employer's matching of Tax Sheltered Annuities and cash payments in lieu of health benefits shall be recorded within this object.

# 4000 Supplies and Materials

Software Books, Magazines and Periodicals Instructional Supplies and Materials Noninstructional Supplies and Materials

This object is used to record all expenditures for instructional and noninstructional supplies and materials, including costs of freight, sales/use tax and handling charges.

Supplies and materials are items that are expendable and quickly consumed or easily broken, damaged, or lost. For distinguishing between supplies and equipment see Appendix E.

Included in this object are instructional, office, library, medical, food and food service supplies as well as tests, periodicals, magazines, pictures, maps, computer software, and other expendable items having a useful life of less than one year. Also included are supplies and materrals used in the care and upkeep of equipment, buildings and grounds and other like items.

Object 4000, Supplies and Materials, is the controlling account that summarizes expenditures in the following subsidiary object categories:

#### Software

Expenditures for software purchases with a useful life less than one year or a purchase price less than \$200. Expenditures for payments to firms providing Internet access, online services, and software licensing are recorded within Object 5000, Contract Services. For additional information, see Appendix E, Guidelines for Distinguishing Between Supplies and Equipment.

# Books, Magazines and Periodicals

Expenditures for books, magazines, periodicals other than those purchased for the district's library. Books purchased for a department/division library are to be recorded within this object as a supply. See Object 6300, Library Books.

# Instructional Supplies and Materials

Expenditures for supplies to be used by students, faculty and other personnel in connection with an instructional program.

# Noninstructional Supplies and Materials

Expenditures for supplies and materials used in institutional support services.

# 5000 Other Operating Expenses and Services

Audit

**Contract Services** 

Depreciation

Dues and Membership

Election

Insurance

Interest

Legal

Personal and Consultant Services

Postage

Rents and Leases

Repairs and Maintenance

Self-Insurance Claims

Travel and Conference Expenses

Utilities and Housekeeping Services

Other

This object is used to record all expenditures for services, leases, rents, travel, and other operating expenses.

Object 5000, Other Operating Expenses and Services, is the controlling account that summarizes expenditures in the following subsidiary object categories:

### Audit

Expenditures for the annual financial and compliance audits conducted pursuant to *Education Code* Section 84040(b) and other audit costs.

#### **Contract Services**

Expenditures for payments to firms providing Internet access, on-line services, and software licensing, This object also includes contract services for another entity such as a joint powers agency to administer a self-insurance fund for the district.

# Depreciation

Expenditures for the depreciation of exhaustible, income producing assets.

This object is for use only in the Proprietary Funds Group and, in some cases, in the Fiduciary Funds Group.

# **Dues and Membership**

Expenditures as fees for district membership in any authorized society, association, or organization and for membership fees of the governing board, its members, or its employees who are required to join a society, association, or organization because of their position.

#### **Election**

Expenditures for election services provided by the county (Elections Code §10002).

#### Insurance

Expenditures for all forms of fire, casualty or liability insurance for the district. Also included are costs of property appraisals for insurance purposes, any bonds safeguarding the district against losses resulting from the actions of its employees, and insurance for students participating in intercollegiate athletics.

Payments to a self-insurance fund are described in Chapter 2, Fund Structure. Excluded are the employer's share of benefits recorded within Object 3000, Employee Benefits. Those items of health, dental, and workers' compensation insurance expenses are employee benefits, not insurance to the benefit of the district.

# Interest (Current Loans)

Expenditures for interest on Tax Revenue Anticipation Notes (TRAN) or other loans used to finance operating expenses.

### Legal

Expenditures as assessments for other than capital improvements (including State assessments for non use of school sites), advertisements of bond issues and other advertisements required by law, judgments, and lawyers' fees.

(Assessments for capital improvements to sites are recorded within Object 6100, Site Improvement.)

## **Personal and Consultant Services**

Expenditures as payments for contracts for personal or consultant services provided by an individual or firm. This object includes expenditures for the cost of surveys and appraisals. Appraisals and surveys in connection with site purchases shall be recorded within Object 6100, Sites and Site Improvements.

## **Postage**

Expenditures for sorting, handling, shipping and postage of mail and documents.

#### **Rents and Leases**

Expenditures as payments for rent or lease of land, athletic fields, equipment, and buildings; payments to independent vendors for transportation.

Amounts expended for lease purchase agreements are recorded within Object 6000, Capital Outlay.

# Repairs and Maintenance

Expenditures for payments to independent vendors for repairs and maintenance to buildings or equipment, including maintenance agreements on equipment.

(Expenditures for lease purchase agreements are recorded within Object 6000, Capital Outlay.)

# Self-Insurance Claims (Self-Insurance Fund Only)

Expenditures for payments and/or accrued costs for claims to a self-insurance fund.

This account is for use only by districts maintaining a Self-Insurance Fund. Payments to an insurance joint powers agency are treated as insurance expense in the General Fund or applicable special fund, such as the Bookstore Fund; they are not to be shown as a Self-Insurance Fund.

# **Travel and Conference Expenses**

Expenditures for per diem and actual, necessary expenditures incurred by employees, board members, and other district representatives for authorized meetings, transportation (including mileage allowance), meals, and lodging.

# **Utilities and Housekeeping Services**

Expenditures as payments for water, fuel, light, power, telephone, waste disposal, laundry, dry cleaning, and other similar expenses, including contracts for these services.

# Other

Expenditures for bad debt expense, loan costs, physical examinations, fingerprinting, damage to personal property, cash variances, advertisements not required by law and all other operating costs not identifiable within any other Object 5000 category.

| 6 | 6000 | Capital Outlay |                             |  |
|---|------|----------------|-----------------------------|--|
|   |      | 6100           | Sites and Site Improvements |  |
|   |      |                | Sites                       |  |
|   |      |                | Site Improvement            |  |
|   |      | 6200           | Buildings                   |  |
|   |      | 6300           | Library Books               |  |
|   |      | 6400           | Equipment                   |  |
|   |      |                | Additional                  |  |
|   |      |                | Replacement                 |  |

This object is used to record all Capital Outlay expenditures. Included are amounts paid for the acquisition of fixed assets or additions to fixed assets; land or existing buildings; improvements of grounds; building construction, remodeling, or additions; and equipment.

Lease purchases (agreement constitutes a purchase) shall be recorded appropriately as Sites, Buildings, or Equipment. A lease without option or intent to purchase is recorded within Object 5000, Rents and Leases

Object 6000, Capital Outlay, is the controlling account that summarizes expenditures recorded in the following subsidiary object categories:

# 6100 Sites and Site Improvements

Expenditures for this subobject shall be recorded by the prescribed subsidiary account:

### Sites

Expenditures for the purchase of land and incidental expenses of site acquisition, such as appraisal fees, title search and title insurance, surveys, and condemnation proceedings and fees.

If the site is not acquired, the incidental costs must be recorded within Object 5000, Other Operating Expenses and Services.

# Site Improvement

Expenditures for the costs of developing new sites or improving existing sites.

Applicable expenditures include:

- landscaping grading, seeding, and planting trees and shrubs;
- constructing sidewalks, roadways, retaining walls, sewers, and storm drains;

- installing hydrants;
- treating soil and surfacing athletic fields and tennis courts;
- furnishing and installing fixed playground apparatus, flagpoles, gateways, fences, and underground storage tanks that are not parts of building service systems;
- · demolition work in connection with improvement of sites; and
- special assessments against the district for capital improvements, such as streets, curbs, sewers, drains, and pedestrian tunnels on or off district property.

# 6200 Buildings

Expenditures for the costs of construction or purchase of new buildings, additions to existing buildings, and replacement of obsolete buildings.

Costs of construction include, but are not limited to, advertising; architectural and engineering fees; blueprinting and inspection services; demolition work in connection with construction of new buildings; tests and examinations; installation of plumbing, electrical, sprinkling, or warning devices; and the installation of built-in fixtures, such as heating and ventilating and their attachments.

Costs of purchase include fees for inspection, transfer title insurance, etc.

### 6300 Library Books

Expenditures for the purchase of books, magazines, periodicals and non-print media for the college library.

The purchase of books, magazines, periodicals and non-print media for department/division libraries shall be recorded within Object 4000, Books, Magazines and Periodicals under the appropriate Instructional Activity.

## 6400 Equipment

Expenditures for the purchase of tangible property with a purchase price at least \$200 and a useful life of more than one year, other than land or buildings and improvements thereon.

See Appendix E, Guidelines for Distinguishing Between Supplies and Equipment.

Districts shall maintain an historical inventory, audit trace inventory system, or any other acceptable inventory system that contains the description, name, identification numbers,

original cost, date of acquisition, location, and time and mode of disposal for all items of equipment that cost or had a market value at time of acquisition in excess of one thousand dollars (\$1,000). Items of equipment in the inventory system, as well as any additions, should be accounted for in the General Fixed Assets Account Group.

Built-in fixtures are an integral part of the building or building service system and are reported in Object 6200, Buildings.

Expenditures for equipment purchases shall be recorded by the prescribed subsidiary account:

#### Additional

Expenditures for the purchase of new equipment, or equipment of different quality or capacity, or restoration of equipment (necessitated by casualty loss).

# Replacement

Expenditures for the identical replacement of equipment (necessitated by normal use) on a piece-for-piece basis to perform the same function(s).

Equipment, that differs in capacity, function, or quality shall be considered additional equipment.

| 7000 | Other | Outgo                            |
|------|-------|----------------------------------|
|      | 7100  | Debt Retirement (Long-Term Debt) |
|      | 7200  | Intrafund Transfers-Out          |
|      | 7300  | Interfund Transfers-Out          |
|      | 7400  | Other Transfers                  |
|      | 7500  | Student Financial Aid            |
|      | 7600  | Other Student Aid                |
|      | 7900  | Reserve for Contingencies        |
|      |       |                                  |

This object is used to record other expenses and nonexpenditure disbursements.

Object 7000, Other Outgo, is the controlling account that summarizes expenditures recorded in the following subsidiary object categories:

# 7100 Debt Retirement (Long-Term Debt)

#### **Debt Reduction**

Expenditures for the costs of redeeming long-term bonds or other indebtedness sold for authorized purposes under *Education Code* Section 15100 or 81901 et seq., such as for purchasing land, constructing or purchasing buildings, equipping buildings, etc. This object is also used to record the amount deducted from General Apportionment by the State Controller for repayment of emergency apportionment (CCR §58316). The interest portion of the deduction is recorded below.

### Debt Interest and Other Service Charges

Expenditures as the costs of interest and related service fees for bonds or other indebtedness.

Interest on loans to finance operating expenses (e.g., Tax Revenue Anticipation Notes) is to be recorded within Object 5000, Other Operating Expenses and Services, Subobject Interest (Current Loans).

#### 7200 Intrafund Transfers Out

Intrafund transfers are the transfer of moneys within a fund of a district. An example of an intrafund transfer would be a transfer from the General Fund Unrestricted Subfund to the General Fund Restricted Subfund.

#### 7300 Interfund Transfers-Out

Interfund transfers are money that is taken from one fund and added to another fund without an expectation of repayment. Generally, moneys can be transferred only when the use of the moneys in the receiving fund is not inconsistent with any restriction on its use in the sending fund. An example of an interfund transfer would be the required match for scheduled maintenance that is transferred from the General Fund to the Capital Outlay Projects Fund.

It should be noted that moneys held in any fund may be temporarily transferred from one or more funds to another fund to be used for the payment of obligations, provided no provisions to the contrary exist. Such transfers are not reported here, but are reflected in the balance sheet accounts "Due to Other Fund" and "Due from Other Funds."

Payments to self-insurance funds are described in Chapter 2, Fund Structure.

### 7400 Other Transfers

Amounts expended or transferred for extraordinary situations such as transfers from reorganized or lapsed district to another district, loss on investments or joint ventures, such as material, prior-year assessments to self-insurance programs, JPA's or consortiums.

### 7500 Student Financial Aid

Expenditures for student aid in the form of grants, fellowships, scholarships, tuition reduction, etc.

Payments to students for services rendered, such as work-study, are expensed as classified salaries, chargeable to the activity benefited by the student's work.

Other payments to or for students, such as child care vouchers and bookstore vouchers, are to be recorded within object 7600, Other Student Aid.

#### 7600 Other Student Aid

Amounts paid to/for students for non-cash assistance, such as bus tickets, auto repairs related to commuting to college classes, child care vouchers, bookstore vouchers. These amounts are often provided to participants in EOPS, DSPS or other categorical programs.

Expenditures for student aid in the form of grants, fellowships, scholarships, tuition reduction, etc., are to be recorded within Object 7500 Student Financial Aid.

### 7900 Reserve for Contingencies

This category is an appropriation classification only; no expenditures shall be recorded in this object.

This object includes amounts equal to that portion of the current fiscal year's appropriation that are not designated for any specific purpose, but are held in reserve to fund other appropriation items as may be needed during the fiscal year.

California Code of Regulations Section 58307 states:

### "District Budget Limitations on Expenditure

The total amount budgeted as the proposed expenditure of the district for each major classification of district expenditures listed in the district budget forms prescribed by the board shall be the maximum amount which may be expended for that classification of expenditures for the school year. Transfers may be made from the reserve for contingencies to any expenditure classification or between expenditure classifications at any time by written resolution of the board of trustees of a district. A resolution providing for the transfer from the reserve for contingencies to any expenditure classification must be approved by a two thirds vote of the members of the governing board; a resolution providing the transfer between expenditure classifications must be approved by a majority of the members of the governing board."

### **EXPENDITURE ABATEMENTS**

An abatement of expenditure is the return or cancellation of part or all of an expenditure previously recorded. Abatement of expenditure applies to both current expenses and capital outlay expenditures from all funds. Tuition receipts, fees, and rentals cannot be treated as abatement of expenditure. This definition must be observed in making all decisions as to whether a receipt is reported as income or as an abatement of expenditure.

The basic distinction is that an abatement of expenditure must always represent a receipt (or an accrual) that cancels a part or the whole of a determinable item of previous expenditure. If a receipt cannot be substantiated as a cancellation of a specific expenditure, it must be reported as revenue.

Applicable receipts must be accounted for by abating the object of expenditure account originally charged in the fiscal year received, irrespective of the fiscal year in which the original expenditure was recorded.

Whenever abatements of any particular type are numerous and, especially, if considerable amounts are involved, it is recommended that the credits be made to a "contra" account instead of directly to the expenditure account. The contra account should be identified as "Abatements of \_\_\_\_\_\_" (inserting the name of the expenditure account to which it relates). It should be maintained adjacent to the corresponding expenditure account in the expenditure (or appropriation) subsidiary ledger. The contra account will receive only credit entries for abatements. By this procedure, the undesirable features of a "mixed" account are avoided and gross expenditures, abatements, and net expenditures can be determined easily at any time.

The following shall be accounted for as abatement of expenditure:

- Receipts from sales of supplies and new materials at cost to other governmental units, including community college districts;
- Refunds of overpayments from instructors and other employees or from vendors and other payees;
- Refunds for return of containers, including oil drums, wire spools, and the like;
- Refunds from a transportation company for unused portions of transportation fare books, tickets, and the like;
- Refunds of gasoline tax for nonhighway use;
- Canceled warrants (excludes outdated and unclaimed warrants which remain a liability of the district);
- Abatements against salary for temporary disability payments offset against regular salary.
- Cancellation of payables over-accrued in a prior period.

### CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE

1102 Q STREET SACRAMENTO, CA 95814-6511 (916) 445-8752 HTTP://WWW.CCCCO.EDU



March 5, 2001

To;

Superintendents/Presidents Chief Business Officers

Chief Student Services Officers Health Services Program Directors

Financial Aid Officers

Admissions and Records Officers

**Extended Opportunity Program Directors** 

From:

Thomas J. Nussbaum

Chancellor

Subject:

Student Health Fee Increase

Education Code Section 76355 provides the governing board of a community college district the option of increasing the student health services fee by the same percentage as the increase in the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. Whenever that calculation produces an increase of one dollar above the existing fee, the fee may be increased by \$1.00.

Based on calculations by the Financial, Economic, and Demographic Unit in the Department of Finance, the Implicit Price Deflator Index has now increased enough since the last fee increase of March 1997 to support a one dollar increase in the student health fees. Effective with the Summer Session of 2001, districts may begin charging a maximum fee of \$12.00 per semester, \$9.00 for summer session, \$9.00 for each intersession of at least four weeks, or \$9.00 for each quarter.

For part-time students, the governing board shall decide the amount of the fee, if any, that the student is required to pay. The governing board may decide whether the fee shall be mandatory or optional.

The governing board operating a health services program must have rules that exempt the following students from any health services fee:

 Students who depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization.

- Students who are attending a community college under an approved apprenticeship training program.
- Students who receive Board of Governors Enrollment Fee Waivers, including students who demonstrate financial need in accordance with the methodology set forth in federal law or regulation for determining the expected family contribution of students seeking financial aid and students who demonstrate eligibility according to income standards established by the board of governors and contained in Section 58620 of Title 5 of the California Code of Regulations.

All fees collected pursuant to this section shall be deposited in the Student Health Fee Account in the Restricted General Fund of the district. These fees shall be expended only to provide health services as specified in regulations adopted by the board of governors. Allowable expenditures include health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, or both. Allowable expenditures exclude athletic-related salaries, services, insurance, insurance deductibles, or any other expense that is not available to all students. No student shall be denied a service supported by student health fee on account of participation in athletic programs.

If you have any questions about this memo or about student health services, please contact Mary Gill, Dean, Enrollment Management Unit at 916.323.5951. If you have any questions about the fee increase or the underlying calculations, please contact Patrick Ryan in Fiscal Services Unit at 916.327.6223.

CC: Patrick J. Lenz
Ralph Black
Judith R. James
Frederick E. Harris

I:\Fisc/FiscUnit/01StudentHealthFees/01IStuHealthFees.doc

| CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION  (01) Claimant Identification Number: S34050  (02) Mailing Address:  (22) HFE - 1.0, (04)(b)  For State Controller Use only (19) Program Number 00029 (20) Date File// (21) LRS Input//_ (21) LRS Input//_ (21) LRS Input//_ (22) HFE - 1.0, (04)(b)  | State of                   | California   | (   |   |                    | Sch  | nool Mandated                              | Cost Manua                    |
|--|----------------------------|--|---|---|--------------------|--|--|-------------------------------|
| General Head   General Claim   Data  |                            | Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION |   |   |                    | For State Controller Use (19) Program Number 0 (20) Date File//          | only<br>00029                              |                               |
| C22   HFE - 1.0, (04)(b)   \$ 814,922  | (01) Clair                 | mant Identi  | ication Number:   |   |                    | <u> </u>   | nent Claim Da                              | ıta                           |
| Column Name   (23)   (24)   (24)   (25)   (24)   (25)   (26)  |                            | ing Address  | <del></del>   |   | <del></del> :      | (22) HFE - 1.0, (04)(b)  | \$   | 814,928                       |
| County of Location   Sacramento   (24)   | E Claimant                 |  |   |   |                    | (23)   |  | <del></del>                   |
| Sacramento   Street Address   Street A   | County of                  | Community of Location  | College District  | <del></del>   |                    | (24)   | <del></del>                                |                               |
| Signature of Cote   C   | H Sacrame                  | nto  | <del> </del>  |   |                    |  |  |                               |
| Sacramento   CA   95825   CEV  | R 1919 Spa                 |  |   |   |                    | (25)   |  |                               |
| Type of Claim    Cost  |                            | nto  |   |   |                    | (26)   | <del></del>                                |                               |
| (03) Estimated X (09) Reimbursement X (28)  (04) Combined (10) Combined (29)  (05) Amended (11) Amended (30)  (10) Combined (30)  (11) Amended (30)  (12) 2002-2003 (31)  Total Claimed (37)  Amount \$ 800,000 \$ 814,928 (32)  Less: 10% Late Penalty, but not to exceed \$ (14) \$ (33) \$ (32)  Less: 10% Late Penalty, but not to exceed \$ (14) \$ (33) \$ (35)  Less: 10% Late Penalty, but not to exceed \$ (14) \$ (33) \$ (35)  Less: 10% Late Penalty, but not to exceed \$ (14) \$ (33) \$ (35)  Due from State (08) \$ (17) \$ (34) \$ (35)  Due to State \$ (08) \$ (17) \$ (18) \$ (35) \$ (36) \$ (35)  Due to State \$ (08) \$ (36) \$ (37) \$ (36) \$ (37) \$ (38) \$ (28) \$ (36) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (38) \$ (37) \$ (37) \$ (38) |                            |  |   |   | m                  | (27)   |  |                               |
| Cost  |                            |  | (03) Estimated X  | 1   |                    |  |  |                               |
| Cost  |                            |  | (04) Combined   |   |                    |  |  |                               |
| Fiscal Year of Cost (12) 2002-2003 (31)  Total Claimed (107) (13) 800,000 \$ 814,928 (32)  Less: 10% Late Penalty, but not to exceed (14) (15) (33)  Less: Estimate Claim Payment Received (15) (34)  Net Claimed Amount (16) (16) (35)  Due from State (08) 800,000 \$ 814,928 (36)  Due to State (18) 800,000 \$ 814,928 (36)  Due to State (18) 800,000 \$ 814,928 (37)  (38) CERTIFICATION OF CLAIM  In accordance with the provisions of Government Code \$ 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Solids in 1908 to 1908, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Title  Telephone Number (858) 514-8605  |                            |  |   | 1'  | <u>-</u>           |  |  |                               |
| Total Claimed (07) Amount \$ 800,000 \$ 814,928   Less: 10% Late Penalty, but not to exceed \$ (14) \$ (33) \$ (35)   Less: Estimate Claim Payment Received   (15) \$ (34)   Net Claimed Amount   (16) \$ 814,928   Due from State   (08) \$ 814,928    California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer Date  Type_of Print Name  Telephone Number (858) 514-8605   | Figor Vo                   | ov of  |   | <u> </u>  |                    |  |  |                               |
| Amount   \$ 800,000   \$ 814,928   (33)  | Cost                       | _  | 2003-2004   | 1 ' '   |                    | (31)   |  |                               |
| Less: 10% Late Penalty, but not to exceed \$100  |                            | imed   | r   |   | 028                | (32)   |  |                               |
| Less: Estimate Claim Payment Received  | Less: 10%                  | Late Penalty   | y, but not to exceed  | (14)  | 320                | (33)   |  |                               |
| Net Claimed Amount  (16) \$ 814,928  (35)  Due from State (08) \$ 800,000 \$ 814,928  (36)  Due to State (18) (37)  (38) CERTIFICATION OF CLAIM  In accordance with the provisions of Government Code \$ 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1990 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Title  Title  Title  Title  SiXTen and Associators   |                            | mate Claim F   | Payment Received  | (15)  |                    | (34)   |  |                               |
| Due from State (08) \$ 800,000 \$ 814,928 (36)  Due to State (17) \$ 814,928 (37)  (38) CERTIFICATION OF CLAIM  In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Type of Print Name  Telephone Number (858) 514-8605  | Net Claim                  | ed Amount  |   |   | -                  |  |  | <del></del>                   |
| Due to State  (38) CERTIFICATION OF CLAIM  In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Firnance & Administration  Title  Title  Telephone Number  (858) 514-8605   | Due from                   | State  | (08)  | \$ 814,   | 928                |  | <u></u>                                    |                               |
| (38) CERTIFICATION OF CLAIM  In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Title  Telephone Number  (858) 514-8605   |                            |  |   | 814,9   | 928                | (36)   |  |                               |
| In accordance with the provisions of Government Code § 17561, I certify that I am the officer authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Title  Telephone Number  (858) 514-8605  | Due to St                  |  |   | (18)<br>\$  | _                  | (37)   | ·····                                      |                               |
| any of the provisions of Government Code Sections 1090 to 1096, inclusive.  I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987.  The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Title  Title  Title  Telephone Number  (858) 514-8605  | (38) CERT                  | IFICATION  | OF CLAIM  |   |                    | <del></del>  |  |                               |
| The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984, and Chapter 1118, Statutes of 1987, set forth on the attached statements.  Signature of Authorized Officer  Date  Vice Chancellor Finance & Administration  Title  Telephone Number  (858) 514-8605   | 1                          | COOLS IIIGIIGAL  | or by Chapter 1, Statutes of 1                                    | 904. AND CHARTER 1118 Statutes  | oer au<br>of 198   | thorized by the local agency to fi<br>37, and certify under penalty of p | ile claims with the<br>perjury that I have | State of<br>not violated      |
| Signature of Authorized Officer  Jon Sharpe  Type of Print Name  (39) Name of Contact Person or Claim  Telephone Number  Telephone Number  (858) 514-8605  |                            | fy that there wa<br>re for a new pro                             | ns no application other than fr<br>ogram or increased level of se | om the claimant, nor any grant or<br>rvices of an existing program ma | paym<br>ndate      | ent received, for reimbursement<br>d by Chapter 1, Statutes of 1984      | t of costs claimed I<br>1, and Chapter 111 | nerein; and<br>8, Statutes of |
| Jon Sharpe  Type of Print Name  (39) Name of Contact Person or Claim  Telephone Number (858) 514-8605  | The amounts<br>mandated pr | s for Estimated ogram of Chap                                    | Claim and/or Reimbursement<br>ter 1, Statutes of 1984, and C      | Claim are hereby claimed from t<br>hapter 1118, Statutes of 1987, se  | he Sta<br>et forth | ate for payment of estimated and not not the attached statements.        | i/or actual costs fo                       | r the                         |
| Jon Sharpe  Type of Print Name  (39) Name of Contact Person or Claim  Telephone Number (858) 514-8605  | Signature                  | of Authoriza   | ed Officer  |   | <b>\_</b> *-       |  |  |                               |
| Type of Print Name  Title  (39) Name of Contact Person or Claim  Telephone Number  |                            |  | - Oniogi  | L   | ate                | 1.1  |  |                               |
| Type of Print Name  Title  (39) Name of Contact Person or Claim  Telephone Number  | Jon Sharpe                 |  | $\sim$  |   | lico C             | Chanceller Eighner 8 A   | Industry                                   |                               |
| SixTen and Associatos  | Type_of Pri                | nt Name  |   |   |                    | Andrice & Adm  | inistration                                |                               |
| SixTen and Associatos  | (39) Name                  | of Contact   | Person or Claim   |   |                    |  |  |                               |
| E-Mail Address kbpsixten@aol.com   | SivTe                      | n and /  | \eeooiataa  | -   | _                  | (858) 514-8605   |  |                               |
|  |                            | and F  |   | E-Mail Addre  | ess                | kbpsixten@aol.com  |  |                               |

### LOS RIOS COMMUNITY COLLEGE DISTRICT CALCULATION OF INDIRECT COST RATE, FISCAL YEAR 2001-2002

102 -03. 02 -03.

| REFERENCE (CCFS 311)                  | DESCRIPTION   | 2001-2002   |
|---------------------------------------|---|-------------|
| INSTRUCTIONAL ACTIVITY                |   |             |
| ·                                     | Total Control of the |             |
|                                       | Instructional Costs   |             |
|                                       | Instructional Salaries and Benefits   | 88,131,2    |
|                                       | Instructional Operating Expenses Instructional Support Instructional Salaries and Benefits  | 5,974,7     |
|                                       | Auxiliary Operations Instructional Salaries and Benefits  | 459,0       |
|                                       | TOTAL INSTRUCTIONAL COSTS 1   | 16,6        |
|                                       | 23 THE ZISTROCTIONAL COSTS I  | 94,581,7    |
|                                       | Non-Instructional Costs   |             |
|                                       | Non-Instructional Salaries and Benefits   | <del></del> |
|                                       | Instructional Admin. Salaries and Benefits  | 4,857,7     |
|                                       | Instructional Admin. Operating Expenses   | 10,341,2    |
|                                       | Auxiliary Classes Non-Inst. Salaries and Benefits   | 705,03      |
|                                       | Auxiliary Classes Operating Expenses  | 1,097,0     |
|                                       | TOTAL NON-INSTRUCTIONAL COSTS 2   | 918,62      |
|                                       |   | 17,919,6    |
|                                       | TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)  | 770 707     |
|                                       |   | 112,501,4   |
| IRECT SUPPORT ACTIVITY                |   |             |
|                                       | Direct Support Costs  |             |
| •                                     | Instructional Support ServicesNon Inst. Salaries and Benefits   | 5.000.00    |
|                                       | Instructiona Support Services Operating Expeenses   | 5,680,32    |
| ·                                     | Admissions and Records  | 1,235,56    |
| <u>.</u>                              | Counselling and Guidance  | 2,552,55    |
|                                       | Other Student Services  | 12,155,23   |
|                                       |   | 13,543,16   |
|                                       | TOTAL DIRECT SUPPORT COSTS 4  | 25.166.00   |
| <u> </u>                              |   | 35,166,85   |
| OTAL INSTRUCTIONAL ACTIVITY COSTS     |   | <del></del> |
| ND DIRECT SUPPORT COSTS 5 (3 + 4)     |   | 145 (60 00  |
|                                       |   | 147,668,27  |
|                                       | Indirect Support Costs  |             |
|                                       | Operation and Maintenance of Plant  |             |
|                                       | Planning and Policy Making  | 15,657,969  |
|                                       | General Instructional Support Services  | 4,722,292   |
|                                       |   | 23,417,761  |
|                                       | TOTAL INDIRECT SUPPORT COSTS 6  |             |
|                                       | The second of the costs of  | 43,798,02   |
| TAL INSTRUCTIONAL ACTIVITY COSTS AND  | DIRECT  | <del></del> |
| PPORT COSTS, AND TOTAL INDIRECT SUPPO | RT COSTS  |             |
| - 6) = TOTAL COSTS                    |   |             |
|                                       |   | 191,466,300 |
| SUPPORT CO                            | STS ALLOCATION RATES  | <del></del> |
|                                       |   |             |
| rect Support Costs Allocation Rate =  |   |             |
|                                       | Total Indirect Supports Costs (6)   | -           |
|                                       | Total Instructional Activity Costs  | 29.66%      |
|                                       | and Direct Support Costs (5)  |             |
|                                       |   |             |
| ct Support Costs Allocation Rate =    |   |             |
|                                       | Total Direct Support Costs (4)  | <del></del> |
|                                       | Total Instructional Activity Costs (3)  | 31.26%      |
| <del></del>                           |   |             |

| State Controller's Office | ;              | ! | School Mandated Cost Manua |
|---------------------------|----------------|---|----------------------------|
|                           | MANDATED COSTS |   | FORM                       |

| MANDATED COSTS         |  |
|------------------------|--|
| HEALTH FEE ELIMINATION |  |
| CLAIM SUMMARY          |  |

FORM HFE-1.0

|  | CLAIM SUMMARY                                  |                  | HFE-1.0                               |
|--|--|------------------|---------------------------------------|
| (01) Claimant:                           | (02) Type of Claim:                            |                  | Fiscal Year                           |
| Claimant Name                            | Reimbursement                                  | X                |                                       |
| Los Rios Community College District      | Estimated                                      |                  | 2002-2003                             |
| (03) List all the colleges of the commun | nity college district identified in form HF    | E-1.1, line (03) | · · · · · · · · · · · · · · · · · · · |
| •  | (a)<br>Name of College                         |                  | (b)<br>Claimed<br>Amount              |
| 1. American River College                |  | \$               | 323,165.00                            |
| 2. Consumes River College                |  | \$               | 190,716.00                            |
| 3. Sacramento City College               |  | \$               | 301,047.00                            |
| 4  |  | \$               | -                                     |
| 5.                                       |  | \$               | -                                     |
|  |  | \$               | -                                     |
| 6.<br>7.                                 |  | \$               |                                       |
| 8.                                       |  | \$               | -                                     |
| 9.                                       |  | \$               | <u>.</u>                              |
| 10.                                      |  | \$               | <u> </u>                              |
| 11.                                      | · · · · · · · · · · · · · · · · · · ·          | \$               | -                                     |
| 12.                                      |  | \$               | <u> </u>                              |
| 13.                                      |  | \$               | <del></del>                           |
| 14.                                      | -  | \$               | -                                     |
| 15.                                      |  | \$               | -                                     |
| 16.                                      |  | \$               | -                                     |
| 17.                                      |  | \$               |                                       |
| 18.                                      |  | \$               | -                                     |
| 19.                                      |  | \$               | 7.                                    |
| 20.                                      |  | \$               | -                                     |
| 21.                                      |  | \$               | <del>-</del> -                        |
| (04) Total Amount Claimed                | [Line (3.1b) + line (3.2b) + line (3.3b) +line | e (3.21b)] \$    | 814,928                               |
|  | <del></del>                                    |                  |                                       |

#### **State Controller's Office School Mandated Cost Manual** MANDATED COSTS **FORM HEALTH FEE ELIMINATION** HFE-1.1 **CLAIM SUMMARY** (01) Claimant: (02) Type of Claim: Fiscal Year Reimbursement Los Rios Community College District **Estimated** 2002-2003 (03) Name of College American River College (04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed. SAME Х Direct Cost Indirect Cost of: Total 29.66% (05) Cost of Health Services for the Fiscal year of Claim \$ 249,240 73,925 323,165 (06) Cost of providing current fiscal year health services which are in excess of the \$ level provided in 1986/87 (07) Cost of providing current fiscal year health services at the 1986/87 level \$ 249,240 \$ 73,925 323,165 [Line (05) - line (06)] (08) Complete Columns (a) through (g) to provide detail data for health fees (f) (a) (b) (c) (d) (g) (e) Unit Cost for Unit Cost for Student Health Period for which health fees were Full-time Part-time Number of Number of Full-time Part-time Fees That Could Student Student collected Full-time Part-time Student per Student per Have Been Health Fees Health Fees Students Students Educ. Code Educ. Code Collected (a) x (c) (b) x (e) § 76355 § 76355 (d) + (f)\$ \$ \$ 1. Per fall semester \$ \$ \$ 2. Per spring semester \$ 3. Per summer session \$ 4. Per first quarter \$ \$ 5. Per second quarter \$ \$ 6. Per third quarter (09) Total health fee that could have been collected [Line (8.1g) + (8.2g) + .....(8.6g)] 0 (10) Sub-total [Line (07) - line (09)] 323,165 **Cost Reduction** (11) Less: Offsetting Savings, if applicable (12) Less: Other Reimbursements, if applicable \$

[Line (10) - {line (11) + line (12)}]

(13) Total Amount Claimed

\$ 323,165

Total

(g)

\$

\$

\$

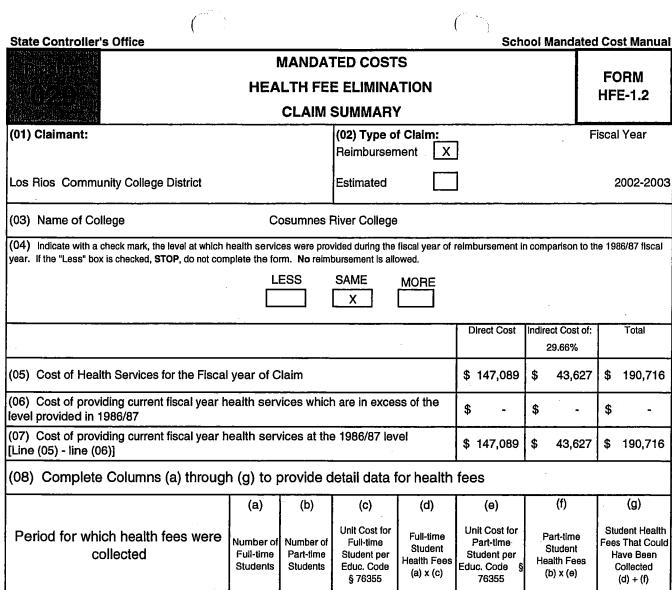
\$

\$

\$

\$

\$



| 6. Per third quarter                                 | \$ -                  | \$ -        | \$ | -       |
|--|-----------------------|-------------|----|---------|
| (09) Total health fee that could have been collected | [Line (8.1g) + (8.2g) | +(8.6g)]    |    | 0       |
| (10) Sub-total                                       | [Line (07) - line (09 | )]          | \$ | 190,716 |
| Cost Reduction                                       |                       |             |    |         |
| (11) Less: Offsetting Savings, if applicable         |                       |             | \$ | -       |
| (12) Less: Other Reimbursements, if applicable       |                       |             | \$ | -       |
|  |                       | <del></del> | T  |         |

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\$

\$

\$

[Line (10) - {line (11) + line (12)}]

(13) Total Amount Claimed

Per fall semester

2. Per spring semester

3. Per summer session

4. Per first quarter

5. Per second quarter

190,716



## MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY

FORM HFE-1.3

|   |                                    | CLAIM                              | SUMMARY  | 4  |  |                                  |              | 111     | L-1.U   |
|---|------------------------------------|------------------------------------|--|--|--|----------------------------------|--------------|---------|---|
| (01) Claimant:  |                                    |                                    | (02) Type o<br>Reimburser  |  | ]  |                                  | F            | isca    | l Year  |
| Los Rios Community College District   |                                    |                                    | Estimated  |  | ]  |                                  |              | 2       | 2002-200  |
| (03) Name of College  | S                                  | acramento                          | City College   | )  |  |                                  |              |         |   |
| (04) Indicate with a check mark, the level at which year. If the "Less" box is checked, STOP, do not con              | health servi<br>nplete the fo      | ces were pro                       | vided during the<br>bursement is all                               | fiscal year of owed.                             | reimbursement l  | n compari                        | son to ti    | ne 198  | 86/87 fiscal  |
|   |                                    | ESS                                | SAME<br>X  | MORE   |  |                                  |              |         |   |
|   |                                    |                                    |  |  | Direct Cost  | Indirect C                       |              |         | Total   |
| (05) Cost of Health Services for the Fisca  | l year of C                        | laim                               |  |  | \$ 232,182   | \$ 6                             | 8,865        | \$      | 301,047   |
| (06) Cost of providing current fiscal year halvel provided in 1986/87   | ealth sen                          | vices which                        | h are in exce  | ss of the  | \$ -   | \$                               | -            | \$      | -   |
| (07) Cost of providing current fiscal year health services at the 1986/87 level<br>[Line (05) - line (06)] \$ 232,182 |                                    |                                    |  |  | \$ 6   | 8,865                            | \$           | 301,047 |   |
| (08) Complete Columns (a) throug  | h (g) to լ                         | orovide d                          | detail data t  | for health                                       | fees   |                                  |              |         |   |
|   | (a)                                | (b)                                | (c)  | (d) ·  | (e)  | (f                               | )            |         | (g)   |
| Period for which health fees were collected   | Number of<br>Full-time<br>Students | Number of<br>Part-time<br>Students | Unit Cost for<br>Full-time<br>Student per<br>Educ. Code<br>§ 76355 | Full-time<br>Student<br>Health Fees<br>(a) x (c) | Unit Cost for<br>Part-time<br>Student per<br>Educ. Code §<br>76355 | Part-<br>Stud<br>Health<br>(b) x | lent<br>Fees | Fee:    | udent Health<br>s That Could<br>lave Been<br>Collected<br>(d) + (f) |
| 1. Per fall semester  |                                    |                                    |  | \$ -   |  | \$                               | -            | \$      |   |
| 2. Per spring semester  |                                    |                                    |  | \$ -   |  | \$                               | -            | \$      | <u>.</u>  |
| Per summer session  |                                    |                                    |  | \$ -   |  | \$                               | -            | \$      | -   |
| 4. Per first quarter  |                                    |                                    |  | \$ -   |  | \$                               | -            | \$      | -   |
| 5. Per second quarter   |                                    |                                    |  | \$ -   |  | \$                               | - ,          | \$      | _   |
| 6. Per third quarter  |                                    | L:                                 |  | \$ -   |  | \$                               | -            | \$      | -   |
| (09) Total health fee that could have been  | collected                          |                                    | [Line (  | 8.1g) + (8.2g)                                   | +(8.6g)]   |                                  |              |         | 0   |
| (10) Sub-total  |                                    |                                    | (Line  | e (07) - line (09                                | ))]  |                                  |              | \$      | 301,047   |
| Cost Reduction  |                                    |                                    |  |  |  |                                  |              |         |   |
| <ul><li>(11) Less: Offsetting Savings, if applicable</li><li>(12) Less: Other Reimbursements, if appl</li></ul>       |                                    |                                    |  | <del>-</del> -                                   |  |                                  |              | \$      | <u>-</u>  |
| (13) Total Amount Claimed   | IICADIE                            | <del> </del>                       | (Line  | (10) - {line (1                                  | 1) + line (12)}]   |                                  |              |         | 301.047   |

| State of Californi |
|--------------------|
| Je kog nam         |
| <b>(0/2</b> 9)     |
|                    |
| (01) Claimant      |
| Los Rios Comm      |

## **MANDATED COSTS**

**FORM** 

| 029                      | HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL   |   |                      | ORM<br>E-2.1          |
|--------------------------|---|---|----------------------|-----------------------|
| (01) Claimant            |   |   | Fisca                | al Year               |
| Los Rios Community Colle | ge District   |   | 2002                 | 2-2003                |
|                          | (a) and/or (b), as applicable, to indicate which health by student health service fees for the indicated fiscal year. |   | (a)<br>FY<br>1986/87 | (b)<br>FY<br>of Claim |
| Accident Reports         |   |   | X                    | X                     |
| Appointments             |   |   |                      |                       |
| College Physician,       | surgeon   |   |                      | 1                     |
| Dermatology, Fam         |   |   |                      | 1                     |
| Internal Medicine        |   |   |                      |                       |
| Outside Physician        |   |   |                      | ]                     |
| Dental Services          |   |   |                      | 1                     |
|                          | av etc.)  |   |                      |                       |
| Outside Labs, (X-r       |   |   |                      | 1                     |
| Psychologist, full s     |   |   |                      |                       |
| Cancel/Change Ap         | ppointments   |   |                      |                       |
| Registered Nurse         |   |   | X                    | X                     |
| Check Appointmer         | nts   |   |                      |                       |
| Assessment, Intervent    | ion and Counseling  |   |                      |                       |
| Birth Control            | •   |   |                      |                       |
| Lab Reports              |   |   | Χ                    | X                     |
| Nutrition                |   |   |                      |                       |
| Test Results, office     |   |   |                      |                       |
| Venereal Disease         |   |   |                      |                       |
| Communicable Dis         | sease   |   | Χ                    | ×                     |
|                          |   |   | X                    | x                     |
| Upper Respiratory        |   |   | ^                    | Λ                     |
| Eyes, Nose and Th        | II Vat  |   |                      | ,                     |
| Eye/Vision               |   |   | Х                    | X                     |
| Dermatology/Allerg       |   |   |                      |                       |
| Gynecology/Pregn         | ancy Service  |   | X                    | X                     |
| Neuralgic                |   |   |                      |                       |
| Orthopedic               |   |   |                      |                       |
| Genito/Urinary           |   |   | j                    |                       |
| Dental                   |   |   | l                    |                       |
| Gastro-Intestinal        |   |   |                      |                       |
| Stress Counseling        |   |   | Х                    | Х                     |
| Crisis Intervention      |   |   | x                    | X                     |
|                          | ting and Counseling   |   | ^                    | ^                     |
|                          | ting and Counseling   |   |                      |                       |
|                          | dentification and Counseling  |   |                      |                       |
| Eating Disorders         |   |   |                      |                       |
| Weight Control           |   | ĺ | X                    | Х                     |
| Personal Hygiene         |   |   |                      |                       |
| Burnout                  |   |   | J                    |                       |
| Other Medical Prob       | olems, list   |   | ,                    |                       |
| Examinations, minor illi | nesses  |   |                      |                       |
| Recheck Minor Inju       |   |   |                      | ;                     |
| Health Talks or Fairs, I | nformation  | 1 | 1                    |                       |
|                          |   |   | v                    |                       |
| Sexually Transmitte      | 54 DIOCASC  | 1 | ×                    | X                     |
| Drugs                    | Definition and Country  |   | X                    | X                     |
|                          | Deficiency Syndrome   |   | X                    | Х                     |
| Child Abuse              |   |   |                      |                       |
|                          |   | 1 | ľ                    |                       |

| <b>MAN</b> |    | ***          |          |   |
|------------|----|--------------|----------|---|
| 32         | OC | gra          | m.       |   |
| 1          |    | <b>7)</b> (0 |          | l |
|            |    | <b>4</b>     |          |   |
|            |    |              | <b>新</b> |   |
|            |    |              |          |   |

### **MANDATED COSTS**

FORM

| 029   | MANDATED COSTS  HEALTH FEE ELIMINATION  COMPONENT/ACTIVITY COST DETAIL  |   |                      | ORM<br>E-2.1          |
|---|---|---|----------------------|-----------------------|
| (01) Claimant   |   | - | Fisca                | l Year                |
| Los Rios Community Colle  | ege District  |   | 2002                 | -2003                 |
|   | n (a) and/or (b), as applicable, to indicate which health by student health service fees for the indicated fiscal year. |   | (a)<br>FY<br>1986/87 | (b)<br>FY<br>of Claim |
| Birth Control/Fam<br>Stop Smoking<br>Library, Videos an                             |   |   | Х                    | ×                     |
| First Aid, Major Emerg<br>First Aid, Minor Emerg<br>First Aid Kits, Filled          | gencies   |   | X<br>X<br>X          | ×<br>×<br>×           |
| Immunizations<br>Diphtheria/Tetanu<br>Measles/Rubella<br>Influenza<br>Information   | s   |   | X                    | ×                     |
| Insurance<br>On Campus Accid<br>Voluntary<br>Insurance Inquiry/                     | lent<br>Claim Administration  |   | X                    | ×                     |
| Laboratory Tests Done<br>Inquiry/Interpretati<br>Pap Smears                         |   |   |                      |                       |
| Physical Examinations<br>Employees<br>Students<br>Athletes                          |   |   | X                    | X                     |
| Medications   |   |   | .,                   |                       |
| Antacids<br>Antidiarrheal<br>Aspirin, Tylenol, et<br>Skin Rash Prepara<br>Eye Drops |   |   | X<br>X<br>X          | X<br>X<br>X           |
| Ear Drops Toothache, oil clov Stingkill Midol, Menstrual C Other, list> Ibup        | Cramps  |   | X<br>X               | X<br>X                |
| Parking Cards/Elevato<br>Tokens<br>Return Card/Key                                  | r Keys  |   |                      |                       |
| Parking Inquiry<br>Elevator Passes  | apped Parking Permits   |   | X                    | X                     |
|   | 450   |   |                      |                       |

| State of California   | School Mar   | idated of | Jot Ivianua                     |                            |
|---|--|-----------|---------------------------------|----------------------------|
| Program<br>029:   | MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL |           |                                 | DRM<br>E-2.1               |
| (01) Claimant   |  |           | Fisca                           | al Year                    |
| Los Rios Community College  | e District   |           | 2002                            | 2-2003                     |
|   | a) and/or (b), as applicable, to indicate which health               |           | (a)<br>FY<br>1986/87            | (b)<br>FY<br>of Claim      |
| Referrals to Outside Age Private Medical Doo Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living F Family Planning Fac  | acilities, battered/homeless women                                   |           | X<br>X<br>X<br>X<br>X<br>X<br>X | X<br>X<br>X<br>X<br>X<br>X |
| Tests  Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot  |  |           | X<br>X<br>X<br>X<br>X           | X<br>X<br>X<br>X<br>X      |
| Hemacult Others, list  Miscellaneous Absence Excuses/P Allergy Injections Bandaids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list |  |           | X<br>X<br>X<br>X                | X<br>X<br>X<br>X<br>X<br>X |
| Committees Safety Environmental Disaster Planning Skin Rash Preparation   | ons 450  |           | Х                               | Х                          |

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State Controller's Office Community College Mandated Cost Manual For State Controller tipe paly: Program **CLAIM FOR PAYMENT** (19) Program Number 00234 Pursuant to Government Code Section 17561 (20) Date Filed / / **HEALTH FEE ELIMINATION** (21) LRS Input (01) Claimant Identification Number: CC34050 Reimbursement Claim Data (02) Claimant Name (22) HFE-1.0, (04)(b) Los Rios Community College District 866,621 County of Location (23)Sacramento Street Address (24)1919 Spanos Court R City E State Zip Code (25)Sacramento CA 95825 Type of Claim **Estimated Claim** Reimbursement Claim (26)(03) Estimated (09) Reimbursement (27)(04) Combined (10) Combined (28)(05) Amended. (11) Amended (29) (06)(30)Fiscal Year of Cost 2003-2004 (07) (13)(31)Total Claimed Amount \$ 866,621 (14)(32)Less: 10% Late Penalty \$ (15)(33)Less : Prior Claim Payment Received (16)(34)**Net Claimed Amount** \$ 866,621 (08)(17)(35)Due from State 866,621 (18)(36)Due to State (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Authorized Officer (USE BLUE INK) Date Jon Sha Vice Chancellor, Finance & Administration Type or Print Name Title (38) Name of Contact Person for Claim Telephone Number: (858) 514-8605 SixTen and Associates E-mail Address: kbpsixten@aol.com

Community Julege Mandated Cost Manual

| MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY  |                          |  |  |  |  |  |
|--|--------------------------|--|--|--|--|--|
| (01) Claimant: (02) Type of Claim: Reimbursement X   | Fiscal Year              |  |  |  |  |  |
|  | 2003-2004                |  |  |  |  |  |
| (03) List all the colleges of the community college district identified in form HFE-1.1, line (03) |                          |  |  |  |  |  |
| (a)<br>Name of College   | (b)<br>Claimed<br>Amount |  |  |  |  |  |
| 1. American River College \$   | 328,988.31               |  |  |  |  |  |
| 2. Cosumnes River College \$   | 236,852.13               |  |  |  |  |  |
| 3. Sacramento City College \$  | 300,781.04               |  |  |  |  |  |
| 4.   |                          |  |  |  |  |  |
| 5.   |                          |  |  |  |  |  |
| 6.   |                          |  |  |  |  |  |
| 7.   | _,                       |  |  |  |  |  |
| 8.   |                          |  |  |  |  |  |
| 9.   |                          |  |  |  |  |  |
| 10.  |                          |  |  |  |  |  |
| 11.  |                          |  |  |  |  |  |
| 12.  |                          |  |  |  |  |  |
| 13.  |                          |  |  |  |  |  |
| 14.  |                          |  |  |  |  |  |
| 15.  |                          |  |  |  |  |  |
| 16.  |                          |  |  |  |  |  |
| 17.  |                          |  |  |  |  |  |
| 18.  |                          |  |  |  |  |  |
| 19.  |                          |  |  |  |  |  |
| 20.  |                          |  |  |  |  |  |
| 21.  |                          |  |  |  |  |  |
|  | 866,621                  |  |  |  |  |  |

Community College Mandated Cost Manual State Controller's Office MANDATED COSTS PROGRAM **FORM HEALTH FEE ELIMINATION** HFE-1.1 **CLAIM SUMMARY** (01) Claimant: (02) Type of Claim: Fiscal Year Los Rios Community College District Reimbursement 2003-2004 **Estimated** (03) Name of College: American River College (04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed. MORE **LESS** SAME Х Direct Cost Indirect Cost of: Total 30.39% \$ (05) Cost of Health Services for the Fiscal year of Claim 252,311 76,677 328,988 (06) Cost of providing current fiscal year health services in excess of 1986/87 \$ \$ Cost of providing current fiscal year health services at 1986/87 level 252,311 76,677 328,988 [Line (05) - line (06)] (08) Complete Columns (a) through (g) to provide detail data for health fees Collection Period (a) (b) (d) (g) (c) (e) Number of Number of Unit Cost for Full-time Unit Cost for Part-time Student Health Full-time Part-time Full-time Student Part-time Student Fees That Could Students Students Student per Health Fees Student per **Health Fees** Have Been Educ. Code (a) x (c) Educ. Code (b) x (e) Collected §76355 §76355 (d) + (f)Per Fall Semester \$ \$ Per Spring Semester \$ \$ \$ 2. Per Summer Session \$ \$ \$ Per First Quarter \$ \$ \$ Per Second Quarter \$ \$ Per Third Quarter \$ \$ \$ 6. The sum of (Line (08)(1)(c) through line (08)(6)(c) (09) Total health fee that could have been collected: 0 [Line (07) - line (09)] (10) Subtotal 328,988 **Cost Reduction** 

Revised 09/03

(13) Total Amount Claimed

(12)

(11) Less: Offsetting Savings, if applicable

Less: Other Reimbursements, if applicable

[Line (10) - {line (11) + line (12)}]

\$

328,988

(12) Less: Other Reimbursements, if applicable

Revised 09/03

(13) Total Amount Claimed

**Cost Reduction** 

(11) Less: Offsetting Savings, if applicable

[Line (10) - {line (11) + line (12)}]

\$

236,852

(09) Total health fee that could have been collected:

The sum of (Line (08)(1)(c) through line (08)(6)(c)

[Line (10) - {line (11) + line (12)}]

300,781

(10) Subtotal [Line (07) - line (09)] \$ 300,781

Cost Reduction

(13) Total Amount Claimed

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable \$ -

Revised 09/03

### MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL

| (01) Claimant Los Rios Community College District (02) Fliscal Year costs were incurred: 2003-2004 (03) Flace an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the Indicated fiscal year.  Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments Assessment, Intervention and Counselling Birth Control Lab Reports Nutrition Test Results, office Veneraal Disease Upper Respiratory Infection Eyes, Nose and Throat Eyes/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Strint Intervention Stress Counseling Strint Intervention Child Abuse  Reports  Veneraal Physion Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Centrol Physion Permatology/Allergy Crisis Intervention Child Abuse Reporting and Counselling Substance Abuse Identification and Counselling Substance Abuse Identification and Counselling Susually Transmitted Disease Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome Child Abuse Child Abuse   |   |                                      | L   |       |
|--|---|--------------------------------------|-----|-------|
| Los Rios Community College District  (03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.  Accident Reports  Accident Reports  Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Veneral Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eyes/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genitor/Urinary Dental Gastro-Intestinal Stress Counseling Stress Counseling Stress Counseling Stress Counseling Stress Counseling Crisis Intervention Respiratory Infection Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Co | (01) Claimant   | (02) Fiscal Year costs were incurred | d:  |       |
| Service was provided by student health service fees for the indicated fiscal year.  Accident Reports  Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Registered Nurse Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Nsion Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Uniarry Dental Gastro-Intestinal Stress Counseling Stress Respiratory Respiratory Dental Gastro-Intestinal Stress Counseling Substance Abuse Identification and Counseling Stress Counseling Substance Abuse Identification and Counseling Stress Recheck Minor Injury Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X X X X X X X X X X X X X X X X X  |   |                                      |     | -2004 |
| Service was provided by student health service fees for the indicated fiscal year.  Accident Reports  Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Registered Nurse Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Nsion Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Uniarry Dental Gastro-Intestinal Stress Counseling Stress Respiratory Respiratory Dental Gastro-Intestinal Stress Counseling Substance Abuse Identification and Counseling Stress Counseling Substance Abuse Identification and Counseling Stress Recheck Minor Injury Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X X X X X X X X X X X X X X X X X  | (03) Place an "X" in column (a) and/or (b), as applicable | to indicate which health             | (a) | (b)   |
| Accident Reports  Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition X X X X X X X X X X X X X X X X X X X  |   |                                      |     |       |
| Accident Reports  Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office X X X X X X X X X X X X X X X X X X X   | 22. The mas promised by student housing out the local     | e in the manual moon your            |     | 1     |
| Appointments College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologisi, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eyer/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Stress Counseling Stress Counseling X X X X X X X X X X X X X X X X X X X   | Accident Reports  |                                      |     |       |
| College Physician, surgeon Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counselling Birth Control Lab Reports Nutrition X X X X X X X X X X X X X X X X X X X  |   |                                      |     |       |
| Dermatology, Family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counselling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eyes/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Substance Abuse Identification and Counseling Examinations, minor illnesses Recheck Minor Injury  X X Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X X X X X X X X X X X X X X X X X   | Appointments  |                                      | · · |       |
| Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counselling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eyes, Nose and Throat Eyes, Nose and Throat Control Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counselling Crisis Intervention AX XX   | College Physician, surgeon                                |                                      |     |       |
| Outside Physician Dental Services Outside Labs, (X-ray, etc.,.) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Veneral Disease Communicable Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Nision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Gastro-Intestinal Stress Counseling Ax X X X X X X X X X X X X X X X X X X X   | Dermatology, Family practice                              |                                      |     | ļ     |
| Dental Services Outside Labs, (X-ray, etc.,) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office X X X Y Venereal Disease Venereal Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Chisio Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X X X X X X X X X X X X X X X X X  | Internal Medicine   | 1                                    |     |       |
| Outside Labs, (X-ray, etc)         Psychologist, full services           Cancel/Change Appointments         X         X           Registered Nurse         X         X           Check Appointments         X         X           Assessment, Intervention and Counseling         Birth Control         X         X           Lab Reports         X         X         X           Nutrition         X         X         X           Test Results, office         X         X         X           Veneral Disease         X         X         X           Communicable Disease         X         X         X           Communicable Disease         X         X         X           Upper Respiratory Infection         X         X         X           Eyes, Nose and Throat         X         X         X           Eye, Nose and Throat         X         X         X           Gynecology/Pregnancy Service         X         X         X           Neurality  | Outside Physician   |                                      |     |       |
| Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eyes/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Saturbase Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X X X X X X X X X X X X X X X X X   | l ·   |                                      |     |       |
| Cancel/Change Appointments Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eyer/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Stress Counseling Stress Counseling Stress Counseling Stress Counseling Stress Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  K X X K X X X X X X X X X X X X X X X  | Outside Labs, (X-ray, etc.,)                              |                                      |     |       |
| Registered Nurse Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Venereal | Psychologist, full services                               |                                      |     |       |
| Check Appointments  Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition X X X X X X X X X X X X X X X X X X X  | Cancel/Change Appointments                                |                                      |     |       |
| Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Venereal Di |   |                                      | Х   |       |
| Birth Control  | Check Appointments  | •                                    |     | Х     |
| Birth Control  |   |                                      |     | ı     |
| Lab Reports         X         X           Nutrition         X         X           Test Results, office         X         X           Venereal Disease         X         X           Communicable Disease         X         X           Upper Respiratory Infection         X         X           Eyes, Nose and Throat         X         X           Eyes/Vision         X         X           Dermatology/Allergy         X         X           Gynecology/Pregnancy Service         X         X           Neuralgic         X         X           Orthopedic         X         X           Genito/Urinary         X         X           Dental         X         X           Gastro-Intestinal         X         X           Stress Counseling         X         X           Crisis Intervention         X         X           Child Abuse Reporting and Counseling         X         X           Substance Abuse Identification and Counseling         X         X           Eating Disorders         X         X           Weight Control         X         X           Personal Hygiene         X         X   |   |                                      |     | V     |
| Nutrition         X         X           Test Results, office         X         X           Venereal Disease         X         X           Communicable Disease         X         X           Upper Respiratory Infection         X         X           Eyes, Nose and Throat         X         X           Cyrision         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X         X           Y         X<   |   |                                      | X   |       |
| Test Results, office         X         X           Venereal Disease         X         X           Communicable Disease         X         X           Upper Respiratory Infection         X         X           Eyes, Nose and Throat         X         X           Eye/Vision         X         X           Dermatology/Allergy         X         X           Gynecology/Pregnancy Service         X         X           Neuralgic         X         X           Orthopedic         X         X           Genito/Urinary         X         X           Dental         X         X           Gastro-Intestinal         X         X           Stress Counseling         X         X           Crisis Intervention         X         X           Child Abuse Reporting and Counseling         X         X           Substance Abuse Identification and Counseling         X         X           Eating Disorders         X         X           Weight Control         X         X           Personal Hygiene         X         X           Burnout         X         X           Other Medical Problems, list         X   | · ·   |                                      |     |       |
| Venereal Disease         X         X           Communicable Disease         X         X           Upper Respiratory Infection         X         X           Eyes, Nose and Throat         X         X           Eye/Vision         X         X           Dermatology/Allergy         X         X           Gynecology/Pregnancy Service         X         X           Neuralgic         X         X           Orthopedic         X         X           Genito/Urinary         X         X           Dental         X         X           Gastro-Intestinal         X         X           Stress Counselling         X         X           Crisis Intervention         X         X           Child Abuse Reporting and Counseling         X         X           Substance Abuse Identification and Counseling         X         X           Eating Disorders         X         X           Weight Control         X         X           Personal Hygiene         X         X           Burnout         X         X           Other Medical Problems, list         X         X           Examinations, minor illnesses         X <td></td> <td></td> <td></td> <td></td>   |   |                                      |     |       |
| Communicable Disease         X         X           Upper Respiratory Infection         X         X           Eyes, Nose and Throat         X         X           Eye/Vision         X         X           Dermatology/Allergy         X         X           Gynecology/Pregnancy Service         X         X           Neuralgic         X         X           Orthopedic         X         X           Genito/Urinary         X         X           Dental         X         X           Gastro-Intestinal         X         X           Stress Counseling         X         X           Crisis Intervention         X         X           Crisis Intervention         X         X           Child Abuse Reporting and Counseling         X         X           Substance Abuse Identification and Counseling         X         X           Eating Disorders         X         X           Weight Control         X         X           Personal Hygiene         X         X           Burnout         X         X           Other Medical Problems, list         X         X           Examinations, minor illnesses         X </td <td></td> <td></td> <td></td> <td></td>  |   |                                      |     |       |
| Upper Respiratory Infection         X         X           Eyes, Nose and Throat         X         X           Eyer/Vision         X         X           Dermatology/Pregnancy Service         X         X           Neuralgic         X         X           Orthopedic         X         X           Genito/Urinary         X         X           Dental         X         X           Gastro-Intestinal         X         X           Stress Counseling         X         X           Crisis Intervention         X         X           Child Abuse Reporting and Counseling         X         X           Substance Abuse Identification and Counseling         X         X           Eating Disorders         X         X           Weight Control         X         X           Personal Hygiene         X         X           Burnout         X         X           Other Medical Problems, list         X         X           Examinations, minor illnesses         X         X           Recheck Minor Injury         X         X           Health Talks or Fairs, Information         X         X           Sexually Transmitted Di  |   |                                      |     |       |
| Eyes, Nose and Throat Eye/Vision Dermatology/Allergy Synecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X X X X X X X X X X X X X X X X X X X   |   |                                      |     |       |
| Eye/Vision         X         X           Dermatology/Allergy         X         X           Gynecology/Pregnancy Service         X         X           Neuralgic         X         X           Orthopedic         X         X           Genito/Urinary         X         X           Dental         X         X           Gastro-Intestinal         X         X           Stress Counseling         X         X           Crisis Intervention         X         X           Child Abuse Reporting and Counseling         X         X           Substance Abuse Identification and Counseling         X         X           Eating Disorders         X         X           Weight Control         X         X           Personal Hygiene         X         X           Burnout         X         X           Other Medical Problems, list         X         X           Examinations, minor illnesses         X         X           Recheck Minor Injury         X         X           Health Talks or Fairs, Information         X         X           Sexually Transmitted Disease         X         X           Acquired Immune Deficiency  |   |                                      |     |       |
| Dermatology/Allergy  |   |                                      |     |       |
| Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X X X  X X  X X  X X  X X  X X  X X  |   |                                      |     |       |
| Neuralgic Orthopedic Script (Jurinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome  X  |   |                                      | X   |       |
| Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X X X  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome  X X X  X X  X X  X X  X X  X X  X X   |   | •                                    |     |       |
| Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control YX Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  XX X   |   |                                      |     |       |
| Dental Gastro-Intestinal Stress Counseling Crisis Intervention Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X X  Health Talks or Fairs, Information Sexually Transmitted Disease Acquired Immune Deficiency Syndrome  X X  X  X  X  X  X  X  X  X  X  X  X  |   |                                      |     |       |
| Gastro-Intestinal X X X Stress Counseling X X X Crisis Intervention X X X Child Abuse Reporting and Counseling X X X Substance Abuse Identification and Counseling X X X Eating Disorders X X X Weight Control X X X Personal Hygiene X X X Burnout X X X Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury X X X Health Talks or Fairs, Information Sexually Transmitted Disease X X X Drugs X X X Acquired Immune Deficiency Syndrome X X X   | •   | İ                                    | X   | Х     |
| Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X X  Health Talks or Fairs, Information Sexually Transmitted Disease Acquired Immune Deficiency Syndrome  X X  X X  X X  X X  X X  X X  X X  X   |   |                                      | v   | V     |
| Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X  Health Talks or Fairs, Information Sexually Transmitted Disease Acquired Immune Deficiency Syndrome  X  X  X  X  X  X  X  X  X  X  X  X  X  |   | • •                                  |     |       |
| Child Abuse Reporting and Counseling  Substance Abuse Identification and Counseling  Eating Disorders  Weight Control  Personal Hygiene  Burnout  Other Medical Problems, list  Examinations, minor illnesses  Recheck Minor Injury  X  X  X  Health Talks or Fairs, Information  Sexually Transmitted Disease  Acquired Immune Deficiency Syndrome  X  X  X  X  X  X  X  X  X  X  X  X  X   |   |                                      |     |       |
| Substance Abuse Identification and Counseling  Eating Disorders  Weight Control  Personal Hygiene  Burnout  Other Medical Problems, list  Examinations, minor illnesses  Recheck Minor Injury  X  X  X  X  X  X  X  X  X  X  X  X  X   |   |                                      |     |       |
| Eating Disorders Weight Control Personal Hygiene Surnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury X X X X X X X X X X X X X X X X X X X  |   |                                      |     |       |
| Weight Control Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury X X  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X  X X  X X  |   | ' ·                                  |     |       |
| Personal Hygiene Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X X X X X X X X X X X X X X X X X X   |   |                                      |     |       |
| Burnout Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X  X  X  X  X  X  X  X  X  X  X  X  X  |   | ·                                    |     |       |
| Other Medical Problems, list  Examinations, minor illnesses Recheck Minor Injury  X  X  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome  X  X  X   | * *   | ·                                    |     |       |
| Examinations, minor illnesses Recheck Minor Injury  X  X  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome  X  X  X  X  |   |                                      | ^   | ^     |
| Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome  X X X X   | Outer Medical Flobiettis, list                            | •                                    |     |       |
| Recheck Minor Injury  Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome  X X X X   | Examinations, minor illnesses                             |                                      |     |       |
| Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome X X X X  |   |                                      | Х   | Х     |
| Sexually Transmitted Disease X X  Drugs X X  Acquired Immune Deficiency Syndrome X X  X X  |   |                                      |     |       |
| Drugs X X Acquired Immune Deficiency Syndrome X X X  |   |                                      |     |       |
| Acquired Immune Deficiency Syndrome X X  |   |                                      |     |       |
|  |   |                                      |     | 1     |
| Child Abuse X X  |   |                                      |     |       |
|  | Child Abuse   | ·                                    | Х   | X     |
|  |   |                                      |     |       |

School '1' 'ated Cost Manual

Program 029

State of California

### MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL

| COMPONENT/ACT   | IVITY COST DETAIL                  | 1 111     | L-Z       |
|---|------------------------------------|-----------|-----------|
| (OA) Claimant   | (00) Figure Voca costs were incur  |           |           |
| (01) Claimant Los Rios Community College District       | (02) Fiscal Year costs were incur  |           | 3-2004    |
| •   |                                    |           |           |
| (03) Place an "X" in column (a) and/or (b), as applicab |                                    | (a)<br>FY | (b)<br>FY |
| Service was provided by student health service for      | ees for the indicated liscal year. | 1986/87   | of Claim  |
|   | <del></del>                        | 1900/01   | or Claim  |
| Birth Control/Family Planning                           |                                    | ×         | X X       |
| Stop Smoking  |                                    | X         | X         |
| Library, Videos and Cassettes                           |                                    | . Х       | ×         |
| First Aid, Major Emergencies                            |                                    | X         | ×         |
| First Aid, Minor Emergencies                            |                                    | X         | X         |
| First Aid Kits, Filled                                  |                                    | X         | ×         |
| Immunizations   | ·                                  |           |           |
| Diphtheria/Tetanus                                      |                                    |           | X         |
| Measles/Rubella   |                                    |           | X         |
| Influenza   |                                    |           | X         |
| Information   |                                    | X         | ×         |
| Insurance   |                                    |           |           |
| On Campus Accident                                      |                                    | X         | X         |
| Voluntary   |                                    | X         | X         |
| Insurance Inquiry/Claim Administration                  |                                    | X         | ×         |
| Laboratory Tests Done                                   |                                    |           |           |
| Inquiry/Interpretation                                  |                                    | 1.        | X         |
| Pap Smears  |                                    |           |           |
| Physical Examinations                                   |                                    | ļ         |           |
| Employees   |                                    |           |           |
| Students  |                                    |           |           |
| Athletes  | •                                  | X         | ×         |
| Medications   |                                    |           |           |
| Antacids  |                                    | X         | X         |
| Antidiarrheal   |                                    | X         | X         |
| Aspirin, Tylenol, etc.,                                 |                                    | X         | X         |
| Skin Rash Preparations                                  |                                    | X         | X         |
| Eye Drops   |                                    | X         | ×         |
| Ear Drops<br>Toothache, oil cloves                      | •                                  | ]         |           |
| Stingkill   | •                                  | x         | ×         |
| Midol, Menstrual Cramps                                 |                                    | l x       | ×         |
| Other, list> Cold & Allergy                             |                                    | X         | X         |
| Parking Cards/Elevator Keys                             |                                    |           |           |
| Tokens  |                                    |           |           |
| Return Card/Key   |                                    |           |           |
| Parking Inquiry   |                                    | X         | X         |
| Elevator Passes   |                                    |           |           |
| Temporary Handicapped Parking Permits                   |                                    | x         | X         |
|   |                                    | ] 1       |           |
|   | •                                  |           |           |
|   |                                    |           |           |

### MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL

| 923                   | COMPONER                          | NI/ACTIVITY COST DETAIL                    | l ur    | <b>L-Z</b>  |
|-----------------------|-----------------------------------|--|---------|-------------|
| (01) Claimant         | <del> </del>                      | (02) Fiscal Year costs were inc            | urred:  | ···         |
| Los Rios Commun       |                                   |  |         | 3-2004      |
|                       |                                   | applicable, to indicate which health       | (a)     | (b)         |
| Service was p         | provided by student health se     | ervice fees for the indicated fiscal year. | FY      | FY          |
|                       |                                   |  | 1986/87 | of Claim    |
| Deferrale to C        | Nutalda Aganaina                  |  |         |             |
|                       | Outside Agencies<br>edical Doctor |  | ×       | X           |
| Health De             |                                   |  | l â     | x           |
| Clinic                | partment                          |  | l â     | x           |
| Dental                |                                   |  | x       | X           |
|                       | ng Centers                        |  | X       | X           |
| Crisis Cer            |                                   |  | l x     | X           |
|                       | al Living Facilities, battered/   | homeless women                             | X       | Х           |
|                       | anning Facilities                 |  | X       | Х           |
|                       | alth Agencies                     |  | X       | X -         |
| <b>T</b> 4-           |                                   |  |         |             |
| Tests<br>Blood Pre    | 22172                             |  | X       | ×           |
| Hearing               | ssure                             |  | Î       | l â         |
| Tuberculo             | neie                              |  | l â     | l â         |
| Readi                 |                                   |  | l â     | l x         |
| Inform                | •                                 |  | l â     | X           |
| Vision                | 10(1011                           |  | x       | l $\hat{x}$ |
| Glucomet              | er                                |  | x       | x           |
| Urinalysis            |                                   |  | X       | X           |
| Hemoglob              |                                   |  |         |             |
| EKG                   |                                   |  |         |             |
| Strep A T             | esting                            |  |         |             |
| PG Testin             |                                   | ·  |         | Х           |
| Monospot              |                                   |  |         |             |
| Hemacult              |                                   |  |         |             |
| Others, lis           | t> bodyfat                        |  |         | X           |
| Miscellaneous         | <b>;</b>                          |  |         |             |
| Absence l             | Excuses/PE Waiver                 |  | X       | Х           |
| Allergy Inj           | ections                           |  |         |             |
| Bandaids              |                                   |  | X       | X           |
|                       | Pamphlets                         |  | _ X     | Х           |
| Dressing              | Change                            |  | X       | Х           |
| Rest                  | _                                 |  | ×       | X           |
| Suture Re             |                                   |  |         | X           |
| Temperat              | ure                               | •  | X       | X           |
| Weigh                 | _                                 |  | X       | X           |
| Informatio            |                                   |  | x       | X<br>X      |
| Report/Fo<br>Wart Rem |                                   |  | ^       | ^           |
|                       | t: Web research and links         |  | x       | х           |
|                       |                                   |  |         |             |
| Committees            | ÷                                 |  |         |             |
| Safety                |                                   |  | X       | X           |
| Environme             |                                   |  |         | X           |
| Disaster P            | anning                            |  |         | X           |
|                       |                                   |  |         |             |
|                       |                                   |  | I I     | 1           |

State Controller's Office **Community College Mandated Cost Manual** For State Controller Use only Program **CLAIM FOR PAYMENT** (19) Program Number 00234 Pursuant to Government Code Section 17561 (20) Date Filed **HEALTH FEE ELIMINATION** (21) LRS Input (01) Claimant Identification Number: CC 34050 Reimbursement Claim Data (02) Claimant Name (22) HFE-1.0, (04)(b) В Los Rios Community College District 874,066 Ε County of Location (23)Sacramento Street Address (24)Ε 1919 Spanos Court Ε City State Zip Code (25)Sacramento CA 95825 Type of Claim **Estimated Claim** Reimbursement Claim (26)(03) Estimated X (09) Reimbursement X (27)(04) Combined (10) Combined (28)(05) Amended (11) Amended (29)(06)(12)(30)Fiscal Year of Cost 2005-2006 2004-2005 (13)(31) Total Claimed Amount 961.000 874.066 (32)(14)Less: 10% Late Penalty (15) (33)Less: Prior Claim Payment Received (16)(34)**Net Claimed Amount** 874.066 (17) (80)(35)**Due from State** 961.000 874,066 (18)(36)Due to State (37) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant. The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Signature of Authorized Officer (USE BLUE INK) Date 1/11/06 Jon Sharbe **Deputy Chancellor** Type or Print Name Title (38) Name of Contact Person for Claim Telephone Number: (858) 514-8605 SixTen and Associates E-mail Address: kbpsixten@aol.com

| State Controller's Office   | ( )<br>                                   | <u></u>                                   |   |                | (  | Co              | mmunity C   | Colleg        | e Mandate   | ed C       | ost Manual  |
|---|---|---|---|----------------|--|-----------------|---|---------------|---|------------|---|
| PROGRAM   |   | MANDA                                     | TED COSTS   |                |  |                 |   |               | ·   | l          | CODM  |
| 234   | HEALTH FEE ELIMINATION                    |   |   |                |  |                 |   |               |   |            | FORM<br>HFE-1.1   |
| 401   |   | CLAIM                                     | SUMMARY   |                |  |                 |   |               |   |            |   |
| (01) Claimant:  |   |   | (02) Type of C  | laim:          |  |                 |   |               |   | F          | iscal Year  |
| Los Rios Community College District   |   |   | Reimb   | urseme         | ent  |                 | X   |               |   | 2          | 004-2005  |
|   | <del></del>                               |   | Estima  | ted            |  |                 |   | <u>-</u>      | · · · · · · · · · · · · · · · · · · ·               |            |   |
| (03) Name of College:   | American River                            | · · · · · · · · · · · · · · · · · · ·     | :   |                |  |                 |   |               |   |            |   |
| (04) Indicate with a check mark, th comparison to the 1986/87 fiscal yeallowed. | e level at whice ar. If the "Les          | ch health serv<br>ss" box is che          | ices were pro<br>cked, STOP,                              | ovided<br>do n | d during<br>ot comp                                  | the f<br>lete t | iscal year<br>the form.   | of re<br>No r | eimburse<br>eimburse                                | mer<br>eme | nt in<br>nt is  |
| LESS  | 3   | SA  | ME  |                |  | MO              |   |               |   |            |   |
|   | <u>.</u>                                  | <u>_</u>                                  | <u>l</u>  |                |  | X               | Direct Cost   | Indir         | ect Cost of:  | · ·        | Total   |
|   |   |   |   |                |  |                 |   | l             | 31.96%  |            |   |
| (05) Cost of Health Services for the Fiscal                                     | year of Claim                             |   |   |                |  | \$              | 266,013   | \$            | 85,018  | \$         | 351,031   |
| (06) Cost of providing current fiscal year h                                    | ealth services in o                       | excess of 1986/                           | 87  |                |  |                 |   | \$            | -   | \$         | -   |
| (07) Cost of providing current fiscal year he [Line (05) - line (06)]           | ealth services at                         | 1986/87 level                             | •   |                | -  | \$              | 266,013   | \$            | 85,018  | \$         | 351,031   |
| (08) Complete Columns (a) through (g) to  | provide detail dat                        | ta for health fees                        | 3   |                |  |                 |   |               |   |            |   |
| Collection Period   | (a)<br>Number of<br>Full-time<br>Students | (b)<br>Number of<br>Part-time<br>Students | (c) Unit Cost for Full-time Student per Educ. Code §76355 | He             | (d)<br>full-time<br>Student<br>aith Fees<br>a) x (c) | s               | (e)<br>nit Cost for<br>Part-time<br>tudent per<br>duc. Code<br>§76355 | He            | (f)<br>art-time<br>Student<br>alth Fees<br>b) x (e) | Fee:       | (g)  Ident Health  Is That Could  Iave Been  Collected  (d) + (f) |
| Per Fall Semester  1.   |   |   |   | \$             | -  |                 |   | \$            | -   | \$         | -   |
| Per Spring Semester   |   |   |   | \$             | -  |                 |   | \$            | -   | \$         | -   |
| Per Summer Session<br>3.  |   |   |   | \$             | -  |                 |   | \$            | -   | \$         | -   |
| Per First Quarter 4.  | · · · · · · · · · · · · · · · · · · ·     |   | <u> </u>  | \$             | -  | -               |   | \$            |   | \$         | -   |
| Per Second Quarter<br>5.  |   |   |   | \$             | -  |                 |   | \$            | -   | \$         | -   |
| Per Third Quarter<br>6.   |   |   |   | \$             | •  |                 |   | \$            | -   | \$         | -   |
| (09) Total health fee that could have been                                      | collected:                                |   | The sun   | n of (Li       | ne (08)(1)   | (c) th          | rough line (0   | 08)(6)        | (c)   | \$         | -   |
| (10) Subtotal   |   |   |   |                | [Line (07)   | - line          | (09)]   |               |   | \$         | 351,031   |
| Cost Reduction  |   |   |   |                |  |                 | · -   |               |   |            |   |
| (11) Less: Offsetting Savings, if applicabl                                     | e   |   |   |                |  |                 |   |               |   | \$         | -   |
| (12) Less: Other Reimbursements, if app   | licable                                   |   |   |                |  |                 |   |               |   | \$         | _   |
| (13) Total Amount Claimed   |   | _   |   | [Line (        | 10) - {line  | (11) -          | line (12)}]   |               |   | \$         | 351,031   |
| Revised 09/03   |   |   | 172   |                | -  |                 |   |               |   | *          | 001,001   |

| Stat | te Controller's Office                             |                    | ( )                                       |   |  | (**   | È Co | mmunity C   | College Mandat  | ed C | ost Manua  |
|------|--|--------------------|---|---|--|---|------|---|---|------|--|
|      | ogram<br>234                                       |                    |   | MANDA<br>HEALTH FE                        | TED COSTS<br>E ELIMINATI                                       | ON  |      |   |   |      | FORM<br>HFE-1.2  |
|      |  |                    |   | CLAIM                                     | SUMMARY  |   |      |   | <u></u>   | L    |  |
| (01) | Claimant:  |                    |   |   | (02) Type of Cl  | aim:  |      |   |   | F    | iscal Year   |
|      | Los  | Rios Community     | College District                          |   | Reimbu   | rsement   | . [  | х   |   | 2    | 2004-2005  |
|      |  |                    |   |   | Estimat  | ed  | [    |   | ·   |      |  |
| (03) | Name of College:                                   |                    | Consumnes Riv                             | ver College                               |  |   |      |   |   |      |  |
| con  | ) Indicate with a chaparison to the 198 wed.       |                    | ear. If the "Les                          | ss" box is che                            |  |   |      | he form.  |   |      |  |
|      |  |                    |   |   |  |   | D    | rect Cost   | Indirect Cost of:<br>31.96%                             |      | Total  |
| (05) | Cost of Health Service                             | es for the Fiscal  | year of Claim                             |   |  |   | \$   | 179,827   | \$ 57,473   | \$   | 237,300  |
| (06) | Cost of providing curre                            | ent fiscal year he | ealth services in                         | excess of 1986/8                          | 37   |   |      |   | \$  | \$   | -  |
| (07) | Cost of providing curre<br>[Line (05) - line (06)] | ent fiscal year he | alth services at                          | 1986/87 level                             |  |   | \$   | 179,827   | \$ 57,473   | \$   | 237,300  |
| (08) | Complete Columns (a                                | ) through (g) to p | provide detail dat                        | la for health fees                        |  |   |      |   |   |      |  |
|      | Collection Period                                  |                    | (a)<br>Number of<br>Full-time<br>Students | (b)<br>Number of<br>Part-time<br>Students | (C)<br>Unit Cost for<br>Full-time<br>Student per<br>Educ. Code | (d)<br>Full-time<br>Student<br>Health Fees<br>(a) x (c) | St   | (e)<br>it Cost for<br>Part-time<br>udent per<br>luc. Code | (f)<br>Part-time<br>Student<br>Health Fees<br>(b) x (e) | Fee  | (g)<br>udent Health<br>es That Could<br>Have Been<br>Collected |

|      | Collection Period                | (a)<br>Number of<br>Full-time<br>Students | (b)<br>Number of<br>Part-time<br>Students | (C) Unit Cost for Full-time Student per Educ. Code §76355 | (d) Full-time Student Health Fees (a) x (c) | (e) Unit Cost for Part-time Student per Educ. Code §76355 | (f)<br>Part-tin<br>Studer<br>Health F<br>(b) x (e | nt F<br>ees F | (g) Student Hore lees That ( Have Be Collecte (d) + (f) | Could<br>en<br>ed |
|------|----------------------------------|---|---|---|---|---|---|---------------|---|-------------------|
| 1.   | Per Fall Semester                |   |   |   | \$ -  |   | \$  | - \$          |   | -                 |
| 2.   | Per Spring Semester              |   |   |   | \$ -  |   | \$  | - \$          |   | -                 |
| 3    | Per Summer Session               |   |   |   | \$  |   | \$  | - \$          |   | <u>-</u>          |
| 4.   | Per First Quarter                |   | <del></del>                               |   | \$ -  | i   | \$  | - \$          |   | -                 |
| 5.   | Per Second Quarter               |   |   |   | \$ -  |   | \$  | - \$          |   | -                 |
| 6.   | Per Third Quarter                |   | ,=  |   | \$ -  |   | \$  | - \$          |   | -                 |
| (09) | Total health fee that could have | been collected:                           |   | The sum   | of (Line (08)(1)                            | (c) through line (  | (08)(6)(c)  | \$            |   | -                 |
| (10) | Subtotal                         |   |   |   | [Line (07)                                  | - line (09)]  |   | \$            | 237,  | 300               |

Revised 09/03

**Cost Reduction** 

(13) Total Amount Claimed

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable

173

[Line (10) - {line (11) + line (12)}]

237,300

| DE   | OGRAM   |   | MANDA                                     | TED COSTS   | •   |   |   |  |
|------|---|---|---|---|---|---|---|--|
|      | 234   |   | HEALTH FE                                 | E ELIMINATI   | ON  |   | ,   | FORM<br>HFE-1.3  |
|      | .34   |   | CLAIM                                     | SUMMARY   |   |   |   | ПГЕ-1.3  |
| (01) | Claimant:   |   |   | (02) Type of Cl   | laim:   |   |   | Fiscal Year  |
|      | Los Rios Communi  | ity College District                      |   | Reimbu  | ursement  | X   |   | 2004-2005  |
|      |   |   |   | Estimat   | ied   |   |   |  |
| (03) | Name of College:  | Sacramento Cit                            | ıy College                                |   |   | -   |   |  |
| con  | ) Indicate with a check mark<br>nparison to the 1986/87 fisca<br>wed. |   |   |   |   |   |   |  |
|      |   | LESS                                      | s/  | AME   |   | MORE  |   |  |
|      |   |   |   |   |   | Direct Cost   | Indirect Cost of:<br>31.96%                 | Total  |
| (05) | Cost of Health Services for the Fi                                    | iscal year of Claim                       |   |   |   | \$ 216,532  | \$ 69,204                                   | \$ 285,736   |
| (06) | Cost of providing current fiscal ye                                   | ear health services in (                  | excess of 1986/                           | 87  |   |   | \$ -  | \$ -   |
| (07) | Cost of providing current fiscal ye [Line (05) - line (06)]           | ear health services at                    | 1986/87 level                             |   |   | \$ 216,532  | \$ 69,204                                   | \$ 285,736   |
| (80) | Complete Columns (a) through (g                                       | g) to provide detail dat                  | a for health fee                          | <b>S</b> .  |   |   |   |  |
|      | Collection Period   | (a)<br>Number of<br>Full-time<br>Students | (b)<br>Number of<br>Part-time<br>Students | (c) Unit Cost for Full-time Student per Educ. Code §76355 | (d)<br>Full-time<br>Student<br>Health Fees<br>(a) x (c) | (e) Unit Cost for Part-time Student per Educ. Code §76355 | (f) Part-time Student Health Fees (b) x (e) | (g) Student Health Fees That Could Have Been Collected (d) + (f) |
| 1.   | Per Fall Semester   |   |   |   | \$ -  |   | \$ -  | \$ -   |
| 2.   | Per Spring Semester   |   |   |   | \$ -  |   | \$ -  | \$ -   |
| _    | Per Summer Session  |   |   | - Land 170  | \$ -  |   | \$ -  | \$ -   |
| 4.   | Per First Quarter   |   |   |   | \$ -  |   | \$ -  | \$ -   |
| 5.   | Per Second Quarter  |   |   |   | \$ -  |   | \$ -  | \$ -   |
| 6.   | Per Third Quarter   |   |   |   | \$ -  |   | \$ -  | \$ -   |
|      | Total health fee that could have b                                    | een collected:                            |   | The sum   | of (Line (08)(1)  | (c) through line (0                                       | 08)(6)(c)                                   | \$ -   |
| (40) | Subtotal  |   |   |   | [] inc (07)   | - line (09)]  |   |  |

(13) Total Amount Claimed

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable

[Line (10) - {line (11) + line (12)}]

285,736

### MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL

| U,       | <b>29</b> COMPONENT/AC                                | COMPONENT/ACTIVITY COST DETAIL      |         | HFE-2       |  |  |  |
|----------|---|-------------------------------------|---------|-------------|--|--|--|
|          | laimant   | (02) Fiscal Year costs were incurr  |         |             |  |  |  |
| Los Ric  | os Community College District                         |                                     | 2004    | -2005       |  |  |  |
| (03) Pla | ace an "X" in column (a) and/or (b), as applica       | ble, to indicate which health       | (a)     | (b)         |  |  |  |
| Se       | ervice was provided by student health service         | fees for the indicated fiscal year. | FY      | FY          |  |  |  |
|          |   |                                     | 1986/87 | of Claim    |  |  |  |
| Ac       | ccident Reports                                       |                                     | X       | X           |  |  |  |
| Ap       | ppointments   |                                     | -       |             |  |  |  |
| i .      | College Physician, surgeon                            |                                     | 1       |             |  |  |  |
|          | Dermatology, Family practice                          |                                     |         |             |  |  |  |
|          | Internal Medicine                                     |                                     | ŀ       |             |  |  |  |
|          | Outside Physician                                     |                                     | ŀ       | j           |  |  |  |
| <b>[</b> | Dental Services                                       |                                     |         |             |  |  |  |
|          | Outside Labs, (X-ray, etc.,)                          | •                                   |         |             |  |  |  |
|          | Psychologist, full services                           |                                     |         |             |  |  |  |
|          | Cancel/Change Appointments                            |                                     | X       | X           |  |  |  |
| 1        | Registered Nurse                                      |                                     | X       | X<br>X      |  |  |  |
|          | Check Appointments                                    |                                     |         | X           |  |  |  |
| As       | ssessment, Intervention and Counseling                |                                     |         |             |  |  |  |
| Ì        | Birth Control   |                                     | ×       | Х           |  |  |  |
|          | Lab Reports   |                                     |         | X           |  |  |  |
|          | Nutrition   |                                     | X       | X           |  |  |  |
|          | Test Results, office                                  |                                     | X       | X           |  |  |  |
|          | Venereal Disease                                      |                                     | X       | X           |  |  |  |
|          | Communicable Disease                                  |                                     | X       | X           |  |  |  |
|          | Upper Respiratory Infection                           |                                     | X       | X           |  |  |  |
|          | Eyes, Nose and Throat                                 |                                     | X       | X           |  |  |  |
|          | Eye/Vision  |                                     | X       | X           |  |  |  |
|          | Dermatology/Allergy                                   |                                     | X<br>X  | X           |  |  |  |
|          | Gynecology/Pregnancy Service                          |                                     | x       | x           |  |  |  |
|          | Neuralgic<br>Orthogodia                               |                                     | X       | X           |  |  |  |
|          | Orthopedic<br>Genito/Urinary                          |                                     | x       | X           |  |  |  |
|          | Dental  |                                     | _ ^     | ^           |  |  |  |
| 1        | Gastro-Intestinal                                     |                                     | X       | ×           |  |  |  |
|          | Stress Counseling                                     |                                     | + x     | - ^         |  |  |  |
|          | Crisis Intervention                                   |                                     | x       | ×           |  |  |  |
|          | Child Abuse Reporting and Counseling                  |                                     | x       | x           |  |  |  |
|          | Substance Abuse Identification and Counsel            | lina                                | l x     | X           |  |  |  |
| -        | Eating Disorders                                      | iii g                               | l x     | X           |  |  |  |
|          | Weight Control  |                                     | l â     | X           |  |  |  |
|          | Personal Hygiene                                      |                                     |         | x           |  |  |  |
|          | Burnout   |                                     | x       | X           |  |  |  |
|          | Other Medical Problems, list                          |                                     |         |             |  |  |  |
| Ev       | aminations, minor illnesses                           |                                     |         |             |  |  |  |
| _ ⊏X     | Recheck Minor Injury                                  |                                     | x       | Х           |  |  |  |
|          | Noorlook Million Highly                               |                                     |         | ^           |  |  |  |
| He       | ealth Talks or Fairs, Information                     |                                     |         | V           |  |  |  |
|          | Sexually Transmitted Disease                          |                                     | X       | X           |  |  |  |
|          |   |                                     | ,       |             |  |  |  |
|          |   |                                     |         |             |  |  |  |
|          | Child Abuse   |                                     | X       | Х           |  |  |  |
|          | Drugs Acquired Immune Deficiency Syndrome Child Abuse |                                     | ×××     | X<br>X<br>X |  |  |  |

### MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL

|   |                                     | ļ             |                |
|---|-------------------------------------|---------------|----------------|
| 1) Claimant   | (02) Fiscal Year costs were incurre |               |                |
| s Rios Community College District                       |                                     |               | -2005          |
| 3) Place an "X" in column (a) and/or (b), as applicable |                                     | (a)           | (b)            |
| Service was provided by student health service fe       | es for the indicated fiscal year.   | FY<br>1986/87 | FY<br>of Clain |
| ,                 |                                     |               |                |
| Birth Control/Family Planning                           |                                     | X             | X              |
| Stop Smoking  | •                                   | X             | X              |
| Library, Videos and Cassettes                           |                                     | ×             | X              |
| First Aid, Major Emergencies                            |                                     | X             | х              |
| First Aid, Minor Emergencies                            |                                     | Х             | Х              |
| First Aid Kits, Filled                                  |                                     | X.            | X              |
| Immunizations   |                                     |               |                |
| Diphtheria/Tetanus                                      |                                     |               | Х              |
| Measles/Rubella   |                                     |               | Х              |
| Influenza   |                                     |               | Х              |
| Information   | !                                   | ×             | Х              |
| Insurance   |                                     |               |                |
| On Campus Accident                                      |                                     | X             | X              |
| Voluntary   |                                     | Х             | X              |
| Insurance Inquiry/Claim Administration                  |                                     | X             | X              |
| Laboratory Tests Done                                   |                                     |               |                |
| Inquiry/Interpretation                                  |                                     |               | Х              |
| Pap Smears  |                                     |               |                |
| Physical Examinations                                   | •                                   |               |                |
| Employees   | ·                                   |               |                |
| Students  |                                     |               |                |
| Athletes  | ·                                   | Х             | Х              |
| Medications   | =                                   |               |                |
| Antacids  |                                     | X             | . X            |
| Antidiarrheal   |                                     | X             | X              |
| Aspirin, Tylenol, etc.,                                 |                                     | X             | X              |
| Skin Rash Preparations                                  |                                     | X<br>X        | X<br>X         |
| Eye Drops<br>Ear Drops                                  |                                     | ^             | ^              |
| Toothache, oil cloves                                   |                                     |               |                |
| Stingkill   |                                     | Х             | Х              |
| Midol, Menstrual Cramps                                 | i                                   | Χ.            | X              |
| Other, list> Cold and Allergy                           |                                     | Х             | Χ              |
| Parking Cards/Elevator Keys                             |                                     |               |                |
| Tokens  |                                     |               |                |
| Return Card/Key   |                                     | ļ             |                |
| Parking Inquiry   | ·                                   | Х             | Х              |
| Elevator Passes   |                                     | ,             |                |
| Temporary Handicapped Parking Permits                   |                                     | X ]           | Х              |
|   |                                     | İ             |                |
|   |                                     |               |                |
|   |                                     |               |                |

### MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL

| COMPONENTACTIV   | ITT COST BETAIL                       | ""      | L-Z      |
|--|---------------------------------------|---------|----------|
| (01) Claimant  | (02) Fiscal Year costs were incurre   | d:      |          |
| Los Rios Community College District                        |                                       |         | -2005    |
| (03) Place an "X" in column (a) and/or (b), as applicable, | to indicate which health              | (a)     | (b)      |
| Service was provided by student health service feet        |                                       | FY      | FY       |
| ,,   | · · · · · · · · · · · · · · · · · · · | 1986/87 | of Claim |
| :  |                                       |         |          |
| Referrals to Outside Agencies                              |                                       |         |          |
| Private Medical Doctor                                     |                                       | X       | X        |
| Health Department  |                                       | X       | X        |
| Clinic<br>Dental   | •                                     | X       | X        |
| Counseling Centers   |                                       | X<br>X  | x        |
| Crisis Centers   |                                       | x       |          |
| Transitional Living Facilities, battered/homeless          | women                                 | x       | x        |
| Family Planning Facilities                                 | ·                                     | X X     | x        |
| Other Health Agencies                                      |                                       | Х       | X        |
| · ·  |                                       |         | i        |
| Tests  |                                       |         |          |
| Blood Pressure   |                                       | X       | Х        |
| Hearing  |                                       | X       | X        |
| Tuberculosis   |                                       | X       | X        |
| Reading<br>Information                                     |                                       | . X     | X        |
| Vision   |                                       | X<br>X  | ×        |
| Glucometer   |                                       | x       | x ·      |
| Urinalysis   |                                       | X       | x        |
| Hemoglobin   |                                       | ^       | ^        |
| EKG  |                                       |         |          |
| Strep A Testing  |                                       |         |          |
| PG Testing   |                                       |         | х        |
| Monospot   | _                                     |         |          |
| Hemacult   |                                       |         |          |
| Others, list>Bodyfat                                       |                                       |         | X        |
| Miscellaneous  |                                       |         |          |
| Absence Excuses/PE Waiver                                  |                                       | Х       | Х        |
| Allergy Injections   |                                       |         |          |
| Bandaids   |                                       | Χ       | Х        |
| Booklets/Pamphlets   |                                       | Х       | Х        |
| Dressing Change  |                                       | Х       | Х        |
| Rest   |                                       | Х       | X        |
| Suture Removal   | i                                     |         | Х        |
| Temperature  |                                       | X       | X        |
| Weigh  |                                       | X       | X        |
| Information  |                                       | X       | X        |
| Report/Form<br>Wart Removal                                | İ                                     | Х       | Х        |
| Others, list>Web research and links                        |                                       | x       | х        |
| Outoro, not web research and links                         |                                       | ^       | ^        |
| Committees   |                                       |         |          |
| Safety   |                                       | Х       | Х        |
| Environmental  | ·                                     |         | Х        |
| Disaster Planning  |                                       |         | Х        |
| ·<br>  |                                       |         |          |
| D 10/07  | 1                                     |         |          |

**RECEIVED**October 13, 2014 **Commission on** 

**State Mandates** 



California State Controller

October 10, 2014

Heather Halsey Executive Director Commission on State Mandates 980 Ninth Street, Suite 300

Sacramento, CA 95814

Re: Incorrect Reduction Claim (IRC)

Health Fee Elimination, 08-4206-I-18 Education Code Section 76355 Statutes 1984, Chapter 1, 2<sup>nd</sup> E.S.; Statutes 1987, Chapter 1118 Fiscal Years: 2002-03, 2003-2004, and 2004-2005 Los Rios Community College District, Claimant

Dear Ms. Halsey:

The State Controller's Office (SCO) is transmitting our response to the above-entitled IRC.

