

ITEM 10
INCORRECT REDUCTION CLAIM
FINAL STAFF ANALYSIS
AND
PROPOSED STATEMENT OF DECISION

Education Code Section 76355

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

Statutes 1987, Chapter 1118

Health Fee Elimination

Fiscal Years 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009
09-4206-I-19, 09-4206-I-20, 09-4206-I-23, 09-4206-I-26, 09-4206-I-27, 09-4206-I-28, 09-4206-I-30

Citrus Community College District, Cerritos Community College District,
Los Rios Community College District, Redwoods Community College District,
Allan Hancock Joint Community College District,
Rancho Santiago Community College District, and
Pasadena Area Community College District, Claimants

Table of Contents

Exhibit A

Incorrect Reduction Claim filed by Citrus Community College
District (09-4206-I-19), dated September 24, 20094

Exhibit B

Incorrect Reduction Claim filed by Cerritos Community College
District (09-4206-I-20), dated September 24, 2009107

Exhibit C

Incorrect Reduction Claim filed by Los Rios Community College
District (09-4206-I-23), dated October 1, 2009212

Exhibit D

Incorrect Reduction Claim filed by Redwoods Community College
District (09-4206-I-26), dated October 19, 2009315

Exhibit E

Incorrect Reduction Claim filed by Allan Hancock Joint Community
College District (09-4206-I-27), dated June 7, 2010418

Exhibit F

Incorrect Reduction Claim filed by Pasadena Area Community College District (09-4206-I-30), dated June 15, 2010.....	534
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Exhibit G

Incorrect Reduction Claim filed by Rancho Santiago Community College District (09-4206-I-28), dated June 16, 2010	608
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Exhibit H

Notice of proposed consolidation of incorrect reduction claims (09-4206-I-19, 20, 23, 26, 27, 28, and 30) filed by Citrus, Cerritos, Los Rios, Redwoods, Allan Hancock Joint, Rancho Santiago, and Pasadena Community College Districts and request for further briefing and information, dated December 12, 2010.....	705
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Exhibit I

Comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated January 11, 2011	708
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Exhibit J

Comments filed by the State Controller's Office, dated April 14, 2011	721
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Exhibit K

Draft staff analysis, dated July 20, 2011	1756
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Exhibit L

Response to the draft staff analysis filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated September 1, 2011	1799
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Exhibit M

Response to the draft staff analysis filed by the State Controller's Office, dated September 2, 2011	1811
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Exhibit N

<u>Supporting Documentation</u>	1835
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Amendments to Parameters and Guidelines, *Health Fee Elimination* (CSM 4206, adopted May 25, 1989)

Amendments to Parameters and Guidelines, *Health Fee Elimination* (CSM 4206, adopted January 29, 2010)

Audit Report of Enrollment Fee Collection and Waivers Program for Contra Costa Community College District (July 1, 1998, through June 30, 2006) by the State Controller's Office, dated March 2011

Audit Report of Enrollment Fee Collection and Waivers Program for
Gavilan Community College District (July 1, 1998, through June 30 2008)
by the State Controller's Office, dated April 2011

Chancellor's Office Management Information System,
User's Manual: Data Submission (Feb. 2004)

Chancellor's Office Management Information System, Data Element
Dictionary: STD7 Student Characteristics Derived Data Elements,
Student Characteristics Data Elements (SB23), and
Student Financial Aid Data Elements (SF21)

Statement of Decision, *Health Fee Elimination*
(CSM 4206, adopted January 22, 1987)

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

September 24, 2009

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



RE: Citrus Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Citrus 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:

Carol R. Horton, Vice President
Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd.
Glendora, California 91741-1899

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

Citrus Community College District

Carol R. Horton
Vice President
Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd.
Glendora, California 91741-1899
Voice: 626-914-8886
Fax: 626-914-8823
E-mail: chorton@citruscollege.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

Filing Date:

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SEP 25 2009

COMMISSION ON
STATE MANDATES

IRC #:

09-4206-19

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 79,342
2003-04	\$105,300
2004-05	\$ 80,856
2005-06	\$ 71,701
2006-07	\$ 97,675
TOTAL:	\$434,874

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit A
9. SCO July 1, 2008, letter:	Exhibit B
10. District's Response to SCO:	Exhibit C
11. Parameters and Guidelines:	Exhibit D
12. SCO Claiming Instructions:	Exhibit E
13. Annual Reimbursement Claims:	Exhibit F

14. 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.

Carol R. Horton, Vice President
Financial and Administrative Services

Carol R. Horton

Signature

9-15-09

Date

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE
11 COMMISSION ON STATE MANDATES
12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____

15)
16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **CITRUS**)

19 **Community College District,**)

Education Code Section 76355

20)
21) **Health Fee Elimination**

22 Claimant.)

23) Annual Reimbursement Claims:

24)
25) Fiscal Year 2002-2003

26) Fiscal Year 2003-2004

27) Fiscal Year 2004-2005

28) Fiscal Year 2005-2006

29) Fiscal Year 2006-2007

30)
31 _____) INCORRECT REDUCTION CLAIM FILING

32 PART I. AUTHORITY FOR THE CLAIM

33 The Commission on State Mandates has the authority pursuant to Government
34 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
35 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
36 payments to the local agency or school district pursuant to paragraph (2) of subdivision

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

(d) of Section 17561.” Citrus Community College District (hereinafter “District” or “Claimant”) is a school district as defined in Government Code Section 17519.¹ Title 2, California Code of Regulations (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 “written notice of adjustment notifying the claimant of a reduction.” The Controller conducted a “desk review” of the District’s FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee Elimination mandate. The District received five “results of review” letters reducing its claims as a result of the desk review. The letters for FY 2003-04 through FY 2005-06 were dated July 5, 2009, and the letters for FY 2002-03 and FY 2006-07 were dated July 6, 2009. All five letters are attached as Exhibit “A.” These letters constitute a demand for repayment and adjudication of the claim.

PART II. SUMMARY OF THE CLAIM

The Controller conducted a “desk review” 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 and Chapter 1118, Statutes of 1987),

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984, Section 1:

“School district” means any school district, community college district, or county superintendent of schools.

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

for the period July 1, 2002 through June 30, 2007. As a result of the review, the
Controller determined that \$434,874 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2002-03	\$79,342	\$79,342	\$79,342	<\$79,342>
2003-04	\$183,436	\$105,300	\$0	\$78,136
2004-05	\$80,856	\$80,856	\$0	\$0
2005-06	\$71,701	\$71,701	\$0	\$0
2006-07	<u>\$97,675²</u>	<u>\$97,675</u>	<u>\$45,204</u>	<u><\$45,204></u>
Totals	\$513,010	\$434,874	\$124,546	<\$46,410>

Since the District has been paid \$124,546 for these claims, the amount of \$46,410 will
be collected from future mandate payments.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide
student enrollment data and student health fee amounts for its FY 2006-07
reimbursement claim for the Health Fee Elimination mandate. The Controller's
letter stated that the claim would be adjusted to zero if the District did not supply
the additional information by September 15, 2008. A copy of this letter is
attached as Exhibit "B."

² FY 2006-07 amended annual claim amount \$107,675 less a \$10,000 late filing
penalty

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

2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.
3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension by email on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated August 20, 2008, and provided an HFE 1.1 claim form for

³ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 FY 2006-07, which included the requested student enrollment data. The
2 individual student health services fee amount was not included because it is the
3 Controller's policy to use the highest authorized rate regardless of the rate
4 actually charged by the district, and the highest authorized rate is a matter of
5 public record available to the Controller's staff. A copy of the District's response
6 is attached as Exhibit "C."

- 7 5. As a result of the additional information, the Controller issued a "results of
8 review" letter for FY 2006-07, reducing the claim to \$0. The District also received
9 four "results of review" letters for FY 2002-03 through FY 2005-06, reducing
10 those claims by \$337,199, although no supplemental data had been requested
11 or received by the Controller for those four fiscal years. No reason for the
12 reductions was stated, other than a statement that the costs were "costs not
13 mandated."

14 The results of review letters informed the District that any amounts previously paid
15 would be offset from future mandate payments. The District has no record of any audit
16 findings or any other explanations of the reason for the Controller's action.

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

18 The District has not filed any previous incorrect reduction claims for this mandate
19 program. The District is not aware of any incorrect reduction claims having been
20 adjudicated on the specific issues or subject matter raised by this claim.

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

1 added Education Code Section 76355⁴ containing substantially the same provisions as

⁴ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

5 On November 27, 1985, Rio Hondo Community College District filed a test claim
6 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
7 increased costs within the meaning of California Constitution Article XIII B, Section 6, by

(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.

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

1 requiring the provision of student health services that were previously provided at the
2 discretion of the community college districts.

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

9 At a hearing on April 27, 1989, the Commission on State Mandates determined
10 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
11 community college districts that provided student health services in fiscal year 1986-
12 1987, and required them to maintain that level of student health services in fiscal year
13 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On
16 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
17 1989, parameters and guidelines is attached as Exhibit "D."

18 4. Claiming Instructions

19 The Controller has periodically issued or revised claiming instructions for the
20 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
21 instructions is attached as Exhibit "E." The September 2003 claiming instructions are

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

1 believed to be substantially similar to the version extant at the time the claims that are
2 the subject of this Incorrect Reduction Claim were filed. However, because the
3 Controller's claim forms and instructions have not been adopted as regulations, they
4 have no force of law and no effect on the outcome of this claim.

5 PART VI. STATEMENT OF THE ISSUES

6 The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-
7 07 reimbursement claims were apparently reduced due to the Controller's conclusion
8 that the District did not offset student health services program costs by the amount of
9 authorized student health fee revenues in the amount of at least \$434,874. The District
10 reported only student health service fees received, and not those that theoretically
11 could have been collected, in its annual reimbursement claims. Although no information
12 has been provided to the District, it appears that the Controller may have calculated
13 authorized health service fees using student enrollment data and health service fee
14 rates from the California Community College Chancellor's Office. This finding reduces
15 the claimed program costs by a calculated amount of student health services fees
16 **never** collected.

17 1. The District is required to reduce costs only by offsetting revenue received

18 EDUCATION CODE SECTION 76355

19 Education Code Section 76355, subdivision (a)(1), in relevant part, provides:
20 "[t]he governing board of a district maintaining a community college *may require*
21 community college students to pay a fee . . . for health supervision and services"

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

1 (Emphasis added.) There is no requirement that community colleges levy these fees.

2 The permissive nature of the provision is further illustrated in subdivision (b) which
3 states "*If, pursuant to this section, a fee is required, the governing board of the district*
4 *shall decide the amount of the fee, if any, that a part-time student is required to pay.*

5 *The governing board may decide whether the fee shall be mandatory or optional."*

6 (Emphasis added.)

7 PARAMETERS AND GUIDELINES

8 The parameters and guidelines state:

9 Any offsetting savings the claimant experiences as a direct result of this statute
10 must be deducted from the costs claimed. In addition, reimbursement for this
11 mandate received from any source, e.g., federal, state, etc., shall be identified
12 and deducted from this claim. This shall include the amount of [student fees] as
13 authorized by Education Code Section 72246(a)⁵.

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

21 Further, the Department of Finance proposed, as part of the amendments that

⁵ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

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

1 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
2 section expressly stating that if no health service fee was charged, the claimant would
3 be required to deduct the amount authorized. The Commission declined to add this
4 requirement and adopted the parameters and guidelines without this language.
5 Therefore, it is evident that the Commission intends the language of the parameters
6 and guidelines to be construed as written, and only those savings that are *experienced*
7 are to be deducted.

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

15 2. The District correctly filed the annual reimbursement claims

16 The District reported its actual reimbursable costs in the manner required by the
17 parameters and guidelines and on the forms provided for by the Controller's claiming
18 instructions for this program. The Controller has not stated how the claim
19 documentation was insufficient for purposes of adjudicating the claims. The Controller
20 has not sent any documentation in support of its action to the District. He has simply
21 reduced the District's reimbursement claim without any explanation. By providing no

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

1 notice for the basis of his actions, the Controller is creating a standard of general
2 application without the benefit of law or due process of rulemaking.

3 3. The Controller has not provided the required explanation of the adjustments

4 Government Code Section 17558.5(c), as last amended by Chapter 890,
5 Statutes of 2004, provides:

6 The Controller shall notify the claimant in writing within 30 days after issuance of
7 a remittance advice of any adjustment to a claim for reimbursement that results
8 from an audit or review. The notification shall specify the claim components
9 adjusted, the amounts adjusted, interest charges on claims adjusted to reduce
10 the overall reimbursement to the local agency or school district, and the reason
11 for the adjustment. Remittance advices and other notices of payment action shall
12 not constitute notice of adjustment from an audit or review.

13 More than 30 days have passed since the District received its results of review letters,
14 but the required explanation has not been received. Specifically, the Controller has not
15 notified the District of the specific claim components adjusted or the reason for the
16 adjustments. Therefore, the Controller has violated Section 17558.5(c).

17 The Controller's actions also deny the District the opportunity to comprehensively
18 contest the adjustments through this Incorrect Reduction Claim. The District must use
19 the circumstances and the Controller's actions to guess at the reason for the reduction
20 of its claim. The results of review letters, which cannot be sufficient notification under
21 Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

22 4. The reason for the rejection was contrary to statute

23 The annual reimbursement claim was not rejected because the costs claimed
24 were excessive or unreasonable. The Controller does not assert that the claimed costs

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

were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 7, 2004	FY 2002-03 annual claim filed by the District
December 13, 2004	FY 2003-04 annual claim filed by the District
January 7, 2007	FY 2002-03 statute of limitations for audit expires
December 13, 2007	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2006-07
July 5, 2009	Adjustment letter issued for FY 2003-04
July 6, 2009	Adjustment letter issued for FY 2002-03

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that

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

delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate

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

1 an audit shall commence to run from the date of initial payment of the claim.

2 Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003

3 amended Section 17558.5 to state:

4 (a) A reimbursement claim for actual costs filed by a local agency or school
5 district pursuant to this chapter is subject to the initiation of an audit by the
6 Controller no later than three years after the ~~end of the calendar year in which~~
7 the date that the actual reimbursement claim is filed or last amended, whichever
8 is later. However, if no funds are appropriated or no payment is made to a
9 claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the
10 time for the Controller to initiate an audit shall commence to run from the date of
11 initial payment of the claim.

12
13 The annual reimbursement claims for FY 2002-03 and FY 2003-04 are subject to the
14 three-year statute of limitations established by Chapter 1128, Statutes of 2002 which
15 requires the audit to be "initiated" within three years of the date the actual claim is filed.

16 The amendment is pertinent because this is the first time that the factual issue of
17 the date the audit is "initiated" is introduced for mandate programs for which funds are
18 appropriated. This amendment also means that it is impossible for the claimant to know
19 when the statute of limitations will expire at the time the claim is filed, which is contrary
20 to the purpose of a statute of limitations. It allows the Controller's own unilateral delay,
21 or failure to make payments from funds appropriated for the purpose of paying the
22 claims, to control the tolling of the statute of limitations, which is also contrary to the
23 purpose of a statute of limitations.

24 Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended
25 Section 17558.5 to state:

26 (a) A reimbursement claim for actual costs filed by a local agency or school

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

1 district pursuant to this chapter is subject to the initiation of an audit by the
2 Controller no later than three years after the date that the actual reimbursement
3 claim is filed or last amended, whichever is later. However, if no funds are
4 appropriated or no payment is made to a claimant for the program for the fiscal
5 year for which the claim is filed, the time for the Controller to initiate an audit
6 shall commence to run from the date of initial payment of the claim. In any case,
7 an audit shall be completed not later than two years after the date that the audit
8 is commenced.

9 This version of Section 17558.5 retains the same limitations period as the prior version,
10 but also adds the requirement that an audit must be completed within two years of its
11 commencement.

12 Vagueness

13 The version of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04
14 annual reimbursement claims provides that the time limitation for audit "shall
15 commence to run from the date of initial payment" if no payment is made. However, this
16 provision is void because it is impermissibly vague. At the time an annual claim is filed,
17 the claimant has no way of knowing when payment will be made or how long the
18 records applicable to that claim must be maintained. The current billion-dollar backlog
19 in mandate payments, which continues to grow every year, could potentially require
20 claimants to maintain detailed supporting documentation for decades. Additionally, it is
21 possible for the Controller to unilaterally extend the audit period by withholding payment
22 or directing appropriated funds only to those claims that have already been audited.

23 Therefore, the only specific and enforceable time limitation to commence an
24 audit is three years from the date the claim was filed, and the annual reimbursement
25 claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2006-07

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

1 desk audit commenced on July 1, 2008 and when the results of review letters were
2 issued on July 6 and July 5, 2009, respectively. All adjustments to these two fiscal
3 years are void and should be withdrawn.

4 PART VII. RELIEF REQUESTED

5 The District filed its annual reimbursement claims within the time limits
6 prescribed. The amounts claimed by the District for reimbursement of the costs of
7 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
8 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
9 incurred by the District to carry out this program. These costs were properly claimed
10 pursuant to the Commission's parameters and guidelines. Reimbursement of these
11 costs is required under Article XIII B, Section 6 of the California Constitution. The
12 Controller denied reimbursement without any basis in law or fact. The District has met
13 its burden of going forward on this claim by complying with the requirements of Title 2,
14 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
15 these adjustments without benefit of statute or regulation, the burden of proof is now
16 upon the Controller to establish a legal basis for its actions.

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

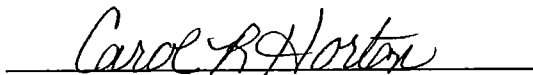
21 /

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

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.


Executed on September 15, 2009, at Glendora, California, by



Carol R. Horton
Vice President Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd.
Glendora, California 91741-1899
Voice: 626-914-8886
Fax: 626-914-8823
E-mail: chorton@citruscollege.edu

APPOINTMENT OF REPRESENTATIVE

Citrus Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Carol R. Horton, Vice President
Citrus Community College District

9-15-09

Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated August 20, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions, September 2003 version
Exhibit "F"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller

July 06, 2009

JUL - 9 2009

Board of Trustees
Citrus Community College District
Los Angeles County
1000 West Foothill Blvd
Glendora, CA 91741-1899

RE: Health Fee Elimination CH 1/84

Dear Claimant:

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		\$ 79,342.00
Adjustment to Claim:		
Cost Not Mandated	-\$ 79,342.00	
Total Adjustments		- \$ 79,342.00
Less: Prior Payment		
Schedule Number	MA64136A (PAID 10/25/2006)	<u>-\$ 79,342.00</u>
Amount Due State		<u><u>-\$ 79,342.00</u></u>

The overpayment amount of \$79,342.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 5, 2009

CC190
00234
2009/07/05

BOARD OF TRUSTEES
CITRUS COMM COLL DIST
LOS ANGELES COUNTY
1000 W FOOTHILL BLVD
GLENORA CA 91740

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 183,436.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 105,300.00

TOTAL ADJUSTMENTS - 105,300.00

AMOUNT DUE CLAIMANT \$ 78,136.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 5, 2009

CC19 J
00254
2009/07/05

BOARD OF TRUSTEES
CITRUS COMM COLL DIST
LOS ANGELES COUNTY
1000 W FOOTHILL BLVD
GLEN DORA CA 91740

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 80,856.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 80,856.00

TOTAL ADJUSTMENTS - 80,856.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 5, 2009

CC19
10254
2009/07/05

BOARD OF TRUSTEES
CITRUS COMM COLL DIST
LOS ANGELES COUNTY
1000 W FOOTHILL BLVD
GLENORA CA 91740

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 71,701.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 71,701.00

TOTAL ADJUSTMENTS - 71,701.00

AMOUNT DUE CLAIMANT 0.00

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

SINCERELY,

GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 06, 2009

Board of Trustees
Citrus Community College District
Los Angeles County
1000 West Foothill Blvd
Glendora, CA 91741-1899

JUL - 9 2009

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We have reviewed your 2006/2007 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		\$107,675.00
Adjustment to Claim:		
Cost Not Mandated	-\$ 97,675.00	
Late Filing Penalty	-\$10,000.00	
Total Adjustments		- <u>\$107,675.00</u>
Less: Prior Payment		
Schedule Number	MA64147E (PAID 03/12/2007)	- \$ <u>45,204.00</u>
Amount Due State		- <u>\$ 45,204.00</u>

The overpayment amount of \$45,204.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller

July 1, 2008

Ms. Carol R. Horton
Vice President, Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd
Glendora CA 91741-1899

RE: Health Fee Elimination (Program 234) for Fiscal Year 2006-07

Dear Claimant:

We have reviewed your claim for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is written over a horizontal line.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Six Ten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

August 20, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Citrus Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Year 2006-07

Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith B. Petersen", written over a horizontal line.

for: Keith B. Petersen

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
------------------------------	--	---------------------------

(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

(03) Name of College: Citrus 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
---	--	---

	Direct Cost	Indirect Cost of: 41.95%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 287,940	\$ 120,791	\$ 408,731
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 287,940	\$ 120,791	\$ 408,731

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	10,707				10,707		
Per Spring Semester	10,751				10,751		
Per Summer Session	5,453				5,453		
Per First Quarter							
Per Second Quarter							
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ -

Citrus Community College District

Enrollment Worksheet

2006-2007

Full-Time Students

	Total Enrolled	Adjustments for Religious, Apprent., BOGG	Difference
SUM 2006	2017	635	1382
FALL 2006	4022	1431	2591
SPR 2007	3858	1430	2428

Part-Time Students

	Total Enrolled	Adjustments for Religious, Apprent., BOGG	Difference
SUM 2006	3436	1270	2166
FALL 2006	6685	2862	3823
SPR 2007	6893	2860	4033

TOTAL STUDENTS SERVED BY SEMESTER

	Total Enrolled	Adjustments		Difference	
SUM 2006	5453	1905	\$13,335.00	3548	\$39,028.00
FALL 2006	10707	4293	\$42,930.00	6414	\$96,210.00
SPR 2007	10751	4290	\$42,900.00	6461	\$96,915.00
			\$99,165.00		\$232,153.00

Summer 06 Fee = \$11 & BOGW students = \$7

Fall 06 Fee = \$15 & BOGW students = \$10

Spring 07 Fee = \$15 & BOGW students = \$10

Health Fees Collected in 06-07 = **\$331,318**

Student Insurance paid by District \$10,942

Unduplicated Recipients of BOG Fee Waivers for 2006-07
(Including Summer 2006, Fall 2006 and Spring 2007) = 5,862

Actual Dollar Value of all BOG Fee Waivers for 2006-07
(Including Summer 2006, Fall 2006 and Spring 2007) = \$2,381,050

06-07 recap of bogg by semester

Board of Governor's Waiver
2006 -2007
update by RB on 9/25/07

Term	I		II		III		Total	
	Amount	# of Students	Amount	# of Students	Amount	# of Students	Amount	# of Students
Summer 06	8970	73	176982	1230	81367	602	267319	1905
Fall 06	38454	167	742131	2683	409526	1443	1190111	4293
Spring 07	27300	153	586190	2727	310130	1410	923620	4290
Total	74724	393	1505303	6640	801023	3455	2381050	10488

06-07 Unduplicated Students = 17952
06-07 Unduplicated BOGw Recipients = 5862

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 19090			(19) Program Number 00234		
(02) Claimant Name: Citrus Community College District			(20) Date Filed: __/__/__		
(03) County of Location: Los Angeles			(21) LRS Input: __/__/__		
(04) Street Address: 1000 West Foothill Blvd.			(22) HFE-1.0, (04)(b) 77,413		
(05) City: Glendora State: CA Zip Code: 91741-1899			(23)		
(06) Type of Claim			(24)		
(07) Estimated Claim			(25)		
(08) Reimbursement Claim			(26)		
(09) Estimated <input checked="" type="checkbox"/>			(27)		
(10) Combined <input type="checkbox"/>			(28)		
(11) Amended <input type="checkbox"/>			(29)		
(12) Fiscal Year of Cost: 2007-2008			(30)		
(13) Total Claimed Amount: \$ 85,000			(31)		
(14) Less: 10% Late Penalty, not to exceed \$10,000			(32)		
(15) Less: Prior Claim Payment Received			(33)		
(16) Net Claimed Amount			(34)		
(17) Due from State: \$ 85,000			(35)		
(18) Due to State			(36)		
(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		
Carol R. Horton			V.P. Financial and Administrative Services		
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		

AS FILED

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$ 77,413	
2.		
3.		
4.		
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9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	\$ 77,413	

<div>PROGRAM 234</div>	<div>MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY</div>	<div>FORM HFE-1.1</div>
----------------------------	--	-----------------------------

(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

(03) Name of College: Citrus 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.

LESS
☐

SAME
☒

MORE
☐

	Direct Cost	Indirect Cost of: 41.95%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 287,940	\$ 120,791	\$ 408,731
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 287,940	\$ 120,791	\$ 408,731

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ 331,318
(0) Subtotal	[Line (07) - line (09)]	\$ 77,413

Cost Reduction	
1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	
3) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 77,413

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

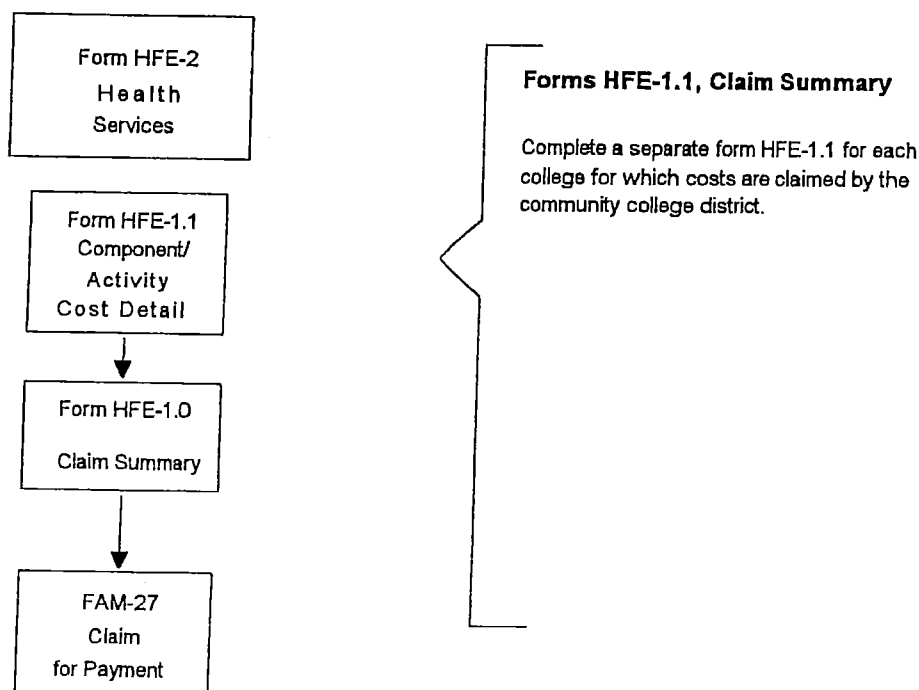
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION				For State Controller Use Only	Program 234
(01) Claimant Identification Number				(19) Program Number 00234	
(02) Claimant Name				(20) Date Filed ____/____/____	
County of Location				(21) LRS Input ____/____/____	
Street Address or P.O. Box				(22) HFE-1.0, (04)(b)	
Suite				(23)	
City				(24)	
State				(25)	
Zip Code				(26)	
Type of Claim		Estimated Claim		Reimbursement Claim	
		(03) Estimated <input type="checkbox"/>		(09) Reimbursement <input type="checkbox"/>	
		(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>	
		(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>	
Fiscal Year of Cost		(06) 20____/20____		(12) 20____/20____	
Total Claimed Amount		(07)		(13)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)		(32)	
Less: Prior Claim Payment Received		(15)		(33)	
Net Claimed Amount		(16)		(34)	
Due from State		(08)		(17)	
Due to State		(18)		(36)	
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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 the State of California that the foregoing is true and correct.</p> <p>Signature of Authorized Officer _____ Date _____</p> <p>_____ Type or Print Name _____ Title _____</p> <p>(38) Name of Contact Person for Claim _____ Telephone Number (____) ____ - ____ Ext. ____</p> <p>_____ E-Mail Address _____</p>					

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant

(02) Type of Claim

Reimbursement ☐Estimated ☐

Fiscal Year

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.0
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- (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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
(03) Name of 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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>LESS <input type="checkbox"/></div> <div>SAME <input type="checkbox"/></div> <div>MORE <input type="checkbox"/></div> </div>		
	Direct Cost	Indirect Cost
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))		
(10) Subtotal [Line (07) - line (09)]		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount [Line (10) - {(line (11) + line (12))}]		

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
Venereal Disease
Communicable Disease
Upper Respiratory Infection
Eyes, Nose and Throat
Eye/Vision
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
Acquired Immune Deficiency Syndrome
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

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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

Pap Smears

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

Parking Cards/Elevator Keys

Tokens

Return Card/Key

Parking Inquiry

Elevator Passes

Temporary Handicapped Parking Permits

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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

EKG

Strep A testing

PG Testing

Monospot

Hemacult

Others, list

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Band-aids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list

Committees

Safety

Environmental

Disaster Planning

Fiscal Year

2002 - 2003

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 7, 2004

CERTIFIED MAIL # 7003 1010 0003 2876 7081

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Dear Ms. Brummels:

RE: Annual Reimbursement Claim
Citrus Community College District S19090

Enclosed please find the original claim and an extra copy of the FAM-27 for Citrus Community College District's reimbursement claim listed below:

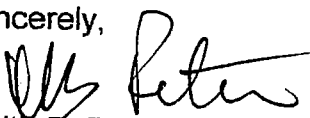
961/75
1/84

Collective Bargaining
Health Fee Elimination

2002-2003
2002-2003

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00029
 (20) Date File ____/____/____
 (21) LRS Input ____/____/____

Program

029

(01) Claimant Identification Number:

L S19090

(02) Mailing Address:**Claimant Name**

L Citrus Community College District

County of Location

H Los Angeles

Street Address

R 1000 West Foothill Blvd.

City

E Glendora

State

CA

Zip Code

91741-1899

Reimbursement Claim Data

(22) HFE - 1.0, (04)(b)

\$

79,342

(23)

(24)

(25)

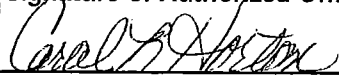
(26)

Type of Claim**Estimated Claim****Reimbursement Claim**(03) Estimated ☒(09) Reimbursement ☒(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐**Fiscal Year of Cost**(06)
2003-2004(12)
2002-2003**Total Claimed Amount**(07)
\$ 80,000(13)
\$ 79,342**Less: 10% Late Penalty, but not to exceed \$1000**(14)
\$ -**Less: Estimate Claim Payment Received**(15)
\$ -**Net Claimed Amount**(16)
\$ 79,342**Due from State**(08)
\$ 80,000(17)
\$ 79,342**Due to State**(18)
\$ -**(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

Carol R. Horton

Type or Print Name

Date

1-4-2004

VP Financial & Admin. Services

Title

(39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Claimant Name	Reimbursement <input checked="checked" type="checkbox"/>	
Citrus Community College District	Estimated <input type="checkbox"/>	2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Citrus College	\$ 79,341.85
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
(04) Total Amount Claimed	\$ 79,342

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1					
(01) Claimant: Citrus Community College District		(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/> Fiscal Year 2002-2003					
(03) Name of College Citrus 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.							
LESS <input type="checkbox"/> SAME <input checked="checked" type="checkbox"/> MORE <input type="checkbox"/>							
	Direct Cost	Indirect Cost of: 37.35%					
(05) Cost of Health Services for the Fiscal year of Claim	\$ 242,768	\$ 90,674					
(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 [Line (05) - line (06)]	\$ 242,768	\$ 90,674					
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time 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) 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			\$ -	\$ -	\$ -	\$ -	\$ -
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)]							\$ 254,100
(10) Sub-total [Line (07) - line (09)]							\$ 79,342
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							\$ -
(12) Less: Other Reimbursements, if applicable							\$ -
(13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}]							\$ 79,342

**CITRUS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2001-2002**

For 02-03 claims

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	19,505,044
	Instructional Operating Expenses	1,387,151
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	20,892,195
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,192,776
	Instructional Admin. Salaries and Benefits	2,107,459
	Instructional Admin. Operating Expenses	45,074
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	4,345,309
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	25,237,504
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,051,499
	Instructional Support Services Operating Expenses	80,572
	Admissions and Records	992,568
	Counseling and Guidance	1,917,624
	Other Student Services	2,460,335
	TOTAL DIRECT SUPPORT COSTS 4	6,502,598
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		31,740,102
	Indirect Support Costs	
	Operation and Maintenance of Plant	4,430,917
	Planning and Policy Making	2,348,029
	General Instructional Support Services	5,077,384
	TOTAL INDIRECT SUPPORT COSTS 6	11,856,330
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		43,596,432
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	$\frac{\text{Total Indirect Support Costs (6)}}{\text{Total Instructional Activity Costs and Direct Support Costs (5)}}$	37.35%
Direct Support Costs Allocation Rate =	$\frac{\text{Total Direct Support Costs (4)}}{\text{Total Instructional Activity Costs (3)}}$	25.77%
Total Support Cost Allocation		63.12%

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			

Revised 9/97 Chapters 1/84 and 1118/87, Page 2 of 3

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 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 EKG Strep A Testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning Skin Rash Preparations Eye Drops	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

December 13, 2004

CERTIFIED MAIL # 7003 1010 0003 2876 7418

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Claim File Copy

RE: Annual Reimbursement Claim
Citrus Community College District CC19090

Dear Ms. Brummels:

Enclosed please find the original claim and extra copy of the FAM-27 for Citrus Community College District's reimbursement claim listed below:

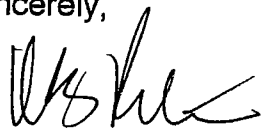
1/84

Health Fee Elimination

2003-2004

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use only	Program 234
	(19) Program Number 00234	
	(20) Date Filed <u> </u> / <u> </u> / <u> </u>	
	(21) LRS Input <u> </u> / <u> </u> / <u> </u>	

L A B E L H E R E	(01) Claimant Identification Number: CC19090		Reimbursement Claim Data		
	(02) Claimant Name: Citrus Community College District		(22) HFE-1.0, (04)(b)	183,436	
	County of Location: Los Angeles		(23)		
	Street Address: 1000 West Foothill Blvd		(24)		
	City: Glendora	State: CA	Zip Code: 91741-1899	(25)	
	Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
		(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06) 2004-2005	(12) 2003-2004	(30)		
Total Claimed Amount	(07) \$ 201,000	(13) \$ 183,436	(31)		
Less : 10% Late Penalty		(14) \$ -	(32)		
Less : Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 183,436	(34)		
Due from State	(08) \$ 201,000	(17) \$ 183,436	(35)		
Due to State		(18)	(36)		

(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

Carol R. Horton

12-07-04

Carol R. Horton

VP Financial & Administrative Services

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$183,435.50	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 183,436

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: <div style="text-align: center; padding-top: 10px;">Citrus Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between; align-items: center;"> Reimbursement <input checked="checked" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> Estimated <input type="checkbox"/> </div>	Fiscal Year 2003-2004
---	--	--------------------------

(03) Name of College: Citrus 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 42.71%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 276,647	\$ 118,156	\$ 394,804
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 276,647	\$ 118,156	\$ 394,804

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	2,752	6,112	\$ 12.00	\$ 33,024	\$ 12.00	\$ 73,344	\$ 106,368
2. Per Spring Semester	2,625	6,125	\$ 12.00	\$ 31,500	\$ 12.00	\$ 73,500	\$ 105,000
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 211,368
(10) Subtotal	[Line (07) - line (09)]	\$ 183,436

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 183,436

**CITRUS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2002-2003**

FOR 03-04 claims

REFERENCE (CCFS 311)	DESCRIPTION	2002-2003
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	20,079,625
	Instructional Operating Expenses	1,226,480
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	21,306,105
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,208,723
	Instructional Admin. Salaries and Benefits	2,252,116
	Instructional Admin. Operating Expenses	34,085
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	4,494,924
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	25,801,029
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,193,694
	Instructional Support Services Operating Expenses	80,930
	Admissions and Records	1,096,311
	Counseling and Guidance	1,593,497
	Other Student Services	2,394,548
	TOTAL DIRECT SUPPORT COSTS 4	6,358,980
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		32,160,009
	Indirect Support Costs	
	Operation and Maintenance of Plant	4,925,299
	Planning and Policy Making	2,873,716
	General Instructional Support Services	5,935,280
	TOTAL INDIRECT SUPPORT COSTS 6	13,734,295
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		45,894,304
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	<u>Total Indirect Supports Costs (6)</u>	42.71%
	<u>Total Instructional Activity Costs and Direct Support Costs (5)</u>	
Direct Support Costs Allocation Rate =	<u>Total Direct Support Costs (4)</u>	24.65%
	<u>Total Instructional Activity Costs (3)</u>	
Total Support Cost Allocation		67.35%

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District	(02) Fiscal Year costs were incurred: 2003-2004		
(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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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		X	X		
Stop Smoking		X	X		
Library, Videos and Cassettes		X	X		
First Aid, Major Emergencies		X	X		
First Aid, Minor Emergencies					
First Aid Kits, Filled					
Immunizations					
Diphtheria/Tetanus		X	X		
Measles/Rubella					
Influenza		X	X		
Information		X	X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation		X	X		
Pap Smears		X	X		
Physical Examinations					
Employees					
Students					
Athletes					
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					
Other, list---> Sinus relief, cough suppressant, throat lozenges		X	X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Chapters 1/84 and 1118/87, Page 3 of 3

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

December 20, 2005

CERTIFIED MAIL # 7004 2510 0004 4007 0619

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Citrus Community College District CC19090

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Citrus Community College District's reimbursement claims listed below:

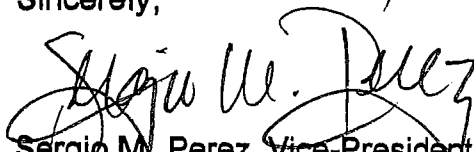
961/75
1/84

Collective Bargaining
Health Fee Elimination

2004-2005
2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

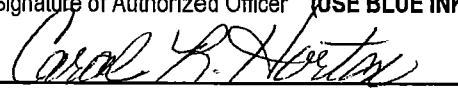
Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 19090			(19) Program Number 00234		
(02) Claimant Name: Citrus Community College District			(20) Date Filed: __/__/__		
(03) County of Location: Los Angeles			(21) LRS Input: __/__/__		
(04) Street Address: 1000 West Foothill Boulevard					
(05) City: Glendora State: CA Zip Code: 91741-1899					
Reimbursement Claim Data					
			(22) HFE-1.0, (04)(b)		80,856
			(23)		
			(24)		
			(25)		
Type of Claim			Estimated Claim		Reimbursement Claim
			(03) Estimated <input checked="" type="checkbox"/>		(09) Reimbursement <input checked="" type="checkbox"/>
			(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>
			(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>
(06) Fiscal Year of Cost: 2005-2006			(12) 2004-2005		
(07) Total Claimed Amount: \$ 88,000			(13) \$ 80,856		
Less: 10% Late Penalty			(14) \$ -		
Less: Prior Claim Payment Received			(15) \$ -		
(16) Net Claimed Amount: \$ 80,856					
(08) Due from State: \$ 88,000			(17) \$ 80,856		
(18) Due to State:					
(37) CERTIFICATION OF CLAIM					
<p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
			12/12/2005		
Carol R. Horton			V.P., Financial and Administrative Services		
Type or Print Name			Title		
(38) Name of Contact Person for Claim					
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$ 80,856.48	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 80,856

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Citrus 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.

