



JOHN CHIANG
California State Controller

September 2, 2011

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

Keith Petersen
SixTen and Associates
P.O. Box 340430
Sacramento, CA 95834-0430

Re: Consolidated Incorrect Reduction Claims

Health Fee Elimination (09-4206-I-19, 09-4206-I-20, 09-4206-I-23, 09-4206-I-26,
09-4206-I-27, 09-4206-I-28, and 09-4206-I-30)

Education Code Section 76355

Statutes 1984, 2nd E.S., Chapter 1; Statutes 1987, Chapter 1118

Claimants:

Citrus Community College District (FYs 2002-03 to 2006-07)

Cerritos Community College District (FYs 2002-03 to 2006-07)

Los Rios Community College District (FYs 2005-06 to 2007-08)

Redwood Community College District (FYs 2002-03 to 2008-09)

Allan Hancock Joint Community College District (FYs 2002-03 to 2006-07)

Rancho Santiago Community College District (FYs 2005-06 to 2008-09)

Pasadena Community College District (FYs 2004-05 and 2005-06)

This letter constitutes the Controller's response to the Draft Staff Analysis (DSA) of the Consolidated IRCs identified above. The Controller's Office agrees with the conclusions in the DSA concerning the issues of law, but believes there are two factual errors that need to be addressed.

In the case of Citrus Community College District, a document from El Camino Community College was erroneously included in the IRC package, making it appear as though physical examinations were provided to athletes in FY 2002-03, when they were not (Tab 3 of Audits Response). In addition, the DSA concludes that physical exams for athletes claimed by Rancho Santiago Community College District for fiscal years 2007-08 and 2008-09 were reimbursable. However, Rancho Santiago did not provide physical

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Page 2

exams to its student athletes in the 1986-87 base year (see Tab 4), a prerequisite to reimbursability, as set forth in the Parameters & Guidelines. Therefore, the costs associated with such exams should not be reimbursable.

For a more detailed analysis of the claims, see the State Controller's Office, Division of Audits response (attached).

Sincerely,



SHAWN D. SILVA
Senior Staff Counsel

SDS/ac

Attachment

cc: Jim Spano, Division of Audits, State Controller's Office (w/o attachments)
Berlanti Rizkallah, Cerritos CCD
Jon Sharpe, Los Rios CCD
Richard Van Pelt, Pasadena Area CCD
Peter Hardash, Rancho Santiago CCD

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE DRAFT STAFF ANALYSIS (DSA) BY
THE COMMISSION ON STATE MANDATES
Incorrect Reduction Claims CSM 09-4206-I-19;
CSM 09-4206-I-20; CSM 09-4206-I-23; CSM 09-4206-I-26;
CSM 09-4206-I-27; CSM 09-4206-I-28; and CSM 09-4206-I-30**

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Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850
3 Sacramento, CA 95814
4 Telephone No.: (916) 445-6854

4 **BEFORE THE**
5 **COMMISSION ON STATE MANDATES**
6 **STATE OF CALIFORNIA**

8 COMMISSION ON STATE MANDATES'
9 DRAFT STAFF ANALYSIS OF
10 INCORRECT REDUCTION CLAIMS ON:

11 *Health Fee Elimination Program*

12 Chapter 1, Statutes of 1984, 2nd Extraordinary
13 Session; and Chapter 1118, Statutes of 1987

14 CITRUS COMMUNITY COLLEGE
15 DISTRICT; CERRITOS COMMUNITY
16 COLLEGE DISTRICT; LOS RIOS
17 COMMUNITY COLLEGE DISTRICT;
18 REDWOODS COMMUNITY COLLEGE
DISTRICT; ALLAN HANCOCK JOINT
COMMUNITY COLLEGE DISTRICT;
RANCHO SANTIAGO COMMUNITY
COLLEGE DISTRICT; AND PASADENA
AREA COMMUNITY COLLEGE DISTRICT,
Claimants

Nos.: CSM 09-4206-I-19; CSM
09-4206-I-20; CSM 09-4206-I-23; CSM
09-4206-I-26; CSM 09-4206-I-27; CSM
09-4206-I-28; and CSM 09-4206-I-30