The district did not comply with the requirements of the claiming instructions in developing its indirect cost rates. The SCO's adjustment to the indirect cost rates based on the SCO's FAM-29C methodology is supported by the Commission's decisions on previous IRCs (e.g., statement of decision adopted on January 24, 2014, for the San Mateo County and San Bernardino community college districts on this same program). The parameters and guidelines, which were duly adopted at a Commission hearing, require compliance with the claiming instructions. The claiming instructions and related general provisions of the SCO's Mandated Cost Manual provide ample notice for claimants to properly claim indirect costs.

The district did not collect any revenues from student health fees and did not offset its claims by any fee amount. The SCO's reduction of reimbursement to the extent of fee authority the district was authorized to impose is supported by Education Code section 76355, the Commission's decisions on prevision IRCs, as mentioned above, and the appellate court decision in *Clovis Unified School District v. Chiang*.

If you have any questions, please contact me by telephone at (916) 323-5849.

Sincerely,

JIM L. SPANO, Chief

Mandated Cost Audits Bureau

Division of Audits

7836

JLS/sk

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874 SACRAMENTO 3301 C Street, Suite 700, Sacramento, CA 95816 (916) 324-8907 LOS ANGELES 901 Corporate Center Drive, Suite 200, Monterey Park, CA 91754 (323) 981-6802

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# RESPONSE BY THE STATE CONTROLLER'S OFFICE TO THE INCORRECT REDUCTION CLAIM (IRC) BY LOS RIOS COMMUNITY COLLEGE DISTRICT

### **Health Fee Elimination Program**

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| State Controller's Office's Claiming Instructions, Section 8, Indirect Costs – September 2003   | Tab 3       |
| State Controller's Office's Claiming Instructions, Section 8, Indirect Costs – September 2004   | Tab 4       |
| State Controller's Office's Claiming Instructions, Section 8, Indirect Costs – December 2005  | Tab 5       |
| Los Rios Community College District Board of Trustees Policy 2330 – June 15, 1994   | Tab 6       |
| Commission on Athletics Bylaw 9.2.1 – July 2009 edition   | Tab 7       |
| California Community Colleges Chancellor's Office's Annual Financial and Budget Report (CCFS-311)   | Tab 8       |
| State Controller's Office's Claim Adjustment Notice – October 25, 2006  | Tab 9       |
| Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989  | Tab 10      |
| Commission on State Mandates Meeting Minutes – May 25, 1989   | Tab 11      |
| Analysis of Level of Health Services – Consumes River College   | Tab 12      |
| Analysis of Level of Health Services – Sacramento City College  | Tab 13      |
| Analysis of Level of Health Services – American River College   | Tab 14      |
| Analysis of Services and Supplies – FY 2002-03  | Tab 15      |
| Analysis of Services and Supplies – FY 2003-04  | Tab 16      |
| Note: References to Exhibits relate to the district's IRC filed on February 5, 2009, as for Exhibit B – PDF page 34  Exhibit C – PDF page 42  Exhibit D – PDF page 55 | ollows:     |
| • Exhibit H – PDF page 150  |             |

## Tab 1

#### 1 OFFICE OF THE STATE CONTROLLER 300 Capitol Mall, Suite 1850 Sacramento, CA 94250 Telephone No.: (916) 445-6854 3 4 **BEFORE THE** 5 **COMMISSION ON STATE MANDATES** 6 STATE OF CALIFORNIA 7 8 9 No.: CSM 08-4206-I-18 INCORRECT REDUCTION CLAIM ON: 10 Health Fee Elimination Program 11 AFFIDAVIT OF BUREAU CHIEF Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary 12 Session; and Chapter 1118, Statutes of 1987 13 LOS RIOS COMMUNITY COLLEGE DISTRICT, Claimant 14 15 I, Jim L. Spano, make the following declarations: 16 1) I am an employee of the State Controller's Office and am over the age of 18 years. 17 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000. 18 Before that, I was employed as an audit manager for two years and three months. 19 3) I am a California Certified Public Accountant (CPA). 20 4) I reviewed the work performed by the State Controller's Office (SCO) auditor. 21 5) Any attached copies of records are true copies of records, as provided by the Los Rios 22 Community College District or retained at our place of business. 23 6) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled 24 Incorrect Reduction Claim. 25 1

7) A field audit of the claims for fiscal year (FY) 2002-03, FY 2003-04, and FY 2004-05 commenced on December 11, 2006, and ended on January 10, 2008.

I do declare that the above declarations are made under penalty of perjury and are true and correct to the best of my knowledge, and that such knowledge is based on personal observation, information, or belief.

Date: June 15, 2010

#### OFFICE OF THE STATE CONTROLLER

By:

Jim L. Spans, Chief

Mandated Cost Audits Bureau

Division of Audits

State Controller's Office

## Tab 2

# STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE TO THE INCORRECT REDUCTION CLAIM BY LOS RIOS COMMUNITY COLLEGE DISTRICT

For Fiscal Year (FY) 2002-03, FY 2003-04, and FY 2004-05

### **Health Fee Elimination Program**

Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session; and Chapter 1118, Statutes of 1987

#### **SUMMARY**

The following is the State Controller's Office's (SCO) response to the Incorrect Reduction Claim that the Los Rios Community College District filed on February 5, 2009. The SCO audited the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2005. The SCO issued its final report on May 21, 2008 (Exhibit D).

The district submitted reimbursement claims totaling \$2,554,615—\$814,928 for FY 2002-03, \$865,621 for FY 2003-04 (\$866,621 less a \$1,000 penalty for filing a late claim), and \$874,066 for FY 2004-05 (**Exhibit H**). Subsequently, the SCO performed an audit for the period of July 1, 2002, through June 30, 2005, and determined that the entire amount claimed is unallowable. The costs are unallowable primarily because the district understated authorized health service fees. The following table summarizes the audit results.

| Cost Elements   |           | Actual Costs<br>Claimed      |           | Allowable per Audit          |           | Audit<br>Adjustment           |  |
|---|-----------|------------------------------|-----------|------------------------------|-----------|-------------------------------|--|
| July 1, 2002, through June 30, 2003                                 |           |                              |           |                              |           |                               |  |
| Direct costs: Salaries Benefits Services and supplies               | \$        | 501,152<br>115,242<br>12,117 | <b>\$</b> | 498,087<br>114,542<br>6,287  | \$        | (3,065)<br>(700)<br>(5,830)   |  |
| Total direct costs<br>Indirect costs                                |           | 628,511<br>186,417           |           | 618,916<br>107,398           |           | (9,595)<br>(79,019)           |  |
| Total direct and indirect costs Less authorized health service fees |           | 814,928<br>—                 | _(        | 726,314<br>(1,293,681)       | _(        | (88,614)<br>1,293,681)        |  |
| Subtotal Audit adjustments that exceed costs claimed                |           | 814,928<br>—                 |           | (567,367)<br>567,367         | (         | 1,382,295)<br>567,367         |  |
| Total program costs Less amount paid by the State <sup>1</sup>      | <u>\$</u> | 814,928                      |           | <br>(814,928)                | <u>\$</u> | (814,928)                     |  |
| Allowable costs claimed in excess of (less than) am                 | oun       | t paid                       | <u>\$</u> | (814,928)                    |           |                               |  |
| July 1, 2003, through June 30, 2004                                 |           |                              |           |                              |           |                               |  |
| Direct costs: Salaries Benefits Services and supplies               | \$        | 516,187<br>128,945<br>19,506 | \$        | 508,796<br>127,151<br>13,031 | \$        | (7,391)<br>(1,794)<br>(6,475) |  |
| Total direct costs Indirect costs                                   |           | 664,638<br>201,983           |           | 648,978<br>113,671           |           | (15,660)<br>(88,312)          |  |

| Cost Elements  | Actual Costs<br>Claimed                           | Allowable per Audit                 | Audit Adjustment                   |
|--|---|-------------------------------------|------------------------------------|
| July 1, 2003, through June 30, 2004 (continued)  |   |                                     |                                    |
| Total direct and indirect costs Less authorized health service fees Less late filing penalty | 866,621<br>—<br>—<br>—<br>—<br>— (1,000)          | 762,649<br>(1,137,243)<br>(1,000)   | (103,972)<br>(1,137,243)           |
| Subtotal Audit adjustments that exceed costs claimed   | 865,621   | (375,594)<br>375,594                | (1,241,215) 375,594                |
| Total program costs Less amount paid by the State <sup>1</sup>                               | \$ 865,621  |                                     | \$ (865,621)                       |
| Allowable costs claimed in excess of (less than) amo   | ount paid   | <u>\$</u>                           |                                    |
| July 1, 2004, through June 30, 2005  |   |                                     |                                    |
| Direct costs: Salaries Benefits Services and supplies  | \$ 516,410<br>128,609<br>17,352                   | \$ 513,946<br>128,004<br>8,590      | \$ (2,464)<br>(605)<br>(8,762)     |
| Total direct costs Indirect costs  | 662,371<br>211,695                                | 650,540<br>231,352                  | (11,831)<br>19,657                 |
| Total direct and indirect costs<br>Less authorized health service fees                       | 874,066   | 881,892<br>(1,123,546)              | 7,826<br>(1,123,546)               |
| Subtotal Audit adjustments that exceed costs claimed   | 874,066<br>——                                     | (241,654)<br>241,654                | (1,115,720)<br>241,654             |
| Total program costs Less amount paid by the State <sup>1</sup>                               | \$ 874,066  |                                     | \$ (874,066)                       |
| Allowable costs claimed in excess of (less than) amo   | ount paid   | <u> </u>                            |                                    |
| Summary: July 1, 2002, through June 30, 2005   |   |                                     |                                    |
| Direct costs: Salaries Benefits Services and supplies  | \$ 1,533,749<br>372,796<br>48,975                 | \$ 1,520,829<br>369,697<br>27,908   | \$ (12,920)<br>(3,099)<br>(21,067) |
| Total direct costs Indirect costs  | 1,955,520<br>600,095                              | 1,918,434<br>452,421                | (37,086)<br>(147,674)              |
| Total direct and indirect costs Less authorized health service fees Less late filing penalty | 2,555,615<br>———————————————————————————————————— | 2,370,855<br>(3,554,470)<br>(1,000) | (184,760)<br>(3,554,470)           |
| Subtotal Audit adjustments that exceed costs claimed   | 2,554,615   | (1,184,615)<br>1,184,615            | (3,739,230)<br>1,184,615           |
| Total program costs Less amount paid by the State  | \$ 2,554,615                                      | (814,928)                           | \$(2,554,615)                      |
| Allowable costs claimed in excess of (less than) amo   | ount paid   | \$ (814,928)                        |                                    |

Payment information current as of June 14, 2010.

The district believes that all direct and indirect costs claimed are reimbursable under the mandated program. The district also believes that it was not required to report authorized health service fees.

#### I. HEALTH FEE ELIMINATION PROGRAM CRITERIA

#### Parameters and Guidelines - May 25, 1989

On August 27, 1987, the Commission on State Mandates (CSM) adopted the parameters and guidelines for Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (Exhibit B), because of Chapter 1118, Statutes of 1987.

Section V identifies the mandated program's scope and reimbursable activities as follows:

#### V. REIMBURSABLE COSTS

#### A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services program. Only services provided in 1986-87 fiscal year may be claimed.

#### B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year 1986-87.... [See Exhibit B for a list of reimbursable items.]

Section VI.B provides the following claim preparation criteria:

#### VI. CLAIM PREPARATION

#### B. Actual Costs of Claim Year for Providing 1986-87 Fiscal Year Program Level of Service

Claimed costs should be supported by the following information:

#### 1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

#### 2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

#### 3. Allowable Overhead Cost

Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions.

Section VII defines supporting data as follows:

#### VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 1986-87 program to substantiate a maintenance of effort. These documents must be kept on file by the agency submitting the claim for a period of no less than three years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

Section VIII defines offsetting savings and other reimbursements as follows:

#### VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount . . . authorized by Education Code section 72246(a) [now Education Code section 76355]. . . .

#### **SCO Claiming Instructions**

The SCO annually issues mandated costs claiming instructions, which contain filing instructions for mandated cost programs. The September 2003 claiming instructions provide indirect cost claiming instructions for FY 2002-03 (**Tab 3**). The September 2004 claiming instructions provide indirect cost claiming instructions for FY 2003-04 (**Tab 4**). The December 2005 claiming instructions provide indirect cost claiming instructions for FY 2004-05 (**Tab 5**).

#### II. THE DISTRICT CLAIMED UNALLOWABLE SALARIES AND BENEFITS

#### <u>Issue</u>

The district claimed unallowable salaries and benefits totaling \$16,019. The related indirect costs total \$4,889. The unallowable salary costs are attributable to (1) the increased level of health services that American River College (ARC) provided and (2) the insufficient supporting documentation that Cosumnes River College (CRC) and Sacramento City College (SCC) maintained. The district believes these costs are allowable.

#### **SCO Analysis:**

The district's claims identified the health services that the district provided during FY 1986-87, the mandated program's base year. For each college, we examined health service logs that covered a one-month period in each fiscal year. For CRC, we expanded our sample to include a second one-month period in FY 2003-04. The district provided the health service logs to identify actual health services provided. ARC's health service logs showed that it provided health services exceeding the services that the district provided during FY 1986-87. In addition, CRC's and SCC's health service logs included entries that did not identify the service provided. As a result, we were unable to verify that those services were mandate-related.

Our final audit report, Finding 1 (Exhibit D) includes a table that shows the percentage of unallowable or unsupported health services provided and the unallowable salaries and benefits for each college and fiscal year.

#### District's Response

#### Source Documentation

...In the final audit report, the Controller claims "[t]he health service logs identify actual health services provided." However, the logs only stated what ailments the students claimed they had. No description of the services used to treat these ailments is ever stated.

There is no indication that the students who identified a reason for their visit were able to accurately diagnose themselves or predict the services necessary for their treatment. Moreover, the audit disallows those visits for which no reason is stated by the patient. This penalizes the District for complying with federal privacy requirements (e.g., HIPAA), which are absolutely essential in providing health services. . . .

The final audit report concludes that the District's compliance with HIPAA requirements is "not relevant," but then suggests that the District could comply by providing the health service logs without patient names or that "District staff may contemporaneously identify the service(s) provided if the patient does not." Providing the logs without patient names would be no different because students may still choose to exercise their rights and not disclose the reason for their visit on the log. This suggestion ignores the fact that the logs are not maintained for mandate reimbursement purposes. Similarly, the very essence of privacy laws would be violated if staff contemporaneously recorded the reason for the visit after the patient has decided not to disclose this on the log.

The service logs used by the Controller were not prepared for mandate or financial cost accounting purposes nor are they required by the parameters and guidelines. Neither the parameters and guidelines nor the Controller's claiming instructions require the claimants to report the number or type of services actually *provided*, but only require the claimant to list an inventory of the services available and the costs associated with the mandate. The Controller cannot base an audit finding on lack of documentation that the District was never required to maintain.

In an attempt to refute these arguments, the final audit report states that "... the district provided no other documentation related to patient visits or the actual amount of time spent on reimbursable activities." Logs stating the ailments reported by those students who wished to disclose the reason for their visit do not become relevant to determining health services available simply because the Controller relied on the logs during the audit or because no other documentation existed. Similarly, the Controller cites the District's failure to "... provide any documentation that shows the actual time spent on unallowable activities." There is absolutely no requirement for the District to maintain records documenting time spent on non-mandated activities.

Finally, the audit report states that the Controller did not choose to review the health service logs, and that the District chose to supply them in response to a general request for supporting documentation. This statement is untrue. In an email dated January 22, 2007, Joyce Mendoza, Auditor, specifically requested that she be able to schedule visits to ".... the three campuses to look at their Health Services daily logs (i.e., logs identifying what services were provided on a given date)." A copy of this email is attached as Exhibit "E." The Controller incorrectly relied on documentation that was not prepared for mandate or financial cost accounting purposes, and which provided information only on the ailments reported by students and not the services provided or the costs of those services.

#### SCO's Comment

The district's response is factually inaccurate and presents information out of context. The program's parameters and guidelines, Section V, Reimbursable Costs, state:

#### V. REIMBURSABLE COSTS

#### A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of *providing* a health services program. Only services *provided* in 1986-87 fiscal year may be claimed. [Emphasis added.]

#### B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were *provided* [emphasis added] by the community college district in fiscal year 1986-87....

The parameters and guidelines, Section VI, subdivision B.1, Employee Salaries and Benefits, states:

#### VI. CLAIM PREPARATION

- B. Actual Costs of Claim Year for Providing 1986-87 Fiscal Year Program Level of Service
  - 1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function [emphasis added]....

The parameters and guidelines, Section VII, Supporting Data, state:

#### VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs.

#### **Unallowable Salaries** and Benefits

The audit report shows that we made adjustments to costs claimed for salaries and benefits based upon our review of health service logs provided by the district for each of its three colleges. Our review identified services that were not previously identified and services, per the logs, which were not provided during the base year. We documented our Analysis of Level of Health Services for Cosumnes River College (Tab 12), Sacramento City College (Tab 13), and American River College (Tab 14).

The district makes various statements as to whether the health service logs identify claimed ailments or services provided and whether the logs represent appropriate source documentation. The district states in part, "Logs stating the ailments reported . . . do not become relevant to determining health services available simply because the Controller relied on the logs during the audit or because no other documentation existed." The district provided the health service logs in response to our request for documentation of services provided. As such, the SCO used the logs for that purpose. Although we provided the opportunity, the district provided no other source documentation to support actual health services provided. If the district now contends that the health service logs are fully unreliable, then it has failed to document any of the services that it actually provided and its entire claim is unsupported and thus unallowable.

The district also makes various comments regarding the Health Insurance Portability and Accountability Act (HIPAA) and implies that it cannot identify services provided without violating HIPAA. We disagree. The parameters and guidelines require the district to not only identify services provided, but also to identify the actual hours that employees spent to provide those services. We do not state or imply that the district must identify those services by student name. Our final audit report recommendation provided the district with one alternative to provide such information; it is not the district's only alternative.

The district states, "Neither the parameters and guidelines nor the Controller's claiming instructions require the claimant to report the number or type of services actually provided. . . ." We disagree; the parameters and guidelines specifically state that claimants will be reimbursed only for services that they provided in FY 1986-87. They also require the claimant to identify the mandated functions performed and the actual number hours spent to provide those functions.

The district states that the SCO cited its failure to "provide any documentation that shows the actual time spent on unallowable activities" and states that there is no requirement to do so. The district quotes one phrase without providing the required context. The SCO's comment responded to the district's draft report response. The district contested the methodology that the SCO used to calculate the audit adjustment. Our final audit report responds to the district's comments by stating:

The district states, "The time spent by staff to provide service varies by the type of service provided. The extrapolation [finding] assumes every patient visit requires the same amount of staff time to provide service." However, the district did not provide any documentation that shows the actual time spent on unallowable activities [emphasis added]. The district did not provide any documentation that specifies the actual number of hours devoted to each mandated function as required by the parameters and guidelines. In addition, the district failed to provide any reasonable alternative methodology to calculate costs claimed that are attributable to unallowable activities. The district's failure to provide any evidence of the individual costs allegedly incurred puts its entire claim in question. We conclude that the audit methodology is reasonable in light of the district's lack of supporting documentation.

The same district employees performed both reimbursable and non-reimbursable activities. Clearly, if the district documents actual time spent performing mandated activities, then by default it would also document time spent performing non-reimbursable activities. However, the district failed to document actual time that employees spent performing mandated activities.

The district contends that the SCO was untruthful in stating that it did not choose the health service logs as supporting documentation. The district cites an e-mail message as evidence that the SCO chose such documents. The district's allegation is erroneous. In fact, the district itself states, "During the audit, the Controller requested 'documentation showing actual services that the district provided." The referenced e-mail is simply a point-in-time communication between the auditor and the district. The auditor contacted the district to review supporting documentation. The auditor cited health service logs because the district provided those documents during our previous audit of the district's Health Fee Elimination Program. However, before reviewing any documentation, the auditor interviewed each college's health services staff on March 12, 2007, March 13, 2007, and March 20, 2007. In each instance, district staff testified that the health services logs are the source documentation identifying health services provided. The district provided no other source documentation showing actual services provided.

#### District's Response

#### Services Provided vs. Services Rendered

During the audit, the Controller requested "documentation showing actual services that the district provided." The final audit report also contains the "recommendation" that the district maintain logs identifying the health services actually provided. However, there is no provision in the parameters and guidelines that requires the District to maintain such records. The District is only required to maintain

the availability of the same services as those offered in the 1986-87 fiscal year. Therefore, the only relevant documentation for the Controller's audit is that which supports the costs associated with maintaining the availability of these services, and not the actual services provided. The Controller incorrectly audited services *rendered*, rather than services *available*.

Not only is the final audit report's "recommendation" erroneous, it clearly oversteps the authority of the Controller by then suggesting, first, that the District should adopt uniform health service logs, and second, that the uniform logs should be those used by American River College during the audit years. The Controller does not have the authority to require documentation of services actually provided or to dictate to the District the proper procedure to document services actually provided.

The "recommendation" concludes that the District should "...claim only those costs related to heath services that the district provided in FY 1986-87." The statutory requirement is that at least the same level of services be *available*. There is no basis in law or fact that requires the entire variety of health care services *available* each year to actually have been utilized, which is to say *rendered*, each year.

#### SCO's Comment

The parameters and guidelines state, "Only services provided in 1986-87 fiscal year may be claimed." They also require the claimant to identify the mandated functions performed and the actual hours devoted to each function. Finally, they state that claimed costs must be "traceable to source documents and/or worksheets that show evidence of the validity of such costs." Therefore, the parameters and guidelines contain ample language that requires the district to maintain records identifying actual health services provided.

The district states, "The Controller incorrectly audited services rendered, rather than services available." There was no audit error. We audited services that the district "rendered" during the audit period to determine whether those services exceeded services that the district provided in FY 1986-87. When the district "renders" a service that it did not provide in FY 1986-87, the associated cost is not reimbursable under the mandated program.

The SCO's audit report recommendation is valid. We provide a recommendation to assist districts in complying with mandated program requirements. The parameters and guidelines require the district to document actual services provided; therefore, our recommendation is consistent with that requirement. We recommended that the district adopt uniform health service logs to assist the district in establishing consistency. We recommended that the district adopt logs that American River College used because those logs most closely mirrored the health services identified in the parameters and guidelines. The SCO does not "dictate to the district the proper procedure to document services." The district is responsible for providing documentation that meets the requirements of the parameters and guidelines.

The district states, "The statutory requirement is that at least the same level of services be available." This is irrelevant to the audit finding. Our audit disclosed that (1) the district provided services during the audit period that it did not provide during FY 1986-87, and (2) the district did not maintain source documentation that showed all services provided.

The district states, "There is no basis in law or fact that requires the entire variety of health care services available each year to actually have been utilized, which is to say rendered, each year." This is also irrelevant to the audit finding. The audit finding makes no comparison of services "available" to services "rendered" during each claim year.

#### District's Response

#### Calculation of Unallowable Costs

The final audit report calculates the unallowable salaries and benefits using a method that does not take into consideration the actual costs of providing the disallowed services. . . .

This method of calculation does not take into account the variance in monthly costs nor the variance in costs for different services . . . There is also no allowance for the seasonal workload variances caused by having fewer enrolled students during the summer. Further, this method assumes that all staff labor is applied only to patient visits. Therefore, the Controller's method of calculating the unallowable costs has no basis in fact.

In defense of this calculation method, the Controller cites the District's failure to provide a "reasonable alternative methodology" to calculate unallowable costs. It is not the duty of the Claimant to calculate the unallowable cost. Therefore, the Controller's method does not become relevant, accurate, or based in fact simply because the Claimant has not provided an alternate method.

The final audit report then states that the chosen methodology is reasonable because "[t]he district's failure to provide any evidence of the individual costs allegedly incurred puts its entire claim in question." This statement is absolutely untrue. If it were accurate, then there would be no basis for the entire claim and nothing for the Controller to audit. The auditor was provided with general ledger reports and other documentation (e.g., supporting payroll records).

#### SCO's Comment

The district's response disregards the primary issue, which is that the district failed to file correct mandated cost claims. During the audit period, the district provided health services that exceeded services that the district provided in FY 1986-87. The district states, "It is not the duty of the claimant to calculate the unallowable cost." This statement directly contradicts the SCO's claiming instructions. Form HFE-1.1, Claim Summary (Exhibit C) directs claimants to "enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986-87 fiscal year." However, during the audit period, the district submitted claims (Exhibit H) that show no deduction for the excess services provided.

Instead, the district submitted claims that included both reimbursable and non-reimbursable costs. The district infers that it supported its claims simply by providing general ledger reports and supporting payroll records. However, these documents do not segregate reimbursable and non-reimbursable costs. Further, the district provided no other documentation to segregate reimbursable and non-reimbursable costs. Essentially, the district failed to document actual mandated costs. Rather than concluding that the district's entire claim is unallowable, the SCO used a reasonable methodology to segregate reimbursable and non-reimbursable costs. During audit fieldwork, in its response to the draft audit report, and in this incorrect reduction claim, the district failed to identify any alternative methodology.

The district contests a portion of the SCO's methodology that is actually in the district's favor. The district states, "There is also no allowance for the seasonal workload variances caused by having fewer enrolled students during the summer." The district infers that it incurs less salary costs during the summer session than during the fall and spring semesters. However, the SCO conservatively assumed that the district incurred salary costs evenly throughout the year. Our audit finding resulted from substantive testing of health services that the district provided during the fall and spring semesters. If the SCO accounted for the alleged seasonal workload variances, the fall and spring semester monthly salary costs would be higher. Thus, the SCO's calculation would result in additional unallowable costs.

In addition, the district states, "This method of calculation does not take into account . . . the variance in costs for different services." The parameters and guidelines require claimants to "specify the actual number of hours devoted to each [mandated] function." The district failed to maintain records that document the actual cost of each mandated function that it performed, which in turn would enable the district to identify the cost of non-reimbursable activities.

#### District's Response

#### Unreasonable or Excessive

None of the adjustments were made because the costs claimed were excessive or unreasonable. Government Code Section 17561(d)(2) . . . requires the Controller to pay claims, provided that the Controller may audit the records of any school district to verify the actual amount of the mandated costs, and may reduce any claim that the Controller determines is excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable. It would therefore appear that the entire findings are based upon the wrong standard for review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

#### SCO's Comment

The SCO did conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper*, *necessary*, [emphasis added] or normal." The district's mandated cost claims exceeded the proper amount based on the reimbursable costs that the parameters and guidelines identify. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

#### III. THE DISTRICT CLAIMED UNALLOWABLE SERVICES AND SUPPLIES

#### <u>Issue</u>

The district claimed costs for services not reimbursable under the mandated program and services not provided in FY 1986-87. The district believes that athletic physicals are allowable and disagrees with the audit finding's recommendation.

#### **SCO Analysis:**

The district claimed costs for physical exams for intercollegiate athletics and salaries of health professionals present at athletic events. These costs are not reimbursable under the mandated program. The district also claimed laboratory service and immunization costs; however, the district did not provide these services during FY 1986-87.

#### <u>Unallowable Services and Supplies</u>

We prepared summary worksheets of how allowable and unallowable costs for services and supplies were determined for each year of the audit period. Our methodology for all three fiscal years of the audit (FY 2002-03, FY 2003-04, and FY 2004-05) was to find supporting documentation for all or most of the costs claimed. Our audit findings are based on our review of the supporting documentation. Costs claimed for any expenditures not selected for testing were allowable as claimed.

For FY 2002-03, the district claimed costs totaling \$12,117 for services and supplies. The district provided a General Ledger Expenditure Report documenting the amounts paid for services and supplies costs incurred by its health centers. We prepared a schedule of those costs and examined the supporting documentation provided by the district for all of the costs incurred that year. We noted adjusting journal entries made by district personnel reducing claimed costs by \$1,182.96, although

the district did not provide any support for the entries. Due to the immateriality of the amounts, we did not take an audit finding on the unsupported adjustments. During our review of the documentation supporting costs claimed, we found that \$5,830 was incurred for physical examinations for intercollegiate athletics and for salaries of health professionals present at athletic events. Our worksheet and the documentation supporting the unallowable costs are documented as "Analysis of Services and Supplies – FY 2002-03 (Tab 15).

For FY 2003-04, the district claimed costs totaling \$19,506 for services and supplies. The district provided a General Ledger Expenditure Report documenting the amounts paid for services and supplies costs incurred by its health centers. We prepared a schedule of those costs and examined the supporting documentation provided by the district for all of the costs incurred that year. We noted adjusting journal entries made by district personnel increasing claimed costs by \$874.11, although the district did not provide any support for the entries. Due to the immateriality of the amounts, we did not take an audit finding on the unsupported adjustments. During our review of the documentation supporting costs claimed, we found that \$6,475 was incurred for physical examinations for intercollegiate athletics and for salaries of health professionals present at athletic events. Our worksheet and the documentation supporting the unallowable costs are documented as "Analysis of Services and Supplies – FY 2003-04 (Tab 16).

For FY 2004-05, the district claimed costs totaling \$17,352 for services and supplies. The district provided a General Ledger Expenditure Report documenting the amounts paid for services and supplies costs incurred by its health centers. We prepared a schedule of those costs and examined the supporting documentation provided by the district for all of the costs incurred that year. Our audit finding of \$8,762 consists of costs incurred for laboratory services (\$3,568) and immunizations (\$5,193). The costs were unallowable because the district did not claim costs for these services in the base year. In addition, the district did not contest the audit adjustment for services that were not provided in the base year.

#### District's Response

#### **Athletics**

This finding includes a disallowance of "\$12,305 to provide medical services at sporting events and physical exams for intercollegiate athletes." In support of this adjustment, the Controller cites Education Code Section 76355, subdivision (d)(2), which prohibits physical examinations for intercollegiate athletes and the salaries of health professionals at athletic events (among other things) from being included in authorized expenditures. However, this subdivision must be read in context. Education Code Section 76355, subdivision (a), permits the collection of student fees for health services. Subdivision (d)(1) requires that these fees, if collected, be deposited in a designated fund and be expended only as authorized. Subdivision (d)(2) prohibits expenditures from the fund for physical examinations for intercollegiate athletics or the salaries of health professionals for athletic events. The prohibition only applies to the expenditure of funds from the special account into which the student fees are deposited. Since this District does not collect a student health service fee, there is no such restricted fund and the expenditures are not subject to the requirements of Section 76355, subdivision (d)(2).

The Controller has already properly asserted that the parameters and guidelines define the scope of reimbursement. The parameters and guidelines expressly include *physicals for athletes*, as well as accident reports, a college physician, outside physician, registered nurse, examinations, first aid, and dressing changes, which would seem to satisfactorily encompass the scope of medical services provided at athletic events. There is no prohibition in the parameters and guidelines against reimbursement for medical services related to intercollegiate athletics. Therefore, this adjustment by the Controller is in direct contradiction to the parameters and guidelines of this mandate.

<sup>&</sup>lt;sup>2</sup> Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

#### Lab and immunization Services

The District does not dispute this adjustment. However, the audit report "recommends" that the District only claim costs for "those health services that it provided in FY 1986-87." As discussed under Finding 1, the Controller is applying an incorrect standard. The Parameters and Guidelines require the District to make the same level of health services available. The costs of maintaining supplies and retaining trained personnel to make these services available are incurred regardless of whether students actually require a particular service each year. Therefore, it appears that the Controller applied the incorrect standard.

#### SCO's Comment

#### **Athletics**

We agree that Education Code section 76355, subdivision (d)(2) must be read in proper context. However, the district's response is incorrect.

Education Code section 76355, subdivision (e), states, "Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district." Education Code section 76355, subdivision (a), defines the authorized health services fees. Thus, the mandated program "maintenance of effort" requirement applies to those health services for which the district is authorized to levy a fee. Education Code section 76355, subdivision (d)(2) states:

Authorized expenditures shall not include, among other things, athletic trainers' salaries, athletic insurance, medical supplies for athletics, physical examinations for intercollegiate athletics, ambulance services, the salaries of health professionals for athletic events, any deductible portion of accident claims filed for athletic team members, or any other expense that is not available to all students. No student shall be denied a service supported by student health fees on account of participation in athletic programs. [Emphasis added.]

Because the mandated program does not require a "maintenance of effort" for athletic-related services, the district is not required to provide these services. Therefore, these costs are not mandated costs as defined by Government Code section 17514. In addition, the costs are unallowable because the related services were not available to all students. The unallowable costs are for services provided by the University of California – Davis Sports Medicine Program and Sacramento Knee & Sports Medical Corporation. These vendors provided services to intercollegiate athletes only, not all district students.

The district believes that the parameters and guidelines allow reimbursement for intercollegiate athletes' physicals and medical personnel present at athletic events. The parameters and guidelines do not identify a reimbursable activity for health professionals present at intercollegiate athletic events. They do include the following entry:

PHYSICALS Employees Students Athletes

However, this reimbursable activity does not include physicals that the district provides solely to intercollegiate athletes. Los Rios Community College District Board of Trustees Policy 2330 (**Tab** 6) states, "Responsibility for the supervision of the administration of California Community College intercollegiate athletic programs is exercised through the Commission on Athletics (COA)." COA bylaw 9.2.1 (**Tab** 7) states, "Each school shall obtain the services of a licensed physician to . . .

[d]evelop procedures to determine an athlete's medical eligibility to participate in practice or competition." [Emphasis added.] Sacramento City College's Student-Athlete Handbook states, "Athletes must have a thorough physical examination, which includes an orthopedic screening... prior to beginning participation in SCC Athletics." Thus, an intercollegiate athlete's physical is separate and distinct from a general physical that is available to all students (including athletes).

#### Lab and Immunization Services

The district does not dispute the audit adjustment. The district contests the audit recommendation, stating that "the Controller is applying an incorrect standard."

The parameters and guidelines state, "Only services provided in 1986-87 fiscal year may be claimed." Our audit recommendation states, "We recommend that the district claim costs only for those health services that it provided in FY 1986-87." The recommendation is consistent with the parameters and guidelines.

The district states, "The costs of maintaining supplies and retaining trained personnel to make these services available are incurred regardless of whether students actually require a particular service each year." This statement is irrelevant to the audit finding. The district reported the FY 1986-87 health services that it provided on claim form HFE-2, Component/Activity Cost Detail. The district reported that it did not provide immunizations and laboratory services in FY 1986-87. Therefore, these costs are not reimbursable under the mandated program.

#### IV. THE DISTRICT OVERSTATED ITS INDIRECT COST RATES CLAIMED

#### <u>Issue</u>

The district overstated its indirect cost rates for FY 2002-03 and FY 2003-04. The district understated its indirect cost rate for FY 2004-05. The overstated and understated indirect cost rates resulted in unallowable indirect costs totaling \$136,288.

The district prepared its FY 2002-03 and FY 2003-04 indirect cost rate proposals (ICRPs) using the methodology from Title 2, Code of Federal Regulations, Part 220 (Office of Management and Budget [OMB] Circular A-21). However, the district did not obtain federal approval for these ICRPs.

The district prepared its FY 2004-05 ICRP using the SCO's FAM-29C methodology. However, the district did not prepare the ICRP according to the SCO's claiming instructions. The district prepared the FY 2004-05 ICRP using FY 2003-04 actual cost data and did not properly allocate costs as indirect costs or direct costs.

#### **SCO Analysis:**

The parameters and guidelines state, "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions."

For FY 2002-03 and FY 2003-04, the SCO's claiming instructions (Tabs 3 and 4) state:

A college has the option of using a federally approved rate, utilizing the cost accounting principles from Office of Management and Budget Circular A-21 "Cost Principles for Educational Institutions," or the Controller's [FAM-29C] methodology....

For FY 2004-05, the SCO's claiming instructions (Tab 5) state:

A CCD [community college district] may claim indirect costs using the Controller's methodology (FAM-29C) . . . If specifically allowed by a mandated program's P's & G's [parameters and guidelines], a district may alternately choose to claim indirect costs using either (1) a federally approved rate prepared in accordance with Office of Management and Budget (OMB) Circular A-21, Cost Principles for Educational Institutions; or (2) a flat 7% rate.

#### District's Response

This finding results from the District calculating the indirect cost rates using the CCSF-311 report's characterizations of the various accounts as direct or indirect costs. The Controller claims that the CCSF-311 report "does not identify accounts as direct or indirect." While the terms "direct" and "indirect" do not appear on the face of the report, it does make these classifications. The California Community College Budget and Accounting Manual provides direction for allocating expenses to specific accounts. These accounts are then directly translated to the CCSF-311 report and each is identified as a separate line item. A copy of Chapter 4 of the 2000 version of this manual is attached as Exhibit "F." For instance, "[t]he direct costs of classroom instruction are recorded by discipline within Activities 0100 through 4900." Account 5900 includes benefits and retirement incentives for staff that are recorded in accounts 0100 - 4900. These accounts are listed under the heading of "Instructional Activities" on the CCSF-311 report. The remaining accounts are listed under the general heading "Administrative and Support Activities."

#### **CCFS-311**

Both the District's method and the Controller's method utilize the same source document, the CCFS-311 annual financial and budget report required by the state. The difference in the claimed and audited methods is in the determination of which of those cost elements are direct costs and which are indirect costs. The Controller's method arbitrarily assigns certain costs to different categories. . . .

In the final audit report, the Controller asserts that "[t]he SCO calculated indirect cost rates based on its claiming instructions applicable in each fiscal year." This statement does not rebut the District's argument, because it is the development of the Controller's method, and not its application, that is arbitrary.

#### Regulatory Requirements

No particular indirect cost rate calculation is required by law. The Controller insists that the rate be calculated according to the claiming instructions. The parameters and guidelines state that "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions." The district claimed these indirect costs "in the manner" described by the Controller. The correct forms were used and the claimed amounts were entered at the correct locations. Further, "may" is not "shall"; the parameters and guidelines do not require that indirect costs be claimed in the manner described by the Controller.

The District utilized the CCSF-311 classification of accounts which is more rational and consistent than the Controller's evolving formula. Further, it should be noted that the Controller did not determine that the District's rate was excessive or unreasonable. In the audit report, the Controller asserts that because parameters and guidelines specifically references the claiming instructions, the claiming instructions thereby become authoritative criteria. Since the Controller's claiming instructions were never adopted as law, or regulations pursuant to the Administrative Procedure Act, the claiming instructions are a statement of the Controller's interpretation and not law.

#### Unreasonable or Excessive

The Controller is authorized to reduce a claim only if it determines the claim to be excessive or unreasonable (see Finding 1). Here, the District has computed its ICRPs following the guidance of the California Community Colleges Budget and Accounting Manual in conjunction with the CCSF-311 report, and the Controller has disallowed it without a determination of whether the product of the

District's calculation would, or would not, be excessive, unreasonable, or inconsistent with cost accounting principles. Neither State law nor the parameters and guidelines make compliance with the Controller's claiming instructions a condition of reimbursement. The district has followed the parameters and guidelines. . . .

#### **SCO's Comment**

Contrary to the district's response, the California Community Colleges Chancellor's Office's (CCCCO) Budget and Accounting Manual provides no guidance to calculate a district's indirect cost rate. The district misinterprets language that addresses the process of classifying expenditures by activity. The language that the district cites has no bearing on whether activities are appropriately allocated as direct or indirect when calculating an indirect cost rate. Similarly, the CCCCO's Annual Financial and Budget Report (CCFS-311) (Tab 8) neither identifies direct and indirect costs nor provides any direction to calculate a district's indirect cost rate.

#### **CCFS-311**

The district does not dispute that the SCO calculated the audited indirect cost rates according to the claiming instructions applicable to each fiscal year. Instead, the district states its *opinion* that the FAM-29C methodology is arbitrary. Title 2, California Code of Regulations (CCR), section 1185, subdivision (e)(3) states, "If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim." The district presented no evidence to support its assertion that the SCO's methodology is arbitrary. In addition, the district presents no authoritative criteria supporting the methodology that it used. Furthermore, neither this district nor any other district requested that the CSM review the SCO's claiming instructions pursuant to Title 2, CCR, section 1186 (i.e., the district did not exercise its right for public comment on the SCO's FAM-29C methodology). The district may not now request a review of the claiming instructions applicable to the audit period. Title 2, CCR, section 1186, subdivision (j) (2), states, "A request for review filed after the initial claiming deadline must be submitted on or before January 15 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year."

#### **Regulatory Requirements**

The district states, "No particular indirect cost rate calculation is required by law." The district infers that it may calculate an indirect cost rate in any manner that it chooses. We disagree with the district's interpretation of the parameters and guidelines. The phrase "may be claimed" simply permits the district to claim indirect costs. However, if the district chooses to claim indirect costs, then the parameters and guidelines require that it comply with the SCO's claiming instructions. If the district believes that the program's parameters and guidelines are deficient, it should initiate a request to amend the parameters and guidelines pursuant to Government Code section 17557, subdivision (d). However, any such amendment would not apply to this audit period.

The district states that it "claimed these indirect costs 'in the manner' described by the Controller." The district did *not* claim indirect costs in accordance with the SCO's claiming instructions. The district prepared its FY 2002-03 and FY 2003-04 ICRPs using OMB Circular A-21 methodology. However, the district failed to obtain federal approval for these ICRPs, as the claiming instructions require. The district prepared its FY 2004-05 ICRP using the FAM-29C methodology; however, the district did not allocate direct and indirect costs according to the claiming instructions.

The district states that it "utilized the CCSF-311 classification of accounts which is more rational and consistent. . . ." As previously discussed, the CCFS-311 (**Tab 8**) provides *no* direction in classifying costs as direct or indirect for indirect cost rate calculations.

The district also states:

In the audit report, the Controller asserts that because the parameters and guidelines specifically reference the claiming instructions, the claiming instructions thereby become authoritative criteria. Since the Controller's claiming instructions were never adopted as law, or regulations pursuant to the Administrative Procedure Act, the claiming instructions are a statement of the Controller's interpretation and not law.

We disagree. The CSM adopted the parameters and guidelines pursuant to Government Code section 17557. The parameters and guidelines specifically reference the SCO's claiming instructions for claiming indirect costs. Government Code section 17527, subdivision (g), states that in carrying out its duties and responsibilities, the CSM shall have the following powers:

(g) To adopt, promulgate, amend, and rescind rules and regulations, which shall not be subject to the review and approval of the Office of Administrative Law pursuant to the provisions of the Administrative Procedure Act [emphasis added]...

Therefore, the district's comments regarding the Administrative Procedure Act are without merit.

#### Unreasonable or Excessive

Government Code section 17558.5 requires the district to file a reimbursement claim for actual mandate-related costs. Government Code section 17561, subdivision (d)(2), allows the SCO to audit the district's records to verify actual mandate-related costs *and* reduce any claim that the SCO determines is excessive or unreasonable. In addition, Government Code section 12410 states, "The Controller shall audit all claims against the state, and may audit the disbursement of any state money, for correctness, legality, and for sufficient provisions of law for payment."

In any case, the SCO did conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper*, *necessary*, [emphasis added] or normal." The district's indirect cost rates exceeded the proper amount based on the audited indirect cost rates that the SCO calculated according to the claiming instructions.

The district states that it "computed its ICRPs following the guidance of the California Community Colleges Budget and Accounting Manual. . . ." As discussed above, the CCCCO Budget and Accounting Manual provides *no* guidance to calculate community college district indirect cost rates.

The district states, "Neither State law nor the parameters and guidelines make compliance with the Controller's claiming instructions a condition or [sic] reimbursement. The district has followed the parameters and guidelines." However, the district did not follow the parameters and guidelines. The parameters and guidelines state, "Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions." The district did not comply with the claiming instructions applicable to each fiscal year during the audit period.

#### V. THE DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

#### <u>Issue</u>

For the audit period, the district understated authorized health service fees by \$3,554,470. The district believes that because it did not levy a health service fee, it is not required to report authorized health service fees.

<sup>&</sup>lt;sup>3</sup> Ibid.

#### **SCO Analysis:**

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the audit period, Education Code section 76355, subdivision (c), authorizes health fees for all students except those who: (1) depend exclusively on prayer for healing; (2) attend a community college under an approved apprenticeship training program; or (3) demonstrate financial need. (Effective with the Summer 2004 session, Education Code section 76355, subdivision (a), authorized a \$1 increase to health service fees.)

Government Code section 17514 defines "costs mandated by the state" as any increased costs that a school district is required to incur. To the extent community college districts can charge a fee, they are not required to incur a cost. In addition, Government Code section 17556 states that the CSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service.

#### District's Response

#### Government Code Section 17556

The Controller relies upon Government Code Section 17556 for the conclusion that "the COSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service."... The Controller misrepresents the law. Government Code Section 17556 prohibits the Commission on State Mandates from finding costs subject to reimbursement, that is, approving a test claim where there is authority to levy fees in an amount sufficient to offset the entire mandated costs. Here, the Commission has already made a finding of a new program or increased costs. It is not the position of the Controller to second-guess the Commission's determinations or to use audits to promote its own interpretation of Section 17556.

#### Government Code Section 17514

Nor can the Controller rely upon Government Code Section 17514 for the conclusion that to the extent community college districts can charge a fee, they are not required to incur a cost. . . . There is nothing in the language of the statute regarding the authority to charge a fee, any nexus of fee revenue to increased cost, nor any language which describes the legal effect of fees collected.

#### **Education Code Section 76355**

Education Code Section 76355, subdivision (a), in relevant part, provides: "The governing board of a district maintaining a community college <u>may require</u> community college students to pay a fee . . . for health supervision and services. . . . There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b), which states "If, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, if any, that a part-time student is required to pay. The governing board may decide whether the fee shall be mandatory or optional." [Emphasis added by district.]

#### Parameters and Guidelines

The Controller... concludes that fees authorized by Education Code section 76355 must be deducted because "[t]o the extent districts have the authority to charge a fee, they are not required to incur a cost." The parameters and guidelines actually state:

Any offsetting savings that the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of [student fees] as authorized by Education Code Section 72246(a)<sup>4</sup>.

Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

In order for a district to "experience" these "offsetting savings" the district must actually have collected these fees. Note that the student health fees are named as a potential source of the reimbursement *received* in the previous sentence. The use of the term "any offsetting savings" further illustrates the permissive nature of the fees. Student fees actually collected must be used to offset costs, but not student fees that could have been collected and were not. . . .

Finally, the Department of Finance proposed, as part of the amendments that were adopted on May 25, 1989, that a sentence be added to the offsetting savings section expressly stating that if no health service fee was charged, the claimant would be required to deduct the amount authorized. The Commission declined to add this requirement and adopted the parameters and guidelines without this language. Therefore, it is evident that the Commission intends the language of the parameters and guidelines to be construed as written, and only those savings that are experienced are to be deducted.

#### Health Services Fee Amount

The Controller concludes that since the Chancellor's Office notified community college districts that they could charge a fee of \$12 per semester and \$9 per summer session for FY 2002-03 and FY 2003-04, and \$13 per semester and \$10 per summer session for FY 2004-05, the colleges will charge this amount. Districts receive notice of these fee amounts by letter from the Chancellor of the California Community Colleges. An example of one such notice is the Chancellor's letter dated March 5, 2001, attached as Exhibit "G." While Education Code Section 76355 provides for an increase in the student health services fee, it did not grant the Chancellor the authority to establish mandatory fee amounts or mandatory fee increases. . . . Therefore, the Controller cannot rely upon the Chancellor's notice as a basis to adjust the claim for "collectible" student health services fees.

#### Fees Collected vs. Fees Collectible

This issue is one of student health fees revenue actually received, rather than student health fees which might be collected. The Commission determined, as stated in the parameters and guidelines that the student health fees "experienced" (collected) would reduce the amount subject to reimbursement. Student fees not collected are student fees not "experienced" and as such should not reduce reimbursement. Further, the amount "authorized" will never equal actual revenues collected due to changes in a student's BOGG eligibility, bad debt accounts, and refunds.

Because districts are not required to collect a fee from students for student health services, and if such a fee is collected the amount is to be determined by the district and not the Controller, the Controller's adjustment is without legal basis. What the parameters and guidelines require districts to do is to reduce the amount of their claimed costs by the amount of student health services fee revenue actually received. Therefore, student health fees are merely collectible, they are not mandatory, and it is inappropriate for the Controller to reduce claim amounts by revenues not received.

#### SCO's Comment

#### **Government Code Section 17556**

The SCO does not "second-guess" CSM determinations, nor does it "use audits to promote its own interpretation" of statutory language. The district presents an argument that the statutory language applies only when the fee authority is sufficient to offset the "entire" mandated costs. The argument is invalid. The CSM recognized that the Health Fee Elimination Program's costs are not uniform among districts. Districts provided different levels of service in FY 1986-87 (the "base year"). Furthermore, districts provided these services at varying costs. As a result, the fee authority may be sufficient to pay for some districts' mandated program costs, while it is insufficient to pay the "entire" costs of other districts. Meanwhile, Education Code section 76355 (formerly section 72246) established a uniform health service fee assessment for students statewide. Therefore, the CSM adopted parameters and guidelines that clearly recognize an available funding source by identifying the health service fees as offsetting reimbursements. To the extent that districts have authority to charge a fee, they are not required to incur a cost.

Two court cases addressed the issue of fee authority.<sup>5</sup> Both cases concluded that "costs" as used in the constitutional provision, exclude "expenses that are recoverable from sources other than taxes." In both cases, the source other than taxes was fee authority.

#### **Government Code Section 17514**

Government Code section 17514 states, "Costs mandated by the state' means any increased costs which a local agency or school district is *required* [emphasis added] to incur. . . ." If the district has authority to collect fees attributable to health service expenses, then it is not *required* to incur a cost. Therefore, mandated costs do not include those health service expenses that may be paid by authorized fees.

#### **Education Code Section 76355**

We agree that community college districts may choose not to levy a health service fee or to levy a fee less than the authorized amount. Regardless of the district's decision to levy or not levy the authorized health service fee, Education Code section 76355, subdivision (a), provides districts the authority to levy the fee.

#### **Parameters and Guidelines**

We disagree with the district's interpretation of the parameters and guidelines' requirement regarding authorized health service fees. The CSM clearly recognized the *availability* of another funding source by including the fees as offsetting savings in the parameters and guidelines. The CSM's staff analysis of May 25, 1989 (**Tab 10**), states the following regarding the proposed parameters and guidelines amendments that the CSM adopted that day:

Staff amended Item "VIII. Offsetting Savings and Other Reimbursements" to reflect the reinstatement of [the] fee authority.

In response to that amendment, the [Department of Finance (DOF)] has proposed the addition of the following language to Item VIII. to clarify the impact of the fee authority on claimants' reimbursable costs:

"If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied."

Staff concurs with the DOF proposed language which does not substantively change the scope of Item VIII [emphasis added].

Thus, it is clear that the CSM intended that claimants deduct authorized health service fees from mandate-reimbursable costs claimed. Furthermore, the staff analysis included an attached letter from the CCCCO dated April 3, 1989. In that letter, the CCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district concludes that the CSM "declined" to add the sentence proposed by the DOF. We disagree. The CSM did not revise the proposed parameters and guidelines amendments further, since the CSM's staff concluded that DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (Tab 11), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination

County of Fresno v. California (1991) 53 Cal. 3d 482; Connell v. Santa Margarita (1997) 59 Cal. App. 4th 382.

Program amended parameters and guidelines were Item 6 on the meeting agenda. The meeting minutes state, "There being no discussion or appearances on Items 2, 3, 4, 5, 6, 7, 10, and 12, Member Buenrostro moved adoption of the staff recommendation on these items [emphasis added] on the consent calendar...The motion carried." Therefore, no community college districts objected and there was no change to the CSM's interpretation regarding authorized health service fees.

#### **Health Services Fee Amount**

We agree that the CCCCO is not authorized to direct districts to increase fees. Our finding states that the CCCCO *identified* the fees authorized by Education Code section 76355, subdivision (a). In addition, our audit finding includes no reference to "mandatory" fee amounts or fee increases.

The parameters and guidelines require districts to deduct authorized health service fees from claimed costs. The CCCCO identifies the fees authorized by the Education Code.

#### Fees Collected vs. Fees Collectible

The district states, ". . . the amount 'authorized' will never equal actual revenues collected due to changes in a student's BOGG eligibility, bad debt accounts, and refunds." The SCO calculated authorized health service fees based on enrollment and BOGG recipient data that the district reported to the CCCCO after each school term. The district is responsible for reporting accurate enrollment and BOGG recipient data, including any changes that result from BOGG eligibility or students who disenroll.

The district is authorized to assess health service fees. If the district fails to collect fees, it is not relieved from its responsibility to offset those fees from its mandated program claims nor is it permitted to claim bad debt expenses.

We agree that districts are not required to collect a fee. However, the Education Code authorizes the district to collect a fee and defines the authorized fee amount. To the extent that the Education Code authorizes the district to collect fees, it is not *required* to incur a cost. Pursuant to Government Code section 17514, mandated costs do not include any costs that the district may pay from authorized fees since the district is not *required* to incur a cost.

#### VI. ACTUAL AMOUNTS PAID BY THE STATE

The SCO's final audit report (Exhibit D) states that the State paid the district \$814,928 for its FY 2002-03 claim. The district believes that it was never "paid" this amount.

#### District's Response

The audit report asserts in several locations that the District was paid \$814,928 and this amount should be remitted to the state. The money was never "paid" to the District. According to the final audit report, "[t]he State discharged its FY 2002-03 indebtedness to the district by equally discharging the district's indebtedness to the State for other mandated program claims." The audit report does not provide proof that the debt was discharged.

#### SCO's Comment

The term "paid" is simply past tense of "pay," which is defined as "discharging indebtedness." The State discharged its FY 2002-03 indebtedness by equally discharging the district's indebtedness to the State. The SCO's claim adjustment notice dated October 25, 2006 (**Tab 9**), identifies the claim offsets that the SCO applied. The following table summarizes the district's indebtedness that the SCO discharged to "pay" the district's FY 2002-03 mandated program claim.

| Fiscal Year                     | District's<br>Indebtedness<br>Discharged |
|---------------------------------|--|
| 1998-99<br>1999-2000<br>2000-01 | \$ 155,544<br>634,185<br>25,199          |
| Total                           | \$ 814,928                               |

#### VII. CONCLUSION

The State Controller's Office audited Los Rios Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2005. The district claimed unallowable costs totaling \$2,554,615. The costs are unallowable because the district claimed unallowable salaries and benefits and unallowable services and supplies, overstated its indirect cost rates, and understated authorized health services fees.

The district claimed unallowable salaries and benefits applicable to an increased level of health services versus health services provided in the FY 1986-87 base year.

The district claimed unallowable services and supplies, including costs related to intercollegiate athletics, laboratory services, and immunizations.

The district overstated its FY 2002-03 and FY 2003-04 indirect cost rates. It understated its FY 2004-05 indirect cost rate. The district prepared its FY 2002-03 and FY 2003-04 rates using OMB Circular A-21 methodology; however, the district's rates were not federally approved. The district prepared its FY 2004-05 rate using the SCO's FAM-29C methodology; however, the district did not allocate direct and indirect costs according to the SCO's claiming instructions.

The district understated authorized health service fees. The district did not levy health service fees and mistakenly believed that it was not required to deduct authorized health service fees from costs claimed.

In conclusion, the Commission on State Mandates should find that: (1) the SCO correctly reduced the district's FY 2002-03 claim by \$814,928; (2) the SCO correctly reduced the district's FY 2003-04 claim by \$865,621; (3) the SCO correctly reduced the district's FY 2004-05 claim by \$874,066; and (4) the SCO paid the district \$814,928 for its FY 2002-03 claim.

Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

#### VIII. CERTIFICATION

I hereby certify by my signature below that the statements made in this document are true and correct of my own knowledge, or, as to all other matters, I believe them to be true and correct based upon information and belief.

Executed on October 10, 2014, at Sacramento, California, by:

Jim L. Spano, Chief

Mandated Cost Audits Bureau

**Division of Audits** 

State Controller's Office

Tab 3

number of private auto mileage traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

#### (k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

#### 8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. As noted previously, in order for a cost to be allowable, it must be allocable to a particular cost objective. With respect to indirect costs, this requires that the cost be distributed to benefiting cost objectives on bases, which produce an equitable result in relation to the benefits derived by the mandate.

A college has the option of using a federally approved rate, utilizing the cost accounting principles from Office of Management and Budget Circular A-21 "Cost Principles for Educational Institutions," or the Controller's methodology outlined in the following paragraphs. If the federal rate is used, it must be from the same fiscal year in which the costs were incurred.

The Controller allows the following methodology for use by community colleges in computing an indirect cost rate for state mandates. The objective of this computation is to determine an equitable rate for use in allocating administrative support to personnel that performed the mandated cost activities claimed by the community college. This methodology assumes that administrative services are provided to all activities of the institution in relation to the direct costs incurred in the performance of those activities. Form FAM-29C has been developed to assist the community college in computing an indirect cost rate for state mandates. Completion of this form consists of three main steps:

- 1. The elimination of unallowable costs from the expenses reported on the financial statements.
- 2. The segregation of the adjusted expenses between those incurred for direct and indirect activities.
- 3. The development of a ratio between the total indirect expenses and the total direct expenses incurred by the community college.

The computation is based on total expenditures as reported in "California Community Colleges Annual Financial and Budget Report, Expenditures by Activity (CCFS-311)." Expenditures classified by activity are segregated by the function they serve. Each function may include expenses for salaries, fringe benefits, supplies, and capital outlay. OMB Circular A-21 requires expenditures for capital outlays to be excluded from the indirect cost rate computation.

Generally, a direct cost is one incurred specifically for one activity, while indirect costs are of a more general nature and are incurred for the benefit of several activities. As previously noted, the objective of this computation is to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by the college. For the purpose of this computation we have defined indirect costs to be those costs which provide administrative support to personnel who perform mandated cost activities. We have defined direct costs to be those costs that do not provide administrative support to personnel who perform mandated cost activities and those costs that are directly related to instructional activities of the college. Accounts that should be classified

as indirect costs are: Planning, Policy Making and Coordination, Fiscal Operations, Human Resources Management, Management Information Systems, Other General Institutional Support Services, and Logistical Services. If any costs included in these accounts are claimed as a mandated cost, i.e., salaries of employees performing mandated cost activities, the cost should be reclassified as a direct cost. Accounts in the following groups of accounts should be classified as direct costs: Instruction, Instructional Administration, Instructional Support Services, Admissions and Records, Counseling and Guidance, Other Student Services, Operation and Maintenance of Plant, Community Relations, Staff Development, Staff Diversity, Non-instructional Staff-Retirees' Benefits and Retirement Incentives, Community Services, Ancillary Services and Auxiliary Operations. A college may classify a portion of the expenses reported in the account Operation and Maintenance of Plant as indirect. The claimant has the option of using a 7% or a higher indirect cost percentage if the college can support its allocation basis.

The indirect cost rate, derived by determining the ratio of total indirect expenses to total direct expenses when applied to the direct costs claimed, will result in an equitable distribution of the college's mandate related indirect costs. An example of the methodology used to compute an indirect cost rate is presented in Table 4.

Table 4 Indirect Cost Rate for Community Colleges

| MANDATED COST<br>INDIRECT COST RATE FOR COMMUNITY COLLEGES    |      |              |             |                |          | FORM<br>FAM-29C |  |
|---|------|--------------|-------------|----------------|----------|-----------------|--|
| (01) Claimant   |      | -            |             | (02) Period of | Claim    |                 |  |
| (03) Expenditures by Activity                                 |      |              |             | (04) Allowable | Costs    |                 |  |
| Activity  | EDP  | Total        | Adjustments | Total          | Indirect | Direct          |  |
| Subtotal Instruction  | 599  | \$19,590,357 | \$1,339,059 | \$18,251,298   | \$0      | \$18,251,298    |  |
| Instructional Administration and Instructional Governance     | 6000 |              |             |                |          |                 |  |
| Academic Administration                                       | 6010 | 2,941,386    | 105,348     | 2,836,038      | 0        | 2,836,038       |  |
| Course and Curriculum Develop.                                | 6020 | 21,595       | 0           | 21,595         | . 0      | 21,595          |  |
| Academic/Faculty Senate                                       | 6030 |              |             |                |          |                 |  |
| Other Instructional Administration & Instructional Governance | 6090 |              |             |                |          |                 |  |
| Instructional Support Services                                | 6100 |              |             |                |          |                 |  |
| Learning Center   | 6110 | 22,737       | 863         | 21,874         | 0        | 21,874          |  |
| Library   | 6120 | 518,220      | 2,591       | 515,629        | - 0      | 515,629         |  |
| Media   | 6130 | 522,530      | 115,710     | 406,820        | 0        | 406,820         |  |
| Museums and Galleries   | 6140 | 0            | 0           | 0              | 0        | 0               |  |
| Academic Information Systems and Tech.                        | 6150 |              |             |                |          |                 |  |
| Other Instructional Support<br>Services                       | 6190 |              |             |                |          |                 |  |
| Admissions and Records  | 6200 | 584,939      | 12,952      | 571,987        | 0        | 571,987         |  |
| Counseling and Guidance                                       | 6300 |              |             |                |          |                 |  |
| Counseling and Guidance                                       | 6310 |              |             |                |          |                 |  |
| Matriculation and Student Assessment                          | 6320 |              |             |                |          |                 |  |
| Transfer Programs   | 6330 |              |             |                |          |                 |  |
| Career Guidance   | 6340 |              |             |                |          |                 |  |
| Other Student Counseling and Guidance                         | 6390 |              |             |                |          |                 |  |
| Other Student Services  | 6400 |              |             |                |          |                 |  |
| Disabled Students Programs & Services                         | 6420 |              |             |                |          |                 |  |
| Subtotal  |      | \$24,201,764 | \$1,576,523 | \$22,625,241   | \$0      | \$22,625,241    |  |

Table 4 Indirect Cost Rate for Community Colleges (continued)

#### MANDATED COST **FORM** INDIRECT COST RATE FOR COMMUNITY COLLEGES FAM-29C (01) Claimant (02) Period of Claim (03) Expenditures by Activity (04) Allowable Costs Activity **EDP** Total Adjustments Total Indirect Direct **Extended Opportunity** 6430 Programs & Services 0 0 0 **Health Services** 6440 Student Personnel Admin. 6450 289,926 12,953 276,973 0 276,973 0 Financial Aid Administration 6460 391,459 20,724 370,735 370,735 0 6470 0 Job Placement Services 83,663 83,663 83,663 0 6480 25,427 25,427 0 25,427 Veterans Services Miscellaneous Student 6490 0 0 0 0 Services Operation & Maintenance of 6500 Plant **Building Maintenance and** 6510 1,079,260 44,039 0 1,035,221 1,035,221 Repairs **Custodial Services** 6530 1,227,668 33,677 1,193,991 0 1,193,991 Grounds Maintenance and 6550 596,257 70,807 0 525,450 525,450 Repairs 0 Utilities 6570 1,236,305 0 1,236,305 1,236,305 0 Other 6590 3,454 3,454 Planning, Policy Making, and 6600 565,366 587,817 22,451 565,366 0 Coordination General Inst. Support Services 6700 Community Relations 6710 0 0 6720 634,605 17,270 553,184 **Fiscal Operations** 617,335 (a) 64,151 **Human Resources** 6730 Management Noninstructional Staff Benefits 6740 & Incentives Staff Development 6750 Staff Diversity 6760 6770 Logistical Services Management Information 6780 Systems Subtotal \$30,357,605 \$1,801,898 \$28,555,707 \$1,118,550 \$27,437,157

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Table 4 Indirect Cost Rate for Community Colleges (continued)

| Total  703,858 423,188 89,877  0 89,051                          | Adjustments  20,509 24,826 10,096         | (02) Period of (04) Allowable  Total  683,349  398,362  79,781         | Costs  Indirect  0 0 0  | 398,362  |
|--|---|--|---|--|
| 703,858<br>423,188<br>89,877                                     | 20,509<br>24,826<br>10,096                | Total 683,349 398,362 79,781   | Indirect  0 0 0   | Direct  683,349 398,362 79,781   |
| 703,858<br>423,188<br>89,877                                     | 20,509<br>24,826<br>10,096                | 683,349<br>398,362<br>79,781   | 0 0   | 683,349<br>398,362   |
| 703,858<br>423,188<br>89,877                                     | 24,826<br>10,096                          | 398,362<br>79,781  | 0   | 398,362  |
| 703,858<br>423,188<br>89,877                                     | 24,826<br>10,096                          | 398,362<br>79,781  | 0   | 398,362  |
| 703,858<br>423,188<br>89,877                                     | 24,826<br>10,096                          | 398,362<br>79,781  | 0   | 398,362  |
| 423,188<br>89,877<br>0   | 24,826<br>10,096                          | 398,362<br>79,781  | 0   | 398,362  |
| 89,877   | 10,096                                    | 79,781   | 0   |  |
| 0  |   |  |   | 79,78 <sup>.</sup>   |
| 0  | 0   | 0  |   |  |
| 0  | 0   | 0  |   |  |
| 0  | 0   | 0  | !   |  |
|  | 0   | 0  |   |  |
| 80 051   |   |  | 0   |  |
| 09,001   | 1,206                                     | 87,845   | 0   | 87,84  |
| 0  | 0   | 0  | 0   | (  |
| 0  | 0   | 0  | 0   | (  |
| 420,274  | 6,857                                     | 413,417  | 0   | 413,41   |
| 0  | 0   | 0  | 0   |  |
| 0  | 0   | 0  | 0   |  |
| 0  | 0   | 0  | 0   |  |
|  |   |  |   |  |
| 1,124,557  | 12,401                                    | 1,112,156  | 0   | 1,112,156  |
| 0  | 0   | 0  | 0   | (  |
| 814,318  | 814,318                                   | 0  | 0   | (  |
| \$34,022,728   | \$2,692,111                               | \$31,330,617   | \$1,118,550   | \$30,212,06  |
| (06) Indirect Cost Rate: (Total Indirect Cost/Total Direct Cost) |   |  | 233%  |  |
| )  | 1,124,557<br>0<br>814,318<br>\$34,022,728 | 1,124,557 12,401<br>0 0<br>814,318 814,318<br>\$34,022,728 \$2,692,111 | 1,124,557 12,401 1,112,156<br>0 0 0<br>814,318 814,318 0<br>\$34,022,728 \$2,692,111 \$31,330,617 | 1,124,557     12,401     1,112,156     0       0     0     0     0       814,318     814,318     0     0       \$34,022,728     \$2,692,111     \$31,330,617     \$1,118,550 |

## Tab 4

perform the mandated activity. The claimant must give the name of the contractor, explain the reason for having to hire a contractor, describe the mandated activities performed, give the dates when the activities were performed, the number of hours spent performing the mandate, the hourly billing rate, and the total cost. The hourly billing rate shall not exceed the rate specified in the Parameters and Guidelines for the mandated program. The contractor's invoice, or statement, which includes an itemized list of costs for activities performed, must accompany the claim.

#### (h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the Parameters and Guidelines for the particular mandate. Equipment rentals used solely for the mandate are reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must explain the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the prorata portion of the rental costs can be claimed.

#### (i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the Parameters and Guidelines specify them as allowable. If they are allowable, the claiming instructions for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the prorata portion of the purchase price used to implement the reimbursable activities can be claimed.

#### (j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the Parameters and Guidelines may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must explain the purpose of the trip, identify the name and address of the persons incurring the expense, the date and time of departure and return for the trip, description of each expense claimed, the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

#### (k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

#### 8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited, without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. As noted previously, in order for a cost to be allowable, it must be allocable to a particular cost objective. With respect to indirect costs, this requires that the cost be distributed to benefiting cost objectives on bases, which produce an equitable result in relation to the benefits

derived by the mandate.

A community college has the option of using a federally approved rate, utilizing the cost accounting principles from Office of Management and Budget Circular A-21 "Cost Principles for Educational Institutions," or the Controller's methodology outlined in the following paragraphs.

The Controller allows the following methodology for use by community colleges in computing an indirect cost rate for state mandates. The objective of this computation is to determine an equitable rate for use in allocating administrative support to personnel that performed the mandated cost activities claimed by the community college. This methodology assumes that administrative services are provided to all activities of the institution in relation to the direct costs incurred in the performance of those activities. Form FAM-29C has been developed to assist the community college in computing an indirect cost rate for state mandates. Completion of this form consists of three main steps:

- 1. The elimination of unallowable costs from the expenses reported on the financial statements.
- 2. The segregation of the adjusted expenses between those incurred for direct and indirect activities.
- 3. The development of a ratio between the total indirect expenses and the total direct expenses incurred by the community college.

The computation is based on total expenditures as reported in "California Community Colleges Annual Financial and Budget Report, Expenditures by Activity (CCFS-311)." Expenditures classified by activity are segregated by the function they serve. Each function may include expenses for salaries, fringe benefits, supplies, and capital outlay. OMB Circular A-21 requires expenditures for capital outlays to be excluded from the indirect cost rate computation.

Generally, a direct cost is one incurred specifically for one activity, while indirect costs are of a more general nature and are incurred for the benefit of several activities. As previously noted, the objective of this computation is to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by the community college. For the purpose of this computation we have defined indirect costs to be those costs which provide administrative support to personnel who perform mandated cost activities. We have defined direct costs to be those costs that do not provide administrative support to personnel who perform mandated cost activities and those costs that are directly related to instructional activities of the college. Accounts that should be classified as indirect costs are: Planning, Policy Making and Coordination, Fiscal Operations, Human Resources Management, Management Information Systems, Other General Institutional Support Services, and Logistical Services. If any costs included in these accounts are claimed as a mandated cost, i.e., salaries of employees performing mandated cost activities, the cost should be reclassified as a direct cost. Accounts in the following groups of accounts should be classified as direct costs: Instruction, Instructional Administration, Instructional Support Services, Admissions and Records, Counseling and Guidance, Other Student Services, Operation and Maintenance of Plant, Community Relations, Staff Development, Staff Diversity, Non-instructional Staff-Retirees' Benefits and Retirement Incentives, Community Services, Ancillary Services and Auxiliary Operations. A college may classify a portion of the expenses reported in the account Operation and Maintenance of Plant as indirect. The claimant has the option of using a 7% or a higher indirect cost percentage if the college can support its allocation basis.

The indirect cost rate, derived by determining the ratio of total indirect expenses to total direct expenses when applied to the direct costs claimed, will result in an equitable distribution of the college's mandate related indirect costs. An example of the methodology used to compute an indirect cost rate is presented in Table 4.

Table 4 Indirect Cost Rate for Community Colleges

| MANDATED COST<br>INDIRECT COST RATE FOR COMMUNITY COLLEGES          |      |              |             |                      |          | FORM<br>FAM-29C |  |
|---|------|--------------|-------------|----------------------|----------|-----------------|--|
| (01) Claimant   |      |              |             | (02) Period of 0     | Claim    |                 |  |
| (03) Expenditures by Activity                                       |      |              |             | (04) Allowable Costs |          |                 |  |
| Activity  | EDP  | Total        | Adjustments | Total                | Indirect | Direct          |  |
| Subtotal Instruction  | 599  | \$19,590,357 | \$1,339,059 | \$18,251,298         | \$0      | \$18,251,298    |  |
| Instructional Administration and Instructional Governance           | 6000 |              |             |                      |          |                 |  |
| Academic Administration   | 6010 | 2,941,386    | 105,348     | 2,836,038            | 0        | 2,836,038       |  |
| Course and Curriculum<br>Develop.                                   | 6020 | 21,595       | 0           | 21,595               | 0        | 21,595          |  |
| Academic/Faculty Senate   | 6030 |              |             |                      |          |                 |  |
| Other Instructional<br>Administration & Instructional<br>Governance | 6090 |              |             | ·                    |          |                 |  |
| Instructional Support Services                                      | 6100 |              |             |                      |          |                 |  |
| Learning Center   | 6110 | 22,737       | 863         | 21,874               | 0        | 21,874          |  |
| Library   | 6120 | 518,220      | 2,591       | 515,629              | 0        | 515,629         |  |
| Media   | 6130 | 522,530      | 115,710     | 406,820              | 0        | 406,820         |  |
| Museums and Galleries   | 6140 | 0            | 0           | 0                    | 0        | C               |  |
| Academic Information Systems and Tech.                              | 6150 |              |             |                      |          |                 |  |
| Other Instructional Support Services                                | 6190 |              |             |                      |          |                 |  |
| Admissions and Records  | 6200 | 584,939      | 12,952      | 571,987              | 0        | 571,987         |  |
| Counseling and Guidance   | 6300 |              |             |                      |          |                 |  |
| Student Counseling and Guidance                                     | 6310 |              |             |                      |          |                 |  |
| Matriculation and Student<br>Assessment                             | 6320 |              |             |                      | ·        |                 |  |
| Transfer Programs   | 6330 |              |             |                      |          |                 |  |
| Career Guidance   | 6340 |              |             |                      |          |                 |  |
| Other Student Counseling and Guidance                               | 6390 |              |             |                      |          |                 |  |
| Other Student Services  | 6400 |              |             |                      |          |                 |  |
| Disabled Students Programs & Services                               | 6420 |              |             |                      |          |                 |  |
| Subtotal  |      | \$24,201,764 | \$1,576,523 | \$22,625,241         | \$0      | \$22,625,241    |  |

Table 4 Indirect Cost Rate for Community Colleges (continued)

| INDIRECT COST                                |      | FORM<br>FAM-29C |             |                |             |              |
|--|------|-----------------|-------------|----------------|-------------|--------------|
| (01) Claimant                                |      |                 |             | (02) Period of | Claim       |              |
| (03) Expenditures by Activity                |      |                 |             | (04) Allowable | Costs       |              |
| Activity                                     | EDP  | Total           | Adjustments | Total          | Indirect    | Direct       |
| Extended Opportunity Programs & Services     | 6430 |                 |             |                |             |              |
| Health Services                              | 6440 | 0               | 0           | 0              | C           | 0            |
| Student Personnel Admin.                     | 6450 | 289,926         | 12,953      | 276,973        | C           | 276,973      |
| Financial Aid Administration                 | 6460 | 391,459         | 20,724      | 370,735        | C           | 370,735      |
| Job Placement Services                       | 6470 | 83,663          | 0           | 83,663         | C           | 83,663       |
| Veterans Services                            | 6480 | 25,427          | 0           | 25,427         | C           | 25,427       |
| Miscellaneous Student<br>Services            | 6490 | 0               | 0           | 0              | C           | 0            |
| Operation & Maintenance of Plant             | 6500 |                 |             |                |             |              |
| Building Maintenance and<br>Repairs          | 6510 | 1,079,260       | 44,039      | 1,035,221      | 72,465      | 962,756      |
| Custodial Services                           | 6530 | 1,227,668       | 33,677      | 1,193,991      | 83,579      | 1,110,412    |
| Grounds Maintenance and Repairs              | 6550 | 596,257         | 70,807      | 525,450        | 36,782      | 488,668      |
| Utilities                                    | 6570 | 1,236,305       | 0           | 1,236,305      | 86,541      | 1,149,764    |
| Other  | 6590 | 3,454           | 3,454       | 0              | O           | 0            |
| Planning, Policy Making, and<br>Coordination | 6600 | 587,817         | 22,451      | 565,366        | 565,366     | 0            |
| General Inst. Support Services               | 6700 |                 |             |                |             |              |
| Community Relations                          | 6710 | 0               | 0           | 0              | 0           | 0            |
| Fiscal Operations                            | 6720 | 634,605         | 17,270      | 617,335        | 553,184     | (a) 64,151   |
| Human Resources<br>Management                | 6730 |                 |             |                |             |              |
| Noninstructional Staff Benefits & Incentives | 6740 |                 |             |                |             |              |
| Staff Development                            | 6750 |                 |             |                |             |              |
| Staff Diversity                              | 6760 |                 |             |                |             |              |
| Logistical Services                          | 6770 |                 |             |                |             |              |
| Management Information<br>Systems            | 6780 | ·               |             |                |             |              |
| Subtotal                                     |      | \$30,357,605    | \$1,801,898 | \$28,555,707   | \$1,397,917 | \$27,437,157 |

Table 4 Indirect Cost Rate for Community Colleges (continued)

#### MANDATED COST **FORM** INDIRECT COST RATE FOR COMMUNITY COLLEGES FAM-29C (02) Period of Claim (01) Claimant (03) Expenditures by Activity (04) Allowable Costs EDP Total Adjustments · Total Indirect Activity Direct General Inst. Sup. Serv. (cont.) 6700 Other General Institutional 6790 Support Services Community Services and 6800 **Economic Development** Community Recreation 6810 703.858 20.509 683.349 683.349 0 Community Service Classes 6820 423,188 24.826 398,362 0 398.362 Community Use of Facilities 6830 89,877 10,096 79,781 79,781 **Economic Development** 6840 Other Community Svcs. & 6890 **Economic Development Ancillary Services** 6900 0 0 0 0 **Bookstores** 6910 0 0 Child Development Center 6920 89,051 1,206 87,845 87.845 0 Farm Operations 6930 0 0 0 0 **Food Services** 6940 0 0 0 0 0 Parking 6950 420,274 6.857 413,417 0 413,417 Student and Co-curricular 6960 0 0 0 0 0 Activities 6970 0 0 0 0 Student Housing 0 6990 0 0 0 0 0 Other 7000 **Auxiliary Operations** Contract Education 0 7010 1,124,557 12,401 1,112,156 1,112,156 Other Auxiliary Operations 7090 0 0 0 Physical Property Acquisitions 7100 814.318 814,318 0 0 \$31,330,617 \$1,397,917 (05) Total \$34,022,728 \$2,692,111 \$30,212,067 (06) Indirect Cost Rate: (Total Indirect Cost/Total Direct Cost) 4.63%

<sup>(07)</sup> Notes

<sup>(</sup>a) Mandated Cost activities designated as direct costs per claim instructions.

<sup>(</sup>b) 7% of Operation and Maintenance of Plant costs are shown as indirect in accordance with claiming instructions.

### Tab 5

invoice, or statement, which includes an itemized list of costs for activities performed, must accompany the claim.

### (h) Equipment Rental Costs

Equipment purchases and leases (with an option to purchase) are not reimbursable as a direct cost unless specifically allowed by the P's & G's for the particular mandate. Equipment rentals used solely for the mandate is reimbursable to the extent such costs do not exceed the retail purchase price of the equipment plus a finance charge. The claimant must explain the purpose and use for the equipment, the time period for which the equipment was rented and the total cost of the rental. If the equipment is used for purposes other than reimbursable activities, only the pro rata portion of the rental costs can be claimed.

### (i) Capital Outlay

Capital outlays for land, buildings, equipment, furniture and fixtures may be claimed if the P's & G's specify them as allowable. If they are allowable, the parameters and guidelines for the program will specify a basis for the reimbursement. If the fixed asset or equipment is also used for purposes other than reimbursable activities for a specific mandate, only the pro rata portion of the purchase price used to implement the reimbursable activities can be claimed.

### (j) Travel Expenses

Travel expenses are normally reimbursable in accordance with travel rules and regulations of the local jurisdiction. For some programs, however, the P's & G's may specify certain limitations on expenses, or that expenses can only be reimbursed in accordance with the State Board of Control travel standards. When claiming travel expenses, the claimant must explain the purpose of the trip, identify the name and address of the persons incurring the expense, the date and time of departure and return for the trip, description of each expense claimed, the cost of transportation, number of private auto miles traveled, and the cost of tolls and parking with receipts required for charges over \$10.00.