LESS

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SAME

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MORE

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	Direct Cost	Indirect Cost of: 40.58%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 220,117	\$ 89,323	\$ 309,440
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 220,117	\$ 89,323	\$ 309,440

(08) Complete Columns (a) through (g) to provide detail data for health fees

	Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1.	Per Fall Semester	2,218	5,176	\$ 13.00	\$ 28,834	\$ 13.00	\$ 67,288	\$ 96,122
2.	Per Spring Semester	2,309	5,386	\$ 13.00	\$ 30,017	\$ 13.00	\$ 70,018	\$ 100,035
3.	Per Summer Session	1,081	2,522	\$ 9.00	\$ 9,729	\$ 9.00	\$ 22,698	\$ 32,427
4.	Per First Quarter				\$ -		\$ -	\$ -
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))	\$ 228,584
(10) Subtotal	[Line (07) - line (09)]	\$ 80,856

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 80,856

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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---> Sinus relief, cough suppressant, throat lozenge	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
1/84 HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant
Citrus Community College District

(02) Fiscal Year costs were incurred:
2004-2005

(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	X	X
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		
Others, list		

Committees

Safety	X	X
Environmental	X	X
Disaster Planning	X	X

Fiscal Year

2005 - 2006

Sixten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 9, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4891

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Citrus Community College District CC19090

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Citrus Community College District's reimbursement claim listed below:


1/84

Health Fee Elimination

2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

Claim File Copy

Community College Mandated Cost Manual

State Controller's Office

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program

234

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(01) Claimant Identification Number: CC 19090			Reimbursement Claim Data	
(02) Claimant Name: Citrus Community College District			(22) HFE-1.0, (04)(b)	71,701
County of Location: Los Angeles			(23)	
Street Address: 1000 West Foothill Blvd.			(24)	
City: Glendora	State: CA	Zip Code: 91741-1899	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)	
Total Claimed Amount	(07) \$ 78,000	(13) \$ 71,701	(31)	
Less: 10% Late Penalty, not to exceed \$1,000			(14) \$ -	(32)
Less: Prior Claim Payment Received			(15) \$ -	(33)
Net Claimed Amount			(16) \$ 71,701	(34)
Due from State	(08) \$ 78,000	(17) \$ 71,701	(35)	
Due to State		(18)	(36)	

(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

Carol R. Horton

1/2/07

Carol R. Horton

V.P. Financial and Administrative Services

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$ 71,700.62	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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15.		
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17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 71,701

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

(03) Name of College:	Citrus 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.

LESS

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SAME

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MORE

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	Direct Cost	Indirect Cost of: 40.60%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 212,504	\$ 86,277	\$ 298,781
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 212,504	\$ 86,277	\$ 298,781
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	2,153	5,022	\$ 14.00	\$ 30,142	\$ 14.00	\$ 70,308	\$ 100,450
2. Per Spring Semester	2,062	4,813	\$ 14.00	\$ 28,868	\$ 14.00	\$ 67,382	\$ 96,250
3. Per Summer Session	911	2,127	\$ 10.00	\$ 9,110	\$ 10.00	\$ 21,270	\$ 30,380
4. Per First Quarter				\$ -		\$ -	\$ -
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))	\$ 227,080
(10) Subtotal	[Line (07) - line (09)]	\$ 71,701

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 71,701

<div>State of California</div> <div> <div>Program</div> <div>234</div> </div>		<div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div>		<div>FORM</div> <div>HFE-2</div>	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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		
Acquired Immune Deficiency Syndrome		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 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	X	X	
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	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Chapters 1/84 and 1118/87, Page 3 of 3

Fiscal Year

2006 - 2007

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 30, 2009

CERTIFIED MAIL #7006 3450 0000 3941 9007

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250
Sacramento, CA 94250

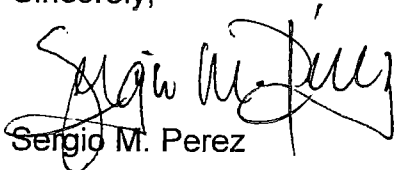
Re: Annual Reimbursement Claims
Citrus Community College District CC19090

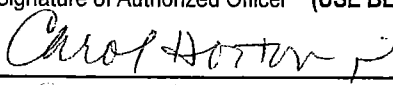
Enclosed please find the original claims and extra copies of the FAM-27 for Citrus Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2006-2007
308/95	Enrollment Fee Collection and Waivers	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 19090			(19) Program Number 00234		
(02) Claimant Name: Citrus Community College District			(20) Date Filed: ___/___/___		
(03) County of Location: Los Angeles			(21) LRS Input: ___/___/___		
(04) Street Address: 1000 West Foothill Blvd.					
(05) City: Glendora State: CA Zip Code: 91741-1899					
Type of Claim Estimated Claim Reimbursement Claim			Reimbursement Claim Data		
			(22) HFE-1.0, (04)(b)		107,675
			(23)		
			(24)		
			(25)		
			(26)		
			(27)		
			(28)		
			(29)		
(06) Fiscal Year of Cost			(12) 2006-2007		
(07) Total Claimed Amount			(13) \$ 107,675		
Less : 10% Late Penalty, not to exceed \$10,000			(14) \$ 10,000		
Less : Prior Claim Payment Received			(15) \$ 45,204		
Net Claimed Amount			(16) \$ 52,471		
(08) Due from State			(17) \$ 52,471		
Due to State			(18)		
(37) CERTIFICATION OF CLAIM					
<p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
			1/28/09		
Carol R. Horton			V.P. Financial and Administrative Services		
Type or Print Name			Title		
(38) Name of Contact Person for Claim					
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

CI

MAR 23 2007

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

BOARD OF TRUSTEES
CITRUS COMM COLL DIST
LOS ANGELES COUNTY
1000 W FOOTHILL BLVD
GLENDORA CA 91740

WARRANT AMT: ****45,204.01

PAYEE: TREASURER, CITRUS COMM COLL DIST
FUND NAME: GENERAL FUND

PGM NBR: 00234

ISSUE DATE: 03/12/2007

CLAIM SCHEDULE NBR: MA64147E

REIMBURSEMENT OF STATE MANDATED COSTS
PLEASE CALL GWEN 2916-3242341 FOR QUERIES ABOUT THIS CLAIM.
ACL : CH 1/84
2006/2007 ESTIMATED PAYMENT
TOTAL ADJUSTMENTS: CLAIMED AMT: 78,000.00
TOTAL APPROVED CLAIMED AMT: 78,000.00
LESS PRIOR PAYMENTS: 78,000.00
PRORATA PERCENT: 57.953835
PRORATA BALANCE DUE: 32,796.00-
APPROVED PAYMENT AMOUNT: 45,204.00
PAYMENT OFFSETS -NONE
NET PAYMENT AMOUNT: 45,204.00

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.0**

(01) Claimant:

Citrus Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Citrus College

\$ 107,675

2.

3.

4.

5.

6.

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21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 107,675

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

(03) Name of College: Citrus 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
---	--	---

	Direct Cost	Indirect Cost of: 52.46%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 287,940	\$ 151,053	\$ 438,993
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 287,940	\$ 151,053	\$ 438,993

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 331,318
(10) Subtotal	[Line (07) - line (09)]	\$ 107,675

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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		
Acquired Immune Deficiency Syndrome		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 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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		X	X		
Stop Smoking		X	X		
Library, Videos and Cassettes		X	X		
First Aid, Major Emergencies					
First Aid, Minor Emergencies		X	X		
First Aid Kits, Filled					
Immunizations					
Diphtheria/Tetanus		X	X		
Measles/Rubella		X	X		
Influenza		X	X		
Information		X	X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation		X	X		
Pap Smears		X	X		
Physical Examinations					
Employees					
Students		X	X		
Athletes					
Medications					
Antacids					
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-->					
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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		X	X		
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					
Others, list					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

SixTen and Associates

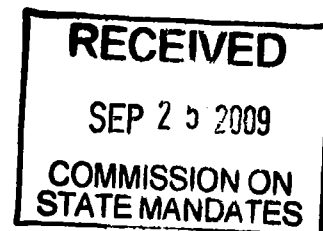
Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

September 24, 2009

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



RE: Cerritos Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Cerritos 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:

Berlanti Rizkallah, Director of Fiscal Services
Cerritos Community College District
11110 Alondra Blvd.
Norwalk, California 90650

Thank-you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Keith B. Petersen".

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

2. CLAIMANT INFORMATION

Cerritos Community College District

Berlanti Rizkallah
Director of Fiscal Services
Cerritos Community College District
11110 Alondra Blvd.
Norwalk, California 90650
Voice: 562-860-2451 Ext. 2266
Fax: 562-924-2800
E-mail: Rizkallah@cerritos.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

SEP 25 2009

COMMISSION ON
STATE MANDATES

IRC #: 09-4206-I-20

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 39,294
2003-04	\$ 56,439
2004-05	\$ 40,110
2005-06	\$ 5,949
2006-07	\$ 61,604
TOTAL:	\$203,396

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. SCO July 1, 2008, letter:	Exhibit <u>B</u>
10. District's Response to SCO:	Exhibit <u>C</u>
11. Parameters and Guidelines:	Exhibit <u>D</u>
12. SCO Claiming Instructions:	Exhibit <u>E</u>
13. Annual Reimbursement Claims:	Exhibit <u>F</u>

14. 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.

Berlanti Rizkallah
Director of Fiscal Services


Signature

9/17/09
Date

ORIGINAL

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____

15)
16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **CERRITOS**

19 **Community College District,**

20) Education Code Section 76355

21)
22) Claimant.

23) **Health Fee Elimination**

24) Annual Reimbursement Claims:

25) Fiscal Year 2002-2003

26) Fiscal Year 2003-2004

27) Fiscal Year 2004-2005

28) Fiscal Year 2005-2006

29) Fiscal Year 2006-2007

30)
31 INCORRECT REDUCTION CLAIM FILING

32 PART I. AUTHORITY FOR THE CLAIM

33 The Commission on State Mandates has the authority pursuant to Government
34 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
35 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
36 payments to the local agency or school district pursuant to paragraph (2) of subdivision
37 (d) of Section 17561." Cerritos Community College District (hereinafter "District" or

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

1 "Claimant") is a school district as defined in Government Code Section 17519.¹ Title 2,
2 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
3 incorrect reduction claim with the Commission.

4 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
5 requires incorrect reduction claims to be filed no later than three years following the
6 date of the Controller's "written notice of adjustment notifying the claimant of a
7 reduction." The Controller conducted a "desk review" of the District's FY 2002-03, FY
8 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee
9 Elimination mandate. The District received five "results of review" letters reducing its
10 claims as a result of the desk review. The letter for FY 2002-03 was dated July 2, 2009,
11 and the letters for FY 2003-04 through FY 2006-07 were dated July 1, 2009. All five
12 letters are attached as Exhibit "A." These letters constitute a demand for repayment
13 and adjudication of the claim.

14 PART II. SUMMARY OF THE CLAIM

15 The Controller conducted a "desk review" of the District's annual reimbursement
16 claims for the actual costs of complying with the legislatively mandated Health Fee
17 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),
18 for the period July 1, 2002 through June 30, 2007. As a result of the review, the

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

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

Controller determined that \$203,396 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2002-03	\$106,734	\$39,294	\$106,734	<\$39,294>
2003-04	\$149,254	\$56,439	\$0	\$92,815
2004-05	\$164,392	\$40,110	\$0	\$124,282
2005-06	\$5,949 ²	\$5,949	\$0	\$0
2006-07	<u>\$61,604³</u>	<u>\$61,604</u>	<u>\$0</u>	<u>\$0</u>
Totals	\$487,933	\$203,396	\$106,734	\$177,803

Since the District has been paid \$106,734 for these claims, the amount of \$177,803 is still due the District.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05, FY 2005-06, and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is attached as Exhibit "B."

² FY 2005-06 annual claim amount of \$6,610 less a \$661 late filing penalty.

³ FY 2006-07 amended claim amount of \$68,449 less a \$6,845 late filing penalty.

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

2. SixTen and Associates, on behalf of the Claimant and sixteen⁴ other community college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.
3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension by email on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated September 26, 2008, and provided an HFE 1.1 claim

⁴ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 form for each fiscal year, which included the requested student enrollment data.

2 The individual student health services fee amount was not included because it is
3 the Controller's policy to use the highest authorized rate regardless of the rate
4 actually charged by the district, and the highest authorized rate is a matter of
5 public record available to the Controller's staff. A copy of the District's response
6 is attached as Exhibit "C."

- 7 5. As a result of the additional information, the Controller issued three "results of
8 review" letters for FY 2004-05, FY 2005-06 and FY 2006-07, reducing the claims
9 by \$107,663. The District also received two "results of review" letters for FY
10 2002-03 and FY 2003-04, reducing those claims by \$95,733, although no
11 supplemental data had been requested or received by the Controller for those
12 two fiscal years. No reason for the reductions was stated, other than a statement
13 that the costs were "costs not mandated."

14 The results of review letters informed the District that any excess amounts previously
15 paid would be offset from future mandate payments. The District has no record of any
16 audit findings or any other explanations of the reason for the Controller's action.

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

18 The District has not filed any previous incorrect reduction claims for this mandate
19 program. The District is not aware of any incorrect reduction claims having been
20 adjudicated on the specific issues or subject matter raised by this claim.

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

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

1 added Education Code Section 76355⁵ containing substantially the same provisions as

⁵ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

5 On November 27, 1985, Rio Hondo Community College District filed a test claim
6 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
7 increased costs within the meaning of California Constitution Article XIII B, Section 6, by

(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.

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

1 requiring the provision of student health services that were previously provided at the
2 discretion of the community college districts.

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

9 At a hearing on April 27, 1989, the Commission on State Mandates determined
10 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
11 community college districts that provided student health services in fiscal year 1986-
12 1987, and required them to maintain that level of student health services in fiscal year
13 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On
16 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
17 1989, parameters and guidelines is attached as Exhibit "D."

18 4. Claiming Instructions

19 The Controller has periodically issued or revised claiming instructions for the
20 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
21 instructions is attached as Exhibit "E." The September 2003 claiming instructions are

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

1 believed to be substantially similar to the version extant at the time the claims that are
2 the subject of this Incorrect Reduction Claim were filed. However, because the
3 Controller's claim forms and instructions have not been adopted as regulations, they
4 have no force of law and no effect on the outcome of this claim.

5 PART VI. STATEMENT OF THE ISSUES

6 The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-
7 07 reimbursement claims were apparently reduced due to the Controller's conclusion
8 that the District did not offset student health services program costs by the amount of
9 authorized student health fee revenues in the amount of at least \$203,396. The District
10 reported only student health service fees received, and not those that theoretically
11 could have been collected, in its annual reimbursement claims. Although no information
12 has been provided to the District, it appears that the Controller may have calculated
13 authorized health service fees using student enrollment data and health service fee
14 rates from the California Community College Chancellor's Office. This finding reduces
15 the claimed program costs by a calculated amount of student health services fees
16 **never** collected.

17 1. The District is required to reduce costs only by offsetting revenue received

18 EDUCATION CODE SECTION 76355

19 Education Code Section 76355, subdivision (a)(1), in relevant part, provides:
20 "[t]he governing board of a district maintaining a community college *may require*
21 community college students to pay a fee . . . for health supervision and services"

1 (Emphasis added.) There is no requirement that community colleges levy these fees.

2 The permissive nature of the provision is further illustrated in subdivision (b) which
3 states "*If*, pursuant to this section, a fee is required, the governing board of the district
4 shall decide the amount of the fee, *if any*, that a part-time student is required to pay.

5 *The governing board may decide whether the fee shall be mandatory or optional.*"

6 (Emphasis added.)

7 PARAMETERS AND GUIDELINES

8 The parameters and guidelines state:

9 Any offsetting savings the claimant experiences as a direct result of this statute
10 must be deducted from the costs claimed. In addition, reimbursement for this
11 mandate received from any source, e.g., federal, state, etc., shall be identified
12 and deducted from this claim. This shall include the amount of [student fees] as
13 authorized by Education Code Section 72246(a)⁶.

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

21 Further, the Department of Finance proposed, as part of the amendments that

⁶ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

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

1 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
2 section expressly stating that if no health service fee was charged, the claimant would
3 be required to deduct the amount authorized. The Commission declined to add this
4 requirement and adopted the parameters and guidelines without this language.
5 Therefore, it is evident that the Commission intends the language of the parameters
6 and guidelines to be construed as written, and only those savings that are *experienced*
7 are to be deducted.

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

15 2. The District correctly filed the annual reimbursement claims

16 The District reported its actual reimbursable costs in the manner required by the
17 parameters and guidelines and on the forms provided for by the Controller's claiming
18 instructions for this program. The Controller has not stated how the claim
19 documentation was insufficient for purposes of adjudicating the claims. The Controller
20 has not sent any documentation in support of its action to the District. He has simply
21 reduced the District's reimbursement claim without any explanation. By providing no

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

notice for the basis of its actions, the Controller is creating a standard of general application without the benefit of law or due process of rulemaking.

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. Therefore, the Controller has violated Section 17558.5(c).

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. The District must use the circumstances and the Controller's actions to guess at the reason for the reduction of its claim. The results of review letters, which cannot be sufficient notification under Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs

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

were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review.

If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit.

However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 12, 2004	FY 2002-03 annual claim filed by the District
January 7, 2005	FY 2003-04 annual claim filed by the District
January 12, 2007	FY 2002-03 statute of limitations for audit expires
January 7, 2008	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit for FY's 2004-05 through 2006-07
July 1, 2009	Adjustment letter issued for FY 2003-04
July 2, 2009	Adjustment letter issued for FY 2002-03

This is not an audit finding. The District alleges that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time

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

1 limitation for audit had passed. The clause in Government Code Section 17558.5 that
2 delays the commencement of the time for the Controller to audit to the date of initial
3 payment is void because it is impermissibly vague. Therefore, the only specific and
4 enforceable time limitation for audit and adjustment of these claims is three years from
5 the date of filing.

6 Applicable Time Limitation for Audit

7 Prior to January 1, 1994, no statute specifically governed the statute of
8 limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906,
9 Section 2, operative January 1, 1994, added Government Code Section 17558.5 to
10 establish for the first time a specific statute of limitations for audit of mandate
11 reimbursement claims:

12 (a) A reimbursement claim for actual costs filed by a local agency or school
13 district pursuant to this chapter is subject to audit by the Controller no later than
14 four years after the end of the calendar year in which the reimbursement claim is
15 filed or last amended. However, if no funds are appropriated for the program for
16 the fiscal year for which the claim is made, the time for the Controller to initiate
17 an audit shall commence to run from the date of initial payment of the claim.

18 Thus, there are two standards. A funded claim is "subject to audit" for four years after
19 the end of the calendar year in which the claim was filed. An unfunded claim must have
20 its audit initiated within four years of first payment.

21 Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and
22 replaced Section 17558.5, changing only the length of the period of limitations:

23 (a) A reimbursement claim for actual costs filed by a local agency or school
24 district pursuant to this chapter is subject to audit by the Controller no later than
25 two years after the end of the calendar year in which the reimbursement claim is

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

1 filed or last amended. However, if no funds are appropriated for the program for
2 the fiscal year for which the claim is made, the time for the Controller to initiate
3 an audit shall commence to run from the date of initial payment of the claim.

4 Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003

5 amended Section 17558.5 to state:

6 (a) A reimbursement claim for actual costs filed by a local agency or school
7 district pursuant to this chapter is subject to the initiation of an audit by the
8 Controller no later than three years after the ~~end of the calendar year in which~~
9 the date that the actual reimbursement claim is filed or last amended, whichever
10 is later. However, if no funds are appropriated or no payment is made to a
11 claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the
12 time for the Controller to initiate an audit shall commence to run from the date of
13 initial payment of the claim.
14

15 The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of
16 limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be
17 "initiated" within three years of the date the actual claim is filed.

18 The amendment is pertinent because this is the first time that the factual issue of
19 the date the audit is "initiated" is introduced for mandate programs for which funds are
20 appropriated. This amendment also means that it is impossible for the claimant to know
21 when the statute of limitations will expire at the time the claim is filed, which is contrary
22 to the purpose of a statute of limitations. It allows the Controller's own unilateral delay,
23 or failure to make payments from funds appropriated for the purpose of paying the
24 claims, to control the tolling of the statute of limitations, which is also contrary to the
25 purpose of a statute of limitations.

26 Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended
27 Section 17558.5 to state:

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

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The annual reimbursement claim for FY 2003-04 is subject to this version of Section 17558.5, retains the same limitations period as the prior version, but also adds the requirement that an audit must be completed within two years of its commencement.

Vagueness

The two versions of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04 annual reimbursement claims both provide that the time limitation for audit "shall commence to run from the date of initial payment" if no payment is made. However, this provision is void because it is impermissibly vague. At the time a claim is filed, the claimant has no way of knowing when payment will be made or how long the records applicable to that claim must be maintained. The current billion-dollar backlog in mandate payments, which continues to grow every year, could potentially require claimants to maintain detailed supporting documentation for decades. Additionally, it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited.

Therefore, the only specific and enforceable time limitation to commence an audit is three years from the date the claim was filed, and the annual reimbursement

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

1 claims for FY 2002-03 and FY 2003-04 were past this time period when the desk audit
2 for FY 2004-05 through FY 2006-07 commenced on July 1, 2008, and when the results
3 of review letters were issued on July 2, 2009 and July 1, 2009, respectively. Therefore,
4 all adjustments to these two fiscal years are void and should be withdrawn.

5 PART VII. RELIEF REQUESTED

6 The District filed its annual reimbursement claims within the time limits
7 prescribed. The amounts claimed by the District for reimbursement of the costs of
8 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
9 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
10 incurred by the District to carry out this program. These costs were properly claimed
11 pursuant to the Commission's parameters and guidelines. Reimbursement of these
12 costs is required under Article XIII B, Section 6 of the California Constitution. The
13 Controller denied reimbursement without any basis in law or fact. The District has met
14 its burden of going forward on this claim by complying with the requirements of Title 2,
15 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
16 these adjustments without benefit of statute or regulation, the burden of proof is now
17 upon the Controller to establish a legal basis for its actions.

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

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

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

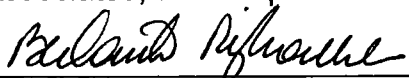
Executed on September 17, 2009, at Norwalk, California, by



Berlanti Rizkallah, Director of Fiscal Services
Cerritos Community College District
11110 Alondra Blvd.
Norwalk, California 90650
Voice: 562-860-2451 Ext. 2266
Fax: 562-924-2800
E-mail: Rizkallah@cerritos.edu

APPOINTMENT OF REPRESENTATIVE

Cerritos Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Berlanti Rizkallah
Cerritos Community College District

9/17/09

Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated September 26, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions, September 2003 version
Exhibit "F"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CC19080
00234
2009/07/02

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

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	106,734.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 39,294.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-106,734.00
AMOUNT DUE STATE	\$ 39,294.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 39,294.00 WITHIN 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 WITH 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:	
COST NOT MANDATED	- 39,294.00
TOTAL ADJUSTMENTS	- 39,294.00
PRIOR PAYMENTS:	
SCHEDULE NO. MA64136A	
PAID 10-25-2006	-106,734.00
TOTAL PRIOR PAYMENTS	-106,734.00

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

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 149,254.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 56,439.00

TOTAL ADJUSTMENTS - 56,439.00

AMOUNT DUE CLAIMANT \$ 92,815.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

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 164,392.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 40,110.00

TOTAL ADJUSTMENTS - 40,110.00

AMOUNT DUE CLAIMANT \$ 124,282.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 6,610.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 5,949.00

LATE CLAIM PENALTY - 661.00

TOTAL ADJUSTMENTS - 6,610.00

AMOUNT DUE CLAIMANT

\$ 0.00
=====

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

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 68,449.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 61,604.00

LATE CLAIM PENALTY - 6,845.00

TOTAL ADJUSTMENTS - 68,449.00

AMOUNT DUE CLAIMANT

\$ 0.00

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

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 1, 2008

Ms. Berlanti Rizkallah
Director of Fiscal Services
Cerritos Community College District
1110 Alondra Boulevard
Norwalk CA 90650

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is written over the typed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Sixteen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

September 26, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Cerritos Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2004-05, 2005-06 and 2006-07

Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

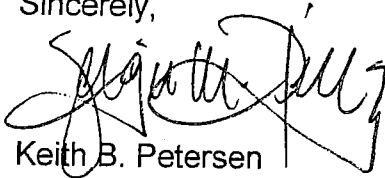
September 26, 2008

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

The District provided the enrollment and BOGG information for the 2004-2005 claim. The Chancellor's website was used to provide the enrollment information for 2005-2006 and the BOGG information was provided by the district. The 2006-2007 enrollment information was also obtained from the Chancellor's website.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for: Keith B. Petersen

C: Ms. Berlanti Rizkallah, Director of Fiscal Services, Cerritos CCD

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234												
(01) Claimant Identification Number: CC 19080			(19) Program Number 00234														
(02) Claimant Name: Cerritos Community College District			(20) Date Filed: __/__/__														
(03) County of Location: Los Angeles			(21) LRS Input: __/__/__														
(04) Street Address: 11110 Alondra Boulevard			Reimbursement Claim Data														
(05) City: Norwalk State: CA Zip Code: 90650			(22) HFE-1.0, (04)(b)	164,392													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Type of Claim</th> <th style="width: 33%;">Estimated Claim</th> <th style="width: 33%;">Reimbursement Claim</th> </tr> <tr> <td>(03) Estimated <input checked="" type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td>(26)</td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td>(27)</td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td>(28)</td> </tr> </table>			Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)	(23)		
			Type of Claim	Estimated Claim	Reimbursement Claim												
			(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)												
			(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)												
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)															
(24)																	
(25)																	
(26)																	
(06) Fiscal Year of Cost: 2005-2006			(27)														
(07) Total Claimed Amount: \$ 180,000			(28)														
(08) Less: 10% Late Penalty			(29)														
(09) Less: Prior Claim Payment Received			(30)														
(10) Net Claimed Amount			(31)														
(11) Due from State: \$ 180,000			(32)														
(12) Due to State			(33)														
(13) (07) Total Claimed Amount: \$ 180,000			(34)														
(14) (08) Less: 10% Late Penalty			(35)														
(15) (09) Less: Prior Claim Payment Received			(36)														
(16) (10) Net Claimed Amount			(37)														
(17) (11) Due from State: \$ 180,000			(38)														
(18) (12) Due to State			(39)														
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p>																	
Signature of Authorized Officer (USE BLUE INK)			Date														
Berlanti "Lola" Rizkallah			Director of Fiscal Services														
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														

PROGRAM
234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
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(03) Name of College: Cerritos 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.

LESS
☐SAME
☒MORE
☐

	Direct Cost	Indirect Cost of: 34.11%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 513,999	\$ 175,325	\$ 689,324
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 513,999	\$ 175,325	\$ 689,324

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 422,506
10) Subtotal	[Line (07) - line (09)]	\$ 266,818

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ 102,426
12) Less: Other Reimbursements, if applicable	
13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 164,392

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
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03) Name of College:	Cerritos College
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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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
----------------------------------	---	----------------------------------

	Direct Cost	Indirect Cost of: 34.11%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 513,999	\$ 175,325	\$ 689,324
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 513,999	\$ 175,325	\$ 689,324

3) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period <i>Full-time and Part-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	1,665	11,781		\$ -		\$ -	\$ -
Per Spring Semester	1,447	10,738		\$ -		\$ -	\$ -
Per Summer Session	2	5,999		\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

8) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ -
9) Subtotal	[Line (07) - line (09)]	

10) Cost Reduction	
Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 19080			Reimbursement Claim Data	
(02) Claimant Name Cerritos Community College District			(22) HFE-1.0, (04)(b)	6,610
County of Location Los Angeles			(23)	
Street Address 1110 Alondra Boulevard			(24)	
City Norwalk	State CA	Zip Code 90650	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2005-2006	(30)	
Total Claimed Amount	(07)	(13) \$ 6,610	(31)	
Less : 10% Late Penalty, not to exceed \$10,000		(14) \$ 661	(32)	
Less : Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 5,949	(34)	
Due from State	(08)	(17) \$ 5,949	(35)	
Due to State		(18)	(36)	

(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

Berlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

<div>PROGRAM</div> <div>234</div>	<div>MANDATED COSTS</div> <div>HEALTH FEE ELIMINATION</div> <div>CLAIM SUMMARY</div>	<div>FORM</div> <div>HFE-1.1</div>
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01) Claimant: Cerritos Community College District	02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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03) Name of College:	Cerritos College
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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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
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	Direct Cost	Indirect Cost of: 30.68%	Total
05) Cost of Health Services for the Fiscal year of Claim	\$ 508,294	\$ 155,945	\$ 664,239
06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 508,294	\$ 155,945	\$ 664,239

08) Complete Columns (a) through (g) to provide detail data for health fees	
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Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

09) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 572,520
10) Subtotal	[Line (07) - line (09)]	\$ 91,719

Cost Reduction	
11) Less: Offsetting Savings, if applicable	\$ 85,109
12) Less: Other Reimbursements, if applicable	
13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 6,610

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

(03) Name of College: Cerritos 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
---	--	---

	Direct Cost	Indirect Cost of: 30.68%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 508,294	\$ 155,945	\$ 664,239
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 508,294	\$ 155,945	\$ 664,239

3) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period <i>Full-time students listed here-in are net of BOG waivers. Part-time students included in column (08)(a)</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	13,619			\$ -		\$ -	\$ -
Per Spring Semester	13,287			\$ -		\$ -	\$ -
Per Summer Session	7,215			\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

8) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ -
9) Subtotal	[Line (07) - line (09)]	

Cost Reduction	
10) Less: Offsetting Savings, if applicable	
11) Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed / /
 (21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 19080			Reimbursement Claim Data	
(02) Claimant Name Cerritos Community College District			(22) HFE-1.0, (04)(b)	33,559
County of Location Los Angeles			(23)	
Street Address 1110 Alondra Boulevard			(24)	
City Norwalk	State CA	Zip Code 90650	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 36,000	(13) \$ 33,559	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 33,559	(34)	
Due from State	(08) \$ 36,000	(17) \$ 33,559	(35)	
Due to State		(18)	(36)	

(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

Berlanti "Lola" Rizkallah

Director of Fiscal Services

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

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Cerritos 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 29.17%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 644,910	\$ 188,120	\$ 833,030
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 644,910	\$ 188,120	\$ 833,030

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 724,362
(0) Subtotal	[Line (07) - line (09)]	\$ 108,668

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ 75,109
2) Less: Other Reimbursements, if applicable	
3) Total Amount Claimed	[Line (10) - {line (11) + line (12)}]
	\$ 33,559

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Cerritos 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.

LESS

☐

SAME

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MORE

☐

	Direct Cost	Indirect Cost of: 29.17%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 644,910	\$ 188,120	\$ 833,030
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 644,910	\$ 188,120	\$ 833,030

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	23,164		23		23,141		
Per Spring Semester	23,279		23		23,256		
Per Summer Session	12,788				12,788		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

(9) 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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]

\$ -

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

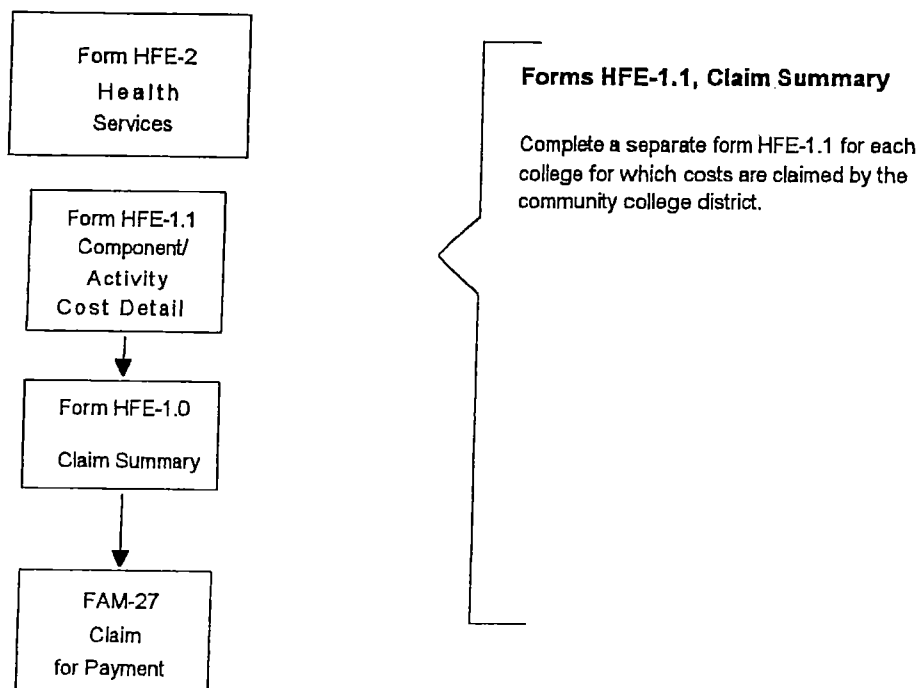
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION				For State Controller Use Only		Program	
				(19) Program Number 00234		234	
				(20) Date Filed ____/____/____			
				(21) LRS Input ____/____/____			
L A B E L H E R E	(01) Claimant Identification Number			Reimbursement Claim Data			
	(02) Claimant Name			(22) HFE-1.0, (04)(b)			
	County of Location			(23)			
	Street Address or P.O. Box			(24)			
	City			(25)			
	State						
Type of Claim		Estimated Claim		Reimbursement Claim			
		(03) Estimated <input type="checkbox"/>		(09) Reimbursement <input type="checkbox"/>		(26)	
		(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>		(27)	
		(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>		(28)	
						(29)	
Fiscal Year of Cost		(06) 20__/20__		(12) 20__/20__		(30)	
Total Claimed Amount		(07)		(13)		(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14)		(32)			
Less: Prior Claim Payment Received		(15)		(33)			
Net Claimed Amount		(16)		(34)			
Due from State		(08)		(17)		(35)	
Due to State		(18)		(36)			
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Signature of Authorized Officer _____ Date _____</p> <p>_____ Type or Print Name _____ Title _____</p> <p>(38) Name of Contact Person for Claim _____ Telephone Number (____) ____ - ____ Ext. _____</p> <p>_____ E-Mail Address _____</p>							

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.
- (37) 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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	

HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.0
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- (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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant	(02) Type of Claim Fiscal Year Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> 20__/20__	
(03) Name of 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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">LESS <input type="checkbox"/></div> <div style="text-align: center;">SAME <input type="checkbox"/></div> <div style="text-align: center;">MORE <input type="checkbox"/></div> </div>		
	Direct Cost	Indirect Cost
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))		
(10) Subtotal [Line (07) - line (09)]		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount [Line (10) - (line (11) + line (12))]		

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
Venereal Disease
Communicable Disease
Upper Respiratory Infection
Eyes, Nose and Throat
Eye/Vision
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
Acquired Immune Deficiency Syndrome
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

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys

Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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

EKG

Strep A testing

PG Testing

Monospot

Hemacult

Others, list

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Band-aids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list

Committees

Safety

Environmental

Disaster Planning

Fiscal Year

2002 - 2003

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 12, 2004

CERTIFIED MAIL # 7001 0360 0000 5999 7914

Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Cerritos Community College District S19080

Dear Ms. Brummels:

Enclosed please find the original claims and an extra copy of the FAM-27 for Cerritos Community College District's reimbursement claims listed below:

486/75	Mandate Reimbursement Process	2002-2003
961/75	Collective Bargaining	2001-2002
961/75	Collective Bargaining	2002-2003
1/84	Health Fee Elimination	2002-2003

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00029
 (20) Date File ____/____/____
 (21) LRS Input ____/____/____

Program
029

(01) Claimant Identification Number:

L S19080

(02) Mailing Address:**Claimant Name**

L Cerritos Community College District

County of Location

H Los Angeles

Street Address

E 11110 Alondra Blvd

City

E Norwalk

State

CA

Zip Code

90650

Reimbursement Claim Data

(22) HFE - 1.0, (04)(b)

\$ 106,734

(23)

(24)

(25)

(26)

Type of Claim**Estimated Claim****Reimbursement Claim**(03) Estimated ☒(09) Reimbursement ☒(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐**Fiscal Year of Cost**

(06) 2003-2004

(12) 2002-2003

Total Claimed Amount

(07) \$ 100,000

(13) \$ 106,734

Less: 10% Late Penalty, but not to exceed \$1000

(14) \$ -

Less: Estimate Claim Payment Received

(15) \$ -

Net Claimed Amount

(16) \$ 106,734

Due from State

(08) \$ 100,000

(17) \$ 106,734

Due to State

(18) \$ -

(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***Berlanti A. Rizkallah*

1/7/04

Berlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

(39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com

Program
029
MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY
FORM
HFE-1.0

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Claimant Name	Reimbursement <input checked="" type="checkbox"/>	
Cerritos Community College District	Estimated <input type="checkbox"/>	2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Cerritos College	\$ 106,733.51
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
(04) Total Amount Claimed	\$ 106,734

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1					
(01) Claimant: Cerritos Community College District		(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>					
		Fiscal Year 2002-2003					
(03) Name of College Cerritos 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.							
LESS <input type="checkbox"/> SAME <input checked="checked" type="checkbox"/> X MORE <input type="checkbox"/>							
	Direct Cost	Indirect Cost of: 25.67%					
(05) Cost of Health Services for the Fiscal year of Claim	\$ 449,293	\$ 115,334					
(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 [Line (05) - line (06)]	\$ 449,293	\$ 115,334					
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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)]		\$ 457,893	
(10) Sub-total				[Line (07) - line (09)]		\$ 106,734	
Cost Reduction							
(11) Less: Offsetting Savings, if applicable						\$ -	
(12) Less: Other Reimbursements, if applicable						\$ -	
(13) Total Amount Claimed				[Line (10) - {(line (11) + line (12))}]		\$ 106,734	

**CERRITOS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2001-2002**

*For 02-09
classes*

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	34,599,606
	Instructional Operating Expenses	1,803,359
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	36,402,965
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	6,792,076
	Instructional Admin. Salaries and Benefits	1,731,783
	Instructional Admin. Operating Expenses	608,699
	Auxiliary Classes Non-Inst. Salaries and Benefits	941,526
	Auxiliary Classes Operating Expenses	48,490
	TOTAL NON-INSTRUCTIONAL COSTS 2	10,122,574
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	46,525,539
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	3,246,010
	Instructional Support Services Operating Expenses	1,048,266
	Admissions and Records	1,009,248
	Counseling and Guidance	3,981,554
	Other Student Services	3,191,985
	TOTAL DIRECT SUPPORT COSTS 4	12,477,063
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		59,002,602
	Indirect Support Costs	
	Operation and Maintenance of Plant	5,677,970
	Planning and Policy Making	0
	General Instructional Support Services	9,469,654
	TOTAL INDIRECT SUPPORT COSTS 6	15,147,624
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		74,150,226
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	<u>Total Indirect Support Costs (6)</u> Total Instructional Activity Costs and Direct Support Costs (5)	25.67%
Direct Support Costs Allocation Rate =	<u>Total Direct Support Costs (4)</u> Total Instructional Activity Costs (3)	26.82%
Total Support Cost Allocation		52.49%

<div> <div>Program 029</div> <div> MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL </div> </div>		<div>FORM HFE-2.1</div>	
(01) Claimant		Fiscal Year	
Cerritos Community College District		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			
Outside Physician		X	X
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			
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			
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			
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		X	X

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2.1**

(01) Claimant

Cerritos 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
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

X X
X X
X X

Medications

Antacids
Antidiarrheal
Aspirin, Tylenol, etc.,
Skin Rash Preparations
Eye Drops
Ear Drops
Toothache, oil cloves
Stingkill
Midol, Menstrual Cramps
Other, list---> Ibuprofen

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 Cerritos 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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies		X X X X X X X X X X	X X X X X X X X X X
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list		X X X X X X X X X X X	X X X X X X X X X X X
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list		X X X X X X X X X X X X	X X X X X X X X X X X X
Committees Safety Environmental Disaster Planning Skin Rash Preparations Eye Drops		X X X	X X X

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 7, 2005

Claim File Copy

CERTIFIED MAIL # 7003 1010 0003 2876 7449

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Cerritos Community College District CC19080

Dear Ms. Brummels:

Enclosed please find the original claim and extra copy of the FAM-27 for Cerritos Community College District's reimbursement claim listed below:

465/76	Peace Officers Procedural Bill of Rights	2002-2003
465/76	Peace Officers Procedural Bill of Rights	2003-2004
1/84	Health Fee Elimination	2003-2004

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,

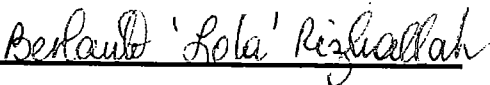


Keith B. Petersen

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION				For State Controller Use only (19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		Program <div style="font-size: 2em; font-weight: bold;">234</div>													
L A B E L H E R E	(01) Claimant Identification Number: CC19080			Reimbursement Claim Data															
	(02) Claimant Name Cerritos Community College District			(22) HFE-1.0, (04)(b)		149,254													
	(03) County of Location Los Angeles			(23)															
	(04) Street Address 11110 Alondra Blvd			(24)															
	(05) City Norwalk State CA Zip Code 90650			(25)															
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 20%;">Type of Claim</th> <th style="width: 20%;">Estimated Claim</th> <th style="width: 20%;">Reimbursement Claim</th> </tr> <tr> <td>(03) Estimated <input checked="" type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td>(26)</td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td>(27)</td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td>(28)</td> </tr> </table>			Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)	(29)			
				Type of Claim	Estimated Claim	Reimbursement Claim													
				(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)													
				(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)													
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)																
(06) Fiscal Year of Cost 2004-2005			(12) 2003-2004		(30)														
(07) Total Claimed Amount \$ 164,000			(13) \$ 149,254		(31)														
(14) Less : 10% Late Penalty \$ -			(32)																
(15) Less : Prior Claim Payment Received \$ -			(33)																
(16) Net Claimed Amount \$ 149,254			(34)																
(17) Due from State (08) \$ 164,000			(35)																
(18) Due to State			(36)																
(37) CERTIFICATION OF CLAIM <p>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.</p> <p>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.</p> <p>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.</p>																			
Signature of Authorized Officer (USE BLUE INK) 				Date 1/4/05															
Berlanti "Lola" Rizkallah Type or Print Name				Director of Fiscal Services Title															
(38) Name of Contact Person for Claim SixTen and Associates																			
Telephone Number: (858) 514-8605 E-mail Address: kbpsixten@aol.com																			

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Cerritos College	\$149,253.56	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 149,254

**CERRITOS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2002-2003**

FOR 2003-2004 CLAIMS

REFERENCE (CCFS 311)	DESCRIPTION	2002-2003
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	33,849,655
	Instructional Operating Expenses	1,418,500
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	35,268,155
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	6,547,775
	Instructional Admin. Salaries and Benefits	2,008,249
	Instructional Admin. Operating Expenses	448,370
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	9,004,394
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	44,272,549
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	2,674,290
	Instructional Support Services Operating Expenses	602,796
	Admissions and Records	1,097,108
	Counseling and Guidance	3,763,902
	Other Student Services	3,274,365
	TOTAL DIRECT SUPPORT COSTS 4	11,412,461
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		55,685,010
	Indirect Support Costs	
	Operation and Maintenance of Plant	5,671,932
	Planning and Policy Making	0
	General Instructional Support Services	9,226,962
	TOTAL INDIRECT SUPPORT COSTS 6	14,898,894
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		70,583,904
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =		
	Total Indirect Supports Costs (6)	26.76%
	Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =		
	Total Direct Support Costs (4)	25.78%
	Total Instructional Activity Costs (3)	
Total Support Cost Allocation		52.53%

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01)	Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
------	--	--	------------------------------

(03)	Name of College: Cerritos 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
----------------------------------	---	----------------------------------

	Direct Cost	Indirect Cost of: 26.76%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 500,174	\$ 133,847	\$ 634,021
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 500,174	\$ 133,847	\$ 634,021

(08) Complete Columns (a) through (g) to provide detail data for health fees

	Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 405,843
(10) Subtotal	[Line (07) - line (09)]	\$ 228,178

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ 73,968.00
(12) Less: Other Reimbursements, if applicable	\$ 4,956.00
(13) Total Amount Claimed	\$ 149,254

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2003-2004		
(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			
Outside Physician	X	X	
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			
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			
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			
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	X	X	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2003-2004	
(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	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		X X X	X X X
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list--> Ibuprofen		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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2003-2004	
(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			
Hemoglobin			
EKG			
Strep A Testing			
PG Testing		X	X
Monospot			
Hemacult		X	X
Others, list		X	X
Miscellaneous			
Absence Excuses/PE Waiver		X	X
Allergy Injections		X	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		X	X
Committees			
Safety		X	X
Environmental		X	X
Disaster Planning		X	X

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File C-1

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 17, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0695

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Cerritos Community College District CC19080

Dear Ms. Brummels:

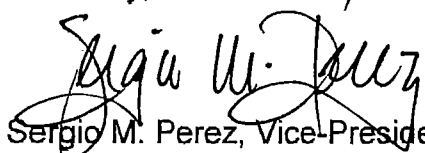
Enclosed please find the original claim and an extra copy of the FAM-27 for Cerritos Community College District's reimbursement claim listed below:

1/84 Health Fee Elimination

2004-2005

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program
234

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(01) Claimant Identification Number: CC 19080			Reimbursement Claim Data	
(02) Claimant Name Cerritos Community College District			(22) HFE-1.0, (04)(b)	164,392
County of Location Los Angeles			(23)	
Street Address 11110 Alondra Boulevard			(24)	
City Norwalk	State CA	Zip Code 90650	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 180,000	(13) \$ 164,392	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 164,392	(34)	
Due from State	(08) \$ 180,000	(17) \$ 164,392	(35)	
Due to State		(18)	(36)	

(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

Berlanti N Rizkallah

1/12/06

Berlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Cerritos College	\$164,392.06	
2.		
3.		
4.		
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(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 164,392

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Cerritos 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.