AFFIDAVIT OF BUREAU CHIEF

19 I, Jim L. Spano, make the following declarations:
20

- 21 1) I am an employee of the State Controller's Office and am over the age of 18 years.
22 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000.
Before that, I was employed as an audit manager for two years and three months.
23 3) I am a California Certified Public Accountant (CPA).
24 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
25

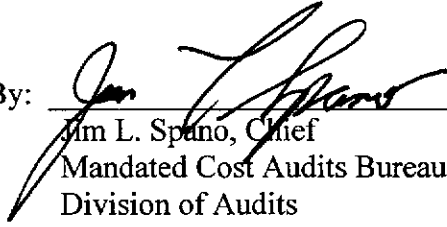
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5) Any attached copies of records are true copies of records, as provided by the Citrus Community College District and Rancho Santiago Community College District or retained at our place of business.

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: July 28, 2011

OFFICE OF THE STATE CONTROLLER

By: 
Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE DRAFT STAFF ANALYSIS (DSA) BY
THE COMMISSION ON STATE MANDATES
Incorrect Reduction Claims CSM 09-4206-I-19; CSM 09-4206-I-20; CSM 09-4206-I-23;
CSM 09-4206-I-26; CSM 09-4206-I-27; CSM 09-4206-I-28; and CSM 09-4206-I-30**

**Health Fee Elimination Program
Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987**

RESPONSE

The following is the State Controller's Office (SCO) response to the Draft Staff Analysis (DSA) that the Commission on State Mandates (CSM) issued on July 20, 2011. The DSA addresses Incorrect Reduction Claims (IRC) submitted by seven community college districts for the Health Fee Elimination Program. The districts submitted IRCs to the CSM in response to mandated cost claim adjustments identified in desk reviews conducted by the SCO.

As part of its DSA, the CSM proposes to remand certain claims back to the SCO to reinstate costs claimed attributable to district employee and athlete physical examinations. We disagree with the DSA as it relates to Citrus Community College District and Rancho Santiago Community College District.

Citrus Community College District

The DSA states:

...staff concludes that the State Controller's Office incorrectly reduced costs incurred that are attributable to physicals for athletes by using the health service fee . . . as offsetting revenue for reimbursement claims made by the following community college districts, for the following fiscal years, and at issue in the following incorrect reduction claims:

- Citrus Community College District claimed costs associated with providing physicals for athletes during fiscal year 2002-2003 (CSM 09-4206-I-19). . . .

We disagree with the CSM's conclusion. The CSM's conclusion is based on the FY 2002-03 claim forms that the district included as Exhibit F to its IRC dated September 15, 2009. Specifically, the CSM relied on Form HFE-2.1, page 2. However, the district submitted an erroneous page; that page is applicable to El Camino Community College District (as shown in box (01) of the claim form), not Citrus Community College District. On July 25, 2011, Citrus Community College District's authorized representative submitted the correct claim form to the SCO (**Tab 3**). The correct form shows that Citrus Community College district did not provide physical examinations to athletes during FY 2002-03.

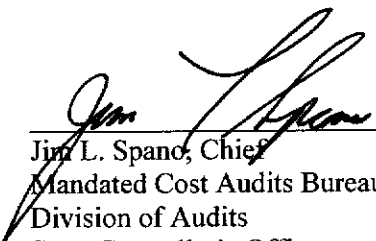
Rancho Santiago Community College District

The DSA presents a similar conclusion for Rancho Santiago Community College District's FY 2007-08 and FY 2008-09 claims. The CSM's conclusion is based on the claim forms that the district included as Exhibit D to its IRC dated June 9, 2010. Specifically, the CSM relied on Form 2, page 3 for both fiscal years (**Tab 4**). Although the district reported that it provided physical examinations for athletes during FY 2007-08 and FY 2008-09, the district also reported that it *did not* provide that service during the FY 1986-87 base year. The program's parameters and guidelines, section V. B, state, "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* [emphasis added]. . . ." Because the district did not provide physical examinations for athletes in fiscal year 1986-87, any costs claimed for that activity are unallowable and may not be reinstated.