#### (k) Documentation

It is the responsibility of the claimant to make available to the SCO, upon request, documentation in the form of general and subsidiary ledgers, purchase orders, invoices, contracts, canceled warrants, equipment usage records, land deeds, receipts, employee time sheets, agency travel guidelines, inventory records, and other relevant documents to support claimed costs. The type of documentation necessary for each claim may differ with the type of mandate.

#### 8. Indirect Costs

Indirect costs are: (a) Incurred for a common or joint purpose benefiting more than one cost objective, and (b) not readily assignable to the cost objectives specifically benefited without effort disproportionate to the results achieved. Indirect costs can originate in the department performing the mandate or in departments that supply the department performing the mandate with goods, services and facilities. To be allowable, a cost must be allocable to a particular cost objective. Indirect costs must be distributed to benefiting cost objectives on bases which produce an equitable result related to the benefits derived by the mandate.

A CCD may claim indirect costs using the Controller's methodology (FAM-29C) outlined in the following paragraphs. If specifically allowed by a mandated program's P's & G's, a district may alternately choose to claim indirect costs using either (1) a federally approved rate prepared in

accordance with Office of Management and Budget (OMB) Circular A-21, Cost Principles for Educational Institutions; or (2) a flat 7% rate.

The SCO developed FAM-29C to be consistent with OMB Circular A-21, cost accounting principles as they apply to mandated cost programs. The objective is to determine an equitable rate to allocate administrative support to personnel who performed the mandated cost activities. The FAM-29C methodology uses a direct cost base comprised of salary and benefit costs and operating expenses. Form FAM-29C provides a consistent indirect cost rate methodology for all CCD's mandated cost programs.

FAM-29C uses total expenditures that districts report in their *California Community Colleges Annual Financial and Budget Report* (CCFS-311), Expenditures by Activity for the General Fund – Combined. The computation excludes Capital Outlay and Other Outgo in accordance with OMB Circular A-21. The indirect cost rate computation includes any depreciation or use allowance applicable to district buildings and equipment. Districts calculate depreciation or use allowance costs separately from the CCFS-311 report and should calculate them in accordance with OMB Circular A-21.

OMB Circular A-21, Section C.4, states that cost is allocable to a particular cost objective in accordance with the relative benefits received. Also, Section E.2.b. states that the overall objective of the cost allocation process is to distribute indirect costs to the institution's major functions in proportions reasonably consistent with their use of the institution's resources. In addition, Section E.2.c. notes that where certain items or categories of expense relate to less than all functions, such expenses should be set aside for selective allocation.

OMB Circular A-21, Section H, describes a simplified method for indirect cost rate calculations. However, Section H.1.b. states that the simplified method should not be used where it produces results that appear inequitable. As previously noted, FAM-29C strives to equitably allocate administrative support costs to personnel that perform mandated cost activities claimed by CCD. For example, library costs and department administration expenses, normally classified fully or partly as indirect costs in OMB Circular A-21, are instead classified as direct costs for FAM-29C. These costs do not benefit mandated cost activities. In summary, FAM-29C indirect costs include Operation and Maintenance of Plant; Planning, Policy Making, and Coordination; General Institutional Support Services (excluding Community Relations); and depreciation or use allowance. Community Relations includes fundraising costs, which are unallowable under OMB Circular A-21. If the district claims any costs from these indirect accounts as a direct mandate-related costs, the same costs should be reclassified as direct on FAM-29C.

Table 4 presents an example of the FAM-29C methodology.

| MAN  | IDATED ( | COST                        | -                                    |                               | F               | ORM              |  |  |  |  |
|--|----------|-----------------------------|--------------------------------------|-------------------------------|-----------------|------------------|--|--|--|--|
| INDIRECT COST RATE FOR                         | R COMMU  | INITY COLLEGE               | DISTRICTS                            |                               | FAM 29-C        |                  |  |  |  |  |
| (1) Claimant                                   |          |                             |                                      | (02) Period of Claim          |                 |                  |  |  |  |  |
| Activity                                       | EDP      | Total Costs<br>Per CCFS-311 | Less: Capital Outlay and Other Outgo | FAM 29-C<br>Adjusted<br>Total | Indirect        | Direct           |  |  |  |  |
| Instructional Activities                       | 599      |                             |                                      | \$ 51,561,504                 | Hart St. Sec.   | \$ 51,561,504    |  |  |  |  |
| Instruct. Admin. & Instruct. Governance        | 6000     | 6,882,034                   | (216,518)                            | 6,665,516                     | 777-1227-184    | 6,665,516        |  |  |  |  |
| Instructional Support Services                 | 6100     | 4,155,095                   | (9,348)                              | 4,145,747                     |                 | 4,145,747        |  |  |  |  |
| Admissions and Records                         | 6200     | 2,104,543                   | (3,824)                              | 2,100,719                     |                 | 2,100,719        |  |  |  |  |
| Student Counseling and Guidance                | 6300     | 4,570,658                   | (1,605)                              | 4,569,053                     | Service 1       | 4,569,053        |  |  |  |  |
| Other Student Services                         | 6400     | 5,426,510                   | (41,046)                             | 5,385,464                     |                 | 5,385,464        |  |  |  |  |
| Operation and Maintenance of Plant             | 6500     | 8,528,585                   | (111,743)                            | 8,416,842                     | 8,416,842       |                  |  |  |  |  |
| Planning, Policy Making, and Coordination      | 6600     | 5,015,333                   | (23,660)                             | 4,991,673                     | 4,991,673       |                  |  |  |  |  |
| General Institutional Support Services         |          |                             |                                      | -                             | Service Control | egica da la como |  |  |  |  |
| Community Relations                            | 6710     | 885,089                     | (6,091)                              | 878,998                       |                 | 878,998          |  |  |  |  |
| Fiscal Operations                              | 6720     | 1,891,424                   | (40,854)                             | 1,850,570                     | 1,850,570       |                  |  |  |  |  |
| Human Resources Management                     | 6730     | 1,378,288                   | (25,899)                             | 1,352,389                     | 1,352,389       |                  |  |  |  |  |
| Non-instructional Staff Retirees' Benefits and |          | •                           | · ,                                  | · · ·                         | · · · · ·       |                  |  |  |  |  |
| Retirement Incentives                          | 6740     | 1,011,060                   |                                      | 1,011,060                     | 1,011,060       | 1.5              |  |  |  |  |
| Staff Development                              | 6750     | 108,655                     | (8,782)                              | 99,873                        | 99,873          | 100              |  |  |  |  |
| Staff Diversity                                | 6760     | 30,125                      | , ,                                  | 30,125                        | 30,125          | -                |  |  |  |  |
| Logistical Services                            | 6770     | 2,790,091                   | (244,746)                            | 2,545,345                     | 2,545,345       |                  |  |  |  |  |
| Management Information Systems                 | 6780     | 2,595,214                   | (496,861)                            | 2,098,353                     | 2,098,353       |                  |  |  |  |  |
| Other General Institutional Support Services   | 6790     | 33,155                      | (4,435)                              | 28,720                        | 28,720          |                  |  |  |  |  |
| Community Services and Economic Development    | 6800     | 340,014                     |                                      | 340,014                       |                 | 340,014          |  |  |  |  |
| Anciliary Services                             | 6900     | 1,148,730                   | (296)                                | 1,148,434                     | 365             | 1,148,434        |  |  |  |  |
| Auxiliary Operations                           | 7000     |                             |                                      | -                             |                 | -                |  |  |  |  |
| Depreciation or Use Allowance - Building       |          |                             |                                      | -                             | 2,620,741       |                  |  |  |  |  |
| Depreciation or Use Allowance - Equipment      |          |                             |                                      | <u>.</u>                      | 1,706,396       | p.               |  |  |  |  |
| Totals   |          | \$100,687,011               | \$ (1,466,612)                       | \$ 99,220,399                 | \$26,752,087    | \$ 76,795,449    |  |  |  |  |
|  |          |                             |                                      |                               | (A)             | (B)              |  |  |  |  |
| ndirect Cost Rate (A)/(B)                      |          |                             |                                      |                               | 34.84%          |                  |  |  |  |  |

Tab 6

### Academic Advising Program P-2332

2300 STUDENT DEVELOPMENT2330 Intercollegiate Athletics

Policy - 2000 Students | Table of Contents | Back | Next

### 1.0 Purpose and Scope

### 1.1 Intercollegiate Athletic Policies

- 1.1.1 Responsibility for the supervision of the administration of California Community College intercollegiate athletic programs is exercised through the Commission on Athletics (COA). The COA is under the authority of the Board of Directors of the Community College League of California (CCLC). The COA delegates to the Board of Directors of the Chief Executive Officers of the California Community Colleges the power to review the policies and procedures of the COA as specified in the Athletic Code of the California Community Colleges.
- 1.1.2 All colleges participating in intercollegiate athletics are required to be members in good standing of the COA and to function under the Athletic Code of the California Community Colleges.
- 1.2 The Los Rios District Board of Trustees recognizes that students who represent the District's colleges through their participation in intercollegiate athletics are responsible to a set of unique academic requirements. This obligation indicates that a structure to assist them in meeting those requirements is essential. In response to this necessity, the Board of Trustees has established the Academic Advising Program for Student Athletes at each of the District's colleges with the purpose of providing all student athletes with the support necessary to assist them in developing and achieving their educational objectives.

### 2.0 Program Goals

- 2.1 The goals of the Academic Advising Program include the following:
  - 2.1.1 An environment which promotes academic achievement for student athletes;
  - 2.1.2 Participation in the mandated matriculation program as formatted for student athletes;
  - 2.1.3 The acquisition of skills, habits, and attitudes necessary to achieve educational objectives;
  - 2.1.4 Knowledge of the rules, regulations and responsibilities which affect both athletic and educational objectives.

Policy Adopted:

6/15/94

Policy Revised:

Policy Reviewed:

R-2332

Adm. Regulation:

Policy - 2000 Students | Table of Contents | Top of Page | Back | Next

### Tab 7

### **BYLAW 9**

### Medical Guidelines

(Adopted & effective: October 19, 2007.)

### 9.1 PROLOGUE

- 9.1.1 The COA recognizes that each student athlete's medical history, current health, and physical limitations are unique. It also acknowledges that each sport at each college places differing demands on student athletes and that each college has different facilities and staffing needs due to program size and financial capabilities.
- 9.1.2 The following guidelines for athletic and medical care represent the minimum standard for medical care as set forth for COA sanctioned sports. It is understood that each college must use its experience and common sense to tailor these guidelines to its specific needs. Student athletes should understand that each college will use its best efforts to provide for the safety and welfare of the athletes, but each student must exercise his/her good judgment as well. The COA does not warrant to the college or to the student athlete that adherence to these guidelines will prevent injuries.
- 9.1.3 This bylaw is supplemented by Bylaw 6, Postconference Competition.

### 9.2 THE STUDENT ATHLETE HEALTH AND WELFARE TEAM

### 9.2.1 TEAM PHYSICIAN

Each school shall obtain the services of a licensed physician to oversee the implementation of the sports medicine program. This licensed physician shall herein be referred to as the team physician and is the final authority on all medical aspects of the athletic health and welfare program. The team physician is responsible for supervision of all medical aspects of the athletic health and welfare program and this includes:

- A. Develop procedures to determine an athlete's medical eligibility to participate in practice or competition. While other medical professionals may be consulted, the final decision concerning participation lies with the college's team physician.
- B. Approve protocols for the athletic program's first aid and emergency response consistent with the district policies.
- C. Establish rehabilitation programs used in the athletic training program.
- D. Provide medical direction to the athletic trainer(s)/athletic health care provider and staff.
- E. Participate as a member of the college's student athlete health and welfare team.

Tab 8

### California Community Colleges

### ANNUAL FINANCIAL AND BUDGET REPORT

(Financial Report for Fiscal Year 20xx-xx) (Budget Report for Fiscal Year 20xx-xx)

| District:                           | District Code:  |
|-------------------------------------|---|
| the budget adopted in accordance wi | al and Budget Report was prepared and the California Code of Regulations, to the best of my knowledge, the data |
| District Chief Business Officer     | Date  |
| District Chief Executive Officer    | Date  |

In accordance with the *California Code of Regulations*, Section 58305(d), a copy of this report is due to the Chancellor's Office on or before October 10, 2009. Please submit the report as follows:

Chancellor's Office California Community Colleges Fiscal Services Unit 1102 Q Street, Suite 400 Sacramento, CA 95811-6511

### California Community Colleges

#### ANNUAL FINANCIAL AND BUDGET REPORT

#### **General Instructions**

- A. On or before September 30, 20xx, this report is to be made available for review by the public. It is to be submitted to the Chancellor's Office **no later than October 10, 20xx**. A copy of this report is to be filed with the appropriate county officers for information and review. Refer to the Budget and CCFS 311 Calendar for the due dates for the district budget and CCFS 311.
- B. This report is divided into two parts:

#### PART 1 REVENUES, EXPENDITURES, AND FUND BALANCE DATA

- 10 General Fund
- 20 Debt Service Funds
- 30 Special Revenue Funds
- 40 Capital Projects Funds
- 50 Enterprise Funds
- 60 Internal Service Funds
- 70 Trust Funds

#### PART 2 SUPPLEMENTAL DATA

- a. Gann Appropriation Limit
- b. Analysis of Net Ending Balance for the General Fund
- c. Analysis of Compliance with the 50 Percent Law
- d. Detail of General Fund Revenues
- e. Expenditures by Activity for the General Fund
- f. Receipt and Expenditures of Lottery Proceeds
- g. Analysis of Interfund Transfers
- h. Worksheets and instructions for calculating compliance with the 50 Percent Law
- i. Balance Sheets by fund (in Excel only)
- C. The California Community Colleges *Budget and Accounting Manual (2000 Edition)* should be consulted for general accounting structure and procedures, and for specific information regarding funds, accounts, etc.
- D. Each page should be completed carefully and balanced. The district name and code number should be entered in the appropriate space on every page. The district should not use subfunds in this report. Only composite fund information should be used for each fund.
- E. This report should be completed in whole numbers. Do not report cents.
- F. Any questions regarding this report should be referred to:
  Chancellor's Office, California Community Colleges
  Fiscal Services Unit
  myarber@cccco.edu
  (916) 327-6818

(916) 323-3057 FAX

### **California Community Colleges**

### ANNUAL FINANCIAL AND BUDGET REPORT

### Annual Budget and CCFS 311 Calendar

| Date  | Action   | Authority                                |
|---|--|--|
| June 15   | State Legislature sends Budget Act to Governor for signature             | State Constitution,<br>Article IV, 12(c) |
| July 1  | Adopt a tentative budget and forward to appropriate county officer.      | Title 5, 58305(a)                        |
| As required by the county   | Data to compute property tax   | Title 5, 58305(b)                        |
| Three days prior to public hearing                                    | Newspaper notification of public hearing on district budget              | Title 5, 58301                           |
| September 15. Allow 3 days for public review of budget before hearing | Schedule a public hearing of local governing board adopt district budget | Title 5, 58301                           |
| September 15  | Adoption of district budget.   | Title 5, 58305(c)                        |
| September 30  | File 311 with County and make 311 available for public review.           | Title 5, 58305(d)                        |
| October 10  | Submit 311 to Chancellor's Office  | Title 5, 58305(d)                        |

# CCFS 311 – PART 1 Revenues, Expenditures, and Fund Balance Data General Information

| EDP<br>No. | Description/Definition   |
|------------|--|
|            | - Funds. (See Budget and Accounting Manual, Chapter 2)   |
| 801        | <ul> <li>Total Revenues. (See Budget and Accounting Manual, Chapter 3)</li> </ul>  |
| 501        | <ul> <li>Total Expenditures. (See Budget and Accounting Manual, Chapter 4)</li> </ul>  |
| 201        | <ul> <li>Excess/(Deficiency) of Revenues over Expenditures.</li> <li>The difference between Total Revenues (EDP 801) and Total Expenditures (EDP 501). Use brackets when a deficiency occurs.</li> </ul> |
| 901        | <ul> <li>Net Increase/(Decrease) in Fund Balance.</li> <li>The net results of operations and other items (EDP 201 plus EDP 8900 less EDP 7000). Use brackets when there is a decrease.</li> </ul>        |
| 902        | <ul> <li>Net Beginning Balance, July 1.</li> <li>This is the same amount reported as Net Ending Balance for the preceding June 30 as reported on the CCFS-311.</li> </ul>                                |
| 903        | <ul> <li>Prior Years Adjustments. (See Budget and Accounting Manual, Chapter 3—<br/>Property Taxes, Chapter 5–Fund Balance)</li> </ul>   |

The beginning fund balance for the current period should equal the ending balance, as previously stated for the prior period. For each of the seven schedules of *Revenues*, *Expenditures*, and *Fund Balance Data*, Net Beginning Balance - July 1 (line 902) should be the same as the prior year's Ending Fund Balance - June 30 (line 905).

This beginning balance must then be adjusted for any prior year or other adjustments to correctly reflect the beginning balance. Such adjustments are entered on line 903 - Prior Year Adjustments. These adjustments include items such as

- Prior year audit adjustments of revenues or expenditures affecting the prior year's ending balance;
- Mathematical mistakes: and
- Oversight of facts that existed at the time the financial statements were prepared.

Note: Adjustments to local property tax revenues are treated as adjustments to current revenues and not as prior years' adjustments.

### **Governmental Funds Group**

- 10 General Fund:
  - 11 Unrestricted Subfund
  - 12 Restricted Subfund

### REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

**GENERAL FUND** 

| Of Actual Tear. 2000-00 and Budget Tear. 2000-00   | Budget real. 20XX-XX GLNERAL FOND |   |              |   |                 |             |            |
|--|-----------------------------------|---|--------------|---|-----------------|-------------|------------|
|  | State UNRESTRICTED SUBFUND        |   |              | •                                       | 12<br>D SUBFUND | 10<br>TOTAL |            |
| Description  | Use<br>Only<br>(EDP)              | Actual (1)                              | Budget (2)   | Actual (1)                              | Budget (2)      | Actual (1)  | Budget (2) |
| REVENUES:  |                                   |   |              |   |                 |             | 1          |
| Federal Revenues                                   | 8100                              |   |              |   |                 |             |            |
| State Revenues                                     | 8600                              |   |              |   |                 |             |            |
| Local Revenues                                     | 8800                              |   |              |   |                 |             |            |
| TOTAL REVENUES                                     | 801                               |   |              |   |                 |             |            |
| EXPENDITURES:                                      |                                   |   |              |   |                 |             |            |
| Academic Salaries                                  | 1000                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |   |                 |             |            |
| Classified Salaries                                | 2000                              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |              |   |                 |             |            |
| Employee Benefits                                  | 3000                              |   |              |   |                 | <b>.</b>    |            |
| Supplies and Materials                             | 4000                              |   |              |   |                 |             |            |
| Other Operating Expenses and Services              | 5000                              |   |              | *************************************** |                 |             |            |
| Capital Outlay                                     | 6000                              |   |              |   | <b>-</b>        |             |            |
| TOTAL EXPENDITURES                                 | 501                               |   |              |   |                 |             |            |
| EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES  | 201                               |   |              |   |                 | ·           |            |
| OTHER FINANCING SOURCES                            | 8900                              |   |              |   |                 |             |            |
| OTHER OUTGO  | 7000                              |   |              |   | ·               |             |            |
| NET INCREASE/(DECREASE) IN FUND BALANCE            | 901                               |   |              |   |                 |             |            |
| BEGINNING FUND BALANCE:                            |                                   |   |              | <u> </u>                                |                 |             |            |
| Net Beginning Balance, July 1                      | 902                               |   |              |   |                 |             |            |
| Prior Years Adjustments (See Instructions on back) | 903                               |   | 1            |   |                 |             | 1.00       |
| Adjusted Beginning Balance                         | 904                               |   | AND STATE OF |   | 1.0             |             |            |
| ENDING FUND BALANCE, JUNE 30                       | 905                               |   |              |   |                 |             |            |

|  | District |
|--|----------|
|  | Code No  |

### **Governmental Funds Group**

20 Debt Service Funds:

21 Bond Interest and Redemption Fund22 Revenue Bond Interest and Redemption Fund

29 Other Debt Service Fund

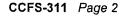
REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

**DEBT SERVICE FUNDS** 

| Of Actual Teal. 2000-00 and Dudget Teal. 2000-00   | Actual Teal. 2000-XX aliu Buuget Teal. 2000-XX |                                  |               |  |               |                                  |  |
|--|--|----------------------------------|---------------|--|---------------|----------------------------------|--|
|  | State  | <u>2</u><br>BOND INTE<br>REDEMPT | REST AND      | 22 REVENUE BOND INTEREST AND REDEMPTION FUND |               | 29<br>OTHER DEBT<br>SERVICE FUND |  |
| Description  | Use<br>Only<br>(EDP)                           | Actual<br>(1)                    | Budget<br>(2) | Actual<br>(1)                                | Budget<br>(2) | Actual<br>(1)                    | Budget<br>(2)                                |
| REVENUES: Federal Revenues   | 8100   |                                  |               |  |               |                                  |  |
| State Revenues  Local Revenues   | 8600<br>8800                                   | ,                                |               |  |               |                                  |  |
| TOTAL REVENUES   | 801  |                                  |               |  |               |                                  |  |
| Other Financing Sources (CA 8900):<br>Interfund Transfers – In<br>Other Incoming Transfers                               | 802<br>803                                     |                                  |               |  |               |                                  |  |
| TOTAL — OTHER FINANCING SOURCES Other Outgo (CA 7000): Debt Retirement (Long-Term Debt) (CA 7100):                       | 808  |                                  |               |  |               |                                  |  |
| Debt Reduction Debt Interest and Other Service Charges Transfers (Outgoing) (CA 7300 and 7400) Reserve for Contingencies | 711<br>712<br>730<br>7900                      |                                  |               |  |               | 7.22 <del>.00</del>              |  |
| TOTAL — OTHER OUTGO  | 708  |                                  |               |  |               |                                  |  |
| NET OTHER FINANCING SOURCES/(OTHER OUTGO) CA 8900/7000   | 202  |                                  |               |  |               |                                  |  |
| NET INCREASE/(DECREASE) IN FUND BALANCE  | 901  |                                  |               |  |               |                                  |  |
| BEGINNING FUND BALANCE: Net Beginning Balance, July 1  | 902  |                                  |               |  |               | ,                                |  |
| Prior Years Adjustments Adjusted Beginning Balance   | 903<br><b>904</b>                              |                                  |               | •  |               |                                  | 750<br>1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ENDING FUND BALANCE, JUNE 30   | 905  |                                  |               | ×-   |               |                                  |  |

| · · · | District |
|-------|----------|
|       | Code N   |



### **Governmental Funds Group**

30 Special Revenue Funds:

| 31 | Bookstore | Fun | d |
|----|-----------|-----|---|
|    |           |     |   |

Cafeteria Fund

Child Development Fund

Farm Operations Fund

Revenue Bond Project Fund Other Special Revenue Fund

### REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

### **SPECIAL REVENUE FUNDS**

|  | State                |               | FUND          |               | FUND          |               | FUND          |
|--|----------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Description  | Use<br>Only<br>(EDP) | Actual<br>(1) | Budget<br>(2) | Actual<br>(1) | Budget<br>(2) | Actual<br>(1) | Budget<br>(2) |
| REVENUES:  | ,                    |               |               | 1             |               |               |               |
| Federal Revenues   | 8100                 |               |               |               |               |               |               |
| State Revenues   | 8600                 |               |               |               |               |               |               |
| Local Revenues   | 8800                 |               |               |               |               |               |               |
| TOTAL REVENUES   | 801                  |               |               |               |               |               |               |
| EXPENDITURES:  |                      |               |               |               |               |               |               |
| Academic Salaries  | 1000                 |               |               |               |               |               |               |
| Classified Salaries                                      | 2000                 |               |               |               |               |               |               |
| Employee Benefits  | 3000                 | ,             |               |               |               |               |               |
| Supplies and Materials                                   | 4000                 |               |               |               | ,             |               | .,            |
| Other Operating Expenses and Services                    | 5000                 |               | ,             |               |               |               |               |
| Capital Outlay   | 6000                 |               |               |               |               |               |               |
| TOTAL EXPENDITURES                                       | 501                  |               |               |               |               |               |               |
| <b>EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES</b> | 201                  |               |               |               |               |               |               |
| OTHER FINANCING SOURCES                                  | 8900                 |               |               |               |               |               |               |
| OTHER OUTGO  | 7000                 |               |               | !             |               |               |               |
| NET INCREASE/(DECREASE) IN FUND BALANCE                  | 901                  |               |               |               |               |               |               |
| BEGINNING FUND BALANCE:                                  |                      |               |               |               |               |               |               |
| Net Beginning Balance, July 1                            | 902                  |               |               |               |               |               |               |
| Prior Years Adjustments                                  | 903                  |               | 54 14 3 150   |               | See State 197 |               | 100           |
| Adjusted Beginning Balance                               | 904                  |               | 30.00 A       |               | 4.1           |               | 105           |
| ENDING FUND BALANCE, JUNE 30                             | 905                  |               |               |               |               |               |               |

|  | <br> | District |
|--|------|----------|
|  |      | Code No  |

### **Governmental Funds Group**

Capital Projects Funds:

41 Capital Outlay Projects Fund

42 Revenue Bond Construction Fund

REVENUES, EXPENDITURES, AND FUND BALANCE DATA For Actual Year: 20xx-xx and Budget Year: 20xx-xx

**CAPITAL PROJECTS FUNDS** 

| roi Actual Tear. 20xx-xx and Budget Tear. 20xx-xx | CAPITAL PROJECTS FUNDS |                     |   |                                   |                             |  |
|---|------------------------|---------------------|---|-----------------------------------|-----------------------------|--|
|   | State                  | 4<br>CAPITAL OUTLAY | 1<br>PROJECTS FUND                      | 42 REVENUE BOND CONSTRUCTION FUND |                             |  |
| Description                                       | Use<br>Only<br>(EDP)   | Actual<br>(1)       | Budget<br>(2)                           | Actual<br>(1)                     | Budget<br>(2)               |  |
| REVENUES:   |                        |                     |   |                                   |                             |  |
| Federal Revenues                                  | 8100                   |                     |   |                                   |                             |  |
| State Revenues                                    | 8600                   |                     |   |                                   |                             |  |
| Local Revenues                                    | 8800                   |                     |   |                                   |                             |  |
| TOTAL REVENUES                                    | 801                    |                     |   |                                   |                             |  |
| EXPENDITURES:                                     |                        |                     |   |                                   |                             |  |
| Academic Salaries                                 | 1000                   |                     |   |                                   |                             |  |
| Classified Salaries                               | 2000                   |                     |   |                                   |                             |  |
| Employee Benefits                                 | 3000                   |                     | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   |                             |  |
| Supplies and Materials                            | 4000                   |                     |   |                                   |                             |  |
| Other Operating Expenses and Services             | 5000                   |                     |   |                                   |                             |  |
| Capital Outlay                                    | 6000                   |                     |   |                                   |                             |  |
| TOTAL EXPENDITURES                                | 501                    |                     |   |                                   |                             |  |
| EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES | 201                    |                     |   |                                   |                             |  |
| OTHER FINANCING SOURCES                           | 8900                   |                     |   |                                   |                             |  |
| OTHER OUTGO                                       | 7000                   |                     |   |                                   |                             |  |
| NET INCREASE/(DECREASE) IN FUND BALANCE           | 901                    |                     |   |                                   |                             |  |
| BEGINNING FUND BALANCE:                           |                        |                     |   |                                   | ·                           |  |
| Net Beginning Balance, July 1                     | 902                    |                     |   |                                   |                             |  |
| Prior Years Adjustments                           | 903                    | <u> </u>            | and the second second                   |                                   | A Character Section Control |  |
| Adjusted Beginning Balance                        | 904                    |                     |   |                                   | W. T. P. S. L.              |  |
| ENDING FUND BALANCE, JUNE 30                      | 905                    |                     |   |                                   |                             |  |

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### **Proprietary Funds Group**

**50** Enterprise Funds:

51 Bookstore Fund52 Cafeteria Fund

53 Farm Operations Fund59 Other Enterprise Fund

### REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

**ENTERPRISE FUNDS** 

|  | State                |               | FUND   |               | FUND   |
|--|----------------------|---------------|--|---------------|--|
| Description                                  | Use<br>Only<br>(EDP) | Actual<br>(1) | Budget<br>(2)                                | Actual<br>(1) | Budget<br>(2)  |
| TOTAL INCOME                                 | 801                  |               |  |               |  |
| COST OF SALES                                | 510                  | ·             |  |               |  |
| GROSS PROFIT OR (LOSS)                       | 520                  |               |  |               |  |
| EXPENDITURES:                                |                      |               |  |               |  |
| Academic Salaries                            | 1000                 |               |  |               |  |
| Classified Salaries                          | 2000                 | ,             |  |               |  |
| Employee Benefits                            | 3000                 |               |  |               |  |
| Supplies and Materials                       | 4000                 |               |  |               |  |
| Other Operating Expenses and Services        | 5000                 |               |  |               |  |
| Capital Outlay                               | 6000                 |               |  |               |  |
| TOTAL EXPENDITURES                           | 501                  |               |  |               |  |
| NET PROFIT OR (LOSS)                         | 201                  |               |  |               |  |
| OTHER FINANCING SOURCES                      | 8900                 |               |  |               |  |
| OTHER OUTGO                                  | 7000                 |               |  |               |  |
| NET INCREASE/(DECREASE) IN RETAINED EARNINGS | 901                  |               |  |               |  |
| BEGINNING FUND BALANCE:                      |                      |               |  |               |  |
| Net Beginning Balance, July 1                | 902                  |               |  |               |  |
| Prior Years Adjustments                      | 903                  |               | 14-4-01-15-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- |               | And the state of t |
| Adjusted Beginning Balance                   | 904                  |               |  |               | 758 (15)   |
| ENDING FUND BALANCE, JUNE 30                 | 905                  |               |  |               | ·  |

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| Code No  |

### Proprietary Funds Group 60 Internal Service Funds:

61 Self-Insurance Fund

69 Other Internal Services Fund

### REVENUES, EXPENDITURES, AND FUND BALANCE DATA

For Actual Year: 20xx-xx and Budget Year: 20xx-xx

**INTERNAL SERVICE FUNDS** 

|   |                              | <u>61</u>     |               | <u>69</u>      |                 |  |
|---|------------------------------|---------------|---------------|----------------|-----------------|--|
|   | State                        | SELF-INSUR    | ANCE FUND     | OTHER INTERNAL | _ SERVICES FUND |  |
| Description   | Use<br>Only<br>(EDP)         | Actual<br>(1) | Budget<br>(2) | Actual<br>(1)  | Budget<br>(2)   |  |
| TOTAL INCOME  | 801                          |               |               |                |                 |  |
| EXPENDITURES: Academic Salaries Classified Salaries Employee Benefits Supplies and Materials                | 1000<br>2000<br>3000<br>4000 |               |               |                |                 |  |
| Other Operating Expenses and Services<br>Capital Outlay   | 5000<br>6000                 |               |               |                |                 |  |
| TOTAL EXPENDITURES  | 501                          |               |               |                |                 |  |
| NET INCOME/(LOSS)   | 201                          | ,             |               |                |                 |  |
| OTHER FINANCING SOURCES   | 8900                         |               |               |                |                 |  |
| OTHER OUTGO   | 7000                         |               |               |                |                 |  |
| NET INCREASE/(DECREASE) IN RETAINED EARNINGS  | 901                          |               |               |                |                 |  |
| BEGINNING FUND BALANCE:  Net Beginning Balance, July 1  Prior Years Adjustments  Adjusted Beginning Balance | 902<br>903<br><b>904</b>     |               |               |                |                 |  |
| ENDING FUND BALANCE, JUNE 30  | 905                          |               |               |                |                 |  |

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### **Fiduciary Funds Group**

70 Trust Funds:

71 Associated Students Trust Fund

75 Scholarship and Loan Trust Fund
76 Investment Trust Fund

72 Student Representation Fee Trust Fund 76 Investment Trust Fund

77 Deferred Compensation Trust Fund

73 Student Body Center Fee Trust Fund 74 Student Financial Aid Trust Fund

79 Other Trust Funds

REVENUES, EXPENDITURES, AND FUND BALANCE DATA For Actual Year: 20xx-xx and Budget Year: 20xx-xx

TRUST FUNDS

|   | State   |               | FUND          |               |               |               | FUND           |
|---|---|---------------|---------------|---------------|---------------|---------------|----------------|
| Description   | Use<br>Only<br>(EDP)                                | Actual<br>(1) | Budget<br>(2) | Actual<br>(1) | Budget<br>(2) | Actual<br>(1) | Budget<br>(2)  |
| REVENUES: Federal Revenues  | 8100  |               |               |               |               |               |                |
| State Revenues Local Revenues   | 8600<br>8800  | <u></u>       |               |               |               |               |                |
| TOTAL REVENUES  | 801   |               |               |               |               |               |                |
| EXPENDITURES:     Academic Salaries     Classified Salaries     Employee Benefits     Supplies and Materials     Other Operating Expenses and Services     Capital Outlay TOTAL EXPENDITURES  EXCESS/(DEFICIENCY) OF REVENUES OVER EXPENDITURES | 1000<br>2000<br>3000<br>4000<br>5000<br>6000<br>501 |               |               |               |               |               |                |
| OTHER FINANCING SOURCES   | 8900  |               |               |               |               |               |                |
| OTHER PINANCING SOURCES  OTHER OUTGO  | 7000  |               |               |               |               |               |                |
| NET INCREASE/(DECREASE) IN FUND BALANCE   | . 901   |               |               | <del> </del>  |               |               |                |
| BEGINNING FUND BALANCE:   |   |               |               |               |               |               |                |
| Net Beginning Balance, July 1   | 902   |               |               |               |               |               |                |
| Prior Years Adjustments   | 903   |               | 47.0          |               |               |               |                |
| Adjusted Beginning Balance  | 904   |               | 120           |               | 1             |               | estar estation |
| ENDING FUND BALANCE, JUNE 30  | 905   |               |               |               |               |               |                |

| <br>District |
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### PART 2

### **SUPPLEMENTAL DATA**

Gann Appropriation Limit

Analysis of Net Ending Balance for the General Fund

Analysis of Compliance with the 50 Percent Law

Detail of General Fund Revenues

Expenditures by Activity for the General Fund

Receipt and Expenditures of Lottery Proceeds

Analysis of Interfund Transfers

Worksheets and instructions for calculating compliance with the 50 Percent Law

Balance Sheets by fund (in Excel only)

### **Gann Appropriation Limit**

### SUPPLEMENTAL DATA

**Proposition 4: Gann Appropriation Limit** 

Proposition 4 (November 1979, Special Election) added Article XIIIB to the State *Constitution* to place limitations on the expenditures of State and local governments.

SB 1352, Chapter 1205/80, provided the implementation of Article XIIIB. Subsequently, that legislation was amended by SB 98 (Chapter 82/89), AB 198 (Chapter 83/89), and AB 751 (Chapter 1395/89).

Using the method prescribed by the Chancellor's Office and approved by the Department of Finance, please provide district information for the budget year, pursuant to *Government Code* Sections 7908(c) and 7910, as follows:

**Budget Year: 20xx-xx** 

| Description  | State Use<br>Only<br>(EDP) | S11<br>Amount |
|--|----------------------------|---------------|
| Appropriations limit.  | 11                         | \$            |
| Appropriations subject to limit.   | 12                         | \$            |
| Amount of State aid apportionments and subventions included within the proceeds of taxes of the district.          | 13                         | \$            |
| Amounts excluded from the appropriations subject to limit, such as unreimbursed federal, State, or court mandates. | 14                         | (\$)          |

#### Instructions:

Under Article XIIIB of the *Constitution* (and subsequent legislation), districts are required to compute an annual appropriation limit. A Gann Worksheet for the budget year has been provided to complete the computational process (FSAM Memo 02-05 - Revised). The data to be reported above are obtained from the Gann Worksheet, as follows:

| EDP No | From Gann Worksheet  | Worksheet<br>Source Line # |
|--------|--|----------------------------|
| 11     | Appropriations limit.                                      | I.G.                       |
| 12     | Appropriations subject to limit.                           | II.H.                      |
| 13     | State aid apportionments and subventions.                  | II.A. <i>plus</i> II.B.    |
| 14     | Amounts excluded from the appropriations subject to limit. | II.G                       |

| <br> | District |
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### SUPPLEMENTAL DATA

Actual Year: 20xx-xx

|    | Description   | State<br>Use<br>Only<br>(EDP) | General Fund Total<br>No. S <u>10</u> |
|----|---|-------------------------------|---------------------------------------|
| A. | NET ENDING BALANCE  | 905                           |                                       |
|    | entify the following legally restricted or Board designated amounts within the  |                               |                                       |
|    | t ending balance:  Noncash Assets (Items of noncash nature not readily available to meet fund expenditures)                       | ·                             |                                       |
|    | Investments (at cost)   | 611                           |                                       |
| İ  | Student Loans Receivable  | 612                           |                                       |
|    | Stores, Inventories, and Prepaid Items  | 613                           |                                       |
|    | Subtotal B  | 619                           |                                       |
| C. | Amounts restricted by law (legal requirement) includes specific tax revenues, grants, and appropriations for restricted purposes. | 0.0                           |                                       |
|    | Federal and State   | 621                           |                                       |
|    | Local   | 622                           |                                       |
|    | Subtotal C  | 629                           |                                       |
| D. | Subtotal, Reserved (B + C)  | 675                           |                                       |
| E. | Amounts committed by contract/other legal obligations:  |                               |                                       |
|    | Capital Outlay and Equipment Replacement  | 631                           |                                       |
|    | Collective Bargaining Contracts, Personal Services,   |                               | ·                                     |
|    | and/or Consulting Contracts   | 632                           |                                       |
|    | Other   | 633                           |                                       |
|    | Subtotal E  | 639                           |                                       |
| F. | Amounts for district's self-insurance program   | 649                           |                                       |
| G. | Amounts for court order payments  | 659                           |                                       |
| Н. | Amounts designated by Board action for specific future purposes excluding amounts above:  |                               |                                       |
|    | Capital Outlay and Equipment Replacement  | 661                           |                                       |
|    | Personal Services and/or Consulting Contracts   | 662                           |                                       |
|    | General Reserve   | 663                           |                                       |
|    | Other   | 664                           |                                       |
|    | Subtotal H  | 669                           |                                       |
| I. | TOTAL, DESIGNATED AMOUNTS (D through H)   | 679                           |                                       |
| J. | UNCOMMITTED BALANCE (A less I)  | 690                           |                                       |

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### **Supplemental Data**

### Analysis of Net Ending Balance for the General Fund

This analysis is for the purpose of identifying the Board designated and legally restricted amounts within the net ending fund balance of the General Fund. The intent is to provide the district with the opportunity to report the result of governing board actions to designate parts of the district's net ending fund balance for specific future liabilities and other purposes and to identify amounts within the net ending balance for which the district has little or no discretion as to use.

Board designations are the results of formal Board action, which would require further formal Board action to change. Adoption of the district's final budget would not be sufficient for this purpose. An exception is the establishment of the General Reserve.

### Instructions

District shall maintain detailed documentation for each subcategory (items B through H) as specified.

A. For the General Fund, enter the net ending balance (from Part I—Revenues, Expenditures, and Fund Balance Data—EDP 905).

The following are category descriptions of legal restrictions and Board designations for this analysis. The district shall maintain and have available detailed listings of items and amounts, which make up the figures reported for each category and subcategory.

- B. The amounts of noncash assets that are not readily available to meet the fund(s) current operation(s) needs. Revolving cash accounts and/or investments which are readily liquid are not to be reported here. The amount of investments (i.e., stocks and bonds) which are not readily liquid or marketable, should be reported.
- C. The amounts of moneys restricted by law or limited by provision(s) and/or purpose(s) of grant(s); i.e., unexpended restricted fees/taxes, State and Federal categorical grant money not accounted for as deferred income, etc. Federal and State moneys, which are reimbursements of general purpose money already spent, are not to be reported.

- D. Subtotal, Reserved. This figure is a subtotal of items B and C.
- E. The amount of contract(s) or other legal obligation(s) designated by Board action to come from the net ending balance.
- F. The amounts for district's self-insurance program designated by Board action to come from the net ending balance. Such amounts shall not be available for other future district operations.
- G. The amounts required to be paid by court order(s) designated by Board actions to come from the net ending balance.
- H. The amounts designated by Board action for specific future purposes (subject to change) to come from the net ending balance (excluding amounts reported in categories B through G).

Analysis of Compliance with the 50 Percent Law (ECS 84362)

The Current Expense of Education

SUPPLEMENTAL DATA

Actual Year: 20xx-xx S11 GENERAL FUND-UNRESTRICTED SUBFUND

| Actual Teal. 20xx-xx  | <del> </del>                  | SENERAL FUND-UNRESTRICTED SUBFUND                                 |                                       |  |  |  |  |
|---|-------------------------------|---|---------------------------------------|--|--|--|--|
| Object Category   | State<br>Use<br>Only<br>(EDP) | ECS 84362(a) Instruc. Salary Costs (AC 0100-5900 and AC 6110) (1) | ECS 84362(b) Total (AC 0100-6799) (2) |  |  |  |  |
| Academic Salaries (CA 1000): Instructional Salaries (CA 1100 and 1300) Noninstructional Salaries (CA 1200 and 1400) Subtotal Academic Salaries  | 407<br>408<br><b>409</b>      |   |                                       |  |  |  |  |
| Classified Salaries (CA 2000): Noninstructional Salaries (CA 2100 and 2300) Instructional Aides (CA 2200 and 2400) Subtotal Classified Salaries | 411<br>416<br><b>419</b>      |   |                                       |  |  |  |  |
| Employee Benefits (CA 3000)   | 429                           |   |                                       |  |  |  |  |
| Supplies and Materials (CA 4000)  | 435                           | 144   |                                       |  |  |  |  |
| Other Operating Expenses and Services (CA 5000)   | 449                           |   |                                       |  |  |  |  |
| Equipment Replacement (CA 6400 Equipment, subsidiary "Replacement")   | 451                           |   |                                       |  |  |  |  |
| TOTAL (409 + 419 + 429) and (435 + 449 + 451)   | 459                           |   |                                       |  |  |  |  |
| Less Exclusions for Current Expense of Education  | 469                           | (   | ( )                                   |  |  |  |  |
| TOTALS for ECS 84362, 50 Percent Law (459 - 469)  | 470                           |   |                                       |  |  |  |  |
| Percentage of CEE (470, col. 1 + 470, col. 2)   | 471                           | •%  | 100.00%                               |  |  |  |  |
| 50 Percent of Current Expense of Education (50% of 470, col. 2)   | 472                           |   |                                       |  |  |  |  |
| Nonexempted Deficiency from second preceding fiscal year (if applicable)  | 473                           |   |                                       |  |  |  |  |
| Amount Required to be Expended for Salaries of Classroom Instructors (472 + 473)  | 474                           |   |                                       |  |  |  |  |

Use Worksheet A or B in the Appendix when completing this form. Please send the worksheet to the Chancellor's Office.

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### Supplemental Data Analysis of Compliance with the 50 Percent Law

#### Instructions

As an aid to completing this from, use either Worksheet A or B included in the Appendix; or use an equivalent worksheet developed by the district. Worksheet A or B provides directions for identifying costs of Salaries of Classroom Instructors (SCI), for Current Expense of Education (CEE), and for authorized exclusions from CEE. The worksheet boxes for key expenditures such as Academic Salaries (Instructional and Total) are cross-referenced to the boxes on this page.

The worksheet is a public document for review by interested parties prior to submittal of the CCFS-311 to the Chancellor's Office. The worksheet is subject to independent audit by the contracted district auditor.

NOTE: Districts not achieving 50 percent are encouraged to file an application for exemption from the 50 Percent Law. If no application for exemption is made, the law prohibits consideration of an exemption (T5, Section 59213). Annually, the March Board of Governors' agenda includes a report on every district that does not achieve 50 percent. The BOG takes action on the Chancellor's recommendations for full, partial or no exemption. Districts with a deficiency are subject to T5, section 59213 which specifies that districts submit a plan by June 30 of the current fiscal year detailing how the deficiency will be expended for salaries of classroom instructors. Failure to provide this plan will result in the amount of the deficiency being withheld from state allocations.

To be eligible for consideration of an exemption, applications for an exemption <u>must be filed with the Chancellor's Office not later than September 15. Please call for further instructions on filing and application for exemption.</u>

### Crosswalk Table for Determining Salaries of Classroom Instructors and Current Expense of Education

General Fund-Unrestricted
Objects of Expenditures

|      | Objects o                | - Expo |   |                    |  |  |  |
|------|--------------------------|--------|---|--------------------|--|--|--|
|      |                          |        | Current Expense of Education                                    |                    |  |  |  |
| 1    |                          |        | Sal. of Clsrm.  |                    |  |  |  |
| 1    |                          |        | Instr.  | Total              |  |  |  |
|      |                          |        | (AC 0100-5900   | CEE <sup>2/</sup>  |  |  |  |
|      |                          |        | & AC 6110) <sup>1/</sup>  | (AC 0100-6799)     |  |  |  |
|      | OBJECT                   | EDP    | (1)   | (2)                |  |  |  |
| 1000 | Academic Salaries:       |        |   |                    |  |  |  |
|      | Instructional            | 407    | 1100, 1300  | 1100, 1300         |  |  |  |
|      | Noninstructional         | 408    |   | 1200, 1400         |  |  |  |
| 2000 | Classified Salaries:     |        |   |                    |  |  |  |
| 1    | Noninstructional         | 411    |   | 2100, 2300         |  |  |  |
| ľ    | Instructional Aides      | 416    | 2200 <sup>3/</sup>  | 2200               |  |  |  |
|      | ·                        |        | 2400 <sup>3/</sup>  | 2400               |  |  |  |
| 3000 | Employee Benefits        | 429    | 3000 <sup>4/</sup>  | 3000               |  |  |  |
| 4000 | Supplies and Materials   | 435    |   | 4000               |  |  |  |
| 5000 | Other Operating Expenses | 449    | 5000 5/   | 5000               |  |  |  |
| 6400 | Equipment Replacement    | 451    |   | 6400 <sup>6/</sup> |  |  |  |
|      | Less Exclusions          | 469    | 69 Exclusions as defined  |                    |  |  |  |
| TOTA | <b>L</b>                 | 470    | 70 Salaries of Classroom Current Expens nstructors of Education |                    |  |  |  |

Column 1, Salaries of Classroom Instructors includes applicable expenditures (by object) under activity codes 0100-5900 and activity code 6110, Learning Center.

2/ Column 2 includes all costs in the accounts listed in column 1.

3/ Includes those Instructional Aides costs in the subaccounts identified as Direct Instruction.

4/ Includes Employee Benefits, CA 3100 through 3900, subaccount Academic Instructors and Instructional Aides (Direct Instruction).

5/ Includes only direct instructional costs associated with Instructional Service Agreements.

6/ Includes those equipment costs in the replacement subaccount.

Reference: California Education Code, Section 84362

California Code of Regulations, Title 5, Section 59200

Budget and Accounting Manual, Chapters 4 and 5 (2000 Edition)

### CALIFORNIA COMMUNITY COLLEGES Detail of General Fund Revenues

Annual Financial and Budget Report

S10 General Fund: S11 Unrestricted

S12 Restricted

### SUPPLEMENTAL DATA Actual Year: 20xx-xx

| Actual Year: 20xx-xx  | -           | Fund S11     | Fund S12                              | Fund S10                                |
|---|-------------|--------------|---------------------------------------|---|
|   | 0444-       | 11           | Dootwinted                            | Total                                   |
|   | State       | Unrestricted | Restricted                            | General Fund                            |
|   | Use<br>Only | Actual       | Actual                                | Actual                                  |
| Description   | (EDP)       | (1)          | (1)                                   | (1)                                     |
| Federal Revenues (CA 8100):                                       | (LDI /      | \''          | \''                                   | (1)                                     |
| Forest Reserve  | 8110        |              |                                       |   |
| Higher Education Act  | 8120        |              |                                       | *************************************** |
| Workforce Investment Act  | 8130        |              |                                       | •••••••••••                             |
| Temporary Assistance for Needy Families (TANF)                    | 8140        |              |                                       | ••••••••••                              |
| Student Financial Aid   | 8150        |              | ******************                    | ••••••                                  |
| Veterans Education  | 8160        |              |                                       |   |
| Veterans Education  Vocational and Technical Education Act (VTEA) | 8170        |              |                                       |   |
|   | 8190        | ••••••       |                                       | ••••••                                  |
| Other Federal Revenues TOTAL FEDERAL REVENUES                     | 8100        |              |                                       |   |
|   | 8100        |              | · · · · · · · · · · · · · · · · · · · |   |
| State Revenues (CA 8600):   | i           |              |                                       |   |
| General Apportionments (CA 8610):                                 | 404         |              | Tr.                                   |   |
| Apprenticeship Apportionment                                      | 121<br>122  |              |                                       | ••••••                                  |
| State General Apportionment                                       |             |              |                                       | •••••                                   |
| Other General Apportionments                                      | 123         |              |                                       |   |
| General Categorical Programs (CA 8620):                           |             |              |                                       |   |
| Child Development   | 124         | 22.00        |                                       |   |
| Extended Opportunity Programs and Services (EOPS)                 | 125         | Jack Street  |                                       |   |
| Disabled Students Programs and Services (DSPS)                    | 126         | 4            |                                       |   |
| Temporary Assistance for Needy Families (TANF)                    | 127         | 0.50         |                                       |   |
| CA Work Oppor. & Responsibility to Kids (CalWORKs)                | 128         | 517          |                                       |   |
| Telecommunications & Tech. Infrastructure Pgm. (TTIP)             | 129         | 4.4          |                                       |   |
| Other General Categorical Programs                                | 130         | 3.00         |                                       |   |
|   |             |              |                                       |   |
| Reimburseable Categorical Programs (CA 8650):                     | 400         |              |                                       |   |
| Instructional Improvement Grant                                   | 132         |              |                                       | ••••••                                  |
| Other Reimburseable Categorical Programs                          | 133         |              |                                       |   |
| State Tax Subventions (CA 8670):                                  |             |              |                                       |   |
| Homeowners' Property Tax Relief                                   | 134         | <b></b>      |                                       |   |
| Timber Yield Tax  | 135         |              |                                       |   |
| Other State Tax Subventions                                       | 136         |              | 100                                   |   |
| State Non-Tax Revenues (CA 8680):                                 |             |              |                                       |   |
| State Lottery Proceeds  | 137         |              |                                       |   |
| State Lottery Proceeds State Mandated Costs                       | 137         |              | a company                             | ••••••                                  |
| Other State Non-Tax Revenues                                      | 139         |              |                                       | *************************************** |
|   | 8690        |              |                                       |   |
| Other State Revenues  |             |              |                                       |   |
| TOTAL STATE REVENUES  | 8600        | l            |                                       |   |

| <br>District |
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### **Supplemental Data**

### **Detail of General Fund Revenues**

#### Instructions

Description of each revenue item is in Chapter 3 of the California Community Colleges *Budget and Accounting Manual* (2000 Edition).

Property taxes and State tax subventions reported in EDP 8811, 8812, 8813, 8816, 8817, 134, 135, and 136 are used for apportionment purposes and must be reported accurately. *Education Code* Section 84751 prescribes that these forms of property tax shall be used in calculating a district's revenue level for each fiscal year.

In accordance with Education Code Section <u>84571(d)</u>, 47.5 % of redevelopment property tax revenues received pursuant to Health and Safety Code Sections 33492.15, 33607.5, 33607.7 (except those amounts allocated exclusively for educational facilities) are recorded in the applicable property tax account. Redevelopment property tax revenues allocated exclusively for educational facilities (52.5%) pursuant to these Health and Safety Code sections are recorded in Account 8890, Other Local Revenues, for either the General Fund or Capital Projects Fund.

Tax levies for voted indebtedness are reported in the appropriate Debt Service Fund, which reflects the debt repayment, rather than in the General Fund.

State funds received under the Community College Construction Act and Scheduled Maintenance and Special Repair Programs are accounted for in the Capital Outlay Projects Fund and should not be reported as State revenues on this form.

Lottery revenue that is restricted for instructional materials pursuant to *Government Code* Section 8880.4 (Proposition 20 – Cardenas Textbook Act of 2000) should be recorded in Account 137—*State Lottery Proceeds* as restricted revenue. Lottery revenue not restricted for instructional materials is considered unrestricted General Fund revenue and should be recorded in Account 137—*State Lottery Proceeds* as unrestricted revenue.

Capital Outlay charges authorized by *Education Code* Section 76141 for nonresident students who are both citizens and residents of a foreign country can be expended only for purposes of capital outlay, maintenance, and equipment and therefore should be recorded in Account 8880—*Nonresident Tuition* as restricted revenue. Nonresident tuition fees authorized by *Education Code* Section 76140 should be recorded in Account 8880—*Nonresident Tuition* as unrestricted revenue.

### CALIFORNIA COMMUNITY COLLEGES Detail of General Funds Revenues

Annual Financial and Budget Report

S10 General Fund: S11 Unrestricted

S12 Restricted

### SUPPLEMENTAL DATA Actual Year: 20xx-xx

| Actual Teal. 2000-00                        |              | Fund S11                               | Fund S12                              | Fund S10                                |
|---|--------------|--|---------------------------------------|---|
| ·   | C4=4=        |  | Bastwisted                            | Total<br>General Fund                   |
|   | State<br>Use | Unrestricted                           | Restricted                            | General Fund                            |
|   | Only         | Actual                                 | Actual                                | Actual                                  |
| Description                                 | (EDP)        | (1)                                    | (1)                                   | (1)                                     |
| Local Revenues (CA 8800):                   | (3.7)        | \-\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |                                       |   |
| Property Taxes (CA 8810):                   |              |  |                                       |   |
| Tax Allocation, Secured Roll                | 8811         |  |                                       |   |
| Tax Allocation, Supplemental Roll           | 8812         |  |                                       | •••••                                   |
| Tax Allocation, Unsecured Roll              | 8813         |  | 100                                   | •••••                                   |
| Prior Years Taxes                           | 8816         |  | 100                                   | ••••••                                  |
| Education Revenue Augmentation Fund (ERAF)  | 8817         |  | - 4                                   |   |
| Contrib., Gifts, Grants, & Endowments       | 8820         |  |                                       |   |
| Contract Services (CA 8830):                |              |  |                                       |   |
| Contract Instructional Services             | 140          |  |                                       | • |
| Other Contract Services                     | 141          |  |                                       |   |
| Sales and Commissions                       | 8840         |  |                                       |   |
| Rentals and Leases                          | 8850         |  |                                       |   |
| Interest and Investment Income              | 8860         |  | · · · · · · · · · · · · · · · · · · · |   |
| Student Fees and Charges                    |              |  |                                       |   |
| Community Service Classes                   | 8872         |  |                                       |   |
| Dormitory                                   | 8873         |  |                                       | •••••                                   |
| Enrollment                                  | 8874         |  | 100                                   | ••••••                                  |
| Field Trips & Use of Nondistrict Facilities | 8875         |  |                                       |   |
| Health Services                             | 8876         |  |                                       | ••••••                                  |
| Instruct. Mtrls. Fees & Sales of Mtrls.     | 8877         |  |                                       | •••••                                   |
| Insurance                                   | 8878<br>8879 |  |                                       | •••••                                   |
| Student Records Nonresident Tuition         | 8880         |  |                                       | •••••                                   |
| Parking Svcs. & Public Transportation       | 8881         |  |                                       | ••••••                                  |
| Other Student Fees and Charges              | 8885         |  |                                       |   |
| Other Local Revenues                        | 8890         |  |                                       |   |
| TOTAL LOCAL REVENUES                        | 8800         |  |                                       |   |
| TOTAL REVENUES (8100 + 8600 + 8800)         | 801          |  |                                       |   |
| Other Financing Sources (CA 8900):          |              |  |                                       |   |
| Proceeds of General Fixed Assets            | 8910         |  |                                       |   |
| Proceeds of General Long-Term Debt          | 8940         |  |                                       |   |
| Incoming Transfers                          | 8980         |  |                                       |   |
| TOTAL OTHER FINANCING SOURCES               | 8900         |  |                                       |   |
| TOTAL REVENUES AND OTHER FINANCING SOURCES  | 899          |  |                                       |   |

| Distri | ct  |
|--------|-----|
| Code   | No. |

### Supplemental Data

### **Expenditures by Activity**

#### Instructions

The actual expenditures of the General Fund are captured by their activity classification and identified further by object of expenditure classification as defined in Chapter 4 of the California Community Colleges *Budget and Accounting Manual* (2000 Edition). The activity name and the four-digit numbers correspond to the classification title and controlling account number in Chapter 4, subsection: Classification of Expenditures by Activity.

Similarly, as defined in Chapter 4, subsection: Classification of Expenditures by Object, the objects are captured as combined academic and classified salaries and benefits as instructional (Col. 1) or noninstructional (Col. 2) categories; the material and supplies and other operating expenses are combined as operating expenses (Col. 3), capital outlay (Col. 4), and other outgo (Col. 5) giving total expenditures by activity (Col. 6). Only the salaries and benefits expenditures for instructors and instructional aides (direct instruction) shall be reported under Instructional by the appropriate activity line. Column 2, Noninstructional—Salaries and Benefits, are those not reported in Column 1.

**Expenditures by Activity** S10 General Fund-Combined (Total Unrestricted and Restricted)

SUPPLEMENTAL DATA

Actual Year: 20xx-xx

S10 GENERAL FUND-COMBINED

| ACIUAI TEAI. 20XX-XX STU GENERAL FUND-COMBINED         |                      |                            |                                |                                |                         |                        |                             |
|--|----------------------|----------------------------|--------------------------------|--------------------------------|-------------------------|------------------------|-----------------------------|
|  | State                | SALARIES A                 | ND BENEFITS                    | Operating                      | Capital                 | Other                  |                             |
| Activity Clas-sification                               | Use<br>Only<br>(EDP) | Instruc-<br>tional*<br>(1) | Noninstruc-<br>tional**<br>(2) | Expenses<br>(4000-5000)<br>(3) | Outlay<br>(6000)<br>(4) | Outgo<br>(7000)<br>(5) | Total<br>(1000-7000)<br>(6) |
| Agriculture and Natural Resources                      | 0100                 |                            |                                |                                |                         |                        |                             |
| Architecture and Environmental Design                  | 0200                 |                            |                                |                                |                         | ALCOHOLD SERVICE       |                             |
| Environmental Sciences and Technologies                | 0300                 |                            |                                |                                |                         |                        |                             |
| Biological Sciences                                    | 0400                 |                            |                                |                                |                         |                        |                             |
| Business and Management                                | 0500                 |                            |                                |                                |                         |                        |                             |
| Communications   | 0600                 |                            |                                |                                |                         |                        |                             |
| Information Technology                                 | 0700                 |                            |                                |                                |                         | (5)                    |                             |
| Education  | 0800                 |                            |                                |                                |                         |                        |                             |
| Engineering and Industrial Technology                  | 0900                 |                            |                                |                                |                         | A Company              |                             |
| Fine and Applied Arts                                  | 1000                 |                            |                                | ,                              |                         |                        |                             |
| Foreign Language                                       | 1100                 |                            |                                |                                |                         |                        |                             |
| Health   | 1200                 |                            |                                |                                |                         |                        |                             |
| Family and Consumer Sciences                           | 1300                 |                            |                                |                                |                         |                        |                             |
| Law  | 1400                 |                            |                                |                                | -                       |                        |                             |
| Humanities (Letters)                                   | 1500                 |                            |                                |                                |                         |                        |                             |
| Library Science  | 1600                 | <del></del>                |                                |                                |                         |                        |                             |
| Mathematics  | 1700                 |                            |                                |                                |                         |                        |                             |
| Military Studies                                       | 1800                 |                            |                                |                                |                         |                        |                             |
| Physical Sciences                                      | 1900                 |                            |                                |                                |                         |                        |                             |
| Psychology   | 2000                 |                            |                                |                                |                         |                        |                             |
| Public and Protective Services                         | 2100                 |                            |                                |                                |                         |                        |                             |
| Social Sciences  | 2200                 |                            |                                |                                |                         |                        |                             |
| Commercial Services                                    | 3000                 |                            |                                |                                |                         |                        |                             |
| Interdisciplinary Studies                              | 4900                 |                            |                                |                                |                         | 44.6                   |                             |
| Instruct. Staff-Retirees' Bnfts. & Retirement Incents. | 5900                 |                            | 1.0                            | \$20 miles                     |                         | 4.0                    |                             |
| Subtotal-Instructional Activities                      | 599                  |                            |                                |                                |                         | 12.27                  |                             |

Salaries and benefits of instructors and instructional aides in instructional assignments. Salaries and benefits of staff in noninstructional assignments.

|  |  | District |
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|  |  | Code No  |

SUPPLEMENTAL DATA Actual Year: 20xx-xx

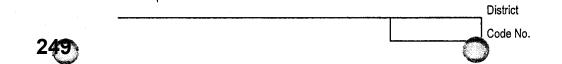
## Expenditures by Activity S10 General Fund–Combined

(Total Unrestricted and Restricted)

S10 GENERAL FUND-COMBINED

| ACTUAL I CAL. ZUXX-XX                          | O TO OCITE ONE COMBINED |  |                                  |                       |                                       |                          |   |
|--|-------------------------|--|----------------------------------|-----------------------|---------------------------------------|--------------------------|---|
|  | State<br>Use            | Instruc-   | ND BENEFITS Noninstruc- tional** | Operating<br>Expenses | Capital<br>Outlay                     | Other<br>Outgo           | Total<br>(1000-7000)                    |
| Activity Classification                        | Only<br>(EDP)           | tional*<br>(1)   | (2)                              | (4000-5000)<br>(3)    | (6000)<br><b>(4)</b>                  | (7000)<br>( <b>5)</b>    | (6)                                     |
| Instruct. Admin. & Instruct. Governance (6000) | 1==1/                   |  | \\-\\\\\\\\\\\                   | 1-7                   |                                       | V-7                      | <del></del>                             |
| Academic Administration                        | 6010                    |  |                                  |                       |                                       |                          |   |
| Course and Curriculum Development              | 6020                    |  | ,                                |                       |                                       |                          | ************************                |
| Academic/Faculty Senate                        | 6030                    |  |                                  |                       |                                       |                          |   |
| Other Instruct. Admin. & Instruct. Governance  | 6090                    | 3.75   |                                  |                       |                                       |                          |   |
| Subtotal-Instructional Administration          | 6000                    |  |                                  |                       |                                       | 1000                     |   |
| Instructional Support Services (6100)          |                         |  |                                  |                       |                                       |                          |   |
| Learning Center                                | 6110                    |  |                                  |                       |                                       |                          | • |
| Library  | 6120                    |  |                                  |                       |                                       |                          |   |
| Media  | 6130                    |  |                                  |                       |                                       |                          |   |
| Museums and Galleries                          | 6140                    |  |                                  |                       |                                       | 200                      |   |
| Academic Information Systems and Tech.         | 6150                    |  |                                  |                       |                                       |                          |   |
| Other Instructional Support Services           | 6190                    | A STATE OF THE STA |                                  |                       |                                       |                          |   |
| Subtotal-Instructional Support Services        | 6100                    |  |                                  |                       |                                       |                          |   |
| Admissions and Records                         | 6200                    | and the second   |                                  |                       |                                       |                          |   |
| Student Counseling and Guidance (6300)         |                         |  |                                  |                       |                                       | The second second second |   |
| Counseling and Guidance                        | 6310                    |  | ,                                |                       |                                       |                          |   |
| Matriculation and Student Assessment           | 6320                    | 4.5  |                                  |                       |                                       |                          |   |
| Transfer Programs                              | 6330                    |  |                                  |                       |                                       |                          |   |
| Career Guidance                                | 6340                    |  |                                  |                       |                                       |                          |   |
| Other Student Counseling and Guidance          | 6390                    |  |                                  |                       | · · · · · · · · · · · · · · · · · · · |                          |   |
| Subtotal–Student Counseling and Guidance       | 6300                    |  |                                  |                       |                                       |                          |   |
| Other Student Services (6400)                  |                         |  |                                  |                       |                                       |                          |   |
| Disabled Students Programs & Services (DSPS)   | 6420                    |  |                                  |                       | •••••                                 |                          |   |
| Extended Opportunity Prgms. & Svcs. (EOPS)     | 6430                    | 2.5  |                                  |                       |                                       |                          |   |
| Health Services                                | 6440                    |  |                                  |                       |                                       |                          |   |
| Student Personnel Administration               | 6450                    |  |                                  |                       |                                       |                          |   |
| Financial Aid Administration                   | 6460                    |  |                                  |                       |                                       |                          |   |
| Job Placement Services                         | 6470                    | 100  |                                  |                       |                                       |                          |   |
| Veterans Services                              | 6480                    |  |                                  |                       |                                       |                          |   |
| Miscellaneous Student Services                 | 6490                    |  |                                  |                       | ·                                     |                          |   |
| Subtotal-Other Student Services                | 6400                    |  |                                  |                       |                                       |                          | :                                       |

Salaries and benefits of instructors and instructional aides in instructional assignments. Salaries and benefits of staff in noninstructional assignments.



Expenditures by Activity S10 General Fund–Combined (Total Unrestricted and Restricted)

SUPPLEMENTAL DATA

Actual Year: 20xx-xx S10 GENERAL FUND-COMBINED

| Actual Ical. 20xx-xx                                 | 310 GENERAL I OND-COMBINED |   |             |   |          |                       |   |
|--|----------------------------|---|-------------|---|----------|-----------------------|---|
|  | State                      | SALARIES A                              | ND BENEFITS | Operating                               | Capital  | Other                 |   |
| •  | Use                        | Instruc-                                | Noninstruc- | Expenses                                | Outlay   | Outgo                 | Total                                   |
|  | Only                       | tional*                                 | tional**    | (4000-5000)                             | (6000)   | (7000)                | (1000-7000)                             |
| Activity Classification                              | (EDP)                      | (1)                                     | (2)         | ` (3)                                   | (4)      | (5)                   | (6)                                     |
| Operation and Maintenance of Plant (6500)            |                            |   |             |   |          |                       |   |
| Building Maintenance and Repairs                     | 6510                       | The second second                       |             |   |          |                       |   |
| Custodial Services                                   | 6530                       |   |             |   |          |                       |   |
| Grounds Maintenance and Repairs                      | 6550                       | 2.00                                    |             |   |          |                       |   |
| Utilities  | 6570                       | 440                                     |             |   |          | di .                  | *************************************** |
| Other Operation and Maintenance of Plant             | 6590                       | 0.464                                   |             |   |          |                       |   |
| Subtotal-Operation and Maintenance of Plant          | 6500                       | of a control of                         |             |   |          |                       |   |
| Planning, Policymaking, and Coordination             | 6600                       | Telephone Committee                     |             |   |          | 100                   |   |
| General Institutional Support Services (6700)        | <del></del>                |   |             |   |          |                       |   |
| Community Relations                                  | 6710                       | 10.00                                   |             |   |          |                       |   |
| Fiscal Operations                                    | 6720                       |   |             | *************************               |          |                       | **************************              |
| Human Resources Management                           | 6730                       |   |             |   |          | and the second second |   |
| Noninstrl. Staff-Retirees' Bnfts. & Retire. Incents. | 6740                       |   |             |   |          |                       |   |
| Staff Development                                    | 6750                       | No. 194                                 |             |   |          |                       | *************************************** |
| Staff Diversity                                      | 6760                       |   |             |   |          |                       |   |
| Logistical Services                                  | 6770                       | All are seen as the seen                |             |   | <u> </u> |                       |   |
| Management Information Systems                       | 6780                       |   |             |   |          |                       |   |
| Other General Institutional Support Services         | 6790                       |   |             |   |          |                       |   |
| Subtotal-General Institutional Support Services      | 6700                       | 46.00                                   |             |   |          |                       |   |
| Community Svcs. & Economic Develop. (6800)           |                            |   |             |   |          | A LANGE TO STATE OF   |   |
| Community Recreation                                 | 6810                       |   |             |   |          |                       | *************************************** |
| Community Service Classes                            | 6820                       | • |             |   |          |                       |   |
| Community Use of Facilities                          | 6830                       | 4.00                                    |             | *************************************** |          |                       |   |
| Economic Development                                 | 6840                       |   |             |   |          |                       |   |
| Other Community Svcs. & Economic Develop.            | 6890                       | 2.5                                     |             |   |          |                       |   |
| Subtotal-Community Services                          | 6800                       |   |             |   |          |                       |   |

Salaries and benefits of instructors and instructional aides in instructional assignments. Salaries and benefits of staff in noninstructional assignments.

| District |
|----------|
| Code No. |

Expenditures by Activity S10 General Fund-Combined (Total Unrestricted and Restricted)

**SUPPLEMENTAL DATA** 

Actual Year: 20xx-xx

**S10 GENERAL FUND-COMBINED** 

| Actual Teal. 20XX-XX                             |                |                       |                         | 010 02.11               | LIVAL I DIVD-CO | J                       |   |
|--|----------------|-----------------------|-------------------------|-------------------------|-----------------|-------------------------|---|
|  | State SALARIES |                       | AND BENEFITS            | Operating               | Capital         | Other                   |   |
|  | Use            | Instruc-              | Noninstruc-             | Expenses                | Outlay          | Outgo                   | Total                                   |
| !  | Only           | tional*               | tionai**                | (4000-5000)             | (6000)          | (7000)                  | (1000-7000)                             |
| Activity Classification                          | (EDP)          | (1)                   | (2)                     | (3)                     | (4)             | (5)                     | (6)                                     |
| Ancillary Services (6900)                        |                |                       |                         |                         |                 |                         |   |
| Bookstores                                       | 6910           |                       | .,                      |                         |                 |                         |   |
| Child Development Centers                        | 6920           |                       |                         |                         |                 |                         |   |
| Farm Operations                                  | 6930           |                       |                         |                         |                 |                         |   |
| Food Services                                    | 6940           |                       |                         |                         |                 |                         |   |
| Parking  | 6950           | 194                   |                         |                         |                 | · some a second         | • |
| Student and Co-curricular Activities             | 6960           |                       |                         |                         | ļ<br>           |                         |   |
| Student Housing                                  | 6970           | deal, landon transcri |                         |                         |                 | Printer and the         |   |
| Other Ancillary Services                         | 6990           | Control Control       |                         |                         |                 |                         |   |
| Subtotal-Ancillary Services                      | 6900           | 1.25                  |                         |                         |                 | 4.0                     |   |
| Auxiliary Operations (7000)                      |                |                       |                         |                         |                 |                         |   |
| Contract Education                               | 7010           |                       |                         |                         |                 |                         |   |
| Other Auxiliary Operations                       | 7090           | 4.2                   |                         |                         |                 |                         |   |
| Subtotal-Auxiliary Operations                    | 7000           |                       |                         |                         |                 |                         |   |
| Physical Prop. and Related Acquisitions (7100)   | 7100           |                       |                         |                         |                 | product of the state of |   |
| Long-Term Debt and Other Financing (7200)        |                |                       | 4.4                     |                         | 100             |                         |   |
| Long-Term Debt                                   | 7210           |                       |                         |                         | 190             |                         |   |
| Tax Revenue Anticipation Notes                   | 7220           |                       | A STATE OF THE STATE OF |                         |                 |                         |   |
| Other Financing                                  | 7290           | 9836                  | and the second states   |                         |                 | The second second       | • |
| Subtotal-Long-Term Debt and Other Financing      | 7200           |                       | 1                       |                         |                 |                         |   |
| Transfers, Student Aid, and Other Outgo (7300)   |                |                       |                         |                         | and the second  |                         |   |
| Transfers  | 7310           | de a                  | Annual Section 1995     | -                       |                 | *                       |   |
| Student Aid                                      | 7320           | are a second          |                         | 100                     | 4.0             |                         |   |
| Other Outgo                                      | 7390           |                       | and the second          |                         |                 |                         |   |
| Subtotal-Transfers, Student Aid, and Other Outgo | 7300           | 228                   |                         | According to the second | 100             |                         |   |
| TOTAL EXPENDITURES AND OTHER OUTGO               | 391            |                       |                         |                         |                 |                         |   |

 <sup>\*</sup> Salaries and benefits of instructors and instructional aides in instructional assignments.
 \*\* Salaries and benefits of staff in noninstructional assignments.

| <br> | District |
|------|----------|
|      | Code No. |

# Supplemental Data Receipt and Expenditures of Lottery Proceeds Instructions

Government Code 8880.5. Allocations for education:

(k) As a condition of receiving any moneys pursuant to subdivision (a) or (b), each district and county superintendent of schools shall establish a separate account for the receipt and expenditure of those moneys, which account shall be clearly identified as a lottery education account.

- 1. Enter the reported June 30 balance (from the previous CCFS-311 report).
- 2. Enter any adjustments to the lottery funds between the reported ending balance (item 1) and the adjusted July 1 beginning balance (item 3).
- 3. As noted in Accounting Advisory No. 2000-01 (Proposition 20 Lottery Funds for Instructional Materials), expenditures of lottery revenue restricted for instructional materials must be accounted for in the restricted subfund of the General Fund and recorded to revenue account 8680 State Non-Tax Revenues-State Lottery Proceeds. The expenditures are to be recorded within the subsidiary categories of Object 4000 Supplies and Materials: Software; Books; Magazines and Periodicals; and Instructional Supplies and Materials as appropriate. Also included are educational software licensing expenditures recorded within Object 5000 and educational software purchases recorded within Object 6400 Equipment if the cost and useful life requirements are met as prescribed in the Budget and Accounting Manual.

#### Part I. Actual Fiscal Year Data

- 4. (a) Enter cash received for the first three guarters of the year.
  - (b) Enter the net accrued amount for April-June quarter.
- 5. Enter the amount of lottery proceeds expended for these object groupings by major activity code (AC): Instructional, Instructional and Institutional Support, and Others. Library Books and Equipment are the only capital outlay object of expenditure for which lottery proceeds may be expended and reported under item 8.
- 11. Enter June 30 balance (lines 3 + 4 10). This amount is also the July 1 beginning balance for Part II, Budget Data.

#### Part II. Budget Fiscal Year Data

- 12. Enter the anticipated lottery proceeds for the fiscal year based on current projections.
- 13-17. These items are defined at lines 5-9 above.

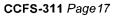
# Receipt and Expenditures of Lottery Proceeds

L11 GENERAL FUND

|     |   |                               | Actual Year:                                      | 20xx-xx / Bu   | idget Year: 20 | XX-XX                           | _( |
|-----|---|-------------------------------|---|--|----------------|---------------------------------|----|
|     | Description                                     | State<br>Use<br>Only<br>(EDP) | Instructional<br>Activities<br>(0100-5900)<br>(1) | Instructional & Institutional Support Activities (6000-6700) | Others<br>(3)  | Total<br>(Col. 1 thru 3)<br>(4) |    |
| 1.  | 6/30/xx Reported Ending Balance                 | 902                           |   |  |                |                                 | ]  |
| 2.  | Adjustments                                     | 903                           |   |  | ]              |                                 | ]  |
| 3.  | Adjusted Beginning Balance (lines 1 + 2)        | 904                           | ]   |  |                |                                 |    |
| Par | t I. Actual Fiscal Year Data                    |                               |   | )  |                |                                 | 1  |
| 4.  | State Lottery Proceeds:                         |                               |   |  |                |                                 | ĺ  |
| ļ   | (a) Cash Received                               | 869A                          |   | ĺ  |                |                                 | 1  |
| •   | (b) Accrued                                     | 860A                          | ł   |  |                |                                 |    |
|     | enditures:                                      |                               |   | ļ  |                |                                 | l  |
| 5.  | Salaries and Benefits (Obj. 1000-3000)          | 100A                          |   |  |                |                                 | -  |
| 6.  | Supplies & Materials (Object 4000) (a) Software | 210A                          | ·   |  |                |                                 | l  |
| Ì   | (b) Books, Magazines, & Periodicals             | 220A                          |   | <del> </del>   |                |                                 |    |
| ł   | (c) Instructional Supplies & Materials          | 230A                          |   |  |                | <u> </u>                        | l  |
|     | (e) Noninstructional Supplies & Mtrls           | 240A                          |   |  |                |                                 | ĺ  |
| 7.  | Other Oper. Exp. & Srvcs (Object 5000)          | 400A                          |   |  |                |                                 | 1  |
| 8.  | Capital Outlay                                  |                               |   |  |                |                                 | 1  |
|     | (a) Library Books (Object 6300)                 | 630A                          |   |  |                |                                 |    |
|     | (b) Equipment (Object 6400)                     | 640A                          |   |  |                |                                 |    |
| 9.  | Other   | 650A                          |   |  |                |                                 | 1  |
| 10. | Total Expenditures (add lines 5 thru 9)         | 501A                          |   |  |                |                                 | l  |
| 11. | 6/30/xx Balance (lines 3 + 4 - 10)              | 905A                          |   | a.   |                |                                 |    |
| Par | t II. Budget Fiscal Year Data                   |                               |   |  |                |                                 |    |
| 12. | State Lottery Proceeds (estimated)              | 869B                          |   |  |                |                                 |    |
|     | enditures:                                      |                               | -   |  |                |                                 |    |
|     | Salaries and Benefits (Obj. 1000-3000)          | 100B                          |   |  |                |                                 | l  |
| 14. | Supplies & Materials (Object 4000) (a) Software | 210B                          |   |  |                |                                 | l  |
| İ   | (b) Books, Magazines, & Periodicals             | 220B                          |   |  |                |                                 | j  |
|     | (c) Instructional Supplies & Materials          | 230B                          |   |  |                |                                 | ĺ  |
|     | (e) Noninstructional Supplies & Mtrls           | 240B                          |   |  |                |                                 |    |
| 15. | Other Oper. Exp. & Srvcs (Object 5000)          | 400B                          |   |  |                |                                 |    |
| i   | Capital Outlay                                  |                               |   |  |                |                                 |    |
|     | (a) Library Books (Object 6300)                 | 630B                          |   |  |                |                                 | l  |
|     | (b) Equipment (Object 6400)                     | 640B                          |   |  |                |                                 | İ  |
| 17. | Other   | 650B                          |   |  |                |                                 |    |
| 18. | Total Expenditures (add lines 13 thru 17)       | 501B                          | ·   |  |                |                                 |    |
| 19. |   | 0055                          |   |  |                |                                 |    |
| l   | (add lines 11 + 12 - 18)                        | 905B                          |   |  |                |                                 |    |

| CAL | .IFOF | SNIA CO | OMMUNI | TYC | OLLEGES |
|-----|-------|---------|--------|-----|---------|
|     |       |         |        |     |         |

|  | District |
|--|----------|
|  | Code No. |



SUPPLEMENTAL DATA Actual Year: 20xx-xx

# **Analysis of Interfund Transfers**

| Fund<br>Number | In/Out | Fund Title | Amount<br>Transferred In | Amount<br>Transferred Out |
|----------------|--------|------------|--------------------------|---------------------------|
|                |        |            |                          |                           |
|                |        |            |                          | ,                         |
|                |        |            |                          |                           |
|                |        |            | ·                        |                           |
|                |        |            |                          |                           |
|                |        |            |                          |                           |
|                |        |            |                          |                           |
|                |        |            |                          |                           |
|                |        |            |                          |                           |

|  | District |
|--|----------|
|  | Code No. |

# Supplemental Data

# **Analysis of Interfund Transfers**

#### Instructions

This form has been designed to provide a trail of Interfund Transfers between reported funds of the district.

For each Interfund Transfer transaction, enter the fund receiving the Interfund Transfer. Enter the corresponding dollar amount under the column titled "Amount Transferred In". On the next line, enter the fund transferring the money to the fund listed previously. Enter the corresponding dollar amount under the column titled "Amount Transferred Out".

The sum of amounts reported as Interfund Transfers –In should equal the total of the sums for all funds reported as Interfund Transfers-Out.

# Tab 9

COMMAND ===> LRS-RA 20061025 180011 CC34050 CONTROLLER OF CALIFORNIA P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250 SCROLL ===> SCREEN 4 R 1 C 1 Ρ CC34050

\*\*\*\*\*\*\*\*

PGM NBR: 00234

THIS NOTICE IS FOR INFORMATION PURPOSE ONLY. NO WARRANT WILL BE MAILED. THE NET PAYMENT AMOUNT WAS ZERO.

BOARD OF TRUSTEES LOS RIOS COMM COLL DIST SACRAMENTO COUNTY 1919 SPANOS COURT SACRAMENTO CA 95825

PAYEE: TREASURER, LOS RIOS COMM COLL DIST

FUND NAME: GENERAL FUND

CLAIM SCHEDULE NBR: MA64136A ISSUE DATE: 10/25/2006

REIMBURSEMENT OF STATE MANDATED COSTS

ANY QUERIES REGARDING THIS CLAIM PLEASE CALL GWEN @916-3242341

PROG: HEALTH FEE ELIMINATION (CC) ACL: 1/84

CLAIMED AMT: 814,928.00 2002/2003 ACTUAL PAYMENT TOTAL ADJUSTMENTS:

814,928.00 TOTAL APPROVED CLAIMED AMT: .00

LESS PRIOR PAYMENTS:

100.000000 PRORATA PERCENT:

.00 PRORATA BALANCE DUE:

814,928.00 APPROVED PAYMENT AMOUNT: PAYMENT OFFSETS (ACL NBR, NAME, FY, AMT.):

HEALTH FEE ELIMINATION ( 00/01 25,199-1/84 1/84

HEALTH FEE ELIMINATION (99/00 634,185-HEALTH FEE ELIMINATION (98/99 155,544-1/84

.00 NET PAYMENT AMOUNT:

# Tab 10

Hearing: 5/25/89 File Number: CSM-4206

Staff: Deborah Fraga-Decker

WP 0366d

PROPOSED PARAMETERS AND GUIDELINES AMENDMENTS Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987 Health Fee Elimination

# **Executive Summary**

At its hearing of November 20, 1986, the Commission on State Mandates found that Chapter 1, Statutes of 1984, 2nd E.S., imposed state mandated costs upon local community college districts by (1) requiring those community college districts which provided health services for which it was authorized to and did charge a fee to maintain such health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter and (2) repealing the district's authority to charge a health fee. The requirements of this statute would repeal on December 31, 1987, unless subsequent legislation was enacted.

Chapter 1118, Statutes of 1987, was enacted September 24, 1987, and became effective January 1, 1988. Chapter 1118/87 modified the requirements contained in Chapter 1/84, 2nd E.S., to require those community college districts which provided health services in fiscal year 1986-87 to maintain such health services in the 1987-88 fiscal year and each fiscal year thereafter. Additionally, the language contained in Chapter 1/84, 2nd E.S., which repealed the districts' authority to charge a health fee to cover the costs of the health services program was allowed to sunset, thereby reinstating the districts' authority to charge a fee as specified. Parameters and guidelines amendments are appropriate to address the changes contained in Chapter 1118/87 because this statute amended the same Education Code sections previously enacted by Chapter 1/84, 2nd E.S., and found to contain a mandate.

Commission staff included the Department of Finance suggested non-substantive amendment to the staff's proposed parameters and guidelines amendments. The Chancellor's Office, the State Controller's Office, and the claimant are in agreement with these amendments. Therefore, staff recommends that the Commission adopt the parameters and guidelines amendments as requested by the Chancellor's Office and as developed by staff.

## Claimant

Rio Hondo Community College District

# Requesting Party

California Community Colleges Chancellor's Office

| Chronology |   |
|------------|---|
| 12/2/85    | Test Claim filed with Commission on State Mandates.         |
| 7/24/86    | Test Claim continued at claimant's request.                 |
| 11/20/86   | Commission approved mandate.                                |
| 1/22/87    | Commission adopted Statement of Decision.                   |
| 4/9/87     | Claimant submitted proposed parameters and guidelines.      |
| 8/27/87    | Commission adopted parameters and guidelines                |
| 10/22/87   | Commission adopted cost estimate                            |
| 9/28/88    | Mandate funded in Commission's Claims Bill, Chapter 1425/88 |

## Summary of Mandate

Chapter 1/84, 2nd E.S., effective July 1, 1984, repealed Education Code (EC) Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. The statute also required that any community college district which provided health services for which it was authorized to charge a fee shall maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter.

Prior to the passage of Chapter 1/84, 2nd E.S., the implementation of a health services program was at the local community college district's option. If implemented, the respective community college district had the authority to charge a health fee up to \$7.50 per semester for day and evening students, and \$5 per summer session.

## Proposed Amendments

The Community Colleges Chancellor's Office (Chancellor's Office) has requested parameters and guidelines amendments be made to address the changes in mandated activities effectuated by Chapter 1118/87. (Attachment G) In order to expedite the process, staff has developed language to accomplish the following: (1) change the eligible claimants to those community college districts which provided a health services program in fiscal year 1986-87; and (2) change the offsetting savings and other reimbursements to include the reinstated authority to charge a health fee. (Attachment B)

#### Recommendations

The Department of Finance (DOF) proposed one non-substantive amendment to clarify the effect of the fee authority language on the scope of the reimbursable costs. With this amendment, the DOF believes the amendments to the parameters and guidelines are appropriate for this mandate and recommends the Commission adopt them. (Attachment C)

The Chancellor's Office recommends that the Commission approve the amended parameters and guidelines developed by staff with the additional language suggested by the DOF. (Attachment D)

The State Controller's Office (SCO), upon review of the proposed amendments, finds the proposals proper and acceptable. (Attachment E)

The claimant, in its recommendation, states its belief that the revisions are appropriate and concurs with the proposed changes. (Attachment F)

## Staff Analysis

# Issue 1: Eligible Claimants

The mandate found in Chapter 1/84, 2nd E.S., was for a new program with a required maintenance of effort at the fiscal year 1983-84 level. Chapter 1118/87 superseded that level of service by requiring that community college districts which provided a health services program in fiscal year 1986-87 maintain that level of effort in fiscal year 1987-88 and each subsequent year thereafter. Additionally, this expanded the group of eligible claimants because the requirement is no longer imposed on only those community college districts which had charged a health fee for the program. At the time of enactment of Chapter 1118/87, there were 11 community college districts which provided the health services program but had never charged a health fee for the service.

Therefore, staff has amended the language in Item III. "Eligible Claimants" to reflect this change in the scope of the mandate.

#### Issue 2: Reimbursement Alternatives

In response to Chapter 1/84, 2nd E.S., Item VI.B. contained two alternatives for claiming reimbursement costs. This gave claimants a choice between claiming actual costs for providing the health services program, or funding the program as was done prior to the mandate when a health fee could be charged.

The first alternative was in Item VI.B.l. and provided for the use of the formula which the eligible claimants were authorized to utilize prior to the implementation of Chapter 1/84, 2nd E.S.--total eligible enrollment multiplied by the health fee charged per student in fiscal year 1983-84. With the sunset of the repeal of the health fee authority as contained in Chapter 1/84, 2nd E.S., claimants can now charge the health fee as was allowed prior to fiscal year 1983-84, thereby funding the program as was done prior to the mandate. Therefore, this alternative is no longer applicable to this mandate and has been deleted by staff.

The second alternative was in Item VI.B.2. and provided for the claiming of actual costs involved in maintaining a health services program at the fiscal year 1983-84 level. This alternative is now the sole method of reimbursement for this mandate. However, it has been amended to reflect that Chapter 1118/87 requires a maintenance of effort at the fiscal year 1986-87 level.

# Issue 3: Offsetting Savings and Other Reimbursements

With the sunset of the repeal of the fee authority contained in Chapter 1/84, 2nd E.S., Education Code (EC) section 72246(a) again provides community college districts with the authority to charge a health fee as follows:

"72246.(a) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than seven dollars and fifty cents (\$7.50) for each semester, and five dollars (\$5) for summer school, or five dollars (\$5) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, authorized by Section 72244, or both."

Staff amended Item "VIII. Offsetting Savings and Other Reimbursements" to reflect the reinstatement of this fee authority.

In response to that amendment, the DOF has proposed the addition of the following language to Item VIII. to clarify the impact of the fee authority on claimants' reimbursable costs:

"If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied."

Staff concurs with the DOF proposed language which does not substantively change the scope of Item VIII.

#### Issue 4: Editorial Changes

In preparing the proposed parameters and guidelines amendments, it was not necessary for staff to make any of the normal editorial changes as the original parameters and guidelines contained the language usually adopted by the commission.