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	Direct Cost	Indirect Cost of: 34.11%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 513,999	\$ 175,325	\$ 689,324
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 513,999	\$ 175,325	\$ 689,324
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 422,506
(10) Subtotal	[Line (07) - line (09)]	\$ 266,818

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ 102,426
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	\$ 164,392

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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			
Outside Physician	X	X	
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			
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			
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	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list			
Examinations, minor illnesses	X	X	
Recheck Minor Injury			
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse			

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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	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	X X X	X X X	
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 X	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies	X X X X X X X X X	X X X X X X X X X	
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list	X X X X X X X X X X X	X X X X X X X X X X X	
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list	X X X X X X X X X X X X	X X X X X X X X X X X X	
Committees Safety Environmental Disaster Planning	X X X	X X X	

Fiscal Year

2005 - 2006

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 11, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8673

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Cerritos Community College District CC19080

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Cerritos Community College District's reimbursement claims listed below:

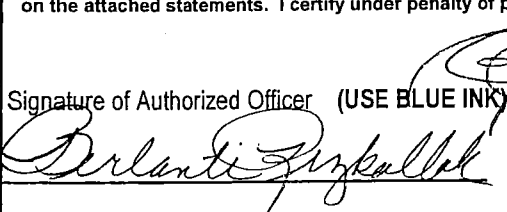
1/84	Health Fee Elimination	2005-2006
1/84	Health Fee Elimination	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

Claim File Copy

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			<small>For State Controller Use only</small> (19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		Program <div style="font-size: 2em; font-weight: bold;">234</div>
(01) Claimant Identification Number: CC 19080			Reimbursement Claim Data		
(02) Claimant Name Cerritos Community College District			(22) HFE-1.0, (04)(b)		6,610
County of Location Los Angeles			(23)		
Street Address 1110 Alondra Boulevard			(24)		
City Norwalk State CA Zip Code 90650			(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)		
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06)	(12) 2005-2006	(30)		
Total Claimed Amount	(07)	(13) \$ 6,610	(31)		
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ 661	(32)		
Less: Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 5,949	(34)		
Due from State	(08)	(17) \$ 5,949	(35)		
Due to State		(18)	(36)		
(37) CERTIFICATION OF CLAIM <p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK) 			Date 1/10/08		
Berlanti "Lola" Rizkallah Type or Print Name			Director of Fiscal Services Title		
(38) Name of Contact Person for Claim SixTen and Associates			Telephone Number: (858) 514-8605 E-mail Address: kbpsixten@aol.com		

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Cerritos Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Cerritos College	\$ 6,610
2.	
3.	
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(04) Total Amount Claimed	\$ 6,610

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(1) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

3) Name of College: Cerritos College

(4) 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.

LESS

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	Direct Cost	Indirect Cost of: 30.68%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 508,294	\$ 155,945	\$ 664,239
3) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 508,294	\$ 155,945	\$ 664,239

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

1) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 572,520
1) Subtotal	[Line (07) - line (09)]	\$ 91,719

Cost Reduction

2) Less: Offsetting Savings, if applicable	\$ 85,109
2) Less: Other Reimbursements, if applicable	
2) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 6,610

Chapters 1/84 and 1118/87, Page 1 of 3

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	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	X X X	X X X	
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	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

<div> <div>Program</div> <div>234</div> </div> <div> <div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div> </div> <div> <div>FORM</div> <div>HFE-2</div> </div>			
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2005-2006	
(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			
Hemoglobin			
EKG			
Strep A Testing			
PG Testing		X	X
Monospot			
Hemacult		X	X
Others, list		X	X
Miscellaneous			
Absence Excuses/PE Waiver		X	X
Allergy Injections		X	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		X	X
Committees			
Safety		X	X
Environmental		X	X
Disaster Planning		X	X

Fiscal Year

2006 - 2007

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 29, 2009

CERTIFIED MAIL #7006 3450 0000 3941 8895

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Cerritos Community College District CC19080

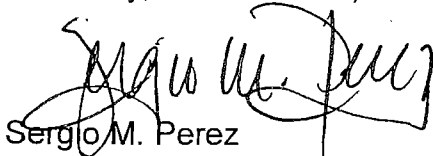
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Cerritos Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2006-2007
308/95	Enrollment Fee Collection and Waivers	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez

Claim File Copy

amended
claims

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 19080			Reimbursement Claim Data	
(02) Claimant Name Cerritos Community College District			(22) HFE-1.0, (04)(b)	68,449
County of Location Los Angeles			(23)	
Street Address 1110 Alondra Boulevard			(24)	
City Norwalk	State CA	Zip Code 90650	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input checked="" type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2006-2007	(30)	
Total Claimed Amount	(07)	(13) \$ 68,449	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ 6,845	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 61,604	(34)	
Due from State	(08)	(17) \$ 61,604	(35)	
Due to State		(18)	(36)	

(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

Berlanti "Lola" Rizkallah

1/28/09

Berlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

SixTen and Associates

Form FAM-27 (Revised 09/03)

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Cerritos Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1. Cerritos College

\$ 68,449

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

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19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 68,449

PROGRAM <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

(1) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	--------------------------

3) Name of College: Cerritos College

4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 34.58%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 644,910	\$ 223,010	\$ 867,920
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 644,910	\$ 223,010	\$ 867,920

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 724,362
Subtotal	[Line (07) - line (09)]	\$ 143,558

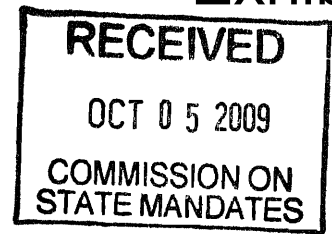
8) Reduction

Less: Offsetting Savings, if applicable		\$ 75,109
Less: Other Reimbursements, if applicable		
Total Amount Claimed	[Line (10) - {line (11) + line (12)}]	\$ 68,449

<div> <div>Program</div> <div>234</div> </div> <div> <div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div> </div> <div> <div>FORM</div> <div>HFE-2</div> </div>			
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2006-2007	
(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			
Outside Physician		X	X
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			
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			
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
Acquired Immune Deficiency Syndrome		X	X
Eating Disorders		X	X
Weight Control		X	X
Personal Hygiene		X	X
Burnout		X	X
Other Medical Problems, list			
Examinations, minor illnesses		X	X
Recheck Minor Injury			
Health Talks or Fairs, Information		X	X
Sexually Transmitted Disease		X	X
Drugs		X	X
Acquired Immune Deficiency Syndrome		X	X
Child Abuse			

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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	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	X X X	X X X	
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 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing		X	X		
Monospot					
Hemacult		X	X		
Others, list		X	X		
Miscellaneous					
Absence Excuses/PE Waiver		X	X		
Allergy Injections		X	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		X	X		
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		



SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

October 1, 2009

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

RE: Los Rios Community College District
Health Fee Elimination
Fiscal Years: 2005-06 through 2007-08
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, California 95825-3981

Sincerely,

A handwritten signature in black ink, appearing to read "KB Petersen", written over a horizontal line.

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination*

*This is the third Incorrect Reduction Claim for this mandate program for this district.

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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

OCT 05 2009

COMMISSION ON
STATE MANDATES

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2005-06	\$ 941,621
2006-07	\$ 785,948
2007-08	\$1,029,898
TOTAL:	\$2,757,467

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 16
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. SCO July 1, 2008, letter:	Exhibit <u>B</u>
10. District's Response to SCO:	Exhibit <u>C</u>
11. Parameters and Guidelines:	Exhibit <u>D</u>
12. SCO Claiming Instructions:	Exhibit <u>E</u>
13. Annual Reimbursement Claims:	Exhibit <u>F</u>

14. 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

Date

9/28/29

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE
11 COMMISSION ON STATE MANDATES
12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____

15)
16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **LOS RIOS**
19 **Community College District,**

20) Education Code Section 76355

21)
22) **Claimant.**

23) **Health Fee Elimination**

24) Annual Reimbursement Claims:

25) Fiscal Year 2005-2006

26) Fiscal Year 2006-2007

27) Fiscal Year 2007-2008
28)

29 INCORRECT 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 school
33 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
34 payments to the local agency or school district pursuant to paragraph (2) of subdivision
35 (d) of Section 17561." Los Rios Community College District (hereinafter "District" or

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

1 “Claimant”) is a school district as defined in Government Code Section 17519.¹ Title 2,
2 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
3 incorrect reduction claim with the Commission.

4 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
5 requires incorrect reduction claims to be filed no later than three years following the
6 date of the Controller’s “written notice of adjustment notifying the claimant of a
7 reduction.” The Controller conducted a “desk review” of the District’s FY 2005-06, FY
8 2006-07, and FY 2007-08 claims for the Health Fee Elimination mandate. The District
9 received three “results of review” letters reducing its claims as a result of the desk
10 review. The letters for FY 2005-06 and FY 2007-08 were dated July 19, 2009, and the
11 letter for FY 2006-07 was dated July 26, 2009. The District also received a separate
12 letter, dated July 22, 2009, reporting the adjustment to FY 2006-07. All four letters are
13 attached as Exhibit “A.” These letters constitute a demand for repayment and
14 adjudication of the claim.

15 PART II. SUMMARY OF THE CLAIM

16 The Controller conducted a “desk review” of the District’s annual reimbursement
17 claims for the actual costs of complying with the legislatively mandated Health Fee
18 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

“School district” means any school district, community college district, or county
superintendent of schools.

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

for the period July 1, 2005 through June 30, 2008. As a result of the review, the Controller determined that \$2,757,467 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2005-06	\$941,621	\$941,621	\$0	\$0
2006-07	\$785,948	\$785,948	\$599,822	<\$599,822>
2007-08	<u>\$1,029,898</u>	<u>\$1,029,898</u>	<u>\$0</u>	<u>\$0</u>
Totals	\$2,757,467	\$2,757,467	\$599,822	<\$599,822>

The Controller will collect the \$599,822 paid for these claims from future mandate payments.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05², FY 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is attached as Exhibit "B."
2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community

² A field audit of the FY 2004-05 claim was also conducted, and it is the subject of a previous incorrect reduction claim (08-4206-I-18) already filed with the Commission.

³ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health

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

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.

3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension via email on July 10, 2008, and issued a new deadline of November 15, 2008.

4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated October 2, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the

Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 Controller's policy to use the highest authorized rate regardless of the rate
2 actually charged by the district, and the highest authorized rate is a matter of
3 public record available to the Controller's staff. A copy of the District's response
4 is attached as Exhibit "C."

- 5 5. As a result of the additional information, the Controller issued two "results of
6 review" letters for FY 2005-06 and FY 2006-07, reducing both claims to \$0. The
7 District also received a "results of review" letter for FY 2007-08, reducing that
8 claim to \$0, although no supplemental data had been requested or received by
9 the Controller for that fiscal year. No reason for the reductions was stated, other
10 than a statement that the costs were "costs not mandated."

11 The results of review letters informed the District that any amounts previously paid
12 would be offset from future mandate payments. The District has no record of any audit
13 findings or any other explanations of the reason for the Controller's action.

14 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

15 On September 9, 2005, the District filed an incorrect reduction claim for fiscal
16 years 1997-98, 1998-99, 1999-00, 2000-01, and 2001-02 for this mandate. On
17 February 4, 2009, the District filed an incorrect reduction claim for fiscal years 2002-03,
18 2003-04, and 2004-05. The District is not aware of any incorrect reduction claims
19 having been adjudicated on the specific issues or subject matter raised by this claim.

20 /

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

1 added Education Code Section 76355⁴ containing substantially the same provisions as

⁴ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

5 On November 27, 1985, Rio Hondo Community College District filed a test claim
6 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
7 increased costs within the meaning of California Constitution Article XIII B, Section 6, by

(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.

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

1 requiring the provision of student health services that were previously provided at the
2 discretion of the community college districts.

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

9 At a hearing on April 27, 1989, the Commission on State Mandates determined
10 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
11 community college districts that provided student health services in fiscal year 1986-
12 1987, and required them to maintain that level of student health services in fiscal year
13 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On
16 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
17 1989, parameters and guidelines is attached as Exhibit "D."

18 4. Claiming Instructions

19 The Controller has periodically issued or revised claiming instructions for the
20 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
21 instructions is attached as Exhibit "E." 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 VI. STATEMENT OF THE ISSUES

The District's FY 2005-06, FY 2006-07, and FY 2007-08 reimbursement claims were apparently reduced due to the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized student health fee revenues in the amount of at least \$2,757,467. The District reported no student health service fees received in its annual reimbursement claims because none were charged. Although no information has been provided to the District, it appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received
EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:
"[t]he governing board of a district maintaining a community college *may require* community college students to pay a fee . . . for health supervision and services"
(Emphasis added.) There is no requirement that community colleges levy these fees.

1 The permissive nature of the provision is further illustrated in subdivision (b) which
2 states "*If, pursuant to this section, a fee is required, the governing board of the district*
3 *shall decide the amount of the fee, if any, that a part-time student is required to pay.*
4 *The governing board may decide whether the fee shall be mandatory or optional.*"
5 (Emphasis added.)

6 PARAMETERS AND GUIDELINES

7 The Parameters and Guidelines state:

8 Any offsetting savings the claimant experiences as a direct result of this statute
9 must be deducted from the costs claimed. In addition, reimbursement for this
10 mandate received from any source, e.g., federal, state, etc., shall be identified
11 and deducted from this claim. This shall include the amount of [student fees] as
12 authorized by Education Code Section 72246(a)⁵.

13 In order for a district to "experience" these "offsetting savings" the district must actually
14 have collected these fees. Note that the student health fees are named as a potential
15 source of the reimbursement *received* in the previous sentence. The use of the term
16 "any offsetting savings" further illustrates the permissive nature of the fees. Student
17 fees actually collected must be used to offset costs, but not student fees that could
18 have been collected and were not. Thus, the Controller's adjustments are based on an
19 illogical interpretation of the Parameters and Guidelines.

20 Further, the Department of Finance proposed, as part of the amendments that
21 were adopted on May 25, 1989, that a sentence be added to the offsetting savings

⁵ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

1 section expressly stating that if no health service fee was charged, the claimant would
2 be required to deduct the amount authorized. The Commission declined to add this
3 requirement and adopted the Parameters and Guidelines without this language.
4 Therefore, it is evident that the Commission intends the language of the Parameters
5 and Guidelines to be construed as written, and only those savings that are *experienced*
6 are to be deducted.

7 Since districts are not required to collect a fee from students for student health
8 services, and if such a fee is collected the amount is to be determined by the district
9 and not the Controller, the Controller's adjustment is without legal basis. The
10 Parameters and Guidelines require districts to reduce the amount of their claimed costs
11 by the amount of student health services fee revenue actually received. Therefore,
12 student health services fees are merely collectible, they are not mandatory, and it is
13 inappropriate for the Controller to reduce claim amounts by revenues not received.

14 2. The District correctly filed the annual reimbursement claims

15 The District reported its actual reimbursable costs in the manner required by the
16 Parameters and Guidelines and on the forms provided for by the Controller's claiming
17 instructions for this program. The Controller has not stated how the claim
18 documentation was insufficient for purposes of adjudicating the claims. The Controller
19 has not sent any documentation in support of its action to the District. He has simply
20 reduced the District's reimbursement claim to \$0 without any explanation. By providing
21 no notice for the basis of its actions, the Controller is creating a standard of general

1 application without the benefit of law or due process of rulemaking.

2 3. The Controller has not provided the required explanation of the adjustments

3 Government Code Section 17558.5(c), as last amended by Chapter 890,

4 Statutes of 2004, provides:

5 The Controller shall notify the claimant in writing within 30 days after issuance of
6 a remittance advice of any adjustment to a claim for reimbursement that results
7 from an audit or review. The notification shall specify the claim components
8 adjusted, the amounts adjusted, interest charges on claims adjusted to reduce
9 the overall reimbursement to the local agency or school district, and the reason
10 for the adjustment. Remittance advices and other notices of payment action shall
11 not constitute notice of adjustment from an audit or review.

12 More than 30 days have passed since the District received its results of review letters,
13 but the required explanation has not been received. Specifically, the Controller has not
14 notified the District of the specific claim components adjusted or the reason for the
15 adjustments. Therefore, the Controller has violated Section 17558.5(c).

16 The Controller's actions also deny the District the opportunity to comprehensively
17 contest the adjustments through this Incorrect Reduction Claim. The District must use
18 the circumstances and the Controller's actions to guess at the reason for the reduction
19 of its claim. The results of review letters, which cannot be sufficient notification under
20 Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

21 4. The reason for the rejection was contrary to statute

22 The annual reimbursement claim was not rejected because the costs claimed
23 were excessive or unreasonable. The Controller does not assert that the claimed costs
24 were excessive or unreasonable, which is the only mandated cost audit standard in

statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

PART VII. RELIEF REQUESTED

The District filed its annual reimbursement claims within the time limits prescribed. 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 XIII B, 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 Title 2,

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

CCR, Section 1185. 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 the adjustments therefrom.

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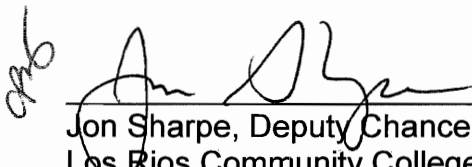
/

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

PART VIII. CERTIFICATION

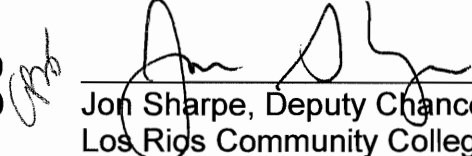
By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this Incorrect Reduction Claim submission is true and complete to the best of my own knowledge or information or belief, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on September 28, 2009, at Sacramento, California, by


Jon Sharpe, Deputy Chancellor
Los Rios Community College District
1919 Spanos Court
Sacramento, California 95825-3981
Voice: 916-568-3058
Fax: 916-568-3078
E-mail: sharpej@losrios.edu

APPOINTMENT OF REPRESENTATIVE

Los Rios Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.


Jon Sharpe, Deputy Chancellor
Los Rios Community College District

9/28/09
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated October 2, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions
Exhibit "F"	Annual Reimbursement Claims

Exhibit A



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 19, 2009

CC34050
00234
2009/07/19

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 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 941,621.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 941,621.00

TOTAL ADJUSTMENTS - 941,621.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,


GINNY BRUMMELS, MANAGER

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



JOHN C. GARDNER
California State Controller
Division of Accounting and Reporting
 JULY 26, 2009

00234
 2009/07/26

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 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	785,948.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 785,948.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-599,822.00
AMOUNT DUE STATE	\$ 599,822.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 599,822.00 WITHIN 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 WITH 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:		
COST NOT MANDATED	- 785,948.00	
TOTAL ADJUSTMENTS		- 785,948.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA64147E		
PAID 03-12-2007	-599,822.00	
TOTAL PRIOR PAYMENTS		-599,822.00

Ray
 cc Keith

SINCERELY,

Ginny Brummels
 GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 19, 2009

CC34050
00234
2009/07/19

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 2007/2008 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 1,029,898.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 1,029,898.00

TOTAL ADJUSTMENTS - 1,029,898.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 22, 2009

Mr. Jon Sharpe
Deputy Chancellor
Los Rios Community College District
1919 Spanos Court
Sacramento CA 95825

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We have reviewed your 2006/2007 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed	\$785,948.00
Adjustment to Claim:	

Cost Not Mandated	-\$785,948.00
-------------------	---------------

Total Adjustments	- <u>\$785,948.00</u>
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Less: Prior Payment

Schedule Number	MA64147E (PAID 03/12/2007)	- <u>\$599,822.00</u>
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Amount Due State	- <u>\$599,822.00</u>
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The overpayment amount of \$599,822.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Jon Sharpe
Deputy Chancellor
Los Rios Community College District
1919 Spanos Court
Sacramento CA 95825

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Exhibit C

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

October 2, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Los Rios Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Year 2004-05, 2005-06 and 2006-07


Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for: Keith B. Petersen

C: Mr. Jon Sharpe, Deputy Chancellor, Los Rios CCD
Ms. Carrie Bray, Director, Accounting Services, Los Rios CCD

PROGRAM <div style="background-color: #cccccc; padding: 5px; font-size: 24px; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	---

	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 266,013	\$ 85,018	\$ 351,031
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 266,013	\$ 85,018	\$ 351,031

(08) Complete Columns (a) through (g) to provide detail data for health fees

	Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1.	Per Fall Semester	19,953			\$ -		\$ -	\$ -
2.	Per Spring Semester	22,734			\$ -		\$ -	\$ -
3.	Per Summer Session	7,839			\$ -		\$ -	\$ -
4.	Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ -

<div>PROGRAM</div> <div>234</div>	<div>MANDATED COSTS</div> <div>HEALTH FEE ELIMINATION</div> <div>CLAIM SUMMARY</div>	<div>FORM</div> <div>HFE-1.2</div>
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(01) Claimant:	(02) Type of Claim:	Fiscal Year
Los Rios Community College District	Reimbursement <input checked="" type="checkbox"/>	2004-2005
	Estimated <input type="checkbox"/>	

(03) Name of College:	Consumnes 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.

LESS	SAME	MORE
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 179,827	\$ 57,473	\$ 237,300
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 179,827	\$ 57,473	\$ 237,300

(08) Complete Columns (a) through (g) to provide detail data for health fees	
--	--

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	10,443			\$ -		\$ -	\$ -
2. Per Spring Semester	10,131			\$ -		\$ -	\$ -
3. Per Summer Session	3,206			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction	
(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ -

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.3

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Los Rios Community College District	Reimbursement <input checked="" type="checkbox"/>	2004-2005
	Estimated <input type="checkbox"/>	

(03) Name of College: Sacramento City 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 216,532	\$ 69,204	\$ 285,736
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 216,532	\$ 69,204	\$ 285,736

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	11,228			\$ -		\$ -	\$ -
2. Per Spring Semester	10,046			\$ -		\$ -	\$ -
3. Per Summer Session	5,381			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed [Line (10) - (line (11) + line (12))]	\$ -

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program

234

(01) Claimant Identification Number:

CC 34050

Reimbursement Claim Data

(02) Claimant Name

Los Rios Community College District

(22) HFE-1.0, (04)(b)

874,066

County of Location

Sacramento

(23)

Street Address

1919 Spanos Court

(24)

City

Sacramento

State

CA

Zip Code

95825

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated ☒(09) Reimbursement ☒

(27)

(04) Combined ☐(10) Combined ☐

(28)

(05) Amended ☐(11) Amended ☐

(29)

Fiscal Year of Cost

(06) 2005-2006

(12) 2004-2005

(30)

Total Claimed Amount

(07) \$ 961,000

(13) \$ 874,066

(31)

Less: 10% Late Penalty

(14) \$ -

(32)

Less: Prior Claim Payment Received

(15) \$ -

(33)

Net Claimed Amount

(16) \$ 874,066

(34)

Due from State

(08) \$ 961,000

(17) \$ 874,066

(35)

Due to State

(18)

(36)

AS
Filed

(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 Sharpe

Deputy Chancellor

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
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(03) Name of College:	American River College
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(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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	---

	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 266,013	\$ 85,018	\$ 351,031
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 266,013	\$ 85,018	\$ 351,031

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 351,031

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 351,031

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.2
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(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> Reimbursement <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Estimated <input type="checkbox"/> </div>	Fiscal Year <div style="text-align: center;">2004-2005</div>
--	---	---

(03) Name of College:	Consumnes River College
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(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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	---

	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 179,827	\$ 57,473	\$ 237,300
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 179,827	\$ 57,473	\$ 237,300

(08) Complete Columns (a) through (g) to provide detail data for health fees	
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Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
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(10) Subtotal	[Line (07) - line (09)]	\$ 237,300
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Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
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(12) Less: Other Reimbursements, if applicable	\$ -
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(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ 237,300
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PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
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(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> Reimbursement <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Estimated <input type="checkbox"/> </div>	Fiscal Year 2004-2005
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(03) Name of College:	Sacramento City College
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(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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
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	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 216,532	\$ 69,204	\$ 285,736
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 216,532	\$ 69,204	\$ 285,736

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 285,736

Cost Reduction		
1) Less: Offsetting Savings, if applicable		\$ -
2) Less: Other Reimbursements, if applicable		\$ -
3) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ 285,736

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 285,721	\$ 85,716	\$ 371,437
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 285,721	\$ 85,716	\$ 371,437

(08) Complete Columns (a) through (g) to provide detail data for health fees

	Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1.	Per Fall Semester	19,177			\$ -		\$ -	\$ -
2.	Per Spring Semester	22,113			\$ -		\$ -	\$ -
3.	Per Summer Session	8,423			\$ -		\$ -	\$ -
4.	Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable		\$ -
(12) Less: Other Reimbursements, if applicable		\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ -

PROGRAM 234		MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY					FORM HFE-1.2	
(01) Claimant: Los Rios Community College District		(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>					Fiscal Year 2005-2006	
(03) Name of College: Consumnes 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. <div>LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input checked="" type="checkbox"/></div>								
						Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim						\$ 209,158	\$ 62,747	\$ 271,905
(06) Cost of providing current fiscal year health services in excess of 1986/87							\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]						\$ 209,158	\$ 62,747	\$ 271,905
(08) Complete Columns (a) through (g) to provide detail data for health fees								
Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>		(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1.	Per Fall Semester	9,891			\$ -		\$ -	\$ -
2.	Per Spring Semester	10,183			\$ -		\$ -	\$ -
3.	Per Summer Session	3,102			\$ -		\$ -	\$ -
4.	Per First Quarter				\$ -		\$ -	\$ -
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)]		
Cost Reduction								
(11) Less: Offsetting Savings, if applicable						\$ -		
(12) Less: Other Reimbursements, if applicable						\$ -		
(13) Total Amount Claimed						[Line (10) - {(line (11) + line (12))}]		\$ -

PROGRAM

234

MANDATED COSTS

HEALTH FEE ELIMINATION

CLAIM SUMMARY

FORM
HFE-1.3

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Los Rios Community College District	Reimbursement <input checked="" type="checkbox"/>	2005-2006
	Estimated <input type="checkbox"/>	

(03) Name of College: Sacramento City 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 229,445	\$ 68,834	\$ 298,279
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 229,445	\$ 68,834	\$ 298,279

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	10,916			\$ -		\$ -	\$ -
2. Per Spring Semester	9,807			\$ -		\$ -	\$ -
3. Per Summer Session	5,252			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ -

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed / / (21) LRS Input / /

Program

234

(01) Claimant Identification Number:

CC 34050

Reimbursement Claim Data

(02) Claimant Name

Los Rios Community College District

(22) HFE-1.0, (04)(b)

941,621

County of Location

Sacramento

(23)

Street Address

1919 Spanos Court

(24)

City

Sacramento

State

CA

Zip Code

95825

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated

☒

(09) Reimbursement

☒

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☐

(29)

Fiscal Year of Cost

(06)

2006-2007

(12)

2005-2006

(30)

Total Claimed Amount

(07)

\$ 1,035,000

(13)

\$ 941,621

(31)

Less : 10% Late Penalty

(14)

\$

(32)

Less : Prior Claim Payment Received

(15)

\$

(33)

Net Claimed Amount

(16)

\$ 941,621

(34)

Due from State

(08)

\$ 1,035,000

(17)

\$ 941,621

(35)

Due to State

(18)

(36)

*As originally
filed*

(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 Sharpe

Type or Print Name

Deputy Chancellor

Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

SixTen and Associates

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	---

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 285,721	\$ 85,716	\$ 371,437
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 285,721	\$ 85,716	\$ 371,437

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 371,437

Cost Reduction	
(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 371,437

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.2
------------------------------	--	-------------------------------

(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(03) Name of College:	Consumnes 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 209,158	\$ 62,747	\$ 271,905
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 209,158	\$ 62,747	\$ 271,905

(08) Complete Columns (a) through (g) to provide detail data for health fees	
--	--

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 271,905

Cost Reduction	
(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 271,905

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
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(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> Reimbursement <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Estimated <input type="checkbox"/> </div>	Fiscal Year <div style="text-align: center;">2005-2006</div>
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(03) Name of College:	Sacramento City 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 229,445	\$ 68,834	\$ 298,279
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 229,445	\$ 68,834	\$ 298,279

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 298,279

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 298,279

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(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.

LESS

☐

SAME

☒ X

MORE

☐

	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 226,399	\$ 85,352	\$ 311,751
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 226,399	\$ 85,352	\$ 311,751
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	32,185				32,185		
2. Per Spring Semester	33,834				33,834		
3. Per Summer Session	14,819				14,819		
4. Per First Quarter							
5. Per Second Quarter							
3. 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)]	

Cost Reduction

11) Less: Offsetting Savings, if applicable	
12) Less: Other Reimbursements, if applicable	
13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ -

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM <div style="font-size: 18pt; font-weight: bold;">1.1</div>
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> <div>Reimbursement <input checked="" type="checkbox"/></div> <div>Fiscal Year 2006-2007</div> </div> <div>Estimated <input type="checkbox"/></div>
---	--

(03) Name of College:	Consumnes River College
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(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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
----------------------------------	---	----------------------------------

	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 213,411	\$ 80,456	\$ 293,867
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 213,411	\$ 80,456	\$ 293,867

(08) Complete Columns (a) through (g) to provide detail data for health fees	
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Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	18,830				18,830		
2. Per Spring Semester	18,265				18,265		
3. Per Summer Session	6,330				6,330		
4. Per First Quarter							
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)]	

Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}]	\$ -

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM <div style="font-size: 18pt; font-weight: bold;">1.1</div>
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College:	Sacramento City College
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(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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 130,958	\$ 49,371	\$ 180,329
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 130,958	\$ 49,371	\$ 180,329

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	21,959				21,959		
2. Per Spring Semester	20,818				20,818		
3. Per Summer Session	10,277				10,277		
4. Per First Quarter							
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	\$ -

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only:

(19) Program Number 00234

(20) Date Filed ___/___/___

(21) LRS Input ___/___/___

Program

234

(01) Claimant Identification Number:

CC 34050

Reimbursement Claim Data

(02) Claimant Name

Los Rios Community College District

(22) HFE-1.0, (04)(b)

785,948

County of Location

Sacramento

(23)

Street Address

1919 Spanos Court

(24)

City

Sacramento

State

CA

Zip Code

95825

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☒(09) Reimbursement ☒(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost

(06)

2007-2008

(12)

2006-2007

(30)

Total Claimed Amount

(07)

\$ 864,000

(13)

\$ 785,948

(31)

Less: 10% Late Penalty, not to exceed \$10,000

(14)

\$

(32)

Less: Prior Claim Payment Received

(15)

\$ 599,822

(33)

Net Claimed Amount

(16)

\$ 186,126

(34)

Due from State

(08)

\$ 864,000

(17)

\$ 186,126

(35)

Due to State

(18)

(36)

*Claim
as
filed*

(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 Sharpe

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

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 226,399	\$ 85,352	\$ 311,751
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 226,399	\$ 85,352	\$ 311,751

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 311,751

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	\$ 311,751

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

(03) Name of College:	Consumnes 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.

LESS

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 213,411	\$ 80,456	\$ 293,867
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 213,411	\$ 80,456	\$ 293,867

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 293,867

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 293,867

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College:	Sacramento City College
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(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.