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 July 28, 2011, at Sacramento, California, by:



Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
State Controller's Office

Tab 3

Van Zee, Steve

From: Garcia, Carlos E.
Sent: Tuesday, July 26, 2011 01:25 PM
To: Spano, Jim; Van Zee, Steve
Cc: Lal, Jay
Subject: FW: Health Fee Elimination Program Missing Form 2.1
Attachments: citrus hfe 02-03 2.1s.pdf

Hello Jim,

Attached is your request for the correct Form 2.1 for Citrus CCD. Thank you.

Carlos E. Garcia

State Controller's Office
Local Reimbursements Section
(916) 323-0766
cegarcia@sco.ca.gov

From: Seasixten@aol.com [<mailto:Seasixten@aol.com>]
Sent: Monday, July 25, 2011 4:41 PM
To: Garcia, Carlos E.
Cc: kbsixten@aol.com
Subject: Re: Health Fee Elimination Program Missing Form 2.1

Hi Carlos,

Attached are 3 pages of 2.1's for Citrus Community College District.

Sheryll Antonio
SixTen and Associates
(858) 514-8605

In a message dated 7/25/2011 3:33:46 P.M. Pacific Daylight Time, [Kbsixten@aol.com](mailto:kbsixten@aol.com) writes:

In a message dated 7/25/2011 3:32:16 P.M. Pacific Daylight Time,
CEGarcia@sco.ca.gov writes:

Hello Keith,

The FY 2002-2003 claim (amount of \$79,342) submitted by Citrus Community College District (CC19090) for the Health Fee Elimination program (# 234, previously # 29), the claim had the incorrect Form 2.1. The Form 2.1 for El Camino Community College District was erroneously stapled with the claim for Citrus Community College District. Would you please scan and send me the correct Form 2.1 for Citrus Community College District by e-mail. Thank you.

Carlos E. Garcia

State Controller's Office
Local Reimbursements Section
(916) 323-0766
cegarcia@sco.ca.gov

Carlos

We will get on this tomorrow

Keith B. Petersen, President
SixTen and Associates
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Program 029	MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2.1	
(01) Claimant Citrus Community College District	Fiscal Year 2002-2003		
(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.	(a) FY 1986/87	(b) FY of Claim	
Accident Reports	X	X	
Appointments			
College Physician, surgeon	X	X	
Dermatology, Family practice	X	X	
Internal Medicine	X	X	
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.)	X	X	
Psychologist, full services	X	X	
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	
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	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			
Other Medical Problems, list			
Examinations, minor illnesses			
Recheck Minor Injury	X	X	
Health Talks or Fairs, Information			
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse			

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2.1	
(01) Claimant Citrus Community College District		Fiscal Year 2002-2003	
(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.		(a) FY 1986/87	(b) FY of Claim
Birth Control/Family Planning Stop Smoking Library, Videos and Cassettes		X X X	X X X
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled		X	X
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information		X X X X	X X X X
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration		X X X	X X X
Laboratory Tests Done Inquiry/Interpretation Pap Smears		X X	X X
Physical Examinations Employees Students Athletes			
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list		X X X X X X X X X X	X X X X X X X X X
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2.1	
(01) Claimant Citrus Community College District		Fiscal Year 2002-2003	
(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.		(a) FY 1986/87	(b) FY of Claim
Referrals to Outside Agencies			
Private Medical Doctor		X	X
Health Department		X	X
Clinic		X	X
Dental		X	X
Counseling Centers		X	X
Crisis Centers		X	X
Transitional Living Facilities, battered/homeless women		X	X
Family Planning Facilities		X	X
Other Health Agencies		X	X
Tests			
Blood Pressure		X	X
Hearing		X	X
Tuberculosis		X	X
Reading		X	X
Information		X	X
Vision		X	X
Glucometer		X	X
Urinalysis		X	X
Hemoglobin		X	X
EKG			
Strep A Testing		X	X
PG Testing		X	X
Monospot		X	X
Hemacult			
Others, list			
Miscellaneous			
Absence Excuses/PE Waiver		X	X
Allergy Injections			
Band-aids		X	X
Booklets/Pamphlets		X	X
Dressing Change		X	X
Rest		X	X
Suture Removal			
Temperature		X	X
Weigh		X	X
Information		X	X
Report/Form		X	X
Wart Removal		X	X
Others, list			
Committees			
Safety		X	X
Environmental			
Disaster Planning		X	X
Skin Rash Preparations			
Eye Drops			