Staff, the DOF, the Chancellor's Office, the SCO, and the claimant are in agreement with the recommended amendments which are shown in Attachment A with additions indicated by underlining and deletions by strikeout.

#### Staff Recommendation

Staff recommends the adoption of the staff's proposed parameters and guidelines amendments, which are based on the original parameters and guidelines adopted in response to Chapter 1/84, 2nd E.S., and amended in response to Chapter 1118/87, as well as incorporating the amendment recommended by the DOF. All parties concur with these amendments.

Adopted: 8/27/87

# PARAMETERS AND GUIDELINES Chapter 1118, Statutes of 19847//2/d/d//E/\$/ Health Fee Elimination

#### I. SUMMARY OF MANDATE

Chapter 1, Statutes of 1984, 2nd E.S. repealed Education Code Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. This statute also required that health services for which a community college district charged a fee during the 1983-84 fiscal year had to be maintained at that level in the 1984-85 fiscal year and every year thereafter. The provisions of this statute would automatically repeal on December 31, 1987, which would reinstate the community colleges districts' authority to charge a health fee as specified.

Chapter 1118, Statutes of 1987, amended Education Code section 72246 to require any community college district that provided health services in 1986-87 to maintain health services at the level provided during the 1986-87 fiscal year in 1987-88 and each fiscal year thereafter.

#### II. COMMISSION ON STATE MANDATES' DECISION

At its hearing on November 20, 1986, the Commission on State Mandates determined that Chapter 1, Statutes of 1984, 2nd E.S. imposed a "new program" upon community college districts by requiring any community college district which provided health services for which it was authorized to charge a fee pursuant to former Section 72246 in the 1983-84 fiscal year to maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter. This maintenance of effort requirement applies to all community college districts which levied a health services fee in the 1983-84 fiscal year, regardless of the extent to which the health services fees collected offset the actual costs of providing health services at the 1983-84 fiscal year level.

At its hearing of April 27, 1989, the Commission determined that Chapter III8, Statutes of 1987, amended this maintenance of effort requirement to apply to all community college districts which provided health services in fiscal year 1986-87 and required them to maintain that level in fiscal year 1987-88 and each fiscal year thereafter.

## III. ELIGIBLE CLAIMANTS

Community college districts which provided health services  $f \phi r / f \phi t$  in 19836-847 fiscal year and continue to provide the same services as a result of this mandate are eligible to claim reimbursement of those costs.

#### IV. PERIOD OF REIMBURSEMENT

Chapter 1, Statutes of 1984, 2nd E.S., became effective July 1, 1984. Section 17557 of the Government Code states that a test claim must be submitted on or before November 30th following a given fiscal year to establish for that fiscal year. The test claim for this mandate was filed on November 27, 1985; therefore, costs incurred on or after July 1, 1984, are reimbursable. Chapter 1118, Statutes of 1987, became effective January 1, 1988. Title 2, California Code of Regulations, section 1185.3(a) states that a parameters and guidelines amendment filed before the deadline for initial claims as specified in the Claiming Instructions shall apply to all years eligible for reimbursement as defined in the original parameters and guidelines; therefore, costs incurred on or after January 1, 1988, for Chapter 1118, Statutes of 1987, are reimbursable.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim if applicable. Pursuant to Section 17561(d)(3) of the Government Code, all claims for reimbursement of costs shall be submitted within 120 days of notification by the State Controller of the enactment of the claims bill.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code Section 17564.

#### V. REIMBURSEMENTABLE COSTS

#### A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services programwithout/the/authority to/ley/a/fee. Only services provided for/fee/in 19836-47 fiscal year may be claimed.

#### B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year 1983/841986-87:

#### ACCIDENT REPORTS

#### **APPOINTMENTS**

College Physician - Surgeon
Dermatology, Family Practice, Internal Medicine
Outside Physician
Dental Services
Outside Labs (X-ray, etc.)
Psychologist, full services
Cancel/Change Appointments
R.N.
Check Appointments

```
ASSESSMENT, INTERVENTION & COUNSELING
   Birth Control
   Lab Reports
   Nutrition
   Test Results (office)
   ۷D
   Other Medical Problems
   CD
   URI
   ENT
   Eye/Vision
   Derm./Allergy
   Gyn/Pregnancy Services
   Neuro
   Ortho
   GU
   Dental
   GI
   Stress Counseling
   Crisis Intervention
   Child Abuse Reporting and Counseling
   Substance Abuse Identification and Counseling
   Aids
   Eating Disorders
   Weight Control
   Personal Hygiene
   Burnout
EXAMINATIONS (Minor Illnesses)
   Recheck Minor Injury
HEALTH TALKS OR FAIRS - INFORMATION
   Sexually Transmitted Disease
   Drugs
   Aids
   Child Abuse
   Birth Control/Family Planning
   Stop Smoking
   Library - videos and cassettes
FIRST AID (Major Emergencies)
FIRST AID (Minor Emergencies)
FIRST AID KITS (Filled)
IMMUNIZATIONS
   Diptheria/Tetanus
   Measles/Rubella
   Influenza
   Information
INSURANCE
   On Campus Accident
   Voluntary
   Insurance Inquiry/Claim Administration
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LABORATORY TESTS DONE
   Inquiry/Interpretation
   Pap Smears
PHYSICALS
   Employees
   Students
   Athletes
MEDICATIONS (dispensed OTC for misc. illnesses)
   Antacids
   Antidiarrhial
   Antihistamines
   Aspirin, Tylenol, etc.
   Skin rash preparations
   Misc.
   Eye drops
   Ear drops
   Toothache - Oil cloves
   Stingkill
   Midol - Menstrual Cramps
PARKING CARDS/ELEVATOR KEYS
   Tokens
   Return card/key
   Parking inquiry
   Elevator passes
   Temporary handicapped parking permits
REFERRALS TO OUTSIDE AGENCIES
   Private Medical Doctor
   Health Department
   Clinic
   Dental
   Counseling Centers
   Crisis Centers
   Transitional Living Facilities (Battered/Homeless Women)
   Family Planning Facilities
   Other Health Agencies
TESTS
   Blood Pressure
   Hearing
   Tuberculosis
      Reading
      Information
   Vision
   Glucometer
   Urinalysis
   Hemoglobin
   E.K.G.
   Strep A testing
   P.G. testing
   Monospot
   Hemacult
```

Misc.

**MISCELLANEOUS** 

Absence Excuses/PE Waiver
Allergy Injections
Bandaids
Booklets/Pamphlets
Dressing Change
Rest
Suture Removal
Temperature
Weigh
Misc.
Information
Report/Form
Wart Removal

#### COMMITTEES

Safety Environmental Disaster Planning

SAFETY DATA SHEETS Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

**BODY FAT MEASUREMENTS** 

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

**WORK SHOPS** 

Test Anxiety
Stress Management
Communication Skills
Weight Loss
Assertiveness Skills

#### VI. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a list of each item for which reimbursement is claimed under this mandate. // \( \) \

## A. Description of Activity

- 1. Show the total number of full-time students enrolled per semester/quarter.
- 2. Show the total number of full-time students enrolled in the summer program.
- 3. Show the total number of part-time students enrolled per semester/quarter.
- 4. Show the total number of part-time students enrolled in the summer program.

#### B. Cyaiding/Ayteydatiyes

Claimed costs should be supported by the following information:

Witernative/Vi//Vees/Previously/Collected/in/1983/84/Fiscal/Xear/

- Peeksy/corrected/in/the/rab3/ba/fiscar/year/to/support
  the/nearth/services/drogram/

#7t#rMative/21//Actual Costs of Claim Year for Providing 19836-847 Fiscal Year Program Level of Service.

1. Employee Salaries and Benefits

Identify the employee(s), show the classification of the employee(s) involved, describe the mandated functions performed and specify the actual number of hours devoted to each function, the productive hourly rate, and the related benefits. The average number of hours devoted to each function may be claimed if supported by a documented time study.

2. Services and Supplies

Only expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials which have been consumed or expended specifically for the purpose of this mandate.

3. Allowable Overhead Cost

Indirect costs may be claimed in the manner described by the State Controller in his claiming instructions.

#### VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 19836-847 program to substantiate a maintenance of effort. These documents must be kept on file by the agency submitting the claim for a period of no less than three years from the date of the final payment of the claim pursuant to this mandate, and made available on the request of the State Controller or his agent.

# VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of \$7.50 per full-time student per semester, \$5.00 per full-time student for summer school, or \$5.00 per full-time student per quarter, as authorized by Education Code section 72246(a). This shall also include payments (fees) now received from individuals other than students who wereare not covered by former Education Code Section 72246 for health services.

## IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct:

THAT Section 1090 to 1096, inclusive, of the Government Code and other applicable provisions of the law have been complied with;

and

THAT I am the person authorized by the local agency to file claims for funds with the State of California.

| Signature of Authorized Representative | Date          |
|--|---------------|
| Title                                  | Telephone No. |

0350d

# CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET SACRAMENTO, CALIFORNIA 95814 (916) 445-8752 445-1163

February 22, 1989





Mr. Robert W. Eich Executive Director Commission on State Mandates 1130 "K" Street, Suite LL50 Sacramento, CA 95814-3927

Dear Mr. Eich:

As you know, the Commission on August 27, 1987 adopted Parameters and Guidelines for claiming reimbursements of mandated costs related to community college health services. Fees formerly collected by community colleges had been eliminated by Chapter 1, Statutes of 1984, Second Extraordinary Session. Last year's mandate claims bill (AB 2763) included funding to pay all these claims through 1988-89.

The Governor's partial approval of AB 2763 last September included a stipulation that claims for the current year would be paid this fiscal year, but prior-year claims will be paid in equal installments from the next three budget acts. The Governor did not address the fact that the ongoing costs of providing the mandated level of service will continue to exceed the maximum permissible fee of \$7.50 per student per semester.

On behalf of all eligible community college districts, the Chancellor's Office proposes the following changes in the Parameters and Guidelines:

- o Payment of 1988-89 mandated costs in excess of maximum permissible fees. (This amount is payable from AB 2763.)
- o Payment of all prior-year claims in installments over the next three years. (Funds for these payments will be included in the next 3 budget acts.)
- o Payment of future-years mandated costs in excess of the maximum permissible fees. (No funding has yet been provided for these costs.)

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Meetes

DAVID MERTES Chancellor

DM:PR:mh

cc: Deborah Fraga-Decker, CSM Douglas Burris Joseph Newmyer Gary Cook of California

# Memorandum

. March 22, 1989

. Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

# Hom : Department of Finance

Proposed Amendments to Parameters and Guidelines for Claim No. CSM-42O6 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

Pursuant to your request, the Department of Finance has reviewed the proposed amendments to the parameters and guidelines related to community college health services. These amendments, which are requested by the Chancellor's Office, reflect the impact that Chapter 1118/87 has on the original parameters adopted by the Commission for Chapter 1/84 on August 27, 1987. Specifically, Chapter 1118/87:

- requires districts which were providing health services in 1986-87, rather than 1983-84, to continue to provide such services, irrespective of whether or not a fee was charged for the services; and
- (2) allows all districts to again charge a fee of up to \$7.50 per student for the services. In this regard, we would point out that the proposed amendment to "VIII. Offsetting Savings, and Other Reimbursements" could be interpreted to require that, if a district elected not to charge fees it would not have to deduct anything from its claim. We believe that, pursuant to Section 17556 (d) of the Government Code, an amount equal to \$7.50 per student must be deducted whether or not it is actually charged since the district has the authority to levy the fee. We suggest that the following language be added as a second paragraph under "VIII": "If a claimant does not levy the fee authorized by Education Code Section 72246 (a), it shall deduct an amount equal to what it would have received had the fee been levied."

With the amendment described above, we believe the amendments to the parameters and guidelines are appropriate for this mandate and recommend the Commission adopt them at its April 27, 1989, meeting.

Any questions regarding this recommendation should be directed to James M. Apps or Kim Clement of my staff at 324-0043.

Fred Klass

Assistant Program Budget Manager

cc: see second page

cc: Glen Beatie, Stat' Controller's Office Pat Ryan, Chancel ''s Office, Community College Juliet Musso, Legislative Analyst's Office Richard Frank, Attorney General

LR:1988-2

RECEIVED

APR 0 5 1989

COMMISSION ON STATE MANDATES

# IFORNIA COMMUNITY COLLEGES

-enth street -=ento, california 95814 ->=5-8752 445-1163

:pril 3, 1989

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206

Amendments to Parameters and Guidelines Chapter 1, Statues of 1984, 2nd E.S.

Chapter 118, Statues of 1987

Health Fee Elimination

Dear Mr. Eich:

on response to your request of March 8, we have reviewed the proposed language changes necessary to amend the existing parameters and guidelines to meet the requirements of Chapter 1118, Statutes of 1987.

The Department of Finance has also provided us a copy of their uggestion to add the following language in part VIII: "If a claimant loss not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

The the additional language suggested by the Department of Finance, the Chancellor's Office recommends approval of the amended parameters and guidelines as drafted for presentation to the Commission on april 27, 1989.

Sincerely,

DAVID MERTES Chancellor

OM: PR: mh

Glen Beatie, State Controller's Office Richard Frank, Attorney General's Office Juliet Muso, Legislative Analyst's Office Douglas Burris Joseph Newmyer Gary Cook





# **GRAY DAVIS**

# Controller of the State of California P.O. BOX 942850 SACRAMENTO, CA 94250-0001

April 3, 1989

Us. Deborah Fraga-Decker Program Analyst Commission on State Mandates 1130 K Street, Suite LL50 Sacramento, CA 95814



🚋 🕾 Ms. Fraga-Decker:

RE: Proposed Amendments to Parameters and Guidelines: Chapter 1/84, 2nd E.S., and Chapter 1118/87 - Health Fee Elimination

We have reviewed the amendments proposed on the above subject and find the proposals proper and acceptable.

However, the Commission may wish to clarify section "VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS" that the required offset is the amount received or would have received per student in the claim year.

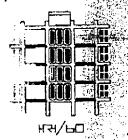
ii you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Giann Haas, Assistant Chief Division of Accounting

GH/GB:dvl

SC81822



# RIO HONDO COMMUNITY COLLEGE DISTRICT

8600 Workman Mill Road • Whittier, CA 90608 • Phone (218) 692-0921



March 16, 1989

Ms. Deborah Fraga-Decker Program Analyst Commission on State Mandates 1130 K Street, Suite LL50 Sacramento, CA 95814

REFERENCE: CSM-4206

AMENDMENTS TO PARAMETERS AND GUIDELINES CHAPTER 1, STATUTES OF 1984, 2ND E.S.

CHAPTER 1118, STATUTES OF 1987

HEALTH FEE ELIMINATION

Dear Deborah:

We have reviewed your letter of March 7 to Chancellor David Mertes and the attached amendments to the health fee parameters and guidelines. We believe these revisions to be most appropriate and concur totally with the changes you have proposed.

I would like to thank you again for your expertise and helpfulness throughout this entire process.

Yours very truly,

Timothy M. Wood Vice President

Administrative Affairs

TMW: hh

# Tab 11

#### MINUTES

COMMISSION ON STATE MANDATES
May 25, 1989
10:00 a.m.
State Capitol, Room 437
Sacramento, California

Present were: Chairperson Russell Gould, Chief Deputy Director, Department of Finance; Fred R. Buenrostro, Representative of the State Treasurer; D. Robert Shuman, Representative of the State Controller; Robert Martinez, Director, Office of Planning and Research; and Robert C. Creighton, Public Member.

There being a quorum present, Chairperson Gould called the meeting to order at 10:02 a.m.

#### tem 1 Minutes

4-4-14-14

Chairperson Gould asked if there were any corrections or additions to the minutes of the Commission's hearing of April 27, 1989. There were no corrections or additions.

The minutes were adopted without objection.

# Consent Calendar

The following items were on the Commission's consent agenda:

- Proposed Statement of Decision Chapter 406, Statutes of 1988 Special Election - Bridges
- Item 3 Proposed Statement of Decision Chapter 583, Statutes of 1985 Infectious Waste Enforcement
- Item 4 Proposed Statement of Decision Chapter 980, Statutes of 1984 Court Audits
- Proposed Statement of Decision Chapter 1286, Statutes of 1985 Homeless Mentally III

- Item 6 Proposed Parameters and Guidelines Amendment Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987
  Health Fee Elimination
- Item 7 Proposed Parameters and Guidelines Amendment Chapter 8, Statutes of 1988 Democratic Presidential Delegates
- Item 10 Proposed Statewide Cost Estimate Chapter 498, Statutes of 1983 Education Code Section 48260.5 Notification of Truancy
- Item 12 Proposed Statewide Cost Estimate Chapter 1226, Statutes of 1984 Chapter 1526, Statutes of 1985 Investment Reports

There being no discussion or appearances on Items 2, 3, 4, 5, 6, 7, 10, and 12, Member Buenrostro moved adoption of the staff recommendation on these items on the consent calendar. Member Martinez seconded the motion. The vote on the motion was unanimous. The motion carried.

The following items were continued:

- Item 13 Proposed Statewide Cost Estimate Chapter 1335, Statutes of 1986
  Trial Court Delay Reduction Act
- Item 16 Test Claim Chapter 841, Statutes of 1982 Patients' Rights Advocates
- Item 17 Test Claim
  Chapter 921, Statutes of 1987
  Countywide Tax Rates

The next item to be heard by the Commission was:

Item 8 Proposed Parameters and Guidelines Amendment Chapter 961, Statutes of 1975
Collective Bargaining

The party requesting the proposed amendment, Fountain Valley School District, did not appear at the hearing. Carol Miller, appearing on behalf of the Education Mandated Cost Network, stated that the Network was interested in the issue of reimbursing a school district for the time the district Superintendent spent in, or preparing for, collective bargaining issues.

The Commission then discussed the issue of reimbursing the Superintendent's time as a direct cost to the mandated program or as an indirect cost as required by the federal publications OASC-10, and Federal Management Circular 74-4. Upon conclusion of this discussion, the Commission, staff, and Ms. Miller, agreed that the Commission could deny this proposed amendment by the Fountain Valley School District, and Ms. Miller could assist another district in an attempt to amend the parameters and guidelines to allow reimbursement of the Superintendent's cost relative to collective bargaining matters.

Member Creighton then inquired on the issue of holding collective bargaining sessions outside of normal working hours and the number of teachers the parameters and guidelines reimburse for participating in collective bargaining sessions. Ms. Miller stated that because of the classroom disruption that can result from the use of a substitute teacher, bargaining sessions are sometimes held outside of normal work hours for practical reasons. Ms. Miller also stated that the parameters and guidelines permit reimbursement for five substitute teachers.

Member Martinez moved and Member Buenrostro seconded a motion to adopt the staff recommendation to deny the proposed amendments to the parameters and guidelines. The roll call vote on the motion was unanimous. The motion carried.

Item 9 Proposed Statewide Cost Estimate Chapter 498, Statutes of 1983 Education Code Section 51225.3 Graduation Requirements

Carol Miller appeared on behalf of the claimant, Santa Barbara Unified School District, Jim Apps and Don Enderton appeared on behalf of the Department of Finance, and Rick Knott appeared on behalf of the San Diego Unified School District.

Carol Miller began the discussion on this matter by stating her objection to the Department of Finance raising issues that were already argued in the parameters and guidelines hearings for this mandate. Based on this objection, is. Miller requested that the Commission adopt staff's recommendation and allow the Controller's Office to handle any audit exceptions.

Jim Apps stated that because school districts did not report funds that have been received by them, then the data reported in the survey is suspect. Therefore, the Department of Finance is not convinced that the cost estimate based on the data received by the schools is legitimate.

Discussion continued on the validity of the cost estimate and on the figures presented to the Commission for its consideration.

Member Creighton then made a motion to adopt staff's recommendation. Member Shuman seconded the motion. The vote on the motion was: Member Buenrostro, no; Member Creighton, aye; Member Martinez, no; Member Shuman, aye; and Chairperson Gould, no. The motion failed.

Chairperson Gould made an alternative motion that staff, the Department of Finance, and the school districts, conduct a pre-hearing conference and agree on an estimate to be presented to the Commission at a future hearing. Member Buenrostro seconded the motion. The roll call vote on the motion was unanimous. The motion carried.

Item 11 Statewide Cost Estimate
Chapter 815, Statutes of 1979
Chapter 1327, Statutes of 1984
Chapter 757, Statutes of 1985
Short-Doyle Case Management

Pamela Stone, representing the County of Fresno, stated that the county was in agreement with the staff proposed statewide cost estimate of \$20,000,000 for the 1985-86 through 1989-90 fiscal years, and was opposed to the reduction of the costs estimate being proposed by the Department of Mental Health's late filing.

Lynn Whetstone, representing the Department of Mental Health, stated that the Department agrees with the methodology used by Commission staff to develop the cost estimate, however, the Department questioned the manner in which Commission staff extrapolated its survey figures into a statewide estimate. Ms. Whetstone stated that due to the reasons stated in its late filing, the Department believes that the cost estimate be reduced to \$17,280,000.

Member Shuman moved, and Member Martinez seconded a motion to adopt the staff proposed statewide cost estimate of \$20,000,000 for the 1985-86 through 1989-90 fiscal years. The roll call vote on the motion was unanimous. The motion carried.

Item 14 State Mandates Apportionment System
Request for Review of Base Year Entitlement
Chapter 1242, Statutes of 1977
Senior Citizens' Property Tax Postponement

Leslie Hobson appeared on behalf of the claimant, County of Placer, and stated agreement with the staff analysis.

There were no other appearances and no further discussion.

Member Creighton moved approval of the staff recommendation. Member Shuman seconded the motion. The roll call vote was unanimous. The motion carried.

Item 15 Test Claim
Chapter 670, Statutes of 1987
Assigned Judges

Vicki Wajdak and Pamela Stone appeared on behalf of the claimant, County of Fresno. Beth Mullen appeared on behalf of the Administrative Office of

the Courts. Jim Apps appeared on behalf of the Department of Finance. Allan Burdick appeared on behalf of the County Supervisors Association of California. Pamela Stone restated the claimant's position that the revenue losses due to this statute were actually increased costs because Fresno is now required to compensate its part-time justice court judges for work performed or another county while on assignment. Beth Mullen stated her opposition to this interpretation because Fresno's part-time justice court judge cannot be assigned elsewhere until all work required to be performed for Fresno has been completed; therefore, Fresno is only required to compensate the judge for its own work.

There followed discussion by the parties and the Commission regarding the applicability of the Supreme Court's decisions in County of Los Angeles and Lucia Mar. Chairperson Gould asked Commission Counsel Gary Hori whether this statute imposed a new program and higher level of service as contemplated by these two decisions. Mr. Hori stated that it did meet the definition of new program and higher level of service as contemplated by the Supreme Court.

Member Creighton moved to adopt the staff recommendation to find a mandate on counties whose part-time justice court judge is assigned within the home county. Member Shuman seconded the motion. The roll call vote was unanimous. The motion carried.

Item 18 Test Claim
Chapter 1247, Statutes of 1977
Chapter 797, Statutes of 1980
Chapter 1373, Statutes of 1980
Public Law 99-372
Attorney's Fees - Special Education

Chairperson Gould recused himself from the hearing on this item.

Clayton Parker, representing the Newport-Mesa Unified School District, submitted a late filing on the test claim rebutting the staff analysis. Member Creighton stated that he had not had an opportunity to review the late filing and inquired on whether the claim should be heard at this hearing. Staff informed Member Creighton and Member Buenrostro that in reviewing the filing before this item was called, the filing appeared to be summary of the laimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the federal Education of the Handicapped Act, school districts are subject to the provisions of Public Law 94-142 and Public Law 99-372. Member Buenrostro then inquired whether staff was comfortable with discussing the issue of a state executive order incorporating federal law.

Staff informed the Commission that it was not comfortable discussing this issue, and further noted that it appeared that Mr. Parker was basing his reasoning for finding P.L. 99-372 to be a state mandated program, on the Board of Control's finding that Chapter 1247, Statutes of 1977, and Chapter 797, Statutes of 1980, were a state mandated program. Staff noted that Board of Control's finding is currently the subject of the litigation in Huff v. Commission on State Mandates (Sacramento County Superior Court Case No. 352295).

Member Creighton moved and Member Martinez seconded a motion to continue this item and have legal counsel and staff review the arguments presented by Mr. Parker. The vote on the motion was unanimous. The motion carried.

With no further items on the agenda, Chairperson Gould adjourned the hearing at 11:45 a.m.

ROBERT W. EICH Executive Director

RWE:GLH:cm:0224g

**Tab 12** 

# **Cosumnes River College**

Aud. AM W/S No. 36

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

5<sup>12</sup>.07

Analysis of Level of Health Services - CRC

|               | <u> 36   17-20                                    </u> |               |                                |                  |   |  |
|---------------|--|---------------|--------------------------------|------------------|---|--|
| 1             | April 2003   |               |                                |                  |   |  |
|               | Date   | Student ID    |                                | for Visit        | Allowable   | Unallowable                                      |
| 1             | 04/03/2003   |               |                                | results of TB    | 1   | On an owas jo                                    |
| _ '           | 04/29/2003   |               | Band-a                         |                  | 1   |  |
|               | 04/22/2003   |               |                                | ressure          | -   |  |
| 4             | 04/24/2003   |               |                                | ressure          | 1   |  |
| _ '           | 04/30/2003   |               |                                | ressure          | 1   |  |
| _             | 04/04/2003   |               | burn                           | 1000010          | 1 1   |  |
| 7             | 04/23/2003   |               | chest p                        | ains             | 1 1   |  |
|               | 04/01/2003   |               | cold                           | unio_            | 1   |  |
|               | 04/23/2003   |               | cold                           |                  | 1   |  |
|               | 04/09/2003   |               | cut fing                       | er               | 1   |  |
| 11            |  |               | ear che                        |                  | 1   |  |
|               | 04/28/2003   |               | Eye che                        |                  | 1 1   |  |
|               | 04/30/2003   |               |                                | sidewalk         | 1   |  |
| 14            |  |               | headac                         |                  | 1   |  |
|               | 04/30/2003   |               | headac                         |                  | 1   |  |
|               | 04/08/2003   |               |                                | od/pregnant      | 1 1   |  |
| 17            |  |               | Nose b                         |                  | 1 1   |  |
|               |  | Not indicated | Not ind                        |                  | <u> </u>  | 1  |
|               | 04/07/2003   |               | Not ind                        |                  |   | 1  |
| 20            | 04/07/2003   |               | Not ind                        |                  |   | 1  |
| 21            | 04/08/2003   |               | Not ind                        |                  |   | 1  |
| 22            | 04/10/2003   | 0000748       | Not ind                        |                  |   | 1  |
| 23            | 04/23/2003   | 6855784       | Not ind                        |                  |   | 1  |
|               | 04/24/2003   |               | Not ind                        |                  |   | 1  |
|               | 04/25/2003   |               | Not ind                        |                  |   | 1  |
|               | 04/28/2003   |               | Not ind                        |                  |   | 1  |
| 27            |  |               | Not ind                        |                  |   | 1  |
|               | 04/03/2003   |               |                                | ass chest pain   | 1   | ,  |
|               |  | Not indicated | pads                           | ioo onoot pain   | 1 1   |  |
|               | 04/10/2003   |               | pain                           |                  | 1   |  |
|               | 04/30/2003   |               | pain                           |                  | 1 1   |  |
| 32            |  |               | Pain re                        | liever           | 1   |  |
|               | 04/22/2003   |               |                                | (for smoking)    | 1 1   |  |
|               | 04/22/2003   |               |                                | (for smoking)    | <del>                                      </del> |  |
|               | 04/08/2003   |               | rolled r                       | <u> </u>         | 1 1   |  |
| _             | 04/30/2003   |               |                                | st in eye        | 1 1   |  |
|               | 04/01/2003   |               |                                | led appt         | 1   |  |
|               | 04/01/2003   |               | ТВ                             |                  | 1   |  |
|               | 04/04/2003   |               | ТВ                             |                  | 1   |  |
| $\overline{}$ | 04/07/2003   |               | ТВ                             |                  | 1 1   |  |
|               | 04/08/2003   |               | ТВ                             |                  |   |  |
|               | 04/09/2003   |               | ТВ                             | <u> </u>         | <del>                                   </del>    |  |
|               | 04/09/2003   |               | ТВ                             |                  | 1   |  |
|               | 04/25/2003   |               | ТВ                             | <u> </u>         | 1 1   |  |
|               | 04/28/2003   |               | TB                             | <u></u>          | 1 1   |  |
|               | 04/08/2003   |               |                                | od pressure      | 1   |  |
|               | 04/07/2003   |               | TB blood pressure 1 TB check 1 |                  |   | <del>                                     </del> |
|               | 04/28/2003   |               | TB che                         |                  | 1 1   |  |
| 40            | 04/20/2000   |               | I I D OILE                     | <del>~~286</del> |   | 1  |

Aud. 41707 W/S No. 36

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

5° 05,01

Analysis of Level of Health Services - CRC

|    |            |               | S OI LEVEL OI F | icailli Scivil | , <del>cs - CIVC</del> |  |
|----|------------|---------------|-----------------|----------------|------------------------|--|
|    | 04/28/2003 |               | TB check 🔨      |                | 1                      |  |
| 50 | 04/02/2003 | 7365          | TB reading      |                | 1                      |  |
| 51 | 04/02/2003 | 64028         | TB reading      |                | 1                      |  |
| 52 | 04/03/2003 | 6540          | TB reading      |                | 1                      |  |
| 53 | 04/10/2003 | 7621          | TB reading      |                | 1                      |  |
| 54 | 04/11/2003 | 5614          | TB reading      |                | 1                      |  |
| 55 | 04/11/2003 | 7184          | TB reading      |                | 1                      |  |
|    | 04/28/2003 |               | TB reading      |                | 1                      |  |
| 57 | 04/24/2003 | 0842931       | TB results      |                | 1                      |  |
| 58 | 04/01/2003 | Not indicated | TB test         |                | 1                      |  |
| 59 | 04/01/2003 | 7169          | TB test         |                | 1                      |  |
| 60 | 04/02/2003 | 7261          | TB test         |                | 1                      |  |
| 61 | 04/04/2003 | 7436          | TB test         |                | 1                      |  |
| 62 | 04/09/2003 | 5614          | TB test         | from           | 1                      |  |
|    | 04/21/2003 |               | TB test         | 136/11-21      | 7 1                    |  |
| 64 | 04/21/2003 | 0004619       | TB test         | 1              | 1                      |  |
|    | 04/22/2003 |               | TB test         |                | 1                      |  |
| 66 | 04/22/2003 | 0002873       | TB test         |                | 1                      |  |
|    | 04/22/2003 |               | TB test         |                | 1                      |  |
|    | 04/23/2003 |               | TB test         |                | 1                      |  |
|    | 04/23/2003 |               | TB test         |                | 1                      |  |
| 70 | 04/24/2003 | 0002873       | TB test         | <u>.</u>       | 1                      |  |
| 71 | 04/25/2003 | 0710448       | TB test         |                | 1                      |  |
|    | 04/25/2003 |               | TB test         |                | 1                      |  |
|    | 04/28/2003 |               | TB test         |                | 1                      |  |
| 74 | 04/28/2003 | 7261          | TB test         |                | 1                      |  |
|    | 04/30/2003 |               | TB test         |                | 1                      |  |
|    | 04/30/2003 |               | TB test         |                | 1                      |  |
| 77 | 04/30/2003 | 7261          | TB test         |                | 1                      |  |
|    | 04/23/2003 |               | TB test result  |                | 1                      |  |
| 79 | 04/07/2003 |               | Throat          |                | 1                      |  |
| 80 | 04/28/2003 | 0819275       | throat probs    | J              | 1                      |  |
|    |            |               |                 |                | 70                     |  |

70 10 12.50% error rate 26/2

Note: Per Reona James, no activity from 4/12 - 4/20 due to school break.

aud. 4901 W/S No. 36

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

512,01

Analysis of Level of, Health Services - CRC

|     | Analysis of Level of Health Services - CRC |  |                              |  |  |  |  |  |  |  |  |
|-----|--|--|------------------------------|--|--|--|--|--|--|--|--|
|     | November 2003                              |  |                              |  |  |  |  |  |  |  |  |
|     | Date                                       | Student ID   | Reason                       | Allowable  | Unallowable                                      |  |  |  |  |  |  |
| 1   |  |  | blood pressure               | Allowable  | Onanowable                                       |  |  |  |  |  |  |
|     | 11/25/2003                                 |  | blood pressure               | 1  |  |  |  |  |  |  |  |
|     | 11/25/2003                                 | A CONTRACTOR OF THE CONTRACTOR | credit                       | 1 1  |  |  |  |  |  |  |  |
|     | 11/06/2003                                 |  | <u> </u>                     | 1 1  |  |  |  |  |  |  |  |
|     | 11/03/2003                                 |  | eye drop<br>finger cut       | 1  |  |  |  |  |  |  |  |
|     | 11/05/2003                                 |  | had fallen                   | <del>                                     </del> |  |  |  |  |  |  |  |
| 13  | 11/26/2003                                 |  | headache/migraine            | 1  |  |  |  |  |  |  |  |
| 1 6 | 11/26/2003                                 |  | headache/migraine            | 1  | -  |  |  |  |  |  |  |
|     | 11/11/2003                                 |  | Health information           | <del>                                     </del> |  |  |  |  |  |  |  |
|     | 11/13/2003                                 |  | Health information           | 1  |  |  |  |  |  |  |  |
|     | 11/14/2003                                 |  | Health kit                   | 1  |  |  |  |  |  |  |  |
|     | 11/17/2003                                 |  | Health test                  | 1 1  |  |  |  |  |  |  |  |
|     | 11/13/2003                                 |  |                              | 1 1  | -  |  |  |  |  |  |  |
|     | 11/03/2003                                 |  | hurt finger<br>interview     | 1  |  |  |  |  |  |  |  |
|     | 11/12/2003                                 |  |                              | 1 1  |  |  |  |  |  |  |  |
|     | 11/12/2003                                 |  | interview .                  | 1  |  |  |  |  |  |  |  |
|     | 11/17/2003                                 |  |                              | 1 1  |  |  |  |  |  |  |  |
|     |  |  | Minor cut                    | 1  | <del> </del>                                     |  |  |  |  |  |  |
|     | 11/07/2003                                 |  | Need aspirin                 | <del>                                     </del> |  |  |  |  |  |  |  |
|     | 11/07/2003                                 |  | Need aspirin                 | <del></del>                                      | <u> </u>   |  |  |  |  |  |  |
|     | 11/07/2003                                 |  | Nose bleed                   | 1  | 1  |  |  |  |  |  |  |
|     | 11/03/2003                                 |  | Not indicated                |  | 1  |  |  |  |  |  |  |
|     | 11/03/2003                                 |  | Not indicated                |  | 1  |  |  |  |  |  |  |
|     | 11/06/2003                                 |  | Not indicated                | <del></del>                                      | 1 1  |  |  |  |  |  |  |
|     | 11/06/2003                                 |  | Not indicated                | <u> </u>   | 1 1  |  |  |  |  |  |  |
|     | 11/11/2003                                 |  | Not indicated                |  |  |  |  |  |  |  |  |
|     | 11/11/2003                                 |  | Not indicated                | <del> </del>                                     | 1  |  |  |  |  |  |  |
|     | 11/11/2003                                 |  | Not indicated  Not indicated | <del> </del>                                     | 1 1  |  |  |  |  |  |  |
|     | 11/14/2003                                 |  |                              | <del> </del>                                     | 1  |  |  |  |  |  |  |
|     | 11/18/2003                                 |  | Not indicated                | <del> </del>                                     |  |  |  |  |  |  |  |
|     | 11/20/2003                                 |  | Not indicated  Not indicated | <del> </del>                                     | 1  |  |  |  |  |  |  |
|     | 11/20/2003                                 | ·  |                              | <del> </del>                                     | <del>                                     </del> |  |  |  |  |  |  |
|     | 11/24/2003                                 |  | Not indicated                | <del>                                     </del> | 1 1  |  |  |  |  |  |  |
|     | 11/12/2003                                 |  | Nurse                        | <del>                                     </del> | 1  |  |  |  |  |  |  |
|     | 11/25/2003                                 |  | Question                     | 1 1  | <del> </del>                                     |  |  |  |  |  |  |
|     | 11/20/2003                                 |  | result<br>Self               | <del>                                     </del> | 1  |  |  |  |  |  |  |
|     | 11/17/2003                                 |  |                              | +  | <del>  </del>                                    |  |  |  |  |  |  |
|     |  | <del></del>  | smoking kit                  | 1 1  |  |  |  |  |  |  |  |
|     | 11/03/2003<br>11/25/2003                   |  | ТВ                           | 1 1  |  |  |  |  |  |  |  |
|     | 11/25/2003                                 |  | TB check                     | 1 1  | <del>                                     </del> |  |  |  |  |  |  |
|     |  |  |                              | 1  | <del>                                     </del> |  |  |  |  |  |  |
|     | 11/21/2003                                 |  | TB reading TB results        | 1 1  |  |  |  |  |  |  |  |
|     | 11/07/2003                                 |  |                              | 1  |  |  |  |  |  |  |  |
|     |  |  | TB results                   |  |  |  |  |  |  |  |  |
|     | 11/05/2003                                 |  | TB test                      | 1 1  |  |  |  |  |  |  |  |
|     | 11/05/2003                                 | <u> </u>   | TB test                      |  | <del> </del>                                     |  |  |  |  |  |  |
| _   | 11/11/2003                                 |  | TB test                      | 1 1  |  |  |  |  |  |  |  |
|     | 11/17/2003                                 |  | TB test                      | 1 1  | <del> </del>                                     |  |  |  |  |  |  |
| 48  | 11/18/2003                                 | 103 14433  | TB test                      |  |  |  |  |  |  |  |  |

Aud. 9 W/S No. 36 Date 49 Page 14

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

12.05.01

| Analysis of Le <sup>,</sup> | el of <u>H</u> ealth | Services - | CRC |
|-----------------------------|----------------------|------------|-----|
|-----------------------------|----------------------|------------|-----|

| 49 | 11/05/2003 | 0675647 | TB to be read                         |            | 1   |    |
|----|------------|---------|---------------------------------------|------------|-----|----|
| 50 | 11/17/2003 | 0817901 | test /                                |            | 1   |    |
| 51 | 11/18/2003 | 0817901 | test                                  | from       | 1   |    |
| 52 | 11/18/2003 | 0768417 | Test                                  | 1 26/21-28 | , 1 |    |
| 53 | 11/18/2003 | 0021899 | Test                                  | 1          | 1   |    |
| 54 | 11/20/2003 | 0943123 | Test                                  |            | 1   |    |
|    |            |         | · · · · · · · · · · · · · · · · · · · | 7          | 40  | 14 |

25.93% error rate

and. 49 w/S No. 36

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

3-05-07

Analysis of Level of Health Services - CRC

| ı  | 26/24                 |            |                             |           |             |  |  |  |  |  |
|----|-----------------------|------------|-----------------------------|-----------|-------------|--|--|--|--|--|
|    | May 2005 <sup>1</sup> |            |                             |           |             |  |  |  |  |  |
| ام |                       | Student ID | Reason                      | Allowable | Unallowable |  |  |  |  |  |
| 7  | 05/04/2005            |            | aspirin                     | 1         |             |  |  |  |  |  |
| 2  | 05/16/2005            |            | aspirin                     | 1         |             |  |  |  |  |  |
| 3  | 05/13/2005            |            | band aid                    | 1         |             |  |  |  |  |  |
| 4  | 05/06/2005            |            | bandage                     | 11        |             |  |  |  |  |  |
| 5  | 05/12/2005            |            | blood drive                 | 1         |             |  |  |  |  |  |
| 6  | 05/10/2005            |            | blood pressure              | 1         |             |  |  |  |  |  |
| /  | 05/17/2005            |            | blood pressure              | 1         |             |  |  |  |  |  |
| 8  |                       |            | blood pressure              | 1         |             |  |  |  |  |  |
| 9  | 05/02/2005            |            | borrow crutches             | 1         |             |  |  |  |  |  |
|    | 05/09/2005            |            | check TB test               | 1         |             |  |  |  |  |  |
|    | 05/11/2005            |            | drop off operation papers   | 1         |             |  |  |  |  |  |
|    | 05/05/2005            |            | finger injury               | 1         |             |  |  |  |  |  |
|    | 05/06/2005            |            | get info                    | 1         |             |  |  |  |  |  |
|    | 05/06/2005            |            | headache                    | 1         |             |  |  |  |  |  |
|    | 05/05/2005            |            | Health assessment           | 1         |             |  |  |  |  |  |
|    | 05/17/2005            |            | Health assessment           | 1 .       |             |  |  |  |  |  |
| 17 |                       |            | Health class                | 1         |             |  |  |  |  |  |
| 18 |                       |            | Health HW                   | 1         |             |  |  |  |  |  |
|    | 05/04/2005            |            | inquiry - ice bag           | . 1       |             |  |  |  |  |  |
|    | 05/05/2005            |            | Insurance                   | 1         |             |  |  |  |  |  |
| 21 |                       |            | Interview                   | 1         |             |  |  |  |  |  |
|    | 05/16/2005            |            | itching                     | 1         |             |  |  |  |  |  |
|    | 05/03/2005            |            | left index finger           | 1         |             |  |  |  |  |  |
|    | 05/04/2005            |            | meeting w/ Michelle         |           | 1           |  |  |  |  |  |
|    | 05/16/2005            |            | need to talk                |           | 1           |  |  |  |  |  |
|    | 05/02/2005            |            | Not indicated               |           | 11          |  |  |  |  |  |
|    | 05/05/2005            |            | Not indicated               | ļ         | 11          |  |  |  |  |  |
|    | 05/05/2005            |            | Not indicated               |           | 1           |  |  |  |  |  |
|    | 05/12/2005            |            | Not indicated               |           | 1           |  |  |  |  |  |
|    | 05/13/2005            |            | Not indicated               |           | 1           |  |  |  |  |  |
| 31 |                       |            | painful toes                | 1         |             |  |  |  |  |  |
| 32 |                       |            | pencil poke to hand         | 1         |             |  |  |  |  |  |
|    | 05/06/2005            |            | personal                    |           | 1           |  |  |  |  |  |
|    | 05/09/2005            |            | personal                    |           | 1           |  |  |  |  |  |
|    | 05/03/2005            |            | personal stuff              |           | 1           |  |  |  |  |  |
|    | 05/12/2005            |            | Questions about health care | 1         |             |  |  |  |  |  |
|    | 05/11/2005            |            | sick                        | 1         |             |  |  |  |  |  |
|    | 05/16/2005            |            | TB reading                  | 1         |             |  |  |  |  |  |
|    | 05/09/2005            |            | TB result                   | 1         |             |  |  |  |  |  |
|    | 05/12/2005            |            | TB result                   | 1         |             |  |  |  |  |  |
|    | 05/03/2005            |            | TB skin test                | 1         |             |  |  |  |  |  |
|    | 05/09/2005            |            | TB skin test                | 1         |             |  |  |  |  |  |
|    | 05/11/2005            |            | TB skin test                | 1         |             |  |  |  |  |  |
|    | 05/13/2005            |            | TB skin test                | 11        |             |  |  |  |  |  |
|    | 05/02/2005            |            | TB test                     | 1         |             |  |  |  |  |  |
|    | 05/02/2005            |            | TB test                     | 1         |             |  |  |  |  |  |
|    | 05/03/2005            |            | TB test                     | 1         |             |  |  |  |  |  |
| 48 | 05/03/2005            | 0778731    | TB test                     | 1 1       |             |  |  |  |  |  |

Aud. 41901 W/S No. 36

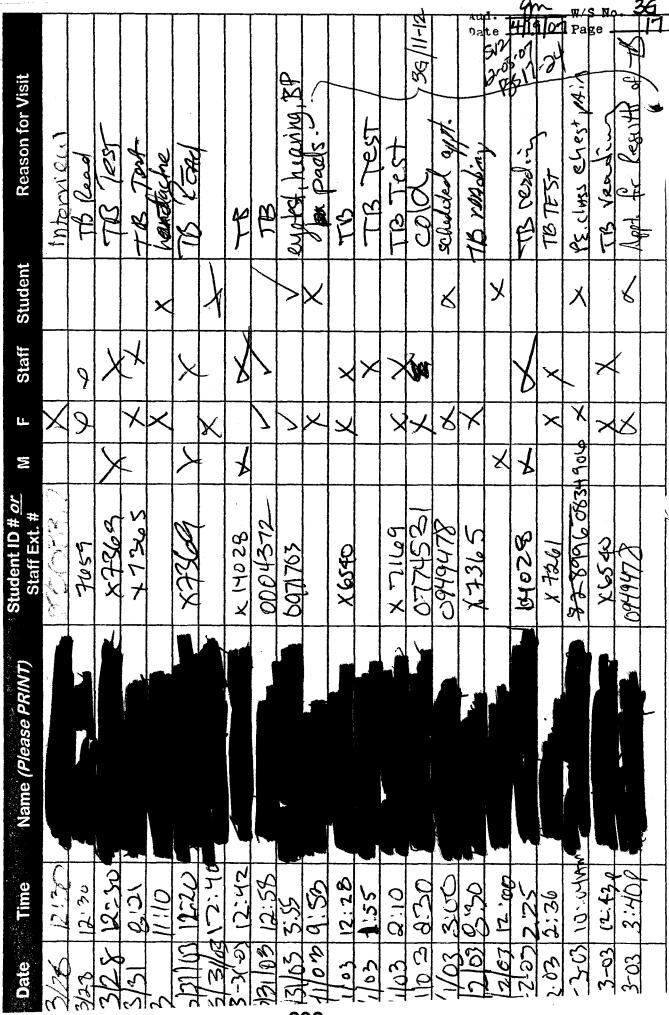
# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

502,07

| Analysis | of Leve | l of Health | Services - CRC |
|----------|---------|-------------|----------------|
|----------|---------|-------------|----------------|

|    | Analysis of Level of Health Services - Cito |         |                            |    |          |  |  |  |  |  |  |
|----|---|---------|----------------------------|----|----------|--|--|--|--|--|--|
| 49 | 05/03/2005                                  |         | TB test                    | 1  |          |  |  |  |  |  |  |
| 50 | 05/03/2005                                  | 1046681 | TB test                    | 1  |          |  |  |  |  |  |  |
| 51 | 05/03/2005                                  | 1049558 | TB test                    | 1  |          |  |  |  |  |  |  |
| 52 | 05/05/2005                                  | 1049558 | TB test                    | 1  |          |  |  |  |  |  |  |
| 53 | 05/05/2005                                  | 0561602 | TB test                    | 1  |          |  |  |  |  |  |  |
| 54 | 05/13/2005                                  |         | TB test                    | 1  |          |  |  |  |  |  |  |
| 55 | 05/13/2005                                  | 1028566 | TB test                    | 1  |          |  |  |  |  |  |  |
| 56 | 05/13/2005                                  | 0958310 | TB test                    | 1  |          |  |  |  |  |  |  |
| 57 | 05/16/2005                                  |         | TB test                    | 1  | <u> </u> |  |  |  |  |  |  |
| 58 | 05/16/2005                                  | 1033511 | TB test                    | 1  |          |  |  |  |  |  |  |
| 59 | 05/17/2005                                  | 0780460 | TB test                    | 1  |          |  |  |  |  |  |  |
| 60 | 05/18/2005                                  | 0986401 | TB test                    | 1  |          |  |  |  |  |  |  |
| 61 | 05/21/2005                                  |         | TB test                    | 1  |          |  |  |  |  |  |  |
| 62 | 05/05/2005                                  | 0767311 | TB test / blood pressure   | 1  |          |  |  |  |  |  |  |
| 63 | 05/16/2005                                  | 0958310 | TB test results            | 1  |          |  |  |  |  |  |  |
| 64 | 05/16/2005                                  | 1028546 | TB test results            | 1  |          |  |  |  |  |  |  |
| 65 | 05/18/2005                                  | 0974280 | TB test results            | 1  |          |  |  |  |  |  |  |
| 66 | 05/18/2005                                  | 1033511 | TB test results            | 1  |          |  |  |  |  |  |  |
| 67 | 05/23/2005                                  |         | TB test results            | 1  |          |  |  |  |  |  |  |
| 68 | 05/16/2005                                  | 0086401 | TB testing                 | 1  |          |  |  |  |  |  |  |
| 69 | 05/16/2005                                  | 0974280 | TB testing                 | 1  |          |  |  |  |  |  |  |
| 70 | 05/18/2005                                  | 0003856 | temperature                | 1  |          |  |  |  |  |  |  |
| 71 | 05/10/2005                                  | 0985264 | thyroid function screening | 1  |          |  |  |  |  |  |  |
| 72 | 05/16/2005                                  | 0754829 | tooth problem              | 1  |          |  |  |  |  |  |  |
| 73 | 05/02/2005                                  | 0003856 | Visine eye drops           | 1  |          |  |  |  |  |  |  |
| 74 | 05/04/2005                                  | 0665299 | workshop                   | 1  |          |  |  |  |  |  |  |
|    |   |         |                            | 64 | 10       |  |  |  |  |  |  |
|    |   |         |                            |    |          |  |  |  |  |  |  |

64 10 13.51% error rate 36/2





292

| i;                              |               |          |         |         |        |             | (0)      |         |          |          |         |         |        |            |          | 04           | te                 | 47 (4             | 10               | L Pa    | S N                 | 1               | 6 |
|---------------------------------|---------------|----------|---------|---------|--------|-------------|----------|---------|----------|----------|---------|---------|--------|------------|----------|--------------|--------------------|-------------------|------------------|---------|---------------------|-----------------|---|
| ##                              |               |          |         |         |        |             | 8        |         |          |          | ı       |         |        |            |          |              |                    |                   | ,                |         | ٦٠ [                |                 |   |
| Reason for Visit                | throat prolos | TB CHELL | TB /    |         | TBues  | Eye checkup | TR check | TR POST | Ů        | band-aid | 73 705/ | 78 TEST | fai-   | HON-1 ACHE |          | TB slin felt | Saw Dust in Ryz    | Blood presoure 1/ | fell on sidewalk |         | Vinsect bite/sting, | Sove thout loid |   |
| Student                         | >             |          |         | 7       |        |             | /        |         |          | 7        |         |         |        |            |          | •            | 7                  |                   |                  | \<br>\  |                     | X               |   |
| Staff                           |               | 7        | 1       |         |        |             |          |         | 7        |          | 7       | 7       | 7      |            |          | 7            |                    | >                 | 11               |         | ×                   |                 |   |
| ட                               | /             |          |         |         | 7      |             | 7        |         |          | Z        |         |         | 7      | ,          |          |              |                    | >                 | ı(               | /       | ×                   | X               |   |
| ٤ >                             |               | 7        | 7       | 7       |        | >           |          | 1       | 7        |          | 1       | 1       | •      |            | 7        | 7            | 7                  |                   |                  |         |                     |                 |   |
| Student ID # or<br>Staff Ext. # | 0819275       |          |         | 0559675 |        |             | 0310448  |         | 7261     | 0774531  |         | トト・ト    | assign | 09.2822    | <b>.</b> | 7261         | <b>८</b> द्याद्वतृ | 3101              | 1)               | 09/1987 | X1380               | D77 9854        | ì |
| Name (Please PRINT)             |               |          |         |         |        |             |          |         |          |          |         |         |        |            |          |              |                    |                   |                  |         |                     |                 |   |
| Time ( 7.00)                    | 9:18          | 9.45     | 9:55    | 00:11   | 7      | [[:23       | 11:34    | (;;)    | 2:08     | 0,40     | 9.30    | 10.20   | 11:20  | 11:50      | _        |              | 220                | 2:51              | oh:h             | 4130    | 10.10               | 6:45            |   |
| Date #\DS                       | 4/188         | (1-16.03 | 4-28-03 | 4-28-03 | 412863 | 1/28/103    | 1/26/02  | 11276   | 20/82/03 | 129/03   | -30-03  | 1-30-03 | -30-03 | (-30-03    | 1-3008   | 10/01        | 30/03              | 30-03             | =                | 10/     | 1/5                 | 3/,             |   |





|                                 |                |         | $\neg \neg$ |               |          |          |         |       |       |           |           |         |       |         |           |       | Ŕ                      | 197      | ill.     |             | _ W            | 5 1      | 3.4       | 11      |
|---------------------------------|----------------|---------|-------------|---------------|----------|----------|---------|-------|-------|-----------|-----------|---------|-------|---------|-----------|-------|------------------------|----------|----------|-------------|----------------|----------|-----------|---------|
| Visit                           | A              |         |             |               | •        |          |         |       |       |           |           |         |       |         |           |       | T.B. to have bone to * | 129/129  |          | 4           | CAS            | age      | A.        |         |
| Reason for Visit                | eve irritation |         |             | ssure         | حسط زساء | _3       |         | Q     | 0     | · from    | Snoke Kit | · w     |       | +       | FRESUR -  | -     | a havo                 | Inteniew | ì        | VISIT REDNA | LEN AM         | TB+65,   | be rea    | Test (  |
|                                 | Bye in         | wist    | Arm         | Blos Pressure | #a+      | •        | Phenoch | 1150  | 44    | assestmen | Smoth     | aspirin | The   | FingerC | 3/0d 9/26 |       | T.B. 7                 | 211+81   |          | 11517       | HAD FOL        | 155      | TB to     | . 81    |
| Student                         | >              | \       | 7           | 7             |          | 7        | /       |       | >     | 7         | 7         |         |       | >       |           |       | . /                    | /        |          |             | 7              |          | /         | 7       |
| Staff                           |                |         |             |               |          |          |         |       | _     |           | 1         |         |       |         |           |       |                        |          | \        |             | ,              | >        | \ <u></u> |         |
| <b>LL</b>                       |                | /       | 7           | 7             | 7        | 7        | 7       |       | 2     | 7         | 7         | \       |       | 7       |           |       | 1                      | 7        |          |             | 7              | >        | Ţ         | 7       |
| Ø                               |                |         |             |               |          |          |         |       |       |           |           | /       | 7     |         | 7         |       |                        |          | 1        |             | R              |          |           |         |
| ) # <i>or</i><br>1. #           |                |         | 7           | 2 - 5         | ~        |          |         |       | :     |           | 61        | -       |       |         | \         |       | 7                      | 0        | 7        | 4           | ゞ              | 92       | 5         | ~       |
| Student ID # or<br>Staff Ext. # | 09 45 84H      | 1260F30 | 0907657     | 26-280DC      | 0907478  | 09 13272 | 6733339 |       |       | 2858960   | 164860    |         | Stell | 3412069 | 2007615   |       | J845647                | 6572780  | > 629304 | ナかったかけ      | 59 8990        | 00007E   | 069564 0  | 055/602 |
| NT)                             |                | )       |             | )             |          |          |         |       |       |           |           |         |       |         |           |       | Y                      |          |          | <b>ν</b>    | 11             |          |           |         |
| Name (Please PRINT)             |                |         |             |               |          |          |         |       |       |           |           |         |       |         |           |       | 1                      | * *      |          | 9           |                |          |           |         |
| ame (Pl                         |                |         |             |               |          |          |         |       |       |           |           |         |       |         | 3         |       |                        |          |          |             |                |          |           |         |
| Z                               |                |         |             |               |          | ٠.,      |         |       |       | J.        | •         | , Q     | يع ه  |         | <b>لا</b> | 1     |                        |          | 1        | 1           | ų <del>ž</del> | )        |           |         |
| Time                            |                | 8:30    | 8:55        | g. 45         | 05:11    | 2:15     | d.'(O   | 13:12 | 34.71 | ĺ         | 05:1      | 3:30    | md 1  | 11:85   | 11:15     |       | 05:1                   | 2,20     | ~> Q!    | 552         | 55:07          | \<br>B:≡ | 55:)      | 11:2    |
| Date                            | 10/24/63       | 127/00  | 12/02       |               | 12/02    | 0/25/105 | 13605   | 80/80 | 200   | 20/05     | 20/02     | 60/96   | 4116  | 167     | 3 03      | ٢٠/١/ | 3-03                   | 10-60-   | × 56     | 2           | 3.             | <u>S</u> | 1.03      | 60/61   |
| Ō                               | 0              | 1012    | 10/         | 10            | 200      | 07       | do.     | ZIO   | 2     | 294       | _         | 0/2     | ्     | 10      |           | W     | 3-                     | 1        | <u> </u> | <b>~</b>    |                | E        | 2         |         |



|           |         | •                          |  |          |          |          | •       |                           |
|-----------|---------|----------------------------|--|----------|----------|----------|---------|---------------------------|
| Date      | Time    | Name <i>(Please PRINT)</i> | Student ID # <u>or</u><br>Staff Ext. # | M        | F        | Staff    | Student | Reason for Visit          |
| 11/402    | 10.20   |                            | Stalf 73501                            |          |          |          |         | eyes drop                 |
| 11-6-03   | \$1:30  | 5                          |  |          |          |          | 1       |                           |
|           |         |                            |  |          |          |          |         |                           |
| 11/7/03   | 8:35    |                            | SARGE 7172                             |          | اسا      | V        |         | readasprin                |
| 11/7/03   | 9:35    |                            | 0551602                                |          | 1        |          |         | TBRESILTS                 |
| 1/7/03    | 10-40   |                            | Calworks.                              |          | ~        |          |         | weed aspoint              |
| 11/2/03   | 11.45   |                            | 09/0844                                |          |          |          | /       | Nose Bred                 |
| 11/11/03  | 8:40    |                            | 0911904                                |          | V        |          | V       |                           |
| 11-11-03  | 9:30    |                            | 0005358                                |          | V        |          |         | 7 B test                  |
| 11/11-00  | 10:00 8 |                            | 092467                                 |          | X        |          | X       |                           |
| 11/11/10  | 11:20   |                            | Shf 7359                               |          |          |          |         |                           |
| 11/11/03  | 1:55    |                            | 0946879                                |          |          |          | X       | Health Informations 13-14 |
| 11/12/03  | 12:00   |                            | 0913272                                |          | Х        |          | X       | interview (               |
|           | 8:55    |                            | 0911904                                |          | ᅕ        |          | ~       | nurse                     |
| 1-13-03   | 9:30    |                            | 0005356                                |          | V        | <u> </u> |         | TRCK                      |
| 11-13-03  | 10:55   |                            | 0946879                                |          |          |          |         | Health Information        |
| 11-13-01  | 11:40   | <u>C</u>                   | 216-11-3206                            |          | V        |          |         | Hurt Finger               |
| 11-14-03  | 9:55    |                            | 6804528                                | <b>V</b> |          |          |         | Subject 1                 |
| 11-14-05  | 11:00   |                            |  |          | 7        |          |         | Health Kit                |
| 11/14/03  | 1:00    |                            |  | X        |          |          | X       |                           |
| 11/17/    | 9:00    |                            | 1722433                                |          | X        |          | ×       | seff                      |
| 01/17/0   | 11:35   |                            | 0768417                                | X        |          |          |         | Health test               |
| 1/17/63   | 12:17   |                            | 415-01-1542                            | X        |          |          | V       | Minir cut                 |
| 1/1/103   | 1.20    |                            | 091327295                              |          | X        |          | 1/      | Int                       |
| 11/17/100 | QIMO -  |                            | namani                                 |          | <b>✓</b> |          | . /     |                           |



| ate          | Time     | Name<br>(Please PRINT) | Student | Staff | Student ID or<br>Staff Ext# | F        | M        | Reason for Visit      |
|--------------|----------|------------------------|---------|-------|-----------------------------|----------|----------|-----------------------|
| 17-03        | 3:40 AV  |                        | 425     |       | 0943123                     | V        |          | TB test               |
| 18-03        | 40       |                        | 1100    |       | 0914499                     | 1        |          | TB test               |
| 18103        | 4:85     |                        |         |       | 0817901                     | V        |          | Test                  |
| 180          | a:00     |                        |         |       | 0722433                     | 1        | -        |                       |
| -1/103       |          |                        | ✓       |       | 0768417                     | •        | <b>V</b> | Test                  |
| -1810        | 34:10    |                        | $\vee$  |       | 0021899                     | V        |          | TOST                  |
| 20/20        | 0310',26 |                        |         |       |                             |          | V        |                       |
| 20/03        | 11.00    |                        |         |       | 0672431                     | 1        |          |                       |
| 10/03        | 11:35    |                        | V       |       | 0943123                     |          |          | test                  |
| 10/08        | 1.55     |                        |         |       | 0817901                     | V        |          | sosult \              |
| 20/03        | 5:00     |                        | yes     | ·     | 0914499                     | 1        |          | TB Results action     |
| 3/163        | 1030     |                        | ×       |       |                             | <u> </u> | 么        | TO Rue /36/13-14      |
| 4/05         | 11=30    | 0                      | X       |       | 0829842                     |          | /        |                       |
| 15/03        | 1.55     |                        | yes     |       | 0727782                     |          | V        | TE & Blood production |
| 25/03        | 1:30     |                        | yes     |       | 0687284                     | Y        |          | Euestin               |
| 250          | 35       |                        | YES     |       | 0015 23 43                  | <u> </u> |          | credit                |
| 200          | 4:55     |                        | Yes     |       | 689                         | 0        |          | Blockerstere          |
| 20           | 1200     |                        | yes     |       | 0959491                     |          |          | head ache marging     |
| 26           | 2.15     |                        |         |       |                             | /        |          | nendache              |
| 1103         | 1150     |                        | Nes     |       | {}                          | 1        |          | Agot.                 |
| 103          | 12.04    |                        | 0.      |       |                             |          |          | TB test               |
| <b>F</b> 773 | 164b     |                        |         |       | 001552                      | V        |          | THE TEST              |
| 12/03        | 8:55     |                        | 4et     |       | 0978777                     |          |          | Feel like I'm Sich    |
|              | 75       |                        |         |       | 0777783                     |          | <u> </u> | Feel LIKE IN SICK     |
| - ď          | 12 20    |                        |         |       |                             | 3/       |          | BP.                   |

nate 419 0 Cosumnes River College Health Office \_\_\_Time: <u>11:30 am</u> · Please Prin<u>t / La</u> Name: Please circle one. Student Student ID# 1647 AO Staff Extension: Please circle one: 4 \ Male Reason for visit: Interview 35 Cosumnes River College Health Office Date: 5-2-05 Time: 1:00 Please Print (Last, First) Name: Please circle one: Student Staff Student ID# 00//942 Staff Extension: 7276 Please circle one: (Female) Male Reason for visit: borrow crutches 36/15

Note: Intake cards were being used during this sample month. Two cards were copied (above) for the workpapers to show as an example.

**Tab 13** 

### Sacramento City College

ud. 4/9 on Page 25

Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

512.05.07

|                            |               | 36/41                                   |  | <del>†</del> |
|----------------------------|---------------|---|--|--------------|
| D                          |               | September 2002                          |  |              |
| Provided By                | Date 09/24/02 | Name Reason for Visit abrasion rt elbow | Allowalbe Unallow                                | able         |
| 1 Clark, J.<br>2 Clark, J. | 09/26/02      | acid stomach                            |  |              |
| 3 Clark, J.                | 09/30/02      | acid stomach                            | <del></del>                                      | —            |
| 4 Clark, J.                | 09/30/02      | allergies                               |  |              |
| 5 Clark, J.                | 09/05/02      | Back pain                               | 1 1  | —            |
| 6 Clark, J.                | 09/03/02      | Back pain                               |  |              |
| 7 Clark, J.                | 09/30/02      | Back pain                               | 1 1  |              |
| 8 Clark, J.                | 09/30/02      | bite on stomach                         | <del>                                     </del> |              |
| 9 Clark, J.                | 09/03/02      | bodyfat                                 | <del>                                     </del> |              |
|                            | 09/03/02      |   |  |              |
| 10 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 11 Clark, J.               | 09/03/02      | bodyfat                                 |  |              |
| 12 Clark, J.               | 09/03/02      | bodyfat                                 |  |              |
| 13 Clark, J.               | 09/03/02      | bodyfat                                 | 1  |              |
| 14 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 15 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 16 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 17 Clark, J.               | 09/04/02      | bodyfat                                 | 1  |              |
| 18 Clark, J.               | 09/04/02      | bodyfat                                 | 1  |              |
| 19 Clark, J.               | 09/04/02      | bodyfat                                 | 1  |              |
| 20 Clark, J.               | 09/06/02      | bodyfat                                 | 1  |              |
| 21 Clark, J.               | 09/06/02      | bodyfat                                 | 1 1  |              |
| 22 Clark, J.               | 09/09/02      | bodyfat                                 | 1  |              |
| 23 Clark, J.               | 09/09/02      | bodyfat                                 | 1  |              |
| 24 Clark, J.               | 09/09/02 /    | bodyfat                                 | 1  |              |
| 25 Clark, J.               | 09/09/02      | bodyfat                                 | 1  |              |
| 26 Clark, J.               | 09/09/02      | bodyfat                                 | 1  |              |
| 27 Clark, J.               | 09/12/02      | bodyfat                                 | 1  |              |
| 28 Clark, J.               | 09/12/02      | bodyfat                                 | 1  |              |
| 29 Clark, J.               | 00/12/02      | bodyfat                                 | 1  |              |
| 30 Clark, J.               | 09/12/02      | bodyfat                                 | 1  |              |
| 31 Clark, J.               | 09/12/02      | bodyfat                                 | 1  |              |
| 32 Clark, J.               | 09/25/02      | bodyfat                                 | 1 1  |              |
| 33 Clark, J.               | 09/25/02      | bodyfat                                 | 1  |              |
| 34 Clark, J.               | 09/26/02      | bodyfat                                 | 1 1  | _            |
| 35 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 36 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 37 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 38 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 39 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
| 40 Clark, J.               | 09/03/02      | bodyfat                                 | 1 1  |              |
|                            | 09/05/02      |   | 1 1  |              |
| 41 Clark, J.               |               | bodyfat                                 |  |              |
| 42 Clark, J.               | 09/10/02      | bodyfat                                 | 1 1  |              |
| 43 Clark, J.               | 09/11/02      | bodyfat                                 |  |              |
| 44 Clark, J.               | 09/06/02      | BP                                      | 1 1  |              |
| 45 Clark, J.               | 09/19/02      | BP                                      | 1 1  |              |
| 46 Clark, J.               | 09/26/02      | BP                                      | 1 1  |              |
| 47 Clark, J.               | 09/17/02      | BP                                      | 1  |              |
| 48 Clark, J.               | 09/04/02      | chest lightness                         | 1  |              |
| 49 Clark, J.               | 09/16/02      | cold                                    | 1  |              |
| 50 Clark, J.               | 09/25/02      | cold                                    | 1  |              |
| 51 Clark, J.               | 09/26/02      | cold                                    | 1  |              |
| 52 Clark, J.               | 09/09/02      | cramps                                  | 1  |              |
| 53 Clark, J.               | 09/12/02      | cramps                                  | 1  |              |
| 54 Clark, J.               | 09/17/02      | cramps                                  | 1  |              |

Aud. 419 07 W/S No. 26

#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

50° 5)

|               | Analysis of Level of | Service Provided - SCC   |  |
|---------------|----------------------|--------------------------|--|
| FE OLL 1      | Jeo/20/2011          | 41                       |  |
| 55 Clark, J.  | 09/23/02             | dizziness                | 1  |
| 56 Clark, J.  | 09/16/02             | fell, had slight seizure | 1  |
| 57 Clark, J.  | 09/03/02             | headache                 | 1  |
| 58 Clark, J.  | 09/03/02             | headache                 | 1  |
| 59 Clark, J.  | 09/10/02             | headache                 | 1  |
| 60 Clark, J.  | 09/13/02             | headache                 | 1  |
| 61 Clark, J.  | 09/16/02             | headache                 | 1  |
| 62 Clark, J.  | 09/16/02             | headache                 | 1  |
| 63 Clark, J.  | 09/16/02             | headache                 | 1  |
| 64 Clark, J.  | 09/25/02             | headache                 | 1  |
| 65 Clark, J.  | 09/30/02             | headache                 | 1  |
| 66 Clark, J.  | 09/17/02             | help to bathroom         | 1  |
| 67 Clark, J.  | 09/27/02             | Ibuprofen                | 1  |
| 68 Clark, J.  | 09/04/02             | Not indicated            | 1  |
| 69 Clark, J.  | 09/04/02             | Not indicated            | 1  |
| 70 Clark, J.  | 09/09/02             | Not indicated            | 1  |
| 71 Clark, J.  | 09/10/02 /           | Not indicated            | 1 1  |
| 72 Clark, J.  | 09/11/02 F           | Not indicated            | 1 1  |
| 73 Clark, J.  | 09/12/02             | Not indicated            | <del>                                     </del> |
| 74 Clark, J.  | 09/13/02             | Not indicated            | <del>                                     </del> |
| 75 Clark, J.  | 09/17/02             | Not indicated            | <del>                                     </del> |
| 76 Clark, J.  | 09/19/02             | Not indicated            | <del>                                     </del> |
| 77 Clark, J.  | 09/27/02             | Not indicated            |  |
|               | 09/03/02             | Not indicated            |  |
| 78 Clark, J.  |                      |                          |  |
| 79 Clark, J.  | 09/24/02             | out ill                  | 1 1  |
| 80 Clark, J.  | 09/05/02             | pain abdomen             | 1  |
| 81 Clark, J.  | 09/09/02             | physical                 | 1  |
| 82 Clark, J.  | 09/26/02             | possible seizure         | 1  |
| 83 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 84 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 85 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 86 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 87 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 88 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 89 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 90 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 91 Clark, J.  | 09/03/02             | PPD                      | 1  |
| 92 Clark, J.  | 09/04/02             | PPD                      | 1  |
| 93 Clark, J.  | 09/04/02             | PPD                      | 1  |
| 94 Clark, J.  | 09/06/02             | PPD                      | 1  |
| 95 Clark, J.  | 09/06/02             | PPD                      | 1  |
| 96 Clark, J.  | 09/06/02             | PPD                      | 1  |
| 97 Clark, J.  | 09/06/02             | PPD                      | 1  |
| 98 Clark, J.  | 09/09/02             | PPD                      | 1  |
| 99 Clark, J.  | 09/09/02             | PPD                      | 1  |
| 100 Clark, J. | 09/09/02             | PPD                      | 1  |
| 101 Clark, J. | 09/09/02             | PPD                      | 1  |
| 102 Clark, J. | 09/10/02             | PPD                      | 1 1  |
| 103 Clark, J. | 09/10/02             | PPD                      | 1 1  |
| 104 Clark, J. | 09/10/02             | PPD                      |  |
| 105 Clark, J. | 09/10/02             | PPD                      | 1 1  |
| 106 Clark, J. | 09/10/02             | PPD                      | 1 1  |
| 107 Clark, J. | 09/13/02             | PPD                      | 1  |
| 107 Clark, J. | 09/13/02             | PPD                      | 1  |
|               | 09/13/02             | PPD                      | 1  |
| 109 Clark, J. |                      |                          | <del>                                     </del> |
| 110 Clark, J. | 09/16/02             | PPD                      | 1 1  |
| 111 Clark, J. | 09/16/02             | PPD                      | 1 1  |

wd. 4190 W/S No. 35

#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

912,07 12.05,07

|               | Analysis of Level of Service Provided - SCC |          |          |  |
|---------------|---|----------|----------|--|
|               |   | 1:11     |          |  |
| 112 Clark, J. | 09/16/02                                    | PŘĎ      | 1        |  |
| 113 Clark, J. | 09/16/02                                    | PPD      | 1        |  |
| 114 Clark, J. | 09/16/02                                    | PPD      | 1        |  |
| 115 Clark, J. | 09/17/02                                    | PPD      | 1        |  |
| 116 Clark, J. | 09/17/02                                    | PPD      | 1        |  |
| 117 Clark, J. | 09/17/02                                    | PPD      | 1        |  |
| 118 Clark, J. | 09/17/02                                    | PPD      | 1        |  |
| 119 Clark, J. | 09/23/02                                    | PPD      | 1        |  |
| 120 Clark, J. | 09/23/02                                    | PPD      | 1        |  |
|               | 09/23/02                                    | PPD      | 1        |  |
| 121 Clark, J. |   |          |          |  |
| 122 Clark, J. | 09/23/02                                    | PPD      |          |  |
| 123 Clark, J. | 09/23/02                                    | PPD      | 1        |  |
| 124 Clark, J. | 09/23/02                                    | PPD      | 1        |  |
| 125 Clark, J. | 09/23/02                                    | PPD      | 1        |  |
| 126 Clark, J. | 09/24/02                                    | PPD      | 1        |  |
| 127 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
| 128 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
| 129 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
| 130 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
| 131 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
| 132 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
| 133 Clark, J. | 09/25/02                                    | PPD      | 1        |  |
|               |   |          | <u> </u> |  |
| 134 Clark, J. | 09/27/02                                    | PPD      | 1        |  |
| 135 Clark, J. | 09/30/02                                    | PPD      | 1        |  |
| 136 Clark, J. | 09/30/02                                    | PPD      | 1        |  |
| 137 Clark, J. | 09/30/02                                    | PPD      | 1        |  |
| 138 Clark, J. | 09/30/02                                    | PPD      | 1        |  |
| 139 Clark, J. | 09/09/02                                    | PPD      | 1 _      |  |
| 140 Clark, J. | 09/06/02                                    | PPD      | 1 .      |  |
| 141 Clark, J. | 09/13/02                                    | PPD      | . 1      |  |
| 142 Clark, J. | 09/13/02                                    | PPD      | 1        |  |
| 143 Clark, J. | 09/13/02                                    | PPD      | 1        |  |
| 144 Clark, J. | 09/16/02                                    | PPD      | 1        |  |
| 145 Clark, J. | 09/16/02                                    | PPD      | 1        |  |
| 146 Clark, J. | 09/05/02                                    | PPD read | 1        |  |
|               |   |          | 1        |  |
| 147 Clark, J. | 09/05/02                                    | PPD read |          |  |
| 148 Clark, J. | 09/05/02                                    | PPD read |          |  |
| 149 Clark, J. | 09/05/02                                    | PPD read | 1        |  |
| 150 Clark, J. | 09/06/02                                    | PPD read | 1        |  |
| 151 Clark, J. | 09/06/02                                    | PPD read | 11       |  |
| 152 Clark, J. | 09/06/02                                    | PPD read | 1        |  |
| 153 Clark, J. | 09/06/02                                    | PPD read | 1        |  |
| 154 Clark, J. | 09/06/02                                    | PPD read | 1        |  |
| 155 Clark, J. | 09/06/02                                    | PPD read | 1        |  |
| 156 Clark, J. | 09/09/02                                    | PPD read | 1        |  |
| 157 Clark, J. | 09/11/02                                    | PPD read | 1        |  |
| 158 Clark, J. | 09/11/02                                    | PPD read | 1        |  |
| 159 Clark, J. | 09/11/02                                    | PPD read | 1        |  |
|               | 09/11/02                                    | PPD read | 1        |  |
| 160 Clark, J. |   |          |          |  |
| 161 Clark, J. | 09/12/02                                    | PPD read | 1 1      |  |
| 162 Clark, J. | 09/12/02                                    | PPD read | 1        |  |
| 163 Clark, J. | 09/12/02                                    | PPD read | 1        |  |
| 164 Clark, J. | 09/13/02                                    | PPD read | 1        |  |
| 165 Clark, J. | 09/16/02                                    | PPD read | 1        |  |
| 166 Clark, J. | 09/16/02                                    | PPD read | 1        |  |
| 167 Clark, J. | 09/16/02                                    | PPD read | 1        |  |
| 168 Clark, J. | 09/16/02                                    | PPD read | 1        |  |
|               | · · · · · -                                 | <u> </u> |          |  |

Aud. 4/9 M/S No. 36

### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

5V2.07

|               | Analys      | is of Level of Service Provided - SCC |     | . lo |
|---------------|-------------|---------------------------------------|-----|------|
|               |             | 39141                                 |     |      |
| 169 Clark, J. | 09/16/02    | PPD read                              | 1   |      |
| 170 Clark, J. | 09/16/02    | PPD read                              | 1   |      |
| 171 Clark, J. | 09/19/02    | PPD read                              | 1   |      |
| 172 Clark, J. | 09/24/02    | PPD read                              | 1   |      |
| 173 Clark, J. | 09/26/02    | PPD read                              | 1   |      |
| 174 Clark, J. | 09/26/02    | PPD read                              | 1   |      |
| 175 Clark, J. | 09/27/02    | PPD read                              | 1 1 |      |
| 176 Clark, J. | 09/27/02    | PPD read                              | 1   |      |
| 177 Clark, J. | 09/30/02    | PPD read                              | 1   |      |
| 178 Clark, J. | 09/30/02    | PPD read                              | 1   |      |
| 179 Clark, J. | 09/09/02    | pre-physical                          | 1 1 |      |
| 180 Clark, J. | 09/09/02    | pre-physical                          | 1   |      |
| 181 Clark, J. | 09/30/02    | pre-physical                          | 1   |      |
| 182 Clark, J. | 09/27/02    | small cut on head                     | 1   |      |
| 183 Clark, J. | 09/05/02    | special parking                       | 1   |      |
| 184 Clark, J. | 09/09/02    | special parking                       | 1   |      |
| 185 Clark, J. | 09/25/02 \$ | swollen left eyelid                   | 1   |      |
| 186 Clark, J. | 09/03/02    | tampon                                | 1   |      |
| 187 Clark, J. | 09/04/02    | toothache                             | 1   |      |
| 188 Clark, J. | 09/06/02    | upset stomach                         | 1   |      |
| 189 Clark, J. | 09/30/02    | upset stomach                         | 1   |      |
|               |             |                                       | 178 | 11   |

5.82% error rate 36/2

Note: Pre-physical is taking of the vitals such as blood pressure, bodyfat, weight, paperwork, etc.