LESS

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 130,958	\$ 49,371	\$ 180,329
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 130,958	\$ 49,371	\$ 180,329

(08) Complete Columns (a) through (g) to provide detail data for health fees	
--	--

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 180,329

Cost Reduction		
(11) Less: Offsetting Savings, if applicable		\$ -
(12) Less: Other Reimbursements, if applicable		\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ 180,329

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

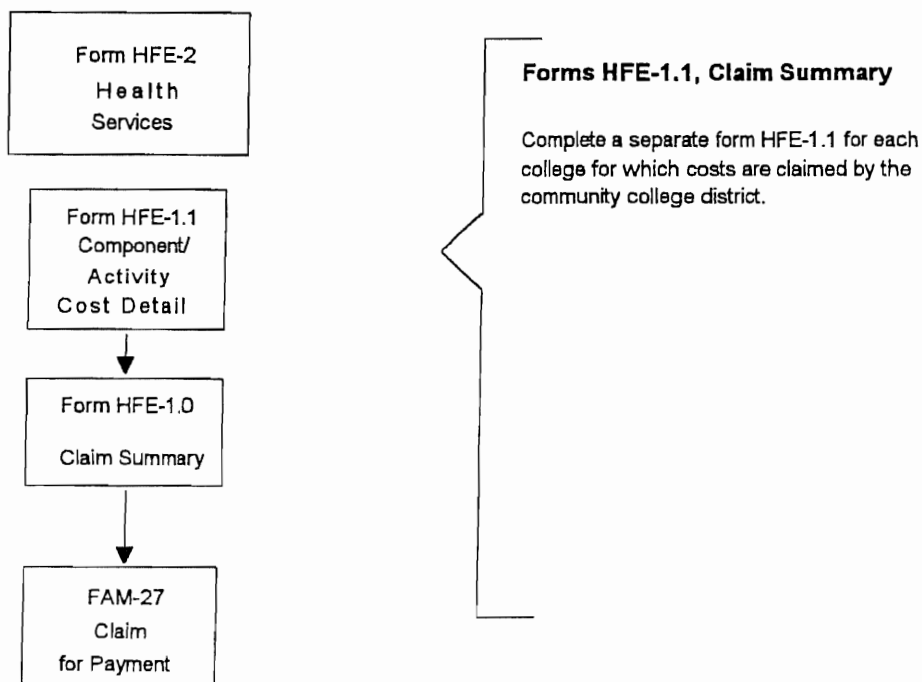
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use Only		Program 234
(01) Claimant Identification Number			(19) Program Number 00234		
(02) Claimant Name			(20) Date Filed ____/____/____		
County of Location			(21) LRS Input ____/____/____		
Street Address or P.O. Box Suite			(22) HFE-1.0, (04)(b)		
City State Zip Code			(23)		
Type of Claim			(24)		
Estimated Claim			(25)		
Reimbursement Claim			(26)		
(03) Estimated <input type="checkbox"/>			(27)		
(04) Combined <input type="checkbox"/>			(28)		
(05) Amended <input type="checkbox"/>			(29)		
(09) Reimbursement <input type="checkbox"/>			(30)		
(10) Combined <input type="checkbox"/>			(31)		
(11) Amended <input type="checkbox"/>			(32)		
Fiscal Year of Cost			(33)		
(06) 20____/20____			(34)		
(12) 20____/20____			(35)		
Total Claimed Amount			(36)		
(07)			(37)		
Less: 10% Late Penalty, not to exceed \$1,000			(38)		
(14)			(39)		
Less: Prior Claim Payment Received			(40)		
(15)			(41)		
Net Claimed Amount			(42)		
(16)			(43)		
Due from State			(44)		
(08)			(45)		
Due to State			(46)		
(18)			(47)		
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Signature of Authorized Officer _____ Date _____</p> <p>_____ Type or Print Name _____ Title _____</p> <p>(38) Name of Contact Person for Claim Telephone Number () - Ext. _____</p> <p>E-Mail Address _____</p>					

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.0
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
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(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.0
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- (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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1	
(01) Claimant <div style="height: 40px; border: 1px solid black;"></div>	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__	
(03) Name of College <div style="height: 30px; border: 1px solid black;"></div>			
(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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>LESS <input type="checkbox"/></div> <div>SAME <input type="checkbox"/></div> <div>MORE <input type="checkbox"/></div> </div>			
	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)
		(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)
			(f) Unit Cost Per Student Per EC 76355
			(g) Student Health Fees (e) x (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: The sum of (Line (08))(1)(c) through line (08)(6)(c)			
(10) Subtotal [Line (07) - line (09)]			
Cost Reduction			
(11) Less: Offsetting Savings			
(12) Less: Other Reimbursements			
(13) Total Claimed Amount [Line (10) - {(line (11) + line (12))}]			

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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			
Venereal Disease			
Communicable Disease			
Upper Respiratory Infection			
Eyes, Nose and Throat			
Eye/Vision			
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			
Acquired Immune Deficiency Syndrome			
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			

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys

Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list			
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list			
Committees Safety Environmental Disaster Planning			

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use only	Program 234
	(19) Program Number 00234 (20) Date Filed <u> </u> / <u> </u> / <u> </u> (21) LRS Input <u> </u> / <u> </u> / <u> </u>	

LABELED HERE

(01) Claimant Identification Number: CC 34050			Reimbursement Claim Data	
(02) Claimant Name Los Rios Community College District			(22) HFE-1.0, (04)(b)	941,621
County of Location Sacramento			(23)	
Street Address 1919 Spanos Court			(24)	
City Sacramento	State CA	Zip Code 95825	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)	
Total Claimed Amount	(07) \$ 1,035,000	(13) \$ 941,621	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 941,621	(34)	
Due from State	(08) \$ 1,035,000	(17) \$ 941,621	(35)	
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

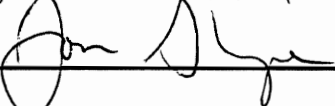
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions 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



1/4/07

Jon Sharpe

Deputy Chancellor

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. American River College	\$ 371,437.30	
2. Consumnes River College	\$ 271,905.40	
3. Sacramento City College	\$ 298,278.50	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 941,621

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

(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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 285,721	\$ 85,716	\$ 371,437
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 285,721	\$ 85,716	\$ 371,437

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
(10) Subtotal	[Line (07) - line (09)]	\$ 371,437

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 371,437

PROGRAM
234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.2

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Los Rios Community College District	Reimbursement <input checked="" type="checkbox"/>	2005-2006
	Estimated <input type="checkbox"/>	

(03) Name of College: Consumnes 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 209,158	\$ 62,747	\$ 271,905
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 209,158	\$ 62,747	\$ 271,905

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
(10) Subtotal	[Line (07) - line (09)]	\$ 271,905

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 271,905

<div>PROGRAM</div> <div>234</div>	<div>MANDATED COSTS</div> <div>HEALTH FEE ELIMINATION</div> <div>CLAIM SUMMARY</div>	<div>FORM</div> <div>HFE-1.3</div>
-----------------------------------	--	------------------------------------

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Los Rios Community College District	Reimbursement <input checked="" type="checkbox"/>	2005-2006
	Estimated <input type="checkbox"/>	

(03) Name of College:	Sacramento City 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.

LESS	SAME	MORE
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 229,445	\$ 68,834	\$ 298,279
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 229,445	\$ 68,834	\$ 298,279

(08) Complete Columns (a) through (g) to provide detail data for health fees	
--	--

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
(10) Subtotal	[Line (07) - line (09)]	\$ 298,279

Cost Reduction	
(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 298,279

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Los Rios Community College District	(02) Fiscal Year costs were incurred: <div style="text-align: right;">2005-2006</div>		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.,)			
Psychologist, full services			
Cancel/Change Appointments	X	X	
Registered Nurse	X	X	
Check Appointments		X	
Assessment, Intervention and Counseling			
Birth Control	X	X	
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	X	
Gynecology/Pregnancy Service	X	X	
Neuralgic	X	X	
Orthopedic	X	X	
Genito/Urinary	X	X	
Dental			
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			
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	X	X	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Los Rios Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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 X	X X X	
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information	 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	
Physical Examinations Employees Students Athletes	 X	 X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list---> Cold and Allergy	 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	 X X	 X X	

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Los Rios Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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					
EKG					
Strep A Testing					
PG Testing			X		
Monospot					
Hemacult					
Others, list>Bodyfat			X		
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			X		
Temperature		X	X		
Weigh		X	X		
Information		X	X		
Report/Form		X	X		
Wart Removal					
Others, list>Web research and links		X	X		
Committees					
Safety		X	X		
Environmental			X		
Disaster Planning			X		

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use Only

(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program

234L
A
B
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E
R
E

(01) Claimant Identification Number:

CC 34050

Reimbursement Claim Data

(02) Claimant Name

Los Rios Community College District

(22) HFE-1.0, (04)(b)

785,948

County of Location

Sacramento

(23)

Street Address

1919 Spanos Court

(24)

City

State

Zip Code

Sacramento

CA

95825

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated

☒

(09) Reimbursement

☒

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☐

(29)

Fiscal Year of Cost

(06)

2007-2008

(12)

2006-2007

(30)

Total Claimed Amount

(07)

\$

864,000

(13)

\$

785,948

(31)

Less: 10% Late Penalty, not to exceed \$10,000

(14)

\$

-

(32)

Less: Prior Claim Payment Received

(15)

\$

599,822

(33)

Net Claimed Amount

(16)

\$

186,126

(34)

Due from State

(08)

\$

864,000

(17)

\$

186,126

(35)

Due to State

(18)

(36)

(37) CERTIFICATION OF CLAIM

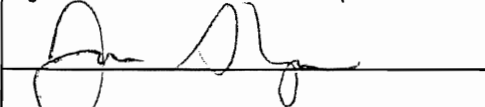
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions 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



2/5/08

Jon Sharpe

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

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

RECEIVED
MAR 23 2007

CC3

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN ~~WILL BE MAILED~~
DIRECTLY TO THE PAYEE.

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

WARRANT AMT: ****25,873.00

PAYEE: TREASURER, LOS RIOS COMM COLL DIST
FUND NAME: GENERAL FUND

PGM NBR: 00234

ISSUE DATE: 03/12/2007

CLAIM SCHEDULE NBR: MA64147E

REIMBURSEMENT OF STATE MANDATED COSTS

PLEASE CALL GWEN 2916-3242341 FOR QUERIES ABOUT THIS CLAIM.

ACL : CH 1/84

PROG : HEALTH FEE ELIMINATION (CC)

2006/2007 ESTIMATED PAYMENT

CLAIMED AMT: 1,035,000.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

1,035,000.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

57.953835

PRORATA BALANCE DUE:

435,178.00-

APPROVED PAYMENT AMOUNT:

599,822.00

PAYMENT OFFSETS (ACL NBR, NAME, FY, AMT.):

641/86

OPEN MEETINGS II (CC) 64 99/00

16,757-

486/75

MANDATE REIMBURSEMENT PR 99/00

8,829-

1/84

HEALTH FEE ELIMINATION (97/98

548,363-

NET PAYMENT AMOUNT:

25,873.00

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Los Rios Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. American River College

\$ 311,751

2. Consumnes River College

\$ 293,867

3. Sacramento City College

\$ 180,329

4.

5.

6.

7.

8.

9.

10.

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16.

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19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 785,948

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

(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.

LESS

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SAME

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 226,399	\$ 85,352	\$ 311,751
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 226,399	\$ 85,352	\$ 311,751

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) 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)]	\$ 311,751

Cost Reduction

(1) Less: Offsetting Savings, if applicable	
(2) Less: Other Reimbursements, if applicable	
(3) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ 311,751

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Consumnes 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 213,411	\$ 80,456	\$ 293,867
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 213,411	\$ 80,456	\$ 293,867

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	
0) Subtotal	[Line (07) - line (09)]	\$ 293,867

Cost Reduction

1) Less: Offsetting Savings, if applicable	
2) Less: Other Reimbursements, if applicable	
3) Total Amount Claimed	\$ 293,867

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College:	Sacramento City 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 130,958	\$ 49,371	\$ 180,329
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 130,958	\$ 49,371	\$ 180,329

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	\$ 180,329

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 180,329

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Los Rios Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.,)			
Psychologist, full services			
Cancel/Change Appointments	X	X	
Registered Nurse	X	X	
Check Appointments		X	
Assessment, Intervention and Counseling			
Birth Control	X	X	
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	X	
Gynecology/Pregnancy Service	X	X	
Neuralgic	X	X	
Orthopedic	X	X	
Genito/Urinary	X	X	
Dental			
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	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
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	X	X	

Program
234

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

FORM
HFE-2

(01) Claimant
Los Rios Community College District

(02) Fiscal Year costs were incurred:
2006-2007

(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
X	X
X	X

Immunizations

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

	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
--	---

Physical Examinations

Employees
Students
Athletes

X	X
---	---

Medications

Antacids
Antidiarrheal
Aspirin, Tylenol, etc.,
Skin Rash Preparations
Eye Drops
Ear Drops
Toothache, oil cloves
Stingkill
Midol, Menstrual Cramps
Other, list---> Cold and Allergy

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

X	X
X	X

(01) Claimant
Los Rios Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

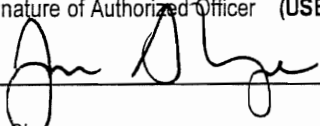
Blood Pressure	X	X
Hearing	X	X
Tuberculosis	X	X
Reading	X	X
Information	X	X
Vision	X	X
Glucometer	X	X
Urinalysis	X	X
Hemoglobin		
EKG		
Strep A Testing		
PG Testing		X
Monospot		
Hemacult		
Others, list Body Fat		X

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		X
Temperature	X	X
Weigh	X	X
Information	X	X
Report/Form	X	X
Wart Removal		
Others, list Research and links	X	X

Committees

Safety	X	X
Environmental		X
Disaster Planning		X

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 34050			(19) Program Number 00234		
			(20) Date Filed ____/____/____		
			(21) LRS Input ____/____/____		
(02) Claimant Name Los Rios Community College District			(22) HFE-1.0, (04)(b) 1,029,898		
Sacramento County			(23)		
1919 Spanos Court			(24)		
Sacramento CA 95825			(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)		
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06)	(12) 2007-2008	(30)		
Total Claimed Amount	(07)	(13) \$ 1,029,898	(31)		
Less : 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)		
Less : Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 1,029,898	(34)		
Due from State	(08)	(17) \$ 1,029,898	(35)		
Due to State		(18)	(36)		
(37) CERTIFICATION OF CLAIM					
<p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
			2/3/09		
Jon Sharpe			Deputy Chancellor		
Type or Print Name			Title		
(38) Name of Contact Person for Claim					
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1
(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
(03) List all community colleges identified in form 1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. American River College	\$ 315,519	
2. Cosumnes River College	\$ 316,010	
3. Folsom Lake College	\$ 52,667	
4. Sacramento City College	\$ 345,702	
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
(04) Total Amount Claimed		\$ 1,029,898

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM 1.1
(01) Claimant: Los Rios Community College District				(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>		Fiscal Year 2007-2008	
(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.							
LESS <input type="checkbox"/>		SAME <input type="checkbox"/>		MORE <input checked="checked" type="checkbox"/> X			
				Direct Cost	Indirect Cost of: 36.16%	Total	
(05) Cost of Health Services for the Fiscal year of Claim				\$ 231,727	\$ 83,792	\$ 315,519	
(06) Cost of providing current fiscal year health services in excess of 1986/87				\$ -	\$ -	\$ -	
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]				\$ 231,727	\$ 83,792	\$ 315,519	
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	34,751				34,751		
2. Per Spring Semester	34,625				34,625		
3. Per Summer Session	15,508				15,508		
4. Per First Quarter							
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)]		\$ 315,519	
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed				[Line (10) - {(line (11) + line (12))}]		\$ 315,519	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
------------------------------	--	---------------------------

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
---	--	--------------------------

(03) Name of College: Cosumnes 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 36.16%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 232,087	\$ 83,923	\$ 316,010
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 232,087	\$ 83,923	\$ 316,010

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	13,228				13,228		
2. Per Spring Semester	12,946				12,946		
3. Per Summer Session	4,911				4,911		
4. Per First Quarter							
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)]	\$ 316,010

Cost Reduction

(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}]	\$ 316,010

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM 1.1
(01) Claimant: Los Rios Community College District				(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 2007-2008	
(03) Name of College: Folsom Lake 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.							
LESS <input type="checkbox"/> SAME <input checked="" type="checkbox"/> MORE <input type="checkbox"/>							
				Direct Cost	Indirect Cost of: 36.16%	Total	
(05) Cost of Health Services for the Fiscal year of Claim				\$ 38,680	\$ 13,987	\$ 52,667	
(06) Cost of providing current fiscal year health services in excess of 1986/87				\$ -	\$ -	\$ -	
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]				\$ 38,680	\$ 13,987	\$ 52,667	
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	8,441				8,441		
2. Per Spring Semester	8,178				8,178		
3. Per Summer Session	2,140				2,140		
4. Per First Quarter							
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)]		\$ 52,667	
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed				[Line (10) - {(line (11) + line (12))}]		\$ 52,667	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM 1.1
(01) Claimant: Los Rios Community College District				(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 2007-2008	
(03) Name of College: Sacramento City 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.							
LESS <input type="checkbox"/>		SAME <input checked="" type="checkbox"/>		MORE <input type="checkbox"/>			
				Direct Cost	Indirect Cost of: 36.16%	Total	
(05) Cost of Health Services for the Fiscal year of Claim				\$ 253,894	\$ 91,808	\$ 345,702	
(06) Cost of providing current fiscal year health services in excess of 1986/87				\$ -	\$ -	\$ -	
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]				\$ 253,894	\$ 91,808	\$ 345,702	
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	24,991				24,991		
2. Per Spring Semester	23,327				23,327		
3. Per Summer Session	10,709				10,709		
4. Per First Quarter							
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)]		\$ 345,702	
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed						[Line (10) - {line (11) + line (12)}] \$ 345,702	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Los Rios 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		X	X
Appointments			
College Physician, surgeon			
Dermatology, Family practice			
Internal Medicine			
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.,)			
Psychologist, full services			
Cancel/Change Appointments		X	X
Registered Nurse		X	X
Check Appointments			X
Assessment, Intervention and Counseling			
Birth Control		X	X
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	X
Gynecology/Pregnancy Service		X	X
Neuralgic		X	X
Orthopedic		X	X
Genito/Urinary		X	X
Dental			
Gastro-Intestinal		X	X
Stress Counseling		X	X
Crisis Intervention		X	X
Child Abuse Reporting and Counseling		X	X

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM 2
(01) Claimant Los Rios 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	X
Eating Disorders	X	X
Weight Control	X	X
Personal Hygiene	X	X
Burnout	X	X
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	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	X
First Aid Kits, Filled	X	X
Immunizations		
Diphtheria/Tetanus		X
Measels/Rubella		X
Influenza		X
Information	X	X
Insurance		
On Campus Accident	X	X
Voluntary	X	X
Insurance Inquiry/Claim Administration	X	X
Laboratory Tests Done		
Inquiry/Interpretation		X
Pap Smears		
Physical Examinations		
Employees		

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM 2
(01) Claimant Los Rios 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		
Athletes	X	X
Medications		
Antacids	X	X
Antidiarrheal	X	X
Aspirin, Tylenol, etc.,	X	X
Skin Rash Preparations	X	X
Eye Drops	X	X
Ear Drops		
Toothache, oil cloves		X
Stingkill	X	X
Midol, Menstrual Cramps	X	X
Other, list---> Cold and Allergy	X	X
Parking Cards/Elevator Keys		
Tokens		
Return Card/Key	X	X
Parking Inquiry	X	X
Elevator Passes		
Temporary Handicapped Parking Permits	X	X
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

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Los Rios 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	X	
Urinalysis	X	X	
Hemoglobin			
EKG			
Strep A Testing			
PG Testing			
Monospot			
Hemacult			
Others, list Body Fat		X	
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		X	
Temperature	X	X	
Weigh	X	X	
Information	X	X	
Report/Form	X	X	
Wart Removal			
Others, list Research and links	X	X	
Committees			
Safety	X	X	
Environmental		X	
Disaster Planning		X	

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

October 19, 2009

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

RECEIVED
OCT 26 2009
**COMMISSION ON
STATE MANDATES**

RE: Redwoods Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Redwoods 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:

Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501

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

Redwoods Community College District

Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501
Voice: 707-476-4194
Fax: 707-476-4405
E-mail: ruth-bettenhausen@redwoods.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

OCT 26 2009

COMMISSION ON STATE MANDATES

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 25,487
2003-04	\$ 22,988
2004-05	\$ 33,061
2005-06	\$ 81,780
2006-07	\$ 100,670
TOTAL:	\$263,986

6. NOTICE OF NO INTENT TO CONSOLIDATE

— This claim is not being filed with the intent to consolidate on behalf of other claimants.

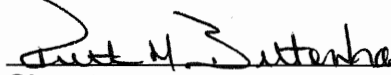
Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. SCO July 1, 2008, letter:	Exhibit <u>B</u>
10. District's Response to SCO:	Exhibit <u>C</u>
11. Parameters and Guidelines:	Exhibit <u>D</u>
12. SCO Claiming Instructions:	Exhibit <u>E</u>
13. Annual Reimbursement Claims:	Exhibit <u>F</u>

14. 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.

Ruth Bettenhausen, Vice President
Administrative Services

 Oct. 9, 2009
Signature Date

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE
11 COMMISSION ON STATE MANDATES
12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14)
15)
16)
17)
18 **REDWOODS**)
19 **Community College District,**)

20)
21)
22 Claimant.)
23)
24)
25)
26)
27)
28)
29)
30)
31)

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
Fiscal Year 2005-2006
Fiscal Year 2006-2007

32 INCORRECT REDUCTION CLAIM FILING

33 PART I. AUTHORITY FOR THE CLAIM

34 The Commission on State Mandates has the authority pursuant to Government
35 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
36 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
37 payments to the local agency or school district pursuant to paragraph (2) of subdivision

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

1 (d) of Section 17561.” Redwoods Community College District (hereinafter “District” or
2 “Claimant”) is a school district as defined in Government Code Section 17519.¹ Title 2,
3 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
4 incorrect reduction claim with the Commission.

5 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
6 requires incorrect reduction claims to be filed no later than three years following the
7 date of the Controller’s “written notice of adjustment notifying the claimant of a
8 reduction.” The Controller conducted a “desk review” of the District’s FY 2002-03, FY
9 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee
10 Elimination mandate. The District received five “results of review” letters reducing its
11 claims as a result of the desk review. The letter for FY 2006-07 was dated July 9, 2009,
12 and the letters for FY 2002-03 through FY 2005-06 were dated July 2, 2009. All five
13 letters are attached as Exhibit “A.” These letters constitute a demand for repayment
14 and adjudication of the claim.

15 PART II. SUMMARY OF THE CLAIM

16 The Controller conducted a “desk review” of the District’s annual reimbursement
17 claims for the actual costs of complying with the legislatively mandated Health Fee
18 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

“School district” means any school district, community college district, or county
superintendent of schools.

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

for the period July 1, 2002 through June 30, 2007. As a result of the review, the Controller determined that \$263,986 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2002-03	\$25,487	\$25,487	\$25,487	<\$25,487>
2003-04	\$90,339 ²	\$22,988	\$0	\$67,351
2004-05	\$124,369	\$33,061	\$0	\$91,308
2005-06	\$98,801	\$81,780	\$0	\$17,021
2006-07	<u>\$100,670</u>	<u>\$100,670</u>	<u>\$62,590</u>	<u><\$62,590></u>
Totals	\$439,666	\$263,986	\$88,077	\$87,603

Since the District has been paid \$88,077 for these claims, the amount of \$87,603 is still due the District.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05, FY 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is attached as Exhibit "B."

² FY 2003-04 amended annual claim amount of \$91,339 less a \$1,000 late filing penalty.

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

2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.
3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension by email on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated September 25, 2008, and provided an HFE 1.1 claim

³ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

1 form for each fiscal year, which included the requested student enrollment data.

2 The individual student health services fee amount was not included because it is
3 the Controller's policy to use the highest authorized rate regardless of the rate
4 actually charged by the district, and the highest authorized rate is a matter of
5 public record available to the Controller's staff. A copy of the District's response
6 is attached as Exhibit "C."

- 7 5. As a result of the additional information, the Controller issued three "results of
8 review" letters for FY 2004-05, FY 2005-06 and FY 2006-07, reducing the claims
9 by \$215,511. The District also received two "results of review" letters for FY
10 2002-03 and FY 2003-04, reducing those claims by \$48,475, although no
11 supplemental data had been requested or received by the Controller for those
12 two fiscal years. No reason for the reductions was stated, other than a statement
13 that the costs were "costs not mandated."

14 The results of review letters informed the District that any excess amounts previously
15 paid would be offset from future mandate payments. The District has no record of any
16 audit findings or any other explanations of the reason for the Controller's action.

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

18 The District has not filed any previous incorrect reduction claims for this mandate
19 program. The District is not aware of any incorrect reduction claims having been
20 adjudicated on the specific issues or subject matter raised by this claim.

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

1 added Education Code Section 76355⁴ containing substantially the same provisions as

⁴ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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,

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

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

10 On November 20, 1986, the Commission on State Mandates determined that
11 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, imposed a new program upon
12 community college districts by requiring any community college district that provided

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.

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

1 student health services for which it was authorized to charge a fee pursuant to former
2 Section 72246 in the 1983-1984 fiscal year, to maintain student health services at that
3 level in the 1984-1985 fiscal year and each fiscal year thereafter.

4 At a hearing on April 27, 1989, the Commission on State Mandates determined
5 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
6 community college districts that provided student health services in fiscal year 1986-
7 1987, and required them to maintain that level of student health services in fiscal year
8 1987-1988 and each fiscal year thereafter.

9 3. Parameters and Guidelines

10 On August 27, 1987, the original parameters and guidelines were adopted. On
11 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
12 1989, parameters and guidelines is attached as Exhibit "D."

13 4. Claiming Instructions

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

21 \

PART VI. STATEMENT OF THE ISSUES

The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 reimbursement claims were apparently reduced due to the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized student health fee revenues in the amount of at least \$263,986. The District reported only student health service fees received, and not those that theoretically could have been collected, in its annual reimbursement claims. Although no information has been provided to the District, it appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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.

1 *The governing board may decide whether the fee shall be mandatory or optional.”*

2 (Emphasis added.)

3 PARAMETERS AND GUIDELINES

4 The parameters and guidelines state:

5 Any offsetting savings the claimant experiences as a direct result of this statute
6 must be deducted from the costs claimed. In addition, reimbursement for this
7 mandate received from any source, e.g., federal, state, etc., shall be identified
8 and deducted from this claim. This shall include the amount of [student fees] as
9 authorized by Education Code Section 72246(a)⁵.

10 In order for a district to “experience” these “offsetting savings” the district must actually
11 have collected these fees. Note that the student health fees are named as a potential
12 source of the reimbursement *received* in the previous sentence. The use of the term
13 “any offsetting savings” further illustrates the permissive nature of the fees. Student
14 fees actually collected must be used to offset costs, but not student fees that could
15 have been collected and were not. Thus, the Controller’s adjustments are based on an
16 illogical interpretation of the parameters and guidelines.

17 Further, the Department of Finance proposed, as part of the amendments that
18 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
19 section expressly stating that if no health service fee was charged, the claimant would
20 be required to deduct the amount authorized. The Commission declined to add this
21 requirement and adopted the parameters and guidelines without this language.

⁵ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

1 Therefore, it is evident that the Commission intends the language of the parameters
2 and guidelines to be construed as written, and only those savings that are *experienced*
3 are to be deducted.

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

11 2. The District correctly filed the annual reimbursement claims

12 The District reported its actual reimbursable costs in the manner required by the
13 parameters and guidelines and on the forms provided for by the Controller's claiming
14 instructions for this program. The Controller has not stated how the claim
15 documentation was insufficient for purposes of adjudicating the claims. The Controller
16 has not sent any documentation in support of its action to the District. He has simply
17 reduced the District's reimbursement claim without any explanation. By providing no
18 notice for the basis of its actions, the Controller is creating a standard of general
19 application without the benefit of law or due process of rulemaking.

20 3. The Controller has not provided the required explanation of the adjustments

21 Government Code Section 17558.5(c), as last amended by Chapter 890,

Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. Therefore, the Controller has violated Section 17558.5(c).

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. The District must use the circumstances and the Controller's actions to guess at the reason for the reduction of its claim. The results of review letters, which cannot be sufficient notification under Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost

reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
January 12, 2006	FY 2003-04 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations for audit expires
January 12, 2009	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2004-05 through FY 2006-07
July 2, 2009	Adjustment letters issued for FY 2002-03 and FY 2003-04

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

\

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the

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

Controller no later than three years after the ~~end of the calendar year in which~~
~~the date that the actual~~ reimbursement claim is filed or last amended, whichever
is later. However, if no funds are appropriated or no payment is made to a
claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the
time for the Controller to initiate an audit shall commence to run from the date of
initial payment of the claim.

The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of
limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be
“initiated” within three years of the date the actual claim is filed.

The amendment is pertinent because this is the first time that the factual issue of
the date the audit is “initiated” is introduced for mandate programs for which funds are
appropriated. This amendment also means that it is impossible for the claimant to know
when the statute of limitations will expire at the time the claim is filed, which is contrary
to the purpose of a statute of limitations. It allows the Controller’s own unilateral delay,
or failure to make payments from funds appropriated for the purpose of paying the
claims, to control the tolling of the statute of limitations, which is also contrary to the
purpose of a statute of limitations.

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended
Section 17558.5 to state:

(a) A reimbursement claim for actual costs filed by a local agency or school
district pursuant to this chapter is subject to the initiation of an audit by the
Controller no later than three years after the date that the actual reimbursement
claim is filed or last amended, whichever is later. However, if no funds are
appropriated or no payment is made to a claimant for the program for the fiscal
year for which the claim is filed, the time for the Controller to initiate an audit
shall commence to run from the date of initial payment of the claim. In any case,
an audit shall be completed not later than two years after the date that the audit
is commenced.

1 The annual reimbursement claim for FY 2003-04 is subject to the three-year statute of
2 limitations established by Chapter 890, Statutes of 2004, which requires the audit to be
3 “initiated” within three years of the date the actual claim is filed and the audit must be
4 completed within two years of its commencement. However, since this fiscal year was
5 not included in the July 1, 2008 letter, no audit was ever “initiated” prior to the expiration
6 of the three-year period.

7 Vagueness

8 The versions of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04
9 annual reimbursement claims provide that the time limitation for audit “shall commence
10 to run from the date of initial payment.” However, this provision is void because it is
11 impermissibly vague. At the time a claim is filed, the claimant has no way of knowing
12 when payment will be made or how long the records applicable to that claim must be
13 maintained. The current billion-dollar backlog in mandate payments, which continues to
14 grow every year, could potentially require claimants to maintain detailed supporting
15 documentation for decades. Additionally, it is possible for the Controller to unilaterally
16 extend the audit period by withholding payment or directing appropriated funds only to
17 those claims that have already been audited.

18 Therefore, the only specific and enforceable time limitation to commence an
19 audit is three years from the date the claim was filed, and the annual reimbursement
20 claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2004-05
21 through FY 2006-07 desk audit commenced on July 1, 2008, and when the results of

1 review letters were issued on July 2, 2009. Therefore, all adjustments to the FY 2002-
2 03 and FY 2003-04 claims are void and should be withdrawn.

3 PART VII. RELIEF REQUESTED

4 The District filed its annual reimbursement claims within the time limits
5 prescribed. The amounts claimed by the District for reimbursement of the costs of
6 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
7 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
8 incurred by the District to carry out this program. These costs were properly claimed
9 pursuant to the Commission's parameters and guidelines. Reimbursement of these
10 costs is required under Article XIII B, Section 6 of the California Constitution. The
11 Controller denied reimbursement without any basis in law or fact. The District has met
12 its burden of going forward on this claim by complying with the requirements of Title 2,
13 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
14 these adjustments without benefit of statute or regulation, the burden of proof is now
15 upon the Controller to establish a legal basis for its actions.

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

20 \

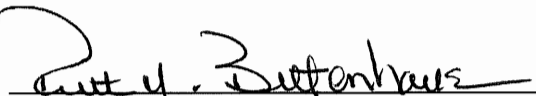
21 \

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

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on September 30, 2009, at Eureka, California, by



Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501
Voice: 707-476-4194
Fax: 707-476-4405
E-mail: ruth-bettenhausen@redwoods.edu

APPOINTMENT OF REPRESENTATIVE

Redwoods Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Ruth Bettenhausen, Vice President
Redwoods Community College District

Sept. 30, 2009
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated September 25, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions, September 2003 version
Exhibit "F"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CL 12195
 00254
 2009/07/02

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

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:

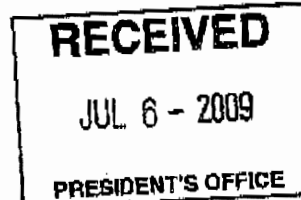
AMOUNT CLAIMED	25,487.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 25,487.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-25,487.00
AMOUNT DUE STATE	\$ 25,487.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 25,487.00 WITHIN 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 WITH 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:

COST NOT MANDATED	- 25,487.00	
TOTAL ADJUSTMENTS		- 25,487.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA64136A		
PAID 10-25-2006	-25,487.00	
TOTAL PRIOR PAYMENTS		-25,487.00



SINCERELY,

Ginny Brummels
 GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
 JULY 2, 2009

CC12145
 00234
 2009/07/02

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

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 91,339.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED	-	22,988.00
LATE CLAIM PENALTY	-	1,000.00
TOTAL ADJUSTMENTS	-	23,988.00
AMOUNT DUE CLAIMANT	\$	67,351.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
 GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
 JULY 2, 2009

CC12145
 00234
 2009/07/02

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

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	124,369.00
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ADJUSTMENT TO CLAIM:

COST NOT MANDATED	-	33,061.00
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TOTAL ADJUSTMENTS	-	33,061.00
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AMOUNT DUE CLAIMANT	\$	91,308.00
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels

GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CC 12145
00254
2009/07/02

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 98,801.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 81,780.00

TOTAL ADJUSTMENTS - 81,780.00

AMOUNT DUE CLAIMANT \$ 17,021.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
 JULY 9, 2009

CC12145
 00234
 2009/07/09

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	100,670.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 100,670.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-62,590.00
AMOUNT DUE STATE	\$ 62,590.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 62,590.00 WITHIN 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 WITH 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:		
COST NOT MANDATED	- 100,670.00	
TOTAL ADJUSTMENTS		- 100,670.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA64147E		
PAID 03-12-2007	-62,590.00	
TOTAL PRIOR PAYMENTS		-62,590.00

RECEIVED

JUL 13 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Brummels
 GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Scott Thomason
Vice President, Chief Business Officer
Redwoods Community College District
7351 Tompkins Hill Road
Eureka CA 95501

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is positioned above the printed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

September 25, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

K B P

Dear Ms. Brummels:

Regard: Redwoods Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2004-05, 2005-06 and 2006-07

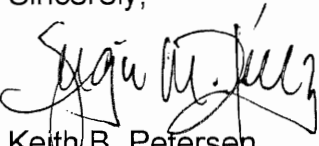
Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for: Keith B. Petersen

C: Ron Cox, Acting Vice President, Administrative Services, Redwoods CCD
Michelle Lopez, Account Clerk III, Redwoods CCD

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
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(03) Name of College: Redwoods Community 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.

LESS

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	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	715	2,410		\$ -		\$ -	\$ -
2. Per Spring Semester	597	2,691		\$ -		\$ -	\$ -
3. Per Summer Session	9	1,000		\$ -		\$ -	\$ -
4. Per First Quarter/WINTER	1	339		\$ -		\$ -	\$ -
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)]	\$ -

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number:

CC 12145

Reimbursement Claim Data

(02) Claimant Name

Redwoods Community College District

(22) HFE-1.0, (04)(b)

124,369

County of Location

Humboldt

(23)

Street Address

7351 Tompkins Hill Road

(24)

City

State

Zip Code

Eureka

CA

95501

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated

☒

(09) Reimbursement

☒

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☐

(29)

Fiscal Year of Cost

(06)

2005-2006

(12)

2004-2005

(30)

Total Claimed Amount

(07)

\$ 136,000

(13)

\$ 124,369

(31)

Less : 10% Late Penalty

(14)

\$ -

(32)

Less : Prior Claim Payment Received

(15)

\$ -

(33)

Net Claimed Amount

(16)

\$ 124,369

(34)

Due from State

(08)

\$ 136,000

(17)

\$ 124,369

(35)

Due to State

(18)

(36)

(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

Scott Thomason

Vice President, Chief Business Officer

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

☐

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	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ 65,471
(10) Subtotal	[Line (07) - line (09)]	\$ 126,175

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	\$ 1,806.00
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 124,369

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

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	Direct Cost	Indirect Cost of: 37.45%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	779	2,276		\$ -		\$ -	\$ -
2. Per Spring Semester	602	2,182		\$ -		\$ -	\$ -
3. Per Summer Session	7	622		\$ -		\$ -	\$ -
4. Per First Quarter/WINTER		183		\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	98,801
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)	
Total Claimed Amount	(07) \$ 108,000	(13) \$ 98,801	(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 98,801	(34)	
Due from State	(08) \$ 108,000	(17) \$ 98,801	(35)	
Due to State		(18)	(36)	

(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

Scott Thomason

Vice President, Chief Business Officer

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(03) Name of College: Redwoods Community 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.

LESS

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MORE

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	Direct Cost	Indirect Cost of: 37.45%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 58,578
(10) Subtotal	[Line (07) - line (09)]	\$ 98,801

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 98,801

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

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	Direct Cost	Indirect Cost of: 39.60%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	5,327				5,327		
2. Per Spring Semester	5,319				5,319		
3. Per Summer Session	1,055				1,055		
4. Per First Quarter/WINTER	414				414		
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]

\$ -

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	<small>For State Controller Use only</small> (19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____	Program 234
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(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	100,670
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim (03) Estimated <input checked="" type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/>	Estimated Claim (06) 2007-2008 (07) \$ 110,000 Less: 10% Late Penalty, not to exceed \$10,000 Less: Prior Claim Payment Received Net Claimed Amount Due from State \$ 110,000 Due to State	Reimbursement Claim (09) Reimbursement <input checked="" type="checkbox"/> (10) Combined <input type="checkbox"/> (11) Amended <input type="checkbox"/> (12) 2006-2007 (13) \$ 100,670 (14) \$ - (15) \$ 62,590 (16) \$ 38,080 (17) \$ 38,080 (18)	(26)	
			(27)	
			(28)	
			(29)	
			(30)	
			(31)	
			(32)	
			(33)	
			(34)	
			(35)	
			(36)	

(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

Scott Thomason

Vice President, Chief Business Officer

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Redwoods Community 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 39.60%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 53,365
(10) Subtotal	[Line (07) - line (09)]	\$ 100,670

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 100,670

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

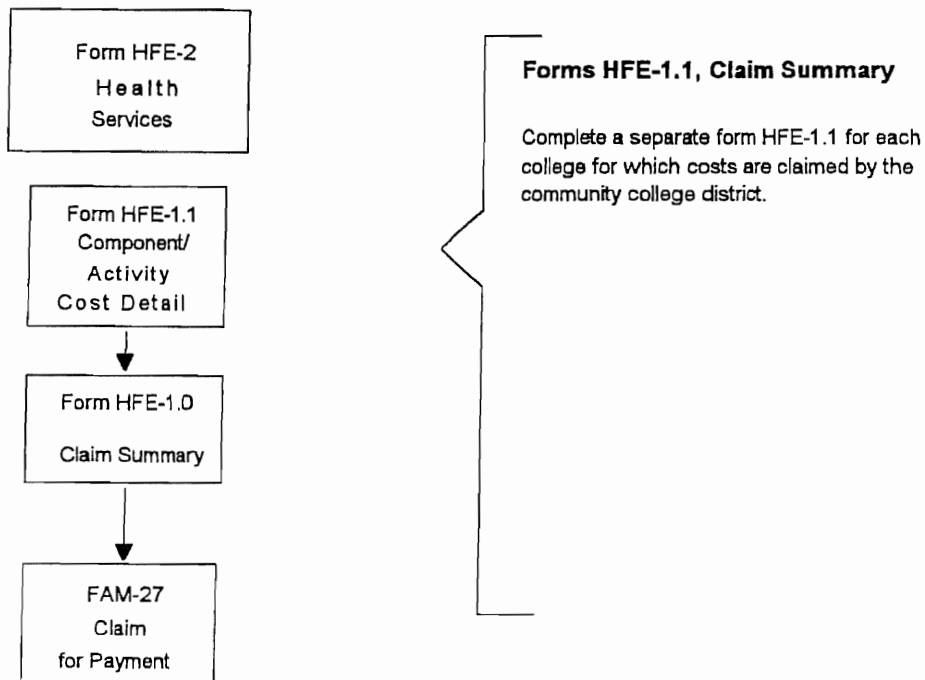
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use Only

Program

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

234

L
A
B
E
L

H
E
R
E

(01) Claimant Identification Number

Reimbursement Claim Data

(02) Claimant Name

(22) HFE-1.0, (04)(b)

County of Location

(23)

Street Address or P.O. Box

Suite

(24)

City

State

Zip Code

(25)

Type of Claim**Estimated Claim****Reimbursement Claim**(03) Estimated ☐(09) Reimbursement ☐(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐**Fiscal Year of Cost** (06) 20__/20__

(12) 20__/20__

Total Claimed Amount

(07)

(13)

Less: 10% Late Penalty, not to exceed \$1,000

(14)

Less: Prior Claim Payment Received

(15)

Net Claimed Amount

(16)

Due from State

(08)

(17)

Due to State

(18)

(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

Date

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number

()

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Ext.

E-Mail Address

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	

HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.0
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- (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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant <div style="height: 40px; border: 1px solid black;"></div>	(02) Type of Claim Reimbursement <input style="width: 30px;" type="checkbox"/> Estimated <input style="width: 30px;" type="checkbox"/>	Fiscal Year 20__/20__
(03) Name of College <div style="height: 20px; border: 1px solid black;"></div>		
(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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> LESS <input style="width: 30px;" type="checkbox"/> </div> <div style="text-align: center;"> SAME <input style="width: 30px;" type="checkbox"/> </div> <div style="text-align: center;"> MORE <input style="width: 30px;" type="checkbox"/> </div> </div>		
		Direct Cost Indirect Cost Total
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
		(c) Students Exempt per EC 76355(c)(2)
		(d) Students Exempt per EC 76355(c)(3)
		(e) Number of Students Subject to Health Fee (a)-(b)-(-c)-(d)
		(f) Unit Cost Per Student Per EC 76355
		(g) Student Health Fees (e) x (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: The sum of (Line (08))(1)(c) through line (08)(6)(c)		
(10) Subtotal <div style="text-align: right;">[Line (07) - line (09)]</div>		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount <div style="text-align: right;">[Line (10) - {(line (11) + line (12))}]</div>		

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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision 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 Acquired Immune Deficiency Syndrome 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			

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys

Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list			
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list			
Committees Safety Environmental Disaster Planning			

Fiscal Year

2002 - 2003

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561

Health Fee Elimination

For State Controller Use Only

(1) Form Number 00028

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

Program

029

(01) Claimant Identification Number

S12145**Reimbursement Claim**

(02) Mailing Address

(22) HFE-1.0, (04)(b)

25487

Claimant Name

Redwoods CCD

(23)

County of Location

Humboldt

(24)

Street Address or P.O. Box

7351 Tompkins Hill Road

(25)

City

Eureka

State

CA

Zip Code

95501-9300

(26)

Type of Claim**Estimated Claim****Reimbursement Claim**

(27)

(03) Estimated

☒

(09) Reimbursement

☒

(28)

(04) Combined

☐

(10) Combined

☐

(29)

(05) Amended

☐

(11) Amended

☐

(30)

Fiscal Year of Cost
of Cost

(06)

2003-2004

(12)

2002-2003

(31)

Total Claimed
Amount

(07)

\$22,938

(13)

\$25,487

(32)

LESS: 10% Late Penalty, but not to exceed
\$1,000 (if applicable)

(14)

(33)

LESS: Estimated Claim Payment Received

(15)

(34)

Net Claimed Amount

(16)

\$25,487

(35)

Due from State

(08)

\$22,938

(17)

\$25,487

(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 person 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 the penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive.