Tab 4

State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2007-2008	
(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.			
	(a) FY 1986/87	(b) FY of Claim	
Accident Reports			
Appointments	X	X	
College Physician, surgeon	X	X	
Dermatology, Family practice	X	X	
Internal Medicine	X	X	
Outside Physician	X	X	
Dental Services	X	X	
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services	X	X	
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	
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	X	
Gynecology/Pregnancy Service	X	X	
Neuralgic	X	X	
Orthopedic	X	X	
Genito/Urinary	X	X	
Dental		X	
Gastro-Intestinal	X	X	
Stress Counseling	X	X	
Crisis Intervention	X	X	
Child Abuse Reporting and Counseling	X	X	

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Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2007-2008
(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.	(a) FY 1986/87	(b) FY of Claim
Assessment, Intervention and Counseling (continued)		
Substance Abuse Identification and Counseling	X	X
Acquired Immune Deficiency Syndrome		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
Recheck Minor Injury	X	X
Health Talks or Fairs, Information		X
Sexually Transmitted Disease	X	X
Drugs	X	X
Acquired Immune Deficiency Syndrome		X
Child Abuse	X	X
Birth Control/Family Planning	X	X
Stop Smoking	X	X
Library, Videos and Cassettes	X	X
First Aid, Major Emergencies	X	X
First Aid, Minor Emergencies		X
First Aid Kits, Filled	X	X
Immunizations	X	X
Diphtheria/Tetanus		X
Measels/Rubella		X
Influenza	X	X
Information	X	X
Insurance	X	X
On Campus Accident	X	X
Voluntary	X	X
Insurance Inquiry/Claim Administration	X	X
Laboratory Tests Done		X
Inquiry/Interpretation	X	X
Pap Smears	X	X
Physical Examinations		X
Employees		

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Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2007-2008	
(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.		(a) FY 1986/87	(b) FY of Claim
Physical Examinations (Continued)			
Students			X
Athletes			X
Medications			
Antacids		X	X
Antidiarrheal		X	X
Aspirin, Tylenol, etc.,		X	X
Skin Rash Preparations		X	X
Eye Drops		X	X
Ear Drops		X	X
Toothache, oil cloves		X	X
Stingkill		X	X
Midol, Menstrual Cramps		X	X
Other, list—>		X	X
Parking Cards/Elevator Keys			
Tokens			
Return Card/Key			
Parking Inquiry			
Elevator Passes			X
Temporary Handicapped Parking Permits			
Referrals to Outside Agencies			
Private Medical Doctor		X	X
Health Department		X	X
Clinic		X	X
Dental		X	X
Counseling Centers		X	X
Crisis Centers		X	X
Transitional Living Facilities, battered/homeless women		X	X
Family Planning Facilities		X	X
Other Health Agencies		X	X
Tests			
Blood Pressure		X	X
Hearing		X	X
Tuberculosis		X	X
Reading		X	X

State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2007-2008
(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.		(a) FY 1986/87
		(b) FY of Claim
Tests (continued)		
Information		X X
Vision		X X
Glucometer		X
Urinalysis		X
Hemoglobin		X
EKG		X
Strep A Testing		X
PG Testing		X
Monospot		
Hemacult		
Others, list		
Miscellaneous		
Absence Excuses/PE Waiver		X X
Allergy Injections		X
Band-aids		X X
Booklets/Pamphlets		X X
Dressing Change		X X
Rest		X X
Suture Removal		X X
Temperature		X X
Weigh		X X
Information		X X
Report/Form		X X
Wart Removal		X X
Others, list Ear Irrigation for Wax		X
Committees		
Safety		X X
Environmental		X X
Disaster Planning		X X