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#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

512 05 pg.31

|               |          | _ 39/38-40                  |                     |
|---------------|----------|-----------------------------|---------------------|
|               |          | April 2004                  |                     |
| Provided By   |          | Reason for Visit            | Allowable Unallowab |
| 1 Clark, J.   | 04/23/04 | 1/2 inch cut on arm         | 1 1                 |
| 2 Cousin, P.  | 04/15/04 | Advil                       | 1 1                 |
| 3 Clark, J.   | 04/29/04 | allergic reaction           | 1                   |
| 4 Clark, J.   | 04/01/04 | allergies                   | 1                   |
| 5 Clark, J.   | 04/01/04 | allergies                   | 1 1                 |
| 6 Clark, J.   | 04/22/04 | allergies                   | 1                   |
| 7 Clark, J.   | 04/01/04 | back pain                   | 1 1                 |
| 8 Clark, J.   | 04/29/04 | back pain                   | 1                   |
| 9 Clark, J.   | 04/29/04 | back pain after fight       | 1 1                 |
| 0 Clark, J.   | 04/21/04 | back pain, requests Tylenol | 1 1                 |
| 1 Clark, J.   | 04/28/04 | bladder infection           | 1                   |
| 2 Cousin, P.  | 04/15/04 | Bodyfat                     | 1                   |
| 3 Tanner, J.  | 04/02/04 | bodyfat                     | 1                   |
| 4 Tanner, J.  | 04/19/04 | Bodyfat                     | 1                   |
| 5 Tanner, J.  | 04/27/04 | bodyfat                     | 1                   |
| 6 Clark, J.   | 04/01/04 | bodyfat                     | 1 1                 |
| 7 Clark, J.   | 04/15/04 | bodyfat                     | 1                   |
| 8 Clark, J.   | 04/19/04 | bodyfat                     | 1                   |
| 9 Clark, J.   | 04/19/04 | bodyfat                     | 1                   |
| Clark, J.     | 04/21/04 | bodyfat                     | 11                  |
| 21 Clark, J.  | 04/22/04 | bodyfat                     | 1 1                 |
| 2 Clark, J.   | 04/22/04 | bodyfat                     | 1 1                 |
| 23 Clark, J.  | 04/28/04 | bodyfat                     | 1                   |
| 24 Clark, J.  | 04/28/04 | bodyfat                     | 1                   |
| 25 Clark, J.  | 04/28/04 | bodyfat                     | 1                   |
| 26 Clark, J.  | 04/15/04 | bodyfat                     | 1 .                 |
| 27 Clark, J.  | 04/15/04 | bodyfat                     | 1                   |
| 28 Clark, J.  | 04/19/04 | bodyfat                     | 1                   |
| 9 Clark, J.   | 04/29/04 | bodyfat                     | 1                   |
| 0 Clark, J.   | 04/30/04 | bodyfat                     | 1                   |
| 31 Clark, J.  | 04/30/04 | bodyfat                     | 1                   |
| 2 Cousin, P.  | 04/16/04 | Bodyfat and BP              | 1                   |
| 3 Tanner, J.  | 04/19/04 | bodyfat, BP                 | 1                   |
| 34 Tanner, J. | 04/20/04 | bodyfat, BP                 | 1                   |
| 5 Tanner, J.  | 04/20/04 | bodyfat, BP                 | 1                   |
| 6 Tanner, J.  | 04/21/04 | bodyfat, BP                 | 1 1                 |
| 7 Tanner, J.  | 04/27/04 | bodyfat, BP                 | 1 1                 |
| 8 Clark, J.   | 04/19/04 | bodyfat, BP                 | 1                   |
| 9 Clark, J.   | 04/19/04 | bodyfat, BP                 | 1                   |
| Olark, J.     | 04/19/04 | bodyfat, BP                 | 1 1                 |
| 11 Clark, J.  | 04/19/04 | bodyfat, BP                 | 1 1                 |
| 2 Clark, J.   | 04/21/04 | bodyfat, BP                 | 1 1                 |
| 3 Clark, J.   | 04/22/04 | bodyfat, BP                 | 1 1                 |
| 14 Clark, J.  | 04/27/04 | bodyfat, BP                 | 1 1                 |
| I5 Clark, J.  | 04/15/04 | bodyfat, BP                 | 1 1                 |
| 16 Clark, J.  | 04/15/04 | bodyfat, BP                 | 1                   |
| 17 Clark, J.  | 04/16/04 | bodyfat, BP                 | 1 1                 |
| 18 Clark, J.  | 04/16/04 | bodyfat, BP                 | 1 1                 |
|               |          |                             | 1                   |
| 19 Clark, J.  | 04/16/04 | bodyfat, BP                 |                     |
| Olark, J.     | 04/19/04 | bodyfat, BP                 | 1                   |
| 1 Clark, J.   | 04/20/04 | bodyfat, BP                 | 1 1                 |
| Clark, J.     | 04/20/04 | bodyfat, BP                 | 1                   |
| 53 Clark, J.  | 04/20/04 | ⊾ Ìbodyfat, BP              | 1                   |

#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

|       |            | 201      | 38-40                         |    |          |
|-------|------------|----------|-------------------------------|----|----------|
| F 5 5 | Clark, J.  | 04/29/04 | bodyfat, BP                   | 1  |          |
|       | Tanner, J. | 04/02/04 | BP                            | 1  | <u> </u> |
|       |            |          | BP                            | 1  |          |
|       | Tanner, J. | 04/20/04 |                               | 1  |          |
|       | Tanner, J. | 04/21/04 | BP                            | 1  |          |
|       | Tanner, J. | 04/22/04 | BP                            | 1  |          |
|       | Tanner, J. | 04/02/04 | BP                            | 1  |          |
|       | Clark, J.  | 04/12/04 | BP                            | 1  |          |
|       | Clark, J.  | 04/16/04 | BP                            | 1  |          |
|       | Clark, J.  | 04/21/04 | BP                            | 1  |          |
|       | Clark, J.  | 04/29/04 | BP                            | 1  |          |
|       | Tanner, J. | 04/19/04 | BP and Bodyfat                | 11 |          |
|       | Clark, J.  | 04/15/04 | BP and Bodyfat                | 11 |          |
|       | Clark, J.  | 04/15/04 | BP and Bodyfat                | 1  |          |
|       | Clark, J.  | 04/15/04 | BP and Bodyfat                | 1  |          |
|       | Tanner, J. | 04/21/04 | BP, Bodyfat                   | 1  |          |
|       | Tanner, J. | 04/22/04 | BP, Bodyfat                   | 1  |          |
|       | Tanner, J. | 04/26/04 | BP, bodyfat                   | 1  |          |
|       | Tanner, J. | 04/26/04 | broken tooth                  | 11 |          |
|       | Clark, J.  | 04/15/04 | chipped tooth                 | 1  |          |
|       | Cousin, P. | 04/15/04 | consult                       | 1  |          |
|       | Cousin, P. | 04/15/04 | consult                       | 11 |          |
|       | Clark, J.  | 04/15/04 | copy of drug policy           | 1  |          |
|       | Tanner, J. | 04/21/04 | cramps                        | 1  |          |
|       | Clark, J.  | 04/19/04 | cut finger yesterday, painful | 1  |          |
|       | Clark, J.  | 04/28/04 | cut hand in woodshop          | 1  |          |
|       | Clark, J.  | 04/28/04 | cut on hand                   | 11 |          |
|       | Clark, J.  | 04/21/04 | eye irritation                | 1  |          |
|       | Clark, J.  | 04/28/04 | eye irritation                | 1  |          |
|       | Clark, J.  | 04/28/04 | eye irritation                | 11 |          |
|       | Tanner, J. | 04/02/04 | feeling achy                  | 11 |          |
|       | Tanner, J. | 04/26/04 | fell on forehead              | 1  |          |
|       | Cousin, P. | 04/17/04 | Headache                      | 1  |          |
|       | Clark, J.  | 04/15/04 | headache                      | 1  |          |
|       | Clark, J.  | 04/16/04 | headache                      | 1  |          |
|       | Clark, J.  | 04/22/04 | headache                      | 1  |          |
|       | Clark, J.  | 04/29/04 | headache                      | 1  |          |
|       | Clark, J.  | 04/30/04 | headache                      | 1  |          |
|       | Clark, J.  | 04/13/04 | Headache and congestion       | 1  |          |
|       | Clark, J.  | 04/20/04 | headache for several days     | 1  |          |
|       | Cousin, P. | 04/15/04 | Health class                  | 1  |          |
|       | Clark, J.  | 04/28/04 | health counseling             | 1  |          |
|       | Cousin, P. | 04/15/04 | Health-missing class          | 1  |          |
|       | Clark, J.  | 04/12/04 | insect bite                   | 1  |          |
|       | Clark, J.  | 04/29/04 | medical referral              | 1  |          |
|       | Clark, J.  | 04/14/04 | not feeling well              | 1  |          |
|       | Cousin, P. | 04/15/04 | Not indicated                 |    | 1        |
|       | Cousin, P. | 04/15/04 | Not indicated                 |    | 1        |
|       | Cousin, P. | 04/16/04 | Not indicated                 |    | 1        |
|       | Tanner, J. | 04/02/04 | Not indicated                 |    | 1        |
|       | Tanner, J. | 04/19/04 | Not indicated                 |    | 1        |
|       | Tanner, J. | 04/19/04 | Not indicated                 |    | 1        |
|       | Tanner, J. | 04/27/04 | Not indicated                 |    | 1        |
|       | Tanner, J. | 04/27/04 | Not indicated                 |    | 1        |
|       | Clark, J.  | 04/12/04 | Not indicated                 |    | 1        |
|       | Clark, J.  | 04/21/04 | nutrition counseling          | 1  |          |
|       | Clark, J.  | 04/21/04 | pain It wrist                 | 1  |          |
| [ 111 | Cousin, P. | 04/16/04 | PPD                           | 11 |          |

#### **Los Rios Community College District** Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| 12  Tanner, J.   04/21/04    PPD   1   1   1   1   1   1   1   1   1   |                | Analysis of Level of Service Provided - SCC |                               |    |  |
|--|----------------|---|-------------------------------|----|--|
| 113 Tanner, J. 04/22/04 PPD 1 114 Tanner, J. 04/26/04 PPD 1 115 Tanner, J. 04/26/04 PPD 1 116 Tanner, J. 04/26/04 PPD 1 117 Tanner, J. 04/26/04 PPD 1 118 Clark, J. 04/12/04 PPD 1 119 Clark, J. 04/13/04 PPD 1 120 Clark, J. 04/13/04 PPD 1 121 Clark, J. 04/13/04 PPD 1 122 Clark, J. 04/20/04 PPD 1 123 Clark, J. 04/20/04 PPD 1 124 Clark, J. 04/20/04 PPD 1 125 Clark, J. 04/20/04 PPD 1 126 Clark, J. 04/14/04 PPD 1 127 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 129 Tanner, J. 04/14/04 PPD 1 121 Clark, J. 04/14/04 PPD 1 122 Clark, J. 04/14/04 PPD 1 123 Clark, J. 04/14/04 PPD 1 126 Clark, J. 04/14/04 PPD 1 127 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/16/04 PPD 1 129 Tanner, J. 04/22/04 PPD 1 130 Tanner, J. 04/22/04 PPD read 1 131 Clark, J. 04/16/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/16/04 PPD read 1 136 Clark, J. 04/16/04 PPD read 1 137 Clark, J. 04/16/04 PPD read 1 138 Tanner, J. 04/22/04 PPD read 1 139 Tanner, J. 04/22/04 PPD read 1 140 Clark, J. 04/16/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/16/04 PPD read 1 143 Clark, J. 04/26/04 PPD read 1 144 Clark, J. 04/26/04 PPD read 1 145 Clark, J. 04/26/04 PPD read 1 146 Clark, J. 04/26/04 PPD read 1 147 Clark, J. 04/26/04 PPD read 1 148 Clark, J. 04/26/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 140 Clark, J. 04/16/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/16/04 PPD read 1 144 Clark, J. 04/16/04 PPD read 1 145 Clark, J. 04/16/04 PPD read 1 146 Clark, J. 04/16/04 PPD read 1 147 Clark, J. 04/16/04 PPD read 1 148 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 140 Clark, J.  |                |   |                               |    |  |
| 114 Tanner, J. 04/26/04 115 Tanner, J. 04/26/04 116 Tanner, J. 04/26/04 117 Tanner, J. 04/26/04 118 Clark, J. 04/12/04 119 Clark, J. 04/13/04 120 Clark, J. 04/13/04 121 Clark, J. 04/20/04 122 Clark, J. 04/20/04 123 Clark, J. 04/20/04 124 Clark, J. 04/20/04 125 Clark, J. 04/20/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/14/04 129 Tanner, J. 04/21/04 129 Tanner, J. 04/21/04 129 Tanner, J. 04/21/04 129 Tanner, J. 04/21/04 120 Tanner, J. 04/21/04 121 Clark, J. 04/16/04 122 Clark, J. 04/16/04 125 Clark, J. 04/16/04 126 Clark, J. 04/16/04 127 Clark, J. 04/16/04 129 Tanner, J. 04/22/04 129 Tanner, J. 04/22/04 129 Tanner, J. 04/22/04 120 Tanner, J. 04/22/04 121 Clark, J. 04/16/04 122 Clark, J. 04/16/04 123 Clark, J. 04/16/04 124 Clark, J. 04/16/04 125 Clark, J. 04/16/04 126 Clark, J. 04/16/04 127 Clark, J. 04/16/04 128 Clark, J. 04/16/04 129 Tanner, J. 04/22/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/16/04 137 Clark, J. 04/16/04 138 Tanner, J. 04/22/04 139 Tanner, J. 04/26/04 130 Tanner, J. 04/26/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Tanner, J. 04/26/04 136 Clark, J. 04/16/04 137 Clark, J. 04/16/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 130 Tanner, J. 04/26/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Tanner, J. 04/26/04 134 Clark, J. 04/16/04 135 Tanner, J. 04/26/04 136 Tanner, J. 04/26/04 137 Clark, J. 04/16/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 |                |   |                               |    |  |
| 115   Tanner, J.   04/26/04   PPD  |                |   |                               |    |  |
| 116 Tanner, J. 04/26/04 117 Tanner, J. 04/27/04 118 Clark, J. 04/13/04 119 Clark, J. 04/13/04 119 Clark, J. 04/13/04 119 Clark, J. 04/13/04 119 Clark, J. 04/13/04 110 Clark, J. 04/13/04 1110 Clark, J. 04/12/04 1111 Clark, J. 04/12/04 1112 Clark, J. 04/20/04 1112 Clark, J. 04/20/04 1112 Clark, J. 04/20/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/14/04 1112 Clark, J. 04/16/04 1112 Clark, J. 04/16/04 112 Clark, J. 04/16/04 113 Clark, J. 04/16/04 114 Clark, J. 04/16/04 115 Several medical concerns & no 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |                |   |                               | 11 |  |
| 117 Tanner, J. 04/27/04 118 Clark, J. 04/13/04 119 Clark, J. 04/13/04 120 Clark, J. 04/13/04 121 Clark, J. 04/20/04 122 Clark, J. 04/20/04 123 Clark, J. 04/20/04 124 Clark, J. 04/20/04 125 Clark, J. 04/27/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/14/04 129 Tanner, J. 04/21/04 129 Tanner, J. 04/21/04 129 Tanner, J. 04/21/04 120 Tanner, J. 04/21/04 121 Clark, J. 04/16/04 122 Clark, J. 04/16/04 123 Clark, J. 04/16/04 124 Clark, J. 04/16/04 125 Clark, J. 04/16/04 127 Clark, J. 04/16/04 128 Clark, J. 04/16/04 129 Tanner, J. 04/22/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Tanner, J. 04/28/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/28/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Tanner, J. 04/28/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/16/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Tanner, J. 04/28/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Clark, J. 04/16/04 149 Clark, J. 04/16/04                              |                |   |                               | 1  |  |
| 118 Clark, J. 04/13/04 PPD 1 119 Clark, J. 04/13/04 PPD 1 120 Clark, J. 04/13/04 PPD 1 121 Clark, J. 04/20/04 PPD 1 122 Clark, J. 04/20/04 PPD 1 122 Clark, J. 04/20/04 PPD 1 123 Clark, J. 04/27/04 PPD 1 124 Clark, J. 04/14/04 PPD 1 125 Clark, J. 04/14/04 PPD 1 126 Clark, J. 04/14/04 PPD 1 127 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 129 Clark, J. 04/19/04 PPD 1 130 Tanner, J. 04/21/04 PPD read 1 131 Clark, J. 04/16/04 PPD read 1 131 Clark, J. 04/16/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/22/04 PPD read 1 136 Clark, J. 04/22/04 PPD read 1 137 Clark, J. 04/22/04 PPD read 1 138 Tanner, J. 04/22/04 PPD read 1 139 Tanner, J. 04/28/04 PPD read 1 130 Clark, J. 04/23/04 PPD read 1 131 Clark, J. 04/28/04 PPD read 1 132 Clark, J. 04/28/04 PPD read 1 134 Clark, J. 04/28/04 PPD read 1 135 Clark, J. 04/28/04 PPD read 1 136 Clark, J. 04/28/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/28/04 PPD read 1 139 Tanner, J. 04/28/04 PPD read 1 140 Clark, J. 04/15/04 PPD read 1 141 Clark, J. 04/15/04 PPD read 1 142 Clark, J. 04/15/04 PPD read 1 143 Clark, J. 04/15/04 PPD read 1 144 Clark, J. 04/15/04 PPD read 1 145 Clark, J. 04/15/04 PPD read 1 146 Clark, J. 04/15/04 Several medical concerns & no 1 141 Clark, J. 04/16/04 Several medical concerns & no 1 144 Clark, J. 04/16/04 Several medical concerns & no 1 145 Clark, J. 04/16/04 Several medical concerns & no 1 146 Clark, J. 04/16/04 Several medical concerns & no 1 147 Clark, J. 04/16/04 Several medical concerns & no 1 148 Clark, J. 04/16/04 Several medical concerns & no 1 149 Clark, J. 04/16/04 Several medical concerns & no 1 141 Clark, J. 04/16/04 Several medical concerns & no 1 142 Clark, J. 04/16/04 Several medical concerns & no 1 143 Clark, J. 04/16/04 Several medical concerns & no 1 144 Clark, J. 04/16/04 Several medical concerns & no 1 145 Clark, J. 04/16/04 Several medical concerns & no 1 146 Clark, J. 04/16/04 Several medic |                |   |                               | 1  |  |
| 119 Clark, J. 04/13/04 PPD 1 120 Clark, J. 04/13/04 PPD 1 121 Clark, J. 04/20/04 PPD 1 122 Clark, J. 04/22/04 PPD 1 123 Clark, J. 04/27/04 PPD 1 124 Clark, J. 04/14/04 PPD 1 125 Clark, J. 04/14/04 PPD 1 126 Clark, J. 04/14/04 PPD 1 127 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 129 Tanner, J. 04/12/04 PPD 1 129 Tanner, J. 04/12/04 PPD 1 130 Tanner, J. 04/22/04 PPD read 1 131 Clark, J. 04/16/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/16/04 PPD read 1 136 Clark, J. 04/16/04 PPD read 1 137 Clark, J. 04/16/04 PPD read 1 138 Tanner, J. 04/23/04 PPD read 1 139 Tanner, J. 04/23/04 PPD read 1 130 Clark, J. 04/28/04 PPD read 1 131 Clark, J. 04/16/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/28/04 PPD read 1 136 Clark, J. 04/28/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/28/04 PPD read 1 140 Clark, J. 04/28/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/16/04 PPD read 1 143 Clark, J. 04/16/04 PPD read 1 144 Clark, J. 04/16/04 PPD read 1 145 Clark, J. 04/16/04 PPD read 1 146 Clark, J. 04/16/04 PPD read 1 147 Clark, J. 04/16/04 PPD read 1 148 Tanner, J. 04/02/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/16/04 PPD read 1 143 Clark, J. 04/16/04 PPD read 1 144 Clark, J. 04/16/04 PPD read 1 145 Clark, J. 04/16/04 PPD read 1 146 Clark, J. 04/16/04 PPD read 1 147 Clark, J. 04/16/04 PPD read 1 148 Tanner, J. 04/02/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD re |                |   |                               | 1  |  |
| 120 Clark, J.   04/13/04   PPD   1   1   1   1   1   1   1   1   1   | 118 Clark, J.  | 04/12/04                                    | PPD                           | 1  |  |
| 121 Clark, J. 04/20/04 PPD 1 122 Clark, J. 04/27/04 PPD 1 123 Clark, J. 04/27/04 PPD 1 124 Clark, J. 04/14/04 PPD 1 125 Clark, J. 04/14/04 PPD 1 126 Clark, J. 04/14/04 PPD 1 127 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 128 Clark, J. 04/14/04 PPD 1 129 Clark, J. 04/14/04 PPD 1 129 Clark, J. 04/14/04 PPD 1 130 Tanner, J. 04/22/04 PPD read 1 130 Tanner, J. 04/22/04 PPD read 1 131 Clark, J. 04/15/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 136 Clark, J. 04/16/04 PPD read 1 137 Clark, J. 04/16/04 PPD read 1 138 Tanner, J. 04/22/04 PPD read 1 136 Clark, J. 04/26/04 PPD read 1 137 Clark, J. 04/26/04 PPD read 1 138 Tanner, J. 04/26/04 PPD read 1 139 Tanner, J. 04/26/04 PPD read 1 140 Clark, J. 04/16/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/16/04 PPD read 1 143 Clark, J. 04/16/04 PPD read 1 144 Clark, J. 04/16/04 PPD read 1 145 Clark, J. 04/16/04 PPD read 1 146 Clark, J. 04/16/04 PPD read 1 147 Clark, J. 04/16/04 PPD read 1 148 Clark, J. 04/16/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 141 Clark, J. 04/16/04 PPD read 1 142 Clark, J. 04/16/04 PPD read 1 143 Clark, J. 04/16/04 PPD read 1 144 Clark, J. 04/16/04 PPD read 1 145 Clark, J. 04/16/04 PPD read 1 146 Clark, J. 04/16/04 PPD read 1 147 Clark, J. 04/16/04 PPD read 1 148 Tanner, J. 04/02/04 PPD read 1 149 Clark, J. 04/16/04 PPD read 1 140 Clark, J. 04/16/0 | 119 Clark, J.  |   | PPD                           | 1  |  |
| 122 Clark, J. 04/20/04 123 Clark, J. 04/14/04 124 Clark, J. 04/14/04 125 Clark, J. 04/14/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/14/04 129 Tanner, J. 04/19/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/15/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/26/04 137 Clark, J. 04/26/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Clark, J. 04/16/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/26/04 134 Clark, J. 04/26/04 135 Clark, J. 04/26/04 136 Clark, J. 04/26/04 137 Clark, J. 04/26/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/26/04 131 Clark, J. 04/26/04 132 Clark, J. 04/26/04 133 Clark, J. 04/26/04 134 Clark, J. 04/26/04 135 Clark, J. 04/26/04 136 Clark, J. 04/26/04 137 Clark, J. 04/26/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 140 Clark, J. 04/26/04 141 Clark, J. 04/26/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/20/04 149 Clark, J. 04/16/04 150 Tanner, J. 04/20/ | 120 Clark, J.  | 04/13/04                                    | PPD                           | 11 |  |
| 123 Clark, J. 04/27/04 124 Clark, J. 04/14/04 125 Clark, J. 04/14/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/14/04 129 Tanner, J. 04/22/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/15/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/22/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/22/04 139 Tanner, J. 04/28/04 139 Tanner, J. 04/28/04 130 Clark, J. 04/16/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/26/04 135 Clark, J. 04/28/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/16/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/16/04 137 Clark, J. 04/16/04 148 Clark, J. 04/16/04 149 Clark, J. 04/16/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/16/04 149 Clark, J. 04/16/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/02/04 149 Clark, J. 04/16/04 149 Clark, J. 04/16/04 140 Clark, J. 04/16/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. | 121 Clark, J.  | 04/20/04                                    | PPD                           | 1  |  |
| 124 Clark, J. 04/14/04 125 Clark, J. 04/14/04 126 Clark, J. 04/14/04 127 Clark, J. 04/14/04 128 Clark, J. 04/19/04 129 Tanner, J. 04/21/04 129 Tanner, J. 04/22/04 130 Tanner, J. 04/15/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/23/04 136 Clark, J. 04/28/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/26/04 131 Clark, J. 04/28/04 132 Clark, J. 04/28/04 133 Clark, J. 04/28/04 134 Clark, J. 04/28/04 135 Clark, J. 04/28/04 136 Clark, J. 04/28/04 137 Clark, J. 04/26/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 130 Clark, J. 04/26/04 131 Clark, J. 04/26/04 132 Clark, J. 04/26/04 133 Clark, J. 04/26/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/16/04 137 Clark, J. 04/16/04 138 Tanner, J. 04/26/04 149 Clark, J. 04/16/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/02/04 149 Clark, J. 04/16/04 140 Clark, J. 04/16/04 140 Clark, J. 04/16/04 140 Clark, J. 04/16/04 140 Clark, J. 04/16/04 140 Clark, J. 04/16/04 140 Clark, J. | 122 Clark, J.  | 04/20/04                                    | PPD                           | 1  |  |
| 125   Clark, J.   04/14/04   | 123 Clark, J.  | 04/27/04                                    | PPD                           | 1  |  |
| 126   Clark, J.   04/14/04   | 124 Clark, J.  | 04/14/04                                    | PPD                           | 1  |  |
| 127 Clark, J. 04/14/04 128 Clark, J. 04/19/04 129 Tanner, J. 04/21/04 130 Tanner, J. 04/22/04 131 Clark, J. 04/16/04 132 Clark, J. 04/16/04 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/16/04 136 Clark, J. 04/22/04 137 Clark, J. 04/23/04 138 Tanner, J. 04/28/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 140 Clark, J. 04/16/04 141 Clark, J. 04/16/04 142 Clark, J. 04/16/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/22/04 149 Clark, J. 04/20/04 149 Clark, J. 04/16/04 150 Tanner, J. 04/02/04   | 125 Clark, J.  | 04/14/04                                    | PPD                           | 1  |  |
| 128 Clark, J.       04/19/04       PPD       1         129 Tanner, J.       04/21/04       PPD read       1         130 Tanner, J.       04/22/04       PPD read       1         131 Clark, J.       04/15/04       PPD read       1         132 Clark, J.       04/16/04       PPD read       1         133 Clark, J.       04/16/04       PPD read       1         134 Clark, J.       04/22/04       PPD read       1         135 Clark, J.       04/22/04       PPD read       1         136 Clark, J.       04/28/04       PPD read       1         137 Clark, J.       04/26/04       PPD read       1         138 Tanner, J.       04/26/04       Rash       1         139 Tanner, J.       04/26/04       Rash on arms       1         140 Clark, J.       04/16/04       several medical concerns & no       1         141 Clark, J.       04/15/04       shortness of breath       1         142 Clark, J.       04/16/04       skin rash on abdomen       1         144 Clark, J.       04/16/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/16/04  | 126 Clark, J.  | 04/14/04                                    | PPD                           | 1  |  |
| 128 Clark, J.       04/19/04       PPD       1         129 Tanner, J.       04/21/04       PPD read       1         130 Tanner, J.       04/22/04       PPD read       1         131 Clark, J.       04/15/04       PPD read       1         132 Clark, J.       04/16/04       PPD read       1         133 Clark, J.       04/16/04       PPD read       1         134 Clark, J.       04/16/04       PPD read       1         135 Clark, J.       04/23/04       PPD read       1         136 Clark, J.       04/23/04       PPD read       1         137 Clark, J.       04/26/04       PPD read       1         138 Tanner, J.       04/26/04       Rash       1         139 Tanner, J.       04/26/04       Rash       1         140 Clark, J.       04/16/04       several medical concerns & no       1         141 Clark, J.       04/16/04       shortness of breath       1         142 Clark, J.       04/16/04       special parking       1         144 Clark, J.       04/16/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/16/04       <   | 127 Clark, J.  | 04/14/04                                    | PPD                           | 1  |  |
| 130   Tanner, J.   04/22/04   PPD read   1     131   Clark, J.   04/15/04   PPD read   1     132   Clark, J.   04/16/04   PPD read   1     133   Clark, J.   04/16/04   PPD read   1     134   Clark, J.   04/16/04   PPD read   1     135   Clark, J.   04/22/04   PPD read   1     136   Clark, J.   04/23/04   PPD read   1     137   Clark, J.   04/28/04   PPD read   1     138   Tanner, J.   04/26/04   PPD read   1     139   Tanner, J.   04/26/04   PPD read   1     140   Clark, J.   04/26/04   Rash   1     141   Clark, J.   04/16/04   Several medical concerns & no   1     141   Clark, J.   04/16/04   Shortness of breath   1     142   Clark, J.   04/15/04   Shortness of breath   1     143   Clark, J.   04/16/04   Special parking   1     144   Clark, J.   04/12/04   Special parking   1     145   Clark, J.   04/16/04   Special parking   1     146   Clark, J.   04/16/04   Stomach upset   1     147   Clark, J.   04/16/04   Stomach upset   1     148   Tanner, J.   04/16/04   Swollen glands & sore tongue   1     149   Clark, J.   04/16/04   TB test read   1     150   Tanner, J.   04/02/04   Upset stomach   1  |                | 04/19/04                                    | PPD                           | 1  |  |
| 131 Clark, J. 04/15/04 PPD read 1 132 Clark, J. 04/16/04 PPD read 1 133 Clark, J. 04/16/04 PPD read 1 134 Clark, J. 04/16/04 PPD read 1 135 Clark, J. 04/22/04 PPD read 1 136 Clark, J. 04/23/04 PPD read 1 137 Clark, J. 04/28/04 PPD read 1 138 Tanner, J. 04/28/04 PPD read 1 139 Tanner, J. 04/26/04 Rash 1 140 Clark, J. 04/26/04 Rash 1 141 Clark, J. 04/16/04 Several medical concerns & no 1 141 Clark, J. 04/16/04 Several medical concerns & no 1 142 Clark, J. 04/15/04 Several medical concerns & no 1 143 Clark, J. 04/15/04 Several medical concerns & no 1 144 Clark, J. 04/15/04 Several medical concerns & no 1 145 Clark, J. 04/12/04 Several medical parking 1 146 Clark, J. 04/12/04 Several parking 1 147 Clark, J. 04/16/04 Several parking 1 148 Tanner, J. 04/22/04 Stomach upset 1 148 Tanner, J. 04/02/04 Swollen glands & sore tongue 1 149 Clark, J. 04/16/04 TB test read 1 150 Tanner, J. 04/02/04 Upset stomach 1   | 129 Tanner, J. | 04/21/04                                    | PPD read                      | 1  |  |
| 132 Clark, J.   04/16/04   PPD read   1   1   1   1   1   1   1   1   1  | 130 Tanner, J. | 04/22/04                                    | PPD read                      | 1  |  |
| 133 Clark, J. 04/16/04 134 Clark, J. 04/16/04 135 Clark, J. 04/22/04 136 Clark, J. 04/23/04 137 Clark, J. 04/28/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 140 Clark, J. 04/26/04 141 Clark, J. 04/16/04 142 Clark, J. 04/15/04 143 Clark, J. 04/16/04 144 Clark, J. 04/16/04 145 Clark, J. 04/16/04 146 Clark, J. 04/16/04 147 Clark, J. 04/16/04 148 Tanner, J. 04/02/04 150 Tanner, J. 04/02/04 151 Clark, J. 04/16/04 152 Clark, J. 04/16/04 153 Clark, J. 04/16/04 154 Tanner, J. 04/02/04 155 Tanner, J. 04/02/04 155 Tanner, J. 04/02/04 155 Tanner, J. 04/02/04 165 Clark, J. 04/02/04 165 Clark, J. 04/02/04 178 test read 178 Test read 189 PPD read 199 PPD  | 131 Clark, J.  | 04/15/04                                    | PPD read                      | 1  |  |
| 134 Clark, J.       04/16/04       PPD read       1         135 Clark, J.       04/22/04       PPD read       1         136 Clark, J.       04/23/04       PPD read       1         137 Clark, J.       04/28/04       PPD read       1         138 Tanner, J.       04/26/04       Rash       1         139 Tanner, J.       04/26/04       rash on arms       1         140 Clark, J.       04/26/04       several medical concerns & no       1         141 Clark, J.       04/16/04       shortness of breath       1         142 Clark, J.       04/15/04       skin rash on abdomen       1         143 Clark, J.       04/01/04       special parking       1         144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/01/04       stomach upset       1         147 Clark, J.       04/02/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       upset stomach       1   | 132 Clark, J.  | 04/16/04                                    | PPD read                      | 1  |  |
| 135 Clark, J.       04/22/04       PPD read       1         136 Clark, J.       04/23/04       PPD read       1         137 Clark, J.       04/28/04       PPD read       1         138 Tanner, J.       04/26/04       Rash       1         139 Tanner, J.       04/26/04       rash on arms       1         140 Clark, J.       04/26/04       several medical concerns & no       1         141 Clark, J.       04/16/04       shortness of breath       1         142 Clark, J.       04/15/04       skin rash on abdomen       1         143 Clark, J.       04/01/04       special parking       1         144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/01/04       stomach upset       1         147 Clark, J.       04/02/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1  | 133 Clark, J.  | 04/16/04                                    | PPD read                      | 1  |  |
| 136 Clark, J.       04/23/04       PPD read       1         137 Clark, J.       04/28/04       PPD read       1         138 Tanner, J.       04/26/04       Rash       1         139 Tanner, J.       04/26/04       rash on arms       1         140 Clark, J.       04/16/04       several medical concerns & no       1         141 Clark, J.       04/16/04       shortness of breath       1         142 Clark, J.       04/15/04       skin rash on abdomen       1         143 Clark, J.       04/01/04       special parking       1         144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/01/04       stomach upset       1         147 Clark, J.       04/02/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/02/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1  | 134 Clark, J.  | 04/16/04                                    | PPD read                      | 1  |  |
| 137 Clark, J. 04/28/04 138 Tanner, J. 04/26/04 139 Tanner, J. 04/26/04 140 Clark, J. 04/26/04 150 Clark, J. 04/16/04 161 Clark, J. 04/15/04 172 Clark, J. 04/15/04 173 Clark, J. 04/15/04 174 Clark, J. 04/12/04 175 Clark, J. 04/16/04  | 135 Clark, J.  | 04/22/04                                    | PPD read                      | 1  |  |
| 138 Tanner, J.       04/26/04       Rash       1         139 Tanner, J.       04/26/04       rash on arms       1         140 Clark, J.       04/26/04       several medical concerns & no       1         141 Clark, J.       04/16/04       shortness of breath       1         142 Clark, J.       04/15/04       skin rash on abdomen       1         143 Clark, J.       04/01/04       special parking       1         144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         147 Clark, J.       04/01/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1   | 136 Clark, J.  | 04/23/04                                    | PPD read                      | 1  |  |
| 139 Tanner, J.       04/26/04       rash on arms       1         140 Clark, J.       04/26/04       several medical concerns & no       1         141 Clark, J.       04/16/04 I       shortness of breath       1         142 Clark, J.       04/15/04 I       skin rash on abdomen       1         143 Clark, J.       04/01/04 I       special parking       1         144 Clark, J.       04/12/04 I       special parking       1         145 Clark, J.       04/16/04 I       special parking       1         146 Clark, J.       04/01/04 I       stomach upset       1         147 Clark, J.       04/22/04 I       stomach upset       1         148 Tanner, J.       04/02/04 I       swollen glands & sore tongue       1         149 Clark, J.       04/16/04 I       TB test read       1         150 Tanner, J.       04/02/04 I       upset stomach       1   | 137 Clark, J.  | 04/28/04                                    | PPD read                      | 1  |  |
| 140 Clark, J.       04/26/04       several medical concerns & no       1         141 Clark, J.       04/16/04 I       shortness of breath       1         142 Clark, J.       04/15/04 I       skin rash on abdomen       1         143 Clark, J.       04/01/04 I       special parking       1         144 Clark, J.       04/12/04 I       special parking       1         145 Clark, J.       04/16/04 I       special parking       1         146 Clark, J.       04/01/04 I       stomach upset       1         147 Clark, J.       04/22/04 I       stomach upset       1         148 Tanner, J.       04/02/04 I       swollen glands & sore tongue       1         149 Clark, J.       04/16/04 I       TB test read       1         150 Tanner, J.       04/02/04 I       upset stomach       1  | 138 Tanner, J. | 04/26/04                                    | Rash                          | 1  |  |
| 141 Clark, J.       04/16/04 I       shortness of breath       1         142 Clark, J.       04/15/04 I       skin rash on abdomen       1         143 Clark, J.       04/01/04 I       special parking       1         144 Clark, J.       04/12/04 I       special parking       1         145 Clark, J.       04/01/04 I       special parking       1         146 Clark, J.       04/01/04 I       stomach upset       1         147 Clark, J.       04/22/04 I       stomach upset       1         148 Tanner, J.       04/02/04 I       swollen glands & sore tongue       1         149 Clark, J.       04/16/04 I       TB test read       1         150 Tanner, J.       04/02/04 I       upset stomach       1   | 139 Tanner, J. | 04/26/04                                    | rash on arms                  | 1  |  |
| 141 Clark, J.       04/16/04 I       shortness of breath       1         142 Clark, J.       04/15/04 I       skin rash on abdomen       1         143 Clark, J.       04/01/04 I       special parking       1         144 Clark, J.       04/12/04 I       special parking       1         145 Clark, J.       04/01/04 I       special parking       1         146 Clark, J.       04/01/04 I       stomach upset       1         147 Clark, J.       04/22/04 I       stomach upset       1         148 Tanner, J.       04/02/04 I       swollen glands & sore tongue       1         149 Clark, J.       04/16/04 I       TB test read       1         150 Tanner, J.       04/02/04 I       upset stomach       1   | 140 Clark, J.  | 04/26/04                                    | several medical concerns & no | 1  |  |
| 143 Clark, J.       04/01/04       special parking       1         144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/01/04       stomach upset       1         147 Clark, J.       04/22/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1  |                | 04/16/04                                    | shortness of breath           | 11 |  |
| 144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/01/04       stomach upset       1         147 Clark, J.       04/22/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1   | 142 Clark, J.  | 04/15/04                                    | skin rash on abdomen          | 1  |  |
| 144 Clark, J.       04/12/04       special parking       1         145 Clark, J.       04/16/04       special parking       1         146 Clark, J.       04/01/04       stomach upset       1         147 Clark, J.       04/22/04       stomach upset       1         148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1   | 143 Clark, J.  | 04/01/04                                    | special parking               | 1  |  |
| 146 Clark, J.       04/01/04 Y       stomach upset       1         147 Clark, J.       04/22/04 Y       stomach upset       1         148 Tanner, J.       04/02/04 Y       swollen glands & sore tongue       1         149 Clark, J.       04/16/04 Y       TB test read       1         150 Tanner, J.       04/02/04 Y       upset stomach       1   |                | 04/12/04                                    | special parking               | 1  |  |
| 146 Clark, J.       04/01/04 Y       stomach upset       1         147 Clark, J.       04/22/04 Stomach upset       1         148 Tanner, J.       04/02/04 Stomach upset       1         149 Clark, J.       04/16/04 Stomach upset       1         150 Tanner, J.       04/02/04 Stomach upset       1         upset stomach       1   | 145 Clark, J.  | 04/16/04                                    | special parking               | 1  |  |
| 148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1   |                | 04/01/04                                    |                               | 1  |  |
| 148 Tanner, J.       04/02/04       swollen glands & sore tongue       1         149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1   |                |   |                               | 1  |  |
| 149 Clark, J.       04/16/04       TB test read       1         150 Tanner, J.       04/02/04       upset stomach       1  |                |   |                               | 1  |  |
| 150 Tanner, J. 04/02/04 upset stomach 1  |                |   |                               | 1  |  |
|  |                |   |                               | 1  |  |
|  |                |   |                               | 1  |  |

142 5.96% error rate 3G/2

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#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

Analysis of Level of Service Provided - SCC

5<sup>12</sup> 05 07 37

|    | 36   42 - 46         |            |                             |  |  |
|----|----------------------|------------|-----------------------------|--|--|
|    | February 2005        |            |                             |  |  |
|    | Provided By          | Date Name  | Reason for Visit            | Allowable Unallowable                            |  |
| 1  | Clark, J             | 02/08/05   | Acid reflux                 | 1  |  |
|    | Clark, J             | 02/28/05   | Back pain                   | 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/01/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
| 12 | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
| 13 | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
| 15 | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/02/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/08/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/08/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/08/05   | Body fat test               | 11   |  |
|    | Clark, J             | 02/09/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/10/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/14/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/14/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/14/05   | Body fat test               | 1 1  |  |
|    | Clark, J             | 02/15/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/15/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/15/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/15/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/15/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/16/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/16/05   | Body fat test               | 1 1  |  |
|    | Clark, J<br>Clark, J | 02/16/05   | Body fat test Body fat test | 1  |  |
|    | Clark, J             | 02/16/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/16/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/16/05   | Body fat test               | <del>                                     </del> |  |
|    | Clark, J             | 02/16/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/16/05 J | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1 ,  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
| 50 | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
| 51 | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
|    | Clark, J             | 02/17/05   | Body fat test               | 1  |  |
| 54 | Clark, J             | 02/28/05   | Body fat test               | 1  |  |

## Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

|               | Analysis of Level of Se |               |  |
|---------------|-------------------------|---------------|--|
| F.C.T.        |                         | 2-46-         |  |
| 55 Tanner, J  | 02/01/05                | Body fat test | 1  |
| 56 Tanner, J  | 02/01/05                | Body fat test | 1  |
| 57 Tanner, J  | 02/02/05                | Body fat test | 1  |
| 58 Tanner, J  | 02/02/05                | Body fat test | 1  |
| 59 Tanner, J  | 02/02/05                | Body fat test | 1  |
| 60 Tanner, J  | 02/02/05                | Body fat test | 1  |
| 61 Tanner, J  | 02/02/05                | Body fat test | 1  |
| 62 Tanner, J  | 02/02/05                | Body fat test | 1  |
| 63 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 64 Tanner, J  | 02/03/05                | Body fat test | 1 1  |
| 65 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 66 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 67 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 68 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 69 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 70 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 71 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 72 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 73 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 74 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 75 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 76 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 77 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 78 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 79 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 80 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 81 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 82 Tanner, J  | 02/03/05                | Body fat test | 1  |
| 83 Tanner, J  | 02/04/05                | Body fat test | 1  |
|               | 02/04/05                |               | 1  |
| 84 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 85 Tanner, J  |                         | Body fat test | 1  |
| 86 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 87 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 88 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 89 Tanner, J  | 02/04/05                | Body fat test |  |
| 90 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 91 Tanner, J  | 02/04/05                | Body fat test |  |
| 92 Tanner, J  | 02/04/05                | Body fat test | <del>                                     </del> |
| 93 Tanner, J  | 02/04/05                | Body fat test |  |
| 94 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 95 Tanner, J  | 02/04/05                | Body fat test | 1  |
| 96 Tanner, J  | 02/07/05                | Body fat test | 1  |
| 97 Tanner, J  | 02/08/05                | Body fat test | 1  |
| 98 Tanner, J  | 02/08/05                | Body fat test | 1  |
| 99 Tanner, J  | 02/08/05                | Body fat test | 1  |
| 100 Tanner, J | 02/11/05                | Body fat test | 1  |
| 101 Tanner, J | 02/14/05                | Body fat test | 1  |
| 102 Tanner, J | 02/15/05                | Body fat test | 1  |
| 103 Tanner, J | 02/15/05                | Body fat test | 1  |
| 104 Tanner, J | 02/15/05                | Body fat test | 1  |
| 105 Tanner, J | 02/15/05                | Body fat test | 1  |
| 106 Tanner, J | 02/15/05                | Body fat test | 1  |
| 107 Tanner, J | 02/15/05                | Body fat test | 1  |
| 108 Tanner, J | 02/15/05                | Body fat test | 1  |
| 109 Tanner, J | 02/15/05                | Body fat test | 1  |
| 110 Tanner, J | 02/16/05                | Body fat test | 1  |
| 111 Tanner, J | 02/16/05                | Body fat test | .1   |
|               | * ***                   |               |  |

#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| Analysis of Level of Service Provided - SCC |          |                                |             |
|---|----------|--------------------------------|-------------|
|   | <u> </u> | 42-46                          |             |
| 112 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 113 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 114 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 115 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 116 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 117 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 118 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 119 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 120 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
| 121 Tanner, J                               | 02/16/05 | Body fat test                  | 1 1         |
| 122 Tanner, J                               | 02/16/05 | Body fat test                  | 1 1         |
| 123 Tanner, J                               | 02/16/05 | Body fat test                  | 1           |
|   | 02/16/05 | Body fat test                  |             |
| 124 Tanner, J                               |          |                                | <del></del> |
| 125 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 126 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 127 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 128 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 129 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 130 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 131 Tanner, J                               | 02/22/05 | Body fat test                  | 1           |
| 132 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 133 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 134 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 135 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 136 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 137 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 138 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 139 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 140 Tanner, J                               | 02/23/05 | Body fat test                  | 1           |
| 141 Tanner, J                               | 02/24/05 | Body fat test                  | 1           |
| 142 Tanner, J                               | 02/26/05 | Body fat test                  | <u> </u>    |
| 143 Clark, J                                | 02/28/05 | Boil                           | 1           |
| 144 Clark, J                                | 02/15/05 | BP                             | 1           |
| 145 Clark, J                                | 02/16/05 | BP                             | 1           |
|   | 02/01/05 | BP                             | 1 1         |
| 146 Tanner, J                               |          |                                |             |
| 147 Tanner, J                               | 02/04/05 | BP                             | l           |
| 148 Tanner, J                               | 02/10/05 | BP                             |             |
| 149 Tanner, J                               | 02/11/05 | BP                             | 1           |
| 150 Tanner, J                               | 02/15/05 | BP                             | 1           |
| 151 Tanner, J                               | 02/16/05 | BP                             | 1           |
| 152 Tanner, J                               | 02/22/05 | BP                             | 1           |
| 153 Tanner, J                               | 02/23/05 | BP                             | 1 1         |
| 154 Tanner, J                               | 02/02/05 | c/o "runny nose"               | 1           |
| 155 Tanner, J                               | 02/07/05 | c/o back pain                  | 1           |
| 156 Tanner, J                               | 02/03/05 | c/o cold symptoms              | 1           |
| 157 Tanner, J                               | 02/03/05 | c/o headache                   | 1           |
| 158 Tanner, J                               | 02/22/05 | c/o headache                   | 1           |
| 159 Tanner, J                               | 02/28/05 | c/o headache                   | 1           |
| 160 Tanner, J                               | 02/01/05 | c/o sinus headache             | 1           |
| 161 Tanner, J                               | 02/24/05 | c/o upset stomach              | 1           |
| 162 Cousin, P.                              | 02/11/05 | class assignment               | 1           |
| 163 Clark, J                                | 02/02/05 | Cold                           | .1          |
|   | 02/02/05 | Cold                           | 1           |
| 164 Clark, J                                |          |                                | 1           |
| 165 Clark, J                                | 02/07/05 | Cold                           |             |
| 166 Clark, J                                | 02/15/05 | Cold                           | 1           |
| 167 Tanner, J                               | 02/28/05 | Conjunctivites                 | 1           |
| 168 Cousin, P.                              | 02/17/05 | contractions, paramedics calle | 4 1         |

Aud. 47 W/S No. 36

#### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

| Analysis of Level of Service Provided - SCC |          |                             |     |
|---|----------|-----------------------------|-----|
|   |          | 50/42-46-                   | 1   |
| 169 Clark, J                                | 02/02/05 | Cough                       | 1   |
| 170 Clark, J                                | 02/10/05 | Cramps                      | 1   |
| 171 Tanner, J                               | 02/16/05 | Cramps                      | 1   |
| 172 Tanner, J                               | 02/28/05 | Cramps                      | 1   |
| 173 Clark, J                                | 02/14/05 | cut finger                  | 1   |
| 174 Tanner, J                               | 02/15/05 | cut finger                  | 1   |
| 175 Tanner, J                               | 02/23/05 | Cut on finger               | 1   |
| 176 Tanner, J                               | 02/11/05 | Cut on neck                 | 1   |
| 177 Tanner, J                               | 02/03/05 | Dizzy                       | 1   |
| 178 Cousin, P.                              | 02/10/05 | eyedrops                    | 1   |
| 179 Tanner, J                               | 02/07/05 | Feeling dizzy               | 1   |
| 180 Clark, J                                | 02/07/05 | Feeling ill                 | 1   |
| 181 Clark, J                                | 02/28/05 | Fell in LRC                 | 1   |
| 182 Clark, J                                | 02/10/05 | Felt faint in dance class   | 1   |
| 183 Clark, J                                | 02/14/05 | Felt faint while exercising | 1   |
|   | 02/01/05 | HCD class                   |     |
| 184 Cousin, P.                              | 02/01/05 | HCD class                   |     |
| 185 Cousin, P.                              |          |                             | 1   |
| 186 Cousin, P.                              | 02/02/05 | HCD class                   | 1   |
| 187 Clark, J                                | 02/02/05 | Headache                    | 1 1 |
| 188 Clark, J                                | 02/17/05 | Headache                    | 1 1 |
| 189 Clark, J                                | 02/28/05 | Headache                    | 1   |
| 190 Tanner, J                               | 02/22/05 | Hearing Test                | 1   |
| 191 Clark, J                                | 02/08/05 | Help to bathroom            | 1   |
| 192 Clark, J                                | 02/14/05 | Help to bathroom            | 1   |
| 193 Clark, J                                | 02/15/05 | Help to bathroom            | 1   |
| 194 Clark, J                                | 02/17/05 | Help to bathroom            | 1   |
| 195 Clark, J                                | 02/10/05 | Hit in face w/exercise belt | 11  |
| 196 Clark, J                                | 02/17/05 | Hit L hand on door          | . 1 |
| 197 Tanner, J                               | 02/07/05 | Hives                       | 1   |
| 198 Cousin, P.                              | 02/03/05 | Ibuprofen, headache         | 1   |
| 199 Cousin, P.                              | 02/10/05 | Ibuprofen, headache         | 1   |
| 200 Clark, J                                | 02/28/05 | Infected cuticle            | 1   |
| 201 Clark, J                                | 02/16/05 | Infected ear lobes          | 1   |
| 202 Clark, J                                | 02/01/05 | Injured L. ring finger      | 1   |
| 203 Cousin, P.                              | 02/01/05 | insurance                   | 1   |
| 204 Clark, J                                | 02/14/05 | Irritated R eye             | 1   |
| 205 Tanner, J                               | 02/14/05 | Itching due to chlorine     | 1   |
| 206 Cousin, P.                              | 02/02/05 | letters to instructors      | 1   |
| 207 Cousin, P.                              | 02/03/05 | letters to instructors      | 1   |
| 208 Cousin, P.                              | 02/04/05 | letters to instructors      | 1   |
| 209 Cousin, P.                              | 02/11/05 | letters to instructors      | 1   |
| 210 Clark, J                                | 02/08/05 | Low back pain               | 1   |
| 211 Clark, J                                | 02/02/05 | Neck pain                   | 1   |
| 212 Tanner, J                               | 02/23/05 | Need to rest                | 1 1 |
| 212 Tailler, J                              | 02/02/05 | Not feeling well            | 1 1 |
|   | 02/07/05 | Not feeling well            | 1   |
| 214 Clark, J                                | 02/07/05 | Note for work               | 1   |
| 215 Tanner, J                               |          |                             | 1   |
| 216 Clark, J                                | 02/07/05 | Pain R ankle                |     |
| 217 Tanner, J                               | 02/22/05 | Personal Care               | 1   |
| 218 Tanner, J                               | 02/22/05 | Personal Care               | 1   |
| 219 Clark, J                                | 02/01/05 | PPD                         | 1 1 |
| 220 Clark, J                                | 02/01/05 | PPD                         | 1   |
| 221 Clark, J                                | 02/01/05 | PPD                         | 1   |
| 222 Clark, J                                | 02/01/05 | PPD                         | 1 1 |
| 223 Clark, J                                | 02/01/05 | PPD                         | 1   |
| 224 Clark, J                                | 02/01/05 | PPD                         | 1   |
| 225 Clark, J                                | 02/02/05 | PPD                         | 1   |
|   |          |                             |     |

### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

Analysis of Level of Service Provided - SCC 36142-46 PPD 02/02/05 226 Clark, J 1 PPD 227 Clark, J 02/07/05 1 PPD 228 Clark, J 02/07/05 1 229 Clark, J PPD 1 02/08/05 PPD 1 230 Clark, J 02/08/05 231 Clark, J 02/09/05 IPPD 1 232 Clark, J 02/14/05 PPD 1 PPD 1 233 Clark, J 02/14/05 PPD 234 Clark, J 02/28/05 1 PPD 235 Clark, J 02/28/05 236 Clark, J 02/28/05 PPD 1 237 Clark, J PPD 1 02/28/05 PPD 1 238 Tanner, J 02/01/05 239 Tanner, J PPD 02/01/05 02/01/05 PPD 240 Tanner, J PPD 1 02/02/05 241 Tanner, J PPD 242 Tanner, J 02/02/05 1 02/02/05 PPD 1 243 Tanner, J 244 Tanner, J 02/04/05 PPD 1 245 Tanner, J 02/04/05 PPD 1 PPD 1 246 Tanner, J 02/07/05 02/07/05 PPD 247 Tanner, J 02/09/05 PPD 1 248 Tanner, J 249 Tanner, J PPD 1 02/11/05 PPD 1 250 Tanner, J 02/22/05 02/22/05 **PPD** 1 251 Tanner, J 02/22/05 PPD 1 252 Tanner, J 253 Tanner, J PPD 1 02/22/05 254 Tanner, J 02/22/05 PPD 1 255 Tanner, J 02/22/05 PPD 1 256 Tanner, J 02/23/05 PPD 1 PPD 02/23/05 1 257 Tanner, J 258 Tanner, J 02/26/05 PPD 1 259 Tanner, J 02/28/05 PPD 1 260 Tanner, J 02/28/05 PPD 1 1 261 Tanner, J 02/28/05 PPD 02/28/05 PPD 262 Tanner, J 263 Tanner, J 02/28/0 PPD 1 264 Tanner, J 02/28/05 PPD PPD 02/28/05 1 265 Tanner, J 266 Clark, J 02/14/05 PPD 267 Clark, J PPD read 02/02/05 1 268 Clark, J 02/02/05 PPD read 1 1 269 Clark, J 02/07/05 PPD read 1 270 Clark, J 02/09/05 PPD read 271 Clark, J 02/09/05 PPD read 02/09/05 PPD read 1 272 Clark, J 02/10/05 PPD read 1 273 Clark, J 274 Clark, J 02/16/05 PPD read 1 275 Clark, J 02/16/05 PPD read 1 276 Tanner, J 02/02/05 PPD read 1 277 Tanner, J 02/03/05 PPD read 1 278 Tanner, J 02/03/05 PPD read 1 279 Tanner, J 02/03/05 PPD read 1 280 Tanner, J 02/03/05 PPD read 1 281 Tanner, J 02/03/05 PPD read 1 282 Tanner, J 02/03/05 PPD read 1

Aud. 4/901 Page 31

### Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

Analysis of Level of Service Provided - SCC 36142-46 283 Tanner, J 02/03/05 PPD read 1 284 Tanner, J 02/03/05 PPD read 1 02/04/09 PPD read 1 285 Tanner, J 02/04/05 PPD read 286 Tanner, J 1 02/04/05 PPD read 287 Tanner, J 1 02/04/05 288 Tanner, J PPD read 1 02/09/05 289 Tanner, J PPD read 1 02/11/05 290 Tanner, J PPD read 1 PPD read 291 Tanner, J 02/11/05 1 1 292 Tanner, J 02/14/05 PPD read 02/16/05 293 Tanner, J PPD read 294 Tanner, J 02/24/05 PPD read 1 295 Tanner, J 02/24/05 PPD read 1 PPD read 02/24/05 296 Tanner, J 1 297 Tanner, J 02/24/05 PPD read 1 298 Tanner, J 02/24/05 PPD read 1 299 Tanner, J 02/24/05 PPD read 1 300 Tanner, J 02/26/05 PPD read 1 301 Tanner, J 02/07/05 Prephysical 1 302 Tanner, J 02/26/05 Prephysical 1 02/17/05 Problem w/left ear 1 303 Clark, J 304 Clark, J 02/10/05 Puffy L eye 1 305 Cousin, P. 02/14/05 Quit Kit 1 306 Cousin, P. 02/14/05 Quit Kit 1 307 Cousin, P. 02/14/05 Quit Kit 1 1 308 Cousin, P. 02/14/05 Quit Kit 309 Cousin, P. 02/14/05 Quit Kit 1 310 Cousin, P. 02/14/05 Quit Kit 1 02/14/05 Quit Kit 311 Cousin, P. 1 02/14/05 Quit Kit 312 Cousin, P. 1 313 Cousin, P. 02/14/05 Quit Kit 1 314 Cousin, P. 02/15/05 Quit Kit 1 315 Cousin, P. 02/15/05 Quit Kit 1 316 Cousin, P. 1 02/16/05 Quit Kit 317 Clark, J 02/17/05 Rash on arm 1 318 Tanner, J 02/24/05 Rash on face 1 319 Clark, J 02/07/05 1 Raw area upper lip 320 Cousin, P. 02/02/05 1 Sinus meds 321 Tanner, J 02/22/05 Skin fold test 1 322 Cousin, P. 02/17/05 smashed hand, ice pack 1 323 Clark, J 02/15/05 1 Sore throat 324 Clark, J 1 02/01/05 Special Parking 325 Clark, J 02/01/09 Spider bite 1 326 Cousin, P. stomach ache 02/04/05 1 02/17/05 327 Clark, J Temp. not feeling well 1

> 328 0 0% error rate

1

Note: HCD, or "Human Career Development" is a class that helps students become more successful in college. The class informs students of what resources/services are available to them.

temperature

02/17/05

328 Cousin, P.

HEALTH SERVICES SIGN-IN

P. COMSIN 512.01, V

|  | P. COUSIN                  |                             | 205,046     |
|--|----------------------------|-----------------------------|-------------|
| Date   | Name & ID #                | Reason for visit            | 12:05:06    |
| (  |                            |                             |             |
|  |                            |                             |             |
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| \$ 15/0  |                            | Consult                     |             |
| 4/15   |                            | Consult                     |             |
| 4/15   |                            | Consult<br>Consult<br>advil | <del></del> |
| 4/15   |                            |                             |             |
| 4/15   |                            |                             |             |
| 4115   |                            | BODY FAT                    |             |
| 4/15   | e e                        |                             | 20/29-31    |
| 4/15   | 4                          | Health - Missing Class      |             |
| 4/16   | 457                        | PPD                         |             |
| 4/16   |                            |                             | 1           |
| 4/16   |                            | Body fat & B/P              |             |
| 4/17   |                            | Head ach                    |             |
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| The company of the co |                            |                             | -           |
| I  | - 140 ·                    | = = -                       | 1           |

### JUDY

### SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

J. TANNER

ATH IAM

DATE 4/2/04

| NAME         | REASON FOR VISIT                       | DISPOSITION     |
|--------------|--|-----------------|
|              | Go swaller gland                       | Seferies        |
|              | Go Swoller gland<br>Sore Cothque X/mo. |                 |
|              | Couput                                 | Secret popo bes |
|              | Stomack                                |                 |
|              | C/o feeling                            | Somp 98.6 20    |
|              | achy.                                  | 36              |
|              | BP                                     | 130/74          |
| U            |  |                 |
|              | Bodyfal                                | 33,5            |
| 0            |  |                 |
| 1            |  | 110/80          |
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| lote! one ga | ger provided at exa                    | yple            |
| <u> </u>     |  |                 |
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|              |  |                 |
|              |  |                 |

### Joyce's

### SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

J. CLARK

DATE 4-1-04

| NAME                                  | REASON FOR VISIT     | DISPOSITION            |
|---------------------------------------|----------------------|------------------------|
|                                       | - Stomach upset      | advised to go          |
|                                       | nomiting             | Rome guen pento susmal |
|                                       | alleraies            | benadry                |
|                                       |                      | . 0                    |
| 40                                    | a hack pair          | Muprofen               |
|                                       |                      |                        |
|                                       | allergies            | advised                |
|                                       |                      | <u> </u>               |
|                                       | special              | approved for           |
|                                       | parking              | Mente                  |
|                                       | bolyfut.             | 14.2%                  |
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| NOTE: INC.                            | page provided as exa | Mple                   |
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|                                       |                      |                        |
|                                       |                      |                        |
|                                       |                      |                        |
|                                       |                      |                        |
|                                       |                      |                        |

JC/drr horecord,096

#### JOYCE

### SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

DATE 9-3-02

|            |                  |             | -        |
|------------|------------------|-------------|----------|
| NAME &/SS# | REASON FOR VISIT | DISPOSITION | =        |
|            |                  | 11.420      | •        |
| 4          |                  |             | - ,<br>- |
|            |                  | 12.23       | -<br>-   |
|            |                  |             | -        |
|            |                  | 17.5%       |          |
|            |                  | 13.29       | -        |
|            |                  | 150 (a      | <b>-</b> |
|            | PPO              | que         | -        |
| 0          |                  | 0           | =        |
|            | Lampon           | que 30      | 25-27    |
|            | 000              |             | =        |
|            | PROT             | gruer       | -        |
|            | PPD              | que         | =        |
|            |                  | 0           | -        |
|            |                  | 39.8 %      | _        |
|            | PPD              | que         | =        |
|            | , , w            | 1 govern    | _        |
|            |                  |             | _        |
| 0          |                  |             | <b>.</b> |

JC/drr horecord.096

NOTE! one page provided as an example

HEALTH SERVICES SIGN-IN P. COUSIN Name & ID # Reason for visit **Date** 39/32-31 against door

NOTE: one page provided as example

J. TANNER

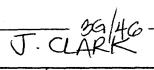
| 2/1/2005   | PPD ~              | Judy               |
|------------|--------------------|--------------------|
| 2/1/2005   | BP                 | Judy               |
| 2/1/2005   | Body fat test      | Judy               |
| 2/1/2005   | c/o sinus headache | Judy               |
| 2/1/2005   | Body fat test      | Judy               |
| 2/1/2005   | PPD                | Judy               |
| 2/1/2005   | PPD                | Judy               |
| 2/2/2005   | Body fat test      | Judy               |
| 2/2/2005   | PPD                | Judy               |
| 2/2/2005   | PPD                | Judy               |
| 2/2/2005   | PPD read           | Judy               |
| 2/2/2005   | c/o "runny nose"   | Judy               |
| 2/2/2005   | Body fat test      | Judy               |
| 2/2/2005   | Body fat test      | Judy               |
| 2/2/2005   | Body fat test      | Judy               |
| 2/2/2005   | Body fat test      | Judy               |
| 2/2/2005   | PPD PPD            | Judy Judy          |
| 2/2/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005 E | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
|            |                    |                    |
| 2/3/2005   | PPD read           | 32-37 Judy<br>Judy |
| 2/3/2005   | PPD read           | Judy               |
| 2/3/2005   | PPD read           | Judy               |
| 2/3/200    | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
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| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | PPD read           | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | Body fat test      | Judy               |
| 2/3/2005   | c/o headache       | Judy               |
| 2/3/2005   | PPD read           | Judy               |
| 2/3/2005   | PPD read           | Judy               |
| 2/3/2005   | Note for work      | Judy               |

### SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

DATE 2/3/05

| NAME | REASON FOR VISIT | DISPOSITION |               |
|------|------------------|-------------|---------------|
|      | 2                | 122/80      |               |
|      |                  | 18.2        |               |
|      |                  | 150/90      |               |
|      |                  | 9 40 %      |               |
|      |                  | 116/10      |               |
|      |                  | 27.6        |               |
|      | , ·              | 100/60      |               |
|      |                  | \$ 31.7     | •             |
|      | AD read          | ne          |               |
|      |                  | 0           | •             |
|      | Pa read          | Neg         | $\frac{1}{I}$ |
|      |                  | 73          | 5/43          |
|      | PPD read         | her         |               |
| 2    |                  |             |               |
|      | 2 PD read        | ly          |               |
|      |                  |             |               |
|      |                  | 104/62      |               |
|      |                  | 24.5        |               |
|      | an Ale           | 120/66      |               |
| . (  |                  | 27.0%       |               |
|      | 7                | 18/68       |               |
|      |                  | 37.5        |               |

IC/drr horocord.096



| Date    | Name | Reason for visit       | Seen by |
|---------|------|------------------------|---------|
| 2/1/200 | 05   | Body fat test          | Joyce   |
| 2/1/200 | 05   | Special Parking        | Joyce   |
| 2/1/200 | 05   | PPD                    | Joyce   |
| 2/1/200 | 05.  | Body fat test          | Joyce   |
| 2/1/200 | 05   | PPD                    | Joyce   |
| 2/1/200 |      | Spider bite            | Joyce   |
| 2/1/200 |      | Body fat test          | Joyce   |
| 2/1/200 |      | Body fat test          | Joyce   |
| 2/1/200 | 05   | PPD                    | Joyce   |
| 2/1/200 |      | Injured L. ring finger | Joyce   |
| 2/1/200 |      | Body fat test          | Joyce   |
| 2/1/200 | 05   | Body fat test          | - Joyce |
| 2/1/200 |      | Body fat test          | Joyce   |
| 2/1/200 |      | PPD                    | Joyce   |
| 2/1/200 |      | PPD                    | Joyce   |
| 2/1/200 |      | PPD                    | Joyce   |
| 2/2/200 |      | PPD                    | Joyce   |
| 2/2/200 |      | PPD read               | Joyce   |
| 2/2/20  |      | Body fat test          | Joyce   |
| 2/2/200 |      | Body fat test          | Joyce   |
| 2/2/200 |      | Body fat test          | Joyce   |
| 2/2/200 |      | Body fat test 13G 32   | Joyce   |
| 2/2/200 |      | Body fat test          | Joyce   |
| 2/2/200 |      | Not feeling well       | Joyce   |
| 2/2/200 |      | Body fat test          | Joyce   |
| 2/2/200 |      | Neck pain              | Joyce   |
| 2/2/200 |      | Headache               | Joyce   |
| 2/2/200 |      | Cough                  | Joyce   |
| 2/2/20  |      | Cold                   | Joyce   |
| 2/2/200 | 05   | Cold                   | Joyce   |
| 2/2/20  | 05   | Body fat test          | Joyce   |
| 2/2/20  | 05   | PPD                    | Joyce   |
| 2/2/20  |      | PPD read               | Joyce   |
| 2/7/20  |      | Not feeling well       | Joyce   |
| 2/7/20  |      | Pain R ankle           | Joyce   |
| 2/7/20  |      | PPD read               | Joyce   |
| 2/7/20  |      | PPD                    | Joyce   |
| 2/7/20  | 03,  | Feeling ill            | Joyce   |
| 2/7/20  |      | Cold                   | Joyce   |
| 2/7/20  |      | PPD                    | Joyce   |
| 2/7/20  |      | Raw area upper lip     | Joyce   |
| 2/8/20  |      | PPD                    | Joyce   |
| 2/8/20  |      | Body fat test          | Joyce   |
| 2/8/20  |      | Body fat test /        | Joyce   |
| 2/8/20  | 05   | Body fat test          | Joyce   |

### SACRAMENTO CITY COLLEGE HEALTH OFFICE DAILY RECORD

DATE 2-1-05

| NAME | REASON FOR VISIT | DISPOSITION   |
|------|------------------|---------------|
|      |                  | 23.52         |
|      |                  |               |
|      | Aperal           |               |
|      | parking          |               |
|      | PRO              | guer          |
|      |                  | 0             |
|      |                  | . /           |
| ,9   |                  |               |
|      |                  | 36,50         |
|      |                  | 0413 60       |
|      | PRO              | Sover 36      |
|      |                  | gruen >36     |
|      | lutter lina      |               |
|      | better by a      |               |
|      | Space            | 02/2 27/0     |
|      |                  | 90/66 ,27.42  |
|      |                  |               |
|      |                  | 126/10, 32.6% |
|      |                  |               |
|      | PRD              | ane           |
|      |                  |               |
|      | I marined a      |               |
|      | Jung Jinger      |               |
|      | Jung Frage       | <del></del>   |

Tab 14

### **American River College**

|          | October 2002                  | ] _      |  |  |  |  |  |              |          |   |  | 10/16  | 13G   | 58   | -50  | 7-    |             |              |       |       |  |              |  |             |  |
|----------|-------------------------------|----------|--|--|--|--|--|--------------|----------|---|--|--|-------|--|--|-------|-------------|--------------|-------|-------|--|--------------|--|-------------|--|
|          | Description                   | 10/1     | 10/2   | 10/3   | 10/4   | 10/7   | 10/8   | 10/9         | 10/10    | 10/14   | 10/15  | 10/16  | 10/17 | 10/18  | 10/21  | 10/22 | 10/23       | 10/24        | 10/25 | 10/28 | 10/29  | 10/30        | 10/31  | Totals      | Unallow  |
| ministra |                               | <u> </u> | <u> </u>   | <b> </b>   |  | <u> </u>   | ļ  |              |          |   |  |  |       |  |  |       |             | ļ            |       |       |  |              | <b></b>  | 1-2         |  |
| 2        | Absence Note                  |          | ┞  | <u> </u>   | 1  | 1  |  |              |          |   |  | 2  | 1     |  |  |       | 1           |              | 1     |       | 1_   |              |  | 8           | 8  |
| 3        | Absence Report                | <u> </u> | <del> </del>                                     | 2  |  | <u> </u>   | ļ  |              |          |   |  |  |       |  |  |       |             |              |       |       |  |              | L  | 2           | 2  |
| 4        | Allied Health Record          |          | 2  | 4  | 3  | <u> </u>   | 1  | 1            |          | <u> </u>  | 2  |  | _1_   |  |  | 2     |             |              |       |       | <u> </u>   | 11           |  | 17          |  |
| 5        | Athletic PE Follow up         |          |  | <u> </u>   |  |  | L  |              |          | <u> </u>  |  | <u> </u>   |       |  |  |       |             |              |       |       |  |              |  | 0           | <u> </u>   |
| 6        | Equipment Loan                | L        |  | L  | 1  | <u></u>  |  |              | 1        |   | <u> </u>   |  |       |  |  |       |             |              |       |       |  |              |  | 2           | <u> </u>   |
| 7        | General info                  | L        |  |  |  | <u> </u>   |  |              |          |   |  | <u> </u>   |       |  | L.   |       |             |              |       |       |  |              |  | 0           |  |
| 8        | HDCP Record                   |          |  |  |  |  |  |              |          |   |  |  |       |  |  |       |             |              |       |       |  |              |  | 0           |  |
| 9        | Insurance Follow up           |          |  |  |  |  |  |              |          |   |  |  |       |  |  |       |             |              |       |       |  |              |  | 0           |  |
| 10       | Insurance Info                |          |  |  |  | 1  |  |              |          |   |  |  |       |  |  | 1     | 1           |              |       |       |  |              | 2  | 5           |  |
| 11       | Parking Permit                | 1        | T  | 1  |  | 1  | 2  |              | 3        | 1   |  | 1  |       |  | 1  |       |             |              | 1     |       | 1  |              |  | 12          | 1  |
| 13       | W/D                           |          |  | ļ  |  |  | İ  |              |          |   | 1  | <b>T</b>   |       |  |  |       | 1           |              |       |       | 2  |              | 1  | 5           | <b></b>  |
| 14       | Workman's Compensation        |          | <del>                                     </del> | <b>†</b>   | <del>                                     </del> | $\vdash$   | <b></b>  | <b>-</b>     |          |   |  |  |       |  |  |       |             | 2            |       |       |  |              |  | 2           |  |
| 15       | Other                         | 2        | 1  | 1  | 1  | 3  | 1  | 1            | 1        | 1   | 2  | 5  |       | 1  |  | 2     |             | 1            |       |       | <del>                                     </del> |              | 2  | 25          | <del></del>                                      |
| 17       | Other                         | <u> </u> | ┿  | 1  | <del>                                     </del> | ┷  | <del>├─</del> ं─                                 | <u> </u>     | <u> </u> | <del> </del>                                      | ╁╼   | <u> </u>   |       | ⊢ —  |  | _     |             | <del></del>  |       |       | 1  |              | -  | 2           | <del> </del>                                     |
|          | sessment                      |          | +-   | <del> </del> '                                   | ├  | <del> </del> -                                   | <del>                                     </del> |              |          | <del> </del>                                      | -  | <del>                                     </del> |       | <b></b>  |  |       |             | <del> </del> |       |       | <del></del>                                      |              |  | <b>-</b>    | <del> </del> -                                   |
| 101      | Cardiovascular                |          | <del> </del>                                     | <del> </del>                                     | -  | <del> </del>                                     | 1  | -            |          |   | <del> </del>                                     | ├  |       | <b>!</b>   | ├  |       |             | _            |       |       | <del> </del>                                     |              |  | 0           | <del> </del>                                     |
|          |                               |          |  | <del> </del>                                     |  | ┝  |  | 1            | ——       | <del> </del>                                      | 1  | <del> </del>                                     |       |  |  |       | <del></del> |              |       |       | $\vdash$   |              | ┼─┤  | 2           | <del> </del>                                     |
| 102      | Dental                        |          | +-   | -  |  | <del> </del>                                     |  | 1            |          |   | <del>                                     </del> | 3  |       | <b>.</b>   |  |       |             |              |       | 3     | <b>.</b>   |              | ├  | 31          | <b></b>  |
| 103      | Dermatology                   |          | 2  | 5  | ļ  | <del> </del> -                                   | <del> </del>                                     | 3            | 3        | 6   | <u> </u>   | 3  |       | <u> </u>   | 4  |       | 1           |              |       |       | <u> </u>   | 1_1_         | 1  |             | <del> </del>                                     |
| 104      | ENT                           | <u> </u> | —  | ļ  |  | <u> </u>   |  |              |          |   |  |  |       |  | 2  | 1     |             |              |       | _1_   | ļ  | 2            |  | 6           | <del> </del>                                     |
| 105      | Eye                           | 2        | <del> </del>                                     | <b>.</b>   |  | 1  | <u> </u>   |              |          | ļ   | ļ  | <u> </u>   | 1     |  |  |       |             |              |       |       | ļ  |              |  | 4           |  |
| 106      | Endocrine                     | <u> </u> | <u> </u>   |  | <u> </u>   |  | 1  |              |          |   | <u> </u>   |  |       |  |  |       |             | L            |       |       | ļ  |              |  | 1           |  |
| 107      | Gl                            | 1        | 1  | <u> </u>   |  | 1  |  |              |          |   | <u> </u>   | 1  |       |  | 1  |       |             |              |       |       |  | ļ            |  | 5           |  |
| 108      | GU                            |          |  | <u> </u>   | <u> </u>   | L  |  |              |          |   | <u> </u>   |  |       |  |  |       |             |              |       |       |  |              |  | 0           | <u> </u>   |
| 109      | GYN                           |          |  | 1  |  |  | 1  |              |          | 1   |  |  | 1     |  |  |       |             |              |       |       |  | <u> </u>     | L  | 4           | 4  |
| 110      | Headache                      |          | [  |  |  |  |  |              | 1        |   |  |  | 1     |  | 3  |       |             |              |       |       |  |              |  | 5           |  |
| 111      | Musculoskeletal               |          |  | 1  |  |  | 1  | 4            | 5        | 1   | 1  | 1  | 1     | 1  | 2  | 1     | 1           |              |       |       | ļ  |              | 1  | 21          |  |
| 112      | Neurological                  |          |  | 1  | T  |  | · · · ·  |              |          |   |  | 1  |       |  | 1  |       |             |              |       | 1     |  |              |  | 3           |  |
| 113      | Respiratory                   | 1        | 1  | 1  |  |  | <u> </u>   |              | 1        | 1   | 2  | 1 1  | 1     | 1  |  |       |             |              |       | 1     |  |              |  | 9           | T T  |
| 114      | STD                           | -        | 1  | 1  |  | 1  | <del>                                     </del> |              |          |   |  |  |       |  |  |       |             |              | 1     | 1     |  |              |  | 2           | 1  |
| 115      | Substance Abuse               |          | <del>                                     </del> | <del> </del>                                     |  | <del> </del>                                     |  | <b></b>      |          |   |  | <del>                                     </del> |       |  |  |       |             |              |       |       |  |              | t1   | 0           | <u> </u>   |
| 116      | Mental/Emotional              | _        | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | <del> </del> |          | 1   | <del> </del>                                     | <del>                                     </del> | 1     |  | <del>                                     </del> | 2     | -           |              |       |       |  | <del> </del> | 1  | 4           | <u> </u>   |
| 117      | Other                         | <u> </u> | +  | <del>                                     </del> | <del>                                     </del> | ┼──  | -  | <del></del>  |          | <del>  -                                   </del> | 1  | <del> </del>                                     | •     | <del></del>                                      | <del> </del>                                     | 1     |             |              |       |       | <del></del>                                      | <del></del>  | 3  | 5           | <del> </del>                                     |
|          | g-Education                   |          | ┼  | <del>                                     </del> | -  | ┼  |  |              |          | 1   | <del>                                     </del> | <del> </del>                                     |       |  |  |       |             |              |       |       | <del> </del>                                     |              | <del>                                     </del> | <del></del> | <del> </del>                                     |
|          | AIDS info                     | <u> </u> | ┼──  | ├  | <del> </del>                                     | ┼─~  | <del> </del>                                     |              |          | -   | <del> </del>                                     | <del>                                     </del> |       |  |  |       |             |              |       |       | <del> </del>                                     | <u> </u>     | <del>  </del>                                    | 0           | <del> </del>                                     |
| 200      |                               | <u> </u> | +-   | <del>  _</del>                                   |  | <del>  _</del>                                   | <del>   </del>                                   | -            |          | <del> </del>                                      | -  | -  | -     | -  |  | -     | 2           | _            | 4-    | -     | 1  | ļ            | 1  | 52          | <del> </del>                                     |
| 202      | Health info                   | 4_       | 2  | 1  | <b>-</b>   | 2  | 3  | 7            | 2        | 2   | 5  | 1_   | 5     | 1_   | 6  | 3_    | -           | 2            | 1     | 1     | <del> '-</del>                                   | <del> </del> | <b>├</b>   |             | <del> </del>                                     |
| 203      | Pregnancy                     | ļ        | —  | ļ.,,,  |  | ļ  |  | <u> </u>     |          |   |  | <b></b>  |       |  | <u> </u>   |       | <u> </u>    |              |       |       | <b>.</b>   |              |  | 0           |  |
| 204      | Family Planning               |          |  | 1  | <u> </u>   |  | 1  |              |          | <u> </u>  | 2  |  |       |  | ļ  |       |             |              |       | 1     |  |              | 1  | 5           | ļ  |
| 205      | Mental Health                 | <u> </u> | <u> </u>   | <u> </u>   | <u> </u>   |  |  |              |          |   |  |  |       | L  |  |       |             |              | ,     |       |  |              |  | 0           | ļ  |
| 207      | Sexuality                     |          | <u> </u>   | <u> </u>   |  | <u> </u>   |  |              |          |   |  |  |       |  |  |       |             |              |       |       |  |              |  | 0           | <u> </u>   |
| 208      | Stress                        |          |  | <u> </u>   |  | <u></u>  |  |              |          |   | 1  | <u> </u>   |       |  |  |       |             |              |       |       | ļ  |              |  | 1           |  |
| 209      | Substance Abuse               |          |  |  | 1  | <u></u>  | 1  |              |          | l   |  | <u> </u>   |       |  | L  |       |             |              |       |       |  |              | $oxed{oxed}$                                     | 0           | <u> </u>   |
| 210      | Nutrition                     |          |  |  |  |  |  |              |          |   |  |  |       |  |  |       | 1           |              |       |       |  |              |  | 1           | <u> </u>   |
| 211      | Blood Borne Pathogen training |          | Τ  |  |  | T  |  |              |          |   |  |  |       |  |  |       |             |              |       |       |  |              |  | 0           |  |
| 214      | STD Counseling                |          | 1  |  |  |  | 1  |              |          |   | 1  |  |       |  |  |       |             |              |       |       |  | 1            |  | 2           |  |
| 215      | Other                         |          | 1  | 1  | t  |  |  |              |          |   |  | <u> </u>   |       |  |  |       |             |              |       |       |  |              |  | 0           |  |
| eening   |                               | -        | <b>†</b>   | <b>†</b>   | <b>†</b>   | <del> </del>                                     |  |              |          |   |  | ·  |       |  |  |       |             |              |       |       | <b></b>  |              |  |             |  |
| 301      | Blood Glucose                 | -        | $\vdash$   | <del> </del>                                     | <del>                                     </del> | 1  | <del> </del>                                     |              |          |   | <del> </del>                                     | <del>                                     </del> |       | <del>                                     </del> |  | 1     |             |              |       |       |  | †            | 2  | 4           | <del>                                     </del> |
| JV 1     | Dioda Cidoosc                 | <u> </u> | —  | <u> </u>   | ٠  |  | <u> </u>   |              | <b></b>  |   | 324  | <u> </u>   |       | <u> </u>   |  |       |             |              |       | Ь——   | <u> </u>   | <u> </u>     |  |             | . E  |

Analysis of Level of Health Services - ARC

|             | , |          |  |  |  |  |  |                 |              |  |                 | ailii S  |             | 1            |  |  |              |  |             |              |  |  |  |             |             |
|-------------|---|----------|--|--|--|--|--|-----------------|--------------|--|-----------------|--|-------------|--------------|--|--|--------------|--|-------------|--------------|--|--|--|-------------|-------------|
|             | October 2002                            | }        |  |  |  |  |  |                 |              |  |                 |  | 39          | 158          | -50  | 1 —  |              |  |             |              |  |  | 10/31  |             |             |
| Code        | Description                             | 10/1     | 10/2   | 10/3   | 10/4   | 10/7   | 10/8   | 10/9            | 10/10        | 10/14  | 10/15           | 10/16  | 10/17       | 10/18        | 10/21  | 10/22  | 10/23        | 10/24  | 10/25       | 10/28        | 10/29  | 10/30  | 10/31  | Totals      | Unallowable |
| 302         | Blood Pressure                          | 3        |  |  | 2  | 2  | 3  | 3               | 1            | 1  | 2               | 2  | 2           | 1            | 1  | 1  | 3            | 2  | 1           | 5            | 1  |  | 2  | 41          |             |
| 303         | Hearing                                 |          |  |  | 1  |  |  |                 |              |  |                 |  |             |              |  |  |              |  |             |              | · · · · ·  |  |  | 1           |             |
| 304         | Height                                  |          |  |  |  |  |  |                 |              |  |                 |  |             |              |  |  |              |  |             |              |  |  |  | 0           |             |
| 305         | TB Skin Test                            | 2        | 7  |  | 6  | 9  | 2  |                 | 1            | 7  | 7               | 1  | 5           | 2            | 3  | 2  | 1            |  |             | 4            | 2  | 1  |  | 62          |             |
| 306         | TB Skin Test Reading                    |          | 5  | 1  | 8  | 4  |  | 5               | 4            |  |                 | 6  |             | 3            | 2  |  | 3            | 1  | 2           |              |  | 4  | 1  | 49          |             |
| 307         | TB Symptoms Review                      | 1        |  |  |  |  |  |                 | 1            |  |                 | 1  |             |              |  |  |              |  |             |              |  |  |  | 2           |             |
| 308         | Temperature                             |          |  |  |  |  |  | 1               |              |  |                 |  |             |              |  | 1  |              |  |             | 1            |  |  |  | 3           |             |
| 309         | Vision                                  |          |  |  | 1  |  |  |                 | i            |  |                 |  |             |              |  |  |              |  |             |              |  |  |  | 1           |             |
| 310         | Weight                                  |          |  |  | 1  | 2  | 1  | 1               | 1            | 1  | 2               |  |             | 1            | 2  | 2  |              | 1  |             | 1            | 1  | 1  |  | 17          | 11 11       |
| 311         | Pregnancy Test                          |          |  |  |  |  |  |                 |              |  | 2               |  |             |              |  |  |              |  |             |              |  |  |  | 2           |             |
| Immuniza    |   |          |  | ·  |  |  |  | ·····           |              |  |                 | <b>1</b>   |             |              |  |  |              | 1  |             |              | <u> </u>   | l  |  |             |             |
| 400         | Tetanus                                 | 1        |  |  |  |  |  | 2               |              | 2  |                 | 1  |             |              | 1  |  |              |  |             |              | 1  | 2  | 5  | 15          | 15          |
| 401         | MMR                                     | 2        | 1  | †  | <del>                                     </del> | <del>                                     </del> |  |                 |              | 1  |                 |  |             |              |  |  | <u> </u>     |  |             |              |  |  | 1  | 5           | 5           |
| 402         | Hep B                                   | 1        | <del>                                     </del> | <del> </del>                                     |  | <del>                                     </del> |  |                 | 1            | <del>                                     </del> | 1               |  |             | <b></b>      | <b></b> -  | <u> </u>   |              |  |             |              | <del>                                     </del> | <b>-</b>   | 1  | 3           | 3           |
| First Aid - |   | <u> </u> | $\vdash$   | <b>†</b>   | <b>†</b>   | <b>-</b>   |  |                 | <u> </u>     | 1  | <u> </u>        | <del> </del>                                     |             |              |  |  | -            | <del>                                     </del> |             |              | <b></b>  | <b>-</b>   |  | <u> </u>    |             |
| 500         | First Aid Minor                         |          | <del> </del>                                     | <del> </del>                                     | 2  | 1  | 1  | 1               | 2            | <del>                                     </del> | 1               | 2  | 1           |              | 1  |  |              |  | 1           |              | <del>                                     </del> | 1  | 1  | 14          |             |
| 501         | First Aid Major                         | 1        | $\vdash$   | 2  | ┢═╸  | † <u>'</u>                                       | †  | Ė               |              |  |                 | † <del>-</del> -                                 |             |              |  |  | 1            |  |             |              | <u> </u>   | <u> </u>   | 1  | 3           |             |
| 502         | Follow-up Visit                         | <u> </u> | <del> </del>                                     | <del>  -</del> -                                 | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     | <u> </u>        |              | <b></b>  |                 |  |             |              |  |  |              | -  |             |              | <b></b>  |  |  | 0           |             |
| 503         | Medication                              | 2        | 1  | <del>                                     </del> | <del> </del>                                     | 2  | <del>                                     </del> | 1               | 1            | 1  |                 | 3  | 1           | <u> </u>     | 3  |  |              | <del>                                     </del> |             | 1            | <b></b>  | 1  | <del>                                     </del> | 17          |             |
| 504         | Rest                                    | <b>-</b> | <del>  '</del> -                                 | <del>                                     </del> | ┼  | <del>  -</del>                                   | 1  | 2               | <del> </del> | <del>                                     </del> | 1               | 1 2  | <del></del> |              | 1  |  |              | <del> </del>                                     | 1           | ┝╌           | <del></del>                                      | <del> </del>                                     | 11   | 9           |             |
| 505         | Special HDCP Care                       | -        | <del>                                     </del> | 1  | 1  | <u> </u>   | <del>- '-</del>                                  |                 | <del> </del> |  | <del>- '-</del> | <del> </del> -                                   |             |              | <del> '</del>                                    |  | <del> </del> | <del> </del>                                     | <del></del> |              | 1  | <b></b>  | <del>  ' </del>                                  | 3           |             |
| 506         | Other (Band aids, sewing kits, pins)    |          |  | 1  | ┼-   | ┼  | ├──  | 1               | 1            | 2  | 1               | <del> </del>                                     | 1           |              | <del></del>                                      | -  |              |  |             | 1            | 1  | 1  | 1  | 10          |             |
| Emergen     |   |          | <del> </del>                                     | +-   | 1-   |  | <b>-</b>   |                 | <u> </u>     | <del>  -</del> -                                 | <del></del>     | <del> </del>                                     | <del></del> |              | <del> </del>                                     |  |              | <del> </del>                                     |             |              | <del> '</del>                                    | <b>-</b> '-                                      | <del>                                     </del> | 10          |             |
| 600         | Health Center                           | <b></b>  | <del> </del>                                     | <del>                                     </del> | <del> </del>                                     | -  |  |                 |              |  | <u> </u>        | <del>                                     </del> |             |              | ļ  | ļ  | <b></b>      | 1  |             |              | <del> </del>                                     |  | +  | 1           |             |
| 601         | Campus                                  | -        | ┝  | 1-   | ├  | ├  | 1  | 1               | <b></b>      | <del> </del>                                     | 1               | 1  |             | <del> </del> | 1  | <del>                                     </del> | <del></del>  | <del>- '-</del>                                  | 1           |              | 1  | ├──  | +  | 7           |             |
| 604         | Calling an ambulance                    |          | ┢  | -  | $\vdash$   | ╁  | <del>- '-</del>                                  | <del>- '-</del> | <del> </del> | <del> </del>                                     | <del>  '</del>  | <del>                                     </del> |             |              | <del></del>                                      | -  | -            |  | <u>'</u>    | <b></b>      | <del> '</del>                                    | <del> </del>                                     | <del>  </del>                                    | 6           |             |
|             | - Consults                              |          | ├  |  | ├  | <del> </del>                                     | <del> </del>                                     | <b>-</b>        | -            |  |                 | <del>                                     </del> |             |              | ļ  |  |              |  |             |              | <del>                                     </del> |  | Н  | <del></del> |             |
|             | ARC Counselor                           | <b>-</b> | ├  | ╄—   | ├  | ├  |  |                 |              | <del></del>                                      |                 | <del> </del>                                     |             |              | <del> </del>                                     |  | -            | -  |             | <del> </del> | <del> </del>                                     | <del> </del>                                     |  | 0           |             |
| 700<br>701  |   |          | _  | -  | ├  |  | 1  |                 | 1            | <del> </del>                                     |                 | <del> </del>                                     | <u> </u>    | <u> </u>     | -  |  | <del> </del> |  | 1           | 1            | <del> </del>                                     | <del> </del>                                     | +  | 4           |             |
| 701         | County Clinic                           |          | ├  | -  | ├  | 1  | -  | -               | <u> </u>     |  | 1               | 1  | 1           |              | 1  | 1  | 1            | <del> </del>                                     | -           | 1            | <del> </del>                                     | <b></b>  |  | 10          |             |
| 702         | Immediate Care Clinic                   | <b></b>  | ├  | <del> </del>                                     | <del> </del>                                     |  |  | 2               | <b>.</b>     | <del> </del>                                     | <b></b> -       | <del>                                     </del> |             |              | <del>                                     </del> |  |              |  |             |              |  | ļ  |  | 5           |             |
| 703         | Community Resource                      |          | ļ  | <b></b>  | <del> </del>                                     | <b> </b>   | 2  | 1               |              | ļ  | ļ               |  |             |              | <b> </b>   | 1_   |              |  |             | 1            | <del>                                     </del> | <del>                                     </del> | $\vdash$   |             |             |
| 704         | County Agency                           |          | <u> </u>   |  | <b> </b>   | <b>├</b> ──                                      | ļ  | 1               |              | ļ  |                 | <del> </del>                                     | -           |              | <b> </b>   |  |              | ļ ——   |             | <u> </u>     | <u> </u>   | ļ  |  | 1           |             |
| 705         | Dentist                                 |          | ├  | <del>  _</del> _                                 | <b></b>  |  | <u> </u>   | <u> </u>        |              | ļ  |                 | <u> </u>   |             | ļ            | <del></del>                                      | <del></del>                                      | <u> </u>     | ļ  |             |              | <b></b>  | ļ  |  | 0           |             |
| 706         | Emergency Room                          |          |  | 1  | <b>├</b> ─                                       | ļ  |  |                 |              |  | ļ               | ļ  |             | <u> </u>     | 1  | 1  |              |  |             |              |  | ļ  |  | 7           |             |
| 707         | Kaiser                                  | ļ        | <u> </u>   | 1  | ļ  | <u> </u>   | 1  | 1               | 2            | 1  |                 | <b> </b>   |             |              | 1  |  |              | ļ  |             |              |  | <u> </u>   |  |             |             |
| 708         | MediCal                                 |          |  | ļ  | ļ  | ļ  | <u> </u>   |                 |              | <u> </u>   | 2               | <u> </u>   |             |              |  |  |              |  |             |              |  | ļ  |  | 2           |             |
| 709         | Military                                | <u> </u> | <u> </u>   | 1  | ļ  | L .  |  | L               |              | ļ  | ļ               |  |             |              |  |  |              |  |             | <u> </u>     | ļ  | <u> </u>   |  | 0           | ×           |
| 710         | Private Doctor                          | 1        | 1  | 1  |  | 1  |  | 1               | 2            | 1  |                 | 2  | 1           | L            | 2  |  |              |  |             | 2            |  | 1  | 1  | 17          |             |
| 711         | Self Care                               | 2        | 2  | <u> </u>   | <u> </u>   | <u> </u>   |  |                 | 1            | 4  | <u></u>         | <u> </u>   |             | L            | 1  | 1  |              |  |             |              | 2  | 2  |  | 15          |             |
| 713         | Other                                   |          |  | ļ  | <u> </u>   | <u> </u>   |  |                 |              |  |                 | <u> </u>   |             |              | ļ  | <u> </u>   | ļ            |  |             |              |  |  |  | 0           |             |
| 715         | ARC instructor                          | 1        | <u> </u>   | ļ  |  | <u> </u>   |  | <u> </u>        |              | ļ  |                 | <u> </u>   |             |              | <u> </u>   |  |              |  |             | L            | ļ  | <u> </u>   | <b> </b>   | 1           |             |
| 716         | ARC DSP&S                               |          |  |  |  |  | L  |                 |              | 1  | <b></b>         | <u> </u>   |             |              | <u> </u>   |  | <u> </u>     | <b></b>  |             | <b></b>      | <b></b>  |  | $oxed{oxed}$                                     | 1           |             |
| 717         | ARC Other                               |          |  | <u> </u>   | <u> </u>   | ļ  | 1  | L               |              | L  |                 |  |             |              | ļ  |  |              | 1  |             | ļ            | <u> </u>   | <u> </u>   |  | 2           |             |
| 718         | Lab. Referral                           |          |  |  |  |  | L  |                 |              | L  |                 |  |             |              |  |  |              |  |             | l            |  |  |  | 0           |             |
| Medicatio   | <u>ons</u>                              |          |  |  |  |  |  |                 |              |  |                 |  |             |              |  |  |              |  |             |              |  |  |  |             |             |
| 800         | Acetaminophen                           | 1        |  |  | 2  |  |  |                 | 3            | 1  | 1               |  | 1           |              |  | 3  |              | 1  |             | 1            |  | 1  | 1  | 16          |             |
| 801         | Antihistamine                           |          |  |  |  |  |  | L               |              |  |                 |  |             |              |  |  |              |  |             |              |  |  |  | 0           |             |
| 802         | Aspirin                                 |          |  | 1  |  |  |  | 1               |              |  | 1               | 1  |             | 1            | 3  | <u> </u>   | L            | <u></u>  | L]          |              | 1  |  |  | 9           |             |
|             |   |          |  |  |  |  |  |                 |              |  | つつに             |  |             |              |  |  |              |  |             |              |  |  |  |             |             |

325

|      | October 2002               | <b>}</b> — |             |      | ···· | ,    |      |      |       |       |       | <del></del> - | 39    | 158   | 3-5   | 9-       |       |       |       |       |       |       |       |        |             |
|------|----------------------------|------------|-------------|------|------|------|------|------|-------|-------|-------|---------------|-------|-------|-------|----------|-------|-------|-------|-------|-------|-------|-------|--------|-------------|
| Code | Description                | 10/1       | 10/2        | 10/3 | 10/4 | 10/7 | 10/8 | 10/9 | 10/10 | 10/14 | 10/15 | 10/16         | 10/17 | 10/18 | 10/21 | 10/22    | 10/23 | 10/24 | 10/25 | 10/28 | 10/29 | 10/30 | 10/31 | Totals | Unallowable |
| 803  | Benadryl                   |            | T           |      |      |      |      |      |       |       |       |               |       |       | 1     |          | 1     |       |       |       |       |       |       | 2      |             |
| 804  | Blistex Ointment           |            |             |      |      |      |      |      |       |       | ,     |               |       |       |       |          |       |       |       |       |       |       |       | 0      |             |
| 805  | Bronchodilator             |            |             |      |      |      |      |      |       |       |       |               |       |       |       |          |       | 2     | 1     |       |       |       |       | 3      |             |
| 806  | Caladryl                   |            | Г           |      |      |      |      |      |       |       |       |               |       |       |       |          |       |       |       |       |       |       |       | 0      |             |
| 808  | Cough Drops                |            | 1           |      |      |      |      |      |       |       |       |               |       |       |       |          |       |       |       |       |       | 1     |       | 1      |             |
| 810  | Eyewash                    |            |             |      |      |      |      |      |       |       |       |               |       |       |       |          |       |       |       |       |       |       |       | 0      |             |
| 812  | Hydrocortisone             |            | 1           |      |      |      |      |      |       |       |       | 1             |       |       | 1     |          |       |       |       |       |       |       |       | 3      |             |
| 813  | Ibuprofen                  | 2          | 1           | 1    |      |      |      | 2    | 2     | 2     |       | 1             | 1     |       |       | 1        | 2     | 1     | 3     | 3     |       | 1     | 2     | 25     |             |
| 814  | Immodium                   |            |             |      |      |      |      |      |       |       |       |               |       |       |       |          | 1     |       |       |       |       |       |       | 1      |             |
| 815  | Liquid Tears               |            | 1           |      |      | 1    |      |      |       |       |       |               |       |       |       |          |       |       |       |       | l     |       |       | 1      |             |
| 816  | Maalox                     |            | 1           |      |      | 1    |      |      |       |       |       | <u> </u>      |       |       |       |          |       |       |       |       |       |       |       | 1      |             |
| 817  | Nycoff                     |            | t           |      |      |      |      | 1    |       |       |       |               |       |       |       |          |       |       |       |       |       |       |       | 1      |             |
| 818  | Pepto Bismol               |            | 1           |      |      |      |      |      |       |       |       | <u> </u>      |       |       | 1     |          |       |       |       |       |       |       |       | 1      |             |
| 821  | Pseudophedrine             | 2          |             |      | 1    |      |      | 2    |       |       |       | 1             |       |       |       |          |       |       | 1     | 2     |       | 2     |       | 10     |             |
| 823  | Triple Antibiotic Ointment | 1          | † · · · · · | T    |      |      |      |      |       |       |       | <u> </u>      |       |       |       | <u> </u> |       |       |       |       |       |       |       | 1      |             |
|      |                            |            |             |      |      |      |      |      |       |       |       |               |       |       |       |          |       |       |       |       |       |       |       | 0      |             |
|      | Totals                     | 33         | 29          | 30   | 31   | 35   | 26   | 47   | 41    | 38    | 42    | 42            | 27    | 11    | 47    | 28       | 20    | 14    | 15    | 33    | 17    | 23    | 26    | 655    | 37          |