I further certify that there were no applications for nor any grants or payments received, other than from the claimant for reimbursement of costs claimed herein; and such costs are for new program or increased level of service of an existing program mandated by Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987

The amount for estimated and/or reimbursement claims are 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 Representative**Date**Becky Gallup
ecky Gallup1/13/04
Assistant to the President

Print or type name

Title

Centration, Inc.**(916) 351-1050**

(39) Name of Contact Person for Claim

Telephone Number

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-1.0**

(01) C Redwoods CCD

(02) Type of Claim

Reimbursement

☒

Estimated

Fiscal Year

2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. College of the Redwoods (Eureka Campus)	25,487
2.	
3.	
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20.	
(04) Total Amount Claimed	25,487

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-1.1**

(01) Claimant: Redwoods CCD

(2) Type of Claim

Fiscal Year

Reimbursement

☒

Estimated

2002-2003

(3) Name of College College of the Redwoods (Eureka Campus)

(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.

LESS

SAME

MORE

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	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim	100,169	20,655	120,824
(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 [Line (05) - line (06)]	100,169	20,655	120,824

(8) Complete columns (a) through (g) to provide detail data for health fees

Period for which health fees were collected	(a) Number of Students Enrolled	(b) Students Exempt per ED Code 76355(c)(1)	(c) Students Exempt per ED Code 76355(c)(2)	(d) Students Exempt per ED Code 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost per Student Per ED Code 76355	(g) Student Health Fees (e) X (f)
1. Per fall semester	5,369			2,029	3,340	\$12.00	40,080
2. Per spring semester	5,223			2,119	3,104	\$12.00	37,248
3. Per summer session	2,156			155	2,001	\$9.00	18,009
4. Per first quarter							
5. Per second quarter							
6. Per third quarter							
(09) Total health fee that could have been collected [Line (8.1g) +(8.6g)]							95,337
(10) Sub-total [Line (07) - line (09)]							25,487
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}]							25,487

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant: Redwoods CCD	(02) Fiscal Year Costs Were Incurred	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		
Dermatology, Family practice		
Internal Medicine		
Outside Physician	X	X
Dental Services		
Outside Labs, (X-ray, etc.,)	X	X
Psychologist, full service		
Cancel/Change Appointment		
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
Neralgic	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
Acquired Immune Deficiency Syndrome	X	X
Eating Disorders	X	X
Weight Control	X	X
Personal Hygiene	X	X
Burnout	X	X
Other Medical Problems, list Allergy, Asthma, Hypertension, Thyroid	X	X
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	X	X

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

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

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
Pap Smears

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 - Antihistamines, Decongestants

Parking Cards/Elevator Keys
Tokens
Return Card/Key
Parking Inquiry
Elevator Passes
Temporary Handicapped Parking Permits

X
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**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

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

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

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list - Urine Culture, Cholesterol, Thyroid

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Bandaids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list - Classroom Presentations, Optometry

Committees

Safety

Environmental

Disaster Planning

Skin Rash Preparations

Eye Drops

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

January 12, 2006

Certified Mail Number: 7004 2510 0004 4007 0640

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

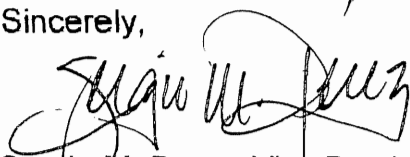
Dear Ms. Brummels:

Enclosed please find a copy of the Health Fee Elimination claim for FY 03/04 which was sent to you on December 30, 2005 with the West Kern CCD Claim for MRP 04/05 (copy of letter attached). The claim was delivered to you on January 4, 2006 via certified mail. I attach copies of our recent e-mails also.

Please place this letter with the Redwoods CCD Health Fee Elimination claim for FY 03 /04 in your possession

If you have any questions regarding this, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program
234

(01) Claimant Identification Number:

CC 12145

Reimbursement Claim Data

(02) Claimant Name

Redwoods Community College District

(22) HFE-1.0, (04)(b)

91,339

County of Location

Humboldt

(23)

Street Address

7351 Tompkins Hill Road

(24)

City

State

Zip Code

Eureka

CA

95501-9300

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated

☐

(09) Reimbursement

☐

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☒

(29)

Fiscal Year of Cost

(06)

(12)

2003-2004

(30)

Total Claimed Amount

(07)

(13)

\$ 91,339

(31)

Less: 10% Late Penalty

(14)

\$ 1,000

(32)

Less: Prior Claim Payment Received

(15)

\$ -

(33)

Net Claimed Amount

(16)

\$ 90,339

(34)

Due from State

(08)

(17)

\$ 90,339

(35)

Due to State

(18)

(36)

(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



December 16, 2005

Scott Thomason

Vice President, Business Services

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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Redwoods Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2003-2004

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Redwoods Community College

\$ 91,339

2.

3.

4.

5.

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7.

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20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 91,339

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
---	--	------------------------------

(03) Name of College:	Redwoods Community 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 38.64%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 119,346	\$ 46,115	\$ 165,461
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 119,346	\$ 46,115	\$ 165,461
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 74,122
(10) Subtotal	[Line (07) - line (09)]	\$ 91,339

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 91,339

Chapters 1/84 and 1118/87, Page 1 of 3

<div>Program</div> <div>029</div>		<div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div>		<div>FORM</div> <div>HFE-2</div>	
(01) Claimant Redwoods Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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		X	X		
Stop Smoking		X	X		
Library, Videos and Cassettes		X	X		
First Aid, Major Emergencies					
First Aid, Minor Emergencies		X	X		
First Aid Kits, Filled					
Immunizations					
Diphtheria/Tetanus		X	X		
Measles/Rubella		X	X		
Influenza		X	X		
Information		X	X		
Insurance					
On Campus Accident		X	X		
Voluntary					
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation		X	X		
Pap Smears					
Physical Examinations					
Employees		X	X		
Students		X	X		
Athletes		X	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: Antihistamines, Decongestants.		X	X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Redwoods Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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					
Glucometer		X	X		
Urinalysis		X	X		
Hemoglobin		X	X		
EKG					
Strep A Testing		X	X		
PG Testing		X	X		
Monospot		X	X		
Hemacult		X	X		
Others, list					
Miscellaneous					
Absence Excuses/PE Waiver					
Allergy Injections					
Band-aids		X	X		
Booklets/Pamphlets		X	X		
Dressing Change		X	X		
Rest					
Suture Removal					
Temperature		X	X		
Weigh		X	X		
Information		X	X		
Report/Form		X	X		
Wart Removal					
Others, list					
Committees					
Safety					
Environmental					
Disaster Planning					

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 12, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0664

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

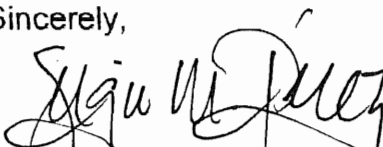
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Redwoods Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2003-2004
641/86	Open Meetings Act/Brown Act Reform	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed / / (21) LRS Input / /

Program

234

(01) Claimant Identification Number:

CC 12145

(02) Claimant Name

Redwoods Community College District

County of Location

Humboldt

Street Address

7351 Tompkins Hill Road

City

Eureka

State

CA

Zip Code

95501

Reimbursement Claim Data

(22) HFE-1.0, (04)(b)

124,369

(23)

(24)

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated

☒

(09) Reimbursement

☒

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☐

(29)

Fiscal Year of Cost

(06)

2005-2006

(12)

2004-2005

(30)

Total Claimed Amount

(07)

\$

136,000

(13)

\$

124,369

(31)

Less : 10% Late Penalty

(14)

\$

-

(32)

Less : Prior Claim Payment Received

(15)

\$

-

(33)

Net Claimed Amount

(16)

\$

124,369

(34)

Due from State

(08)

\$

136,000

(17)

\$

124,369

(35)

Due to State

(18)

(36)

(37) CERTIFICATION OF CLAIM

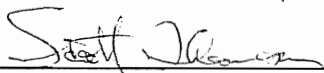
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions 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



1/9/06

Scott Thomason

Vice President, Chief Business Officer

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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Redwoods Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2004-2005

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Redwoods Community College

\$124,369.36

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(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 124,369

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 65,471
(10) Subtotal	[Line (07) - line (09)]	\$ 126,175

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	\$ 1,806.00
(13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 124,369

Chapters 1/84 and 1118/87, Page 1 of 3

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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	
Physical Examinations Employees Students Athletes	X X X	X X X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list---> Antihistamines, Decongestants	X 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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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 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 EKG Strep A Testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X 	X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X 	

Fiscal Year

2005 - 2006

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 16, 2007

Claim File Copy

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Redwoods Community College District CC12145

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Redwoods Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2005-2006
308/95	Enrollment Fee Collection and Waivers	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Per Keith B. Petersen, President

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed / /
 (21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	98,801
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)	
Total Claimed Amount	(07) \$ 108,000	(13) \$ 98,801	(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 98,801	(34)	
Due from State	(08) \$ 108,000	(17) \$ 98,801	(35)	
Due to State		(18)	(36)	

(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)

Scott Thomason

Date

1/05/07

Scott Thomason

Type or Print Name

Vice President, Chief Business Officer

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Redwoods Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Redwoods Community College

\$ 98,800.88

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(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 98,801

PROGRAM <div style="background-color: #cccccc; padding: 5px; font-weight: bold; font-size: 1.2em;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

3) Name of College:	Redwoods Community College
---------------------	----------------------------

4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.45%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

8) Complete Columns (a) through (g) to provide detail data for health fees	
--	--

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 58,578
10) Subtotal	[Line (07) - line (09)]	\$ 98,801

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	\$ 98,801

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
Registered Nurse	X	X	
Check Appointments	X	X	
Assessment, Intervention and Counseling	X	X	
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	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list (Allergy, Asthma, Hypertension, Thyroid)	X	X	
Examinations, minor illnesses	X	X	
Recheck Minor Injury	X	X	
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse	X	X	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	X	X	
Stop Smoking	X	X	
Library, Videos and Cassettes	X	X	
First Aid, Major Emergencies			
First Aid, Minor Emergencies	X	X	
First Aid Kits, Filled			
Immunizations	X	X	
Diphtheria/Tetanus	X	X	
Measles/Rubella	X	X	
Influenza	X	X	
Information	X	X	
Insurance	X	X	
On Campus Accident	X	X	
Voluntary			
Insurance Inquiry/Claim Administration	X	X	
Laboratory Tests Done			
Inquiry/Interpretation	X	X	
Pap Smears			
Physical Examinations	X	X	
Employees	X	X	
Students	X	X	
Athletes	X	X	
Medications	X	X	
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--> Antihistamines, Decongestants	X	X	
Parking Cards/Elevator Keys			
Tokens			
Return Card/Key			
Parking Inquiry			
Elevator Passes			
Temporary Handicapped Parking Permits			

(01) Claimant
 Redwoods Community College District

(02) Fiscal Year costs were incurred:
 2005-2006

(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
 Health Department
 Clinic
 Dental
 Counseling Centers
 Crisis Centers
 Transitional Living Facilities, battered/homeless women
 Family Planning Facilities
 Other Health Agencies

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

Tests

Blood Pressure
 Hearing
 Tuberculosis
 Reading
 Information

X	X
X	X
X	X
X	X
X	X

Vision
 Glucometer
 Urinalysis
 Hemoglobin
 EKG
 Strep A Testing
 PG Testing
 Monospot
 Hemacult
 Others, list

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

Miscellaneous

Absence Excuses/PE Waiver
 Allergy Injections
 Band-aids
 Booklets/Pamphlets
 Dressing Change
 Rest
 Suture Removal
 Temperature
 Weigh
 Information
 Report/Form
 Wart Removal
 Others, list

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

Committees

Safety
 Environmental
 Disaster Planning

X	X
X	X
X	X
X	X

Fiscal Year

2006 - 2007

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 18, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8697

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Redwoods Community College District's reimbursement claims listed below:

961/75
1/84

Collective Bargaining
Health Fee Elimination

2006-2007
2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



for Keith B. Petersen, President

Claim File Copy

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed / /
 (21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	100,670
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 110,000	(13) \$ 100,670	(31)	
Less : 10% Late Penalty, not to exceed \$10,000		(14) \$.	(32)	
Less : Prior Claim Payment Received		(15) \$ 62,590	(33)	
Net Claimed Amount		(16) \$ 38,080	(34)	
Due from State	(08) \$ 110,000	(17) \$ 38,080	(35)	
Due to State		(18)	(36)	

(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

Scott Thomason
 Type or Print Name

Vice President, Chief Business Officer
 Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

SixTen and Associates

E-mail Address: kbpsixten@aol.com

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

CC:

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

WARRANT AMT: ****62,590.00

PAYEE: TREASURER, REDWOODS COMM COLL DIST
FUND NAME: GENERAL FUND

PGM NBR: 00234

ISSUE DATE: 03/12/2007

CLAIM SCHEDULE NBR: MA64147E

REIMBURSEMENT OF STATE MANDATED COSTS

PLEASE CALL GWEN @916-3242341 FOR QUERIES ABOUT THIS CLAIM.

ACL : CH 1/84

PROG : HEALTH FEE ELIMINATION (CC)

2006/2007 ESTIMATED PAYMENT

CLAIMED AMT: 108,000.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

108,000.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

57.953835

PRORATA BALANCE DUE:

45,410.00-

APPROVED PAYMENT AMOUNT:

62,590.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

62,590.00

CCARLOS @ sco.com

CC/19250

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.0**

(01) Claimant:

(02) Type of Claim:

Fiscal Year

Reimbursement

☒

Estimated

☐

2006-2007

Redwoods Community College District

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)(a)
Name of College(b)
Claimed
Amount

1. Redwoods Community College

\$ 100,670

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 100,670

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

3) Name of College:	Redwoods Community College
---------------------	----------------------------

4) 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 owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 39.60%	Total
i) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
ii) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
iii) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

iv) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 53,365
Subtotal	[Line (07) - line (09)]	\$ 100,670

Cost Reduction

Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ 100,670

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
Registered Nurse	X	X	
Check Appointments	X	X	
Assessment, Intervention and Counseling	X	X	
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	
Acquired Immune Deficiency Syndrome	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	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse	X	X	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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 X X	
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration	X X X X	X X X X	
Laboratory Tests Done Inquiry/Interpretation Pap Smears	X	X	
Physical Examinations Employees Students Athletes	X X X X	X X X X	
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 X X	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

(01) Claimant

Redwoods Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

Health Department

Clinic

Dental

Counseling Centers

Crisis Centers

Transitional Living Facilities, battered/homeless women

Family Planning Facilities

Other Health Agencies

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Tests

Blood Pressure

Hearing

Tuberculosis

Reading

Information

Vision

Glucometer

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Band-aids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Committees

Safety

Environmental

Disaster Planning

SixTen and Associates

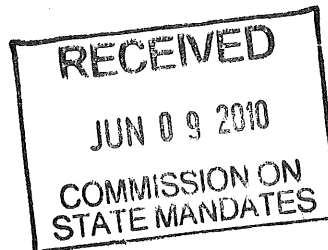
Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

June 7, 2010

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



RE: Allan Hancock Joint Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Allan Hancock Joint 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:

Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College District
800 South College Drive
Santa Maria, CA 93454-6399

Thank-you.

Sincerely,

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

Allan Hancock Joint Community College District

2. CLAIMANT INFORMATION

Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College District
800 South College Drive
Santa Maria, CA 93454-6399
Voice: 805-922-6966
Fax: 805-347-9896
E-mail: emiller@hancockcollege.edu

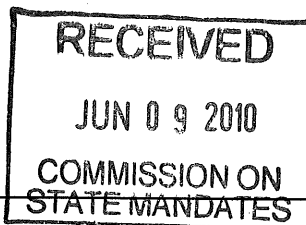
3. CLAIMANT REPRESENTATIVE INFORMATION

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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:



IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 45,269
2003-04	\$ 58,280
2004-05	\$ 92,184
2005-06	\$ 116,050
2006-07	\$ 29,735
TOTAL:	\$341,518

6. NOTICE OF NO INTENT TO CONSOLIDATE

____ This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-12 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. Desk Review Correspondence:	Exhibit <u>B</u>
10. Parameters and Guidelines:	Exhibit <u>C</u>
11. SCO Claiming Instructions:	Exhibit <u>D</u>
12. Annual Reimbursement Claims:	Exhibit <u>E</u>

13. 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.

Elizabeth Miller, EdD, Vice President
Administrative Services


Signature


Date

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

No. CSM _____

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

18 **ALLAN HANCOCK Joint**
19 **Community College District,**

Education Code Section 76355

22 Claimant.

Health Fee Elimination

Annual Reimbursement Claims:

Fiscal Year 2002-2003
Fiscal Year 2003-2004
Fiscal Year 2004-2005
Fiscal Year 2005-2006
Fiscal Year 2006-2007

32 INCORRECT REDUCTION CLAIM FILING

33 PART I. AUTHORITY FOR THE CLAIM

34 The Commission on State Mandates has the authority pursuant to Government
35 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
36 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
37 payments to the local agency or school district pursuant to paragraph (2) of subdivision

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 (d) of Section 17561.” Allan Hancock Joint Community College District (hereinafter
2 “District” or “Claimant”) is a school district as defined in Government Code Section
3 17519.¹ Title 2, California Code of Regulations (CCR), Section 1185(a), requires
4 claimants to file an incorrect reduction claim with the Commission.

5 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
6 requires incorrect reduction claims to be filed no later than three years following the date
7 of the Controller’s “written notice of adjustment notifying the claimant of a reduction.”
8 The Controller conducted a “desk review” of the District’s FY 2002-03, FY 2003-04, FY
9 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee Elimination mandate.
10 The District received five “results of review” letters dated July 12, 2009, reducing its
11 claims as a result of the desk review. All five letters are attached as Exhibit “A.” These
12 letters constitute a demand for repayment and adjudication of the claim.

13 **PART II. SUMMARY OF THE CLAIM**

14 The Controller conducted a “desk review” of the District’s annual reimbursement
15 claims for the actual costs of complying with the legislatively mandated Health Fee
16 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),
17 for the period July 1, 2002 through June 30, 2007. As a result of the review, the
18 Controller determined that \$341,518 of the claimed costs were unallowable:

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

“School district” means any school district, community college district, or county
superintendent of schools.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

	<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Review Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
	2002-03	\$ 45,269	\$229,157	\$45,269	<\$45,269>
	2003-04	\$ 58,280	\$228,216	\$ 0	\$ 0
	2004-05	\$ 92,184	\$246,318	\$ 0	\$ 0
	2005-06	\$116,050	\$306,755	\$ 0	\$ 0
	2006-07	<u>\$ 29,735</u>	<u>\$319,516</u>	<u>\$29,735</u>	<u><\$29,735></u>
	Totals	\$341,518	\$1,329,962	\$75,004	<\$75,004>

The Controller determined that the District has been paid \$75,004 for these claims. Since the total adjustment amount exceeds the amounts claimed, the total amount of \$75,004 is now due the State as a result of the desk review.

PART III. CHRONOLOGY OF CLAIM PAYMENT AND DESK REVIEW ACTION

1. The Controller (Ginny Brummels, Manager, Local Reimbursements Section), by letter dated July 2, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is included in Exhibit "B."

2. SixTen and Associates, on behalf of the claimant and sixteen² other community

² The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via e-mail due to the competing workload of the districts.

3. The Controller (Ginny Brummels, Manager, Local Reimbursements Section), granted a 60-day extension by e-mail on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated August 20, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the

Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 Controller's policy to use the highest authorized rate regardless of the rate
2 actually charged by the district, and the highest authorized rate is a matter of
3 public record available to the Controller's staff. A copy of the District's response is
4 included in Exhibit "B."

5 5. The Controller (Steve Van Zee, Audit Manager, Mandated Cost Audits Bureau),
6 contacted the District by e-mail on May 8, 2009, to notify the district that the
7 Controller was performing a review of FY 2002-03 through FY 2006-07 annual
8 claims. The e-mail requested the District to provide information on the number of
9 students the Districts exempted from the student health services program. A
10 copy of this e-mail is included in Exhibit "B." This e-mail was the first notice that
11 the FY 2002-03 through FY 2004-05 annual claims were included in the review.
12 SixTen and Associates transmitted the information requested by e-mail on May
13 29, 2009, to Mr. Van Zee. Mr. Van Zee responded by e-mail on the same date
14 and indicated that the review would now be completed.

15 6. By letter dated June 30, 2009, the Controller's Division of Audits (Jeffrey V.
16 Brownfield, Chief) transmitted the desk review findings to the Division of
17 Accounting and Reporting (Mike Havey, Chief). The District became aware of
18 this letter when it was posted with the review results in early 2010 on the
19 Controller's webpage. A copy of this letter is included in Exhibit "B."

20 7. On July 12, 2009, the Controller (Ginny Brummels, Manager, Local
21 Reimbursements Section) issued five "results of review" letters for FY 2002-03

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 through FY 2006-07 implementing the review findings. No reason for the
2 reductions was stated, other than a statement that the costs were "costs not
3 mandated." These letters were preceded by Controller letters dated July 10,
4 2009 (Ginny Brummels, Manager, Local Reimbursements Section), for FY 2002-
5 03 and FY 2006-07 demanding repayment of previous payments on those fiscal
6 year claims. A copy of these notices is attached as Exhibit "A."

- 7 8. The Controller (Ginny Brummels, Manager, Local Reimbursements Section), by
8 letter dated October 21, 2009, issued a report of findings from the review of the
9 FY 2002-03 through FY 2006-07 annual claims, and stated that the scope of the
10 review was limited "to validating the authorized health service fees that the district
11 reported." The District did not receive a copy of this letter until May 19, 2010,
12 after an e-mail request by the SixTen and Associates to the Local
13 Reimbursements Section staff. A copy of this letter is included in Exhibit "B."

14 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

15 The District has not filed any previous incorrect reduction claims for this mandate
16 program. The District is not aware of any incorrect reduction claims having been
17 adjudicated on the specific issues or subject matter raised by this claim.

18 PART V. BASIS FOR REIMBURSEMENT

19 1. Mandate Legislation

20 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, repealed Education
21 Code Section 72246 and added new Education Code Section 72246, which authorized

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

1 community college districts to charge a student health services fee for the purposes of
2 providing health supervision and services, and operating student health centers. This
3 statute also required that the scope of student health services provided by any
4 community college district during the 1983-84 fiscal year be maintained at that level in
5 the 1984-85 fiscal year and every year thereafter. The provisions of this statute were to
6 automatically repeal on December 31, 1987.

7 Chapter 1118, Statutes of 1987, amended Education Code Section 72246 to
8 require any community college district that provided student health services in fiscal year
9 1986-87 to maintain student health services at that level in 1987-88 and each fiscal year
10 thereafter.

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

16 Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added
17 Education Code Section 76355³ containing substantially the same provisions as

³ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

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).

(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.

(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

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee exemption
3 for low-income students under 76355(c)(3).

4 2. Test Claim

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

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

16 At a hearing on April 27, 1989, the Commission on State Mandates determined
17 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all

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.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

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

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 "D." 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 VI. STATEMENT OF THE ISSUES

The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 reimbursement annual claims were apparently reduced due to the Controller's conclusion that the District did not offset the student health services program costs by the amount of authorized student health fee revenues in the additional amount of \$1,329,962. The District reported only student health service fees received, and not

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

those fees that theoretically could have been collected, in its annual reimbursement claims. It appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:

"[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional."

(Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as

1 authorized by Education Code Section 72246(a)⁴.

2 In order for a district to “experience” these “offsetting savings” the district must actually
3 have collected these fees. Note that the student health fees are named as a potential
4 source of the reimbursement *received* in the previous sentence. The use of the term
5 “any offsetting savings” further illustrates the permissive nature of the fees. Student
6 fees actually collected must be used to offset costs, but not student fees that could have
7 been collected and were not. Thus, the Controller’s adjustments are based on an
8 illogical interpretation of the parameters and guidelines.

9 Further, the Department of Finance proposed, as part of the amendments that
10 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
11 section expressly stating that if no health service fee was charged, the claimant would
12 be required to deduct the amount authorized. The Commission declined to add this
13 requirement and adopted the parameters and guidelines without this language.
14 Therefore, it is evident that the Commission intends the language of the parameters and
15 guidelines to be construed as written, and only those savings that are *experienced* are
16 to be deducted.

17 Since districts are not required to collect a fee from students for student health
18 services, and if such a fee is collected, the amount is to be determined by the district
19 and not the Controller, the Controller’s adjustment is without legal basis. The parameters

⁴ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 and guidelines require districts to reduce the amount of their claimed costs by the
2 amount of student health services fee revenue actually received. Therefore, student
3 health services fees are merely collectible, they are not mandatory, and it is
4 inappropriate for the Controller to reduce claim amounts by revenues not received.

5 2. The District correctly filed the annual reimbursement claims

6 The District reported its actual reimbursable costs in the manner required by the
7 parameters and guidelines and on the forms provided for by the Controller's claiming
8 instructions for this program. The Controller has not stated how the claim documentation
9 was insufficient for purposes of adjudicating the claims. The Controller has not sent any
10 documentation in support of its action to the District. The Controller has simply reduced
11 the District's reimbursement claim without any explanation. By providing no notice for
12 the basis of its actions, the Controller is creating a standard of general application
13 without the benefit of law or due process of rulemaking.

14 3. The reason for the rejection was contrary to statute

15 The annual reimbursement claims were not adjusted because the costs claimed
16 were excessive or unreasonable. The Controller does not assert that the claimed costs
17 were excessive or unreasonable, which is the only mandated cost audit standard in
18 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
19 entire findings are based upon the wrong standard of review, or no standard of review.
20 If the Controller wishes to enforce other audit standards for mandated cost
21 reimbursement, the Controller should comply with the Administrative Procedure Act.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

4. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
December 13, 2004	FY 2003-04 annual claim filed by the District
December 30, 2005	FY 2004-05 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations to initiate an audit expires
December 13, 2007	FY 2003-04 statute of limitations to initiate an audit expires
December 30, 2008	FY 2004-05 statute of limitations to initiate an audit expires
July 2, 2008	Desk review initiated for FY 2005-06 and FY 2006-07
May 8, 2009	Desk review initiated for FY 2002-03 through FY 2004-05
July 12, 2009	Results of review letters for FY 2002-03 thru FY 2006-07
October 21, 2009	Controller's letter of findings for FY 2002-03 thru FY 2006-07

This is not a desk review finding. The District asserts that the adjustments of the FY 2002-03, FY 2003-04, and FY 2004-05 annual reimbursement claims occurred after the time limitation for initiation of an audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of appropriation or initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the ~~end of the calendar year in which the date that the actual~~ reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

The annual reimbursement claims for FY 2002-03 and FY 2003-04 are subject to the three-year statute of limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be "initiated" within three years of the date the actual claim is filed. The amendment is pertinent because this is the first time that the factual issue of the date the audit is "initiated" is introduced for mandate programs for which funds are appropriated. This amendment also means that it is impossible for the claimant to know when the statute of limitations will expire at the time the claim is filed, which is contrary to the purpose of a statute of limitations. It allows the Controller's own unilateral delay, or failure to make payments from funds appropriated for the purpose of paying the claims, to control the tolling of the statute of limitations, which is also contrary to the purpose of a statute of limitations.

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005, amended Section 17558.5 to state:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 audit shall be completed not later than two years after the date that the audit is
2 commenced.

3 The annual reimbursement claim for FY 2004-05 is subject to the three-year statute of
4 limitations established by Chapter 890, Statutes of 2004, which requires the audit to be
5 “initiated” within three years of the date the actual claim is filed and the audit must be
6 completed within two years of its commencement. Since this fiscal year was not
7 included in the July 2, 2008-letter, the desk review was “initiated” by the e-mail dated
8 May 8, 2009, which is more than three years after the claim filing date.

9 Vagueness

10 The versions of Section 17558.5 applicable to the FY 2002-03, FY 2003-04, and
11 FY 2004-05 annual reimbursement claims provide that the time limitation for audit “shall
12 commence to run from the date of initial payment.” However, this provision is void
13 because it is impermissibly vague. At the time a claim is filed, the claimant has no way of
14 knowing when payment will be made or how long the records applicable to that claim
15 must be maintained. The current three billion-dollar backlog in K-14 mandate payments,
16 which continues to grow every year, could potentially require claimants to maintain
17 detailed supporting documentation for decades. Additionally, it is possible for the
18 Controller to unilaterally extend the audit period by withholding payment or directing
19 appropriated funds only to those claims that have already been audited.

20 Therefore, the only specific and enforceable time limit to commence an audit is
21 three years from the date the claim was filed, and the annual reimbursement claims for
22 FY 2002-03, FY 2003-04, and FY 2004-05 were past this time period when the desk

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

1 review was initiated on May 8, 2009. All three fiscal years were past audit when the
2 results of review letters were issued on July 12, 2009, and when the letter of findings
3 was issued on October 21, 2009. Therefore, all adjustments to the FY 2002-03, FY
4 2003-04, and FY 2004-05 claims are void and should be withdrawn.

5 PART VII. RELIEF REQUESTED

6 The District filed its annual reimbursement claims within the time limits
7 prescribed. The amounts claimed by the District for reimbursement of the costs of
8 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
9 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
10 incurred by the District to carry out this program. These costs were properly claimed
11 pursuant to the Commission's parameters and guidelines. Reimbursement of these
12 costs is required under Article XIII B, Section 6 of the California Constitution. The
13 Controller denied reimbursement without any basis in law or fact. The District has met
14 its burden of going forward on this claim by complying with the requirements of Title 2,
15 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
16 these adjustments without benefit of statute or regulation, the burden of proof is now
17 upon the Controller to establish a legal basis for its actions.

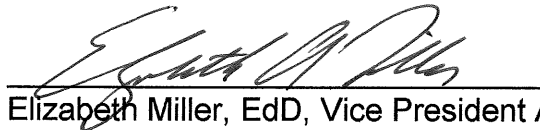
18 The District requests that the Commission make findings of fact and law on each
19 and every adjustment made by the Controller and each and every procedural and
20 jurisdictional issue raised in this claim, and order the Controller to correct the
21 adjustments therefrom.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on June 1, 2010, at Santa Maria, California, by



Elizabeth Miller, EdD, Vice President Administrative Services
Allan Hancock Joint Community College District
800 South College Drive
Santa Maria, CA 93454-6399
Voice: 805-922-6966
Fax: 805-347-9896
E-mail: emiller@hancockcollege.edu

APPOINTMENT OF REPRESENTATIVE

Allan Hancock Joint Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College District

6/1/10
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Desk Review correspondence.
Exhibit "C"	Parameters and Guidelines, May 25, 1989
Exhibit "D"	Controller's claiming instructions, September 2003 version
Exhibit "E"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller

July 10, 2009

Ms. Elizabeth Miller, Ed. D
Vice President, Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria CA 93454-6399

RE: Health Fee Elimination CH 1/84

Dear Claimant:

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		\$ 45,269.00
Adjustment to Claim:		
Cost Not Mandated	-\$45,269.00	
Total Adjustments		- \$45,269.00
Less: Prior Payment		
Schedule Number	MA64136A (PAID 10/25/2006)	<u>-\$ 45,269.00</u>
Amount Due State		<u>-\$ 45,269.00</u>

The overpayment amount of \$45,269.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

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	45,269.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 45,269.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-45,269.00
AMOUNT DUE STATE	\$ 45,269.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 45,269.00 WITHIN 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 WITH 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 FRANK STUART AT (916) 323-0766 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	- 45,269.00	
TOTAL ADJUSTMENTS		- 45,269.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA64136A		
PAID 10-25-2006	-45,269.00	
TOTAL PRIOR PAYMENTS		-45,269.00

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

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 58,280.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 58,280.00

TOTAL ADJUSTMENTS 58,280.00

AMOUNT DUE CLAIMANT 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL.
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

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	92,184.00
ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	- 92,184.00
TOTAL ADJUSTMENTS	- 92,184.00
AMOUNT DUE CLAIMANT	\$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 325-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLI
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR
THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR
REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 116,050.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 116,050.00

TOTAL ADJUSTMENTS - 116,050.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 10, 2009

Ms. Elizabeth Miller, Ed. D
Vice President, Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria CA 93454-6399

RE: Health Fee Elimination CH 1784

Dear Claimant:

We have reviewed your 2006/2007 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		\$ 29,735.00
Adjustment to Claim:		
Cost Not Mandated	-\$29,735.00	
Total Adjustments		- <u>\$29,735.00</u>
Less: Prior Payment		
Schedule Number	MA64147E (PAID 03/12/2007)	<u>-\$73,601.00</u>
Amount Due State		<u>-\$73,601.00</u>

The overpayment amount of \$73,601.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	29,735.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 29,735.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-73,601.00
AMOUNT DUE STATE	\$ 73,601.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 73,601.00 WITHIN 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 WITH 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:		
COST NOT MANDATED	- 29,735.00	
TOTAL ADJUSTMENTS	-	29,735.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA64147E		
PAID 03-12-2007	-73,601.00	
TOTAL PRIOR PAYMENTS		-73,601.00

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 2, 2008

Ms. Elizabeth Miller, Ed. D
Vice President, Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria CA 93454-6399

RE: Health Fee Elimination (Program 234) for Fiscal Years 2005-06 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is positioned above the printed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Six Ten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

August 20, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Allan Hancock Joint Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2005-06 and 2006-07

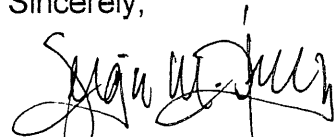
Your letter dated July 2, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,



for Keith B. Petersen

C: Dr. Elizabeth Miller, Ed. D, Vice President, Allan Hancock Joint CCD
Shelly Allen, Mandated Cost Coordinator, Allan Hancock Joint CCD

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

) Claimant: an Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	---	--------------------------

) Name of College: Allan Hancock College

4) 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 owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.71%	Total
) Cost of Health Services for the Fiscal year of Claim	\$ 246,722	\$ 80,703	\$ 327,425
) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,342	\$ 13,558
) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 236,506	\$ 77,361	\$ 313,867

) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time and Part-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	1,850	4,459		\$ -		\$ -	\$ -
Per Spring Semester	1,857	5,691		\$ -		\$ -	\$ -
Per Summer Session	48	2,732		\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ -
) Subtotal		[Line (07) - line (09)]

Cost Reduction

) Less: Offsetting Savings, if applicable	\$ -
) Less: Other Reimbursements, if applicable	\$ -
) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ -

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
------------------------------	--	---------------------------

1) Claimant: an Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	---	--------------------------

2) Name of College: Allan Hancock College

4) 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 owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 30.33%	Total
i) Cost of Health Services for the Fiscal year of Claim	\$ 289,583	\$ 87,831	\$ 377,414
i) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,099	\$ 13,315
j) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 279,367	\$ 84,732	\$ 364,099

j) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	10,580		93		10,487		
Per Spring Semester	12,236		67		12,169		
Per Summer Session	4,974				4,974		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ -
) Subtotal		[Line (07) - line (09)]

st Reduction

) Less: Offsetting Savings, if applicable	
) Less: Other Reimbursements, if applicable	
) Total Amount Claimed	[Line (10) - {line (11) + line (12)}]
\$ -	

Budget Analyst

Allan Hancock College

805 822-6966 x 3226

From: Betty Miller

Sent: Friday, May 08, 2009 11:49 AM

To: Shelly Allen

Subject: FW: Health Fee Elimination Program mandated cost claims

From: svanee@sco.ca.gov [mailto:svanee@sco.ca.gov]

Sent: Friday, May 08, 2009 10:06 AM

To: Betty Miller

Cc: Richard Carmody

Subject: Health Fee Elimination Program mandated cost claims

Dr. Miller,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2002-03 through FY 2006-07. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

Friday, May 08, 2009 AOL: Kbpsixten

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what documentation the district maintains to support the number of students excluded. (Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy that excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

Steve W. Van Zee

Audit Manager

State Controller's Office

Division of Audits / Mandated Cost Audits Bureau

P.O. Box 942850

Sacramento, CA 94250-5874

Office: (916) 323-2368 / FAX: (916) 324-7223

svanzee@sco.ca.gov

CONFIDENTIALITY NOTICE: This communication with its contents as well as any attachments may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient (s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

Friday, May 08, 2009 AOL: Kbpsixten

Memorandum

To : Mike Havey, Chief
Division of Accounting and Reporting
State Controller's Office

Date: June 30, 2009

From: Jeffrey V. Brownfield, Chief
Division of Audits
State Controller's Office

Subject: ALLAN HANCOCK JOINT COMMUNITY COLLEGE DISTRICT
HEALTH FEE ELIMINATION PROGRAM MANDATED COST CLAIMS
FOR THE PERIOD OF JULY 1, 2002, THROUGH JUNE 30, 2007

We reviewed the costs claimed by Allan Hancock Joint Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$341,518 for the mandated program. Our review disclosed that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$45,269. Our review disclosed that the claimed costs are unallowable. The State should offset \$45,269 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 2003-04, FY 2004-05, and FY 2005-06 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

For the FY 2006-07 claim, the State paid the district \$29,735. Our review disclosed that the claimed costs are unallowable. The State should offset \$29,735 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

We recommend that the Division of Accounting and Reporting notify the district of the results of this review. If you have any questions, please contact either Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849 (jspano@sco.ca.gov), or Steve Van Zee, Audit Manager, at (916) 323-2368 (svanzee@sco.ca.gov).

JVB/sk

Attachments

Re: S09-MCC-908

cc: Jill Kanemasu, Bureau Chief
 SCO-Division of Accounting and Reporting
 Ginny Brummels, Manager
 SCO-Division of Accounting and Reporting

Attachment 1—
Summary of Program Costs
July 1, 2002, through June 30, 2007

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment ¹</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 186,882	\$ 186,882	\$ —
Indirect costs	55,485	55,485	—
Total direct and indirect costs	242,367	242,367	—
Less authorized health service fees	(197,098)	(426,255)	(229,157)
Subtotal	45,269	(183,888)	(229,157)
Review adjustments that exceed costs claimed	—	183,888	183,888
Total program costs	<u>\$ 45,269</u>	<u>—</u>	<u>\$ (45,269)</u>
Less amount paid by the State		(45,269)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (45,269)</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 197,436	\$ 197,436	\$ —
Indirect costs	57,533	57,533	—
Total direct and indirect costs	254,969	254,969	—
Less authorized health service fees	(196,689)	(424,905)	(228,216)
Subtotal	58,280	(169,936)	(228,216)
Review adjustments that exceed costs claimed	—	169,936	169,936
Total program costs	<u>\$ 58,280</u>	<u>—</u>	<u>\$ (58,280)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,496	\$ 220,496	—
Indirect costs	70,140	70,140	—
Total direct and indirect costs	290,636	290,636	—
Less authorized health service fees	(198,452)	(444,770)	(246,318)
Subtotal	92,184	(154,134)	(246,318)
Review adjustments that exceed costs claimed	—	154,134	154,134
Total program costs	<u>\$ 92,184</u>	<u>—</u>	<u>\$ (92,184)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 236,506	\$ 236,506	\$ —
Indirect costs	77,361	77,361	—
Total direct and indirect costs	313,867	313,867	—
Less authorized health service fees	(197,817)	(504,572)	(306,755)
Subtotal	116,050	(190,705)	(306,755)
Review adjustments that exceed costs claimed	—	190,705	190,705
Total program costs	<u>\$ 116,050</u>	—	<u>\$ (116,050)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 279,367	\$ 279,367	\$ —
Indirect costs	84,732	84,732	—
Total direct and indirect costs	364,099	364,099	—
Less authorized health service fees	(334,364)	(653,880)	(319,516)
Subtotal	29,735	(289,781)	(319,516)
Review adjustments that exceed costs claimed	—	289,781	289,781
Total program costs	<u>\$ 29,735</u>	—	<u>\$ (29,735)</u>
Less amount paid by the State		(29,735)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (29,735)</u>	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,120,687	\$ 1,120,687	\$ —
Indirect costs	345,251	345,251	—
Total direct and indirect costs	1,465,938	1,465,938	—
Less authorized health service fees	(1,124,420)	(2,454,382)	(1,329,962)
Subtotal	341,518	(988,444)	(1,329,962)
Review adjustments that exceed costs claimed	—	988,444	988,444
Total program costs	<u>\$ 341,518</u>	—	<u>\$ (341,518)</u>
Less amount paid by the State		(75,004)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (75,004)</u>	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2002, through June 30, 2007

FINDING— Understated authorized health service fees

The district understated authorized health service fees by \$1,329,962.