State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2008-2009	
(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.			
	(a) FY 1986/87	(b) FY of Claim	
Accident Reports			
Appointments	X	X	
College Physician, surgeon	X	X	
Dermatology, Family practice	X	X	
Internal Medicine	X	X	
Outside Physician	X	X	
Dental Services	X	X	
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services	X	X	
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	
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	X	
Gynecology/Pregnancy Service	X	X	
Neuralgic	X	X	
Orthopedic	X	X	
Genito/Urinary	X	X	
Dental		X	
Gastro-Intestinal	X	X	
Stress Counseling	X	X	
Crisis Intervention	X	X	
Child Abuse Reporting and Counseling	X	X	

State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2008-2009
(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.		(a) FY 1986/87
		(b) FY of Claim
Assessment, Intervention and Counseling (continued)		
Substance Abuse Identification and Counseling		X
Acquired Immune Deficiency Syndrome		X
Eating Disorders	X	X
Weight Control	X	X
Personal Hygiene	X	X
Bumout	X	X
Other Medical Problems, list	X	X
Examinations, minor illnesses		X
Recheck Minor Injury	X	X
Health Talks or Fairs, Information		X
Sexually Transmitted Disease	X	X
Drugs	X	X
Acquired Immune Deficiency Syndrome		X
Child Abuse	X	X
Birth Control/Family Planning	X	X
Stop Smoking	X	X
Library, Videos and Cassettes	X	X
First Aid, Major Emergencies	X	X
First Aid, Minor Emergencies		X
First Aid Kits, Filled	X	X
Immunizations	X	X
Diphtheria/Tetanus		X
Measels/Rubella		X
Influenza	X	X
Information	X	X
Insurance	X	X
On Campus Accident	X	X
Voluntary	X	X
Insurance Inquiry/Claim Administration	X	X
Laboratory Tests Done		X
Inquiry/Interpretation	X	X
Pap Smears	X	X
Physical Examinations		X
Employees		

State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2008-2009	
(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.			
	(a) FY 1986/87	(b) FY of Claim	
Physical Examinations (Continued)			
Students		X	
Athletes		X	
Medications			
Antacids	X	X	
Antidiarrheal	X	X	
Aspirin, Tylenol, etc.,	X	X	
Skin Rash Preparations	X	X	
Eye Drops	X	X	
Ear Drops	X	X	
Toothache, oil cloves	X	X	
Stingkill	X	X	
Midol, Menstrual Cramps	X	X	
Other, list-->	X	X	
Parking Cards/Elevator Keys			
Tokens			
Return Card/Key			
Parking Inquiry			
Elevator Passes		X	
Temporary Handicapped Parking Permits			
Referrals to Outside Agencies			
Private Medical Doctor	X	X	
Health Department	X	X	
Clinic	X	X	
Dental	X	X	
Counseling Centers	X	X	
Crisis Centers	X	X	
Transitional Living Facilities, battered/homeless women	X	X	
Family Planning Facilities	X	X	
Other Health Agencies	X	X	
Tests			
Blood Pressure	X	X	
Hearing	X	X	
Tuberculosis	X	X	
Reading	X	X	

State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2008-2009	
(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.			
	(a) FY 1986/87	(b) FY of Claim	
Tests (continued)			
Information	X	X	
Vision	X	X	
Glucometer		X	
Urinalysis		X	
Hemoglobin		X	
EKG		X	
Strep A Testing		X	
PG Testing		X	
Monospot			
Hemacult			
Others, list			
Miscellaneous			
Absence Excuses/PE Waiver	X	X	
Allergy Injections		X	
Band-aids	X	X	
Booklets/Pamphlets	X	X	
Dressing Change	X	X	
Rest	X	X	
Suture Removal	X	X	
Temperature	X	X	
Weigh	X	X	
Information	X	X	
Report/Form	X	X	
Wart Removal	X	X	
Others, list Ear Irrigation for Wax		X	
Committees			
Safety	X	X	
Environmental	X	X	
Disaster Planning	X	X	