<sup>\*</sup>Sacramento taking action against nicotine dependence

|          | March 2004                    | ¬ ⊢        |  |              |  |  |  |  | -           |  | 100  | Q             | 1-           | マラ           |              |  |          |                  |          |            |      |          |              | }  |        |  |
|----------|-------------------------------|------------|--|--------------|--|--|--|--|-------------|--|--|---------------|--------------|--------------|--------------|--|----------|------------------|----------|------------|------|----------|--------------|--|--------|--|
|          | Description                   | 3/1        | 3/2  | 3/3          | 3/4  | 3/5  | 3/8  | 3/9  | 3/10        | 3/11   | 3/12   | 3/15          | 3/16         | 3/17         | 3/18         | 3/19   | 3/22     | 3/23             | 3/24     | 3/25       | 3/26 | 3/29     | 3/30         | 3/31   | Totals | Unallowabl                                       |
| Administ |                               |            |  |              |  |  |  |  |             |  |  |               |              |              |              |  |          |                  |          |            |      |          |              |  |        |  |
| 2        | Absence Note                  | 1          |  | 1            |  |  | 3  |  |             | 1  | 1  |               |              |              | 1            |  |          |                  |          |            |      | 2        |              |  | 10     | 10   |
| 3        | Absence Report                |            | 1  |              |  |  |  |  |             | 1  |  |               |              |              |              |  |          | 2                |          |            |      |          |              |  | 4      | 4  |
| 4        | Allied Health Record          | 5          | 3  | 5            | 2  | 1  |  |  | 2           | 4  | 2  | 2             | 4            |              | 4            | 4  | 4        | 5                | 3        | 7          |      | 2        | 5            | 1  | 65     |  |
| 5        | Athletic PE Follow up         |            |  |              |  |  |  |  |             |  |  |               |              |              |              |  |          |                  |          |            |      |          |              |  | 0      |  |
| 6        | Equipment Loan                |            |  |              |  |  |  |  |             |  |  |               |              |              |              |  |          |                  |          |            |      |          |              |  | 0      |  |
| 7        | General info                  |            |  |              |  |  |  |  |             |  |  |               |              |              |              |  |          |                  |          |            |      |          |              |  | 0      |  |
| 8        | HDCP Record                   |            |  |              |  |  |  |  |             |  |  |               |              |              |              |  |          |                  | Γ.       |            |      |          |              |  | 0      |  |
| 9        | Insurance Follow up           |            |  |              |  |  |  |  |             |  |  |               | 1            |              |              |  |          |                  |          |            |      |          |              |  | 1      |  |
| 10       | Insurance Info                | 1          |  |              | 4  |  | 2  | 1  | 1           | 1  | 2  |               | 1            | 1            | 2            |  |          |                  | 2        | 1          | 1    |          |              |  | 20     |  |
| 11       | Parking Permit                |            |  | 2            | 1  | 1  | 1  |  | 1           |  |  |               | 1            |              | 1            | 1  | 1        |                  |          |            |      | 1        | 1            |  | 11     |  |
| 13       | W/D                           | 1          |  |              |  |  |  |  |             | 1  |  | 1             |              |              |              | 1  |          |                  |          |            |      |          |              |  | 3      |  |
| 14       | Workman's Compensation        |            | 1  | 1            |  |  |  |  |             |  |  |               | <u> </u>     |              |              |  |          |                  |          | 1          |      | 2        |              |  | 5      |  |
| 15       | Other                         |            | 1  |              | 1  |  | 1  | 1  | <u> </u>    |  |  | 2             | 1            | 3            | 1            |  |          | 1                |          |            | 1    | 2        |              | 2  | 17     |  |
| 17       | Other                         |            | T  | 1            |  |  |  |  |             |  |  |               |              |              |              |  |          |                  |          |            |      |          |              |  | 0      |  |
| Health A | ssessment                     |            | 1  |              |  |  |  |  | <u> </u>    |  |  |               |              |              |              |  |          |                  |          |            |      |          | · · · · ·    |  |        |  |
| 101      | Cardiovascular                |            | T  | 1            | <b>—</b>   | <b>1</b>   |  |  |             |  |  |               |              |              |              |  |          |                  |          |            |      |          |              |  | 0      |  |
| 102      | Dental                        |            | 1  |              |  | <del>                                     </del> |  |  | 1           | 1  |  | 2             | 1            |              | 1            |  |          |                  |          |            |      |          | 2            |  | 8      |  |
| 103      | Dermatology                   | 2          | 2  |              | <del>                                     </del> | 1  | 3  | 3  | 1           |  |  | 4             | 1            | 1            | 4            | <b></b>  | 3        | 3                | 3        | 4          | 2    | 1        | <del>┈</del> | 1  | 39     |  |
| 104      | ENT                           | 1          | ✝▔   | 1            | 1  | 1  | 1  |  | H           |  |  | 4             | 2            | 2            |              | 1  |          | 1                | 2        |            | 2    | 8        | 2            | 1  | 30     |  |
| 105      | Eye                           |            | 11   | 1            | <del>                                     </del> | <u> </u>   | <u> </u>   |  | <b></b>     | <del>                                     </del> |  | <u> </u>      | 1            | <u> </u>     |              | 1  | 1        |                  | 1        | 1          | 1    |          |              | <del>                                     </del> | 7      |  |
| 106      | Endocrine                     |            | <u> </u>   | 1            | <del>                                     </del> |  |  |  | _           |  | <u> </u>   | 1             | <u> </u>     | <b></b>      |              |  | Ė        | 1.               |          |            |      |          |              |  | 3      |  |
| 107      | GI                            |            | $\vdash$   | 1            | 1  | $\vdash$   | 1  | 1  | <b></b>     | <del> </del>                                     |  | <del></del>   |              | <del> </del> |              | 1  | <u> </u> | <u> </u>         | -        | 1          |      | 1        | <del> </del> | <del> </del>                                     | 7      |  |
| 108      | GU                            |            | †  | 1            | † †  | <del>                                     </del> | Ė  | ┝╌   | <b></b>     |  |  | <del> </del>  |              |              |              | <u> </u>   |          |                  |          | •          |      |          |              | 1  | 1      |  |
| 109      | GYN                           |            | 1 1  | _            | $\vdash$   |  | 1  | 1  |             |  |  | <b></b>       |              | 2            | <b></b>      | <b></b>  | 4        |                  |          |            |      | 1        |              | 1  | 11     | 11   |
| 110      | Headache                      |            | <del>                                     </del> | $\vdash$     | $t^-$  | 1  | <del> </del>                                     | <del> </del>                                     | <b></b>     |  | <del> </del>                                     | <del></del>   |              | <del></del>  |              |  | 3        | 2                | 2        |            | 1    | <u> </u> | <del></del>  | 1  | 10     | · · · · · · · · · · · · · · · · · · ·            |
| 111      | Musculoskeletal               | 1          | 1  | 1            | <b>†</b>   | 1  | 3  | 1  |             | 1  |  | 2             |              | 1            | 1            |  | 1        | 1                | 1        | 3          | 1    | 2        | 1            | <del>                                     </del> | 23     |  |
| 112      | Neurological                  | 1          | 2  |              | <del> </del>                                     | <del>                                     </del> | - ا  | <del>  '-</del>                                  | <del></del> | <del> </del> -                                   | <del> </del>                                     | <del></del> - |              | <u>'</u>     | <u> </u>     | $\vdash$   | <u> </u> | <del>  '</del> - | 2        | 2          | •    | 1        | <u> </u>     | 1  | 9      |  |
| 113      | Respiratory                   | <u>-</u> - | ┼╧   | ╁            | ╁  | -  | 1  | 1  |             | -  | -  | 1             | _            | <del>-</del> | <del></del>  | 1  | 2        | ļ                | 1        |            |      | •        | 1            | 1  | 9      |  |
| 114      | STD                           |            | ┼─   | +            | -  | _  | ┝╌   | 1  |             | <del> </del>                                     |  | <u> </u>      |              |              | <u> </u>     | <del>                                     </del> | -        | ļ                | <u> </u> |            |      |          | - <u>-</u> - | <del></del>                                      | 1      | <del> </del>                                     |
| 115      | Substance Abuse               | <u> </u>   | $\vdash$   | +            | <del> </del>                                     |  | <del>                                     </del> | <del>                                     </del> |             |  |  |               |              | <del> </del> | <del> </del> | <del> </del>                                     |          | <del> </del>     |          |            | -    |          |              | $\vdash$   | 0      | <del>                                     </del> |
| 116      | Mental/Emotional              |            | ┼  | ┼─           | ├  | 1  |  | -  |             |  | <del>                                     </del> | 1             |              |              | -            | <u> </u>   |          | -                |          |            |      |          |              |  | 2      |  |
| 117      | Other                         | 1          | 1  | ┼─           | 2  | <del>  '</del> -                                 | 1  | -  |             | 1  | ├──  | <del></del> - | <del> </del> |              | <del> </del> | <u> </u>   |          | 2                | $\vdash$ | 1          |      | 3        | 1            | $\vdash$   | 13     |  |
|          | ng-Education                  | <u> </u>   | <del>  '</del> -                                 | <del> </del> | <del>  _</del>                                   |  | <del>  '</del> -                                 | -  |             | <del></del>                                      | <b> </b>   | <del> </del>  |              |              | <del> </del> | <del> </del>                                     |          | <del> </del>     |          | <u>'</u> - |      | -3       | <u> </u>     | $\vdash$ $\vdash$                                | 13     | <del> </del>                                     |
| 200      | AIDS info                     | <b> </b>   | ┼  | ├            | <del> </del>                                     |  |  | -  |             |  | -  |               |              |              | <b></b>      |  |          | -                |          |            |      |          |              | $\vdash$   | 0      |  |
|          |                               | 4          | 3  | 5            | 5  | -  | 1 -  | -  | -           |  | 1  | _             | 1            | 7            | 3            | -  | -        | -                | 7        | 4          |      | 2        | -            | ┤  | 88     |  |
| 202      | Health info                   | 4          | +-   | 13           | 13   | 6  | 7  | 5  | 2           |  | <del>  '-</del>                                  | 6             |              | <del>'</del> | -3-          | 3  | 3        | 3                | -        | 4          | 3    | 3        | 5            | 2  |        | <u> </u>   |
| 203      | Pregnancy                     |            | ┼  | -            | ├  | ├─   | -  |  |             |  | <b> </b>   | 1             |              | <b></b>      | <del> </del> | 1  | 1        | -                |          |            |      |          |              |  | 3      |  |
| 204      | Family Planning               | <u> </u>   | $\vdash$   | 1            | <del> </del>                                     | 1  | 1  | 1  | -           |  | ļ  |               | -            | -            | _            | <u> </u>   | 1        |                  |          |            |      |          |              |  | 3      |  |
| 205      | Mental Health                 | ļ          |  | 1            | ├  | 1  | 2  |  |             |  | ļ  | ļ             | 2            | 1_           | <b> </b>     | <b> </b> -                                       |          | ļ                |          | 1          |      |          |              |  | 8      |  |
| 207      | Sexuality                     | <u> </u>   | 1  | 1            | <u> </u>   | ├  | <u> </u>   | $\vdash$   |             | <del> </del>                                     | <b>-</b>   |               | <u> </u>     | _            | <u> </u>     | <u> </u>   | L        | <u> </u>         | <b> </b> |            |      |          | <u> </u>     | $\vdash \vdash \vdash$                           | 0      |  |
| 208      | Stress                        |            | 1  | 1            | <u> </u>   | <u> </u>   | <u> </u>   | <u> </u>   |             | <u> </u>   |  | 1             | 1            | 3            | <u> </u>     | <b></b>  |          |                  | <b> </b> | _1_        | 1    |          |              | $\vdash \vdash$                                  | 9      |  |
| 209      | Substance Abuse               | <u> </u>   | <del> </del>                                     | <del> </del> | ļ  | ļ  | <b> </b>   |  |             | <u> </u>   | <u> </u>   | <u> </u>      | <b> </b>     | 1            | <u> </u>     | L  | ļ        | 1                | ldash    |            |      | 1        |              | <u>                                     </u>     | 3      |  |
| 210      | Nutrition                     | ļ          | <del>  -</del>                                   | -            |  |  | ļ  |  |             |  | <u> </u>   | 3             | <u> </u>     |              |              |  |          | <u> </u>         | igwdown  |            |      |          |              | 1  | 4      | <b></b>  |
| 211      | Blood Borne Pathogen training | <u> </u>   | 1  | ├            | <u> </u>   | <b>!</b>   | L.,  | ليا  |             | <u> </u>   | L  | <u> </u>      | <u> </u>     | Ĺ            | L            | ļ  |          | ļ                |          |            |      |          | L            | $\sqcup \sqcup$                                  | 1      |  |
| 214      | STD Counseling                |            | 1  | 1            | l l  | 1  | 1  | 2  |             | I  | ļ .  | 1             | 3            | 1            | l .          | 1  |          | l                | 1 1      |            |      |          | 1            | 1  | 8      | ļ  |

| <del></del>    | March 2004                           | <b> </b> |  |     |          |     |          | <del></del> |      |             |      | - 3  | G/a  | 61-  | 63   |      |      |          |      |      |      |      |      |      |        |             |
|----------------|--------------------------------------|----------|--|-----|----------|-----|----------|-------------|------|-------------|------|------|------|------|------|------|------|----------|------|------|------|------|------|------|--------|-------------|
| Code           | Description                          | 3/1      | 3/2  | 3/3 | 3/4      | 3/5 | 3/8      | 3/9         | 3/10 | 3/11        | 3/12 | 3/15 | 3/16 | 3/17 | 3/18 | 3/19 | 3/22 | 3/23     | 3/24 | 3/25 | 3/26 | 3/29 | 3/30 | 3/31 | Totals | Unallowable |
| 215            |                                      |          | 2  |     |          | 2   |          |             |      |             |      |      |      | 2    |      |      |      | 1        |      |      |      |      |      | 1    | 8      |             |
| Screenin       | ng                                   |          |  | 1   |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | -      |             |
| 301            | Blood Glucose                        |          |  | 1   |          |     |          |             |      |             |      | 1    |      |      |      |      |      | 1        | 1    |      |      | 1    | 1    |      | 6      |             |
| 302            | Blood Pressure                       |          | T  |     | Ī        | 1   | 2        | 1           | 2    | 3           | 1    | 1    | 3    |      | 1    | 1    | 3    | 3        | 1    | 4    |      |      | 1    |      | 28     |             |
| 303            | Hearing                              |          |  |     |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      | 1    |      |      | 1      |             |
| 304            | Height                               |          |  | Г   |          | П   |          | Г           |      |             |      |      |      |      |      |      | 1    |          |      |      |      |      |      |      | 1      |             |
| 305            | TB Skin Test                         | 4        | 3  | 1   |          | 5   | 3        | 1           |      |             |      | 2    | 4    | 3    |      | 3    | 5    | 3        | 2    |      | 1    | 3    | 2    | 2    | 47     |             |
| 306            | TB Skin Test Reading                 | 4        |  | 2   | 3        | 2   | 5        |             | 2    | 2           | 1    | -1   |      | 1    | 4    | 5    | 1    |          | 1    | 4    | 4    | 1    |      | 3    | 46     |             |
| 307            | TB Symptoms Review                   |          |  |     |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 0      |             |
| 308            | Temperature                          | 3        | T  | 1   |          |     | 1        |             |      |             |      | 1    |      |      |      | 1    |      |          | 1    |      |      | 1    | 1    | 1    | 11     |             |
| 309            | Vision                               | Г        | П  | 1   |          | Г   |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 1      |             |
| 310            | Weight                               |          | Π  |     | Ī        | 1   |          | 1           |      | 1           | 1    |      |      |      |      | 1    |      |          | 1    |      |      |      |      |      | 6      |             |
| 311            | Pregnancy Test                       |          |  |     |          |     |          |             |      |             |      |      |      |      |      | 1    | 1    |          |      |      |      |      |      |      | 2      |             |
| <u>Immuniz</u> |                                      |          |  |     | I        |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      |        |             |
| 400            | Tetanus                              |          |  | 2   |          | Ι   |          |             |      |             |      |      |      | 1    |      | 1    |      |          |      |      |      |      |      |      | 4      | 4           |
| 401            | MMR                                  | 1        | T  |     | 1        |     |          |             |      |             |      |      |      |      |      | 1    |      |          |      |      |      |      |      |      | 2      | 2           |
| 402            | Нер В                                |          |  |     |          |     |          | 1           |      |             |      |      | 1    |      |      |      | 2    | 2        |      |      |      | - 1  | 2    |      | 9      | 9           |
| First Aid      |                                      |          |  | T   |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      |        |             |
| 500            | First Aid Minor                      | 4        | 3  | 1   | 1        | 1   |          | 1           | 4    | 2           |      | 2    | 2    |      | 2    | 1    | 1    | 1        | 2    |      | 1    | 1    | 1    |      | 30     |             |
| 501            | First Aid Major                      |          |  |     |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 0      |             |
| 502            | Follow-up Visit                      |          |  | 1   |          |     |          |             |      |             |      | 1    |      |      |      |      | 1    |          |      |      |      | 1    |      |      | 4      |             |
| 503            | Medication                           |          |  | 1   |          |     |          | 3           |      |             |      | 3    | 2    | 2    | 1    | 2    | 4    | 4        | 4    |      | 2    | 2    | 1    | 1    | 31     |             |
| 504            | Rest                                 | 3        | Т  | 1   | 1        | 2   | 3        |             |      | 2           |      | 1    |      |      |      |      | 2    | 2        | 1    | 3    |      | 1    |      | 2    | 24     |             |
| 505            | Special HDCP Care                    |          |  |     |          |     |          |             | 1    | 1           |      |      | 1    | 1    |      | 1    |      |          |      | 1    | 1    | 1    | 2    |      | 10     |             |
| 506            | Other (Band aids, sewing kits, pins) | 1        | 2  | 2   |          |     | 1        | 2           | 1    | 3           | 1    | 2    | 1    |      |      |      | 1    |          | 1    |      | 1    |      |      | 1    | 20     |             |
| Emerger        |                                      |          |  |     |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      |        |             |
| 600            | Health Center                        |          |  |     |          | 1   |          |             |      |             |      |      |      |      |      |      |      | <u> </u> |      |      |      |      |      |      | 0      |             |
| 601            | Campus                               | 1        | 1  |     | 1        |     |          |             |      |             |      |      |      |      |      |      |      |          | 2    |      |      |      |      | 1    | 5      |             |
| 604            | Calling an ambulance                 |          |  | 1   |          |     | T        |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 0      |             |
| Referrals      | s - Consults                         |          | Т  |     | ļ        |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      |        |             |
| 700            | ARC Counselor                        |          |  | 1   | <u> </u> | 1   |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 1      |             |
| 701            | County Clinic                        |          |  |     |          |     |          | 1           |      | 1           |      | 1    |      |      |      |      | 1    |          |      |      |      |      | 1    | 1    | 6      |             |
| 702            | Immediate Care Clinic                | 2        | 1  |     | 1        | i   |          |             | 1    | 1           | 1    | 1    | 1    | 1    | 1    |      | 2    | 1        | 1    | 2    | 1    |      |      | 2    | 19     |             |
| 703            | Community Resource                   |          | 3  | 3   | 1        |     | 3        | 2           | 1    | 3           |      | 4    | 4    | 4    | 1    | 1    |      |          | 2    | 2    | 1    | 1    | 2    | 1    | 39     |             |
| 704            | County Agency                        |          | 1  | 1   |          |     |          |             |      | 1           | 1    |      |      |      |      |      |      |          |      |      |      |      |      |      | 2      |             |
| 705            | Dentist                              |          | T  |     | 1        |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 0      |             |
| 706            | Emergency Room                       | 1        | 1  |     |          |     |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      | 1    | 3      |             |
| 707            | Kaiser                               |          | 1  | 1   | $I^{-}$  | 1   | 1        |             |      |             |      |      |      |      | 1    |      |      |          |      |      | 1    | 2    |      |      | 6      |             |
| 708            | MediCal                              |          |  | T   |          |     |          |             |      | · · · · · · |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 0      |             |
| 709            | Military                             |          |  |     | Π        |     |          |             |      |             | - 1  |      |      |      |      |      |      |          |      |      |      |      |      |      | 0      |             |
| 710            | Private Doctor                       | 3        | 3  | 2   | 1        | 2   | 3        |             |      |             |      | 2    | 1    | 1    | 1    |      | 4    | 2        | 3    | 3    | 2    | 2    | 3    |      | 38     |             |
| 711            | Self Care                            | 2        |  |     |          |     | 2        | 1           |      |             |      | 3    | 1    |      | 1    |      | .1   | 1        | 2    | 2    | 1    | 2    | 1    |      | 23     |             |
| 713            | Other                                |          | 1  | 1   | 1        | 1   | <u> </u> |             |      |             |      |      |      |      |      |      |      |          |      |      | 1    |      |      |      | 1      |             |
| 715            | ARC instructor                       |          | 1  | 1   | 2        | 1   |          |             |      |             |      |      |      |      |      |      |      |          |      |      |      |      |      |      | 3      |             |
| 716            | ARC DSP&S                            | -        | <del>                                     </del> | 1   |          |     | $\vdash$ | Г           | 1    | 1           |      | i    | i    |      | 1    | 1    |      |          |      |      |      |      |      |      | 1      |             |

|                  | March 2004                 |     |     |        |     |     |     |     |      |          |      | 2    | 4/0  | el - | 03   |      |      |      |      |      |      |      |      |          |        |             |
|------------------|----------------------------|-----|-----|--------|-----|-----|-----|-----|------|----------|------|------|------|------|------|------|------|------|------|------|------|------|------|----------|--------|-------------|
|                  | Description                | 3/1 | 3/2 | 3/3    | 3/4 | 3/5 | 3/8 | 3/9 | 3/10 | 3/11     | 3/12 | 3/15 | 3/16 | 3/17 | 3/18 | 3/19 | 3/22 | 3/23 | 3/24 | 3/25 | 3/26 | 3/29 | 3/30 | 3/31     | Totals | Unallowable |
|                  | ARC Other                  |     | 1   |        |     |     |     |     |      |          |      |      | 1    |      |      |      |      |      |      |      |      |      |      | <u> </u> | 2      |             |
| 718              | Lab. Referral              | 1   | 1   |        |     |     |     |     |      | <u> </u> |      |      |      |      | 1    |      |      | 1    |      |      | 1    |      | 1    |          | 6      |             |
| <b>Medicatio</b> |                            |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          |        |             |
| 800              | Acetaminophen              |     | 2   |        |     |     |     | 1   | 1    |          |      | 1    | 1    |      | 1    |      | 5    | 2    | 2    |      | 1    | 1    |      |          | 18     |             |
| 801              | Antihistamine              |     |     |        |     |     |     |     |      |          |      |      |      |      |      | 1    |      |      |      |      |      |      |      |          | 1      |             |
| 802              | Aspirin                    | 2   |     |        |     |     |     |     |      |          |      | 1    |      |      |      |      | 2    |      | 1    |      | 1    |      |      |          | 7      |             |
| 803              | Benadryl                   |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      | 1    |      |      |      |      |      |          | 1      |             |
| 804              | Blistex Ointment           |     | Π   | $\Box$ |     | 1   |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      |             |
| 805              | Bronchodilator             |     | Ī., |        |     |     |     | 1   |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 1      |             |
| 806              | Caladryl                   |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 0      |             |
| 808              | Cough Drops                |     | T   | 1      |     |     |     |     |      |          | 1    |      |      |      |      |      |      |      | 1    |      |      |      |      |          | 3      |             |
| 810              | Eyewash                    |     |     |        |     |     |     |     |      |          |      |      |      |      |      | 1    |      |      |      |      |      |      |      |          | 1      |             |
| 812              | Hydrocortisone             |     | T   | П      |     |     |     |     |      |          |      | 1    |      |      |      |      |      | 1    |      |      |      |      |      |          | 2      |             |
| 813              | Ibuprofen                  | [1  | 1   | 1      |     |     |     |     |      | 2        | 1    | 1    |      | 1    |      | 1    | 1    |      | 3    |      |      | 1    | 1    |          | 15     |             |
| 814              | Immodium                   |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 0      |             |
| 815              | Liquid Tears               |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 0      |             |
| 816              | Maalox                     |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 0      |             |
| 817              | Nycoff                     |     | П   | П      |     |     |     |     |      |          |      | 1    |      |      |      |      |      |      |      |      |      |      |      |          | 1      |             |
|                  | Pepto Bismol               |     |     |        |     |     |     | 1   | 1    |          | 1    |      |      |      |      | 1    |      |      |      |      |      |      |      |          | 4      |             |
|                  | Pseudophedrine             |     | 1   | П      |     |     |     |     |      |          |      |      | 1    | 1    | 1    | 1    | 1    |      |      | 1    | 1    | 1    |      | 1        | 10     |             |
|                  | Triple Antibiotic Ointment |     |     |        |     |     |     | 2   |      |          |      | 1    |      |      |      |      |      |      | 2    |      |      |      |      |          | 5      |             |
| STAND            |                            |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      |      |      |      |          | 0      |             |
|                  | Totals                     | 51  | 46  | 44     | 26  | 32  | 53  | 37  | 22   | 32       | 15   | 63   | 44   | 40   | 34   | 39   | 63   | 48   | 58   | 49   | 34   | 54   | 39   | 29       | 952    | 40          |
|                  |                            |     |     |        |     |     |     |     |      |          |      |      |      |      |      |      |      |      |      |      | -    |      |      |          | 4.20%  | error rate  |

|            | September 2004                | 1            |  |  |  |                 |  |  |             | _ 9  | 36/  | G5.      | -(0      | 1 -           |  |          |          |          |             |          |                    | •  |          |             |
|------------|-------------------------------|--------------|--|--|--|-----------------|--|--|-------------|--|--|----------|----------|---------------|--|----------|----------|----------|-------------|----------|--------------------|--|----------|-------------|
|            | Description                   | 9/1          | 9/2  | 9/3  | 9/7  | 9/8             | 9/9  | 9/10   | 9/13        | 9/14   | 9/15   | 9/16     | 9/17     | 9/20          | 9/21   | 9/22     | 9/23     | 9/24     | 9/27        | 9/28     | 9/29               | 9/30   | Totals   | Unallowable |
| Admini     |                               | J/1          | J/ L   | 5/0  | J, ,   | 3/0             | 3/3  | 5/10   | 5/10        | J/ I-7   | 0,10   | 3710     | 3/1/     | 3/20          | J/ L I   | J/LL     | 3,20     | J/2-T    | JIEI        | 3/20     | J/ L J             | 3,00   | Totars   | Onanowabie  |
| 2          | Absence Note                  | 1            | <b>†</b>   | 1  | 1  |                 |  | 2  | 2           |  |  |          |          | 2             | 1  |          |          | 1        |             | 1        |                    |  | 12       | 12          |
| 3          | Absence Report                |              | 1  |  | 1  |                 | 1  |  |             |  |  |          | 1        | 2             |  |          |          |          | 1           |          |                    |  | 7        | 7           |
| 4          | Allied Health Record          | 5            | 7  | 11   | 12   | 6               | 11   | 11   | 3           | 17   | 8  | 6        | 3        | 3             | 5  | 2        | 3        | 2        | 2           | 4        | 1                  | 4  | 126      |             |
| 5          | Athletic PE Follow up         |              |  |  |  |                 |  |  |             |  |  |          |          |               |  |          |          |          | 1           |          |                    |  | 1        |             |
| 6          | Equipment Loan                |              |  |  |  |                 |  | 2  |             |  |  |          |          |               |  |          |          |          |             |          |                    |  | 2        |             |
| 7          | General info                  |              |  |  |  |                 |  |  | 2           |  |  |          |          | 1             |  |          |          |          |             | 1        |                    |  | 4        |             |
| 8          | HDCP Record                   |              |  |  | 1  | 1               |  |  |             |  |  |          |          | 2             |  |          |          |          |             |          |                    |  | 4        |             |
| 9          | Insurance Follow up           |              |  |  |  |                 |  |  |             |  |  |          |          |               |  |          |          |          |             |          |                    |  | 0        |             |
| 10         | Insurance Info                | 2            | 2  |  | 3  | 1               | 1  |  | 1           |  | 1  | 2        |          | 2             |  |          |          |          | 1           | 1        |                    |  | 17       |             |
| 11         | Parking Permit                | 2            |  | 2  |  | 1               |  |  | 2           |  | 1  | 1        |          | 1             | 2  | 3        |          |          | 1           | 1        | 3                  |  | 20       |             |
| 13         | W/D                           |              |  | 1  | 1  |                 |  |  |             |  |  |          |          |               |  |          |          |          |             |          |                    |  | 2        |             |
| 14         | Workman's Compensation        |              | 1  | ļ  |  | <u> </u>        |  |  |             |  |  |          |          | 11            |  |          |          |          |             | 1        |                    | 1  | 4        |             |
| 15         | Other                         | 3            | 1  | 2  | 2  |                 | 1  |  | 2           |  |  | 1        |          |               |  | 1        |          | · 1      |             | 1        | 2                  | 3  | 20       |             |
| 17         | Other                         | <u> </u>     |  | <u> </u>   |  |                 |  |  |             |  |  |          |          |               |  |          |          |          |             |          |                    |  | 0        |             |
|            | Assessment                    |              |  |  |  |                 |  |  |             | ļ  |  |          |          |               |  |          |          |          |             |          |                    |  | 0        |             |
| 101        | Cardiovascular                | L            | <u> </u>   |  | 2  |                 | 2  |  |             |  |  |          |          | 1             |  |          |          |          |             |          |                    | 1  | 6        |             |
| 102        | Dental                        | L            | <u> </u>   |  | ļ  |                 |  |  | 11          | 1  |  |          |          |               |  |          |          |          |             | 1        | 1                  |  | 4        |             |
| 103        | Dermatology                   | 1            | 2  | 5  | 5  | 2               | 3  | 4  | 5           | 1_1_   |  | 1        | 2        | 4             | 6  | 1        | 3        | 2        | 1           | 1        | 3                  | 1  | 53       |             |
| 104        | ENT                           | 1            | 1  | 1  |  | 1               | <u> </u>   |  |             | 3  |  | 1        |          | 1             |  |          | 2        | 11       | 2           |          | 2                  |  | 16       |             |
| 105        | Eye                           | 1            | ļ  | ļ  | 1  | 1               | 1  | ļ  |             |  |  |          |          | 1             |  |          |          |          |             | 1        | 1                  |  | 7        |             |
| 106        | Endocrine                     | <u> </u>     |  | <u> </u>   | ļ  | 1               | <del> </del>                                     |  |             |  |  |          |          | <u> </u>      |  |          |          | <u> </u> |             | 1        | ļ                  |  | 2        |             |
| 107        | GI                            | <u> </u>     | 1  | -  | <u> </u>   | 1               |  | 1  |             | 1  | 1  | 1        |          |               | 1  |          | ····     | 2        | 1           |          |                    |  | 10       |             |
| 108        | GU                            | <u> </u>     | <del> </del>                                     | 1  | 1  |                 | -  | ļ  | _           | <u> </u>   |  |          |          |               |  | 4        |          |          |             |          | ļ                  |  | 2        | 15          |
| 109        | GYN                           | -            | 2  | 1  | <del> </del>                                     | 4               | 1  |  | 3           | 3  |  |          |          | 3             | 2  | 1_1_     |          | 1        | 2           |          | 4                  | 2  | 15<br>14 | 15          |
| 110        | Headache                      | 1            |  | 1 -  | 1  | 1               | 1  |  |             |  | 2  |          | 2        | !             |  | 2        |          | 4        |             | 2        | 1                  | 3  | 27       |             |
| 111        | Musculoskeletal               |              | 1  | 3  | 1  | 2               | 3  | 1  | 2           | 2  |  | 1        |          | 1             |  | 2        |          | 1        | 1           |          | '                  |  | 10       |             |
| 112        | Neurological                  | $\vdash$     | ┼-   | 1  | <del>                                     </del> | 2               |  | 1  |             | <b> </b>   | <u> </u>   | 1        |          | <del>'-</del> |  | -        | 1        | 1        |             | 1        |                    | 1  | 9        |             |
| 113        | Respiratory<br>STD            |              | 1  | <del>  '</del> -                                 | -  | -               |  | <del>                                     </del> |             |  |  | 1        | 1        |               |  |          | <u> </u> |          |             |          |                    |  | 3        |             |
| 114<br>115 | Substance Abuse               | <del> </del> | <del> !-</del>                                   | -  | -  | ├               | <del> </del>                                     |  |             | <del> </del>                                     |  | <u> </u> |          |               |  |          |          |          | -           |          | <u> </u>           |  | 0        |             |
| 116        | Mental/Emotional              | <del></del>  | 1  | 1  | 2  | 1               | 1  | 2  |             | <u> </u>   | -  |          |          | -             | 1  |          |          |          |             | 1        | <b></b>            |  | 10       |             |
| 117        | Other                         | 1            | 1  | 2  | 1  | 1               | 2  | 1  | -           | 2  | 3  | 3        | 1        | 2             | 3  | 2        | -        | 1        | 1           | - '      | 1                  | 2  | 30       |             |
|            | eling-Education               | H            | <del> </del> -                                   | -  | ├-   | <del>- '-</del> | <del> </del> _                                   | <b></b> -  |             | <del></del>                                      |  | -        |          | -             |  | -        |          |          |             |          | <del> '</del>      | -  | 1 0      |             |
| 200        | AIDS info                     | <u> </u>     | 2  | ├  | ├  |                 | <del> </del>                                     |  |             | <del> </del>                                     | <b></b>  |          |          | <b></b>       | <del>                                     </del> |          |          | ļ        |             |          | <b></b>            |  | 2        |             |
| 202        | Health info                   | 4            | 3  | 3  | 14   | 5               | 9  | 4  | 7           | 11   | <u> </u>   | 4        | 1        | 5             | 2  | 4        | 4        | 5        | 4           | 16       | 1                  | 1  | 107      |             |
| 202        | Pregnancy                     | <del>-</del> | +∸   | <del>                                     </del> | 1  | ۲               | <del>ا ٽ</del>                                   |  |             | 1  |  |          | <u> </u> | <u> </u>      | -  | _        |          |          | -           | 3        | <del>  - ' -</del> | <del>  </del>                                    | 5        |             |
| 203        | Family Planning               | <b>—</b>     | <del> </del>                                     | 1  | <del>- '</del>                                   | <u> </u>        | <del>                                     </del> |  | 1           | <del>'-</del>                                    |  |          |          |               |  | 1        |          | 1        |             | 1        |                    |  | 5        |             |
| 205        | Mental Health                 |              |  | ┿  | <del>                                     </del> |                 | _  |  | 1           | ļ  | -  |          |          |               |  | <u> </u> |          | -        | 1           | 1        |                    |  | 3        |             |
| 207        | Sexuality                     | <b> </b>     |  |  | <del>                                     </del> | <del> </del>    | _  | <b>-</b>   | <del></del> | <del>                                     </del> |  |          |          |               |  |          |          |          | <u> </u>    | · ·      |                    | <del>                                     </del> | 0        |             |
| 208        | Stress                        | <u> </u>     | <del> </del>                                     | 1  |  | <del> </del>    | <del> </del> -                                   |  |             | 1  | 1  |          |          | l             |  | 2        |          |          |             | 1        | 1                  |  | 7        |             |
| 209        | Substance Abuse               | -            | <del>                                     </del> | <del>  '</del>                                   | 1  |                 | 2  |  |             | <del></del>                                      | <del>-                                    </del> |          |          | 1             |  |          | 1        |          | 1           | ┝╌┷╌┤    | <del></del>        | $\vdash$   | 6        |             |
| 210        | Nutrition                     | <b></b>      | 1  |  | 1 1  | 2               | 宀  | <b> </b>   |             | <del>                                     </del> | <b> </b>   |          |          | <u> </u>      | 1  | <b></b>  | •        |          | <del></del> | 1        |                    |  | 5        |             |
| 211        | Blood Borne Pathogen training | na<br>na     | †  |  | ╁  | <del>-</del>    | <del>                                     </del> |  |             | <b>-</b>   | <u> </u>   |          |          |               |  | <b></b>  |          |          | -           |          | · · · · · · ·      |  | 0        |             |
| 214        | STD Counseling                | 1            | <del>                                     </del> | 1  | 1  | l               | <b>—</b>   |  |             |  |  |          |          |               |  |          |          |          |             | 1        |                    |  | 4        |             |
|            | 5.2 300,100m/g                | <u> </u>     |  | · ·  | <u> </u>   |                 |  | L  |             |  |  |          |          | L             | L  |          |          |          |             | <u>.</u> |                    |  | <u> </u> |             |

|               | September 2004                | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          |             |      |             |  |                 |      | _ 5         |      | è5-      |       | *: Advantage of the S |      |             |               |             |         |              |                | <u>_</u> | <del></del> |                |
|---------------|-------------------------------|---|----------|-------------|------|-------------|--|-----------------|------|-------------|------|----------|-------|-----------------------|------|-------------|---------------|-------------|---------|--------------|----------------|----------|-------------|----------------|
|               | Description                   | 9/1                                     | 9/2      | 9/3         | 9/7  | 9/8         | 9/9  | 9/10            | 9/13 | 9/14        | 9/15 | 9/16     | 9/17  | 9/20                  | 9/21 | 9/22        | 9/23          | 9/24        | 9/27    | 9/28         | 9/29           | 9/30     | Totals      | Unallowable    |
|               | Other                         |   | J, L     | 0.0         | 5/ / | 5/0         | 1  | 1               | 3/10 | 1           | 3/13 | 3/10     | 3, 1, | J/ Z-0                | J/ L | JILL        | 3/20          | J/15-T      | 3/2/    | 3,20         | 1              | 3/30     | 4           | OTTATIOVVAISTE |
| Screeni       | <b>.</b>                      |   |          | _           |      | <del></del> | <del>                                     </del> | <del>- '-</del> |      | <del></del> |      |          |       |                       |      |             |               | ····        |         |              | <del> </del> - |          | 1 7         |                |
| 301           | Blood Glucose                 |   |          |             | 1    | 2           |  |                 |      |             | 1    | <u> </u> |       |                       |      |             |               | <del></del> | <b></b> |              | <del> </del>   |          | 4           |                |
| 302           | Blood Pressure                |   | 4        | 1           | 2    | 5           | 7  |                 | 1    | 3           |      | 2        |       | 3                     | 1    | 2           | 1             |             | 2       | 1            |                | 1        | 36          |                |
| 303           | Hearing                       | -                                       | <u> </u> | <u> </u>    |      | Ť           | <u> </u>   |                 | 1    |             |      |          |       |                       | ·    | <del></del> | H             |             |         | <del> </del> |                | •        | 1           |                |
| 304           | Height                        |   |          | <u> </u>    |      |             |  |                 |      |             |      |          |       |                       |      | 4           |               |             |         | <b></b>      | t              |          | 4           |                |
| 305           | TB Skin Test                  | 10                                      |          |             | 15   | 11          |  | 7               | 18   | 13          | 1    |          | 1     | 11                    | 3    |             |               | 5           | 4       | 5            | 1              |          | 105         |                |
| 306           | TB Skin Test Reading          | 5                                       | 13       | 15          |      |             | 12   | 14              | 6    |             | 11   | 14       | 3     | 1                     |      | 3           | 10            | 3           | 5       |              | 4              | 2        | 121         |                |
| 307           | TB Symptoms Review            |   |          | · · · · · · |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 308           | Temperature                   |   | 1        |             |      | 4           |  |                 | 1    | 1           |      | 1        |       | 1                     |      |             |               | 1           |         |              |                | 1        | 11          |                |
| 309           | Vision                        |   |          |             |      |             | 1  |                 |      | 1           |      |          |       |                       |      |             |               |             |         | 1            |                |          | 3           |                |
| 310           | Weight                        | 1                                       | 1        | 1           | 1    |             | 3  |                 |      |             |      | 2        |       |                       | 2    |             |               |             | 1       | 1            |                | 1        | 14          |                |
| 311           | Pregnancy Test                |   |          |             |      |             |  | 1               |      |             |      |          |       |                       |      |             | · · · · · · · |             |         | 1            |                |          | 2           |                |
| <u>Immuni</u> |                               |   |          |             |      |             |  |                 |      |             |      | - :      |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 400           | Tetanus                       | 4                                       |          | 1           | 1    | 2           | 1  | 1               |      | 1           |      |          |       |                       |      | 2           | l             |             |         | 1            |                |          | 14          | 14             |
| 401           | MMR                           | 1                                       |          |             | 1    |             |  |                 |      | 2           | 1    |          | 1     |                       |      |             |               |             |         | 1            |                |          | 7           | 7              |
| 402           | Hep B                         |   | 2        |             | 1    | 1           |  |                 | 1    | 1           |      | 2        |       |                       | 1    | 1           | 1             |             |         |              |                |          | 11          | 11             |
| First Aid     |                               |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 500           | First Aid Minor               | 2                                       | 2        | 5           | 5    | 2           | 1  | 2               | 2    |             | 1    | 1        | 2     | 4                     | 3    | 2           | 2             | 2           | 3       |              | 1              | 1        | 43          |                |
| 501           | First Aid Major               |   |          |             |      |             | 1  |                 |      |             |      |          |       |                       |      |             |               |             |         | 1            | 1              | 1        | 4           |                |
| 502           | Follow-up Visit               | 1                                       |          |             |      | 1           | 1  |                 |      | 1           |      |          |       |                       |      |             |               |             |         |              |                |          | 4           |                |
| 503           | Medication                    | 2                                       | 2        | 3           | 1    | 3           | 5  |                 | 3    | 1           |      | 1        | 2     | 1                     | 4    | 1           |               |             |         | . 1          | 1              | 5        | 36          |                |
| 504           | Rest                          |   | 1        | 1           | 2    |             | 2  |                 | 1    | 1           | 1    | 2        | 1     |                       |      | 1           | 1             | 3           | 1       | 2            | 1              |          | 21          |                |
| 505           | Special HDCP Care             |   |          |             |      | 1           |  |                 |      | 1           | 1    |          |       |                       |      |             |               |             |         |              |                |          | 3           |                |
| 506           | Other (Band aids, sewing kits | , pins                                  | 1        | 1           |      | 1           | 1  | 2               | 2    | 4           | 1    | 1        | 1     | 1                     | 3    | 3           | 3             | 1           |         |              | 1              |          | 27          |                |
| Emerge        |                               |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 600           | Health Center                 |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 601           | Campus                        |   | 1        |             |      |             | 1  |                 |      | 1           | 2    |          |       |                       | 1    |             |               |             |         |              |                | 1        | 7           |                |
| 604           | Calling an ambulance          |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| Referra       | ls - Consults                 |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 700           | ARC Counselor                 |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 701           | County Clinic                 |   |          |             |      |             | 1  |                 | 1    | 1           | 2    |          |       | 1                     |      |             |               | 1           |         | 1            |                |          | 8           |                |
| 702           | Immediate Care Clinic         |   |          | 1           |      |             | 1  |                 |      | 2           |      | 1        |       | 2                     |      |             |               |             |         | 3            |                | 1        | 11          |                |
| 703           | Community Resource            | 1                                       | 1        | 2           | 4    | 1           | 3  |                 | - 4  | 1           |      | 1        | 1     | 5                     | 1    | 1           |               | 2           | 1       | 4            |                |          | 33          |                |
| 704           | County Agency                 |   |          |             |      |             | 1  |                 |      |             |      |          |       |                       |      |             |               |             | 1       |              |                |          | 2           |                |
| 705           | Dentist                       |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         | 1            |                |          | 1           |                |
| 706           | Emergency Room                |   | 1        |             |      |             |  |                 |      |             | 1    |          |       |                       |      |             |               |             |         |              |                | 1        | 3           |                |
| 707           | Kaiser                        |   |          |             | 1    |             | 2  |                 | 1    | 1           |      |          |       |                       | 1    |             |               |             | 1       |              |                | 1        | 8           |                |
| 708           | MediCal                       |   |          |             |      |             |  |                 |      |             |      |          |       | 2                     |      |             |               |             |         |              |                |          | 2           |                |
| 709           | Military                      |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |
| 710           | Private Doctor                | 1                                       | 1        | 2           | 4    | 4           | 3  | 3               | 1    | 2           | 3    | 1        |       | 2                     |      | 3           |               |             | 3       | 2            | 3              | 1        | 39          |                |
| 711           | Self Care                     |   |          | 2           | 1    | 3           | 2  | 1               | 2    |             | 1    |          | 1     |                       | 3    |             | 1             |             |         | 1            | 2              | 1        | 21          |                |
| 713           | Other                         |   |          |             |      |             | 1  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 1           |                |
| 715           | ARC instructor                |   |          |             |      |             |  |                 |      | 1           | 1    | 1        |       |                       |      |             |               |             |         |              |                |          | 3           |                |
| 716           | ARC DSP&S                     |   |          |             |      |             |  |                 |      |             |      |          |       |                       |      |             |               |             |         |              |                |          | 0           |                |

Analysis of Level of Health Services - ARC

|               | September 2004             | <b>-</b> |     |     |     |     |     |      |      | ′  | 26/ | 65   | -6v. | 1 —  |      |      |      |      |      |      |      | İ    |        |              |
|---------------|----------------------------|----------|-----|-----|-----|-----|-----|------|------|----|-----|------|------|------|------|------|------|------|------|------|------|------|--------|--------------|
| Code          | Description                | 9/1      | 9/2 | 9/3 | 9/7 | 9/8 | 9/9 | 9/10 | 9/13 |    |     | 9/16 | 9/17 | 9/20 | 9/21 | 9/22 | 9/23 | 9/24 | 9/27 | 9/28 | 9/29 | 9/30 | Totals | Unallowable  |
| 717           | ARC Other                  |          |     |     |     |     |     |      |      | 1  | -   |      | 1    |      |      |      |      |      |      |      | -    |      | 2      |              |
| 718           | Lab. Referral              |          |     | 1   |     |     |     | 1    | 1    | 2  | 1   | 1    |      |      | 2    | 2    |      |      |      |      |      |      | 11     |              |
| <u>Medica</u> | <u>itions</u>              |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 0      |              |
| 800           | Acetaminophen              | 1        |     |     | 1   | 1   | 1   |      |      | 5  |     | 2    | 3    | 1    |      | 2    | 1    |      |      |      | 1    | 3    | 22     |              |
| 801           | Antihistamine              |          |     |     |     |     | 1   |      |      | İ  |     |      |      | 1    |      |      |      |      |      |      |      |      | 2      |              |
| 802           | Aspirin                    |          |     | 1   |     |     | 1   |      | 1    |    |     | 1    |      |      |      |      |      |      | 1    |      | 1    |      | 6      |              |
| 803           | Benadryl                   |          |     |     | 1   | 1   |     |      |      |    |     |      |      |      |      |      | 1    |      |      |      |      |      | 3      |              |
| 804           | Blistex Ointment           | 1        |     |     |     | 1   |     | 1    | 1    |    |     |      | 1    |      |      |      |      | 1    |      |      |      |      | 6      |              |
| 805           | Bronchodilator             |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 0      |              |
| 806           | Caladryl                   |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 0      |              |
| 808           | Cough Drops                |          |     |     |     | 1   |     |      |      |    |     |      |      |      |      |      |      |      | 1    | 2    | 1    |      | 5      |              |
| 810           | Eyewash                    |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      | .1   |      |      | 1      |              |
| 812           | Hydrocortisone             |          |     |     | 1   |     |     |      | 2    |    |     |      |      |      | 1    |      |      |      |      |      |      |      | 4      |              |
| 813           | Ibuprofen                  | 2        | 1   | 1   |     | 2   | 5   |      | 1    | 3  | 2   |      |      | 1    | 2    | 1    |      |      | 1    | 1    | 2    | 4    | 29     |              |
| 814           | Immodium                   |          | 1   |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 1      |              |
| 815           | Liquid Tears               |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      | L    |      |      |      |      |      | 0      |              |
| 816           | Maalox                     |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 0      |              |
| 817           | Nycoff                     |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 0      |              |
| 818           | Pepto Bismol               |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      | 1    | 1    |      |      | 2      |              |
| 821           | Pseudophedrine             |          | 1   |     | 1   | 1   |     | 1    |      |    | 1   | 1    |      |      | 1    |      | 1    |      | 1    | 2    | 2    |      | 13     |              |
| 823           | Triple Antibiotic Ointment | 1        |     | 1   |     | 1   |     |      |      |    |     |      |      |      | 3    |      |      |      |      | 1    |      |      | 7      |              |
| STANE         | O Quit kit                 |          |     |     |     |     |     |      |      |    |     |      |      |      |      |      |      |      |      |      |      |      | 0      |              |
|               | Totals                     | 56       | 61  | 78  | 98  | 79  | 100 | 64   | 83   | 95 | 49  | 58   | 29   | 71   | 56   | 48   | 36   | 38   | 47   | 77   | 41   | 45   | 1309   | 66           |
|               |                            |          |     |     |     |     |     |      |      |    |     |      |      |      |      | -    |      |      |      |      |      |      | 5.04   | % error rate |

5.04% error rate 2G 2

## LEGEND FOR CODES USED BY ARC

|               | = v ··· v                                |          |   |
|---------------|--|----------|---|
| #             | ADMINISTRATIVE (0-99)                    | #        | IMMUNIZATIONS (400 - 499)                 |
| 02            | Absence Note                             | 400      | Tetanus                                   |
| -             | Accident Report                          |          | MMR                                       |
|               |  |          |   |
|               | Allied Health Record                     | 402      | Hepatitis B                               |
|               | Athletic PE Follow up                    | <u> </u> |   |
| 06            | Equipment Loan                           | #        | FIRST AID-CARE (500 - 599)                |
| 07            | General Information                      | 500      | First Aid Minor                           |
| 08            | HDCP Record                              | 501      | First Aid Major                           |
| 09            | Insurance Follow up                      | 502      | Follow-up Visit                           |
|               | Insurance Information                    |          | Medication                                |
|               | Parking Permit                           |          | Rest                                      |
| -             | P.E. Waiver                              |          |   |
|               |  |          | Special HDCP Care                         |
|               | W/D                                      | 506      | Other (Band Aids only, sewing kits, pins) |
|               | Workman's Compensation ·                 | <u> </u> |   |
| 15            | Other                                    | #        | EMERGENCIES (600 - 699)                   |
| ш             |  | 600      | Health Center                             |
| #             | HEALTH ASSESSMENT (100 - 199)            | 601      | Campus                                    |
| 101           | Cardiovascular                           |          |   |
|               | Dental                                   | #        | REFERRALS-CONSULTS (700 - 799)            |
|               |  | <u> </u> |   |
|               | Dermatology                              |          | ARC Counselor                             |
| 104           | <del></del>                              |          | County Clinic                             |
| 105           |  | 702      | Immediate Care Clinic                     |
| 106           | Endocrine                                | 703      | Community Resource                        |
| 107           | GI                                       | 704      | County Agency                             |
| 108           | GU                                       |          | Dentist                                   |
| 109           | GYN                                      | 706      | Emergency Room                            |
|               | Headache                                 |          | Kaiser                                    |
|               | Musculoskeletal                          |          | MediCal                                   |
|               |  |          |   |
|               | Neurological                             |          | Military                                  |
|               | Respiratory                              |          | Private Doctor                            |
| 114           | STD                                      | 711      | Self Care                                 |
| 115           | Substance Abuse                          | 712      | UCDMC                                     |
| 116           | Mental/Emotional                         | 713      | Other .                                   |
| 117           | Other                                    | 7f4      | ARC Administrator                         |
| $\Box$        |  | 715      | ARC Instructor                            |
| #             | COUNSELING-EDUCATION (200 - 299)         |          | ARC DSP&S                                 |
|               | AIDS Information                         |          | ARC Other                                 |
|               | Career                                   |          |   |
| <del></del>   |  |          | Lab. Referral                             |
|               | Health Information                       | #        | MEDICATIONS (800 - 899)                   |
| $\overline{}$ | Pregnancy                                |          | Acetaminophen                             |
| 204           | Family Planning                          | 801      | Antihistamine                             |
| 205           | Mental Health                            | 802      | Aspirin                                   |
| 206           | Eating Disorder                          | 803      | Benadryl                                  |
| 207           | Sexuality                                | 804      | Blistex Ointiment                         |
|               | Stress                                   |          | Bronchodilator                            |
|               | Substance Abuse                          |          | Caladryi                                  |
| _             | Nutrition Supstance Abuse                |          |   |
|               |  |          | Coricidin                                 |
|               | Blood Borne Pathogen training            |          | Cough Drops ·                             |
|               | Classroom presentations                  |          | Epipen                                    |
|               | Non-Violent Crisis Intervention training |          | Eyewash ,                                 |
| 214           | STD Counseling                           | 811      | Glucose                                   |
| 215           | Other                                    | 812      | Hydrocortisone                            |
| #             | SCREENING (300 - 399)                    | 813      | Ibuprofen .                               |
| _             | Athletic Physical                        |          | lmodium                                   |
|               | Blood Glucose                            |          | Liquid Tears                              |
|               | Blood Pressure                           |          | Maalox                                    |
|               |  |          |   |
| $\overline{}$ | Hearing                                  |          | Nycoff                                    |
|               | Height                                   |          | Pepto Bismol                              |
|               | TB Skin Test                             |          | Riopan                                    |
| 306           | TB Skin Test Reading                     | 820      | Saline Solution                           |
| 307           | TB Symptoms Review                       |          | Pseudoephedrine                           |
|               | Temperature                              |          | Tinactin                                  |
|               | Vision                                   |          | Triple Antibiotic Ointment                |
|               | Weight                                   | 010      | 1   |
|               |  |          |   |
| 311           | Pregnancy Test                           |          |   |

Dutrict's tally of services

\* ADMINISTRATION :-

| Cat. 2002  | • • ·   |
|--|---|
| # ADMINISTRATIVE (0-99)  | # IMMUNIZATIONS (400 - 499)   |
| 02 4777  | 400 HTLHILLTU   |
| 03 //  | 401   |
| 04 HH H H H  | 402 111   |
| 05   | -   - <del>  192</del>  |
| 06 //  | # FIRST AID-CARE (500 - 599)  |
| 07   | 500 HTMTILL 14  |
| 08   | 501 111 3   |
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| 10   | 502 503 HHHHHHH 1 16  |
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| 13   11  | 506   |
| 14   1   |   |
| 15 HH HH H   | # EMERGENCIES (600 - 699)   |
| 17   | 600 (   |
| # HEALTH ASSESSMENT (100 - 199)  | 601 LHFL [  |
| 101  | 602   |
| 102  | 603   |
| 103 74 11 11 11 11 11  | 31 604 )  |
|  | 5   |
| 105  | # REFERRALS-CONSULTS (700 - 799)  |
| 106  | 700   |
| 107 1111   | b 701 1/11  |
| 108  | 702   |
|  | 4 703 1111  |
| 110 (27) (13)  | 704   |
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| 112  | 3 706 11 3  |
| 113 141 111  | 11 707 4471 7   |
| 114  | 708 1   |
| 115  | 709   |
| 116  | U 710 HHHHHHHIL 16  |
| 447 1-19   | 1 C 1 to 61 14-4 . 7  |
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| 120  | 711 111 11 17 17 17 17 17 17 17 17 17 17  |
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| 136  | 712   |
| # COUNSELING-EDUCATION (200 - 299)   | 712<br>713  |
| # COUNSELING-EDUCATION (200 - 299) 200 201   | 712<br>713<br>714   |
| # COUNSELING-EDUCATION (200 - 299) 200 201 202 202 203   | 712<br>713<br>714<br>715  |
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| # COUNSELING-EDUCATION (200 - 299) 200 201 C 202 203 204 411 205 206 207   | 712 713 714 715 716 717 716 717 717 717 717 717 717 717   |
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Date\_TUESDAY, OCTOBER 1, 2002

| 1     |                                |   |   |          |   | Staff use only                 |      |
|-------|--------------------------------|---|---|----------|---|--------------------------------|------|
| Time  | Name                           | LAST 4 DIGITS                               | F | M        |   | Code                           | WDI  |
|       | Please Print First & Last Name | ONLY<br>(of your Social<br>Security number) |   |          | <ul><li>(1) Student</li><li>(2) Staff</li><li>(3) Child</li><li>(4) Other</li></ul> | ·                              |      |
| 8:06  |                                |   | 1 |          | 2   | 800                            | GF   |
| 9:00  |                                |   |   | -        | ľ   | 715                            | G.F. |
| 9:06  |                                |   |   | 1        | \- <u></u>  | Head #1 400 you<br>Totanu MMIR | 20:1 |
| 9:15  |                                |   |   | 1        | 2   | 105/711                        | MPI  |
| 9:20  |                                |   |   |          | 1-  | ere 1<br>105                   | me   |
| 9:30  |                                |   | K |          | (   | 15                             | C.F. |
| 10:00 |                                |   |   |          | 1   | 821                            | GF.  |
| 1046  |                                |   |   |          | · .   | 202                            | mP   |
| 11:20 | To the same                    |   |   |          | 1.  | 503/813                        | GF   |
| 1.20  |                                |   |   | L        | (   | 15                             | 951  |
| 11:30 |                                |   |   |          | <u> </u>  | 113                            | me)  |
| 11:55 |                                |   |   |          | ļ   | 107/711/710                    | W.P. |
| 11.54 |                                |   |   | <u> </u> |   | 302/821                        | GF.  |

Note: one page pro335ed as an example

### **HEALTH CENTER**

TUESDAY, OCTOBER 1, 2002 Date

|              |                                     |            | <del></del>       |          |   | Staff use only |      |
|--------------|-------------------------------------|------------|-------------------|----------|---|----------------|------|
| Time         | Name Please Print First & Last Name |            | F                 | M        | Specify (1) Student (2) Staff (3) Child (4) Other | Code           | WDI  |
|              | 2005                                |            |                   |          | ί   | 202            | GF   |
| 1:05<br>1:15 |                                     |            | <u> </u>          |          | 1   | 202/401        | G.F. |
| 8            |                                     |            |                   |          |   |                |      |
| 12:30        |                                     |            |                   | <u> </u> | •-  | <u>it</u>      | G.F  |
| 12:4         |                                     |            |                   | X        | ے   | 305            | MC.  |
| 12:45        |                                     |            | X                 |          | Student   | 305            | : ٥ڙ |
| 1:35         |                                     |            | $\frac{\times}{}$ |          | 2   | 501            | GF   |
| 2:13         |                                     |            |                   | X        | 2   | 302            | 6F   |
| 2:18         |                                     |            | 1                 |          | 2)  | 302            | 6 i= |
| 2125         |                                     |            | V                 |          | 2   | 503/83/823     | gv"  |
| 2:40 5       | Assis                               |            | <u>~</u>          |          | 2   | 302            | GF   |
| 3: vg.       |                                     |            | <u> </u>          |          | 1.  | 202            | QV   |
|              |                                     |            |                   |          | ·   |                | 2    |
|              |                                     | -26/11-11a |                   |          |   | 1 1            | 2    |

Note: one passe provided as an example

|            | 03         | TANK   |   | 401        | W radE                                       | 9 201  | Page60_      |
|------------|------------|--|---|------------|--|--|--------------|
| 1111411111 | 04         | HITHTHE LITERATION WITH  |   | 402        | I W MI                                       | 10   | rage         |
| Illy State |            |  |   |            | First Aid-Care (500 –599)                    |  |              |
|            | 06<br>07   |  |   | 500        | LAT LAT LAT LAT LAT                          | 30   |              |
|            | 08         |  |   | 502        | 1111   |  |              |
| $\int$     | 09         |  |   | 503        | HAT WITH WAT LATE I                          |  |              |
|            | 10         | HT HT HT HT HT   |   | 504        | HICH HOLE LIT                                |  |              |
|            | 11         | IM 144 11"   |   | 505        | HILL   |  |              |
|            | 12         |  |   | 506        | Emergencies (600-699)                        | <del>                                     </del> |              |
|            | 14         |  |   | 600        | Emergencies (000-099)                        | <b> </b> -                                       |              |
|            | 15         | HATHT HT III   |   | 601        | utt  |  |              |
|            |            | Health Assessment (100-199)  |   | 602        |  |  |              |
|            | 101        |  |   | 603        |  |  |              |
|            | 102        | WY I   | 7                                       | 604        | 7.6 1.6 (700 700)                            |  |              |
|            | 103<br>104 |  | 40<br>31                                | 700        | Referrals-Consults (700-799)                 | 1  |              |
|            | 105        | Will II  | 31                                      | 701        | Lett   | 6  |              |
|            | 106        | 111  | 3                                       | 702        | LIFT LITTLE                                  | 20   |              |
|            | 107        | Utr ()   | j                                       | 703        | HIT HIT HE LITE LITE LITE LITE LITE          | 42   |              |
|            | 108        |  | 1                                       | 704        | 11   | 2  |              |
|            | 109<br>110 |  | 9                                       | 705<br>706 | 111  | 0  |              |
|            | 111        | 141 HT 141 111   | 23                                      | 707        |  | 3  |              |
|            | 112        | MALE III   | 9                                       | 708        |  |  |              |
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|            | 115<br>116 |  | • | 711        | HTH WITH III                                 | 23   |              |
|            | 117        | ur HT \\\  | <u>ک</u><br>13                          | 713        | 11   | 2  |              |
| (          | 11/        | Counseling-Educa. (200-299)  | 13                                      | 714        |  |  |              |
|            | 200        |  |   |            | 111  | 3  |              |
| MAKKAKAK   | 201        |  |   | 716        |  | 1  | İ            |
| W W W W W  | 202        | IN THE THE THE PARTY THE PARTY THE   | 88                                      | 717        | 75 11 11 (000 000)                           | 2  | 718 1411 = 7 |
| Mu Wea     | 203<br>204 | 11   | 2                                       | 800        | Medications (800-899)                        |  |              |
|            |            |  | 3                                       | 801        | HTHTHIII                                     |  |              |
|            | 206        |  |   | 802        | HTI  |  |              |
|            | 207        |  | Ī                                       | 803        |  |  |              |
| ·          | 208        | ut III   | 9                                       | 804        | <u>[                                    </u> |  |              |
| •          | 209<br>210 |  | 3                                       | 805<br>806 | District's Tally                             | -  | •            |
|            | 211        |  | 1                                       | 807        | District to Tarrier                          |  |              |
|            | 212        |  | <b>\</b>                                | 808        | III of Services                              |  |              |
|            | 213        |  |   | 809        |  |  |              |
|            | 214        | HUI]   | 8                                       | 810        | March 2004                                   |  |              |
|            | 215        | Wit 111  | 8                                       | 811        |  |  |              |
|            | 300        | Screening (300-399)  |   | 812        | HT HILL                                      |  |              |
|            |            | HTO  |   | 814        | NO MINI                                      |  |              |
|            | 302        | WE LITE LITER IN   | 28                                      | 815        |  |  |              |
|            | 303        |  |   | 816        |  |  |              |
|            | 304        | Well word with the transfer of |   | 817        |  |  |              |
|            | 305<br>306 | HALLER HA | 47                                      | 818<br>819 |  |  |              |
|            | 307        | HILIM HITHIUM BATTUM BYTTUM  | 75                                      | 820        |  |  |              |
| İ          | 308        | HITHIII  |   |            | HT HT  |  |              |
|            | 309        |  |   | 822        |  |  |              |
| 1 11       | 310        | HT I   |   | 823        |  |  | ı            |

STAND LITHUMII

Date MONDAY, MARCH 1, 2004

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| Time  | Name                           |
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| 8:55  | 201                            |
| 9.00  |                                |
| a:10] |                                |
|       |                                |
| 9:20  |                                |
| 9:32  |                                |
| 9:40  | 44                             |
| 9:45  |                                |

|           | _ <u>i</u>             | Staff use only            |      |
|-----------|------------------------|---------------------------|------|
| M         |                        | Code                      | WDI  |
|           | (1) Student            |                           |      |
|           | (2) Staff<br>(3) Child | -                         | :    |
| Ì         | (3) Child<br>(4) Other | -                         |      |
|           | 3                      | COC Note                  | MP.  |
| <u></u>   |                        | Hore                      | 14// |
| V         | (                      | 813                       | G.F. |
| <u> </u>  |                        | 308/504                   | ne:  |
|           | 2                      | 306                       | GF.  |
|           |                        | STAND                     | GF   |
|           | 1                      | .500                      | GF   |
|           | 1                      | 20                        | GT-  |
|           | )                      | 306                       | CF.  |
| <u>レ</u>  |                        | 111 500 /200              | MP   |
| $\succeq$ | 12                     | 305                       | mp   |
|           | 1                      | 104/308/711<br>OH/308/711 | mp   |
|           | 2                      | 305                       | an?  |
|           | 1                      | 04                        | G.F  |

Pate 414 Page

Med 18/04e! 0338 day provided as an example.

| Time   | Name                           |
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|        | Please Print First & Last Name |
| 10 22. |                                |
| 10:25  |                                |
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| 11:10  |                                |
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| 1135   |                                |
| 11:40  |                                |
| 11,56  |                                |
| 1300   |                                |
| 13/5   |                                |

|          |   | Staff use only |      |
|----------|---|----------------|------|
| M        | Specify (1) Student (2) Staff (3) Child (4) Other | Code           | WDI  |
|          | 2   | 802            | CF   |
| 1.       | 1   | 103/11/718     | MP   |
|          | 1   | OLEN-Shoulder- | GF.  |
| \        |   |                | MP   |
| ; ·      | 1.  | 601/706/112    | JO.  |
|          | l'  | 366            | CF.  |
| · · ·    | 2.  | 117            | GF   |
|          | 1   | 13             | G.F  |
|          | 2   | 504            | G.F. |
|          |   | 500            | GF   |
| X        | 1   | 305            | D)   |
| <u> </u> | 1   | ou             | GF.  |
|          | 1   | 103/500/202    | MP.  |

- 36 |50-52 339

HEALTH CENTER

Date MONDAY, MARCH 1, 2004

|      | ,                              |       | <u> </u> |                        | Staff use only |            |
|------|--------------------------------|-------|----------|------------------------|----------------|------------|
| Time | Name                           | F     | M        | Specify (1) Student    | Code           | WDI        |
|      | Please Print First & Last Name |       |          | (2) Staff<br>(3) Child |                |            |
|      |                                |       | <u> </u> | (4) Other              |                |            |
| 1:15 |                                |       |          | <u> </u>               | 10             | GF         |
| 1:26 |                                | V     | 1_       | 2                      | 308            | G.F.       |
| 1:45 |                                | V     | 1_       | 1                      | 305            | JO.        |
| 1:58 |                                | V     | 1_       |                        | mmz            | <u>m?.</u> |
| 2:10 |                                |       |          | 1                      | 306            | GF         |
| 3:05 |                                |       | X        | 1                      | 802/504        | 90         |
| 6:30 |                                |       | X        |                        | Offrez         | 90         |
| 6:42 |                                |       | X        | 1                      | Cy/718         | 90         |
|      |                                | ,<br> | <u> </u> |                        | /'             |            |
|      |                                |       |          |                        |                |            |
|      | :                              |       |          |                        |                |            |
|      |                                |       |          |                        |                |            |
|      |                                |       |          |                        |                |            |

| 2004   | 02         | HEART I  | il       | 400        | 41 HT 111 2210 410           | 104      | Page          |
|--|------------|--|----------|------------|------------------------------|----------|---------------|
|  | 03         |  | 7        | 401        | itt iii                      | 9        | •             |
| HILING HITH HE   | 05         | HT HT HT HT HT HT HT HT  | 177      | 402        | First Aid-Care (500 –599)    |          |               |
| M. CHI THINK   | 06         | Ň.   | 2_       | 500        | HE HE HE LIFTHE WILL         | 44       |               |
| MINAMIN  | 07         | H  | 5        | 501        | <u> </u>                     | 3        |               |
|  | 08         | NII.   | 4_       | 502        |                              | 4        |               |
|  | 10         | HTHUTI   | 17       | 504        | HITHER HETHER HETHER         | 35<br>18 |               |
|  | 11         | WARTURINI  | 21       | 505        | 1111                         | 3        |               |
| }  | 12         | 11   |          | 506        | WITH HTHEMIL                 | 27       |               |
|  | 13         |  | 3        | 600        | Emergencies (600-699)        |          |               |
|  | 15         | LACHT LATIM  | 20       | 601        | WI                           | 7        |               |
|  |            | Health Assessment (100-199)  |          | 602        |                              |          |               |
| 1  | 101        | Ht1  | 6        | 603        |                              |          |               |
| - 1111   | 102        |  | 4        | 604        | Referrals-Consults (700-799) |          |               |
| 52 1LHT  | 104        | HI HIM   | -312L    | 7.00       | Refer als-Consults (700-799) |          |               |
|  | 105        | HT1  | 7        | 701        | HTIO                         | 8        |               |
| <u> </u>   | 106        | II III III III III III III III III III   | 2        | 702        |                              | 11       |               |
|  | 107<br>108 | HILLII   | 11       | 703<br>704 | HETHEHEHEHEMAN               | 31       |               |
| ļ  |            | HHHIII   | 14       | 705        |                              | 1        |               |
|  | 110        | LET LET LET  | 15       | 706        |                              | 4        |               |
|  | 111        |  | 25       | 707<br>708 | HT II                        | 7        |               |
|  | 113        |  | 9        | 709        |                              | 3        |               |
|  | 114        |  | 3        | 710        | ATTITUTE HE LANDING          | 40       |               |
|  | 115        |  |          | 711        | HT HT HT                     | 20       |               |
|  | 116        |  | 10<br>28 | 712<br>713 |                              | i        |               |
| `·   | 11/        | Counseling-Educa. (200-299)  | 40       | 714        |                              | •        |               |
| WITHHIAT   | 200        |  | 2        | 715        | N                            | 2_       | ,             |
|  | 201        |  | •        | 716        |                              |          | mio: titetim. |
| HICHT HILLIAM HICH   | 202        |  | 105<br>5 | 717        | Medications (800-899)        | 2        | 718: 州州二      |
|  |            | HH   | 5        | 800        | HTHTHILII                    | 21       |               |
| -  | 205        |  | 3        | 801        | W                            | 2        |               |
|  | 206        |  |          | 802        | Ht                           | 5        | a.            |
|  | 207        | HT II  | -1       | 803<br>804 | PHT .                        | 3        |               |
| -  | 209        | LHTI   | 7        | 805        | Duk ! II                     | <u> </u> |               |
|  | 210        |  | 4        | 806        | 1 Postuce S                  | i        |               |
|  | 211        |  |          | 807<br>808 | IIII tally of services       | 4        |               |
|  | 213        |  |          | 809        | THE POOL OF THE VICES        | 7        |               |
|  |            | 1(1)   | ч        | 810        | Sont and                     | 1        |               |
|  | 215        |  | 4        | 811        | JP1. 204                     |          |               |
|  | 300        | Screening (300-399)  |          | 812<br>813 |                              | 29       |               |
| -  | 300        | 1111   | u        | 814        | HTHTHTHTHIII                 | 7        |               |
|  | 302        | HE WELLEN HE WEL | 35       | 815        |                              |          |               |
| MATHE  | 303        |  |          | 816        |                              |          |               |
| THE THE PERSON NAMED IN COLUMN TO PERSON NAM | 304        | HA HATHATHATHATHATHATHAT   | 107      | 817<br>818 |                              | 2        |               |
| THE THE  | 306        |  | 115      | 819        |                              |          |               |
| HIM HY HATH  | -307       |  |          | 820        |                              |          |               |
| HILHIH   | 308<br>309 | HT 1111  | 9        | 821<br>822 | LHT IHT                      | ĵį       |               |
| · [  |            | II WATHTIII  | こ<br>i3  |            | 4H 1                         | 7        |               |
| L  | 311        | II .   |          |            | C                            | L        |               |
| LIMMI: TWATS.  | ti Ilmia   | Mr. Arts   | 34       | • 1        |                              |          |               |

Wed., Sept. 1, 2004 Date

Welcome Day Booth

| Time  | Name   |
|-------|--|
|       | Please Print First & Last Name   |
|       |  |
| 7.80  |  |
| 7:30  |  |
| 3.40  |  |
| 8:45  |  |
| 8,55  |  |
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| 95    |  |
| 9,00  |  |
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| /0:00 |  |

| 10- | 2   | Staff use only         |       |
|-----|---|------------------------|-------|
| M   | Specify (1) Student (2) Staff (3) Child (4) Other | Code                   | WDI   |
|     | ١   | 305                    | Sυ    |
|     |   | 305                    | 381   |
|     | (   | 500                    | 80    |
|     | 1   | 305                    | mp.   |
|     | 1   | 05                     | (S.F. |
| /   | \   | 366                    | G.F   |
|     |   | 305                    | MP    |
| /   | . 1   | 103/500<br>502/503/823 | 20    |
|     | 2   | 305                    | MP    |
|     | (1)   | 305                    | MP    |
|     | 1   | Mid<br>110/505/813     | عل ا  |
|     | •   | 804 /                  | CF.   |
|     | İ   | 800                    | GŦ.   |

Nok! One day 22 provided as an example

### HEALTH CENTER

Date\_\_\_\_\_\_\_ Sept. 1, 2004

|        |                                  |                           | · |                          | Staff use only |      |
|--------|----------------------------------|---------------------------|---|--------------------------|----------------|------|
| Time   | Name "                           | · F                       | M | Specify                  | Code           | WDI  |
|        | Please Print First & Last Name   |                           |   | (1) Student<br>(2) Staff |                |      |
|        | ricase Frint Prist & Bast Ivanic |                           |   | (3) Child                |                |      |
|        |                                  | <b></b>                   |   | (4) Other                | ·              |      |
| 1015   |                                  | ~                         | _ | Studen                   | 104 710gg      | mp   |
| 11:45  |                                  | $\chi$                    |   | Student                  | Tetanus        | OP   |
| 10,50  |                                  | X                         |   | Staff                    | 310            | GF   |
| 10:55  |                                  | ×                         |   | 100                      | - 15           | MP.  |
| 11:15  |                                  | _                         |   | l                        | 04             | GF   |
| 11:18  |                                  | <del> </del>              | X | 2                        | 306/202        | G.F. |
| 13/22  |                                  | $\frac{\lambda}{\lambda}$ |   |                          | 214/703        | MP   |
| 11:25  |                                  | ;                         | X | 1                        | Tetanin.       | mP   |
| 11140  |                                  | <u> </u>                  |   | 1                        | STAND          | GF   |
| 1): 47 |                                  | $\leq$                    |   | Ì                        | STAND          | GF.  |
| 11.42  |                                  | χ.                        |   | ĺ                        | STAND          | G.F. |
| 11.43  |                                  | X                         |   | 1                        | STAND          | C.F  |
| 1700   |                                  |                           | Y | b                        | 305            | 2.0  |
| 1200   | Hardeep Munch 29/53-55           |                           | X | tident?                  | mmetoy         | 70   |

343

### HEALTH CENTER

Date Wed., Sept. 1, 2004

| Time | Name                                  |  |
|------|---------------------------------------|--|
|      | Please Print First & Last Name        |  |
|      |                                       |  |
| 2:30 |                                       |  |
| 2:30 |                                       |  |
| 2'45 |                                       |  |
| 3-15 |                                       |  |
| 5.25 |                                       |  |
| 325  |                                       |  |
| 3,25 |                                       |  |
| 3/30 |                                       |  |
| 3:50 | Male Male                             |  |
| · .  |                                       |  |
|      |                                       |  |
| 1    | 39/53-55                              |  |
|      | · · · · · · · · · · · · · · · · · · · |  |

|   |   |   | Staff use only |     |
|---|---|---|----------------|-----|
| F | M | Specify (1) Student (2) Staff (3) Child (4) Other | Code           | WDI |
| X |   | 1   | 305            | me  |
| X |   | 1   | 202            | MP  |
| X |   |   | 15             | 90. |
| X |   |   |                | Sv. |
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| X |   | 1   | 400            | mp. |
| X |   | <b>\</b> . :                                      | 202            | 90  |
| X |   |   | 305            | ≫.  |
|   | / |   | W              | mp  |
|   |   |   |                |     |
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|   |   |   |                |     |

# Cosumnes River College—Additional Testing

ud. 7 W/S No. 39 Date 5/18/01 Page 68

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

342 07

| 11/103/2003 0002615   blood pressure   1   | <b>—</b> |  |            | 3G/13              |           |                                       |
|--|----------|--|------------|--------------------|-----------|---------------------------------------|
| 11/03/2003 0002615   blood pressure   1  | ſ        | <del>, , , , , , , , , , , , , , , , , , , </del>  |            |                    |           |                                       |
| 2 11/25/2003 052373 credit 1 3 11/25/2003 0952373 credit 1 4 11/06/2003 7359 eye drop 1 5 11/03/2003 0902146 finger cut 1 6 11/05/2003 0668651 had fallen 1 7 11/26/2003 095491 headache/migraine 1 8 11/26/2003 headache/migraine 1 9 11/11/2003 0946879 Health information 1 10 11/13/2003 0946879 Health information 1 11 11/14/2003 Health information 1 11 11/14/2003 Health information 1 12 11/17/2003 0768417 Health lest 1 13 11/13/2003 0572380 interview 1 14 11/03/2003 0572380 interview 1 15 11/12/2003 0913272 interview 1 16 11/17/2003 0913272 interview 1 16 11/17/2003 0913272 interview 1 17 11/17/2003 0913272 interview 1 18 11/07/2003 7172 Need aspirin 1 19 11/07/2003 0910844 Nose bleed 1 21 11/03/2003 0629304 Not indicated 1 21 11/03/2003 0629304 Not indicated 1 21 11/03/2003 0629304 Not indicated 1 21 11/03/2003 0629304 Not indicated 1 21 11/12/003 0910844 Nose obed 1 21 11/12/003 091204 Not indicated 1 21 11/03/2003 0629304 Not indicated 1 22 11/03/2003 0629304 Not indicated 1 23 11/06/2003 Not indicated 1 24 11/16/2003 Not indicated 1 25 11/11/2003 091904 Not indicated 1 26 11/11/2003 0732462 Not indicated 1 27 11/11/2003 0629304 Not indicated 1 30 11/20/2003 Not indicated 1 31 11/20/2003 Not indicated 1 31 11/12/2003 091904 Not indicated 1 31 11/12/ | D        | ate  | Student ID | Reason             | Allowable | Unallowable                           |
| 2 11/25/2003 0727782 blood pressure 1 3 11/25/2003 0952373 credit 1 4 11/06/2003 7359 eye drop 1 5 11/03/2003 0902146 finger cut 1 6 11/05/2003 0668651 had failen 1 7 11/26/2003 095491 headache/migraine 1 8 11/26/2003 headache/migraine 1 9 11/11/2003 094879 Health information 1 10 11/13/2003 094879 Health information 1 11 11/14/2003 Health kit 1 11 11/14/2003 Health kit 1 12 11/17/2003 0768417 Health information 1 13 11/13/2003 0572380 interview 1 14 11/03/2003 0572380 interview 1 15 11/12/2003 0913272 interview 1 16 11/17/2003 0913272 interview 1 17 11/17/2003 073272 interview 1 18 11/07/2003 7172 Need aspirin 1 19 11/07/2003 07172 Need aspirin 1 19 11/07/2003 0910844 Nose bleed 1 21 11/03/2003 0629304 Not indicated 1 21 11/03/2003 0629304 Not indicated 1 21 11/03/2003 0629304 Not indicated 1 21 11/03/2003 07100 Not indicated 1 21 11/12/003 0911904 Not indicated 1 21 11/14/2003 0911904 Not indicated 1 21 11/14/2003 0722433 Not indicated 1 31 11/12/2003 0911904 Not indicated 1 31 11/12/2003 0911904 Not indicated 1 31 11/12/2003 0672431 Not indicated 1 31 11/12/2003 0672431 Not indicated 1 31 11/12/2003 0672431 Not indicated 1 31 11/12/2003 0687266 Question 1 31 11/12/2003 091904 Not indicated 1 31 11/12/2003 0722433 Not indicated 1 31 11/12/2003 091904 Not indicated 1 31 11/12/2003 091 | 111      | 1/03/2003  | 0002615    | blood pressure     | 1         |                                       |
| 4 11/06/2003 7359 eye drop 1 5 11/03/2003 0902146 finger cut 1 6 11/05/2003 0902146 finger cut 1 7 11/26/2003 0959491 headache/migraine 1 8 11/26/2003 0958491 headache/migraine 1 9 11/11/2003 0948679 Health information 1 10 11/13/2003 0948679 Health information 1 11 11/14/2003 Health information 1 12 11/14/2003 Health information 1 13 11/13/2003 0978417 Health kit 1 12 11/14/2003 Health information 1 13 11/13/2003 Health information 1 14 11/03/2003 0572380 interview 1 15 11/12/2003 0913272 interview 1 15 11/12/2003 0913272 interview 1 16 11/14/2003 0913272 interview 1 17 11/47/2003 0913272 interview 1 17 11/47/2003 0913272 interview 1 18 11/07/2003 0913272 interview 1 19 11/07/2003 0913272 Need aspirin 1 19 11/07/2003 0910844 Nose bleed 1 21 11/03/2003 0910844 Nose bleed 1 21 11/03/2003 0910844 Not indicated 1 22 11/03/2003 091904 Not indicated 1 23 11/06/2003 Not indicated 1 24 11/06/2003 Not indicated 1 25 11/11/2003 0732462 Not indicated 1 26 11/11/2003 0732462 Not indicated 1 27 11/11/2003 0732462 Not indicated 1 28 11/14/2003 0732462 Not indicated 1 29 11/18/2003 0722433 Not indicated 1 30 11/20/2003 Not indicated 1 31 11/20/2003 0811904 Not indicated 1 31 11/20/2003 Not indicated 1 31 11/20/2003 Not indicated 1 31 11/20/2003 0811904 Not indicated 1 31 11/20/2003 0811904 Not indicated 1 31 11/20/2003 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1 31 11/20/2003 081904 Not indicated 1  | 2 1      | 1/25/2003  | 0727782    |                    | 1         |                                       |
| 5   11/03/2003   0902146   finger cut   1   1   1   1   1   1   1   1   1  | 3 1      | 1/25/2003  | 0952373    | credit             | 1         |                                       |
| 5   11/03/2003   0902146   finger cut   1   1   1   1   1   1   1   1   1  | 4 1      | 1/06/2003  | 7359       | eye drop           | 1         |                                       |
| 6 11/05/2003 0688651 had fallen 1 1 1/26/2003 0959491 headache/migraine 1 1 8 11/26/2003 0959491 headache/migraine 1 1 9 11/11/2003 0946879 Health information 1 1 1 11/11/2003 0946879 Health information 1 1 1 11/11/2003 0946879 Health information 1 1 1 11/11/2003 0946879 Health information 1 1 1 11/11/2003 0946879 Health information 1 1 1 1 11/11/2003 0946879 Health information 1 1 1 1 11/11/2003 0946879 Health information 1 1 1 1 11/11/2003 0946879 Health information 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | 5 1      | 1/03/2003  | 0902146    |                    | 1         |                                       |
| 7   11/26/2003   959491   headache/migraine   1  | 6 1      | 1/05/2003  | 0668651    |                    | 1         |                                       |
| 8 11/26/2003         headache/migraine         1           9 11/11/2003 0946879         Health information         1           10 11/13/2003 0946879         Health information         1           11 11/14/2003         Health kit         1           12 11/17/2003 0768417         Health kit         1           13 11/13/2003 072380         Interview         1           14 11/03/2003 0572380         Interview         1           15 11/12/2003 0913272         Interview         1           16 11/17/2003 0913272         Interview         1           17 11/17/2003 1772         Need aspirin         1           18 11/07/2003 7172         Need aspirin         1           19 11/07/2003 1712         Need aspirin         1           19 11/07/2003 0910844         Nose bleed         1           21 11/03/2003 0629304         Not indicated         1           21 11/03/2003 0629304         Not indicated         1           23 11/06/2003 Not indicated         1         1           24 11/06/2003 Not indicated         1         1           25 11/11/2003 0911904         Not indicated         1           26 11/11/2003 0732462         Not indicated         1           27 11/11/2003 0732482 <td></td> <td></td> <td></td> <td>headache/migraine</td> <td>1</td> <td></td>  |          |  |            | headache/migraine  | 1         |                                       |
| 9 11/11/2003 0946879   | 8 1      | 1/26/2003  |            |                    | 1         |                                       |
| 11   11/14/2003   C768417   Health kit   1   1   1   1   1   1   1   1   1   |          |  |            |                    | 1         |                                       |
| 12   | 10 1     | 1/13/2003  | 0946879    | Health information | 1         |                                       |
| 13   11/13/2003  | 11 1     | 1/14/2003  | 9          | Health kit         | 1         |                                       |
| 14         11/03/2003         0572380         interview         1           15         11/12/2003         0913272         interview         1           16         11/17/2003         0913272         interview         1           17         11/17/2003         Minor cut         1           18         11/07/2003         Need aspirin         1           19         11/07/2003         Need aspirin         1           20         11/03/2003         Not indicated         1           21         11/03/2003         Not indicated         1           22         11/03/2003         Not indicated         1           23         11/06/2003         Not indicated         1           24         11/06/2003         Not indicated         1           24         11/12/003         0911904         Not indicated         1           25         11/11/2003         0732462         Not indicated         1           27         11/11/2003         0732462         Not indicated         1           28         11/11/2003         0722433         Not indicated         1           30         11/20/2003         0722433         Not indicated         1   | 12 1     | 1/17/2003  |            | Health test        | 1         |                                       |
| 14         11/03/2003         0572380         interview         1           15         11/12/2003         0913272         interview         1           16         11/17/2003         0913272         interview         1           17         11/17/2003         Minor cut         1           18         11/07/2003         Need aspirin         1           19         11/07/2003         Need aspirin         1           20         11/03/2003         Not indicated         1           21         11/03/2003         Not indicated         1           22         11/03/2003         Not indicated         1           23         11/06/2003         Not indicated         1           24         11/06/2003         Not indicated         1           24         11/12/003         0911904         Not indicated         1           25         11/11/2003         0732462         Not indicated         1           27         11/11/2003         0732462         Not indicated         1           28         11/11/2003         0722433         Not indicated         1           30         11/20/2003         0722433         Not indicated         1   |          |  |            | hurt finger        | 1         | · · · · · · · · · · · · · · · · · · · |
| 15   |          |  |            |                    | 1         |                                       |
| 17   11/17/2003   Minor cut   1   1   1   1   1   1   1   1   1  |          |  |            |                    | 1         |                                       |
| 18       11/07/2003       7172       Need aspirin       1         19       11/07/2003       Nose bleed       1         20       11/07/2003       Not indicated       1         21       11/03/2003       Not indicated       1         22       11/03/2003       Not indicated       1         23       11/06/2003       Not indicated       1         24       11/06/2003       Not indicated       1         25       11/11/2003       Not indicated       1         26       11/11/2003       0732462       Not indicated       1         27       11/11/2003       Not indicated       1         28       11/14/2003       Not indicated       1         29       11/18/2003       Not indicated       1         30       11/20/2003       Not indicated       1         31       11/20/2003       Not indicated       1         31       11/20/2003       Not indicated       1         31       11/20/2003       Not indicated       1         31       11/20/2003       Not indicated       1         31       11/20/2003       0672431       Not indicated       1   | 16 1     | 1/17/2003  | 0913272    | interview          | 1         |                                       |
| 19   11/07/2003   Need aspirin   1   | 17 1     | 1/17/2003  |            | Minor cut          | 1         |                                       |
| 19   11/07/2003   Need aspirin   1   | 18 1     | 1/07/2003  | 7172       | Need aspirin       | 1         |                                       |
| 20       11/07/2003       0910844       Nose bleed       1         21       11/03/2003       Not indicated       1         22       11/03/2003       Not indicated       1         23       11/06/2003       Not indicated       1         24       11/06/2003       Not indicated       1         25       11/11/2003       0911904       Not indicated       1         26       11/11/2003       0732462       Not indicated       1         27       11/11/2003       7359       Not indicated       1         28       11/14/2003       Post indicated       1         29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       Not indicated       1         31       11/20/2003       0672431       Not indicated       1         32       11/24/2003       0829842       Not indicated       1         33       11/125/2003       0811904       Nurse       1         34       11/25/2003       0887286       Question       1         35       11/20/2003       084528       smoking kit       1         36       11/17/2003       0722433  | 19 1     | 1/07/2003  |            |                    | 1         |                                       |
| 22       11/03/2003       0629304       Not indicated       1         23       11/06/2003       Not indicated       1         24       11/06/2003       Not indicated       1         25       11/11/2003       0911904       Not indicated       1         26       11/11/2003       0732462       Not indicated       1         27       11/11/2003       7359       Not indicated       1         28       11/14/2003       Post indicated       1         29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       0672431       Not indicated       1         31       11/20/2003       0672431       Not indicated       1         32       11/24/2003       0829842       Not indicated       1         33       11/12/2003       0911904       Nurse       1         34       11/25/2003       0687286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38 <td>20 1</td> <td>1/07/2003</td> <td></td> <td></td> <td>1</td> <td></td>  | 20 1     | 1/07/2003  |            |                    | 1         |                                       |
| Not indicated   1   1   1   1   1   1   1   1   1  | 21 1     | 1/03/2003  |            | Not indicated      |           | 1                                     |
| 24       11/06/2003       Not indicated       1         25       11/11/2003       0911904       Not indicated       1         26       11/11/2003       0732462       Not indicated       1         27       11/11/2003       7359       Not indicated       1         28       11/14/2003       Post indicated       1         29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       Not indicated       1         31       11/20/2003       0672431       Not indicated       1         32       11/24/2003       0829842       Not indicated       1         33       11/12/2003       0911904       Nurse       1         34       11/25/2003       087286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0804528       smoking kit       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0727782       TB       1         40       11/13/2003       005358       TB check       1         41 <t< td=""><td>22 1</td><td>1/03/2003</td><td>0629304</td><td>Not indicated</td><td></td><td>1</td></t<>   | 22 1     | 1/03/2003  | 0629304    | Not indicated      |           | 1                                     |
| 25       11/11/2003 0911904       Not indicated       1         26       11/11/2003 0732462       Not indicated       1         27       11/11/2003 7359       Not indicated       1         28       11/14/2003 Period       Not indicated       1         29       11/18/2003 0722433       Not indicated       1         30       11/20/2003 Not indicated       1         31       11/20/2003 0672431       Not indicated       1         32       11/24/2003 0829842       Not indicated       1         33       11/12/2003 0911904       Nurse       1         34       11/25/2003 0687286       Question       1         35       11/20/2003 0817901       result       1         36       11/17/2003 0722433       Self       1         37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0551602       TB reading       1         41       11/20/2003 0914499       TB results       1         43       11/20/2003 0907508       TB test       1  | 23 1     | 1/06/2003  |            | Not indicated      |           | 1                                     |
| 26       11/11/2003       0732462       Not indicated       1         27       11/11/2003       Not indicated       1         28       11/14/2003       Not indicated       1         29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       Not indicated       1         31       11/20/2003       0672431       Not indicated       1         32       11/24/2003       0829842       Not indicated       1         33       11/12/2003       0911904       Nurse       1         34       11/25/2003       0687286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0675647       T.B       1         39       11/25/2003       0727782       TB       1         40       11/13/2003       005358       TB check       1         41       11/20/2003       0551602       TB results       1         42       11/07/2003   | 24 1     | 1/06/2003  |            | Not indicated      |           | 1                                     |
| 27       11/11/2003       7359       Not indicated       1         28       11/14/2003       e       Not indicated       1         29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       0672431       Not indicated       1         31       11/20/2003       0829842       Not indicated       1         32       11/24/2003       0829842       Not indicated       1         33       11/12/2003       0911904       Nurse       1         34       11/25/2003       0687286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0675647       T.B       1         39       11/25/2003       0727782       TB       1         40       11/13/2003       TB reading       1         41       11/21/2003       TB results       1         42       11/07/2003       0551602       TB results       1         43       1   | 25 1     | 1/11/2003  | 0911904    | Not indicated      |           | 1                                     |
| 28       11/14/2003       Post indicated       1         29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       0672431       Not indicated       1         31       11/20/2003       0672431       Not indicated       1         32       11/24/2003       0829842       Not indicated       1         33       11/12/2003       0911904       Nurse       1         34       11/25/2003       0687286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0675647       T.B       1         39       11/25/2003       0727782       TB       1         40       11/13/2003       0005358       TB check       1         41       11/21/2003       TB results       1         42       11/07/2003       0551602       TB results       1         43       11/25/2003       00007508       TB test       1         45 <t< td=""><td>26 1</td><td>1/11/2003</td><td>0732462</td><td>Not indicated</td><td></td><td>1</td></t<>  | 26 1     | 1/11/2003  | 0732462    | Not indicated      |           | 1                                     |
| 29       11/18/2003       0722433       Not indicated       1         30       11/20/2003       0672431       Not indicated       1         31       11/24/2003       0829842       Not indicated       1         32       11/24/2003       0911904       Nurse       1         34       11/25/2003       0687286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0675647       T.B       1         39       11/25/2003       0727782       TB       1         40       11/13/2003       0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003       0551602       TB results       1         43       11/20/2003       0914499       TB results       1         44       11/05/2003       0551603       TB test       1  | 27 1     | 1/11/2003  | 7359       | Not indicated      |           | 1                                     |
| 30   11/20/2003   Not indicated   1  | 28 1     | 1/14/2003  | i e        | Not indicated      |           | 1                                     |
| 31       11/20/2003 0672431       Not indicated       1         32       11/24/2003 0829842       Not indicated       1         33       11/12/2003 0911904       Nurse       1         34       11/25/2003 0687286       Question       1         35       11/20/2003 0817901       result       1         36       11/17/2003 0722433       Self       1         37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1   |          |  |            | Not indicated      |           | 1                                     |
| 31       11/20/2003 0672431       Not indicated       1         32       11/24/2003 0829842       Not indicated       1         33       11/12/2003 0911904       Nurse       1         34       11/25/2003 0687286       Question       1         35       11/20/2003 0817901       result       1         36       11/17/2003 0722433       Self       1         37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1   | 30 1     | 1/20/2003  |            | Not indicated      |           | 1                                     |
| 33       11/12/2003       0911904       Nurse       1         34       11/25/2003       0687286       Question       1         35       11/20/2003       0817901       result       1         36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0675647       T.B       1         39       11/25/2003       0727782       TB       1         40       11/13/2003       0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003       0551602       TB results       1         43       11/20/2003       0914499       TB results       1         44       11/05/2003       0007508       TB test       1         45       11/05/2003       0551603       TB test       1  | 31 1     | 1/20/2003  | 0672431    | Not indicated      |           | 1                                     |
| 34       11/25/2003 0687286       Question       1         35       11/20/2003 0817901       result       1         36       11/17/2003 0722433       Self       1         37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1   | 32 1     | 1/24/2003  | 0829842    | Not indicated      |           | 1                                     |
| 35       11/20/2003 0817901       result       1         36       11/17/2003 0722433       Self       1         37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1  | 33 1     | 1/12/2003  | 0911904    | Nurse              |           | 1                                     |
| 36       11/17/2003       0722433       Self       1         37       11/14/2003       0804528       smoking kit       1         38       11/03/2003       0675647       T.B       1         39       11/25/2003       0727782       TB       1         40       11/13/2003       0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003       0551602       TB results       1         43       11/20/2003       0914499       TB results       1         44       11/05/2003       00007508       TB test       1         45       11/05/2003       0551603       TB test       1   |          |  |            | Question           | 1         |                                       |
| 37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1  |          |  |            | result             | 1         |                                       |
| 37       11/14/2003 0804528       smoking kit       1         38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1  |          |  |            |                    |           | 1                                     |
| 38       11/03/2003 0675647       T.B       1         39       11/25/2003 0727782       TB       1         40       11/13/2003 0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1  | 37 1     | 1/14/2003  | 0804528    | smoking kit        | 1         |                                       |
| 40       11/13/2003       0005358       TB check       1         41       11/21/2003       TB reading       1         42       11/07/2003       0551602       TB results       1         43       11/20/2003       0914499       TB results       1         44       11/05/2003       00007508       TB test       1         45       11/05/2003       0551603       TB test       1   |          | The second secon |            |                    | 1         |                                       |
| 41       11/21/2003       TB reading       1         42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1  | 39 1     | 1/25/2003  | 0727782    | TB                 | 1         |                                       |
| 42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1   |          |  |            | TB check           | 1         |                                       |
| 42       11/07/2003 0551602       TB results       1         43       11/20/2003 0914499       TB results       1         44       11/05/2003 00007508       TB test       1         45       11/05/2003 0551603       TB test       1   | 41 1     | 1/21/2003  |            | TB reading         | 1         |                                       |
| 44     11/05/2003 00007508     TB test     1       45     11/05/2003 0551603     TB test     1   |          |  |            |                    | 1         |                                       |
| 45 11/05/2003 0551603 TB test 1  | 43 1     | 1/20/2003  | 0914499    | TB results         | 1         |                                       |
|  | 44 1     | 1/05/2003  | 00007508   | TB test            | 1         |                                       |
|  | 45 1     | 1/05/2003  | 0551603    | TB test            | 1         |                                       |
| 46 11/11/2003 0005358 TB test 1  | 46 1     | 1/11/2003  | 0005358    | TB test            | 1         |                                       |
| 47 11/17/2003 0943123 TB test 1  | 47 1     | 1/17/2003  | 0943123    | TB test            | 1         |                                       |
| 48 11/18/2003 0914499 TB test 1  | 48 1     | 1/18/2003  | 0914499    | TB test            | 1         |                                       |

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# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

9200)

**Analysis of Level of Health Services - CRC** 

|    | 11/05/2003 |             | TB to be read |             | 1   |                                       |
|----|------------|-------------|---------------|-------------|-----|---------------------------------------|
| 50 | 11/17/2003 | 0817901     | test          | Thom        | 1   |                                       |
| 51 | 11/18/2003 | 0817901     | test          | 7 3G/13-1   | 4 1 | · · · · · · · · · · · · · · · · · · · |
| 52 | 11/18/2003 | 0768417     | Test          |             | 1   |                                       |
| 53 | 11/18/2003 | 0021899     | Test          | \           | 1   |                                       |
| 54 | 11/20/2003 | 0943123     | Test          | 7           | 1   |                                       |
|    |            | <del></del> |               | <del></del> | 40  | 4.4                                   |

25.93% error rate

|    |            |            | 36/11-15                | 20.93/6   | error rate  |
|----|------------|------------|-------------------------|-----------|-------------|
| ſ  |            |            | Febraury 2004           |           |             |
|    | Date       | Student ID | Reason                  | Allowable | Unallowable |
| 1  | 02/02/2004 |            | Ace bandage and aspirin | 1         |             |
| 2  | 02/19/2004 |            | aspirin                 | 1         |             |
| 3  | 02/11/2004 | 0955881    | Bandaid                 | 1         |             |
| 4  | 02/20/2004 | 0753864    | bug bite                | 1         |             |
| 5  | 02/06/2004 | 0746612    | check TB test           | 1         |             |
| 6  | 02/25/2004 | 0767213    | checked TB              | 1         |             |
| 7  | 02/17/2004 | 0703902    | Chest pains/headache    | 1         |             |
| 8  | 02/03/2004 | 0575436    | First Aid               | 1         |             |
| 9  | 02/04/2004 | x7464      | First Aid Kit refilled  | 1         |             |
| 10 | 02/17/2004 | 692723     | gauze                   | 1         |             |
| 11 | 02/11/2004 |            | Headache                | 1         |             |
| 12 | 02/19/2004 | 034906     | nausea, dizzy           | 1         |             |
| 13 | 02/02/2004 | 0690312    | News                    | 1         |             |
| 14 | 02/02/2004 |            | Not indicated           |           | 1           |
| 15 | 02/03/2004 | 0984917    | Not indicated           |           | 1           |
| 16 | 02/03/2004 | 0913611    | Not indicated           |           | 1           |
| 17 | 02/04/2004 | 0746612    | Not indicated           |           | 1           |
| 18 | 02/04/2004 | 0990094    | Not indicated           |           | 1           |
| 19 | 02/10/2004 |            | Not indicated           |           | 1           |
| 20 | 02/10/2004 | 0926751    | Not indicated           |           | 1           |
| 21 | 02/10/2004 | 0835691    | Not indicated           |           | 1           |
| 22 | 02/11/2004 | 0926753    | Not indicated           |           | 1           |
| 23 | 02/12/2004 |            | Not indicated           |           | 1           |
| 24 | 02/12/2004 | R          | Not indicated           |           | 1           |
| 25 | 02/17/2004 | 0951287    | Not indicated           |           | 1           |
| 26 | 02/17/2004 | 0731735    | Not indicated           |           | 1           |
| 27 | 02/17/2004 | 0792441    | Not indicated           |           | 1           |
| 28 | 02/23/2004 | 0732462    | Not indicated           |           | 1           |
| 29 | 02/24/2004 | 0928222    | Not indicated           |           | 1           |
| 30 | 02/25/2004 |            | Not indicated           |           | 1           |
| 31 | 02/26/2004 | 0989980    | Not indicated           |           | 1           |
| 32 | 02/26/2004 | x7659      | owie                    | 1         |             |
| 33 | 02/24/2004 | 0807108    | Personal                |           | 1           |
| 34 | 02/11/2004 |            | Quit Kit                | 1         |             |
|    | 02/20/2004 |            | Quit Kit                | 1         |             |
|    | 02/27/2004 |            | Read test               | 1         |             |
|    | 02/19/2004 |            | sick                    | 1         |             |
|    | 02/19/2004 |            | sick                    | 1         |             |
|    | 02/20/2004 |            | sick                    | 1         |             |
|    | 02/11/2004 |            | Stop Smoking kit        | 1         |             |

oate 5/18/07 Page 10

# Los Rios Community College District Legislatively Mandated Health Fee Elimination Program Audit Period from July 1, 2002 through June 30, 2005 S07-MCC-0018

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**Analysis of Level of Health Services - CRC** 

| A STATE OF THE PARTY OF THE PAR | alysis of Level of Health Service |     |                                       |
|--|-----------------------------------|-----|---------------------------------------|
| 41 02/05/2004 0970310  | stung by bee                      | 1 1 |                                       |
| 42 02/25/2004 0999474<br>43 02/18/2004 0851831   | Swollen eye                       | 1 1 |                                       |
|  | talk about smokers                | 1 1 |                                       |
|  | TB /                              | 1 1 |                                       |
| 45 02/02/2004 0820273<br>46 02/23/2004 0751218   | TB                                | 1 1 |                                       |
|  | TB                                | 1 1 |                                       |
| 47 02/23/2004 0767213  |                                   | 1 1 |                                       |
| 48 02/11/2004 0021388  | TB result                         | 1 1 |                                       |
| 49 02/09/2004 0002896  | TB test                           | 1 1 |                                       |
| 50 02/09/2004 0967500  | TB test                           | 1 1 |                                       |
| 51 02/09/2004 0021388  | TB test                           | 1 1 |                                       |
| 52 02/09/2004 x7321  | TB test                           | 1 1 |                                       |
| 53 02/09/2004 x7251  | TB test                           | 1 1 |                                       |
| 54 02/09/2004 x7199  | TB test                           | 1 1 | :                                     |
| 55 02/09/2004 x7511  | TB test                           | 1 1 |                                       |
| 56 02/09/2004 x7408  | TB test from                      | 1 1 |                                       |
| 57 02/10/2004 x7449  | TB test /36/11-1                  |     |                                       |
| 58 02/10/2004 0855862  | TB test                           | 1 1 | ·                                     |
| 59 02/10/2004 0001492  | TB test                           | 1 1 |                                       |
| 60 02/10/2004 x7286  | TB test                           | 1 1 |                                       |
| 61 02/12/2004 0004347  | TB test                           | 1 1 |                                       |
| 62 02/12/2004 0001185  | TB test                           | 1   |                                       |
| 63 02/13/2004 0855862  | TB test                           | 1 1 |                                       |
| 64 02/17/2004  | TB test                           | 1 1 |                                       |
| 65 02/17/2004  | TB test                           | 1 1 |                                       |
| 66 02/17/2004  | TB test                           | 1 1 | · · · · · · · · · · · · · · · · · · · |
| 67 02/17/2004 0022783  | TB test                           | 1   |                                       |
| 68 02/17/2004  | TB test                           | 1 1 |                                       |
| 69 02/19/2004  | TB test                           | 1 1 |                                       |
| 70 02/20/2004 0751218  | TB test                           | 1 1 |                                       |
| 71 02/23/2004 0022783  | TB test                           | 1 1 |                                       |
| 72 02/24/2004 x7403  | TB test                           | 1 1 |                                       |
| 73 02/25/2004 0959980  | TB test                           | 1 1 |                                       |
| 74 02/25/2004 0916522  | TB test                           | 1 1 |                                       |
| 75 02/25/2004 0000819  | TB test                           | 1   |                                       |
| 76 02/25/2004 0007326  | TB test                           | 1   |                                       |
| 77 02/25/2004  | TB test                           | 1   |                                       |
| 78 02/10/2004 0731735  | TB test (copy)                    | 1 1 |                                       |
| 79 02/27/2004 0916522  | TB test read                      | 1   |                                       |
| 80 02/27/2004 custodial 7403   | TB test read                      | 1   |                                       |
| 81 02/19/2004  | TB test reading                   | 11  |                                       |
| 82 02/04/2004 0079233  | TB test results /                 | 1   |                                       |
| 83 02/03/2004 0834906  | weight assessment                 | 64  | 10                                    |

64 19 22.89% error rate

Total of Nov. 2003 and Feb. 2004

104 33 24.09% error rate 22/2



|         |        |                         |          |   | 1                                   |              |          |                          |
|---------|--------|-------------------------|----------|---|-------------------------------------|--------------|----------|--------------------------|
| D-4-    | T      | Name<br>(Disease PRINT) | Student. | Staff                                   | Student ID <u>or</u><br>Staff Ext # | F            |          | Reason for Visit         |
| Date    | Time   | (Please PRINT)          | Student  | Stan                                    |                                     | 5            | M        |                          |
| 1.27-0H | 11:25  |                         | 0        |   | 0575436                             |              | X        | Make Appt                |
| 1 20 04 | 1 .    |                         |          | · · · · · · · · · · · · · · · · · · ·   | 0619233                             | <del> </del> |          | feet                     |
| 1.27.04 | 27     |                         |          |   | ~ 70 / Cás                          | -            |          |                          |
| 138/14  |        |                         |          |   | 078/805                             | 1            |          | TB Checked               |
|         | 9:35   |                         | V        |   | 0013911                             | ļ            | V        |                          |
| 1/28/04 | 10:05  |                         |          |   | 0017863                             |              | V        | skin is itch             |
| 1/28/04 | 11:15  |                         |          |   | 0820273                             | X            | ļ        | TB injection             |
| 128/04  | 1150   |                         | X,       |   | 0958292                             | X            |          | health insurance inquiry |
| 1/28/04 | 2:50   |                         |          |   |                                     | X            | <u> </u> | Counseins                |
| 1/28/04 | 5:30pm |                         |          |   |                                     | X            | <u> </u> | check TB                 |
| 1/29/04 | 11:55  |                         | X        |   |                                     | X            | <u> </u> | Cuts                     |
| 1/29/4  | 12/10  |                         | 义        |   | 0619233                             |              | X        | -lest                    |
| 1/29/04 | 1.20   |                         |          | <u> </u>                                | 0003856                             | X            |          | Kit I machelle           |
|         | 2:30   |                         | ~        |   | 0575436                             | 入            |          | T.B'V                    |
| 1 30/04 | 8126   |                         |          |   | 0752529                             | V            |          | TB                       |
| 1130101 | 9:55   |                         | <b>V</b> |   | 0820273                             | $\checkmark$ | <u> </u> | TB injection             |
| 130/04  | 1:00   |                         | X        |   | 0690312                             |              | X        | Maus                     |
| 2/2/04  | 9153   |                         |          |   | 0752529                             | V            |          | TB                       |
| 212/1   | 0.55   |                         |          | •                                       | 0820273                             | 1/           |          | VTB /                    |
| 2204    | 10:30  |                         |          |   |                                     | -            |          | Ace Boundage & Astrin    |
| 2/2/01  | 11:50  |                         |          |   |                                     |              |          |                          |
| 6/2/04  |        |                         |          |   | 0690312                             |              | V        | Mens 36/69-70            |
|         | 11:35  |                         | /        | 7 |                                     | X            | -        | First Aid                |
|         | 12125  |                         | X        |   | 0679233                             |              | Χ        | TB lest result           |
| 1-3-04  | 12.59  |                         | ×        |   | 0834906                             | У            |          | west assessment          |

<u>G</u>



| Date               | Time   | Name (Please PRINT) | Student       | Staff                    | Student ID <u>or</u><br>Staff Ext # | F | М | ' Reason for Visit     |
|--------------------|--------|---------------------|---------------|--------------------------|-------------------------------------|---|---|------------------------|
| 96204              | 449    |                     | V             |                          | 0984917                             | X |   |                        |
| 2/3/04             | 4:40   |                     | , X           |                          | 0913611                             | X |   |                        |
| 2/4/4              | 11:15  |                     | *             |                          | 0746612                             | × |   |                        |
| 2/4/04             | 1:40   |                     |               | X                        | 7464                                |   | X | FIRST ALD KIT REFILLED |
| 2/4/04             | 2,55   |                     | χ             |                          | 0990094                             | X |   |                        |
| 2/5/04             | 1:50   |                     | ×             |                          | 0970310                             |   | X | Stury by Bee           |
| 2/6/04             | 12:10  |                     | 4             |                          | 0746612                             | × |   | check T.B. Test        |
| 219/04             | 8:47   |                     |               | $\mathcal{X}$            | 0002896                             | V |   | TB test                |
| 2/9/04             | 11:05  |                     | $\mathcal{L}$ |                          | 0967500                             | X |   | TB test                |
| 2/9/04             | 11:06  |                     |               |                          | 0021388                             | X |   | TB test                |
| 2/9/04             | 11:50  |                     | ·             | K                        | X7321                               | X |   | TB Test                |
| -                  | 12:30  |                     |               | 入                        | 7251                                | X |   | TBTest                 |
| 2/9/04             | 2:15   |                     |               | $\boldsymbol{x}_{\cdot}$ | 7199                                | X |   | TB Tect 39/69-11       |
| 2/9/04             | 2:15   |                     |               | X                        | 7511                                | X |   | TBTest                 |
| 219104             | 3:00   |                     |               | X                        | 7408                                | X |   | Totest                 |
| 2/10/04            | 8,30   |                     |               | _X_                      | 7449                                | X |   | TBtest                 |
| 210104             | 9:05   |                     | $\bowtie$     |                          | 0731735                             | B |   | TB FESH COPY)          |
| 1/9/04             | 12:00  |                     | $\times$      |                          |                                     | X |   |                        |
| 2-10-04            | 1200   |                     | X             |                          | 0855862                             | X |   | T.B. T.est             |
| 270/04             | 2:10   | <i>A</i>            | r X           |                          | 0926751                             |   |   |                        |
| 2-10-04            | 4:15   |                     |               | X                        | 000 1492                            | X |   | TE TEST                |
| 7-10-04            | 4:30   |                     |               | X                        | X7286                               | X |   | TR Test                |
| 2/004              | 5:40   |                     | X             |                          | 0835691                             |   | X |                        |
| 2 10 01<br>2 10/04 | 83 AM  |                     |               | *                        | 0955661                             | X |   | Bondaid                |
| 2/11/04            | 9:00an |                     | X             |                          | 0021388                             | X |   | TB result              |



| Date  | Time  | Name<br>(Please PRINT) | Student | Staff   | Student ID <u>or</u><br>Staff Ext # | F | M | ' Reason for Visit |         |
|-------|-------|------------------------|---------|---------|-------------------------------------|---|---|--------------------|---------|
| -2/11 | 11:40 |                        | 09614X  |         |                                     | X |   | STOP SHOTCIAN KITT |         |
| 2/11  | 12:01 |                        | 0926752 |         |                                     |   |   |                    |         |
| 21/11 | 12:20 |                        |         |         |                                     |   |   | auit Kit.          |         |
| - /// |       |                        |         |         |                                     |   |   | Headach            |         |
| 2/12  | 8:30  |                        |         | 0004347 | 7449                                | X |   | T.B. test          |         |
| 2/13  | 1240  |                        | 085280  | 2_      |                                     | X |   | T.B Test Y         |         |
| 2/12  | 1240  |                        |         |         |                                     |   |   |                    |         |
| 1/72  | 12:55 |                        |         |         |                                     | X |   |                    |         |
| 2-12- | 5.15  |                        |         | 000/185 |                                     |   | X | TB Test W          |         |
| 2-17  | 9:30  |                        |         | P       |                                     | P |   | TB T881            |         |
| 2-17  | ·     |                        | 692727  |         |                                     |   |   | FRUDE              |         |
| 277   | 10:10 |                        | ·       |         |                                     |   | X | TB test            |         |
| 2/17  | 11:15 |                        | 0981287 |         |                                     |   |   | >39 69-            | 70      |
| 2117  | 1230  |                        | 673173  |         |                                     |   |   |                    | •       |
| 2/17  | ノスろう  |                        | 6703902 | 1       |                                     |   |   | Chest Dain Head    |         |
| 2/17  | 2:50  |                        | 09244   |         |                                     |   |   |                    |         |
| 217   | 4:15  |                        |         | ×       |                                     |   |   | TBTEST             |         |
| 2/17  | 5:20  |                        | 0022783 | ,       |                                     | X |   | TBTest             |         |
| 2/17  | 5:35  |                        |         | X       |                                     |   |   | TRTest             |         |
| 2/18  | 1:40  |                        | 0551831 |         |                                     | 6 |   | INT about smothers | 20      |
| 2/19  | 900   |                        |         |         |                                     | X |   | Sick Clera         | Oate    |
| 2/19  | 9:45  |                        |         |         |                                     | 1 |   | TB TEST            | 四       |
| 319   | 4.45  |                        | 034906  |         |                                     | > |   | ranaus, digray.    | 2018/07 |
| 219   | 1.05  |                        |         |         |                                     | X |   | Dick Clemen        | F       |
| 2/19  | 2:50  |                        |         |         |                                     |   | / | ASPININ            | Page    |



|       | <u> </u> | Name   | 1           |          | Student ID or  | т        |   |                  |      |
|-------|----------|--|-------------|----------|----------------|----------|---|------------------|------|
| Date  | Time     | (Please PRINT)   | Student     | Staff    | Staff Ext #    | F        | М | Reason for Visit |      |
| 2119  | 3:00     |  | 2           | X        |                | X        |   | TB test Rending  |      |
| 2/20  | 9:20     | 3  | X           |          |                | X        |   | SICK             |      |
| 2/20  | 9:30     |  | X           |          | 0753964        | X        |   | Por BITE.        |      |
| 2/20  | 125      |  | X           |          | 0751218        | Z        |   | TB PEST          |      |
| 2/20  | 8:30     |  | 8           |          | 0018800        | Ø        |   | Quit Kit         |      |
| 6/23  | 9:30     |  | k.          |          | 0022783        | X        |   | 1B Test          |      |
|       |          |  | X           |          | 0732462        | X        |   |                  |      |
|       | 12:10    |  |             |          |                |          |   |                  |      |
| 2,23  | 1:30     |  | X           |          | 0751218        | X        |   | TBV              |      |
| 423   | 3:15     |  | <b>&gt;</b> |          | 0767213        |          |   | TB               |      |
| 2/24  | 1224     |  | X           |          | 0928222        |          |   |                  |      |
| 2/14  | 1.00     |  | 1           |          | 0801100        | X        |   | Mersonal         |      |
| 2/24  | 6:25     |  | <u>x</u>    | X        | Staff 7403     | X        |   | TB TEST          |      |
| 2/25  | 8:15     |  |             |          |                |          |   |                  | 0/69 |
| 2/25  | 10:55    |  | X           |          | 0959980        | X        |   | TB test          |      |
| 2/25  | 12:55    |  | *           |          | 0916522        | ×        |   | TB TEST          |      |
| 21,25 | 7:00     |  | X           |          | 0999474        |          | X | Swoiler Eye      |      |
| 225   | 2:30     |  | <u> </u>    |          | 0767213        | $\times$ |   | checked 1B       |      |
| 2/25  | 3:15     | along the state of |             | X        | 0000819        | X        |   | TB7-PS+          |      |
| 2/25  | 5.15     |  |             | X        | 0007326        | X        |   | TB test          | ·    |
| 2/25  | 5:40     |  |             | <u>X</u> |                |          |   | TB TEST          |      |
| 2/24  | 2:45     |  |             | <u> </u> | 7659           | Χ        |   | ovise            | -    |
| 2/2/  | 98.45    |  | X           |          | 0959580        | X        |   |                  |      |
| 2127  | 10:11    |  | 1 7         |          | 0916522        | X        |   | THE TEST RD      |      |
| 2-27  | 2:30 M   |  |             | X        | CUSTOPIAZ 7403 |          |   | TB test RD       |      |



|          | <del>,</del> | ·                      |          |          | T                                   |          | *        |                    |
|----------|--------------|------------------------|----------|----------|-------------------------------------|----------|----------|--------------------|
| Date     | Time         | Name<br>(Please PRINT) | Student  | Staff    | Student ID <u>or</u><br>Staff Ext # | F        | M        | Reason for Visit   |
| 2-27-0   | 31.00        |                        |          | -        |                                     |          |          | Read tast 39/09-11 |
| 07/01/04 | 10:46 AM     |                        |          |          |                                     |          |          | T.B. Test          |
| 3/1/04   | 11:03        |                        | V        |          | 0904121                             | 1        | 1        | Tousil Abscess     |
| 3/1/04   |              |                        | V        |          | 0906291                             | V        |          |                    |
| 3/3/04   | 845 Ar       |                        |          |          | 0004212                             |          | -        | 93                 |
| 3/3/04   | 1 p,m.       |                        |          | /        |                                     | 1        |          | TB TEST            |
| 3/3/04   | iPM          |                        |          |          | 0835691                             |          | /        |                    |
| 314/04   | IlAm         |                        |          |          | 0971708                             | V        |          | Antle injury       |
| 5/5/04   | 930A         |                        |          | <i></i>  | 0004212                             | سن       |          | 9B                 |
| 3/5/04   | 12:53        |                        |          |          |                                     | /        |          | TB CK:             |
| \$1510t  | 1255         |                        | /        |          | 00188100                            | 1        |          | moldconcern        |
| 3/1101   | 16:40        |                        | ,        | 1        | ·                                   | 1        | -        | TB Clack           |
| 3/2/04   | dB.          |                        |          |          | •                                   |          |          |                    |
| 3/12/04  |              |                        |          |          | × 7372                              |          | 1        | TB Check           |
| 3/15/91  | 2:00         |                        |          | )        | 000 54 54                           | V        |          | JR Tast            |
| -/15/64  | 3:00         |                        |          |          | 0013911                             |          | 1        | TB test            |
| 2/14/04  | 16:40        |                        | <i>V</i> |          | 0018988                             | <u> </u> |          | mabean appointment |
| 5/17/04  | 91,00        |                        | <b>V</b> |          | 0013911                             |          | /        | +B Test.           |
| 3/17/04  | 11:15        |                        |          |          | 0784198                             |          | /        | NEED MOTRING       |
| 3/17/04  | 11:55        |                        |          | <u> </u> | 005454                              | <u>_</u> | <u> </u> | feed TB TEST       |
| 3/17/04  |              | 2                      |          |          | 0946176                             | -        |          | ankle in jury      |
| 3/17/04  | 1:05         |                        | -        |          | 0835691                             |          | 1        |                    |
| 0/17/04  | 3.31         |                        | -        |          | 0000960                             | 1        |          | PPD,               |
| 3/17/04  | 4:15         |                        | X        |          |                                     | /        |          | widray             |
| 1-17/0   | 15:00        |                        | 1        |          | 0914239                             | 1        |          | work Shoff         |
| 7.7      |              |                        |          |          | •                                   |          |          | Ψ                  |

**Tab 15** 

## LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

### **ANALYSIS OF SERVICES AND SUPPLIES - FY 2003/04**

| 0 0 0 0094108625 0011 0094108791 0011 0094108996 0011 0094109955 0011 0094110733 0011 0094112779 0012 0094112201 0012 0094112263 0011 0094113755 0012 0094113747 C233 0094113747 C233                        | 117283<br>117576<br>117806<br>118305<br>119211<br>119212<br>120476<br>1120494<br>119986<br>120813<br>121395                  | AR.VS.HLTI<br>4500<br>78.75<br>110.52<br>39.00<br>19.42<br>182.86<br>20.75 | 4503 | 5200   | 5201 | 5500 5600<br>(33.49) 335.00<br>4.00<br>3.99 | 5890 | 6490 | CR.VS.HL  4500  1.59  82.06                      | TH<br>5201 | 5600 | 4500<br>492.26 | TH<br>5890 | \$874.11<br>\$110.52<br>\$39.00<br>\$4.00 | \$874.11<br>\$110.52<br>\$39.00<br>\$4.00 | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00 | NOTES<br>1,3<br>medical supplies<br>medical supplies<br>Verizon messaging svcs |
|--|--|--|------|--------|------|---|------|------|--|------------|------|----------------|------------|---|---|--------------------------------------|--|
| 0 0 0 0094108625 0011 0094108791 0011 0094108996 0011 0094109955 0011 0094110733 0011 0094112779 0012 0094112201 0012 0094112263 0011 0094113755 0012 0094113747 C233 0094113747 C233                        | 117283<br>117576<br>117806<br>118305<br>119211<br>119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>3356<br>120897 | 78.75<br>110.52<br>39.00<br>19.42<br>182.86                                | 4503 | 5200   | 5201 | (33.49) 335.00                              |      | 6490 | 1.59   | 5201       | 5600 |                | 5890       | \$110.52<br>\$39.00<br>\$4.00             | \$874.11<br>\$110.52<br>\$39.00<br>\$4.00 | 0.00<br>\$0.00<br>\$0.00<br>\$0.00   | nedical supplies medical supplies  |
| 0094108625 0011<br>0094108791 0011<br>0094108996 0011<br>0094109955 0011<br>0094110733 0011<br>009411279 0012<br>0094112201 0012<br>0094112263 0011<br>0094113525 0012<br>0094113747 C233<br>0094113747 C233 | 117576<br>117806<br>118305<br>119211<br>119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897            | 110.52<br>39.00<br>19.42<br>182.86   |      |        |      | 4.00  |      |      |  |            |      | 492.26         |            | \$110.52<br>\$39.00<br>\$4.00             | \$110.52<br>\$39.00<br>\$4.00             | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00 | medical supplies medical supplies  |
| 0094108791 0011<br>0094108996 0011<br>0094109955 0011<br>0094110733 0011<br>009411279 0012<br>0094112201 0012<br>0094112263 0011<br>0094113752 0012<br>0094113747 C233<br>0094113747 C233                    | 117576<br>117806<br>118305<br>119211<br>119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897            | 39.00<br>19.42<br>182.86   |      |        |      |   |      |      | 82.06  |            |      |                |            | \$39.00<br>\$4.00                         | \$39.00<br>\$4.00                         | \$0.00<br>\$0.00                     | medical supplies   |
| 0094108996 0011<br>0094109955 0011<br>0094110733 0011<br>0094112179 0012<br>0094112201 0012<br>0094112263 0011<br>0094113755 0012<br>0094113747 C233<br>0094113747 C233                                      | 117806<br>118305<br>119211<br>119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897                      | 19.42<br>182.86  |      |        |      |   |      |      | 82.06  |            |      |                |            | \$4.00                                    | \$4.00                                    | \$0.00                               |  |
| 0094109955 0011<br>0094110733 0011<br>0094112179 0012<br>0094112201 0012<br>0094112263 0011<br>0094113552 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012                                      | 118305<br>119211<br>119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897                                | 182.86   |      |        |      |   |      |      | 82.06  |            |      |                |            |   |   | \$0.00                               | Verizon messaging svcs   |
| 0094110733 0011<br>0011<br>0094112179 0012<br>0094112201 0012<br>0094112263 0011<br>0094113552 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012   | 119211<br>119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897  | 182.86   |      |        |      | 3.99  |      |      | 82.06  |            |      |                | i          |   |   |                                      |  |
| 0011<br>0094112179 0012<br>0094112201 0012<br>0094112263 0011<br>0094113552 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012  | 119212<br>120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897  | 182.86   |      |        |      |   |      |      | 82.06  |            |      |                |            | \$3.99                                    | \$3.99                                    |                                      | Verizon messaging svcs   |
| 0094112179 0012<br>0094112201 0012<br>0094112263 0011<br>0094113525 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012  | 120476<br>120494<br>119986<br>120813<br>121395<br>356<br>120897  |  |      |        |      |   |      |      | 82.06  |            |      |                |            | \$19.42                                   | \$19.42                                   |                                      | medical supplies   |
| 0094112201 0012<br>0094112263 0011<br>0094113552 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012   | 120494<br>119986<br>120813<br>121395<br>356<br>120897  | 20.75  |      |        |      |   |      |      | 1 82.06  |            |      |                |            | \$182.86                                  | \$182.86                                  |                                      | medical supplies   |
| 0094112263 0011<br>0094113552 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012  | 119986<br>120813<br>121395<br>356<br>120897  | 20.75  |      |        |      |   |      |      | 02,00  |            |      |                |            | \$82.06                                   | \$82.06                                   | \$0.00                               | medical supplies   |
| 0094113552 0012<br>0094113725 0012<br>0094113747 C235<br>0094113905 0012   | 120813<br>121395<br>356<br>120897  |  |      |        | _    |   |      |      | <u> </u>   |            |      |                |            | \$20.75                                   | \$20.75                                   | \$0.00                               | medical supplies   |
| 0094113725 0012<br>0094113747 C235<br>0094113905 0012  | 121395<br>356<br>120897  |  |      |        | -    |   |      |      | 27.84  |            |      |                |            | \$27.84                                   | \$27.84                                   | \$0.00                               | medical supplies   |
| 0094113747 C235<br>0094113905 0012   | 356<br>120897  |  |      |        |      |   |      |      | 26.94  |            |      |                | _          | \$26.94                                   | \$26.94                                   |                                      | office supplies  |
| 0094113905 0012  | 120897   |  |      |        |      |   |      |      | 24.95  |            |      |                |            | \$24.95                                   | \$24.95                                   |                                      | medical supplies   |
|  |  |  |      |        |      |   |      |      | 154.74   |            |      |                |            | \$154.74                                  | \$154.74                                  | \$0.00                               | office supplies  |
| 0094115480 0012  | 122844   |  |      |        |      | 4.01  |      |      |  |            |      |                |            | \$4.01                                    | \$4.01                                    | \$0.00                               | Verizon messaging svcs   |
|  |  |  |      |        |      | 4.00  |      |      |  |            |      |                |            | \$4.00                                    | \$4.00                                    |                                      | Verizon messaging svcs   |
|  | 123775   |  |      |        |      |   |      |      | 55.18  |            |      |                |            | \$55.18                                   | \$55.18                                   |                                      | medical supplies   |
|  | 123776   |  |      |        |      |   |      |      | (7.01)   |            |      |                |            | (\$7.01)                                  | (\$7.01)                                  |                                      | medical supplies   |
| 0094115944 A362  |  | 64.60  |      |        |      |   |      |      |  |            |      |                |            | \$64.60                                   | \$64.60                                   |                                      | booklet  |
| 0094116604 0012  | 124491   |  |      |        |      | 65.00                                       |      |      |  |            |      |                |            | \$65.00                                   | \$65.00                                   | \$0.00                               | fax machine repair   |
|  | 124522   |  |      |        |      |   |      |      |  |            |      | 169.29         |            | \$169.29                                  | \$169.29                                  | \$0.00                               | 3  |
| 0094117008 0012  | 125241   |  |      |        |      | 4.00  |      |      |  |            |      |                |            | \$4.00                                    | \$4.00                                    | \$0.00                               | Verizon messaging svcs   |
| 0094117498 0012  | 125682   |  |      |        |      |   |      |      | 14.25  |            |      |                |            | \$14.25                                   | \$14.25                                   | \$0.00                               | office supplies / OTC meds   |
| 0094117729 0012  | 126480   |  |      |        |      |   |      |      |  |            |      | 159.76         |            | \$159.76                                  | \$159.76                                  |                                      | medical supplies   |
| 0094117751 C238  | 389  |  |      |        |      | -   |      |      | 130.80   |            |      |                |            | \$130.80                                  | \$130.80                                  | \$0.00                               | office supplies  |
| 0094117757 0012  | 126089   |  |      | 272.30 |      |   |      |      |  |            |      |                |            | \$272.30                                  | \$272.30                                  | \$0.00                               | travel - health conference   |
| 0094118717 0012  | 127481   |  | _    |        |      |   |      |      | 154.46   |            |      |                |            | \$154.46                                  | \$154.46                                  | \$0.00                               | medical supplies   |
| 0094118839 0012  | 126530   |  |      |        |      |   |      |      |  | 14.40      |      |                |            | \$14.40                                   | \$14.40                                   | \$0.00                               | travel - workshop  |
| 0094118920 0012  | 127183   | 252.82   |      |        |      |   |      |      |  |            |      |                |            | \$252.82                                  | \$252.82                                  | \$0.00                               | medical supplies   |
| 0012   | 127251   | 70.65  |      |        |      |   |      |      |  |            |      |                |            | \$70.65                                   | \$70.65                                   | \$0.00                               | medical supplies   |
| 0094118925 C239  | 393  |  |      |        |      | <u> </u>                                    |      |      | 52.95  |            |      |                |            | \$52,95                                   | \$52.95                                   | \$0.00                               | 3  |
|  | 126509   |  | ···· |        |      |   |      |      |  |            |      | 493.52         |            | \$493.52                                  | \$493.52                                  |                                      | medical supplies   |
|  | 127565   |  |      |        |      | 4.00  |      |      |  |            |      |                |            | \$4.00                                    | \$4.00                                    |                                      | Verizon messaging svcs   |
|  | 128214   | 94.38  |      |        |      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     |      |      | <del>                                     </del> |            |      |                |            | \$94.38                                   | \$94.38                                   |                                      | Booklets/pamphlets   |
|  | 128329   | 103.59   |      |        |      |   |      |      |  |            |      |                |            | \$103,59                                  | \$103.59                                  |                                      | medical supplies   |
|  | 127792   |  |      |        |      |   |      |      |  |            |      |                | 420.00     | \$420.00                                  | \$0.00                                    | \$420.00                             | 2  |
|  | 127793   |  |      |        |      |   |      |      |  | -          | .1   |                | 660.00     | \$660.00                                  | \$0.00                                    | \$660.00                             | 2  |
|  | 127794   |  |      |        |      |   |      |      |  | 196        | 124  | -292           | 450.00     | \$450.00                                  | \$0.00                                    |                                      | 2  |
| I .  |  |  |      |        |      |   |      |      |  | -          | ' '  | ` ]            |            |   |   | \$450.00                             | 2  |
|  | 127795   |  |      |        |      |   |      |      |  |            |      |                | 1,320.00   | \$1,320.00                                | \$0.00                                    | \$1,320.00                           |  |
|  | 130134   |  |      |        |      |   |      |      | 33.21  |            |      |                |            | \$33.21                                   | \$33.21                                   |                                      | Booklets/pamphlets   |
|  | 129592   |  |      |        |      | 4.00  |      |      |  |            |      |                |            | \$4.00                                    | \$4.00                                    |                                      | Verizon messaging svcs   |
|  | 130615   |  |      |        |      | ·   |      |      | 66.84  |            |      |                |            | \$66.84                                   | \$66.84                                   | \$0.00                               | office supplies  |
|  | 130556   |  | ·    |        |      |   |      |      | 60.39  |            |      |                |            | \$60.39                                   | \$60.39                                   | \$0.00                               | medical supplies   |
|  | 131840   | 287.83   |      |        |      |   |      |      |  |            |      |                | į          | \$287.83                                  | \$287.83                                  |                                      | medical supplies   |
| 0013   | 131841   | 1.50   |      |        |      |   |      |      | ļ <u>.</u>                                       |            |      |                |            | \$1.50                                    | \$1.50                                    |                                      | medical supplies   |
| 0094123309 0013  | 132121   |  |      | -      |      |   |      |      |  |            |      | 4.96           |            | \$4.96                                    | \$4.96                                    | \$0.00                               | 3  |
| 0094123398 0013  | 131468   |  |      |        |      | 4.06  |      |      |  | -          |      |                |            | \$4.06                                    | \$4.06                                    | \$0.00                               | 3  |
| 0094126719 0013  | 134078   | 161.19   |      |        |      |   |      |      |  |            |      |                |            | \$161.19                                  | \$161.19                                  | \$0.00                               | Booklets/pamphlets   |

12.04.07

## LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

#### **ANALYSIS OF SERVICES AND SUPPLIES - FY 2003/04**

| ım of Expen | iucu              | DeptID<br>AR.VS.HLT | Acct  |          |        |             |        |          |                                       | CR.VS.H     | LTH   |        | SC.VS.HLT   | Н           | Grand Total         |                     |             |                                   |
|-------------|-------------------|---------------------|-------|----------|--------|-------------|--------|----------|---------------------------------------|-------------|-------|--------|-------------|-------------|---------------------|---------------------|-------------|-----------------------------------|
| Warrant #   | Voucher           | 4500                | 4503  | 5200     | 5201   | 5500        | 5600   | 5890     | 6490                                  | 4500        | 5201  | 5600   | 4500        | 5890        | Orana rotal         | ALLOWED             | DISALLOWED  | NOTES                             |
|             | 00133628          |                     |       |          |        | 4.00        |        |          | i                                     |             |       |        |             |             | \$4.00              | \$4.00              | \$0.00      | ]3                                |
|             | C2487             | <u> </u>            |       |          |        |             |        |          |                                       | 10.00       |       |        |             |             | \$10,00             | \$10.00             | \$0.00      | Booklets/pamphlets                |
|             | 00135505          | 1                   |       |          |        |             |        |          |                                       |             | 10.80 |        |             |             | \$10.80             | \$10.80             | \$0.00      | travel - mileage                  |
|             | 00135508          |                     |       |          |        |             |        |          |                                       |             | 18.00 |        |             |             | \$18.00             | \$18.00             | \$0.00      | travel - mileage                  |
| 94128875    | C2488             |                     |       | ,        |        |             |        |          |                                       | 66.97       |       |        |             |             | \$66.97             | \$66.97             | \$0.00      | 3                                 |
| 94128880    | 00135521          |                     |       | 463.20   |        |             |        |          |                                       |             |       |        |             |             | \$463.20            | \$463.20            | \$0.00      | travel - conference               |
| 94128901    | 00135522          |                     |       | 390.70   |        |             |        |          |                                       |             |       |        |             |             | \$390.70            | \$390.70            | \$0.00      | travel-conference                 |
| 94129024    | 00136401          |                     |       |          |        | 4.00        |        |          |                                       |             |       | -      |             |             | \$4.00              | \$4.00              | \$0.00      | 3                                 |
| 94129612    | 00136832          | 1                   |       |          |        |             |        |          |                                       |             |       |        | 230.05      |             | \$230.05            | \$230.05            | \$0.00      | Booklets/pamphlets                |
| 94129675    | 00136968          |                     |       |          |        |             |        |          |                                       | 111.17      |       |        |             |             | \$111.17            | \$111.17            | \$0.00      | medical supplies                  |
| 94129681    | C2488CM           |                     | -     |          |        |             |        |          |                                       | (7.81       | )     |        | 1           |             | (\$7.81)            | (\$7.81)            | \$0.00      | 3                                 |
| 94129736    | 00136713          |                     |       |          |        |             |        |          |                                       |             |       | -راس   | 11/         | 330.00      | \$330.00            | \$0.00              | \$330.00    | 2                                 |
|             | 00136715          | 1                   |       |          |        |             |        |          |                                       |             | 2     | E/3C   | -34         | 240.00      | \$240.00            | \$0.00              | \$240.00    | ]2                                |
| 94129743    | 00136834          |                     |       |          |        |             |        |          |                                       |             |       |        | 12.88       |             | \$12.88             | \$12.88             |             | office supplies                   |
| 94129744    | 00136680          |                     |       |          |        |             |        |          |                                       |             |       |        | 170.07      |             | \$170.07            | \$170.07            |             | medical/office supplies           |
| 94130370    | 00138445          |                     |       |          |        |             |        |          |                                       |             |       |        | 314.14      |             | \$314.14            | \$314.14            | \$0.00      | medical supplies                  |
| 94130577    | 00138516          |                     |       |          |        | 4.00        |        |          |                                       |             |       |        |             |             | \$4.00              | \$4.00              | \$0.00      | 3                                 |
|             | C2540             |                     |       |          |        |             |        |          |                                       |             |       | 105.09 |             |             | \$105.09            | \$105.09            | \$0.00      | service on audio equip            |
|             | 00139123          |                     |       |          |        |             |        |          |                                       |             | 14.20 |        |             |             | \$14.20             | \$14.20             |             | travel - training class           |
|             | S3079             |                     |       |          |        |             |        |          |                                       |             |       |        | 53.86       |             | \$53,86             | \$53.86             |             | office supplies                   |
|             | 00140491          |                     |       |          |        |             |        |          | 5,149.03                              |             |       |        |             |             | \$5,149.03          | \$5,149.03          |             | computer equipment                |
|             | 00140209          | 61.23               |       |          |        |             |        | ·        |                                       |             |       |        |             |             | \$61.23             | \$61.23             |             | Booklets/pamphlets                |
|             | 00140065          |                     |       |          |        |             |        |          |                                       |             |       |        | 311.73      |             | \$311.73            | \$311.73            |             | medical supplies                  |
| 94132056    | 00140455          | 284.29              |       |          |        |             |        |          |                                       |             |       |        |             |             | \$284.29            | \$284.29            |             | medical supplies                  |
|             | 00140775          |                     |       |          |        |             |        |          |                                       | 61.34       |       |        |             |             | \$61.34             | \$61.34             |             | medical supplies                  |
|             | 00140776          | 13.60               |       |          |        |             |        |          |                                       |             |       |        |             |             | \$13.60             | \$13.60             | <del></del> | medical supplies                  |
|             | C2566             |                     |       |          |        |             |        |          |                                       | 189.97      |       |        |             |             | \$189.97            | \$189.97            | \$0.00      | <u> </u>                          |
|             | 00141426          | 16.75               |       |          |        |             |        |          |                                       |             |       |        |             |             | \$16.75             | \$16.75             |             | Bookiets/pamphlets                |
|             | 00141651          | ļ                   |       |          | 90.00  |             |        |          |                                       |             |       |        | 100 11      |             | \$90.00             | \$90.00             |             | travel - mileage                  |
|             | 00142647          |                     | 50.00 |          |        |             |        |          |                                       |             |       |        | 183.14      |             | \$183.14<br>\$56.03 | \$183.14<br>\$56.03 |             | office supplies computer software |
|             | A3904<br>00142786 |                     | 56.03 |          | 55.40  |             |        |          |                                       |             |       | -      |             |             | \$55.40             | \$55.40             |             | travel-mileage                    |
|             | 00142786          |                     |       |          | 33.40  |             |        |          |                                       |             | 9.00  |        |             |             | \$9.00              | \$9.00              |             | travel-mileage                    |
|             | 00142928          |                     |       |          |        |             |        |          |                                       |             | 10.80 |        | ,           |             | \$10.80             | \$10.80             |             | travel-mileage                    |
|             | 00143484          |                     |       |          |        |             |        | 3.055.00 |                                       |             | 10.00 |        | DE 135      | -00         | \$3,055.00          | \$0.00              | \$3,055.00  | 2                                 |
|             | 00144098          | 15.00               |       |          |        |             |        | 3,000.00 |                                       | -           |       | ·      | رحره إستامت | 20          | \$15.00             | \$15.00             |             | Booklets/pamphlets                |
|             | 00143318          | 15.00               |       |          |        |             |        | ,        |                                       | 172.56      |       |        |             |             | \$172.56            | \$172,56            |             | medical supplies                  |
|             | 00144447          | <del> </del>        |       |          |        | 4.00        |        |          |                                       | 1.72.30     |       |        |             |             | \$4.00              | \$4.00              |             | Verizon messaging sv              |
| and Total   | 1-211111          | 1,878.73            | 56.03 | 1,126.20 | 145.40 |             | 400.00 | 3,055.00 | 5,149.03                              | 1,483.39    | 77.20 | 105.09 | 2,595.66    | 3,420.00    | \$19,506.30         | \$13,031.30         | \$6,475.00  | 1                                 |
|             |                   |                     |       |          |        | <del></del> |        |          | · · · · · · · · · · · · · · · · · · · | <del></del> |       | -      |             | · · · · · · |                     |                     |             |                                   |
|             |                   |                     |       |          |        |             |        |          |                                       |             |       |        |             |             | 3c/,                |                     | 3E/         | 1                                 |

#### NOTES

<sup>1</sup> Per district personnel, these were adjusting amounts made by campus personnel.

10 to to

<sup>&</sup>lt;sup>2</sup> Education Code Section 76355(d) states that "Authorized expenditures shall not include physical examinations for intercollegiate athletics [and] the salaries of health professionals for athletic events." The disallowed costs are for physical examinations for athletes and medical personnel present at athletic games.

<sup>&</sup>lt;sup>3</sup> The auditor did not test these claimed costs.

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210 7ate 416/07 Page -

512 on

Pay

Date Dec-15-2003

\*\*\*\*TWO THOUSAND EIGHT HUNDRED FIFTY AND TAX / DO US DOCLAR\*\*\*

To The Order Of SACRAMENTO KNEE AND SPORT

MEDICINE

2801 K STREET STE 310 SACRAMENTO, CA 95816 Pay Amount \$2,850.00\*\*\*

Authorized Signature

\* NON-NEGOTIABLE \*

-3E/25-29-

| Check Date: | 15.Dec.2003 | GENFD GENERAL FUND |            | Warrant No.120026 |          |             |  |
|-------------|-------------|--------------------|------------|-------------------|----------|-------------|--|
| Description | Invoice No. | Invoice Date       | Voucher ID | Invoice Amount    | Discount | Paid Amount |  |
| B140001     | SH 200331   | Nov-19-2003        | 00127792 √ | 420.00            | 0.00     | 420.00      |  |
| B140001     | SH 300620   | Nov-19-2003        | 00127793 🗸 | 660.00            | 0.00     | 660.00      |  |
| B140001     | SH 600003   | Nov-19-2003        | 00127794√, | 450.00            | 0.00     | 450.00      |  |
| B140001     | SH 800004   | Nov-19-2003        | 00127795 🗸 | 1,320.00          | 0.00     | 1,320.00    |  |
|             |             |                    |            | <b> </b>          | —3€/2    | 72          |  |

Fig Copy

| Vendor Number  |             | Name                       |              | Total Discounts |                   |  |
|----------------|-------------|----------------------------|--------------|-----------------|-------------------|--|
| 0000004792     | SA          | SACRAMENTO KNEE AND SPORTS |              | \$0.00          |                   |  |
| Warrant Number | Date        |                            | Total Amount |                 | Total Paid Amount |  |
| 120026         | Dec-15-2003 |                            | \$2,850.00   | \$0.00          | \$2,850.00        |  |

| Aud. | m       | W/S N | ·o | 2  |
|------|---------|-------|----|----|
| nate | 4/16/01 | Page  |    | 25 |

| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court Sacramento, CA 95825-3981  |                   | BLANK                                 | CET OF         | RDER             | RELE               | ASE FOR                     |  |
|--|-------------------|---------------------------------------|----------------|------------------|--------------------|-----------------------------|--|
|  |                   | Release N                             |                |                  | Purchase Order No. |                             |  |
| ARC SCC XX CRC DO C EDC FM   |                   | 207819                                |                | B140             |                    | 001                         |  |
| FLC TS OTHER   |                   |                                       |                |                  |                    | edicine<br>/endor Code      |  |
|  |                   | lo. or Packin<br>check if attac       |                | vrite total      |                    | Date Items Receivent below) |  |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip)   |                   | QUANTITY                              | UNIT           | UNIT             | PRICE              | TOTAL                       |  |
| Invoices Attached  |                   | <del></del>                           |                |                  |                    |                             |  |
| THVOICES ALCACHED  |                   |                                       |                |                  |                    |                             |  |
|  |                   |                                       |                |                  |                    |                             |  |
|  |                   |                                       |                |                  | ]                  |                             |  |
|  |                   |                                       |                | 1                |                    |                             |  |
|  |                   |                                       |                |                  |                    |                             |  |
|  |                   |                                       |                |                  |                    |                             |  |
|  |                   | · · · · · · · · · · · · · · · · · · · |                |                  |                    |                             |  |
|  |                   |                                       |                |                  |                    | <u> </u>                    |  |
| urchases Charged to Categorical Programs, Grants or Special Projects his purchase is in compliance with the requirements of  |                   | Program Name                          |                | Total            | Amount             | /                           |  |
| For grants/special printing Director/Poordinator Signature   | projects          | Project/Grant Number                  |                |                  | Estimate           | \$2850.00<br>Œ/24           |  |
| rogram Goal/Objective Number/Explanation   |                   |                                       |                |                  |                    | / 1                         |  |
| nereby certify the items/services listed above are to be obtained in accordance the District Regulation 8323, Section 4, Conflict of Interest, and all other plicable district, state, and federal policies, rules, regulations, and laws. | GENED<br>Bus Unit | <u>√5890</u><br>Account               | / 11<br>Fund ( | /SC.VS           | S.HT/TH            |                             |  |
|  | 64400<br>Program  | /00000<br>Sub-Class                   | / 04<br>BY     | 041A<br>Proj/Gmt | \$ 7               | 1850.00                     |  |
| Vouce 2 Class 11/24/03   | 1 toftent         | /                                     | /              | , .ujrum<br>/    | - Airth            |                             |  |
| DATE OF THE PURCHASER SIGNATURE (must be listed on Purchase Order)  Date   | Bus, Unit         | Account                               | Fund /         | Org              | \$                 |                             |  |
| PPROVED, SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date   | Program           | Sub-Class                             | BY             | Proj/Grnt        | <del></del>        | ount                        |  |

127792

SAC KNEE & SPORTS MED CORP

DAVID B. COWARD M.D.

2801 K STREET STE. 310 SACRAMENTO

CA 95816

INVOICE

[RS# 680021799 PRV0# ZZZ003557

(916)454-6677

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

PATIENT: SAC. CITY COLLEGE

DATE ACCOUNT?

B14000/

| DATE     | PROCEDURE | DESCRIPTION     | AMULINT | BALANCE | DOCTOR     | DIAG |
|----------|-----------|-----------------|---------|---------|------------|------|
|          |           |                 |         | _ 4     |            |      |
| 09/13/03 | 90000-00  | SCC GAME        | 240.00  | 240.00  | COWARD, MD |      |
|          | DESC -00  | 4 HRS @ \$60/HR | .00     |         | CUWARD, MD |      |
| 09/24/03 | 90000-00  | TRAINING ROOM   | 60.00   | 300.00  | COWARD, MD |      |
| 09/24/03 | DESC -00  | 1 HR @ \$60/EA  | . 00    | 300.00  | COWARD, MD |      |
| 10/22/03 | 90000-00  | TRAINING ROOM   | 60.00   | 360.00  | COWARD, MD |      |
| /22/03   | DESC -00  | 1 HR @ \$60/HR  | . 0 0   | 360.00  | COWARD, MD |      |
| 11/12/03 | 9000000   | TRAINING ROOM   | 60.00   | 420.00  | COWARD, MD |      |
| 11/12/03 | DESC -00  | 1 HR @ \$60/EA  | . 00    | 420.00  | COWARD, MO |      |

INVOICE TOTAL:

Aud. 416/01 Page 21

127793

SAC KNEE & SPORTS MED CORP STEPHEN C. WEBER M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816 TRS# 680027799 PRVD# ZZZ00355Z

(916)454-6677

INVOCCE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD

SACRAMENTO CA 95822

PATIENT: SAC. CITY COLLEGE

DATE : (11/19/03) ACCOUNT: SH 300620

B14000/

| *==an=wuc==                             |  |   |   | ******   |  |
|---|--|---|---|--|--|
| PROCEDURE                               | DESCRIPTION  | AMOUNT  | BALANCE   | DOCTOR   | DIAG   |
| _ = = = = = = = = = = = = = = = = = = = | ***************************************                      |   | *******   |  |  |
| 90000-00                                | SCC TRNG ROOM  | 60.00   | 60.00   | WEBER, M.D.  |  |
| DESC -00                                | 1 HOUR @ \$60  | _ 0 0   | 60.00   | WEBER, M.O.  |  |
| 90000-00                                | SCC GAME   | 240.00  | 300.00  | WEBER, M.D.  |  |
| DESC -00                                | 4 HRS @ \$60/HR  | .00   | 300.00  | WEBER, M.D.  |  |
| 90000-00                                | TRAINING ROOM  | 60.00   | 360.00  | WFBER, M.D.  |  |
| DESC -00                                | 1 HR @ \$60/HR   | .00   | 360.00  | WEBER, M.O.  |  |
| 90000-00                                | SCC GAME   | 240.00  | 600.00  | WEBER, M.D.  | The same of the sa |
| DESC -00                                | 4 HRS @ \$60/HR  | .00   | 600.00  | WEBER, M.D.  |  |
| 90000-00                                | TRAINING ROOM  | 60.00   | 660.00  | WEBER, M.D.  |  |
| DESC -00                                | 1 HR @ \$60/HR   | .00   | 660.00  | WEBER, M.D.  |  |
|   | 90000-00 DESC -00 9000-00 DESC -00 9000-00 DESC -00 90000-00 | 90000-00 SCC TRNG ROOM DESC -00 1 HOUR @ \$60 90000-00 SCC GAME DESC -00 4 HRS @ \$60/HR 90000-00 TRAINING ROOM DESC -00 1 HR @ \$60/HR 90000-00 SCC GAME DESC -00 4 HRS @ \$60/HR 90000-00 TRAINING ROOM | 90000-00 SCC TRNG ROOM 60.00  DESC -00 1 HOUR @ \$60 .00  90000-00 SCC GAME 240.00  DESC -00 4 HRS @ \$60/HR .00  90000-00 TRAINING ROOM 60.00  DESC -00 1 HR @ \$60/HR .00  90000-00 SCC GAME 240.00  DESC -00 4 HRS @ \$60/HR .00  90000-00 TRAINING ROOM 60.00 | 90000-00 SCC TRNG ROOM 60.00 60.00  DESC -00 1 HOUR @ \$60 .00 60.00  90000-00 SCC GAME 240.00 300.00  DESC -00 4 HRS @ \$60/HR .00 300.00  90000-00 TRAINING ROOM 60.00 360.00  DESC -00 1 HR @ \$60/HR .00 360.00  90000-00 SCC GAME 240.00 600.00  DESC -00 4 HRS @ \$60/HR .00 600.00  DESC -00 TRAINING ROOM 60.00 600.00 | 90000-00 SCC TRNG ROOM 60.00 60.00 WEBER, M.D.  DESC -00 1 HOUR @ \$60 .00 60.00 WEBER, M.D.  90000-00 SCC GAME 240.00 300.00 WEBER, M.D.  DESC -00 4 HRS @ \$60/HR .00 300.00 WEBER, M.D.  90000-00 TRAINING ROOM 60.00 360.00 WEBER, M.D.  DESC -00 1 HR @ \$60/HR .00 360.00 WEBER, M.D.  90000-00 SCC GAME 240.00 600.00 WEBER, M.D.  DESC -00 4 HRS @ \$60/HR .00 600.00 WEBER, M.D.  90000-00 TRAINING ROOM 60.00 WEBER, M.D.  |

INVOICE TOTAL:



127794

SAC KNEE & SPORTS MED CORP DONALD G. DOWNS, M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816 IRS# 680027799 PRVON 727003557

(916)454-6677

INVOICE

TO:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822 DATE : ACCOUNT:

PATIENT: SAC. CITY COLLEGE

B14001

| · · · · · · · · · · · · · · · · · · · |           |           | <u> </u>         |                                      |
|---------------------------------------|-----------|-----------|------------------|--------------------------------------|
|                                       |           |           |                  | ELTERTH THE REPRESENTATION OF STREET |
| DATE                                  | DOCTOR    | PROCEDURE | DESCRIPTION      | DIAG AMOUNT                          |
|                                       |           |           |                  |                                      |
| 7/24/03                               | DOWNS, MD | 90000 00  | SCC PHYSICALS    | 120.00                               |
| 7/24/03                               | DOWNS, MD | DESC 00   | 2 HRS @ \$60/HR  | . 0 0                                |
| 8/05/03                               | DOWNS, MD | 90001 00  | SCC PHYSICALS    | 120.00                               |
| 8/05/03                               | DOWNS, MD | DESC 00   | 2 HRS @ \$60/HR  | . ପ ଚ                                |
| 8/25/03                               | DOWNS, MD | 90000 00  | SCC PHYSICALS    | 60.00                                |
| /25/03                                | DOWNS, MD | DESC 00   | 1 HR @ \$60/HR   | .00                                  |
| ₃/16/03                               | DOWNS. MD | 90000 00  | TRAINING ROOM    | 60.00                                |
| 9/16/03                               | DOWNS. MD | DESC 00   | 1 HOUR @ \$60/KR | .00                                  |
| 10/14/03                              | DOWNS, MD | DESC 00   | SCC PHYSICALS    | 90.00                                |

INVOICE TOTAL:

1277.95

SAC KNEE & SPORTS MED CORP JEFFREY I KAUFFMAN M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816 IRS# 680027799 PRVD# ZZZ00355Z

(916)454-6677

INVOICE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822 DATE ACCOUNT:

11/19/03 SH 800004

PATIENT: SAC. CITY COLLEGE

RILLANDI

|          |           |                 | 1314000                                  |           |           |           |
|----------|-----------|-----------------|--|-----------|-----------|-----------|
|          |           | 2               |  | unerneur: |           | verseemen |
| OATE     | PROCEDURE | DESCRIPTION     | THUOMA                                   | BALANCE   | DOCTOR    | DJAG      |
|          |           |                 | 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4 |           | **=       |           |
| 07/29/03 | 90000-00  | SCC PHYSICALS   | 120.00                                   | 120.00    | KAUFFMAN, | МD        |
| 07/29/03 | DESC -00  | 2 HRS @ \$60/EA | . ა ი                                    | 120.00    | KAUFFMAN, | MD        |
| 08/14/03 | 90000-00  | SCC PHYSICALS   | 120.00                                   | 240.00    | KAUFFMAN. | MO        |
| 08/14/03 | DESC -00  | 2 HRS @ \$60/EA | .00                                      | 240.00    | KAUFFMAN. | MO        |
| 79/19/03 | 90000-00  | SCC PHYSICALS   | 120.00                                   | 360.00    | KAUFFMAN. | MD        |
| /19/03   | DESC -00  | 2 HRS @ \$60/EA | . 00                                     | 360.00    | KAUFFMAN. | MD (      |
| 09/05/03 |           | SCC GAME        | 240.00                                   | 600.00    | KAUFFMAN, | MO        |
| 09/06/03 | DESC -00  | 4 HRS @ \$60/EA | . ଓ ମ                                    | 600.00    | KAUFFMAN. | ΜO        |
| 09/09/03 | 90000-00  | TRAINING ROOM   | 60.00                                    | 660.00    | KAUFFMAN, | MO        |
|          |           | 1 HR @ \$60/EA  | . 00                                     | 660.00    | KAUFFMAN. | MD        |
| •        |           | TRAINING ROOM   | 60.00                                    | 120.00    | KAUFFMAN. | MD        |
| 10/08/03 |           | 1 HR @ \$60/EA  | .00                                      | 120.00    | KAUFFMAN. | MD        |
|          | 90000-00  | SCC GAME        | 240.00                                   | 960.00    | KAUFFMAN, | MD        |
|          | DESC00    | 4 HRS @ \$60/EH | . 00                                     | 960.00    | KAUFFMAN, | MO        |
|          |           | TRAINING ROOM   | 60.00                                    | 1020.00   | KAUFFMAN, | MD        |
| • •      |           | 1 HR @ \$60/EA  | . 00                                     | 1020.00   | KAUFFMAN, | мо        |
| 11/15/03 |           | SCC GAME        | 240.00                                   | 1260.00   | KAUFFMAN, | MO        |
|          |           | 4 HRS @ \$60/EA | .00                                      | 1260.00   | KAUFFMAN, | MO        |
|          |           | TRAINING ROOM   | 60 00                                    | 1320.00   | KAUFFMAN, | MU        |
| 11/18/03 |           | 1 HR @ \$60/EA  | . 00                                     | 1320.00   | KAUFFMAN, | MO        |
|          |           | INVOICE FOTAL:  | J. 32                                    | 0.00      |           |           |

- SAC KNEE & SPORTS MED CORP

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210

0094-129736

Date Apr-15-2004

Pay Amount \$570.00\*\*\*

Pay

To The Order Of SACRAMENTO KNEE AND SPOR

**MEDICINE** 

2801 K STREET STE 310 SACRAMENTO, CA 95816

Authorized Signature

\* NON-NEGOTIABLE \*

| Check Date: | 15.Apr.2004 | GENFD GENI   | ERAL FUND  |                | War      | rant No.129736 |        |
|-------------|-------------|--------------|------------|----------------|----------|----------------|--------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount    |        |
| B140001     | SH 600003   | Мат-25-2004  | 00136713 🗸 | 330.00         | 0.00     |                | 330.00 |
| B140001     | SH 800004   | Mar-25-2004  | 00136715   | 240.00         | 0.00,    |                | 240.00 |
|             |             |              |            | <b>/</b>       | 2€/2     | 29             |        |

# Fie Copy

| 1  | endor Number   | Name                |  | Total Discounts |                 |                   |        |  |
|----|----------------|---------------------|--|-----------------|-----------------|-------------------|--------|--|
| i  | 0000004792     | SACRAMENTO KNEE AND |  | 0000004792 S.A. |                 | D SPORTS          | \$0.00 |  |
| ΙĪ | Warrant Number | Date                |  | Total Amount    | Discounts Taken | Total Paid Amount |        |  |
|    | 129736         | Apr-15-2004         |  | \$570.00        | \$0.00          | . \$570.00        |        |  |

<del>363</del>

| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court • Sacramento, CA 95825-3981   |                 | BLANK                           | (ET OI   | RDER R                                  | ELEAS                                   | SE FORM                       |
|---|-----------------|---------------------------------|--|---|---|-------------------------------|
| 170 T   |                 | Release N                       | <b>1</b> 0.                                      | Pui                                     | rchase Or                               | der No.                       |
| ARC SCC XX  CRC DO   EDC FM   |                 | 20                              | 8516   | B1                                      | 40001                                   | ·                             |
| FLC TS OTHER  |                 | ,                               |  |   |   | ,                             |
|   |                 | CRAMENTO Name (As it a          |  |   |   | ndor Code                     |
|   |                 | 600003                          | 2pp.04.0 0.                                      | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                               |
| · · · · · · · · · · · · · · · · · · ·   | Invoice         | No. or Packin<br>check if attac | g Siip No.<br>ched and                           | write total doll                        |   | te Items Received<br>t below) |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip)  |                 | QUANTITY                        | UNIT   | UNIT PR                                 | ICE                                     | TOTAL                         |
|   |                 | -                               |  |   |   |                               |
|   |                 |                                 | ,  |   |   |                               |
|   |                 |                                 |  |   |   | -                             |
|   |                 |                                 |  |   |   |                               |
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|   | <del></del>     |                                 |  | <del></del>                             |   |                               |
|   |                 |                                 | 1  |   |   |                               |
| Purchases Charged to Categorical Programs, Grants or Special Projects   |                 |                                 | <del>                                     </del> | _                                       |   | relm                          |
| This purchase is in compliance with the requirements of   |                 | Program Name                    | . ·  | Total Am                                | oount -                                 | 1/35                          |
| For grants/special p Program Director/Coordinator Signature   | orojects        | Project/Grant N                 |  | or Esti                                 |   | 330.00<br>2€/30               |
| Program Goal/Objective Number/Explanation   |                 |                                 |  |   |   | 1.                            |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENED           | / 5890                          | / 11   | / sc.vs.                                | нглн                                    |                               |
|   | Bus. Unit 64400 | / 00000                         | Fund / 04  | Org<br>/ 041A                           | <b>\$</b> 330                           | .oo DA                        |
| Jank 3-29-04  | Program         | Sub-Class                       | BY /   | Proj/Grnt                               | Amoun                                   |                               |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order) Date  | Bus. Unit       | Account                         | Fund   | Org                                     |   | ,                             |
| 3-30-04   |                 |                                 |  | /                                       | \$                                      | <u> </u>                      |
| OVED SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date  | Program         | Sub-Class                       | BY   | Proj/Gmt                                | Amou                                    | nt                            |

| 1919 Spanos Court • Sacramento, CA 95825-3981  |  |                 |              |                                       |                     |
|--|--|-----------------|--------------|---------------------------------------|---------------------|
| ARC SCC XX   |  | Release h       | No.          | Purcha                                | se Order No.        |
| ARC SCC C  |  | 20              | 8515         | B1400                                 | 001                 |
| EDC FM   | e de la companya de l |                 |              |                                       |                     |
| FLC TS   |  |                 |              |                                       | •                   |
| OTHER  |  |                 | · ·          |                                       |                     |
|  |  |                 |              | ND SPORTS  Purchase Order             | Vandar Cada         |
| (1943)<br>- Tanana Barana (1943)   | , vendor   | Name (As it     | appears or   | i Fuichase Order                      | y veridor Code      |
|  | Call   | 800004          |              |                                       |                     |
| and the second s | Invoice  | No. or Packin   |              |                                       | Date Items Received |
|  | X (Please  | check if attac  | ched and     | write total dollar a                  | mount below)        |
|  |  |                 | 1            |                                       | <del></del>         |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip)   |  | QUANTITY        | UNIT         | UNIT PRICE                            | TOTAL               |
|  |  |                 |              |                                       |                     |
|  |  |                 | -            | <del> </del>                          |                     |
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|  |  |                 |              |                                       |                     |
| 78907  |  |                 |              |                                       |                     |
| archases Charged to Categorical Programs, Grants or Special Projects his purchase is in compliance with the requirements of  |  |                 |              |                                       | 35/34               |
| For grants/special   | nmiects  | Program Name    |              | Total Amour                           | nt s 240 00         |
| rogram Director/Coordinator Signature  | p.0,000  | Project/Grant N | lumber       | or Estimat                            | e 20/20             |
|  |  |                 |              |                                       | 12/20               |
| ogram Goal/Objective Number/Explanation  |  |                 |              | · · · · · · · · · · · · · · · · · · · |                     |
| ereby certify the items/services listed above are to be obtained in accordance   |  |                 | 1            |                                       |                     |
| th District Regulation 8323, Section 4, Conflict of Interest, and all other plicable district, state, and federal policies, rules, regulations, and laws.  | GENFD  | /5890           | / 11         | / SC.VS.HUT                           | <u>H</u>            |
|  | Bus. Unit  | Account         | Fund         | Org                                   | \<br>\              |
|  | 54400  | / 00000         | /04          | /041A \$                              | 240.00:1            |
|  | Program  | Sub-Class       | BY           | Proj/Gmt /                            | Amount              |
| bus 2 Clark 3-29-04  |  | /               |              | /                                     |                     |
| THORIZED PURCHASER SIGNATURE (must be listed on Purchase Order)  Date  | Bus. Unit  | Account         | Fund         | Org                                   |                     |
| " fand -12 3-30-04   |  | /               | /            | / s                                   |                     |
| COVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date   | Program  | Sub-Class       | BY           | Proj/Grnt                             | Amount              |

LOS RIOS COMMUNITY COLLEGE DISTRICT BLANKET ORDER RELEASE FORM

- W/S No. 33 Date 41607 Page \_

136713

SAC KNEE & SPORTS MED CORP DONALD G. DOWNS, M.D. 2801 K STREET STE. 310 SACRAMENTO CA 95816

IRS# 680027799 PRVD# ZZZ00355Z

(916) 454-6677

INVOICE

GUAR:

SAC. CITY COLLEGE 3835 FREEPORT BLVD

SACRAMENTO CA 95822

PATIENT: SAC. CITY COLLEGE

DATE ACCOUNT: SH 600003

B14000/

| DATE      | PROCEDURE | DESCRIPTION                            | AMOUNT   | BALANCE | DOCTOR   | DIAG    |
|-----------|-----------|--|----------|---------|----------|---------|
|           |           | ·===================================== | ======== |         | ======   | ======: |
| 12/11/03  | 90000-00  | PHYSICALS 2 HOURS                      | 120.00   | 120 00  | DOWNS. M |         |
|           | DESC -00  | @ \$60 / PER HOUR                      | .00      |         | DOWNS, M |         |
|           | 90000-00  | PHYSICALS 2 HOURS                      | 120.00   |         | DOWNS, M |         |
|           | DESC -00  | @ \$60 / PER HOUR                      | .00      | 240.00  | DOWNS, M | ם       |
| pr /29/04 | 90000-00  | PHYSICALS 1.5 HOURS                    | 90.00    | 330.00  | DOWNS, M | D /     |

INVOICE TOTAL:

L BT

330.00

6 - SAC KNEE & SPORTS MED CORP

136715

SAC KNEE & SPORTS MED CORP JEFFREY I KAUFFMAN M.D., 2801 K STREET STE. 310 SACRAMENTO CA 95816 680027799 ZZZ00355Z

(916)454-6677

INVOICE

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

DATE

SH 800004

SAC. CITY COLLEGE

B14000/

| <u></u>  |                |           |                   |      |        |
|----------|----------------|-----------|-------------------|------|--------|
|          | .========      |           |                   |      |        |
| DATE     | DOCTOR         | PROCEDURE | DESCRIPTION       | DIAG | AMOUNT |
|          |                |           |                   |      |        |
| 12/03/03 | . KAUFFMAN, MD | 90000 00  | PHYSICALS 2 HOURS |      | 120.00 |
| 12/03/03 | KAUFFMAN, MD   | DESC 00   | @ \$60/HR         |      | .00    |
| 1/15/04  | KAUFFMAN, MD   | 90000 00  | PHYSICALS 2 HOURS |      | 120.00 |
| 1/16/04  | KAUFFMAN, MD   | DESC 00   | @ \$60/HR         |      | .00    |

INVOICE TOTAL:

Date 416 27 Page 35

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, ČA 94104 11-49/1210 0094-134366

5×2/

Date Jun-23-2004

Pay Amount \$3,055.00\*\*\*

Pay

\*\*\*THREE THOUSAND FIFTY-FIVE AND XX / 100 CS DOIL AR

To The Order Of REGENTS OF THE UNIV OF CALID CASHIER'S OFF. 1200 DUTTON HALL UNIV OF CA ONE SHIELDS AVE DAVIS, CA 95616

Authorized Signature

\* NON-NEGOTIABLE \*

→ 3E/36-38 → 1

Warrant No.134366 Check Date: 23.Jun.2004 **GENFD** GENERAL FUND Description Invoice No. Invoice Date Voucher ID Invoice Amount Discount Paid Amount 0001023881 069865 PREPAY Jun-08-2004 00143484 √ 3,055.00 0.00 3,055.00

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| Vendor Number  |             | Name                         |                 |                   |
|----------------|-------------|------------------------------|-----------------|-------------------|
| 0000004561     | REGENTS     | REGENTS OF THE UNIV OF CALIF |                 |                   |
| Warrant Number | Date        | Total Amount                 | Discounts Taken | Total Paid Amount |
| 134366         | Jun-23-2004 | \$3,055.00                   | \$0.00          | \$3,055.00        |

Sports Medicine

June 8, 2004

Bumni Beckley, M.D.

David Cosca, M.D.

Gina Lokna, M.D.

Jeffrey Tanji, M.D.

Massimo Testa, M.D.

American River College

4700 College Oak Drive

Sacramento, CA 95864

Attn: Gin Fierro

Orthopaedic Surgery

Eric Heiden, M.D.

Karen Heiden, M.D.

Richard Marder, M.D.

Stephen Pinney, M.D.

Anthony Van Bergeyk, M.D.

RE: Physician Team Services (Agreement No. 96-09125V)

The purpose of this correspondence is to request payment for services rendered to the American River College Intercollegiate Athletics Program by the UC Davis Sports Medicine Program from July 2003 through June 2004. Please forward the a check for \$3,055.00 made payable to the UC Regents and the attached yellow invoice to: 38/35

Cashier's Office 1200 Dutton Hall University of California One Shields Avenue Davis, CA 95616-8549

Thank you for the opportunity to work with your organization. If you have any questions or require additional information, please do not hesitate to contact me at (916) 734-2985.

Sincerely,

Jolanda Blackwell

Practice Manager

UC Davis Sports Medicine Program

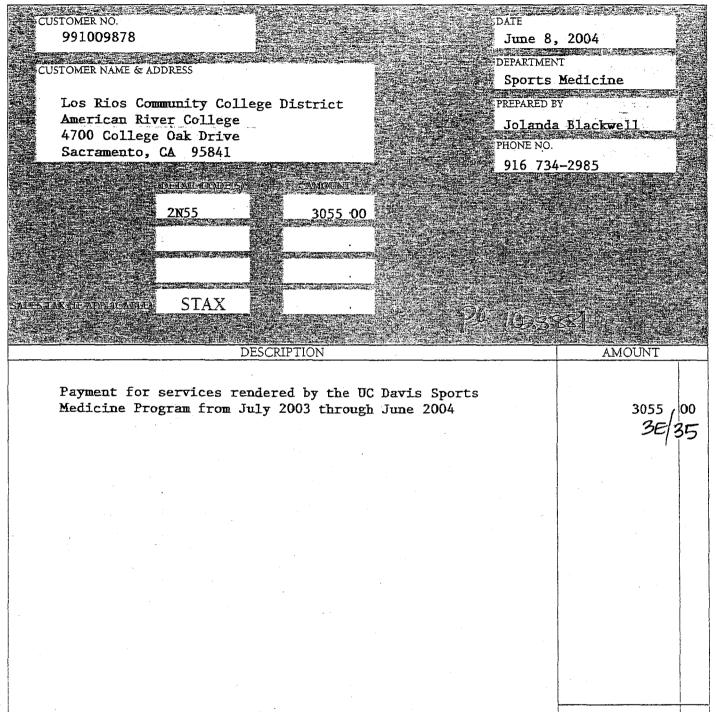
Attachments

Regents of Line

Nº 069835

# INVOICE UNIVERSITY OF CALIFORNIA, DAVIS DAVIS, CALIFORNIA 95616-8709

PHONE (530)752-3649 - FAX (530)752-5718 FED. ID. #94-6036494



PAYMENT IS DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: THE REGENTS OF THE U. C. Mail or make payment in person to: Cashier's Office, 1200 Dutton Hall

University of California, One Shields Avenue, Davis, CA 95616-8549

# INVOICE

Date: 5/18/04

BILLED TO:

Gin Fierro American River College 4700 College Oak Dr. Sacramento, CA 95864 FROM:

UCD Sports Medicine 2825 J Street, Suite 300 Sacramento, CA 95816

# DESCRIPTION OF SERVICE:

Physician coverage to American River College for sport physical evaluations and football game coverage for the 2003/04 school year at \$65.00/hour.

| • | 07/09/03 | 2:30 pm to 4:30 pm | 2.0hrs             | \$130.00 |
|---|----------|--------------------|--------------------|----------|
|   | 08/06/03 | 1:30 pm to 5:00 pm | 3.5hrs             | \$227.50 |
|   | 08/13/03 | 1:30 pm to 5:30 pm | 4.0hrs             | \$260.00 |
|   | 08/20/03 | 1:30 pm to 5:00 pm | 3.5hrs             | \$227.50 |
|   | 08/27/03 | 1:30 pm to 3:30 pm | $2.0 \mathrm{hrs}$ | \$130.00 |
|   | 10/01/03 |                    | 3.0hrs             | \$195.00 |
|   |          |                    |                    |          |

10/01/03 1:30 pm to 4:30 pm 3.0hrs \$195.00 12/10/03 1:30 pm to 4:30 pm 3.0hrs \$195.00 01/21/04 1:30 pm to 4:30 pm 3.0hrs \$195.00 01/28/04 1:30 pm to 4:30 pm 3.0hrs \$195.00

Football Game:

Physicals:

| 09/13/03 | 5:30pm to 9:30pm  | 4hrs  | \$260.00        |
|----------|-------------------|-------|-----------------|
| 09/20/03 | 5:30pm to 9:30pm  | 4hrs  | \$260.00        |
| 10/04/03 | 1:30pm to 5:30pm  | 4hrs  | \$260.00        |
| 10/25/02 | 12:30pm to 4:30pm | 4hrs  | \$260.00        |
| 11/15/02 | 12:30pm to 4:30pm | 4hrs  | <u>\$260.00</u> |
|          |                   | Total | \$1300.00       |
|          |                   |       |                 |

Total \$3055.90

3E 35

\$1755.00

**Tab 16** 

# LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

# ANALYSIS OF SERVICES AND SUPPLIES - FY 2002/03

|            |          | AR.VS.HLTH |           |            | CR.VS.HI | _TH                                     | SC.VS.HL    | .TH      |                   | TOTAL      | ]            |            |                            |
|------------|----------|------------|-----------|------------|----------|---|-------------|----------|-------------------|------------|--------------|------------|----------------------------|
| Warrant #  | Voucher  | 4500 5200  | 5500 5600 | 5890 6490  | 4500     | 5300 5600                               | 4500        | 4504 520 | 00 5890           | l          | ALLOWED      | DISALLOWED | NOTES                      |
| 0          | 0        | 8.39       | 25.93     | (1,300.00) | 1.45     |   | 80.76       | 0.51     |                   | (1,182.96) | (\$1,182.96) | \$0.00     | 1                          |
| 0094077875 | 00085370 |            | 7.56      |            |          |   |             |          |                   | 7.56       | \$7.56       |            | Verizon messaging svcs     |
| 0094078534 | 00085622 | 13.47      |           |            |          |   |             |          |                   | 13.47      | \$13.47      | \$0.00     | office supplies            |
| 0094081133 | C1985    |            |           |            | 42.02    |   |             |          |                   | 42.02      | \$42.02      |            | office supplies            |
| 0094082221 | C1900    |            |           |            |          | 138,49                                  |             |          |                   | 138.49     | \$138.49     |            | service on audio equip.    |
| 0094084664 | 00091199 | 352.71     |           |            |          |   |             |          |                   | 352.71     | \$351.71     |            | medical supplies           |
| 0094086627 | C2024    |            |           |            | 138.31   |   |             |          |                   | 138.31     | \$138.31     |            | office supplies            |
|            | C2025    |            |           |            | 173.22   |   |             |          |                   | 173.22     | \$173.22     | \$0.00     | office supplies            |
| 0094088348 | 00093216 |            |           |            | 1        |   |             |          | <b>√</b> ( 120.00 | 120.00     | \$0.00       | \$120.00   | 2                          |
|            | 00093217 |            |           |            |          |   | 1 :         | BE 5-1   | B Z 240.00        | 240.00     | \$0.00       | \$240.00   | ]2                         |
|            | 00093219 |            |           |            | İ        |   |             | · ·      | 660.00            | 660.00     | \$0.00       | \$660.00   | 2                          |
| 0094089846 | 00096032 |            |           |            |          |   |             | 2        | 4.00              | 24.00      | \$24.00      | \$0.00     | travel-health conference   |
| 0094090006 | 00096050 |            |           |            |          | 75.00                                   |             |          |                   | 75.00      | \$75.00      | \$0.00     | membership                 |
| 0094090131 | 00095974 |            |           |            |          |   | 602.99      |          |                   | 602.99     | \$602,99     | \$0.00     | medical supplies           |
|            | 00096674 | <u></u>    |           |            | 499.82   |   |             |          |                   | 499.82     | \$499.82     | \$0.00     | medical supplies           |
| 0094090166 | 00097177 | 174.49     |           |            |          |   | T           |          |                   | 174.49     | \$174.49     | \$0.00     | travel-health conference   |
| 0094090192 | 00096701 | 98.88      |           |            |          |   |             |          |                   | 98.88      | \$98.88      |            | travel-health conference   |
| 0094090262 | 00096734 |            |           |            | 85.75    |   | 1           |          |                   | 85.75      | \$85.75      | \$0.00     | office supplies            |
| 0094090777 | 00097656 |            |           |            | 6.45     |   |             |          |                   | 6.45       | \$6.45       |            | supplies                   |
| 0094090778 | 00098105 |            |           |            | 102.96   |   |             |          |                   | 102.96     | \$102.96     | \$0.00     | medical supplies           |
| 0094091066 | 00097639 |            |           |            | 273.08   |   |             |          |                   | 273.08     | \$273.08     | \$0.00     | office supplies            |
| 0094091695 | 00098639 |            | 316.40    | )          |          |   |             |          |                   | 316.40     | \$316.40     |            | copier maintenance         |
| 0094092811 | 00101184 |            | 6.56      |            |          |   |             |          |                   | 6.56       | \$6.56       |            | Verizon messaging svcs     |
|            | 00101188 |            | 6.56      |            | l        |   |             |          |                   | 6.56       | \$6.56       |            | Verizon messaging svcs     |
| İ          | 00101198 |            | 6.56      |            |          |   |             |          |                   | 6.56       | \$6.56       | \$0.00     | Verizon messaging svcs     |
|            | 00101215 |            | 6.56      |            |          |   |             |          |                   | 6.56       | \$6.56       | \$0.00     | Verizon messaging svcs     |
| 0094093721 | 00102127 |            |           |            |          |   | 112.06      |          |                   | 112.06     | \$112.06     |            | medical supplies           |
| 0094099464 | 00105486 |            | 6.56      |            |          |   |             |          |                   | 6.56       | \$6.56       |            | Verizon messaging svcs     |
|            | 00105491 |            | 6.56      |            |          |   |             |          |                   | 6.56       | \$6.56       |            | Verizon messaging svcs     |
| 0094101284 | 00108638 | 309.47     |           | 239.       | 21       |   |             |          |                   | 548.68     | \$548.68     |            | medical supplies           |
| 0094101297 | 00107367 | 656.30     |           |            |          |   | J           |          |                   | 656.30     | \$656.30     |            | travel - health conference |
| 0094101310 | 00108148 | 190.68     |           |            |          |   |             |          |                   | 190.68     | \$190.68     |            | travel-stress mgt workshop |
| 0094101356 | 00108293 |            |           |            |          | *************************************** | 109.14      |          |                   | 109.14     | \$109.14     |            | medical supplies           |
|            | 00107368 |            |           |            |          |   |             | 176      | 3.00              | 176.00     | \$176.00     |            | travel - health conference |
| 0094101437 | 00108354 |            | 2.86      | ····       |          |   |             |          |                   | 2.86       | \$2.86       |            | Verizon messaging svcs     |
| 0094102123 | 00109362 |            |           |            |          |   | <u> </u>    | 83.00    |                   | 83.00      | \$83.00      |            | booklets/pamphlets         |
|            | 00110373 |            |           |            | 32.67    |   | <u> </u>    |          |                   | 32.67      | \$32.67      |            | office supplies            |
| 0094102370 | C2212    |            |           |            |          | 90.00                                   | <del></del> |          |                   | 90.00      | \$90.00      |            | service on audio equip.    |
| 0094102588 | 00109893 |            |           |            |          |   | 196.84      |          |                   | 196.84     | \$196.84     |            | medical supplies           |
| 0094102910 | 00109836 | 70.00      |           |            |          |   | <u> </u>    |          |                   | 70.00      | \$70.00      |            | travel - health conference |
| 0094104316 | 00113281 |            | 90.00     | )          |          | -                                       |             |          |                   | 90.00      | \$90.00      | \$0.00     | service on audio equip.    |
| 0094104813 | 00113305 |            | 4.02      |            | 1        |   | 1           |          |                   | 4.02       | \$4.02       | \$0.00     | Verizon messaging svcs     |

### LOS RIOS COMMUNITY COLLEGE DISTRICT LEGISLATIVELY MANDATED HEALTH FEE ELIMINATION PROGRAM AUDIT PERIOD FROM JULY 1, 2002 THROUGH JUNE 30, 2006 S07-MCC-0018

### **ANALYSIS OF SERVICES AND SUPPLIES - FY 2002/03**

|            |          | AR.VS.HL | .TH      |       |        |          |        | CR.VS.HL | .TH   |        | SC.VS.HL | .TH   |        |          | TOTAL     | 1          |            |                                 |
|------------|----------|----------|----------|-------|--------|----------|--------|----------|-------|--------|----------|-------|--------|----------|-----------|------------|------------|---------------------------------|
| Warrant #  | Voucher  | 4500     | 5200     | 5500  | 5600   | 5890     | 6490   | 4500     | 5300  | 5600   | 4500     | 4504  | 5200   | 5890     |           | ALLOWED    | DISALLOWED | NOTES                           |
| 0094106697 | 00115110 | 643.02   |          |       |        |          |        |          |       |        |          |       |        | 1 .      | / 643.02  | \$643.02   | \$0.00     | medical supplies                |
| 0094106751 | 00115860 |          |          |       |        | 3,055.00 |        |          |       |        |          |       | 9E     | 19-14    | 3,055.00  | \$0.00     | \$3,055.00 | 2                               |
| 0094106752 | 00115925 |          |          |       |        | 1,300.00 |        |          |       |        |          |       |        | 115-16   |           | \$1,300.00 | \$0.00     | correctly backed out by auditee |
| 0094106753 | 00116141 |          |          |       |        | 1,755.00 |        |          |       |        |          |       | SE     | 111-21   | 1,755.00  | \$0.00     | \$1,755.00 | 2                               |
| TOTAL      |          | 1,327.06 | 1,190.35 | 79.73 | 406.40 | 4,810.00 | 239.21 | 1,355.73 | 75.00 | 228.49 | 1,101.79 | 83.51 | 200.00 | 1,020.00 | 12,117.27 | \$6,286.27 | \$5,830.00 |                                 |
|            |          |          |          |       |        |          |        |          |       |        |          |       |        |          | 30%       |            | Œ          | J                               |

### NOTES

<sup>&</sup>lt;sup>1</sup> Per district personnel, these adjusting amounts were made by campus personnel. Supporting documents are not available at the district offices. Due to the immaterial amount (\$1,182.96 less -\$1,300 is \$117.04), the auditor will pass on testing.

<sup>&</sup>lt;sup>2</sup> Education Code Section 76355(d) states that "Authorized expenditures shall not include physical examinations for intercollegiate athletics [and] the salaries of health professionals for athletic events." The disallowed costs are for physical examinations for athletes and medical personnel present at athletic games.

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210

0094-088348

Date Oct-17-2002

Pay Amount \$1,020.00\*\*\*

Pay

To The Order Of SACRAMENTO KNEE AND SPOR

MEDICINE

2801 K STREET STE 310 SACRAMENTO, CA 95816

Authorized Signature

\* NON-NEGOTIABLE \*

3=16-8-

| Check Date: 17. | Oct.2002 GE     | ENFD GENE    | ERAL FUND  |                | Warr     | ant No.088348 |        |
|-----------------|-----------------|--------------|------------|----------------|----------|---------------|--------|
| Description     | Invoice No.     | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount   |        |
| 0001015868      | PREPAY SH300620 | Sep-25-2002  | 00093217 🗸 | 240.00         | 0.00     |               | 240.00 |
| 0001015868      | PREPAY SH600003 | Sep-25-2002  | 00093216 🗸 | 120.00         | 0.00     |               | 120.00 |
| 0001015868      | PREPAY SH800004 | Sep-25-2002  | 00093219 🗸 | 660.00         | 0.00     |               | 660.00 |
|                 |                 | -            |            | <u>.</u>       | 25/0     | •             | .      |

# File Copy

| Vendor Number  |             | Name              | Total Discounts |                   |
|----------------|-------------|-------------------|-----------------|-------------------|
| 0000004792     | SACRAMENT   | O KNEE AND SPORTS | \$0.00          |                   |
| Warrant Number | Date        | Total Amount      | Discounts Taken | Total Paid Amount |
| 088348         | Oct-17-2002 | \$1,020.00        | \$0.00          | \$1,020.00        |

93217

SAC KNEE & SPORTS MED CORP STEPHEN C. WEBER M.D.

2801 K STREET STE. 310 CA 98816

SACRAMENTO

PRVD# ZZZ00355Z

680027799

(916)454-6577

INVOICE

T.0:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

PATIENT:

SAC. CITY COLLEGE

DATE ACCQUNT:

IRS#

9/2<del>5/02</del> SH 300620

DESCRIPTION PROCEDURE DIAG DOCTOR AMOUNT

9/21/02 WEBER, M.D.

9/21/02 WEBER, M.D.

S0000 00 DESC 00

9/21 (GAME - 4)

PHYSICIAN SERVICES

240.00

.00

INVOICE TOTAL:

9326

SAC KNEE & SPORTS MED CORP DONALD G. DOWNS, M.D. 2801 K STREET STE. 310

SACRAMENTO

CA 95816

680027793 IRS# PRVD# ZZZ00355Z

(916)454-6677

INVOICE

T0:

SAC. CITY COLLEGE 3835 FREEPORT BLVD SACRAMENTO CA 95822

PATIENT: SAC. CITY COLLEGE

ACCOUNT:

0.1015868

DESCRIPTION

7/11/02 DOWNS, MD

90000 00

PHYSICIAN SERVICES (2)

120.00

INVOICE TOTAL:

SAC KNEE & SPORTS MED CORP KAUFFMAN M.D., JEFFREY I 2801 K STREET STE. 310 SACRAMENTO CA 95816 93219

IRS# 680027799 PRVD# ZZZ00355Z

(916)454-6677

INVOICE

SAC. CITY COLLEGE 3835 FREEPORT BLVD

SACRAMENTO CA 95822

DATE : 9/25/02 ACCOUNT: SH 800004

PATIENT: SAC. CITY COLLEGE

GUAR:

AD- 1015868

PROCEDURE BALANCE DOCTOR DATE DESCRIPTION DIAG 09/25/02 90000-00 PHYSICIAN SERVICES 660.00 560.00 KAUFFMAN, MD 09/25/02 DESC -00 07/11 (2); 07/30 (2) .00 660.00 KAUFFMAN, MD 09/25/02 DESC -00 08/12 (2); 08/16 (1) .00 660.00 KAUFFMAN, MD 09/25/02 DESC -00 08/22 (2); 09/09 (1) 660.00 KAUFFMAN. MD .00 09/17 (2); 09/24 (1) @^/25/02 DESC -00 660.00 KAUFFMAN, MD .00

INVOICE TOTAL:

660.00 3E/5

8 - SAC KNEE & SPORTS MED CORP

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court
Sacramento, CA 95825-3981

Date

Jun-25-2003

Pay Amount \$3,055.00\*\*\*

\*\*\*\*\*THREE THOUSAND FIFTY-FIVE AND X / 10 US DOIL AP

REGENTS OF THE UNIV OF CALIF
CASHIER'S OFF. 1200 DUTTON HALL
UNIV OF CA ONE SHIELDS AVE
DAVIS, CA 95616

\* NON-NEGOTIABLE \*

Authorized Signature

Check Date: 25.Jun.2003 GENERAL FUND Warrant No.106751 **GENFD** Description Invoice Date Invoice No. Voucher ID Invoice Amount Discount Paid Amount 064644 B130446 Jun-12-2003 00115860 3,055.00 0.00 3,055.00

Pay

To The

Order Of

File Copy

| Vendor Number  |             | Name                 | Total Discounts |                   |
|----------------|-------------|----------------------|-----------------|-------------------|
| 0000004561     | REGENT      | OF THE UNIV OF CALIF | \$0.00          |                   |
| Warrant Number | Date        | Total Amount         | Discounts Taken | Total Paid Amount |
| 106751         | Jun-25-2003 | \$3,055.00           | \$0.00          | \$3,055.00        |

Sports Medicine

June 12, 2003

David Cosca, M.D.

Gina Lokna, M.D.

Jeffrey Tanji, M.D.

Massimo Testa, M.D.

Los Rios Community College District

American River College

4700 College Oak Drive Orthopedic Surgery

Sacramento, CA 95841

& Arthroscopy

Eric Heiden, M.D.

Richard Marder, M.D.

John Raskind, M.D.

RE:

Physician Team Services (Agreement No. 96-09125V)

Physical Medicine & Rehabilitation

Viviane Ugalde, M.D.

The purpose of this correspondence is to request payment for services rendered to the American River College Intercollegiate Athletics Program by the UC Davis Sports Medicine Program from July, 2002 through June, 2003. Please forward the attached yellow invoice and a check for \$3,055,00 made payable to:

Cashier's Office 1200 Dutton Hall University of California One Shields avenue Davis, CA 95616-8549

Thank you for the opportunity to work with your organization. If you have any questions or require additional information, please do not hesitate to contact me at (916) 734-2985.

Jolanda Blackwell Practice Manager

UC Davis Sports Medicine Program

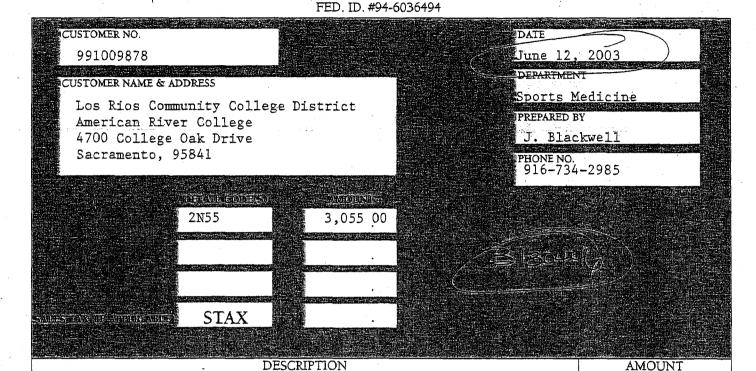
Attachments



Nº 064644

Regents of INVOICE
UNIVERSITY OF CALIFORNIA, DAVIS
DAVIS, CALIFORNIA 95616-8709
PHONE (530)752-3649 - FAX (530)752-5718





Payment for services rendered by the UC Davis Sports Medicine Program from July, 2002 through June, 2003

3,055 00



PAYMENT IS DUE UPON RECEIPT. PLEASE RETURN YELLOW COPY WITH YOUR PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: THE REGENTS OF THE U. C. Mail or make payment in person to: Cashier's Office, 1200 Dutton Hall

University of California, One Shields Avenue, Davis, CA 95616-8549

# **INVOICE**

Date: 4/01/03

BILLED TO:.

Gin Fierro American River College 4700 College Oak Dr. Sacramento, CA 95864 FROM:

UCD Sports Medicine 2825 J Street, Suite 300 Sacramento, CA 95816

# DESCRIPTION OF SERVICE:

Physician coverage to American River College for sport physical evaluations and football game coverage for the 2002/03 school year at \$65.00/hour.

# Physicals:

| 06/26/02 | 3:00 pm to 5:00 pm | 2.0hrs | \$130.00  |
|----------|--------------------|--------|-----------|
| 08/07/02 | 1:30 pm to 5:00 pm | 3.5hrs | \$227.50  |
| 08/14/02 | 1:30 pm to 5:30 pm | 4.0hrs | \$260.00  |
| 08/21/02 | 1:30 pm to 5:00 pm | 3.5hrs | \$227.50  |
| 08/26/02 | 1:30 pm to 3:30 pm | 2.0hrs | \$130.00  |
| 10/09/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00  |
| 12/11/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00  |
| 01/22/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00  |
| 01/29/02 | 1:30 pm to 4:30 pm | 3.0hrs | \$195.00  |
|          |                    | 2013   | \$1755 AA |

# Football Game:

| 09/14/02 | 5:30pm to 9:30pm  | 4hrs  | \$260.00        |
|----------|-------------------|-------|-----------------|
| 10/05/02 | 5:30pm to 9:30pm  | 4hrs  | \$260.00        |
| 10/26/02 | 1:30pm to 5:30pm  | 4hrs  | \$260.00        |
| 11/09/02 | 12:30pm to 4:30pm | 4hrs  | \$260.00        |
| 11/16/02 | 12:30pm to 4:30pm | 4hrs  | \$260.00        |
|          |                   | Total | Ø€ 14 \$1300.00 |



Total \$3055.00

| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court • Sacramento, CA 95825-3981  | В                                     | LANK                                       | ET OR                                    | DER RELE      | ASE FORM                                       |
|--|---------------------------------------|--|--|---------------|--|
| ARC SCC CRC DO CRC DO CRC TS DO CRC TS CRC T | RPT-DUTE<br>Vendor Nam<br>UC D'AUT    | 3 OF Cone (As it ap                        | 5536  Structures  Operars on lichac Gran | TV CF CATO    | 3 MCDICIWE<br>EXIT 9949<br>Date Items Received |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip)   | ALIO                                  | NTITY                                      | UNIT                                     | UNIT PRICE    | TOTAL  |
| 0. 0   | - 005                                 | JN 1 ( )                                   | ONIT                                     | ONIT T NOL    | TOTAL  |
| MYSICIAN COVERAGE FOR  |                                       |  |  |               |  |
| PHYSICALS FOR FAU 2003   |                                       |  |  |               |  |
| AND Jokins 7003  |                                       |  |  | 657           |  |
| 6-26-00 3-5Pm  |                                       | HRS  |  | (e5)<br>HVL   | 130.00   |
| 8-7-62 130-5pm   |                                       | 5 mis                                      |  | 65)<br>mx     | 227.50   |
| 8-14-02 136-530 pm   | 4,                                    | ms   |  | 63/HM         | 760.00   |
| 8-26-02 130-5pm  | 3.                                    | 5 ms                                       |  | (65)          | 227.50   |
| 18-28-02-1:30-3:30pm   | 1                                     | rtn.5                                      |  | 65)m          | 130,00   |
| 10-91-02 1:30 - 4:30   | 7                                     | itas                                       |  | 65 June       | 195:00   |
| 12-11-03 1:30-4:30   | .31                                   | tus  |  | 657 Hm        | 195,00   |
| 1-29-03 1:30-4:30  |                                       | 725  |  | 11the         | 195,00   |
| 1-29-03 1:30-4:30  | · · · · · · · · · · · · · · · · · · · | thes                                       |  | 65/HX         | 195,00   |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of  |                                       |  |  |               |  |
| For grants/special p   | _                                     | ram Name                                   |  | Total Amount  |  |
| Program Director/Coordinator Signature   |                                       | ect/Grant Nu                               | mber                                     | or Estimate   | 35/12  |
| Program Goal/Objective Number/Explanation  |                                       |  |  |               | 10/12  |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws.  | 64400 / 0                             | 5/8/9/0<br>Account<br>0 0 0 0 0<br>b-Class | <u> </u>                                 | 3 041A \$     | 1,755.00                                       |
| Virginia L Tello 6.20.03   | //                                    |  | //                                       | ,<br>         |  |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order)  Date  | Bus. Unit A                           | Account                                    | Fund O                                   | rg            |  |
| nnene 6/20/03  | Program 5                             | uh Class                                   | / /<br>BY                                | Specificant A | mount  |
| , OVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE DATE  | Program St                            | ub-Class                                   | DI                                       | Proj/Grnt A   | mount  |

| LOS RIOS COMMUNITY COLLEGE DISTRICT  |            | BLANK             | ET ORI         | DER RELE                 | ASE FORM            |
|--|------------|-------------------|----------------|--------------------------|---------------------|
| 1919 Spanos Court • Sacramento, CA 95825-3981  |            | Release No        |                | Durahasa                 | Order No.           |
| ARC SCC  |            |                   |                | Pulcitase                | Order No. (         |
| CRC DO   |            | 22                | 5535           |                          |                     |
| EDC FM FLC TS  |            |                   |                | B1                       | 30446               |
| OTHER  | 0-1-       |                   | 1              | -0.                      |                     |
| RECEIVED.  | Vendor Na  | JT3 OF L          | pears on F     | urchase Order)           | Vendor Code         |
| ACCOUNTING ACCOUNTING  | 000        | wis in            |                | NOUP 15PO                | NTS MEDUN<br>- 9909 |
| AC OFFICE  | Invoice No | or Packing        |                |                          | Date Items Received |
| (1) The state of t | (Please ch | eck if attach     | ned and writ   | te total dollar amo      | ount below)         |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip)   | 0          | JANTITY           | UNIT           | UNIT PRICE               | TOTAL               |
| PHYSICIAN COVERAGE FOR   |            | :                 | CIVIT          |                          | 10172               |
| FOOTBALL GAMOS FOR 2002  |            |                   |                |                          |                     |
| ScHOOL VIDA  |            |                   |                |                          |                     |
|  |            | - 1               |                |                          |                     |
| FB GAMOS   |            |                   |                |                          |                     |
| 9-14-02 Way Varia Cours 53   | 9:30 9     | HILS              |                | 65/HZ                    | 260,00              |
| 155-07 Congres Some Francisco 5:30.  | i .        | this              |                | 65/100                   | 260.0               |
| 10 76-02 COLLETSE OF SSKIPOUS 1:30   |            | Mrs !             |                | EJIII                    | 260,00              |
| 11-9-62 STRUM ROSA JC 17:30  | -4:30 4    | incs              |                | He                       | 260.00              |
| 11-16-02 SHASTA COURSE 12:30   | -4:30 41   | ms                |                | 65/HR                    | 260.00              |
|  |            |                   |                | - <del></del>            | ·                   |
|  |            |                   |                |                          |                     |
| Purchases Charged to Categorical Programs, Grants or Special Projects This purchase is in compliance with the requirements of  |            | N                 |                | Takal Amaza ink          |                     |
| Program Director/Coordinator Signature For grants/special p  | rojects    | ogram Name        | mber           | Total Amount or Estimate | \$ /300.00          |
|  |            | -                 |                |                          | 38/12               |
| Program Goal/Objective Number/Explanation  | 1          |                   |                |                          |                     |
| I hereby certify the items/services listed above are to be obtained in accordance with District Regulation 8323, Section 4, Conflict of Interest, and all other  | GENFD /    | <sup>/</sup> 5890 | /11 /          | AR.VS.HLT                | ਹ                   |
| applicable district, state, and federal policies, rules, regulations, and laws.  | Bus. Unit  | Account           | Fund Org       |                          | - 11                |
|  | 64400/     |                   | /2003/         |                          | ,300.00             |
|  | Program S  | Sub-Class         | BY Pr          | oj/Grnt Am               | ount                |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order)  Date  | Bus. Unit  | Account           | / /<br>Fund Or | 3                        |                     |
| ACTIONALLY FORMINGLY GROWN GIVE (Miles de Risted dis Furditese Groei)  |            | /                 | / /            | \$                       |                     |
| APPROVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date  | Program    | Sub-Class         | BY P           |                          | nount               |

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210

Date Jun-25-2003

Pay Amount \$1,300.00\*\*\*

13-4-2-17

Pay

\*\*\*\*ONE THOUSAND THREE HUNDRED AND XX TOULS DOLLAR.

To The Order Of REGENTS OF THE UNIV OF CALIF CASHIER'S OFF. 1200 DUTTON HALI UNIV OF CA ONE SHIELDS AVE

DAVIS, CA 95616

Authorized Signature

\* NON-NEGOTIABLE \*

| Check Date: | 25.Jun.2003 | GENFD GENE   | ERAL FUND  |                | Warı     | rant No.106752    |
|-------------|-------------|--------------|------------|----------------|----------|-------------------|
| Description | Invoice No. | Invoice Date | Voucher ID | Invoice Amount | Discount | Paid Amount 20116 |
| B120587     | 064648      | Jun-23-2003  | 00115925   | 1,300.00       | 0.00     | 1,300.00<br>Æ/4   |

# File Copy

| ļ  | Vendor Number  | 1           | Name                       | Total Discounts |                   |
|----|----------------|-------------|----------------------------|-----------------|-------------------|
| li | 0000004561     | R           | GENTS OF THE UNIV OF CALIF | \$0.00          |                   |
|    | Warrant Number | Date        | Total Amount               | Discounts Taken | Total Paid Amount |
|    | 106752         | Jun-25-2003 | \$1,300.00                 | \$0.00          | \$1,300.00        |

<del>385</del>

|   | ) ,               |                                       | Ą12              | d. 4 4 61                             | 1/5 No. 3E   |
|---|-------------------|---------------------------------------|------------------|---------------------------------------|--|
| LOS RIOS COMMUNITY COLLEGE DISTRICT   | Stel              |                                       | , na             | te Hielp                              | Rage   |
| LOS RIOS COMMUNITY COLLEGE DISTRICT 1919 Spanos Court • Sacramento, CA 95825-3981   | , -t              | BLANK                                 | ET OR            | DER RELE                              | ASE FORM   |
| ARC SCC   |                   | Release N                             | o.               | Purchase                              | Order No.  |
| ARC SCC CRC DO  |                   | 2                                     | 12429            | B 120                                 | 587  |
| EDC FM  | ٠                 |                                       |                  |                                       |  |
| FLC TS<br>OTHER   |                   |                                       |                  |                                       | and the second of the second o |
| OTHER   | Rez               | Name (As it a                         | - ONING          | Purpose Order                         | Vendor Code<br>OPCNTS MODIC  |
|   | Verido            | DAUIS 1                               | MGDICA           | Creup /                               | PCNTS MODIC  |
|   | <del> </del>      | · · · · · · · · · · · · · · · · · · · |                  |                                       | Deta Hama Danah ad   |
|   |                   | No. or Packing<br>check if attac      |                  | ite total dollar amo                  | Date Items Received ount below)  |
|   |                   | 12                                    |                  | · · · · · · · · · · · · · · · · · · · | <u> </u>   |
| DESCRIPTION (Do Not Complete if Attaching Invoice or Packing Slip)  |                   | QUANTITY                              | UNTER            | UNIT PRICE                            | TOTAL  |
| PHYSICIAN COVERNE FOR   |                   | DECLIVE                               |                  |                                       |  |
| FB GAMOS FOR 2001   |                   | \$ 11.5 C                             | 10 P             |                                       |  |
| SCHOOL YOUR   |                   |                                       |                  |                                       |  |
|   |                   | ·                                     |                  | <u> </u>                              |  |
| FB GAMES.   |                   |                                       |                  | h = 1                                 |  |
| 9-8-01 COS 630-1030   | <u> </u>          | 4HKS                                  |                  | 15/Hm                                 | 260.00   |
| 9-22-01 SEGUES 6:30-10:30   |                   | Ym 5                                  |                  | Ce5/HIC                               | 260.0.   |
| 10-27-04 EMC 6:30-10:3  | 0                 | 41ms                                  |                  | 65/m                                  | 260.00   |
| 11-3-61 Dana 6:30-10:3  | 30                | 4mms                                  |                  | 657/Ku                                | 260.00.  |
| 11-17-01 may 6:30-10:3  | 30                | Yours                                 |                  | 65/m                                  | 260.00   |
|   | -                 |                                       |                  |                                       |  |
| Purchases Charged to Categorical Programs, Grants or Special Projects   |                   |                                       |                  |                                       |  |
| This purchase is in compliance with the requirements of   |                   | Program Name                          |                  | Total Amount                          | c 1760 00  |
| Program Director/Coordinator Signature For grants/special p   | rojects           | Project/Grant Nu                      | ımber            | or Estimate                           | 1500.00  |
| Program Goal/Objective Number/Explanation   |                   |                                       |                  |                                       | 115  |
| I hereby certify the items/services listed above are to be obtained in accordance   | Τ                 |                                       |                  | <u></u>                               |  |
| with District Regulation 8323, Section 4, Conflict of Interest, and all other applicable district, state, and federal policies, rules, regulations, and laws. | GENFI             |                                       | /11 /            | AR.VS.H                               | LTH  |
|   | Bus. Uni          |                                       | Fund Or          |                                       |  |
|   | 6440 (<br>Program | ) / 00000<br>Sub-Class                | / 2002/<br>BY Pi | <del></del>                           | 1,300.00   |
| diain Hann  |                   | /                                     | / /              | •                                     |  |
| AUTHORIZED PURCHASER SIGNATURE (must be listed on Purchase Order)  Date   | Bus. Uni          | it Account                            | Fund O           | īg                                    |  |
| Onden for 3/15/02   | 1                 | /                                     | //               | \$                                    |  |
| APPROVED: SUPERVISOR, DEAN OR OTHER AUTHORIZED SIGNATURE Date   | Program           | n Sub-Class                           | BY F             | Proj/Grnt Ar                          | nount  |

LOS RIOS COMMUNITY COLLEGE

1919 Spanos Court Sacramento, CA 95825-3981 UNION BANK - WARRANTS

350 California Street San Francisco, CA 94104 11-49/1210

Jun-25-2003

Date

Pay Amount \$1,755.00\*\*\*

Date 466 01 1 Page 3

Pay

\*\*\*\*ONE THOUSAND SEVEN HUNDRED FIREY PAND XX POOLS DOLLAR\*\*\*\*

To The Order Of REGENTS OF THE UNIV OF CALL CASHIER'S OFF. 1200 DUTTON HAI UNIV OF CA ONE SHIELDS AVE **DAVIS, CA 95616** 

Authorized Signature

\* NON-NEGOTIABLE \*

| Check Date: | 25.Jun.2003 | GENFD GENERAL FUND |            | ·              | Warrant No.106753 |                |  |
|-------------|-------------|--------------------|------------|----------------|-------------------|----------------|--|
| Description | Invoice No. | Invoice Date       | Voucher ID | Invoice Amount | Discount          | Paid Amount    |  |
| B120587     | 064648A     | Jun-23-2003        | 00116141   | 1,755.00       | 0.00              | 1,755.00<br>Æ4 |  |

# File Copy

| Vendor Number  | Name                         |              | Total Discounts |                   |
|----------------|------------------------------|--------------|-----------------|-------------------|
| 0000004561     | REGENTS OF THE UNIV OF CALIF |              | \$0.00          |                   |
| Warrant Number | Date                         | Total Amount | Discounts Taken | Total Paid Amount |
| 106753         | Jun-25-2003                  | \$1,755.00   | \$0.00          | \$1,755.00        |

387

Sports Medicine

June 23, 2003

David Cosca, M.D.

Gina Lokna, M.D.

Jeffrey Tanji, M.D.

Massimo Testa, M.D.

Los Rios Community College District

American River College

1919 Spanos Court

Sacramento, CA 95825-3981

Orthopedic Surgery & Arthroscopy

Eric Heiden, M.D.

Richard Marder, N.D.

John Raskind, M.D.

RE: Physician Team Services (Agreement No. 96-09125V)

Physical Medicine & Rehabilitation Viviane Ugalde, N.D. The purpose of this correspondence is to request payment for services rendered to the American River College Intercollegiate Athletics Program by the UC Davis Sports Medicine Program from July, 2001 through June, 2002. Please forward the attached yellow invoice and a check for \$3,055.00 made payable to:

Cashier's Office 1200 Dutton Hall University of California One Shields avenue Davis, CA 95616-8549

Thank you for the opportunity to work with your organization. If you have any questions or require additional information, please do not hesitate to contact me at (916) 734-2985.

Sincerely

Practice Manager

UC Davis Sports Medicine Program

Attachments

INVOICE Nº 064648

UNIVERSITY OF CALIFORNIA, DAVIS

DAVIS, CALIFORNIA 95616-8709

PHONE (530)752-3649 - FAX (530)752-5718

FED, ID, #94-6036494

B12058

CUSTOMER NO. 991 00878 CUSTOMER NAME & ADDRES Los Rios Community College District American River College Jolanda Blackwell 1919 Spanos Court PHONE NO. Sacramento, CA 95825-3981 3,055.00 Profesional designation of the control of the contr and the state of t STAX AMOUNT Payment for services rendered by the UC Davis Sports 3,055 **D**D Medicine Program from July, 2001 through June, 2002 1755 1300 5

PAYMENT É DUE UPON RECEIFT. PLEASÉ RETURN YELLOW COPY WÎTH YOUR PAYMENT

PLEASE MAKE CHECKS PAYABLE TO: THE REGENTS OF THE U. C. Mail or make payment in person to: Cashier's Office, 1200 Dutton Hall

University of California. One Shields Avenue, Davis, CA 95616-8549

White-EUSTOMER COPY

ACCOUNTING OFFICE COPY Gold-DEPARTMENT COFY Yellow-REMITTANCE COPY

nate # W/S No. 3E

0 5

INVOICE

Date: 3/15/02

Gin Fiction American River College 4700 College Oak Dr.

Sacramento, CA 95864

FROM:

UCD Sports Medicine 2825 J Street, Suite 300 Sacramento, CA 95816

# DESCRIPTION OF SERVICE:

Physician coverage to American River College for sport physical evaluations and football game coverage for the 2001/02 school year at \$65,00/hour.

| Physicals:   | -<br>-            |        |           |
|--|-------------------|--------|-----------|
| 07/11/01   | 1:30 pm to 5pm    | 3.5hrs | \$227,50  |
| 08/08/01   | 1:00 pm to 5pm    | 4.0hrs | \$260.00  |
| 08/15/01   | 1:30pm to 5:00pm  | 3.5hrs | \$227.50  |
| 08/19/01   | lpm to 5pm        | 4.0hrs | \$260.00  |
| 10/03/01   | 1:30pm to 4:30pm  | 3.0hrs | \$195.00  |
| 17010 1 17/[2/12/01  | 1:30 pm to 5pm    | 3.5hrs | \$227.50  |
| 01/23/02   | I:30 pm to 5pm    | 3.5hrs | \$227.50  |
| 01/30/02   | 1:30 pm to 3:30pm | 2.0hrs | \$130.00  |
| The state of the s |                   |        | \$1755,00 |
| Football Game:   |                   |        |           |
| 120 ml 12 12 cm  |                   |        | •         |
| 70% Callage (09/08/01  | 6:30pm to 10:30pm | 4hrs   | \$260,00  |
| a incres. (109/22/01)  | 6:30pm to 10:30pm | 4hrs   | \$260.00  |

| 7071 Callege (09/08/01         | 6:30pm to 10:30pm | 4hrs  | \$260,00   |
|--------------------------------|-------------------|-------|------------|
| ar taugue, (109/22/01)         | 6:30pm to 10:30pm | 4hrs  | \$260,00   |
| 10/27/01                       | 6:30pm to 10:30pm | 4hrs  | \$260.00   |
| 11/03/01                       | 6/30pm to 10:30pm | 4hrs  | \$260,00   |
| DISCHIPTUATION SPR             | 6:30pm to 10:30pm | 4hrs  | \$260.08   |
|                                | •                 | Total | \$1,300,00 |
| The court as court as a factor | una C             |       |            |

| Physician covers:  | ंगोब्रासकः । क्टर्स्स । ।               |       |            |
|--------------------|---|-------|------------|
| stand for rage for | 1 1 1 1 m m m m m m m m m m m m m m m m | Total | \$305.5.00 |

Marianal.

Football Cume

USUM:

390

# Wong, Barbara

From:

Vang, Koue

Sent:

Wednesday, June 25, 2003 4:13 PM

To: Cc: Wong, Barbara; Finnecy, Tim

Subject:

Gorrell, Raelean RE: BPO B130446 to Regents of UC Davis

Barbara,

Go ahead and pay for the additional \$1,755.

Tim - If you have any questions about this, please let me know.

Koue

-Original Message-

From:

Wong, Barbara

Thanks for clarifying the dates, Tim.

Sent:

Wednesday, June 25, 2003 3:04 PM

Ta:

Finnecy, Tim; Vang, Koue

Cc: Subject: Gorrell, Raelean RE: BPO B130446 to Regents of UC Davis

Importance: High

Koue and Tim, we do not have the blanket order release for the physical exams done on 7/11/01, 08/08/01, 08/15/01, 08/19/01, 10/03/01, 12/12/01, 1/23/02, and 01/30/02 that total to \$1,755.00. We only had the blanket order release at FY2002 year-end for the football game activity for \$1,300.00 which we accrued. The \$1,755.00 will have to come out of your current year budget. Koue, we need your authorization to process the additional \$1,755.00 against the PO using your current year budget.

Let me know if you need to discuss this further. Thanks for your help to clean up this matter. If we can get a fax for the release, we will process for payment tonight. If not, we will have to accrue for payment next fiscal year.

----Original Message-

From:

Finnecy, Tim

Sent:

Wednesday, June 25, 2003 2:31 PM

Wong, Barbara

Subject: RE: BPO B130446 to Regents of UC Davis

### Barbara,

We hold physical exams at different times during the year to accommodate the sports that start at different times. October physical exams are for the Men's and Women's Basketball teams; December and January physical exams are for The Spring sports; baseball, softball, men's and women's track, men's and women's tennis, men's and women's swimming, golf. Every athlete must have a current physical exam before the season starts so we try to do the physical exams early. By getting them done prior to the start of the seasons we can identify individuals who are at risk and not delay the start date.

Tim

-Original Message-

From:

Wong, Barbara

Sent:

Tuesday, June 24, 2003 5:44 PM

To: Bianco, Michelle; Vang, Koue; Finnecy, Tim

Subject: BPO B130446 to Regents of UC Davis

I received clarification from Smitty in General Services that the contract does cover pre-participation physical exams, and 5 home football games @ \$65 per game. We will process payment for B130446 in the amount of \$3,055.00 and close the PO. Thank you for you patience and understanding in this matter.

Tim, why are there physical exams in October, December, and January? Just want to be sure these exams are also covered by the contract. Thanks.

### Barbara Wong

Accounting Operations Supervisor

# **DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On October 14, 2014, I served the:

# **SCO Comments**

Health Fee Elimination, 08-4206-I-18 Education Code Section 76355 Statutes 1984, 2<sup>nd</sup> E.S.; Chapter 1; Statutes 1987, Chapter 1118; Fiscal Years: 2002-2003, 2003-2004 and 2004-2005 Los Rios Community College District, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on October 14, 2014 at Sacramento, California.

Lorenzo Duran Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

(916) 323-3562

10/14/2014 Mailing List

# **COMMISSION ON STATE MANDATES**

# **Mailing List**

Last Updated: 10/3/14

**Claim Number:** 08-4206-I-18

Matter: Health Fee Elimination

Claimant: Los Rios Community College District

# TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

# Socorro Aquino, State Controller's Office

Division of Audits, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-7522 SAquino@sco.ca.gov

# Marieta Delfin, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-4320 mdelfin@sco.ca.gov

### **Donna Ferebee**, Department of Finance

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Phone: (916) 445-3274 donna.ferebee@dof.ca.gov

### Susan Geanacou, Department of Finance

915 L Street, Suite 1280, Sacramento, CA 95814

Phone: (916) 445-3274 susan.geanacou@dof.ca.gov

### Ed Hanson, Department of Finance

Education Systems Unit, 915 L Street, 7th Floor, 915 L Street, 7th Floor, Sacramento, CA

95814

Phone: (916) 445-0328 ed.hanson@dof.ca.gov

# Cheryl Ide, Associate Finance Budget Analyst, Department of Finance

Education Systems Unit, 915 L Street, Sacramento, CA 95814

10/14/2014 Mailing List

Phone: (916) 445-0328 Cheryl.ide@dof.ca.gov

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Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 322-9891 jkanemasu@sco.ca.gov

# Jay Lal, State Controller's Office (B-08)

Division of Accounting & Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0256 JLal@sco.ca.gov

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Phone: (916) 445-3274 kathleen.lynch@dof.ca.gov

# Yazmin Meza, Department of Finance

915 L Street, Sacramento, CA 95814

Phone: (916) 445-0328 Yazmin.meza@dof.ca.gov

# Robert Miyashiro, Education Mandated Cost Network

1121 L Street, Suite 1060, Sacramento, CA 95814

Phone: (916) 446-7517 robertm@sscal.com

# Andy Nichols, Nichols Consulting

1857 44th Street, Sacramento, CA 95819

Phone: (916) 455-3939 andy@nichols-consulting.com

### Christian Osmena, Department of Finance

915 L Street, Sacramento, CA 95814

Phone: (916) 445-0328 christian.osmena@dof.ca.gov

# Keith Petersen, SixTen & Associates

P.O. Box 340430, Sacramento, CA 95834-0430

Phone: (916) 419-7093 kbpsixten@aol.com

### Sandra Reynolds, Reynolds Consulting Group, Inc.

P.O. Box 894059, Temecula, CA 92589

Phone: (951) 303-3034 sandrareynolds\_30@msn.com

# Kathy Rios, State Controller's Office

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Phone: (916) 324-5919 krios@sco.ca.gov

# Nicolas Schweizer, Department of Finance

Education Systems Unit, 915 L Street, 7th Floor, 915 L Street, 7th Floor, Sacramento, CA

10/14/2014 Mailing List

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Phone: (916) 445-0328

nicolas.schweizer@dof.ca.gov

David Scribner, Max8550

2200 Sunrise Boulevard, Suite 240, Gold River, CA 95670

Phone: (916) 852-8970 dscribner@max8550.com

Jim Spano, Chief, Mandated Cost Audits Bureau, State Controller's Office

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Phone: (916) 323-5849 jspano@sco.ca.gov

Dennis Speciale, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254 DSpeciale@sco.ca.gov

## **Exhibit C**

(760) 568-2611 Irvine (949) 263-2600

Indian Wells

Los Angeles (213) 617-8100 Ontario (909) 989-8584

500 Capitol Mall, Suite 1700, Sacramento, CA 95814 Phone: (916) 325-4000 | Fax: (916) 325-4010 | www.bbklaw.com

BEST BEST & KRIEGER 3

ATTORNEYS AT LAW

Riverside (951) 686-1450 San Diego (619) 525-1300 Walnut Creek (925) 977-3300 Washington, DC (202) 785-0600

#### RECEIVED

December 12, 2014

Commission on
State Mandates

Sigrid K. Asmundson (916) 551-2853 sigrid.asmundson@bbklaw.com

December 12, 2014

Heather Halsey, Executive Director Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814

Re: Rebuttal to State Controller Comments Filed October 13, 2014

**Incorrect Reduction Claim** 

Health Fee Elimination, 08-4206-I-18

Dear Ms. Halsey:

This letter serves as Claimant Los Rios Community College District's ("Claimant") rebuttal to the State Controller's Office ("SCO") comments, dated October 10, 2014, to the above referenced Incorrect Reduction Claim ("IRC").

The SCO's comments should not be considered as evidence by the Commission on State Mandates ("Commission") in its consideration of the IRC. Pursuant to Government Code section 17553(d):

The Controller shall have no more than 90 days after the date the claim is delivered or mailed to file any rebuttal to an incorrect reduction claim. The failure of the Controller to file a rebuttal to an incorrect reduction claim shall not serve to delay the consideration of the claim by the commission.

(Emphasis added.)

The Commission notified Claimant and the SCO by letter, dated February 10, 2009, that the IRC filing was complete. The Commission informed the SCO in this letter that it must file its response and supporting documentation "regarding this claim within 90 days of the date of this letter." However, the SCO ignored both the legislative directive of Section 17553(d) and the Commission's instructions by failing to file its comments until October 13, 2014, over 5 years after the IRC filing was complete.

If the SCO required additional time to file a rebuttal to the IRC it could have filed a request for an extension of time in accordance with Commission regulations. (See Title 2, California Code of Regulations §1187.9(a).) No request for an extension of time was filed. Indeed, even if the SCO had filed a request for an extension of time, a 5 year extension would be 82453.00010/9457597.1



## BEST BEST & KRIEGER &

Health Fee Elimination 08-4206-I-18 December 12, 2014 Page 2

excessive for this IRC. As noted in the Commission's letter, dated October 28, 2014, approving Claimant's request for an extension of time to submit this rebuttal, Claimant's request for a 90 day extension was modified to only 30 days as a 90 day extension would result in a "delay [that] is too long, particularly for a relatively simple matter such as this IRC."

To consider the SCO's comments would be in direct violation of Government Code section 17553(d) and the legislative intent of Section 17553(d) which prohibits the SCO from filing comments, without a valid request for extension, subsequent to the 90 day period. The plain language of Section 17553(d) creates a clear statute of limitations of 90 days in which the SCO may file comments. If the SCO comments are allowed to be submitted to, and relied upon by, the Commission this would make the language of Section 17553(d) superfluous.<sup>1</sup>

Because Government Code section 17553(d) prohibits the inclusion of the SCO's comments in the record and as evidence on which to base the Commission's statement of decision, it is unnecessary and inappropriate for Claimant to rebut the specific arguments made by the SCO. Instead, Claimant reaffirms the IRC including, without limitation, the Statement of the Issues set forth in Part VII.

Your consideration of this matter is greatly appreciated. Please do not hesitate to contact me should you have any questions.

Sincerely,

Sigrid K. Asmundson

for BEST BEST & KRIEGER LLP

<sup>&</sup>lt;sup>1</sup> Beck v. Prupis (2000) 529 U.S. 494, 506 [It is a "longstanding canon of statutory construction that terms in a statute should not be construed so as to render any provision of that statute meaningless or superfluous."]; In re C.H. (2011) 53 Cal.4th 94, 103 ["It is a settled principle of statutory construction that courts should 'strive to give meaning to every word in a statute and to avoid constructions that render words, phrases, or clauses superfluous." [Citations.] We harmonize statutory provisions, if possible, giving each provision full effect."]; Weber v. County of Santa Barbara (1940) 15 Cal.2d 82, 86 ["It is a cardinal rule of statutory construction that in attempting to ascertain the legislative intention effect should be given, whenever possible, to the statute as a whole and to every word and clause thereof, leaving no part or provision useless or deprived of meaning."].

#### DECLARATION OF SERVICE BY EMAIL

I, the undersigned, declare as follows:

I am a resident of the County of Sacramento and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On December 15, 2014, I served the:

Claimant Rebuttal Comments dated December 12, 2014

Health Fee Elimination, 08-4206-I-18

Education Code Section 76355

Statutes 1984, 2<sup>nd</sup> E.S.; Chapter 1; Statutes 1987, Chapter 1118;

Fiscal Years: 2002-2003, 2003-2004 and 2004-2005

Los Rios Community College District, Claimant

By making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on December 15,2014 at Sacramento, California.

Lorenzo Duran

Commission on State Mandates 980 Ninth Street, Suite 300

Sacramento, CA 95814

(916) 323-3562

## **COMMISSION ON STATE MANDATES**

## **Mailing List**

**Last Updated:** 11/19/14

**Claim Number:** 08-4206-I-18

Matter: Health Fee Elimination

Claimant: Los Rios Community College District

#### TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

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Socorro Aquino, State Controller's Office

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Sigrid Asmundson, Best Best & Krieger LLP

**Claimant Representative** 

500 Capitol Mall, Suite 1700, Sacramento, CA 95814

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Sigrid.Asmundson@bbklaw.com

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Marieta Delfin, State Controller's Office

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Eric Feller, Commission on State Mandates

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Phone: (916) 445-0328 Yazmin.meza@dof.ca.gov

#### **Robert Miyashiro**, Education Mandated Cost Network

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Phone: (916) 446-7517 robertm@sscal.com

#### **Jameel Naqvi**, Analyst, *Legislative Analystâ*€<sup>TM</sup>s Office

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Phone: (916) 319-8331 Jameel.naqvi@lao.ca.gov

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Phone: (916) 455-3939

andy@nichols-consulting.com

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915 L Street, Sacramento, CA 95814

Phone: (916) 445-0328 christian.osmena@dof.ca.gov

Arthur Palkowitz, Stutz Artiano Shinoff & Holtz

2488 Historic Decatur Road, Suite 200, San Diego, CA 92106

Phone: (619) 232-3122 apalkowitz@sashlaw.com

Keith Petersen, SixTen & Associates

P.O. Box 340430, Sacramento, CA 95834-0430

Phone: (916) 419-7093 kbpsixten@aol.com

Sandra Reynolds, Reynolds Consulting Group, Inc.

P.O. Box 894059, Temecula, CA 92589

Phone: (951) 303-3034 sandrareynolds\_30@msn.com

Kathy Rios, State Controller's Office

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Phone: (916) 324-5919 krios@sco.ca.gov

Nicolas Schweizer, Department of Finance

Education Systems Unit, 915 L Street, 7th Floor, 915 L Street, 7th Floor, Sacramento, CA

95814

Phone: (916) 445-0328 nicolas.schweizer@dof.ca.gov

David Scribner, Max8550

2200 Sunrise Boulevard, Suite 240, Gold River, CA 95670

Phone: (916) 852-8970 dscribner@max8550.com

Jim Spano, Chief, Mandated Cost Audits Bureau, State Controller's Office

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Phone: (916) 323-5849 jspano@sco.ca.gov

Dennis Speciale, State Controller's Office

Division of Accounting and Reporting, 3301 C Street, Suite 700, Sacramento, CA 95816

Phone: (916) 324-0254 DSpeciale@sco.ca.gov

#### COMMISSION ON STATE MANDATES

980 NINTH STREET, SUITE 300 SACRAMENTO, CA 95814 PHONE: (916) 323-3562 FAX: (916) 445-0278 E-mail: csminfo@csm.ca.gov

January 9, 2015

Ms. Sigrid Asmundson Best Best & Krieger LLP 500 Capitol Mall, Suite 1700 Sacramento, CA 95814 Ms. Jill Kanemasu State Controller's Office Accounting and Reporting 3301 C Street, Suite 700 Sacramento, CA 95816

And Parties, Interested Parties, and Interested Persons (See Mailing List)

Re: Draft Proposed Decision, Schedule for Comments, and Notice of Hearing

Health Fee Elimination, 08-4206-I-18 Education Code Section 76355 Statutes 1984, Chapter 1, 2nd E.S.; Statutes 1987, Chapter 1118 Fiscal Years 2002-2003, 2003-2004, and 2004-2005 Los Rios Community College District, Claimant

Dear Ms. Asmundson and Ms. Kanemasu:

The draft proposed decision for the above-named matter is enclosed for your review and comment.

#### **Written Comments**

Written comments may be filed on the draft proposed decision by **January 30, 2015**. You are advised that comments filed with the Commission are required to be simultaneously served on the other interested parties on the mailing list, and to be accompanied by a proof of service. However, this requirement may also be satisfied by electronically filing your documents. Please see <a href="http://www.csm.ca.gov/dropbox.shtml">http://www.csm.ca.gov/dropbox.shtml</a> on the Commission's website for instructions on electronic filing. (Cal. Code Regs., tit. 2, § 1181.3.)

If you would like to request an extension of time to file comments, please refer to section 1187.9(a) of the Commission's regulations.

#### Hearing

This matter is set for hearing on **Friday, March 27, 2015**, at 10:00 a.m., State Capitol, Room 447, Sacramento, California. The proposed decision will be issued on or about March 13, 2015. Please let us know in advance if you or a representative of your agency will testify at the hearing, and if other witnesses will appear. If you would like to request postponement of the hearing, please refer to section 1187.9(b) of the Commission's regulations.

Sincerely,

Heather Halsey
Executive Director

Hearing Date: March 27, 2015

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#### **ITEM**

# INCORRECT REDUCTION CLAIM DRAFT PROPOSED DECISION

Former Education Code Section 72246 (Renumbered as § 76355)<sup>1</sup> Statutes 1984, Chapter 1 (1983-1984 2nd Ex. Sess.); Statutes 1987, Chapter 1118

Health Fee Elimination

Fiscal Years 2002-2003, 2003-2004, and 2004-2005

08-4206-I-18

Los Rios Community College District, Claimant

#### **EXECUTIVE SUMMARY**

#### **Overview**

This analysis addresses reductions totaling \$2,554,615made by the State Controller's Office (Controller) to reimbursement claims filed by Los Rios Community College District (Claimant) for fiscal years 2002-2003, 2003-2004 and 2004-2005 under the *Health Fee Elimination* program.

The following issues are in dispute:

- Reduction of all costs claimed for salaries and benefits and services and supplies claimed that the Controller found were unallowable or not supported by documentation;
- Reduction of indirect costs based on asserted faults in the development and application of indirect cost rates; and
- The amount of offsetting revenue to be applied from health service fee authority.
- An alleged \$814,928 already paid to the claimant, or discharged as debt.

Although the parties raise several substantive issues, the sole issue discussed and determined in this incorrect reduction claim (IRC) is the reduction for the offsetting health fee revenue of \$3,554,470 authorized to be charged and applied to this program. Staff finds that the adjustment is correct as a matter of law and is not arbitrary, capricious, or entirely lacking in evidentiary support. Since the offsetting revenue covers the total amount claimed for this program in fiscal years 2002-2003 through 2004-2005 (\$2,554,615), the remaining issues are not addressed.

#### **Health Fee Elimination Program**

Prior to 1984, former Education Code section 72246 authorized community college districts to charge almost all students a general fee (health service fee) for the purpose of voluntarily providing health supervision and services, direct and indirect medical hospitalization services,

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<sup>&</sup>lt;sup>1</sup> Statutes 1993, chapter 8.

and operation of student health centers. In 1984, the Legislature repealed the community colleges' fee authority for health services. However, the Legislature also reenacted section 72246, to become operative on January 1, 1988, in order to reauthorize the fee, at \$7.50 for each semester (or \$5 for quarter or summer semester).

In addition to temporarily repealing community college districts' authority to levy a health services fee, the 1984 enactment required any district that provided health services during the 1983-1984 fiscal year, for which districts were previously authorized to charge a fee, to maintain health services at the level provided during the 1983-1984 fiscal year for every subsequent fiscal year until January 1, 1988. As a result, community college districts were required to maintain health services provided in the 1983-1984 fiscal year without any fee authority for this purpose until January 1, 1988.

In 1987, the Legislature amended former Education Code section 72246, operative January 1, 1988, to incorporate and extend the maintenance of effort provisions of former Education Code section 72246.5, which became inoperative by its own terms as of January 1, 1988. In addition, Statutes 1987, chapter 1118 restated that the fee would be reestablished at not more than \$7.50 for each semester, or \$5 for each quarter or summer semester. As a result, beginning January 1, 1988 all community college districts were required to maintain the same level of health services they provided in the 1986-1987 fiscal year each year thereafter, with limited fee authority to offset the costs of those services. In 1992, section 72246 was amended to provide that the health fee could be increased by the same percentage as the Implicit Price Deflator whenever that calculation would produce an increase of one dollar.

#### **Procedural History**

Claimant filed its reimbursement claim for 2002-2003 on January 8, 2004, for 2003-2004 on January 11, 2006, and for 2004-2005 on January 11, 2006. Controller issued its final audit

<sup>&</sup>lt;sup>2</sup> Former Education Code section 72246 (Stats. 1981, ch. 763) [Low-income students, students that depend upon prayer for healing, and students attending a college under an approved apprenticeship training program, were exempt from the fee.]

<sup>&</sup>lt;sup>3</sup> Statutes 1984, 2nd Extraordinary Session, chapter 1, section 4 [repealing Education Code section 72246].

<sup>&</sup>lt;sup>4</sup> Statutes 1984, 2nd Extraordinary Session, chapter 1, section 4.5.

<sup>&</sup>lt;sup>5</sup> Education Code section 72246.5 (Stats. 1984, 2d. Ex. Sess., ch. 1, § 4.7).

<sup>&</sup>lt;sup>6</sup> Education Code section 72246 (as amended, Stats. 1987, ch. 1118). See also former Education Code section 72246.5 (Stats. 1984, 2d Ex. Sess., ch. 1, § 4.7).

<sup>&</sup>lt;sup>7</sup> Education Code section 72246 (as amended, Stats. 1987, ch. 1118).

<sup>&</sup>lt;sup>8</sup> Education Code section 72246 (as amended, Stats. 1992, ch. 753). In 1993, former Education Code section 72246, was renumbered as Education Code section 76355. (Stats. 1993, ch. 8).

<sup>&</sup>lt;sup>9</sup> Exhibit A, IRC attachment, page 151.

<sup>&</sup>lt;sup>10</sup> Exhibit A, IRC attachment, page 161.

<sup>&</sup>lt;sup>11</sup> Exhibit A, IRC attachment, page 170.

report on May 21, 2008. 12 Claimant filed the IRC on February 5, 2009. 13 The Controller filed comments on the IRC on October 13, 2014. 14 Claimant filed rebuttal comments on December 12, 2014. 15 Commission staff issued a draft proposed decision on the IRC on January 9, 2015.

#### **Commission Responsibilities**

Government Code section 17561(b) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state-mandated costs that the Controller determines is excessive or unreasonable.

Government Code Section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of parameters and guidelines, de novo, without consideration of conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6. The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitutional and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency. <sup>18</sup>

The Commission must also review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant. <sup>19</sup> In addition, section

<sup>&</sup>lt;sup>12</sup> Exhibit A, IRC attachment, page 57.

<sup>&</sup>lt;sup>13</sup> Exhibit A, IRC, page 2.

<sup>&</sup>lt;sup>14</sup> Exhibit B, Controller's comments on the IRC.

<sup>&</sup>lt;sup>15</sup> Exhibit C, Claimant's comments on the IRC.

<sup>&</sup>lt;sup>16</sup> Kinlaw v. State of California (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

<sup>&</sup>lt;sup>17</sup> County of Sonoma, supra, 84 Cal.App.4th 1264, 1281, citing City of San Jose v. State of California (1996) 45 Cal.App.4th 1802, 1817.

<sup>&</sup>lt;sup>18</sup> Johnston v. Sonoma County Agricultural (2002) 100 Cal.App.4th 973, 983-984. See also American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California (2008) 162 Cal.App.4th 534, 547.

<sup>&</sup>lt;sup>19</sup> Gilbert v. City of Sunnyvale (2005) 130 Cal.App.4th 1264, 1274-1275.

1185.2I of the Commission's regulations requires that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record.<sup>20</sup>

#### **Claims**

The following chart provides a brief summary of the claims and issues raised and staff's recommendation.

| Issue   | Description   | Staff Recommendation   |
|---|---|--|
| Reduction based on offsetting student health fee authority. | Claimant asserts that the Controller incorrectly reduced the costs claimed based on health fees authorized to be charged, rather than health fees actually collected. Since the claimant does not impose a health fee on its students, it collected \$0 in health service fees during the fiscal years at issue. Claimant therefore asserts that no offsetting revenues were required to be identified. | Correct as a matter of law, and not arbitrary, capricious, or entirely lacking in evidentiary support.  This issue has been conclusively decided by Clovis Unified School District v. Chiang (2010) 188 Cal.App.4 <sup>th</sup> 794, in which the court held that to the extent a local agency or school district "has the authority" to charge for the mandated program or increased level of service, the costs cannot be recovered as a |
|   |   | In addition, the Controller's calculation of authorized health service fees (\$3,554,470), based on enrollment data provided by the claimant, is not arbitrary, capricious, or entirely lacking in evidentiary support.  |

#### **Staff Analysis**

A. The Controller's Reduction of Costs Claimed for Unreported Offsetting Revenue Authority pursuant to *Clovis Unified* and the Health Fee Rule was Correct as a Matter of Law, and Not Arbitrary, Capricious, or Entirely Lacking in Evidentiary Support.

<sup>&</sup>lt;sup>20</sup> Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

The Controller reduced all costs claimed for the three fiscal years at issue based on claimant's health service fee authority, multiplied by the number of students subject to the fee. Because the district does not collect a health services fee, <sup>21</sup> no offsetting revenue was identified by claimant in the reimbursement claims. Claimant argues that the parameters and guidelines only require a claimant to declare offsetting revenues that the claimant "experiences," and that while the fee that community college districts were authorized to impose may have increased during the applicable audit period, nothing in the Education Code made the increase of those fees mandatory. Claimant argues that the issue is the difference between fees collected and fees collectible. <sup>22</sup>

After the claimant filed its IRC, the Third District Court of Appeal issued its opinion in *Clovis Unified School Dist. V. Chiang*, which specifically addressed the Controller's practice of reducing claims of community college districts by the maximum fee amount that districts are statutorily authorized to charge students, whether or not a district chooses to charge its students those fees. As cited by the court, the "Health Fee Rule" states in pertinent part:

Eligible claimants will be reimbursed for health service costs at the level of service provided in the 1986/87 fiscal year. The reimbursement will be reduced by the amount of student health fees authorized per the Education Code [section] 76355.<sup>23</sup>

The court in *Clovis Unified* upheld the Controller's use of the Health Fee Rule to reduce reimbursement claims based on the fee districts are *authorized* to charge. In making its decision the court noted that the concept underlying the state mandates process that Government Code sections 17514 and 17556(d) embody is:

To the extent a local agency or school district "has the authority" to charge for the mandated program or increased level of service, that charge cannot be recovered as a state-mandated cost.<sup>24</sup>

The court also noted that, "this basic principle flows from common sense as well. As the Controller succinctly puts it, 'Claimants can choose not to require these fees, but not at the state's expense." Since the *Clovis* case is a final decision of the court addressing the merits of the issue presented here, the Commission, under principles of stare decisis, is required to apply the rule set forth by the court. <sup>26</sup>

Therefore, staff finds that the Controller's reduction of unreported offsetting health service fee authority to the extent of the district's fee authority is correct as a matter of law.

<sup>&</sup>lt;sup>21</sup> Exhibit A, IRC, page 23.

<sup>&</sup>lt;sup>22</sup> Exhibit A, IRC, pages 23-25.

<sup>&</sup>lt;sup>23</sup> Clovis Unified School Dist. v. Chiang, supra, 188 Cal. App. 4th 811.

<sup>&</sup>lt;sup>24</sup> Clovis Unified School Dist. v. Chiang, supra, 188 Cal.App.4th 812.

<sup>&</sup>lt;sup>25</sup> *Ibid*.

<sup>&</sup>lt;sup>26</sup> Fenske v. Board of Administration (1980) 103 Cal.App.3d 590, 596.

Staff further finds that the Controller's calculation of the claimant's authorized offsetting fee revenue totaling \$3,554,470 is not arbitrary, capricious, or entirely lacking in evidentiary support since the Controller used the enrollment data available and reported by the claimant.<sup>27</sup>

Since the amount authorized to be charged and required to be identified as offsetting revenue (\$3,554,470) exceeds the total amount claimed (\$2,554,615), the remaining substantive are not addressed in the proposed decision.

#### **Conclusion**

Pursuant to Government Code section 17551(d), staff concludes that the reduction for offsetting health service fee revenue is correct as a matter of law, and not arbitrary, capricious, or entirely lacking in evidentiary support.

#### **Staff Recommendation**

Staff recommends that the Commission adopt the proposed decision to deny the IRC, and authorize staff to make any technical, non-substantive changes following the hearing.

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<sup>&</sup>lt;sup>27</sup> Exhibit A, final audit report, page 72.

#### **BEFORE THE**

#### **COMMISSION ON STATE MANDATES**

#### STATE OF CALIFORNIA

IN RE INCORRECT REDUCTION CLAIM ON:

Former Education Code Section 72246 (Renumbered as § 76355)<sup>28</sup>

Statutes 1984, Chapter 1 (1983-1984 2<sup>nd</sup> Ex. Sess.) (AB2X 1) and Statutes 1987, Chapter 1118 (AB 2336)

Fiscal Years 2002-2003, 2003-2004, and 2004-2005

Los Rios Community College District, Claimant.

Case No.: 08-4206-I-18

Health Fee Elimination

DECISION PURSUANT TO GOVERNMENT CODE SECTION 17500 ET SEQ.; CALIFORNIA CODE OF REGULATIONS, TITLE 2, DIVISION 2, CHAPTER 2.5. ARTICLE 7

(*Adopted March* 27, 2015)

#### **DECISION**

The Commission on State Mandates (Commission) heard and decided this incorrect reduction claim (IRC) during a regularly scheduled hearing on March 27, 2015. [Witness list will be included in the adopted decision.]

The law applicable to the Commission's determination of a reimbursable state-mandated program is article XIII B, section 6 of the California Constitution, Government Code section 17500 et seq., and related case law.

The Commission [adopted/modified] the proposed decision to [approve/partially approve/deny] the IRC at the hearing by a vote of [vote count will be included in the adopted decision].

#### **Summary of the Findings**

This analysis addresses an IRC filed by Los Rios Community College District (claimant) for reductions by the State Controller's Office (Controller) to reimbursement claims for costs incurred during fiscal years 2002-2003, 2003-2004, and 2004-2005 under the *Health Fee Elimination* program. The Controller reduced all costs claimed during the three fiscal years at issue (\$2,554,615) for a number of reasons not addressed in this decision.

The Commission finds that the reduction of costs based on offsetting health fee authority of \$3,554,470, which exceeds claimant's costs for the mandated program, is correct as a matter of law. The reduction is consistent with the *Clovis Unified School District* decision, which upheld the Controller's reduction of reimbursement claims based on the health service fees districts are authorized to charge. <sup>29</sup> In addition, the Controller's calculation of authorized health service fees,

<sup>&</sup>lt;sup>28</sup> Statutes 1993, chapter 8.

<sup>&</sup>lt;sup>29</sup> Clovis Unified School Dist. v. Chiang (2010) 188 Cal.App.4th 794, 812.

based on enrollment data provided by the claimant, is not arbitrary, capricious, or entirely lacking in evidentiary support.

Pursuant to Government Code section 17551(d), the Commission concludes that the reduction of costs claimed is correct as a matter of law, and not arbitrary, capricious, or entirely lacking in evidentiary support. Therefore, the Commission denies this IRC.

#### **COMMISSION FINDINGS**

### I. Chronology

| 01/08/04 | Claimant filed its fiscal year 2002-2003 reimbursement claim. <sup>30</sup>                      |
|----------|--|
| 01/11/06 | Claimant filed its reimbursement claims for 2003-2004 <sup>31</sup> and 2004-2005. <sup>32</sup> |
| 05/21/08 | Controller issued its final audit report. <sup>33</sup>  |
| 02/05/09 | Claimant filed the IRC. <sup>34</sup>  |
| 10/13/14 | Controller filed comments on the IRC. <sup>35</sup>  |
| 12/12/14 | Claimant filed rebuttal comments. <sup>36</sup>  |
| 01/09/15 | Commission staff issued the draft proposed decision.   |

#### II. Background

#### Health Fee Elimination Program

Prior to 1984, former Education Code section 72246 authorized community college districts to charge almost all students a general fee (health service fee) for the purpose of voluntarily providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. In 1984, the Legislature repealed the community colleges' fee authority for health services. However, the Legislature also reenacted

<sup>&</sup>lt;sup>30</sup> Exhibit A, IRC, page 151.

<sup>&</sup>lt;sup>31</sup> Exhibit A, IRC, page 161.

<sup>&</sup>lt;sup>32</sup> Exhibit A, IRC, page 170.

<sup>&</sup>lt;sup>33</sup> Exhibit A, IRC, page 57.

<sup>&</sup>lt;sup>34</sup> Exhibit A, IRC, page 2.

<sup>&</sup>lt;sup>35</sup> Exhibit B, Controller's comments on the IRC.

<sup>&</sup>lt;sup>36</sup> Exhibit C, Claimant's comments on the IRC.

<sup>&</sup>lt;sup>37</sup> Former Education Code section 72246 (Stats. 1981, ch. 763) [Low-income students, students that depend upon prayer for healing, and students attending a college under an approved apprenticeship training program, were exempt from the fee.].

<sup>&</sup>lt;sup>38</sup> Statutes 1984, 2nd Extraordinary Session, chapter 1, section 4 [repealing Education Code section 72246].

section 72246, to become operative on January 1, 1988, in order to reauthorize the fee at \$7.50 for each semester (or \$5 for quarter or summer semester).<sup>39</sup>

In addition to temporarily repealing community college districts' authority to levy a health services fee, the 1984 enactment required any district that provided health services during the 1983-1984 fiscal year, for which districts were previously authorized to charge a fee, to maintain health services at the level provided during the 1983-1984 fiscal year for every subsequent fiscal year until January 1, 1988. As a result, community college districts were required to maintain health services provided in the 1983-1984 fiscal year without fee authority for this purpose until January 1, 1988.

In 1987, the Legislature amended former Education Code section 72246, operative January 1, 1988, to incorporate and extend the maintenance of effort provisions of former Education Code section 72246.5, which became inoperative by its own terms as of January 1, 1988. In addition, Statutes 1987, chapter 1118 restated that the fee would be reestablished at not more than \$7.50 for each semester, or \$5 for each quarter or summer semester. As a result, beginning January 1, 1988 all community college districts were required to maintain the same level of health services they provided in the 1986-1987 fiscal year each year thereafter, with limited fee authority to offset the costs of those services. In 1992, section 72246 was amended to provide that the health fee could be increased by the same percentage as the Implicit Price Deflator whenever that calculation would produce an increase of one dollar.

On November 20, 1986, the Commission determined that Statutes 1984, chapter 1 imposed a reimbursable state-mandated new program on community college districts. On August 27, 1987, the Commission adopted parameters and guidelines for the *Health Fee Elimination* program. On May 25, 1989, the Commission adopted amendments to the parameters and guidelines to reflect amendments made by Statutes 1987, chapter 1118.

The parameters and guidelines generally provide that eligible community college districts shall be reimbursed for the costs of providing a health services program, and that only services specified in the parameters and guidelines and provided by the community college in the 1986-1987 fiscal year may be claimed.

<sup>&</sup>lt;sup>39</sup> Statutes 1984, 2nd Extraordinary Session, chapter 1, section 4.5.

<sup>&</sup>lt;sup>40</sup> Education Code section 72246.5 (Stats. 1984, 2d. Ex. Sess., ch. 1, § 4.7).

<sup>&</sup>lt;sup>41</sup> Education Code section 72246 (as amended, Stats. 1987, ch. 1118). See also former Education Code section 72246.5 (Stats. 1984, 2d Ex. Sess., ch. 1, § 4.7).

<sup>&</sup>lt;sup>42</sup> Education Code section 72246 (as amended, Stats. 1987, ch. 1118).

<sup>&</sup>lt;sup>43</sup> In 1992, section 72246 was amended to provide that the health fee could be increased by the same percentage as the Implicit Price Deflator whenever that calculation would produce an increase of one dollar. (Education Code section 72246 (as amended, Stats. 1992, ch. 753). In 1993, former Education Code section 72246, was renumbered as Education Code section 76355. (Stats. 1993, ch. 8).

<sup>&</sup>lt;sup>44</sup> Education Code section 72246 (as amended, Stats. 1992, ch. 753). In 1993, former Education Code section 72246, was renumbered as Education Code section 76355. (Stats. 1993, ch. 8).

#### Controller's Audit and Summary of the Issues

The Controller reduced the reimbursement claims for costs allegedly incurred during fiscal years 2002-2003, 2003-2004 and 2004-2005 under the *Health Fee Elimination* program. The following reductions are in dispute:

- Salaries and benefits of \$20,908 for an increased level of health services provided at American River College, and insufficient documentation at Consumnes River College and Sacramento City College;
- Services and supplies of \$27,564, including medical services at sporting events and physical examinations for intercollegiate athletes;
- Overstated indirect costs for fiscal years 2002-2003 and 2003-2004, and understated indirect costs for 2004-2005, resulting in \$136,288 in overstated indirect costs;
- Offsetting revenue of \$3,554,470 applied from claimant's health service fee authority; and
- An alleged \$814,928 already paid to the claimant, or discharged as debt.

The sole issue discussed and determined in this IRC is the reduction of costs based on offsetting health fee authority of \$3,554,470. Since the offsetting revenue exceeds the total amount claimed for this program in fiscal years 2002-2003 through 2004-2005 (\$2,554,615), the remaining issues are not addressed.

#### **III.** Positions of the Parties

#### Los Rios Community College District

The claimant asserts that the Controller incorrectly reduced all costs claimed for fiscal years 2002-2005. Claimant asserts that the Controller's findings regarding salaries and benefits are incorrect as a matter of law. Claimant argues that neither the parameters and guidelines nor the claiming instructions require claimants to report the number or type of services actually provided, but only require claimants to report the number or types of services available. Claimant also criticizes the method used to calculate the costs as not taking into consideration the actual costs to provide the services, and not accounting for variance in monthly costs or different services.

The reduction for services and supplies included disallowance of costs to provide medical services at sporting events and physical exams for intercollegiate athletics. Claimant disagrees with the Controller's interpretation of Education Code section 76355(d)(2) used to justify its reduction for physical examinations for intercollegiate athletics or salary costs for health professionals at athletic events. Claimant argues that because it does not charge a health services fee, the statute that prohibits expenditures from the fund for these purposes does not apply to claimant.

Although claimant did not obtain federal approval for its indirect cost rate under OMB A-21 for its 2002-2003 and 2003-2004 claims as required by the claiming instructions, claimant asserts that the parameters and guidelines do not require indirect costs to be claimed in accordance with the claiming instructions, and that the claiming instructions are not adopted pursuant to the Administrative Procedure Act. The reduction for indirect costs also results from the Controller's

allocation of various costs as direct or indirect pursuant to the claiming instructions. Claimant argues that the Controller's method arbitrarily assigns costs to different categories of direct or indirect costs.

Claimant also argues that a reduction of its total claim based on uncollected authorized health service fees was incorrect because the parameters and guidelines require claimants to state offsetting savings "experienced," and claimant did not experience offsetting savings for fees that it did not charge to students. 45

In claimant's rebuttal comments, claimant argues that the Controller's comments of October 12, 2014 "should not be considered as evidence by the Commission in its consideration of the IRC" because they were submitted late in violation of Government Code section 17553(d), which states that the Controller "shall have no more than 90 days after the date the claim is delivered or mailed to file any rebuttal to an incorrect reduction claim." Claimant argues that section 17553(d) "creates a clear statute of limitations of 90 days in which the SCO may file comments," and that if the SCO comments are allowed to be submitted and relied upon, the language of the statute would be superfluous. 46

#### State Controller's Office

The Controller maintains that the audit adjustments are correct and that this IRC should be denied. The Controller found that the district provided services during the audit period that it did not provide during 1986-1987, and that the district did not maintain source documentation that showed all services provided. The Controller used the health logs because that was what claimant provided in response to a request for source documentation, and no other documentation was provided. The Controller disagrees with claimant's assertion that neither the parameters and guidelines nor the claiming instructions require claimants to report the number or type of services actually provided.

As to services and supplies, the Controller asserts that Education Code section 76355(d)(2) defines authorized expenditures to not include physical examinations for intercollegiate athletics or the salaries of health professionals for athletic events. Because the mandated program does not require a "maintenance of effort" for athletic-related services, the district is not required to provide these services. Therefore, these are not mandated costs as defined by Government Code section 17514.

The audit also found that overstated and understated indirect cost rates resulted in unallowable indirect costs totaling \$136,288. Claimant did not obtain federal approval for its indirect cost rate under OMB A-21 for its 2002-2003 and 2003-2004 claims. For it 2004-2005 claim, claimant did not allocate direct and indirect costs according to the Controller's claiming instructions. Because the claiming instructions are incorporated by reference into the parameters and guidelines, they do not need to be adopted pursuant to the Administrative Procedure Act.

<sup>&</sup>lt;sup>45</sup> Exhibit A. IRC, pages 10-28.

<sup>&</sup>lt;sup>46</sup> Exhibit C, Claimant's comments on the IRC. The Commission does not address the claimant's interpretation of Government Code section 17553(d) because this decision is based solely on the findings in the audit report, which has not been challenged as untimely, and the decision resolves the IRC as a matter of law.

In addition, the Controller found that the claimant understated its authorized health service fees for the audit period by approximately \$3.5 million. Using enrollment and exemption data, the Controller recalculated the health fees that the claimant was authorized to collect, and reduced the claim by the amount not stated as offsetting revenues. The Controller argues that "if the district fails to collect fees, it is not relieved from its responsibility to offset those fees from its mandated program claims."

#### IV. Discussion

Government Code section 17561(b) authorizes the Controller to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state mandated costs that the Controller determines is excessive or unreasonable.

Government Code Section 17551(d) requires the Commission to hear and decide a claim that the Controller has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.9 of the Commission's regulations requires the Commission to send the statement of decision to the Controller and request that the costs in the claim be reinstated.

The Commission must review questions of law, including interpretation of the parameters and guidelines, *de novo*, without consideration of legal conclusions made by the Controller in the context of an audit. The Commission is vested with exclusive authority to adjudicate disputes over the existence of state-mandated programs within the meaning of article XIII B, section 6. The Commission must also interpret the Government Code and implementing regulations in accordance with the broader constitutional and statutory scheme. In making its decisions, the Commission must strictly construe article XIII B, section 6 and not apply it as an "equitable remedy to cure the perceived unfairness resulting from political decisions on funding priorities."

With regard to the Controller's audit decisions, the Commission must determine whether they were arbitrary, capricious, or entirely lacking in evidentiary support. This standard is similar to the standard used by the courts when reviewing an alleged abuse of discretion of a state agency. <sup>50</sup> Under this standard, the courts have found that:

When reviewing the exercise of discretion, "[t]he scope of review is limited, out of deference to the agency's authority and presumed expertise: 'The court may not reweigh the evidence or substitute its judgment for that of the agency. [Citation.]" ... "In general ... the inquiry is limited to whether the decision was

<sup>&</sup>lt;sup>47</sup> Exhibit B, Controller's Comments on IRC, pages 10-26.

<sup>&</sup>lt;sup>48</sup> Kinlaw v. State of California (1991) 54 Cal.3d 326, 331-334; Government Code sections 17551, 17552.

<sup>&</sup>lt;sup>49</sup> County of Sonoma, supra, 84 Cal.App.4th 1264, 1281, citing City of San Jose v. State of California (1996) 45 Cal.App.4th 1802, 1817.

<sup>&</sup>lt;sup>50</sup> Johnston v. Sonoma County Agricultural (2002) 100 Cal.App.4th 973, 983-984. See also American Bd. of Cosmetic Surgery, Inc. v. Medical Bd. of California (2008) 162 Cal.App.4th 534, 547.

arbitrary, capricious, or entirely lacking in evidentiary support. . . ." [Citations.] When making that inquiry, the "'"court must ensure that an agency has adequately considered all relevant factors, and has demonstrated a rational connection between those factors, the choice made, and the purposes of the enabling statute." [Citation.] "<sup>51</sup>

The Commission must review the Controller's audit in light of the fact that the initial burden of providing evidence for a claim of reimbursement lies with the claimant. <sup>52</sup> In addition, section 1185.2(c) of the Commission's regulations requires that any assertions of fact by the parties to an IRC must be supported by documentary evidence. The Commission's ultimate findings of fact must be supported by substantial evidence in the record. <sup>53</sup>

A. The Controller's Reductions for Unreported Offsetting Health Service Fee Authority Pursuant to *Clovis Unified* and the Health Fee Rule were Correct as a Matter of Law, and Not Arbitrary, Capricious, or Entirely Lacking in Evidentiary Support.

The Controller reduced all costs claimed for the three fiscal years at issue based on claimant's health service fee authority, multiplied by the number of students subject to the fee. Because the district does not collect a health services fee, <sup>54</sup> no offsetting revenue was identified by claimant in the reimbursement claims.

Claimant argues that the Education Code permits, but does not require, a community college district to levy a health services fee, and that the parameters and guidelines require a community college district to deduct from its reimbursement claims "[a]ny offsetting savings that the claimant experiences as a direct result of this statute..." Claimant argues that "[i]n order for the district to 'experience' these 'offsetting savings' the district must actually have collected these fees." Claimant concludes that "[s]tudent fees actually collected must be used to offset costs, but not student fees that could have been collected and were not."<sup>55</sup>

The Commission finds that the correct calculation and application of offsetting revenue from student health service fees has been resolved by *Clovis Unified School Dist. v. Chiang*, and that the reduction is consistent with the court's decision and is correct as a matter of law.

After the claimant filed its IRC, the Third District Court of Appeal issued its opinion in *Clovis Unified*, which specifically addressed the Controller's practice of reducing claims of community college districts by the maximum fee amount that districts are statutorily authorized to charge

<sup>&</sup>lt;sup>51</sup> American Bd. of Cosmetic Surgery, Inc, supra, 162 Cal.App.4th at pgs. 547-548.

<sup>&</sup>lt;sup>52</sup> Gilbert v. City of Sunnyvale (2005) 130 Cal.App.4th 1264, 1274-1275.

<sup>&</sup>lt;sup>53</sup> Government Code section 17559(b), which provides that a claimant or the state may commence a proceeding in accordance with the provisions of section 1094.5 of the Code of Civil Procedure to set aside a decision of the Commission on the ground that the Commission's decision is not supported by substantial evidence in the record.

<sup>&</sup>lt;sup>54</sup> Exhibit A, IRC, page 23.

<sup>&</sup>lt;sup>55</sup> Exhibit A, IRC, pages 24-25.

students, whether or not a district chooses to charge those fees. As expressed by the court, the "Health Fee Rule" states in pertinent part:

Eligible claimants will be reimbursed for health service costs at the level of service provided in the 1986/87 fiscal year. The reimbursement will be reduced by the amount of student health fees authorized per the <u>Education Code</u> [section] 76355. <sup>56</sup> (Underline in original.)

The Health Fee Rule relies on Education Code section 76355(a), which provides in relevant part:

(a)(1) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than ten dollars (\$10) for each semester, seven dollars (\$7) for summer school, seven dollars (\$7) for each intersession of at least four weeks, or seven dollars (\$7) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, or both.

(a)(2) The governing board of each community college district may increase [the health service fee] by the same percentage increase as the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. Whenever that calculation produces an increase of one dollar (\$1) above the existing fee, the fee may be increased by one dollar (\$1).<sup>57</sup>

Pursuant to the plain language of Education Code section 76355(a)(2), the fee authority given to districts automatically increases at the same rate as the Implicit Price Deflator; when that calculation produces an increase of one dollar above the existing fee, the fee may be increased by one dollar. The Chancellor of the California Community Colleges issues a notice to the governing boards of all community colleges when a fee increase is triggered. Claimant argues that the Controller cannot rely on the Chancellor's notice to adjust the claim for 'collectible' student health services fees because the fees levied on students are raised by the governing board of the community college district. But the *authority* to impose the health service fees increases automatically with the Implicit Price Deflator, as noticed by the Chancellor. Accordingly, the

<sup>&</sup>lt;sup>56</sup> Clovis Unified School Dist. v. Chiang, supra, 188 Cal.App.4th 794, 811.

<sup>&</sup>lt;sup>57</sup> Education Code section 76355(d)(2) (Stats. 1993, ch. 8 (AB 46); Stats. 1993, ch. 1132 (AB 39); Stats. 1994, ch. 422 (AB 2589); Stats. 1995, ch. 758 (AB 446); Stats. 2005, ch. 320 (AB 982)) [Formerly Education Code section 72246(e) (Stats. 1987, ch. 118)].

<sup>&</sup>lt;sup>58</sup> See Education Code section 76355 (Stats. 1995, ch. 758 (AB 446)). The Implicit Price Deflator for State and Local Purchase of Goods and Services is a number computed annually (and quarterly) by the United States Department of Commerce as part of its statistical series on measuring national income and product, and is used to adjust government expenditure data for the effect of inflation.

<sup>&</sup>lt;sup>59</sup> Exhibit A, IRC, California Community Colleges Chancellor's Office, Student Health Fee Increase, March 5, 2001, pages 148-149.

<sup>&</sup>lt;sup>60</sup> Exhibit A, IRC, pages 23-27.

court in *Clovis Unified* upheld the Controller's use of the Health Fee Rule to reduce reimbursement claims based on the fees districts are *authorized* to charge. In making its decision the court notes that the concept underlying the state mandates process that Government Code sections 17514 and 17556(d) embody is:

To the extent a local agency or school district "has the authority" to charge for the mandated program or increased level of service, that charge cannot be recovered as a state-mandated cost.<sup>61</sup>

The court also notes that, "this basic principle flows from common sense as well. As the Controller succinctly puts it, 'Claimants can choose not to require these fees, but not at the state's expense." Additionally, in responding to claimant's argument that, "since the Health Fee Rule is a claiming instruction, its validity must be determined *solely* through the Commission's P&G's", 63 the court held:

To accept this argument, though, we would have to ignore, and so would the Controller, the fundamental legal principles underlying state-mandated costs. We conclude *the Health Fee Rule is valid*. <sup>64</sup> (Italics added.)

Thus, pursuant to the court's decision in *Clovis Unified*, the Health Fee Rule used by the Controller to adjust reimbursement claims filed by claimant for the *Health Fee Elimination* program is valid. Since the *Clovis* case is a final decision of the court addressing the merits of the issue presented here, the Commission, under principles of stare decisis, is required to apply the rule set forth by the court. In addition, the *Clovis* decision is binding on the claimant under principles of collateral estoppel. Collateral estoppel applies when (1) the issue necessarily decided in the previous proceeding is identical to the one that is currently being decided; (2) the previous proceeding terminated with a final judgment on the merits; (3) the party against whom collateral estoppel is asserted is a party to or in privity with a party in the previous proceeding; and (4) the party against whom the earlier decision is asserted had a full and fair opportunity to litigate the issue. Although the claimant to this IRC was not a party to the *Clovis* action, the claimant is in privity with the petitioners in *Clovis*. A party is adequately represented for

<sup>&</sup>lt;sup>61</sup> Clovis Unified School Dist. v. Chiang, supra, 188 Cal.App.4th 794, 812.

<sup>&</sup>lt;sup>62</sup> *Ibid*.

<sup>&</sup>lt;sup>63</sup> *Ibid.* (Original italics.)

<sup>&</sup>lt;sup>64</sup> Clovis Unified School Dist. v. Chiang, supra, 188 Cal.App.4th 794, 812.

<sup>&</sup>lt;sup>65</sup> Fenske v. Board of Administration (1980) 103 Cal.App.3d 590, 596.

<sup>&</sup>lt;sup>66</sup> The petitioners in the *Clovis* case included Clovis Unified School District, El Camino Community College District, Fremont Unified School District, Newport-Mesa Unified School District, Norwalk-La Mirada Unified School District, Riverside Unified School District, San Mateo Community College District, Santa Monica Community College District, State Center Community College District, and Sweetwater Union High School District.

<sup>&</sup>lt;sup>67</sup> Roos v. Red (2006) 130 Cal.App.4th 870, 879-880.

purposes of the privity rule if his or her interests are so similar to a party's interest that the latter was the former's virtual representative in the earlier action." <sup>68</sup>

The Commission further finds that the Controller's calculation of the claimant's authorized offsetting fee revenue totaling \$3,554,470 is not arbitrary, capricious, or entirely lacking in evidentiary support since the Controller used the enrollment data available and reported by the claimant. The Controller obtained student enrollment, Board of Governors Grant (BOGG) recipient, and apprenticeship program enrollment data that the claimant reported to the Chancellor's Office, and calculated the authorized health service fees using the rates that the Chancellor's Office noticed during the fiscal years at issue. 69

Therefore, the Commission finds that the Controller's reduction of costs based on the claimant's unreported offsetting fee authority is correct as a matter of law, and is not arbitrary, capricious, or entirely lacking in evidentiary support. Since the amount authorized to be charged and required to be identified as offsetting revenue (\$3,554,470) exceeds the total amount claimed (\$2,554,615), the remaining substantive are not addressed.

#### V. Conclusion

Pursuant to Government Code section 17551(d), the Commission concludes that the reduction of costs claimed is correct as a matter of law, and not arbitrary, capricious, or entirely lacking in evidentiary support. The Commission denies this IRC.

<sup>&</sup>lt;sup>68</sup> Rodgers v. Sargent Controls & Aerospace (2006) 136 Cal.App.4th 82, 91.

<sup>&</sup>lt;sup>69</sup> Exhibit A, final audit report, page 72.

#### **DECLARATION OF SERVICE BY EMAIL**

I, the undersigned, declare as follows:

I am a resident of the County of Solano and I am over the age of 18 years, and not a party to the within action. My place of employment is 980 Ninth Street, Suite 300, Sacramento, California 95814.

On January 9, 2015, I served the:

Draft Proposed Decision, Schedule for Comments, and Notice of Hearing

Health Fee Elimination, 08-4206-I-18 Education Code Section 76355 Statutes 1984, Chapter 1, 2nd E.S.; Statutes 1987, Chapter 1118 Fiscal Years 2002-2003, 2003-2004, and 2004-2005 Los Rios Community College District, Claimant

by making it available on the Commission's website and providing notice of how to locate it to the email addresses provided on the attached mailing list.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on January 9, 2015 at Sacramento, California.

Heidi J. Palchik Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814 (916) 323-3562

Zallik

## **COMMISSION ON STATE MANDATES**

## **Mailing List**

**Last Updated:** 11/19/14

**Claim Number:** 08-4206-I-18

Matter: Health Fee Elimination

Claimant: Los Rios Community College District

#### TO ALL PARTIES, INTERESTED PARTIES, AND INTERESTED PERSONS:

Each commission mailing list is continuously updated as requests are received to include or remove any party or person on the mailing list. A current mailing list is provided with commission correspondence, and a copy of the current mailing list is available upon request at any time. Except as provided otherwise by commission rule, when a party or interested party files any written material with the commission concerning a claim, it shall simultaneously serve a copy of the written material on the parties and interested parties to the claim identified on the mailing list provided by the commission. (Cal. Code Regs., tit. 2, § 1181.3.)

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