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 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 period of July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor’s Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

Fiscal Year	Authorized Health Fee Rate	
	Semester	Summer
2002-03	\$ 12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district’s enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Period			
	Summer Session	Fall Semester	Spring Semester	Total
Fiscal Year 2002-03:				
Number of enrolled students	8,498	16,039	20,818	
Less number of BOGG recipients	<u>(1,339)</u>	<u>(3,234)</u>	<u>(3,471)</u>	
Subtotal	7,159	12,805	17,347	
Authorized health fee rate	× \$ (9)	× \$(12)	× \$(12)	
Authorized health service fees	<u>\$ (64,431)</u>	<u>\$ (153,660)</u>	<u>\$ (208,164)</u>	\$ (426,255)
Less authorized health service fees claimed				<u>197,098</u>
Review adjustment, FY 2002-03				<u>(229,157)</u>
Fiscal Year 2003-04:				
Number of enrolled students	10,993	17,343	17,423	
Less number of BOGG recipients	<u>(1,360)</u>	<u>(3,290)</u>	<u>(3,292)</u>	
Subtotal	9,633	14,053	14,131	
Authorized health fee rate	× \$ (9)	× \$(12)	× \$(12)	
Authorized health service fees	<u>\$ (86,697)</u>	<u>\$ (168,636)</u>	<u>\$ (169,572)</u>	(424,905)
Less authorized health service fees claimed				<u>196,689</u>
Review adjustment, FY 2003-04				<u>(228,216)</u>
Fiscal Year 2004-05:				
Number of enrolled students	8,561	17,236	18,579	
Less number of BOGG recipients	<u>(1,511)</u>	<u>(3,421)</u>	<u>(3,604)</u>	
Subtotal	7,050	13,815	14,975	
Authorized health fee rate	× \$(10)	× \$(13)	× \$(13)	
Authorized health service fees	<u>\$ (70,500)</u>	<u>\$ (179,595)</u>	<u>\$ (194,675)</u>	(444,770)
Less authorized health service fees claimed				<u>198,452</u>
Review adjustment, FY 2004-05				<u>(246,318)</u>
Fiscal Year 2005-06:				
Number of enrolled students	7,995	16,219	18,447	
Less number of BOGG recipients	<u>(1,615)</u>	<u>(3,638)</u>	<u>—</u>	
Subtotal	6,380	12,581	18,447	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(14)	
Authorized health service fees	<u>\$ (70,180)</u>	<u>\$ (176,134)</u>	<u>\$ (258,258)</u>	(504,572)
Less authorized health service fees claimed				<u>197,817</u>
Review adjustment, FY 2005-06				<u>(306,755)</u>
Fiscal Year 2006-07				
Number of enrolled students	8,280	17,162	19,806	
Authorized health fee rate	× \$(12)	× \$(15)	× \$(15)	
Authorized health service fees	<u>\$ (99,360)</u>	<u>\$ (257,430)</u>	<u>\$ (297,090)</u>	(653,880)
Less authorized health service fees claimed				<u>334,364</u>
Review adjustment, FY 2006-07				<u>(319,516)</u>
Total review adjustment				<u>\$ (1,329,962)</u>

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCC data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.



JOHN CHIANG
California State Controller

October 21, 2009

Ms. Elizabeth Miller, Ed. D
Vice President of Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria, CA 93454-6399

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Allan Hancock Joint Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$341,318 for the mandated program. Our review disclosed that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$45,269. Our review disclosed that the claimed costs are unallowable. The State will offset \$45,269 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

For the FY 2003-04, FY 2004-05, and FY 2005-06 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

For the FY 2006-07 claim, the State paid the district \$29,735. Our review disclosed that the claimed costs are unallowable. The State will offset \$29,735 from other mandated program payments due the district. Alternatively, the district may remit the amount due to the State.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,


GINNY BRUMMELS

Manager

Ms. Elizabeth Miller, Ed.D

-2-

October 21, 2009

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
Steve Van Zee, Audit Manager
Division of Audits

Allan Hancock Joint Community College DistrictHealth Fee Elimination Program

Attachment 1—
Summary of Program Costs
July 1, 2002, through June 30, 2007—

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment¹</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 186,882	\$ 186,882	\$ —
Indirect costs	55,485	55,485	—
Total direct and indirect costs	242,367	242,367	—
Less authorized health service fees	(197,098)	(426,255)	(229,157)
Subtotal	45,269	(183,888)	(229,157)
Review adjustments that exceed costs claimed	—	183,888	183,888
Total program costs	\$ 45,269	—	\$ (45,269)
Less amount paid by the State		(45,269)	
Allowable costs claimed in excess of (less than) amount paid		\$ (45,269)	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 197,436	\$ 197,436	\$ —
Indirect costs	57,533	57,533	—
Total direct and indirect costs	254,969	254,969	—
Less authorized health service fees	(196,689)	(424,905)	(228,216)
Subtotal	58,280	(169,936)	(228,216)
Review adjustments that exceed costs claimed	—	169,936	169,936
Total program costs	\$ 58,280	—	\$ (58,280)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,496	\$ 220,496	—
Indirect costs	70,140	70,140	—
Total direct and indirect costs	290,636	290,636	—
Less authorized health service fees	(198,452)	(444,770)	(246,318)
Subtotal	92,184	(154,134)	(246,318)
Review adjustments that exceed costs claimed	—	154,134	154,134
Total program costs	\$ 92,184	—	\$ (92,184)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	

Allan Hancock Joint Community College DistrictHealth Fee Elimination Program**Attachment 1 (continued)**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment¹</u>
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 236,506	\$ 236,506	\$ —
Indirect costs	77,361	77,361	—
Total direct and indirect costs	313,867	313,867	—
Less authorized health service fees	(197,817)	(504,572)	(306,755)
Subtotal	116,050	(190,705)	(306,755)
Review adjustments that exceed costs claimed	—	190,705	190,705
Total program costs	\$ 116,050	—	\$ (116,050)
Less amount paid by the State	—	—	—
Allowable costs claimed in excess of (less than) amount paid	—	\$ —	—
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 279,367	\$ 279,367	\$ —
Indirect costs	84,732	84,732	—
Total direct and indirect costs	364,099	364,099	—
Less authorized health service fees	(334,364)	(653,880)	(319,516)
Subtotal	29,735	(289,781)	(319,516)
Review adjustments that exceed costs claimed	—	289,781	289,781
Total program costs	\$ 29,735	—	\$ (29,735)
Less amount paid by the State	—	(29,735)	—
Allowable costs claimed in excess of (less than) amount paid	—	\$ (29,735)	—
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,120,687	\$ 1,120,687	\$ —
Indirect costs	345,251	345,251	—
Total direct and indirect costs	1,465,938	1,465,938	—
Less authorized health service fees	(1,124,420)	(2,454,382)	(1,329,962)
Subtotal	341,518	(988,444)	(1,329,962)
Review adjustments that exceed costs claimed	—	988,444	988,444
Total program costs	\$ 341,518	—	\$ (341,518)
Less amount paid by the State	—	(75,004)	—
Allowable costs claimed in excess of (less than) amount paid	—	\$ (75,004)	—

¹ See Attachment 2, Finding and Recommendation.

Allan Hancock Joint Community College District

Health Fee Elimination Program

**Attachment 2—
Finding and Recommendation
July 1, 2002, through June 30, 2007**

FINDING—

**Understated authorized
health service fees**

The district understated authorized health service fees by \$1,329,962.

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 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 period of July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

<u>Fiscal Year</u>	<u>Authorized Health Fee Rate</u>	
	<u>Semester</u>	<u>Summer</u>
2002-03	\$ 12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

Allan Hancock Joint Community College DistrictHealth Fee Elimination Program

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

	Period			
	Summer Session	Fall Semester	Spring Semester	Total
Fiscal Year 2002-03:				
Number of enrolled students	8,498	16,039	20,818	
Less number of BOGG recipients	<u>(1,339)</u>	<u>(3,234)</u>	<u>(3,471)</u>	
Subtotal	7,159	12,805	17,347	
Authorized health fee rate	x \$(9)	x \$(12)	x \$(12)	
Authorized health service fees	<u>\$ (64,431)</u>	<u>\$ (153,660)</u>	<u>\$ (208,164)</u>	\$ (426,255)
Less authorized health service fees claimed				<u>197,098</u>
Review adjustment, FY 2002-03				<u>(229,157)</u>
Fiscal Year 2003-04:				
Number of enrolled students	10,993	17,343	17,423	
Less number of BOGG recipients	<u>(1,360)</u>	<u>(3,290)</u>	<u>(3,292)</u>	
Subtotal	9,633	14,053	14,131	
Authorized health fee rate	x \$(9)	x \$(12)	x \$(12)	
Authorized health service fees	<u>\$ (86,697)</u>	<u>\$ (168,636)</u>	<u>\$ (169,572)</u>	(424,905)
Less authorized health service fees claimed				<u>196,689</u>
Review adjustment, FY 2003-04				<u>(228,216)</u>
Fiscal Year 2004-05:				
Number of enrolled students	8,561	17,236	18,579	
Less number of BOGG recipients	<u>(1,511)</u>	<u>(3,421)</u>	<u>(3,604)</u>	
Subtotal	7,050	13,815	14,975	
Authorized health fee rate	x \$(10)	x \$(13)	x \$(13)	
Authorized health service fees	<u>\$ (70,500)</u>	<u>\$ (179,595)</u>	<u>\$ (194,675)</u>	(444,770)
Less authorized health service fees claimed				<u>198,452</u>
Review adjustment, FY 2004-05				<u>(246,318)</u>
Fiscal Year 2005-06:				
Number of enrolled students	7,995	16,219	18,447	
Less number of BOGG recipients	<u>(1,615)</u>	<u>(3,638)</u>	<u>---</u>	
Subtotal	6,380	12,581	18,447	
Authorized health fee rate	x \$(11)	x \$(14)	x \$(14)	
Authorized health service fees	<u>\$ (70,180)</u>	<u>\$ (176,134)</u>	<u>\$ (258,258)</u>	(504,572)
Less authorized health service fees claimed				<u>197,817</u>
Review adjustment, FY 2005-06				<u>(306,755)</u>
Fiscal Year 2006-07				
Number of enrolled students	8,280	17,162	19,806	
Authorized health fee rate	x \$(12)	x \$(15)	x \$(15)	
Authorized health service fees	<u>\$ (99,360)</u>	<u>\$ (257,430)</u>	<u>\$ (297,090)</u>	(653,880)
Less authorized health service fees claimed				<u>334,364</u>
Review adjustment, FY 2006-07				<u>(319,516)</u>
Total review adjustment				<u>\$ (1,329,962)</u>

Allan Hancock Joint Community College DistrictHealth Fee Elimination ProgramRecommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

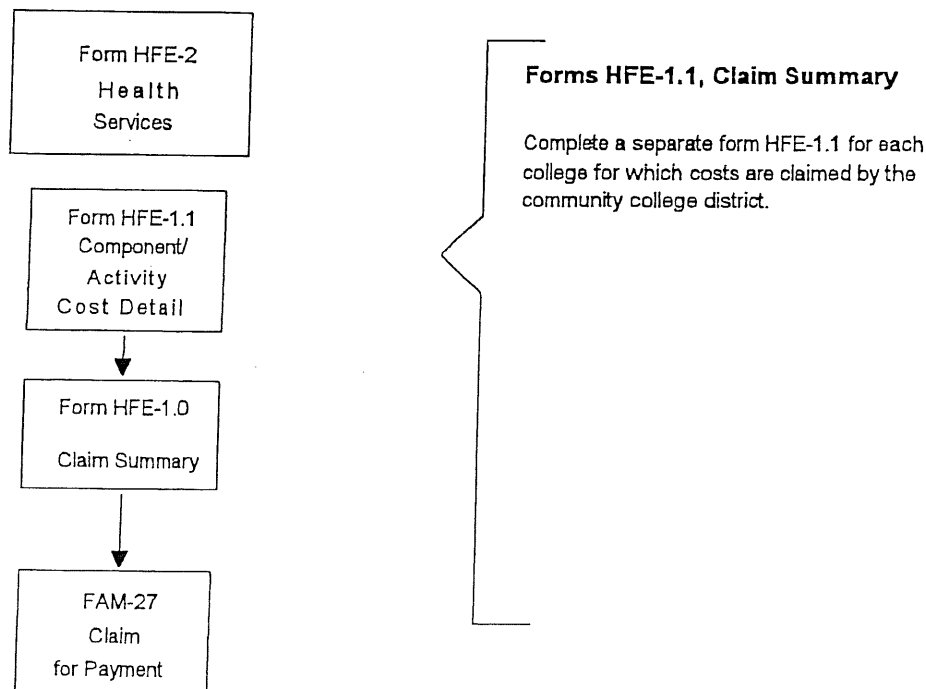
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use Only

Program

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

234L
A
B
E
L

H
E
R
E

(01) Claimant Identification Number

Reimbursement Claim Data

(02) Claimant Name

(22) HFE-1.0, (04)(b)

County of Location

(23)

Street Address or P.O. Box

Suite

(24)

City

State

Zip Code

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☐(09) Reimbursement ☐(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

(26)

(27)

(28)

(29)

Fiscal Year of Cost

(06) 20____/20____

(12) 20____/20____

(30)

Total Claimed Amount

(07)

(13)

(31)

Less: 10% Late Penalty, not to exceed \$1,000

(14)

(32)

Less: Prior Claim Payment Received

(15)

(33)

Net Claimed Amount

(16)

(34)

Due from State

(08)

(17)

(35)

Due to State

(18)

(36)

(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

Date

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number

() -

Ext.

E-Mail Address

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant

(02) Type of Claim

Fiscal Year

Reimbursement ☐Estimated ☐

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(f) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

<p>HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions</p>	<p>FORM HFE-1.0</p>
---	--------------------------------

- (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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
(03) Name of 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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">LESS <input type="checkbox"/></div> <div style="text-align: center;">SAME <input type="checkbox"/></div> <div style="text-align: center;">MORE <input type="checkbox"/></div> </div>		
		Direct Cost Indirect Cost Total
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c)		
(10) Subtotal [Line (07) - line (09)]		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount [Line (10) - (line (11) + line (12))]		

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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			
Venereal Disease			
Communicable Disease			
Upper Respiratory Infection			
Eyes, Nose and Throat			
Eye/Vision			
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			
Acquired Immune Deficiency Syndrome			
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			

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Pap Smears 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 Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2002 - 2003

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

January 13, 2004

CERTIFIED MAIL # 7001 0360 0000 5999 7792

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Dear Ms. Brummels:

RE: Annual Reimbursement Claims
Allan Hancock Joint Community College District S42005

Enclosed please find the original claims and extra copies of the FAM-27 for Alan Hancock Joint Community College District's reimbursement claims for:

486/75	Mandate Reimbursement Process	2002-2003
961/75	Collective Bargaining	2002-2003
1/84	Health Fee Elimination	2002-2003
641/86	Brown Act Reform	2002-2003

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00029
 (20) Date File ____/____/____
 (21) LRS Input ____/____/____

Program

029**(01) Claimant Identification Number:**

S42005

(02) Mailing Address:**Claimant Name**

Allan Hancock Joint Community College District

County of Location

Santa Barbara

Street Address

800 S. College Drive

City

Santa Maria

State

CA

Zip Code

93454-6399

Reimbursement Claim Data

(22) HFE - 1.0, (04)(b) \$ 45,269

(23)

(24)

(25)

(26)

(27)

(28)

(29)

(30)

(31)

(32)

(33)

(34)

(35)

(36)

(37)

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>

Fiscal Year of Cost(06)
2003-2004(12)
2002-2003**Total Claimed Amount**(07)
\$ 45,000(13)
\$ 45,269**Less: 10% Late Penalty, but not to exceed \$1000**(14)
\$ -**Less: Estimate Claim Payment Received**(15)
\$ -**Net Claimed Amount**(16)
\$ 45,269**Due from State**(08)
\$ 45,000(17)
\$ 45,269**Due to State**(18)
\$ -**(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

Elizabeth Miller, Ed.D.

V.P. Administrative Services

Type or Print Name

Title

(39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Claimant Name	Reimbursement <input checked="checked" type="checkbox"/>	
Allan Hancock Joint Community College Di	Estimated <input type="checkbox"/>	2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Allan Hancock College	\$ 45,269.27
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
(04) Total Amount Claimed	\$ 45,269

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant: Allan Hancock Joint Community College District		(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>
		Fiscal Year 2002-2003
(03) Name of College Allan Hancock 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.		
LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input checked="checked" type="checkbox"/> X		
	Direct Cost	Indirect Cost of: 29.69%
		Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 197,098	\$ 58,518 \$ 255,616
(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87	\$ 10,216	\$ 3,033 \$ 13,249
(07) Cost of providing current fiscal year health services at the 1986/87 level [Line (05) - line (06)]	\$ 186,882	\$ 55,485 \$ 242,367
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time 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) 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		\$ -
3. Per summer session		\$ -
4. Per first quarter		\$ -
5. Per second quarter		\$ -
6. Per third quarter		\$ -
(09) Total health fees that have been collected [Line (8.1g) + (8.2g) +(8.6g)]		\$ 197,098
(10) Sub-total [Line (07) - line (09)]		\$ 45,269
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		\$ -
(12) Less: Other Reimbursements, if applicable		\$ -
(13) Total Amount Claimed [Line (10) - (line (11) + line (12))]		\$ 45,269

**ALLAN HANCOCK COMMUNITY COLLEGE
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2001-2002**

For 02-03
Claims.

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	15,633,185
	Instructional Operating Expenses	2,076,743
	Instructional Support Instructional Salaries and Benefits	206,349
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	17,916,277
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,881,006
	Instructional Admin. Salaries and Benefits	2,428,151
	Instructional Admin. Operating Expenses	517,733
	Auxiliary Classes Non-Inst. Salaries and Benefits	14,178
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	5,841,068
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	23,757,345
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,056,464
	Instructional Support Services Operating Expenses	102,739
	Admissions and Records	702,975
	Counseling and Guidance	2,014,515
	Other Student Services	3,250,442
	TOTAL DIRECT SUPPORT COSTS 4	7,127,135
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		30,884,480
	Indirect Support Costs	
	Operation and Maintenance of Plant	3,009,318
	Planning and Policy Making	886,068
	General Instructional Support Services	5,272,709
	TOTAL INDIRECT SUPPORT COSTS 6	9,168,095
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		40,052,575
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	Total Indirect Support Costs (6) Total Instructional Activity Costs and Direct Support Costs (5)	29.69%
Direct Support Costs Allocation Rate =	Total Direct Support Costs (4) Total Instructional Activity Costs (3)	30.00%
Total Support Cost Allocation		59.68%

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2.1**

(01) Claimant

Fiscal Year

Allan Hancock Joint Community College District

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

Dermatology, Family practice

Internal Medicine

Outside Physician

Dental Services

Outside Labs, (X-ray, etc.,)

Psychologist, full services

Cancel/Change Appointments

Registered Nurse

Check Appointments

X

X

X

X

X

X

Assessment, Intervention and Counseling

Birth Control

Lab Reports

Nutrition

Test Results, office

Venereal Disease

Communicable Disease

Upper Respiratory Infection

Eyes, Nose and Throat

Eye/Vision

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

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Examinations, minor illnesses

Recheck Minor Injury

X

X

Health Talks or Fairs, Information

Sexually Transmitted Disease

Drugs

Acquired Immune Deficiency Syndrome

Child Abuse

X

X

X

X

X

X

X

X

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2.1**

(01) Claimant

Fiscal Year

Allan Hancock Joint Community College District

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

First Aid, Major Emergencies
First Aid, Minor Emergencies
First Aid Kits, Filled

X
X
X

Immunizations
Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

X

Insurance
On Campus Accident
Voluntary
Insurance Inquiry/Claim Administration

X
X
X

Laboratory Tests Done
Inquiry/Interpretation
Pap Smears

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---> Decongestants, allergy needed, cold tablets, blistex

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			Fiscal Year		
Allan Hancock Joint Community College District			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	
Tuberculosis					
Reading			X	X	
Information			X	X	
Vision					
Glucometer					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
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					
Committees					
Safety			X	X	
Environmental					
Disaster Planning					
Skin Rash Preparations					
Eye Drops					

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

December 13, 2004

CERTIFIED MAIL # 7003 1010 0003 2876 7418

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Allan Hancock Joint Community College District CC42005

Dear Ms. Brummels:

Enclosed please find the original claim and extra copy of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claim listed below:

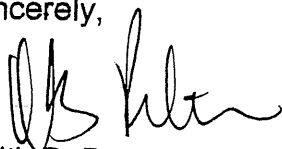
1/84

Health Fee Elimination

2003-2004

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed ___/___/___

(21) LRS Input ___/___/___

Program

234

(01) Claimant Identification Number:

CC42005

Reimbursement Claim Data

(02) Claimant Name

Allan Hancock Joint Community College District

(22) HFE-1.0, (04)(b)

58,280

County of Location

Santa Barbara

(23)

Street Address

800 S. College Drive

(24)

City

Santa Maria

State

CA

Zip Code

93454-6399

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated

☒

(09) Reimbursement

☒

(04) Combined

☐

(10) Combined

☐

(05) Amended

☐

(11) Amended

☐

Fiscal Year of Cost

(06)

2004-2005

(12)

2003-2004

(30)

Total Claimed Amount

(07)

\$ 64,000

(13)

\$ 58,280

(31)

Less : 10% Late Penalty

(14)

\$

(32)

Less : Prior Claim Payment Received

(15)

\$

(33)

Net Claimed Amount

(16)

\$ 58,280

(34)

Due from State

(08)

\$ 64,000

(17)

\$ 58,280

(35)

Due to State

(18)

(36)

(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

December 8, 2004

Elizabeth Miller, Ed. D.

V. P. Administrative Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Allan Hancock College	\$ 58,279.85	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 58,280

**ALLAN HANCOCK COMMUNITY COLLEGE
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2002-2003**

FOR 03-04 claims

REFERENCE (CCFS 311)	DESCRIPTION	2002-2003
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	16,598,129
	Instructional Operating Expenses	2,051,047
	Instructional Support Instructional Salaries and Benefits	212,318
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	18,861,494
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,802,893
	Instructional Admin. Salaries and Benefits	2,640,392
	Instructional Admin. Operating Expenses	680,988
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	6,124,273
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	24,985,767
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,136,714
	Instructional Support Services Operating Expenses	71,646
	Admissions and Records	555,661
	Counseling and Guidance	1,707,630
	Other Student Services	3,349,758
	TOTAL DIRECT SUPPORT COSTS 4	6,821,409
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		31,807,176
	Indirect Support Costs	
	Operation and Maintenance of Plant	3,239,730
	Planning and Policy Making	823,855
	General Instructional Support Services	5,205,991
	TOTAL INDIRECT SUPPORT COSTS 6	9,269,576
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		41,076,752
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	Total Indirect Support Costs (6) Total Instructional Activity Costs and Direct Support Costs (5)	29.14%
Direct Support Costs Allocation Rate =	Total Direct Support Costs (4) Total Instructional Activity Costs (3)	27.30%
Total Support Cost Allocation		56.44%

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1					
(01) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004					
(03) Name of College: Allan Hancock 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.							
LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>					
	Direct Cost	Indirect Cost of: 29.14%					
(05) Cost of Health Services for the Fiscal year of Claim	\$ 207,652	\$ 60,510					
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 2,977					
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 197,436	\$ 57,533					
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:					The sum of (Line (08)(1)(c) through line (08)(6)(c))		\$ 196,689
(10) Subtotal					[Line (07) - line (09)]		\$ 58,280
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							\$ -
(12) Less: Other Reimbursements, if applicable							\$ -
(13) Total Amount Claimed					[Line (10) - {(line (11) + line (12))}]		\$ 58,280

<div>State of California</div> <div> Program 029 </div>		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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					
Dermatology, Family practice					
Internal Medicine					
Outside Physician		X	X		
Dental Services					
Outside Labs, (X-ray, etc.)					
Psychologist, full services					
Cancel/Change Appointments					
Registered Nurse		X	X		
Check Appointments		X	X		
Assessment, Intervention and Counseling					
Birth Control		X	X		
Lab Reports					
Nutrition		X	X		
Test Results, office					
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	X		
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		X	X		

State of California		Mandated Cost Manual	
Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2003-2004	
(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			X
Stop Smoking			X
Library, Videos and Cassettes			X
First Aid, Major Emergencies		X	X
First Aid, Minor Emergencies		X	X
First Aid Kits, Filled		X	X
Immunizations			
Diphtheria/Tetanus			
Measles/Rubella			
Influenza			
Information			X
Insurance			
On Campus Accident		X	X
Voluntary		X	X
Insurance Inquiry/Claim Administration		X	X
Laboratory Tests Done			
Inquiry/Interpretation			
Pap Smears			
Physical Examinations			
Employees			
Students			
Athletes			
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--> Decongestants, allergyneeded, cold tablets, blistex			X
Parking Cards/Elevator Keys			
Tokens			
Return Card/Key			
Parking Inquiry			
Elevator Passes			
Temporary Handicapped Parking Permits			

Chapters 1/84 and 1118/87, Page 3 of 3

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

December 30, 2005

Claim File Copy

CERTIFIED MAIL # 7004 2510 0004 4007 0626

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Allan Hancock Joint Community College District CC42005

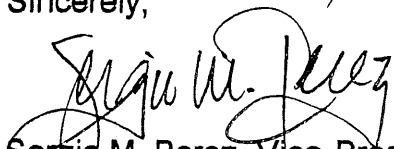
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claims listed below:

486/75	Mandated Reimbursement Process	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ____/____/____
(21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 42005			Reimbursement Claim Data	
(02) Claimant Name Allan Hancock Joint Community College District			(22) HFE-1.0, (04)(b)	92,184
County of Location Santa Barbara			(23)	
Street Address 800 S. College Drive			(24)	
City Santa Maria	State CA	Zip Code 93454-6399	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 101,000	(13) \$ 92,184	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 92,184	(34)	
Due from State	(08) \$ 101,000	(17) \$ 92,184	(35)	
Due to State		(18)	(36)	

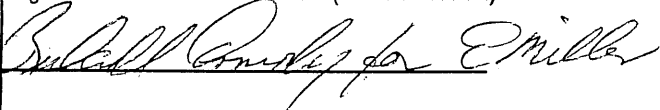
(37) CERTIFICATION OF CLAIM

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 1080 to 1088, 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

12/22/05

Elizabeth Miller, Ed. D.

V.P. Administrative Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Allan Hancock College	\$ 92,183.78	
2.		
3.		
4.		
5.		
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16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 92,184

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
--	--	--------------------------

(03) Name of College: Allan Hancock 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 31.81%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 230,712	\$ 73,389	\$ 304,101
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,250	\$ 13,466
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 220,496	\$ 70,140	\$ 290,636

(08) Complete Columns (a) through (g) to provide detail data for health fees

	Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1.	Per Fall Semester	1,920	5,105	\$ 12.00	\$ 23,040	\$ 12.00	\$ 61,260	\$ 84,300
2.	Per Spring Semester	1,929	5,651	\$ 12.00	\$ 23,148	\$ 12.00	\$ 67,812	\$ 90,960
3.	Per Summer Session	38	2,999	\$ 9.00	\$ 342	\$ 9.00	\$ 26,991	\$ 27,333
4.	Per First Quarter				\$ -		\$ -	\$ -
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))	\$ 198,452
(10) Subtotal	[Line (07) - line (09)]	\$ 92,184

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 92,184

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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					
Dermatology, Family practice					
Internal Medicine					
Outside Physician		X	X		
Dental Services					
Outside Labs, (X-ray, etc.,)					
Psychologist, full services					
Cancel/Change Appointments					
Registered Nurse		X	X		
Check Appointments		X	X		
Assessment, Intervention and Counseling					
Birth Control		X	X		
Lab Reports					
Nutrition		X	X		
Test Results, office					
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	X		
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		X	X		

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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			X		
Stop Smoking			X		
Library, Videos and Cassettes			X		
First Aid, Major Emergencies		X	X		
First Aid, Minor Emergencies		X	X		
First Aid Kits, Filled		X	X		
Immunizations					
Diphtheria/Tetanus					
Measles/Rubella					
Influenza					
Information			X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation					
Pap Smears					
Physical Examinations					
Employees					
Students					
Athletes					
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--> Decongestants, allergyneeded, cold tablets, blistex			X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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		
Tuberculosis					
Reading		X	X		
Information		X	X		
Vision					
Glucometer					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
Monospot					
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		X	X		
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					

Fiscal Year

2005 - 2006

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 16, 2007

Claim File Copy

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Allan Hancock Joint Community College District CC 42005


Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2005-2006
1/84	Health Fee Elimination	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,

for 
Keith B. Petersen, President

Claim File Copy

Community College Mandated Cost Manual

State Controller's Office

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION

For State Controller Use Only

(19) Program Number 00234
(20) Date Filed ____/____/____
(21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 42005
(02) Claimant Name Allan Hancock Joint Community College District
County of Location Santa Barbara
Street Address 800 So. College Drive
City Santa Maria State CA Zip Code 93454-6399

Reimbursement Claim Data

(22) HFE-1.0, (04)(b)	116,050
(23)	
(24)	
(25)	
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	

Type of Claim		Estimated Claim	Reimbursement Claim
		(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	
Total Claimed Amount	(07) \$ 127,000	(13) \$ 116,050	
Less : 10% Late Penalty, not to exceed \$1,000		(14) \$ -	
Less : Prior Claim Payment Received		(15) \$ -	
Net Claimed Amount		(16) \$ 116,050	
Due from State	(08) \$ 127,000	(17) \$ 116,050	
Due to State		(18)	

(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

Elizabeth Miller

1-8-07

Elizabeth Miller, Ed. D.

Vice President, Administrative Services

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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Allan Hancock Joint Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Allan Hancock College	\$ 116,050.11
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	\$ 116,050

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

(03) Name of College: Allan Hancock 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.71%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 246,722	\$ 80,703	\$ 327,425
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,342	\$ 13,558
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 236,506	\$ 77,361	\$ 313,867

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 197,817
(10) Subtotal	[Line (07) - line (09)]	\$ 116,050

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ 116,050

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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					
Dermatology, Family practice					
Internal Medicine					
Outside Physician		X	X		
Dental Services					
Outside Labs, (X-ray, etc.,)					
Psychologist, full services					
Cancel/Change Appointments					
Registered Nurse		X	X		
Check Appointments		X	X		
Assessment, Intervention and Counseling					
Birth Control		X	X		
Lab Reports					
Nutrition		X	X		
Test Results, office					
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		
Acquired Immune Deficiency Syndrome		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					
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		X	X		

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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			X		
Stop Smoking			X		
Library, Videos and Cassettes			X		
First Aid, Major Emergencies		X	X		
First Aid, Minor Emergencies		X	X		
First Aid Kits, Filled		X	X		
Immunizations					
Diphtheria/Tetanus					
Measles/Rubella					
Influenza					
Information			X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation					
Pap Smears					
Physical Examinations					
Employees					
Students					
Athletes					
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--> Decongestants, allergy needed, cold tablets, blistex			X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

<div>Program</div> <div>234</div>		<div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div>		<div>FORM</div> <div>HFE-2</div>	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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		
Tuberculosis					
Reading		X	X		
Information		X	X		
Vision					
Glucometer					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
Monospot					
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		X	X		
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					

Fiscal Year

2006 - 2007

SixTen and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 11, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8673

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Allan Hancock Joint Community College District CC 42005

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claim listed below:

1/84

Health Fee Elimination

2006-2007

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



for Keith B. Petersen, President

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only.

(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 42005			Reimbursement Claim Data	
(02) Claimant Name Allan Hancock Joint Community College District			(22) HFE-1.0, (04)(b)	29,735
County of Location Santa Barbara			(23)	
Street Address 800 S College Drive			(24)	
City Santa Maria	State CA	Zip Code 93454-6399	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 32,000	(13) \$ 29,735	(31)	
Less: 10% Late Penalty, not to exceed \$10,000			(14) \$	
Less: Prior Claim Payment Received			(15) \$ 73,601	
Net Claimed Amount			(16) \$ (43,866)	
Due from State	(08) \$ 32,000	(17)	(35)	
Due to State		(18) \$ 43,866	(36)	

(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

Elizabeth Miller, Ed. D.

Vice President, Administrative Services

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 OF CALIFORNIA 60-180816

THE TREASURER OF THE STATE WILL PAY
IDENTIFICATION NO.

CC42005

OF THE

6870

FUND NO.

0001

FUND NAME

GENERAL FUND

MO. DAY YR.

03 12 2007

90-1342/1211

60180816

TO: 180816

TREASURER

ALLAN HANCOCK JOINT COMM COLL

SANTA BARBARA COUNTY

800 S COLLEGE DR

SANTA MARIA CA 93454


JOHN CHIANG
CALIFORNIA STATE CONTROLLER

FORM CD-36 (1-99) CONTROLLER'S WARRANT

1211134231 601808166

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

60-180816

ISSUE DATE: 03/12/2007

ISSUE DATE: 03/12/2007

CLAIM SCHEDULE NBR: MA64147E

REIMBURSEMENT OF STATE MANDATED COSTS

PLEASE CALL GWEN @916-3242341 FOR QUERIES ABOUT THIS CLAIM.

ACL : CH 1/84

PROG : HEALTH FEE ELIMINATION (CC)

2006/2007 ESTIMATED PAYMENT

CLAIMED AMT: 127,000.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

127,000.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

57.953835

PRORATA BALANCE DUE:

53,399.00-

APPROVED PAYMENT AMOUNT:

73,601.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

73,601.00

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Allan Hancock Joint Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Allan Hancock College

\$ 29,735

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

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14.

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16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 29,735

<div>PROGRAM 234</div>	<div>MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY</div>	<div>FORM HFE-1.1</div>
----------------------------	--	-----------------------------

1) Claimant: Ian Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	------------------------------

3) Name of College:	Allan Hancock College
---------------------	-----------------------

4) 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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	---

	Direct Cost	Indirect Cost of: 30.33%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 289,583	\$ 87,831	\$ 377,414
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,099	\$ 13,315
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 279,367	\$ 84,732	\$ 364,099

8) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 334,364
10) Subtotal	[Line (07) - line (09)]	\$ 29,735

Cost Reduction	
Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 29,735

(01) Claimant

Allan Hancock Joint Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

Tuberculosis

Reading

X

X

Information

X

X

Vision

Glucometer

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

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

X

X

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

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

June 15, 2010

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



RE: Pasadena Area Community College District
Health Fee Elimination #3
Fiscal Years: 2004-05 and 2005-06
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Pasadena Area 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:

Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003

Thank-you.

Sincerely,

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

Pasadena Area Community College District

This is the third incorrect reduction claim filed by the District on this mandate program.

2. CLAIMANT INFORMATION

Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003
Voice: 626-585-7258
Fax: 626-585-7968
E-Mail: rvanpelt@pasadena.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

Filing Date:	<div style="border: 1px solid black; padding: 5px; text-align: center;"><i>For CSM Use Only</i> RECEIVED JUN 17 2010 COMMISSION ON STATE MANDATES</div>
--------------	--

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2004-05	\$ 150,283
2005-06	\$ 167,656
TOTAL:	\$ 317,939

6. NOTICE OF NO INTENT TO CONSOLIDATE

_____ This claim is not being filed with the intent to consolidate on behalf of other claimants.


Sections 7-12 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 15
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. Desk Review Correspondence:	Exhibit <u>B</u>
10. Parameters and Guidelines:	Exhibit <u>C</u>
11. SCO Claiming Instructions:	Exhibit <u>D</u>
12. Annual Reimbursement Claims:	Exhibit <u>E</u>

13. 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.

Richard van Pelt, Interim Vice-President
Administrative Services



Signature

6/7/10

Date *6/3/10*

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9
10
11

11 BEFORE THE
12 COMMISSION ON STATE MANDATES
13 STATE OF CALIFORNIA

14 INCORRECT REDUCTION CLAIM OF:)

15) No. CSM _____
16)

17) Chapter 1, Statutes of 1984, 2nd E.S.
18) Chapter 1118, Statutes of 1987

19 **PASADENA AREA**
20 **Community College District,**

21) Education Code Section 76355
22)

23) **Health Fee Elimination**
24)

25 Claimant.)
26)

27) Annual Reimbursement Claims:
28)

29) Fiscal Year 2004-2005
30)

31) Fiscal Year 2005-2006
32)
33 _____)

30 INCORRECT REDUCTION CLAIM FILING

31 PART I. AUTHORITY FOR THE CLAIM

32 The Commission on State Mandates has the authority pursuant to Government
33 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
34 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
35 payments to the local agency or school district pursuant to paragraph (2) of subdivision
36 (d) of Section 17561." Pasadena Area Community College District (hereinafter "District")

Incorrect Reduction Claim of Pasadena Area Community College District
1/84, 1118/87 Health Fee Elimination

1 or "Claimant") is a school district as defined in Government Code Section 17519.¹ Title
2 2, California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
3 incorrect reduction claim with the Commission.

4 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
5 requires incorrect reduction claims to be filed no later than three years following the date
6 of the Controller's "written notice of adjustment notifying the claimant of a reduction."

7 The Controller conducted a "desk review" of the District's FY 2004-05 and FY 2005-06
8 annual claims for the Health Fee Elimination mandate. The District received copies of
9 two "results of review" letters dated July 1, 2009, reducing its claims as a result of the
10 desk review. The two letters are attached as Exhibit "A." These letters constitute a
11 demand for repayment and adjudication of the claim.

12 PART II. SUMMARY OF THE CLAIM

13 The Controller conducted a "desk review" of the District's annual reimbursement
14 claims for the actual costs of complying with the legislatively mandated Health Fee
15 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),
16 for the period July 1, 2004 through June 30, 2006. As a result of the review, the
17 Controller determined that \$341,518 of the claimed costs were unallowable:

18 /

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

	<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Review Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
	2004-05	\$230,359	\$150,283	\$ 0	\$80,076
	2005-06	<u>\$167,656</u>	<u>\$409,218</u>	<u>\$ 0</u>	<u>\$ 0</u>
	Totals	\$398,015	\$559,501	\$ 0	\$80,076

The Controller determined that the District has not been paid for these claims and that the amount of \$80,076 is still due the District as a result of the desk review.

PART III. CHRONOLOGY OF CLAIM PAYMENT AND DESK REVIEW ACTION

1. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05 and FY 2005-06 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is included in Exhibit "B."

2. SixTen and Associates, on behalf of the claimant and sixteen² other community

² The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via e-mail due to the competing workload of the districts.

3. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) granted a 60-day extension by e-mail on July 10, 2008, and issued a new deadline of November 15, 2008.

4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated October 22, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the Controller's policy to use the highest authorized rate regardless of the rate actually charged by the district, and the highest authorized rate is a matter of public record available to the Controller's staff. A copy of the District's response is included in Exhibit "B."

Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena Area CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 5. The Controller (Steve Van Zee, Audit Manager, Mandated Cost Audits Bureau)
2 contacted the District by e-mail on May 11, 2009, to notify the district that the
3 Controller was performing a review of FY 2004-05 and FY 2005-06 annual
4 claims. The e-mail requested the District to provide information on the number of
5 students the District exempted from the student health services program. A copy
6 of this e-mail is included in Exhibit "B." SixTen and Associates transmitted the
7 information requested by e-mail on May 21, 2009, to Mr. Van Zee, who then
8 completed the review.

9 6. By letter dated June 24, 2009, the Controller's Division of Audits (Jeffrey V.
10 Brownfield, Chief) transmitted the desk review findings to the Division of
11 Accounting and Reporting (Mike Havey, Chief). The District became aware of
12 this letter when it was posted with the review results in early 2010 on the
13 Controller's webpage. A copy of this letter is included in Exhibit "B."

14 7. Although there is no record of receipt by the District, on July 1, 2009, the
15 Controller (Ginny Brummels, Manager, Local Reimbursements Section) issued
16 two "results of review" letters for FY 2004-05 and FY 2005-06 implementing the
17 review findings. (A copy of the documents were obtained by SixTen and
18 Associates by fax from the Controller's office on March, 10, 2010.) No reason for
19 the reductions was stated, other than a statement that the costs were "costs not
20 mandated." A copy of these notices is attached as Exhibit "A."

21 8. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) by

1 letter dated October 20, 2009, issued a report of findings from the review of the
2 FY 2004-05 and FY 2005-06 annual claims, and stated that the scope of the
3 review was limited "to validating the authorized health service fees that the district
4 reported." The District did not receive a copy of this letter until May 19, 2010,
5 after an e-mail request by SixTen and Associates to the Local Reimbursements
6 Section staff. A copy of this letter is included in Exhibit "B."

7 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

8 The District has filed two previous incorrect reduction claims for this mandate
9 program for prior fiscal years. The District is not aware of any incorrect reduction claims
10 having been adjudicated on the specific issues or subject matter raised by this claim.

11 PART V. BASIS FOR REIMBURSEMENT

12 1. Mandate Legislation

13 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, repealed Education
14 Code Section 72246 and added new Education Code Section 72246, which authorized
15 community college districts to charge a student health services fee for the purposes of
16 providing health supervision and services, and operating student health centers. This
17 statute also required that the scope of student health services provided by any
18 community college district during the 1983-84 fiscal year be maintained at that level in
19 the 1984-85 fiscal year and every year thereafter. The provisions of this statute were to
20 automatically repeal on December 31, 1987.

21 Chapter 1118, Statutes of 1987, amended Education Code Section 72246 to

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 require any community college district that provided student health services in fiscal year
2 1986-87 to maintain student health services at that level in 1987-88 and each fiscal year
3 thereafter.

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

9 Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added
10 Education Code Section 76355³ containing substantially the same provisions as

³ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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):

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee exemption
3 for low-income students under 76355(c)(3).

(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.

Incorrect Reduction Claim of Pasadena Area Community College District
1/84, 1118/87 Health Fee Elimination

2. Test Claim

On November 27, 1985, Rio Hondo Community College District filed a test claim alleging that Chapter 1, Statutes of 1984, 2nd 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, 2nd 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 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25, 1989, parameters and guidelines is attached as Exhibit "C."

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 "D." 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 VI. STATEMENT OF THE ISSUES

The District's FY 2004-05 and FY 2005-06 reimbursement annual claims were apparently reduced due to the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized student health fee revenues in the additional amount of \$559,501. The District reported only student health service fees received and not those fees that theoretically could have been collected in its annual reimbursement claims. It appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

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1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:

“[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.”

(Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)⁴.

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

⁴ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

1 “any offsetting savings” further illustrates the permissive nature of the fees. Student
2 fees actually collected must be used to offset costs, but not student fees that could have
3 been collected and were not. Thus, the Controller’s adjustments are based on an
4 illogical interpretation of the parameters and guidelines.

5 Further, the Department of Finance proposed, as part of the amendments that
6 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
7 section expressly stating that if no health service fee was charged, the claimant would
8 be required to deduct the amount authorized. The Commission declined to add this
9 requirement and adopted the parameters and guidelines without this language.

10 Therefore, it is evident that the Commission intends the language of the parameters and
11 guidelines to be construed as written, and only those savings that are *experienced* are
12 to be deducted.

13 Since districts are not required to collect a fee from students for student health
14 services, and if such a fee is collected, the amount is to be determined by the district
15 and not the Controller, the Controller’s adjustment is without legal basis. The parameters
16 and guidelines require districts to reduce the amount of their claimed costs by the
17 amount of student health services fee revenue actually received. Therefore, student
18 health services fees are merely collectible, they are not mandatory, and it is
19 inappropriate for the Controller to reduce claim amounts by revenues not received.

20 2. The District correctly filed the annual reimbursement claims

21 The District reported its actual reimbursable costs in the manner required by the

1 parameters and guidelines and on the forms provided for by the Controller's claiming
2 instructions for this program. The Controller has not stated how the claim documentation
3 was insufficient for purposes of adjudicating the claims. The Controller has not sent any
4 documentation in support of its action to the District. The Controller has simply reduced
5 the District's reimbursement claim without any explanation. By providing no notice for
6 the basis of its actions, the Controller is creating a standard of general application
7 without the benefit of law or due process of rulemaking.

8 3. The reason for the rejection was contrary to statute

9 The annual reimbursement claims were not adjusted because the costs claimed
10 were excessive or unreasonable. The Controller does not assert that the claimed costs
11 were excessive or unreasonable, which is the only mandated cost audit standard in
12 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
13 entire findings are based upon the wrong standard of review, or no standard of review.
14 If the Controller wishes to enforce other audit standards for mandated cost
15 reimbursement, the Controller should comply with the Administrative Procedure Act.

16 4. No audit was conducted

17 The only exception to the Controller's duty under Government Code Section
18 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is
19 excessive or unreasonable) is a reduction as a result of a properly conducted audit.
20 However, no audit of the District's reimbursement claims was conducted. Therefore, the
21 Controller has no factual basis to make a conclusion that the costs claimed were

excessive or unreasonable, as required by Government Code Section 17561(d)(2).

PART VII. RELIEF REQUESTED

The District filed its annual reimbursement claims within the time limits prescribed. 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 XIII B, 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 Title 2, CCR, Section 1185. 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 the adjustments therefrom.

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Incorrect Reduction Claim of Pasadena Area Community College District
1/84, 1118/87 Health Fee Elimination

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on June 4, 2010, at Pasadena, California, by



Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003
Voice: 626-585-7258
Fax: 626-585-7968
E-Mail: rvanpelt@pasadena.edu

APPOINTMENT OF REPRESENTATIVE

Pasadena Area Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District

6/4/10

Date

sw
6/3/10

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Desk Review correspondence.
Exhibit "C"	Parameters and Guidelines, May 25, 1989
Exhibit "D"	Controller's claiming instructions, September 2003 version
Exhibit "E"	Annual Reimbursement Claims

Page: 1 Document Name: Frances Stuart

COMMAND ==>
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CC19335
00234
2009/07/01

JULY 1, 2009
BOARD OF TRUSTEES
PASADENA AREA COMM COLL DIST
LOS ANGELES COUNTY
1570 E COLORADO BLVD
PASADENA CA 91106

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		230,359.00
ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	- 150,283.00	
TOTAL ADJUSTMENTS		- 150,283.00
AMOUNT DUE CLAIMANT		\$ 80,076.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE
WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

Page: 1 Document Name: Frances Stuart

COMMAND ==>

LRSP572 20090629 200008

SCROLL ==> SCREEN

P 6 R 1 C 1

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00234

2009/07/01

JULY 1, 2009

BOARD OF TRUSTEES

PASADENA AREA COMM COLL DIST

LOS ANGELES COUNTY

1570 E COLORADO BLVD

PASADENA CA 91106

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR
THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR

REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED

167,656.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED

- 167,656.00

- 167,656.00

TOTAL ADJUSTMENTS

\$ 0.00

AMOUNT DUE CLAIMANT

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



JOHN CHIANG
California State Controller

July 1, 2008

Mr. James Albanese
Interim Vice President, Administrative Services
Pasadena Area Community College District
1570 E Colorado Blvd
Pasadena CA 91106-2003

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 and 2005-06

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is positioned above the printed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

October 22, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Pasadena Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2004-05 and 2005-06


Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for: Keith B. Petersen

C: Mark Zacovic, Interim Vice President, Administrative Services Pasadena
Area Community College District
Brigitte Norsworthy, Principal Accountant, Pasadena Area Community
College District

State Controller's Office

Community College Mandated Cost Manual

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 2005-2006 </div> </div>
--	--

(03) Name of College:	Pasadena City 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 512,810	\$ 168,202	\$ 681,012
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 512,810	\$ 168,202	\$ 681,012
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period Full-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	16,742			\$ -		\$ -	\$ -
2. Per Spring Semester	16,723			\$ -		\$ -	\$ -
3. Per Summer Session	7,328			\$ -		\$ -	\$ -
4. Per WINTER session	6,639			\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ -

State Controller's Office

Community College Mandated Cost Manual

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM HFE-1.1
(01) Claimant: Pasadena Area Community College District				(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 2004-2005	
(03) Name of College: Pasadena City 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.							
LESS <input type="checkbox"/>		SAME <input checked="" type="checkbox"/>		MORE <input type="checkbox"/>			
				Direct Cost	Indirect Cost of: 32.80%	Total	
(05) Cost of Health Services for the Fiscal year of Claim				\$ 554,535	\$ 181,887	\$ 736,422	
(06) Cost of providing current fiscal year health services in excess of 1986/87				\$ -	\$ -	\$ -	
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]				\$ 554,535	\$ 181,887	\$ 736,422	
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period Full-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	17,002			\$ -		\$ -	\$ -
2. Per Spring Semester	16,501			\$ -		\$ -	\$ -
3. Per Summer Session	6,995			\$ -		\$ -	\$ -
4. Per WINTER session	5,827			\$ -		\$ -	\$ -
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)]		\$ -	
Cost Reduction							
(11) Less: Offsetting Savings, if applicable						\$ -	
(12) Less: Other Reimbursements, if applicable						\$ -	
(13) Total Amount Claimed						[Line (10) - {line (11) + line (12)}]	
						\$ -	

Pasadena City College

1570 East Colorado Blvd.

Pasadena, California 91106

(626) 585-7258 office

(626) 585-3117 fax

(951)537-9384 cellular

From: svanee@sco.ca.gov [mailto:svanee@sco.ca.gov]
Sent: Monday, May 11, 2009 7:50 AM
To: Mark J. Zacovic
Subject: Health Fee Elimination Program mandated cost claims

Mr. Zacovic,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2004-05 through FY 2005-06. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what

documentation the district maintains to support the number of students excluded.
(Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy showing that the district excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

Steve W. Van Zee

Audit Manager

State Controller's Office

Division of Audits / Mandated Cost Audits Bureau

Office: (916) 323-2368 / FAX: (916) 324-7223

svanzee@sc0.ca.gov

CONFIDENTIALITY NOTICE: This communication with its contents as well as any attachments may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

Memorandum

To : Mike Havey, Chief
Division of Accounting and Reporting
State Controller's Office

Date: June 24, 2009

From: Jeffrey V. Brownfield, Chief
Division of Audits
State Controller's Office

Subject: PASADENA AREA COMMUNITY COLLEGE DISTRICT
HEALTH FEE ELIMINATION PROGRAM MANDATED COST CLAIMS
FOR THE PERIOD OF JULY 1, 2004, THROUGH JUNE 30, 2006

We reviewed the costs claimed by Pasadena Area Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2004, through June 30, 2006. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$398,015 for the mandated program. Our review disclosed that \$80,076 is allowable and \$317,939 is unallowable. The costs are unallowable because the district understated authorized health service fees.

The State made no payment to the district. Our review disclosed that \$80,076 is allowable. The State should pay that amount, contingent upon available appropriations.

We recommend that the Division of Accounting and Reporting notify the district of the results of this review. If you have any questions, please contact either Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849 (jspano@sco.ca.gov), or Steve Van Zee, Audit Manager, at (916) 323-2368 (svanzee@sco.ca.gov).

JVB/sk

Attachments

S09-MCC-903

cc: Jill Kanemasu, Bureau Chief
Department of Accounting and Recording, State Controller's Office
Ginny Brummels, Manager
Department of Accounting and Recording, State Controller's Office

**Attachment 1—
Summary of Program Costs
July 1, 2004, through June 30, 2006**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment ¹</u>
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 554,535	\$ 554,535	\$ —
Indirect costs	181,887	181,887	—
Total direct and indirect costs	736,422	736,422	—
Less authorized health service fees	(503,865)	(654,148)	(150,283)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Total program costs	<u>\$ 230,359</u>	80,076	<u>\$ (150,283)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 512,810	\$ 512,810	\$ —
Indirect costs	168,202	168,202	—
Total direct and indirect costs	681,012	681,012	—
Less authorized health service fees	(513,356)	(922,574)	(409,218)
Subtotal	167,656	(241,562)	(409,218)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 167,656</u>	—	<u>\$ (167,656)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2004, through June 30, 2006</u>			
Direct costs	\$ 1,067,345	\$ 1,067,345	\$ —
Indirect costs	350,089	350,089	—
Total direct and indirect costs	1,417,434	1,417,434	—
Less authorized health service fees	(1,017,221)	(1,576,722)	(559,501)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Subtotal	398,015	(161,486)	(559,501)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 398,015</u>	80,076	<u>\$ (317,939)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2004, through June 30, 2006

**FINDING—
Understated
authorized health
service fees**

The district understated authorized health service fees by \$559,501.

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 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 period of July 1, 2004, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor’s Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a).

The following table summarizes the authorized fees per student:

<u>Fiscal Year</u>	<u>Authorized Health Fee Rate</u>	
	<u>Fall and Spring Semesters</u>	<u>Summer Session and Winter Intersession</u>
2004-05	\$13	\$10
2005-06	14	11

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district’s enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Period				
	Summer Session	Fall Semester	Winter Intersession	Spring Semester	Total
Fiscal Year 2004-05:					
Number of enrolled students	13,044	29,352	12,744	28,172	
Less number of students who depend on prayer for healing	—	—	(1)	(1)	
Less number of BOGG recipients	(3,863)	(9,949)	(5,072)	(10,218)	
Subtotal	9,181	19,403	7,671	17,953	
Authorized health fee rate	× \$(10)	× \$(13)	× \$(10)	× \$(13)	
Authorized health service fees	<u>\$ (91,810)</u>	<u>\$ (252,239)</u>	<u>\$ (76,710)</u>	<u>\$ (233,389)</u>	\$ (654,148)
Less authorizes health service fees claimed					503,865
Review adjustment, FY 2004-05					<u>(150,283)</u>
Fiscal Year 2005-06:					
Number of enrolled students	13,218	28,881	14,050	28,279	
Less number of students who depend on prayer for healing	—	(1)	—	(1)	
Less number of BOGG recipients	(3,772)	(9,721)	—	—	
Subtotal	9,446	19,159	14,050	28,278	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(11)	× \$(14)	
Authorized health service fees	<u>\$ (103,906)</u>	<u>\$ (268,226)</u>	<u>\$ (154,550)</u>	<u>\$ (395,892)</u>	(922,574)
Less authorizes health service fees claimed					513,356
Review adjustment, FY 2005-06					<u>(409,218)</u>
Total review adjustment					\$ (559,501)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

05/19/2010 20:17

STATE CONTROLLERS OFFICE DAR → 918585148645

NO.334 0002



JOHN CHIANG
California State Controller

October 20, 2009

Mr. James Albanese
Interim Vice President, Administrative Services
Pasadena Area Community College District
1570 E Colorado Blvd
Pasadena, CA 91106-2003

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Pasadena Area Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2004, through June 30, 2006. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$398,015 for the mandated program. Our review disclosed that \$80,076 is allowable and \$317,939 is unallowable, as described in the attached Summary of Program Costs and Finding and Recommendation. The costs are unallowable because the district understated authorized health service fees.

The State made no payment to the district. Our review disclosed that \$80,076 is allowable. The State will pay that amount, contingent upon available appropriations.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Steve Van Zee, Audit Manager
Division of Audits

Pasadena Area Community College 1stHealth Fee Elimination Program

**Attachment 1—
Summary of Program Costs
July 1, 2004, through June 30, 2006**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment¹</u>
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 554,535	\$ 554,535	\$ —
Indirect costs	181,887	181,887	—
Total direct and indirect costs	736,422	736,422	—
Less authorized health service fees	(503,865)	(654,148)	(150,283)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Total program costs	<u>\$ 230,359</u>	80,076	<u>\$ (150,283)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 512,810	\$ 512,810	\$ —
Indirect costs	168,202	168,202	—
Total direct and indirect costs	681,012	681,012	—
Less authorized health service fees	(513,356)	(922,574)	(409,218)
Subtotal	167,656	(241,562)	(409,218)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 167,656</u>	—	<u>\$ (167,656)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2004, through June 30, 2006</u>			
Direct costs	\$ 1,067,345	\$ 1,067,345	\$ —
Indirect costs	350,089	350,089	—
Total direct and indirect costs	1,417,434	1,417,434	—
Less authorized health service fees	(1,017,221)	(1,576,722)	(559,501)
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Subtotal	398,015	(161,486)	(559,501)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 398,015</u>	80,076	<u>\$ (317,939)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	

¹ See Attachment 2, Finding and Recommendation.

Pasadena Area Community College L.ctHealth Fee Elimination Program

Attachment 2— Finding and Recommendation July 1, 2004, through June 30, 2006

FINDING— Understated authorized health service fees

The district understated authorized health service fees by \$559,501.

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 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 period of July 1, 2004, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a).

The following table summarizes the authorized fees per student:

Fiscal Year	Authorized Health Fee Rate	
	Fall and Spring Semesters	Summer Session and Winter Intercession
2004-05	\$13	\$10
2005-06	14	11

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

05/19/2010 20:17

STATE CONTROLLERS OFFICE DAR → 918585148645

NO.334 P005

Pasadena Area Community College ictHealth Fee Elimination Program

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

	Period				Total
	Summer Session	Fall Semester	Winter Intersession	Spring Semester	
Fiscal Year 2004-05:					
Number of enrolled students	13,044	29,352	12,744	28,172	
Less number of students who depend on prayer for healing	—	—	(1)	(1)	
Less number of BOGG recipients	(3,863)	(9,949)	(5,072)	(10,218)	
Subtotal	9,181	19,403	7,671	17,953	
Authorized health fee rate	x \$(10)	x \$(13)	x \$(10)	x \$(13)	
Authorized health service fees	\$ (91,810)	\$ (252,239)	\$ (76,710)	\$ (233,389)	\$ (654,148)
Less authorizes health service fees claimed					503,865
Review adjustment, FY 2004-05					(150,283)
Fiscal Year 2005-06:					
Number of enrolled students	13,218	28,881	14,050	28,279	
Less number of students who depend on prayer for healing	—	(1)	—	(1)	
Less number of BOGG recipients	(3,772)	(9,721)	—	—	
Subtotal	9,446	19,159	14,050	28,278	
Authorized health fee rate	x \$(11)	x \$(14)	x \$(11)	x \$(14)	
Authorized health service fees	\$ (103,906)	\$ (268,226)	\$ (154,550)	\$ (395,892)	(922,574)
Less authorizes health service fees claimed					513,356
Review adjustment, FY 2005-06					(409,218)
Total review adjustment					\$ (559,501)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

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)
- VD
- 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
- Etc.
- 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
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
Band-aids
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
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. 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.

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 incurring 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

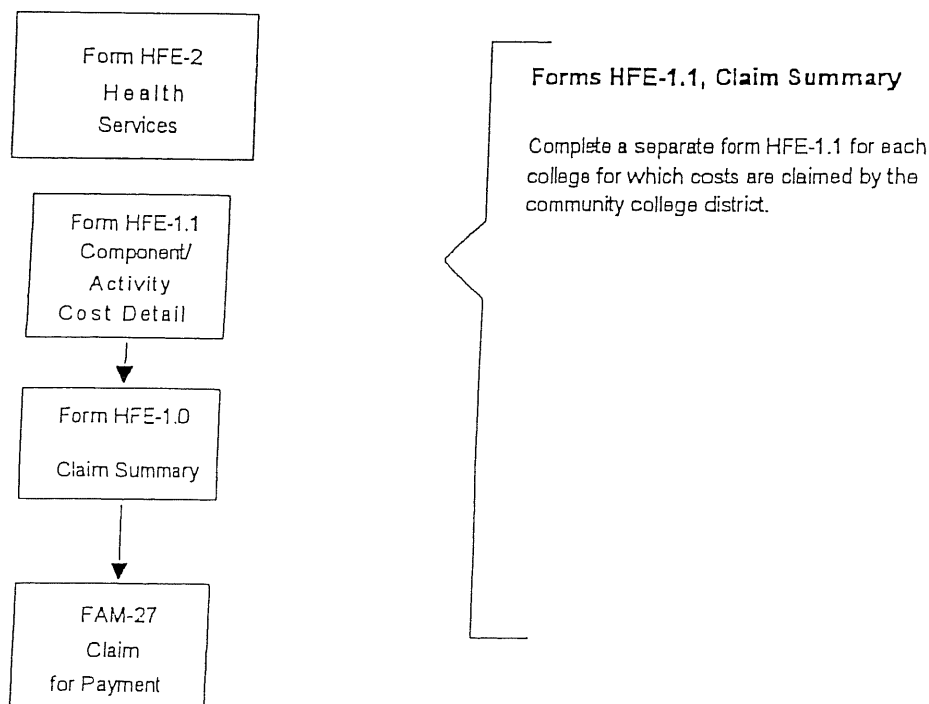
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.
- (37) 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

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARYFORM
HFE-1.0

(01) Claimant

(02) Type of Claim

Reimbursement ☐Estimated ☐

Fiscal Year

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	

(1) Total Amount Claimed

[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant	(02) Type of Claim Fiscal Year Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> 20__/20__	
(03) Name of 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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">LESS <input type="checkbox"/></div> <div style="text-align: center;">SAME <input type="checkbox"/></div> <div style="text-align: center;">MORE <input type="checkbox"/></div> </div>		
	Direct Cost	Indirect Cost
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (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 fees that could have been collected: The sum of (Line (08)(1)(c) through line (08)(6)(c))		
(10) Subtotal [Line (07) - line (09)]		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount [Line (10) - (line (11) + line (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision 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 Acquired Immune Deficiency Syndrome 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			

**MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES**

**FORM
HFE-2**

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
Pap Smears

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

Parking Cards/Elevator Keys
Tokens
Return Card/Key
Parking Inquiry
Elevator Passes
Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 12, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0664

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Pasadena Area Community College District CC12145

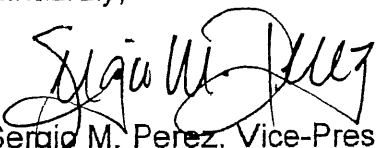
Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Pasadena Area Community College District's reimbursement claim listed below:

961/75	Collective Bargaining	2004-2005
486/75	Mandated Reimbursement Process	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2004-2005

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed / / (21) LRS Input / /

Program

234

(01) Claimant Identification Number:

CC 19335

Reimbursement Claim Data

(02) Claimant Name

Pasadena Area Community College District

(22) HFE-1.0, (04)(b)

230,359

County of Location

Los Angeles

(23)

Street Address

1570 E. Colorado Blvd

(24)

City

Pasadena

State

CA

Zip Code

91106-2003

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated

☒

(09) Reimbursement

☒

(04) Combined

☐

(10) Combined

☐

(05) Amended

☐

(11) Amended

☐

Fiscal Year of Cost

(06)

2005-2006

(12)

2004-2005

(30)

Total Claimed Amount

(07)

\$ 253,000

(13)

\$ 230,359

(31)

Less: 10% Late Penalty

(14)

\$ -

(32)

Less: Prior Claim Payment Received

(15)

\$ -

(33)

Net Claimed Amount

(16)

\$ 230,359

(34)

Due from State

(08)

\$ 253,000

(17)

\$ 230,359

(35)

Due to State

(18)

(36)

(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

Peter Hardash

Vice President, Administrative Services

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Pasadena City College	\$230,359.05	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 230,359

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
--	--	--------------------------

(03) Name of College: Pasadena City 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 554,535	\$ 181,887	\$ 736,422
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 554,535	\$ 181,887	\$ 736,422

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 503,865
10) Subtotal	[Line (07) - line (09)]	\$ 232,557

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ 2,198.00
3) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 230,359

Chapters 1/84 and 1118/87, Page 1 of 3

<div>State of California</div> <div> Program 029 </div>		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Pasadena Area Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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		X	X		
Stop Smoking		X	X		
Library, Videos and Cassettes					
First Aid, Major Emergencies		X	X		
First Aid, Minor Emergencies		X	X		
First Aid Kits, Filled		X	X		
Immunizations					
Diphtheria/Tetanus		X	X		
Measles/Rubella		X	X		
Influenza		X	X		
Information		X	X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration					
Laboratory Tests Done					
Inquiry/Interpretation		X	X		
Pap Smears		X	X		
Physical Examinations					
Employees					
Students		X	X		
Athletes					
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					
Stingkill					
Midol, Menstrual Cramps		X	X		
Other, list----> Antihistamines, Decongestants, etc.		X	X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Pasadena Area Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies	X X X X X X X X X X	X X X X X X X X X X	
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list	X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X	
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list	X X X X X X X X X X X X X X	X X X X X X X X X X X X X X	
Committees Safety Environmental Disaster Planning	X X X	X X X	

Fiscal Year

2005 - 2006

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 16, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Pasadena Area Community College District CC 19335


Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Pasadena Area Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2005-2006
1/84	Health Fee Elimination	2005-2006
308/95	Enrollment Fee Collection and Waivers	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

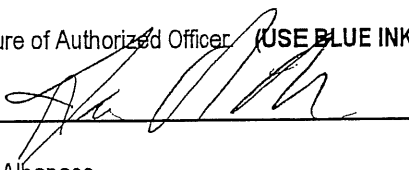
Sincerely,


for Keith B. Petersen, President

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only (19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		Program <div style="font-size: 2em; font-weight: bold;">234</div>
L A B E L H E R E	(01) Claimant Identification Number: CC 19335		Reimbursement Claim Data		
	(02) Claimant Name Pasadena Area Community College District		(22) HFE-1.0, (04)(b)	167,656	
	County of Location Los Angeles		(23)		
	Street Address 1570 E. Colorado Blvd.		(24)		
	City Pasadena	State CA	Zip Code 91106-2003	(25)	
	Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
	Fiscal Year of Cost (06) 2006-2007		(12) 2005-2006	(30)	
Total Claimed Amount (07) \$ 184,000		(13) \$ 167,656	(31)		
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)		
Less: Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 167,656	(34)		
Due from State	(08) \$ 184,000	(17) \$ 167,656	(35)		
Due to State		(18)	(36)		
(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)  _____ James Albanese Type or Print Name			Date 1/8/07 _____ Interim Vice President, Administrative Services Title		
(38) Name of Contact Person for Claim SixTen and Associates Telephone Number: (858) 514-8605 E-mail Address: kbpsixten@aol.com					

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Pasadena City College	\$167,655.68	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 167,656

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	---	--------------------------

(03) Name of College: Pasadena City 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.

LESS

☐

SAME

☒ **X**

MORE

☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 512,810	\$ 168,202	\$ 681,012
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 512,810	\$ 168,202	\$ 681,012

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 513,356
(10) Subtotal	[Line (07) - line (09)]	\$ 167,656

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 167,656

Revised 9/97

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Pasadena Area Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled	X X X	X 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	
Laboratory Tests Done Inquiry/Interpretation Pap Smears	X X	X X	
Physical Examinations Employees Students Athletes	X	X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list--> Antihistamines, Decongestants, etc.	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 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Pasadena Area Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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					
Reading		X	X		
Information		X	X		
Vision		X	X		
Glucometer		X	X		
Urinalysis		X	X		
Hemoglobin		X	X		
EKG		X	X		
Strep A Testing		X	X		
PG Testing		X	X		
Monospot		X	X		
Hemacult		X	X		
Others, list		X	X		
Miscellaneous					
Absence Excuses/PE Waiver		X	X		
Allergy Injections		X	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					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

SixTen and Associates

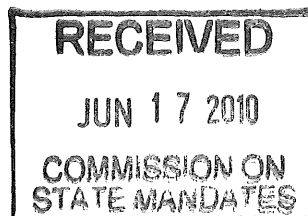
Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbsixten@aol.com

June 16, 2010



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

RE: Rancho Santiago Community College District
Health Fee Elimination #2
Fiscal Years: 2005-06 through 2008-09
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Rancho Santiago 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:

Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706-1640

Thank-you.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith B. Petersen".

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

Rancho Santiago Community College District

This is the second incorrect reduction claim filed by the District for this mandate program.

2. CLAIMANT INFORMATION

Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706-1640
Voice: 714-480-7340
Fax: 714-796-3935
E-Mail: hardash_peter@rsccd.org

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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

JUN 17 2010

**COMMISSION ON
STATE MANDATES**

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2005-06	\$ 503,164
2006-07	\$ 743,906
2007-08	\$ 589,198
2008-09	\$ 686,061
TOTAL:	\$2,522,329

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-11 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 15
8. Desk Review Correspondence:	Exhibit <u>A</u>
9. Parameters and Guidelines:	Exhibit <u>B</u>
10. SCO Claiming Instructions:	Exhibit <u>C</u>
11. Annual Reimbursement Claims:	Exhibit <u>D</u>

12. 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.

Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services

Signature  Date 6/9/10

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com

9
10
11 BEFORE THE
12 COMMISSION ON STATE MANDATES
13 STATE OF CALIFORNIA

14 INCORRECT REDUCTION CLAIM OF:)

15) No. CSM _____
16)

17) Chapter 1, Statutes of 1984, 2nd E.S.
18) Chapter 1118, Statutes of 1987

19 **RANCHO SANTIAGO**
20 **Community College District,**

21) Education Code Section 76355
22)

23) **Health Fee Elimination**
24)

25 Claimant.)

26) Annual Reimbursement Claims:
27)

28) Fiscal Year 2005-06
29) Fiscal Year 2006-07

30) Fiscal Year 2007-08
31) Fiscal Year 2008-09
32)

33 INCORRECT REDUCTION CLAIM FILING

34 PART I. AUTHORITY FOR THE CLAIM

35 The Commission on State Mandates has the authority pursuant to Government
36 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
district filed on or after January 1, 1985, that the Controller has incorrectly reduced
payments to the local agency or school district pursuant to paragraph (2) of subdivision

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

(d) of Section 17561.” Rancho Santiago Community College District (hereinafter “District” or “Claimant”) is a school district as defined in Government Code Section 17519.¹ Title 2, California Code of Regulations (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 “written notice of adjustment notifying the claimant of a reduction.” The Controller conducted a desk review of the District’s FY 2005-06, FY 2006-07, FY 2007-08, and FY 2008-09 claims for the Health Fee Elimination mandate. The District received four “results of review” letters dated May 29, 2010, reducing its claims as a result of the desk review. All four letters are included in Exhibit “A.” These letters constitute a demand for repayment and adjudication of the claim.

PART II. SUMMARY OF THE CLAIM

The Controller conducted a “desk review” 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 and Chapter 1118, Statutes of 1987), for the period July 1, 2005 through June 30, 2009. As a result of the review, the Controller determined that all \$2,522,329 of the claimed costs were unallowable:

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984, Section 1:

“School district” means any school district, community college district, or county superintendent of schools.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

	<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Review Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
	2005-06	\$503,164	\$767,177	\$ 0	\$ 0
	2006-07	\$743,906	\$827,505	\$ 0	\$ 0
	2007-08	\$589,198	\$1,052,786	\$499,082	<\$499,082>
	2008-09	<u>\$686,061</u>	<u>\$1,032,588</u>	<u>\$ 0</u>	<u>\$ 0</u>
	Totals	\$2,522,329	\$3,680,056	\$499,082	<\$499,082>

The Controller determined that the District has been paid \$499,082 for these annual claims. Since the total adjustment amount exceeds the amounts claimed, the total amount of \$499,082 is due the State as a result of the desk review.

PART III. CHRONOLOGY OF CLAIM PAYMENT AND DESK REVIEW ACTION

1. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2005-06 and FY 2006-07 annual reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is included in Exhibit "A."
2. SixTen and Associates, on behalf of the claimant and sixteen² other community

² The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via e-mail due to the competing workload of the districts.

3. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) granted a 60-day extension by e-mail on July 10, 2008, and issued a new deadline of November 15, 2008.

4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated August 20, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the Controller's policy to use the highest authorized rate regardless of the rate

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 actually charged by the district, and the highest authorized rate is a matter of
2 public record available to the Controller's staff. A copy of the District's response is
3 included in Exhibit "A."

4 5. The Controller (Steve Van Zee, Audit Manager, Mandated Cost Audits Bureau)
5 contacted the District by letter dated March 2, 2010, to notify the District that the
6 Controller was scheduling a March 23, 2010, entrance conference for a field audit
7 of the FY 2005-06 through FY 2007-08 annual claims. A copy of this letter is
8 included in Exhibit "A." This letter was the first notice that the FY 2007-08 annual
9 claim was included in the review. The annual claim for FY 2008-09 was not
10 included in this letter. Prior to the March 23, 2010, meeting, the District was
11 notified by e-mail that the field audit entrance conference had been cancelled and
12 requested the District to provide enrollment information for a desk review, which
13 was thereafter provided.

14 6. By letter dated April 22, 2010, the Controller's Division of Audits (Jeffrey V.
15 Brownfield, Chief) transmitted the desk review findings to the District for FY 2005-
16 06 through FY 2008-09. The letter stated that the scope of the "review was
17 limited to validating the authorized health service fees that the district reported."
18 No previous draft report was provided for review and comment by the District as
19 is the Controller's procedure for a "field audit." A copy of this letter is included in
20 Exhibit "A."

21 7. On May 29, 2010, the Controller (Ginny Brummels, Manager, Local

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

Reimbursements Section) issued four "results of review" letters for FY 2005-06 through FY 2008-09 implementing the review findings. No reason for the reductions was stated, other than a statement that the costs were "field audit findings." A copy of these notices is included in Exhibit "A."

PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

The District filed a previous incorrect reduction claim for this mandate program for prior fiscal years. The District is not aware of any incorrect reduction claims having been adjudicated on the specific issues or subject matter raised by this claim.

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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

1 thereafter.

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

7 Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added
8 Education Code Section 76355³ containing substantially the same provisions as

³ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective January 1, 2006, amended Education Code Section 76355 to remove the fee exemption for low-income students under 76355(c)(3).

2. Test Claim

On November 27, 1985, Rio Hondo Community College District filed a test claim

(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.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
2 increased costs within the meaning of California Constitution Article XIII B, Section 6, by
3 requiring the provision of student health services that were previously provided at the
4 discretion of the community college districts.

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

11 At a hearing on April 27, 1989, the Commission on State Mandates determined
12 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
13 community college districts that provided student health services in fiscal year 1986-
14 1987, and required them to maintain that level of student health services in fiscal year
15 1987-1988 and each fiscal year thereafter.

16 3. Parameters and Guidelines

17 On August 27, 1987, the original parameters and guidelines were adopted. On
18 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
19 1989, parameters and guidelines is attached as Exhibit "B."

20 4. Claiming Instructions

21 The Controller has periodically issued or revised claiming instructions for the

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

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 VI. STATEMENT OF THE ISSUES

The District's FY 2005-06 through FY 2008-09 reimbursement annual claims were apparently reduced due to the Controller's conclusion that the District did not offset the student health services program costs by the amount of authorized student health fee revenues in the additional amount of \$3,680,056. The District reported only the student health service fees received and not those fees that theoretically could have been collected in its annual reimbursement claims. It appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:
"[t]he governing board of a district maintaining a community college *may require*

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 governing board may decide whether the fee shall be mandatory or optional.”

(Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)⁴.

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, the Controller’s adjustments are based on an illogical interpretation of the parameters and guidelines.

⁴ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 Further, the Department of Finance proposed, as part of the amendments that
2 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
3 section expressly stating that if no health service fee was charged, the claimant would
4 be required to deduct the amount authorized. The Commission declined to add this
5 requirement and adopted the parameters and guidelines without this language.
6 Therefore, it is evident that the Commission intends the language of the parameters and
7 guidelines to be construed as written, and only those savings that are *experienced* are
8 to be deducted.

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

16 2. The District correctly filed the annual reimbursement claims

17 The District reported its actual reimbursable costs in the manner required by the
18 parameters and guidelines and on the forms provided for by the Controller's claiming
19 instructions for this program. The Controller has not stated how the claim documentation
20 was insufficient for purposes of adjudicating the claims. The Controller has simply
21 reduced the District's reimbursement claim without any explanation. By providing no

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 notice for the basis of its actions, the Controller is creating a standard of general
2 application without the benefit of law or due process of rulemaking.

3 3. The reason for the rejection was contrary to statute

4 The annual reimbursement claims were not adjusted because the costs claimed
5 were excessive or unreasonable. The Controller does not assert that the claimed costs
6 were excessive or unreasonable, which is the only mandated cost audit standard in
7 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
8 entire findings are based upon the wrong standard of review, or no standard of review.
9 If the Controller wishes to enforce other audit standards for mandated cost
10 reimbursement, the Controller should comply with the Administrative Procedure Act.

11 4. No audit was conducted

12 The only exception to the Controller's duty under Government Code Section
13 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is
14 excessive or unreasonable) is a reduction as a result of a properly conducted audit.
15 However, no audit of the District's reimbursement claims was conducted. Therefore, the
16 Controller has no factual basis to make a conclusion that the costs claimed were
17 excessive or unreasonable, as required by Government Code Section 17561(d)(2).

18 PART VII. RELIEF REQUESTED

19 The District filed its annual reimbursement claims within the time limits
20 prescribed. The amounts claimed by the District for reimbursement of the costs of
21 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
2 incurred by the District to carry out this program. These costs were properly claimed
3 pursuant to the Commission's parameters and guidelines. Reimbursement of these
4 costs is required under Article XIII B, Section 6 of the California Constitution. The
5 Controller denied reimbursement without any basis in law or fact. The District has met
6 its burden of going forward on this claim by complying with the requirements of Title 2,
7 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
8 these adjustments without benefit of statute or regulation, the burden of proof is now
9 upon the Controller to establish a legal basis for its actions.

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

14 /

15 /

16 /

17 /

18 /

19 /


20 /

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

PART VIII. CERTIFICATION

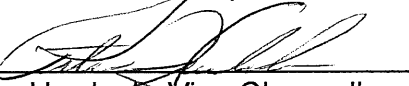
By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this Incorrect Reduction Claim submission is true and complete to the best of my own knowledge or information or belief, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on June 9, 2010, at Santa Ana, California, by


Peter Hardash, Vice Chancellor
Business Operations and Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706-1640
Voice: 714-480-7340
Fax: 714-796-3935
E-Mail: hardash_peter@rsccd.org

APPOINTMENT OF REPRESENTATIVE

Rancho Santiago Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.


Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services
Rancho Santiago Community College District

6/9/10
Date

Attachments:

Exhibit "A"	Desk Review correspondence.
Exhibit "B"	Parameters and Guidelines, May 25, 1989
Exhibit "C"	Controller's claiming instructions, September 2003 version
Exhibit "D"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Rendencion Velazquez
Director of Accounting
Rancho Santiago Community College District
2323 North Broadway
Santa Ana CA 92706-1640

RE: Health Fee Elimination (Program 234) for Fiscal Years 2005-06 and 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is written over the typed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

August 20, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Rancho Santiago Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2005-06 and 2006-07

Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,



Keith B. Petersen

for: C: Ms. Noemi M. Kanouse, Assistant Vice Chancellor, Rancho Santiago CCD
Felix Panganiban, Mandated Cost Coordinator, Rancho Santiago CCD

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

(03) Name of College: Rancho Santiago 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 729,184	\$ 218,755	\$ 947,939
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 729,184	\$ 218,755	\$ 947,939
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period <i>Full-time and Part-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	16,986			\$ -		\$ -	\$ -
2. Per Spring Semester	14,155			\$ -		\$ -	\$ -
3. Per Summer Session	6,751			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	--------------------------

(03) Name of College: Rancho Santiago 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 1,086,246	\$ 325,874	\$ 1,412,120
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 1,086,246	\$ 325,874	\$ 1,412,120

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/05</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	20,512				20,512		
2. Per Spring Semester	20,317				20,317		
3. Per Summer Session	7,413				7,413		
4. Per First Quarter							
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ -



JOHN CHIANG
California State Controller

March 2, 2010

Edward Hernandez, Jr., Ed.D., Chancellor
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706

Re: Audit of Mandated Cost Claims for Health Fee Elimination Program
For the Period of July 1, 2005, through June 30, 2008

Dear Dr. Hernandez:

This letter confirms that Christine Kwong has scheduled an audit of Rancho Santiago Community College District's legislatively mandated Health Fee Elimination Program cost claims filed for fiscal year (FY) 2005-06, FY 2006-07, and FY 2007-08. Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. The entrance conference is scheduled for Tuesday, March 23, 2010, at 1:00 p.m. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for and provide the necessary records (listed on the Attachment) to the audit staff. If you have any questions, please call me at (916) 323-2368.

Sincerely,

STEVE VAN ZEE, Audit Manager
Mandated Cost Audits Bureau
Division of Audits

SVZ/vb

Attachment

8150

**Rancho Santiago Community College District
Records Request for Mandated Cost Program
FY 2005-06, FY 2006-07, and FY 2007-08**

1. Copy of claims filed for the mandated cost program
2. Copy of external and internal audit reports performed on the mandated cost program
3. Organization charts for the district effective during the audit period, showing employee names and position titles
4. Chart of accounts
5. Worksheets that support the productive hourly rate used, including support for benefit rates
6. Documentation that supports the indirect cost rate proposal (ICRP)
7. Employee time sheets or time logs
8. Access to payroll records showing employee salaries and benefits paid during the audit period
9. Access to general ledger accounts that support disbursements
10. Documentation that supports amounts received from other funding sources
11. Copies of invoices and other documents necessary to support costs claimed

Dr. Edward Hernandez

March 2, 2010

Page 2

cc: Jim L. Spano, Bureau Chief (via e-mail)
Division of Audits, State Controller's Office
Christine Kwong, Auditor-in-Charge (via e-mail)
Division of Audits, State Controller's Office
Ginny Brummels, Manager (via e-mail)
Division of Accounting and Reporting, State Controller's Office
Lawrence R. Labrado, President, Board of Trustees
Rancho Santiago Community College District
Noemi Kanouse, Assistant Vice Chancellor, Fiscal Services
Rancho Santiago Community College District
Rennie Velasquez, Director of Accounting
Rancho Santiago Community College District
Felix Panganiban, Senior Accountant
Rancho Santiago Community College District
Christine Atalig, Auditor, Fiscal Services Unit (via e-mail)
California Community Colleges Chancellor's Office
Thomas Todd, Principal Program Budget Analyst (via e-mail)
Education Systems Unit, California Department of Finance



JOHN CHIANG
California State Controller

April 22, 2010

Peter J. Hardash, Vice Chancellor
Business Operations/Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706

Dear Mr. Hardash:

The State Controller's Office (SCO) reviewed the costs claimed by Rancho Santiago Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2005, through June 30, 2009. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$2,522,329 (\$2,532,329 less a \$10,000 penalty for filing a late claim) for the mandated program. Our review disclosed that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

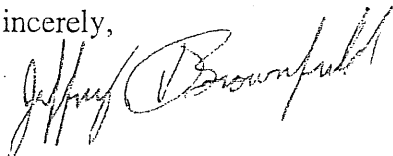
For the fiscal year (FY) 2007-08 claim, the State paid the district \$499,082. Our review disclosed that the claimed costs are unallowable. The State will offset \$499,082 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 2005-06, FY 2006-07, and FY 2008-09 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

If you disagree with the audit finding, 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 the CSM's Web site at www.csm.ca.gov/docs/IRCForm.pdf.

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

Sincerely,



JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk:vb

Attachments

RE: S10-MCC-909

cc: Rennie Velasquez, Director of Accounting
Rancho Santiago Community College District
Thomas Todd, Principal Program Budget Analyst
Education Systems Unit, Department of Finance
Christine Atalig, Auditor, Fiscal Services Unit
California Community Colleges Chancellor's Office
Ginny Brummels, Manager
Division of Accounting and Reporting
State Controller's Office

Attachment 1— Summary of Program Costs July 1, 2005, through June 30, 2009

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 729,184	\$ 729,184	\$ —
Indirect costs	218,755	218,755	—
Total direct and indirect costs	947,939	947,939	—
Less authorized health service fees	(434,775)	(1,201,952)	(767,177)
Less late filing penalty	(10,000)	(10,000)	—
Review adjustments that exceed costs claimed	—	264,013	264,013
Total program costs	<u>\$ 503,164</u>	—	<u>\$ (503,164)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 1,086,246	\$ 1,086,246	\$ —
Indirect costs	325,874	325,874	—
Total direct and indirect costs	1,412,120	1,412,120	—
Less authorized health service fees	(668,214)	(1,495,719)	(827,505)
Review adjustments that exceed costs claimed	—	83,599	83,599
Total program costs	<u>\$ 743,906</u>	—	<u>\$ (743,906)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2007, through June 30, 2008</u>			
Direct costs	\$ 997,241	\$ 997,241	\$ —
Indirect costs	299,172	299,172	—
Total direct and indirect costs	1,296,413	1,296,413	—
Less authorized health service fees	(707,215)	(1,760,001)	(1,052,786)
Review adjustments that exceed costs claimed	—	463,588	463,588
Total program costs	<u>\$ 589,198</u>	—	<u>\$ (589,198)</u>
Less amount paid by the State		(499,082)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (499,082)</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2008, through June 30, 2009</u>			
Direct costs	\$ 1,150,382	\$ 1,150,382	\$ —
Indirect costs	345,115	345,115	—
Total direct and indirect costs	1,495,497	1,495,497	—
Less authorized health service fees	(742,697)	(1,775,285)	(1,032,588)
Less offsetting savings/reimbursements	(66,739)	(66,739)	—
Review adjustments that exceed costs claimed	—	346,527	346,527
Total program costs	<u>\$ 686,061</u>	—	<u>\$ (686,061)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2005, through June 30, 2009</u>			
Direct costs	\$ 3,963,053	\$ 3,963,053	\$ —
Indirect costs	1,188,916	1,188,916	—
Total direct and indirect costs	5,151,969	5,151,969	—
Less authorized health service fees	(2,552,901)	(6,232,957)	(3,680,056)
Less offsetting savings/reimbursements	(66,739)	(66,739)	—
Less late filing penalty	(10,000)	(10,000)	—
Review adjustments that exceed costs claimed	—	1,157,727	1,157,727
Total program costs	<u>\$ 2,522,329</u>	—	<u>\$ (2,522,329)</u>
Less amount paid by the State		(499,082)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (499,082)</u>	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2005, through June 30, 2009

FINDING— Understated authorized health service fees

The district understated authorized health service fees by \$3,680,056.

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 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 period of July 1, 2005, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor’s Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

Fiscal Year	Authorized Health Fee Rate	
	Fall/Spring Semester	Summer Session/ Winter Interession
2005-06	\$14	\$11
2006-07	15	12
2007-08	16	13
2008-09	17	14

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district’s enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23. Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Summer Session	Fall Semester	Winter Intersession	Spring Semester	Total
Fiscal Year 2005-06:					
Number of enrolled students	18,666	41,567	—	45,941	
Less number of apprenticeship program enrollees	(1,048)	(1,827)	—	(2,449)	
Less number of BOGG recipients	(3,738)	(8,284)	—	—	
Subtotal	13,880	31,456	—	43,492	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(11)	× \$(14)	
Authorized health service fees	<u>\$ (152,680)</u>	<u>\$ (440,384)</u>	<u>\$ —</u>	<u>\$ (608,888)</u>	\$ (1,201,952)
Less authorized health service fees claimed					<u>434,775</u>
Review adjustment, FY 2005-06					<u>(767,177)</u>
Fiscal Year 2006-07:					
Number of enrolled students	17,241	43,367	—	47,934	
Less number of apprenticeship program enrollees	(1,119)	(1,984)	—	(2,500)	
Subtotal	16,122	41,383	—	45,434	
Authorized health fee rate	× \$(12)	× \$(15)	× \$(12)	× \$(15)	
Authorized health service fees	<u>\$ (193,464)</u>	<u>\$ (620,745)</u>	<u>\$ —</u>	<u>\$ (681,510)</u>	(1,495,719)
Less authorized health service fees claimed					<u>668,214</u>
Review adjustment, FY 2006-07					<u>(827,505)</u>
Fiscal Year 2007-08:					
Number of enrolled students	19,553	46,882	7,205	46,693	
Less number of apprenticeship program enrollees	(1,244)	(2,177)	(5)	(2,124)	
Subtotal	18,309	44,705	7,200	44,569	
Authorized health fee rate	× \$(13)	× \$(16)	× \$(13)	× \$(16)	
Authorized health service fees	<u>\$ (238,017)</u>	<u>\$ (715,280)</u>	<u>\$ (93,600)</u>	<u>\$ (713,104)</u>	(1,760,001)
Less authorized health service fees claimed					<u>707,215</u>
Review adjustment, FY 2007-08					<u>(1,052,786)</u>
Fiscal Year 2008-09:					
Number of enrolled students	21,075	45,574	—	46,623	
Less number of apprenticeship program enrollees	(865)	(1,345)	—	(3,067)	
Subtotal	20,210	44,229	—	43,556	
Authorized health fee rate	× \$(14)	× \$(17)	× \$(14)	× \$(17)	
Authorized health service fees	<u>\$ (282,940)</u>	<u>\$ (751,893)</u>	<u>\$ —</u>	<u>\$ (740,452)</u>	(1,775,285)
Less authorized health service fees claimed					<u>742,697</u>
Review adjustment, FY 2008-09					<u>(1,032,588)</u>
Total review adjustment					<u>\$ (3,680,056)</u>

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code J, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that

identifies any students the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CC30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 513,164.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS	-	503,164.00
LATE CLAIM PENALTY	-	10,000.00
TOTAL ADJUSTMENTS	-	513,164.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,


GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CC30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 743,906.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 743,906.00

TOTAL ADJUSTMENTS - 743,906.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
 MAY 29, 2010

CC30125
 00234
 2010/05/29

BOARD OF TRUSTEES
 RANCHO SANTIAGO COMM COLL DIST
 ORANGE COUNTY
 17TH ST AT BRISTOL
 SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2007/2008 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	589,198.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 589,198.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-499,082.00
AMOUNT DUE STATE	\$ 499,082.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 499,082.00 WITHIN 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 WITH 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	- 589,198.00	
TOTAL ADJUSTMENTS		- 589,198.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA94101A		
PAID 10-20-2009	-499,082.00	
TOTAL PRIOR PAYMENTS		-499,082.00

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CC30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2008/2009 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 686,061.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 686,061.00

TOTAL ADJUSTMENTS - 686,061.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, 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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

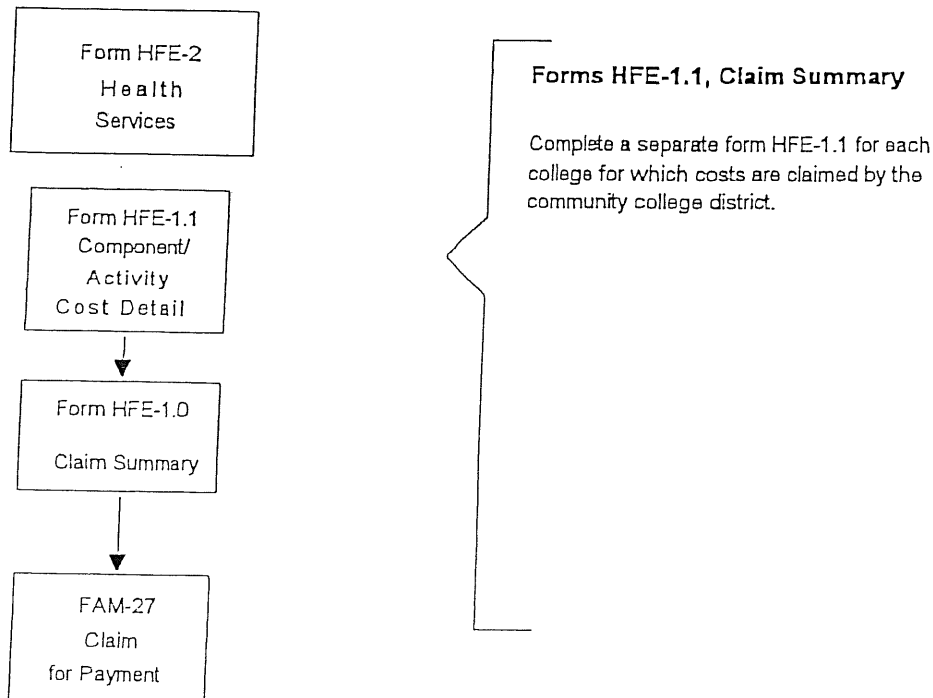
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use Only

Program

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

234

(01) Claimant Identification Number

Reimbursement Claim Data

(02) Claimant Name

(22) HFE-1.0, (04)(b)

County of Location

(23)

Street Address or P.O. Box

Suite

(24)

City

State

Zip Code

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☐(09) Reimbursement ☐(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost

(06) 20____/20____

(12) 20____/20____

(30)

Total Claimed Amount

(07)

(13)

(31)

Less: 10% Late Penalty, not to exceed \$1,000

(14)

(32)

Less: Prior Claim Payment Received

(15)

(33)

Net Claimed Amount

(16)

(34)

Due from State

(08)

(17)

(35)

Due to State

(18)

(36)

(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

Date

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number

() -

Ext.

E-Mail Address

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.
- (37) 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

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.0

(01) Claimant

(02) Type of Claim

Fiscal Year

Reimbursement ☐Estimated ☐

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

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14.

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21.

(4) Total Amount Claimed

[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
---	--	-----------------

(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
---------------	--	--------------------------

(03) Name of 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.

LESS

☐

SAME

☐

MORE

☐

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))

(10) Subtotal [Line (07) - line (09)]

Cost Reduction

(11) Less: Offsetting Savings

(12) Less: Other Reimbursements

(13) Total Claimed Amount [Line (10) - (line (11) + line (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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			
Venereal Disease			
Communicable Disease			
Upper Respiratory Infection			
Eyes, Nose and Throat			
Eye/Vision			
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			
Acquired Immune Deficiency Syndrome			
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			

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys
 Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2005 - 2006

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

December 21, 2007

CERTIFIED MAIL #7006 3450 0000 3941 8666

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College District's reimbursement claim listed below:

1/84

Health Fee Elimination

2005-2006

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



for Keith B. Petersen, President

Claim File Copy

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ___/___/___
 (21) LRS Input ___/___/___

Program
234

(01) Claimant Identification Number: CC 30125			Reimbursement Claim Data	
(02) Claimant Name Rancho Santiago Community College District			(22) HFE-1.0, (04)(b)	513,164
County of Location Orange			(23)	
Street Address 2323 North Broadway			(24)	
City Santa Ana State CA Zip Code 92706-1640			(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2005-2006	(30)	
Total Claimed Amount	(07)	(13) \$ 513,164	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ 10,000	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 503,164	(34)	
Due from State	(08)	(17) \$ 503,164	(35)	
Due to State		(18)	(36)	

(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

Peter Hardash

Vice Chancellor, Business Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Rancho Santiago Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Rancho Santiago College

\$ 513,164

2.

3.

4.

5.

6.

7.

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9.

10.

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12.

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14.

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16.

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18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 513,164

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Rancho Santiago Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Rancho Santiago College

\$ 513,164

2.

3.

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5.

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21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 513,164

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
----------------	---	-----------------

(01) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

(03) Name of College: Rancho Santiago 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
----------------------------------	---	----------------------------------

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 729,184	\$ 218,755	\$ 947,939
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 729,184	\$ 218,755	\$ 947,939

Collection Period							
	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 434,775
0) Subtotal	[Line (07) - line (09)]	\$ 513,164

Cost Reduction	
1) Less: Offsetting Savings, if applicable	
2) Less: Other Reimbursements, if applicable	
3) Total Amount Claimed	[Line (10) - {line (11) + line (12)}]
	\$ 513,164

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Rancho Santiago Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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			
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			
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	
Acquired Immune Deficiency Syndrome			
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list	X	X	
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			
Child Abuse	X	X	

Program
234

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

**FORM
HFE-2**

(01) Claimant
Rancho Santiago Community College District

(02) Fiscal Year costs were incurred:
2005-2006

(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
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
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	X

Parking Cards/Elevator Keys
Tokens
Return Card/Key
Parking Inquiry
Elevator Passes
Temporary Handicapped Parking Permits

(01) Claimant
Rancho Santiago Community College District

(02) Fiscal Year costs were incurred:
2005-2006

(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

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

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

X

X

Temperature

X

X

Weigh

X

X

Information

X

X

Report/Form

X

X

Wart Removal

X

X

Others, list

Committees

Safety

X

X

Environmental

X

X

Disaster Planning

X

X

Fiscal Year

2006 - 2007

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

February 8, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8727

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College District's reimbursement claim listed below:

1/84

Health Fee Elimination

2006-2007

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen, President

Claim File Copy

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed ___/___/___

(21) LRS Input ___/___/___

Program

234

(01) Claimant Identification Number: CC 30125

Reimbursement Claim Data

(02) Claimant Name Rancho Santiago Community College District

(22) HFE-1.0, (04)(b)

743,906

County of Location Orange

(23)

Street Address 2323 North Broadway

(24)

City State Zip Code
Santa Ana CA 92706-1640

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated ☒(09) Reimbursement ☒

(27)

(04) Combined ☐(10) Combined ☐

(28)

(05) Amended ☐(11) Amended ☐

(29)

Fiscal Year of Cost (06) 2007-2008

(12) 2006-2007

(30)

Total Claimed Amount (07) \$ 818,000

(13) \$ 743,906

(31)

Less: 10% Late Penalty, not to exceed \$10,000

(14) \$ -

(32)

Less: Prior Claim Payment Received

(15) \$ -

(33)

Net Claimed Amount

(16) \$ 743,906

(34)

Due from State (08) \$ 818,000

(17) \$ 743,906

(35)

Due to State

(18)

(36)

(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

Rendencion Velazquez

Director of Accounting

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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Rancho Santiago Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Rancho Santiago College	\$ 743,906
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	\$ 743,906

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

(01) Claimant: Rancho Santiago Community College District	(02) Type of Claim: <div style="display: flex; justify-content: space-between; align-items: center;"> <div> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 2006-2007 </div> </div>
--	--

(03) Name of College:	Rancho Santiago 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 1,086,246	\$ 325,874	\$ 1,412,120
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 1,086,246	\$ 325,874	\$ 1,412,120

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 668,214
(10) Subtotal	[Line (07) - line (09)]	\$ 743,906

Cost Reduction

(1) Less: Offsetting Savings, if applicable	
(2) Less: Other Reimbursements, if applicable	
(3) Total Amount Claimed	\$ 743,906

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2006-2007		
(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				
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				
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	
Acquired Immune Deficiency Syndrome				
Eating Disorders		X	X	
Weight Control		X	X	
Personal Hygiene		X	X	
Burnout		X	X	
Other Medical Problems, list		X	X	
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				
Child Abuse		X	X	

Chapters 1/84 and 1118/87, Page 2 of 3

<div>Program</div> <div>234</div>		<div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div>		<div>FORM</div> <div>HFE-2</div>	
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 1986-1987			
(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					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
Monospot					
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		X	X		
Temperature		X	X		
Weigh		X	X		
Information		X	X		
Report/Form		X	X		
Wart Removal		X	X		
Others, list					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

Fiscal Year

2007-2008

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

February 6, 2009

CERTIFIED MAIL #7006 3450 0000 3941 8901

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

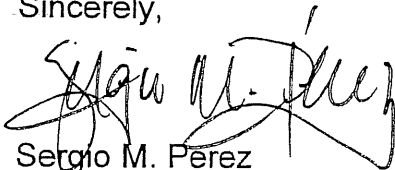
Re: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125

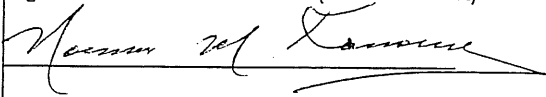
Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College Districts reimbursement claim listed below:

1/84 Health Fee Elimination 2007-2008

If you have any questions regarding this claim, please contact me at (858) 514-8605

Sincerely,


Sergio M. Pérez

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 30125			(19) Program Number 00234		
			(20) Date Filed ____/____/____		
			(21) LRS Input ____/____/____		
(02) Claimant Name: Rancho Santiago Community College District			Reimbursement Claim Data		
Orange County			(22) HFE-1.0, (04)(b)	589,198	
2323 N. Broadway			(23)		
Santa Ana CA 92706			(24)		
			(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)		
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06)	(12) 2007-2008	(30)		
Total Claimed Amount	(07)	(13) \$ 589,198	(31)		
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)		
Less: Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 589,198	(34)		
Due from State	(08)	(17) \$ 589,198	(35)		
Due to State		(18)	(36)		
(37) CERTIFICATION OF CLAIM					
<p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
			2/4/09		
Noemi M. Kanouse			Assistant Vice 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		

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1
(01) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
(03) List all community colleges identified in form 1.1, line (03)		
(a) Name of College		(b) Claimed Amount
1. Santa Ana College		\$ 289,064
2. Santiago Canyon College		\$ 300,135
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
(04) Total Amount Claimed		\$ 589,198

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
(01) Claimant: Rancho Santiago Community College District		(02) Type of Claim: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> </div>
(03) Name of College: Santa Ana 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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input checked="" type="checkbox"/> </div>		
	Direct Cost	Indirect Cost of: 30.00%
		Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 591,566	\$ 177,470
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 591,566	\$ 177,470
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (f)	
1. Per Fall Semester	31,342	
2. Per Spring Semester	31,368	
3. Per Summer Session	11,826	
4. Per Winter Session	4,921	
5. Per Second Quarter		
6. Per Third Quarter		
(09) Total health fee that could have been collected: <div style="float: right;">The sum of (Line (08)(1)(c) through line (08)(6)(c))</div>		\$ 479,972
(10) Subtotal <div style="float: right;">[Line (07) - line (09)]</div>		\$ 289,064
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed <div style="float: right;">[Line (10) - {(line (11) + line (12))}]</div>		\$ 289,064

PROGRAM <div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (01) Claimant: Rancho Santiago Community College District </div> <div style="width: 45%;"> (02) Type of Claim: <div style="display: flex; justify-content: space-between;"> <div>Reimbursement <input checked="" type="checkbox"/></div> <div>Fiscal Year 2007-2008</div> </div> <div>Estimated <input type="checkbox"/></div> </div> </div>		
(03) Name of College: Santiago Canyon 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. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div>LESS <input type="checkbox"/></div> <div>SAME <input type="checkbox"/></div> <div>MORE <input checked="" type="checkbox"/></div> </div>		
		Direct Cost Indirect Cost of: 30.00% Total
(05) Cost of Health Services for the Fiscal year of Claim		\$ 405,675 \$ 121,703 \$ 527,378
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ - \$ - \$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]		\$ 405,675 \$ 121,703 \$ 527,378
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
		(c) Students Exempt per EC 76355(c)(2)
		(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>
		(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)
		(f) Unit Cost Per Student Per EC 76355
		(g) Student Health Fees (e) x (f)
1. Per Fall Semester	14,494	
2. Per Spring Semester	14,313	
3. Per Summer Session	6,723	
4. Per Winter Session	2,089	
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)) \$ 227,243
(10) Subtotal		[Line (07) - line (09)] \$ 300,135
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed		[Line (10) - {line (11) + line (12)}] \$ 300,135

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

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			

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		X	
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	

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		X	
Ear Irrigation for Wax			
Committees			
Safety	X	X	
Environmental	X	X	
Disaster Planning	X	X	

Fiscal Year

2008-2009

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbsixten@aol.com

February 10, 2010

CERTIFIED MAIL #7001 0360 0000 5999 8799

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Contrller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College District's reimbursement claim listed below:

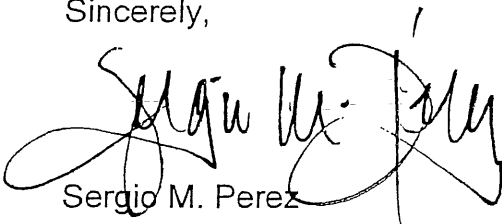
1/84

Health Fee Elimination

2008-09

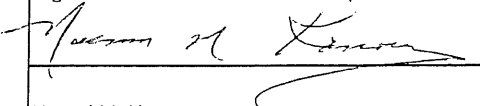
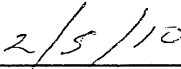
If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez

CLAIM FILE COPY

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use Only (19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		Program 234
(01) Claimant Identification Number: CC 30125			Reimbursement Claim Data		
(02) Claimant Name Rancho Santiago Community College District			(22) FORM-1, (04)(b)	686,061	
Orange County			(23)		
2323 N. Broadway			(24)		
Santa Ana CA 92706			(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)		
(03) Estimated <input type="checkbox"/>		(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>	(28)		
(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06)	(12) 2008-2009	(30)		
Total Claimed Amount	(07)	(13) \$ 686,061	(31)		
Less : 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)		
Less : Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 686,061	(34)		
Due from State	(08)	(17) \$ 686,061	(35)		
Due to State		(18)	(36)		
(37) CERTIFICATION OF CLAIM <p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
					
Noemi M. Kanouse			Assistant Vice Chancellor		
Type or Print Name			Title		
(38) Name of Contact Person for Claim					
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1
(01) Claimant: Rancho Santiago Community College District	(02) Fiscal Year 2008-2009	
(03) List all community colleges identified in form 1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Santa Ana College	\$ 375,283	
2. Santiago Canyon College	\$ 310,778	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
(04) Total Amount Claimed	\$ 686,061	

PROGRAM <div style="background-color: #cccccc; padding: 5px; font-weight: bold; font-size: 1.2em;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
(01) Claimant: Rancho Santiago Community College District		(02) Fiscal Year 2008-2009
(03) Name of College: Santa Ana 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.		
<div style="display: flex; justify-content: space-around;"> <div>LESS <input type="checkbox"/></div> <div>SAME <input type="checkbox"/></div> <div>MORE <input checked="" type="checkbox"/></div> </div>		
	Direct Cost	Indirect Cost of: 30.00%
(05) Cost of Health Services for the Fiscal year of Claim	\$ 712,370	\$ 213,711
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 712,370	\$ 213,711
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (f)	
1. Per Fall Semester	31,787	31,787
2. Per Spring Semester	30,743	30,743
3. Per Summer Session	13,430	13,430
4. Per First Quarter		
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)) \$ 500,095
(10) Subtotal		[Line (07) - line (09)] \$ 425,986
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		\$ 50,703
(13) Total Amount Claimed		[Line (10) - {(line (11) + line (12))}] \$ 375,283

PROGRAM <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM 1.1
(01) Claimant: Rancho Santiago Community College District		(02) Fiscal Year 2008-2009	
(03) Name of College: Santiago Canyon 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.			
LESS <input type="checkbox"/>		SAME <input type="checkbox"/>	
		MORE <input checked="" type="checkbox"/>	
		Direct Cost	Indirect Cost of: 30.00%
		Total	
(05) Cost of Health Services for the Fiscal year of Claim		\$ 438,012	\$ 131,404
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]		\$ 438,012	\$ 131,404
(08) Complete Columns (a) through (g) to provide detail data for health fees			
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)
			(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>
			(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)
			(f) Unit Cost Per Student Per EC 76355
			(g) Student Health Fees (e) x (f)
1.	Per Fall Semester	13,641	13,641
2.	Per Spring Semester	16,219	16,219
3.	Per Summer Session	6,989	6,989
4.	Per First Quarter		
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)) \$ 242,602	
(10) Subtotal		[Line (07) - line (09)] \$ 326,814	
Cost Reduction			
(11) Less: Offsetting Savings, if applicable			
(12) Less: Other Reimbursements, if applicable		\$ 16,036	
(13) Total Amount Claimed		[Line (10) - {line (11) + line (12)}] \$ 310,778	

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: January 8, 2007

INSTITUTION:

Rancho Santiago Community College District
2323 N. Broadway

FILING REF.: The preceding
Agreement was dated
July 11, 2005

Santa Ana

CA

92706-1640

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/07	06/30/09	30.0	On-Campus	All Programs
PROV.	07/01/09	06/30/10	30.0	On-Campus	All Programs

*BASE:

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract).

Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

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

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	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			

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	

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

COMMISSION ON STATE MANDATES

980 NINTH STREET, SUITE 300

SACRAMENTO, CA 95814

TE: (916) 323-3562

F: (916) 445-0278

E-mail: csminfo@csm.ca.gov

December 13, 2010



Mr. Keith Petersen
SixTen and Associates
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834

Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College Dist.
800 South College Drive
Santa Maria, CA 93454-6399

Mr. Jim Spano
Division of Audits
State Controller's Office
3301 C Street, Suite 700
Sacramento, CA 95816

**RE: Notice of Proposed Consolidation of Incorrect Reduction Claims/
Request for Further Briefing and Information**

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, 09-4206-I-30)

Education Code Section 76355

Statutes 1984, Chapter 1; Statutes 1987, Chapter 1118

Claimants: Citrus Community College District (FYs 2002-02 – 2006-07), Cerritos
Community College District (FYs 2002-03 – 2006-07), Los Rios Community College
District (FYs 2005-06 – 2007-08), Redwood Community College District
(FYs 2002-03 – 2008-09), Allan Hancock Joint Community College District
(FYs 2002-03 – 2006-07), Rancho Santiago Community College District (FYs 2005-06 –
2008-09), Pasadena Community College District (FYs 2004-05 – 2005-06)

Notice of Proposed Consolidation

Pursuant to Government Code section 17558.8 and section 1185.4 of the Commission's regulations, I am proposing to consolidate the above-named incorrect reduction claims. These incorrect reduction claims raise common questions of law and fact and were reduced by the State Controller's Office for the same reason.

In all claims, the claimant filed annual reimbursement claims for the *Health Fee Elimination* program. These claims were subject to a desk audit by the State Controller's Office. All claims were reduced because the claimants did not identify the full amount of offsetting revenue authorized by Education Code section 76355. In addition, four claimants argue the State Controller's Office initiated the audits and reduced the reimbursement claims for fiscal years 2002-2003 and 2003-2004 after the statute of limitations in Government Code section 17558.5 expired. Accordingly, a consolidation of these claims would result in consistent decision-making by the Commission.

Pursuant to section 1185.4 of the Commission's regulations, the consolidation of the incorrect reduction claims listed above will become effective 30 days from the date of this letter, or on ***January 12, 2011***.

Requests to Sever Individual Incorrect Reduction Claims. On or before January 12, 2011, a claimant may serve and file a written request that an individual incorrect reduction claim be severed from the proposed consolidation. Timely requests to sever shall be approved. Requests for severing an individual incorrect reduction claims received after January 12, 2011, shall be denied. (Cal. Code Regs., tit. 2, § 1185.4, subd. (a)(2)(3).)

Appeal to the Commission. Any party may appeal to the Commission for review of the actions and decisions of the Executive Director to consolidate these incorrect reduction claims pursuant to section 1181 of the Commission's regulations.

Request for Further Briefing and Information

In order to complete a draft staff analysis on these incorrect reduction claims, Commission staff requests further briefing and information from the parties by ***January 12, 2011, and any rebuttal comments filed by January 26, 2011***, on the following issues:

1. How does the court's decision in *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 810-812, regarding the offsetting revenue authorized by Education Code section 76355 for the *Health Fee Elimination* program, impact these incorrect reduction claims?
2. Please identify any issues regarding the amount of the offsetting revenue authorized to be reduced from these claims.
3. In four of the incorrect reduction claims (09-4206-I-19/20/26/27), the claimants argue that the State Controller's Office initiated the audits and reduced the reimbursement claims for fiscal years 2002-2003 and 2003-2004 after the statute of limitations in Government Code section 17558.5 expired. No comments on this issue have been filed by the State Controller's Office.

Government Code section 17558.5, subdivision (a), states the following:

A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The State Controller's Office is requested to identify when these audits were "initiated" and to provide any documentary evidence to show the date the audits were "initiated."

Section 1188.1 of the Commission's regulations requires that all assertions or representations of fact shall be supported by documentary evidence, which must be authenticated by declarations

under penalty of perjury signed by persons who are authorized and competent to do so and be based upon the declarant's knowledge or information or belief.

These incorrect reduction claims will be set for hearing when the draft staff analysis is issued. (Cal. Code Regs., tit.2, § 1187, subd. (b), eff. Jan. 1, 2011.)

Mailing Lists and Filing and Service of Written Materials

Please see section 1181.2 of the Commission's regulations for complete procedures for filing written materials.

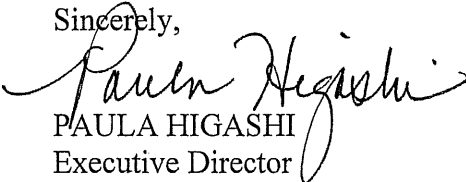
Pursuant to section 1181.2, subdivision (a), the Commission will promulgate a mailing list of parties, interested parties, and interested persons for each claim or other filing, and provide the list to those included on the list, and to anyone who requests a copy. Pursuant to subdivision (b), any written material filed by hard copy with the Commission on this claim shall be simultaneously served on the other parties listed on the mailing list provided by the Commission.

Electronic Filing

Written materials may also be electronically filed with the Commission. Parties, interested parties, and interested persons electing to file written materials electronically should go to the Commission's website at csm.ca.gov and click on the "Commission Dropbox" and following the instructions. Complete instructions are also included with this notice. Written materials that are electronically submitted will be posted to the Commission's website, and will satisfy the requirements that written materials be served on all parties and persons on the mailing list.

Please contact Camille Shelton, Chief Legal Counsel, at (916) 323-8215, with questions or concerns regarding these matters.

Sincerely,


PAULA HIGASHI
Executive Director

SixTen and Associates

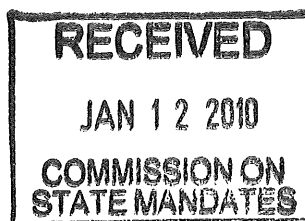
Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbpsixten@aol.com

January 11, 2011



Drew Bohan, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Dear Mr. Bohan:

RE: 1/84 Health Fee Elimination
Education Code Section 76355

CSM 09-4206-I-19 Citrus Community College District
Fiscal Years: 2002-03 through 2006-07

CSM 09-4206-I-20 Cerritos Community College District
Fiscal Years: 2002-03 through 2006-07

CSM 09-4206-I-23 Los Rios Community College District #3
Fiscal Years: 2005-06 through 2007-08

CSM 09-4206-I-26 Redwoods Community College District
Fiscal Years: 2002-03 through 2006-07

CSM 09-4206-I-28 Rancho Santiago Community College District #2
Fiscal Years: 2005-06 through 2008-09

CSM 09-4206-I-30 Pasadena Area Community College District #3
Fiscal Years: 2004-05 through 2005-06

Dear Mr. Bohan:

This letter is in response to the December 13, 2010, letter from Paula Higashi in regard to the above referenced incorrect reduction claims. I am responding as the representative of six of the seven Districts in this consolidated action.

I. CONSOLIDATION OF THE CLAIMS

The six Districts do not object to the consolidation of the seven claims.

II. THE IMPACT OF THE CLOVIS APPELLATE COURT DECISION

1. A New Standard for "Costs Mandated by the State"

The Appellate Court establishes a new standard ("basic principle") for mandate cost accounting: "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." The Court (28) characterizes this as a "fundamental legal principle underlying state mandated costs." Declaration of this new legal maxim proceeded without a complete analysis of the issue of underground rulemaking and includes reliance on a factually incompatible court decision.

The analysis of the underground rulemaking was incomplete. In *Clovis*, the college districts argued that the Controller's "Health Fee Rule" constitutes an invalid, underground regulation because the Controller generally applies it and the rule implements, interprets or makes specific the program parameters and guidelines. The Court (26) agreed with the first condition. As to the second condition, the litigating districts argued that the parameters and guidelines require that the mandate claimants have actually "experienced," that is collected, the student health service fees that are deducted from the total program costs. However, instead of reaching a conclusion regarding whether the Controller's rule implemented the parameters and guidelines, the Court (26, 27) concluded that the "argument falters when exposed to the broader context of the nature of state-mandated costs and common sense." Thus, the second condition of the underground rulemaking analysis went unanswered in preference to the Court's analysis of the "broader context" of law and "common sense."

As for the "broader context" of "the nature of state-mandated costs" law, the Court (27), citing Government Code Section 17514 and Section 17556, subdivision (d), asserts that Section 17556 (d) "reflects" the Section 17514 requirement of new "increased costs" by presumptively carving away from those increased costs the amount of any authorized fees that the district "has the authority to levy." The Court (27, 28) then concludes that this joint operation of Sections 17556 and 17514 "embod[ies]" the "basic principle" that "[t]o 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." Thus, this "basic principle," never before articulated in statutory law or a court opinion, will control the effect of statutory fee authority on program costs.

The Court's juncture of Sections 17514 and 17556 is forced in order to create the new "basic principle." Section 17556 is the basis for a determination of whether there are "costs mandated by the state," that is, whether the test claim is approved, not the basis

for imputing a revenue source to offset program costs. The Court (28) cites *Connell*, for the proposition that “the plain language of [section 17556, subdivision (d)] precludes reimbursement where the local agency has the authority, i.e., the right or the power, to levy fees sufficient to cover the costs of the state mandated program.” The facts here are to the contrary, as described in the Clovis decision at Footnote 8.¹ The Commission did not determine, as a matter of fact or law, for the Health Fee Elimination Program, that the Education Code Section 76355 statutory authority was sufficient to entirely reimburse the cost of the program. Therefore, *Connell* and Section 17556, subdivision (d), do not fit the facts or law for this mandate program.

With the facts here contrary to the law relied upon by the Court, and the second condition of the underground rulemaking analysis remaining unanswered as to the proper application of the parameters and guidelines, what apparently remains in the *Clovis* decision is: “And this basic principle [to the extent the districts have the authority to levy a fee there is no increased cost] flows from common sense as well.” Thus, what we are left with for the analysis of some of the remaining audit issues is a “common sense” application of the statutory fee authority stated in Education Code Section 76355.²

¹ Clovis Court Opinion Footnote 8:

“In light of sections 17514 and 17556, subdivision (d), the Commission found the Health Fee Elimination Program to be a reimbursable state-mandated program to the extent the cost to community college districts of maintaining their level of health services at the 1986-1987 level, as required by the Health Fee Elimination Program mandate, is not covered by the nominal health fee authorized by section 76355, subdivision (a)(1) (\$10 maximum per semester per student).”

² 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:

“(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).

(b) If, pursuant to this section, a fee is required, the governing board of the

2. The Deflator Is Not Self-implementing

Education Code Section 76355, subdivisions (a) and (c), as a matter of law, provides to the college district governing board the discretion to charge a fee, the amount 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.

(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.~~ **(This subsection was removed by Statutes of 2005, Chapter 320, effective January 1, 2006)**

(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."

fee, and whether it shall be mandatory or optional for part-time students. The amount of this fee is stated to be “not more than” \$10 for the fall and spring semesters and \$7 for the summer, quarter, and intersession periods. Subdivision (a) also provides the governing board with the discretion to increase this fee based on a specified price deflator. Since Section 76355 requires the district governing board to exercise its legislative power, both whether to charge the fee and to determine the amount of the fee, Section 76355 is not self-implementing.

Further, Section 76355 does not specify the application of the deflator. It does not designate which deflator components are relevant to college district or health services costs. It does not designate what date the additional dollar increases may be assessed (use of the start of the subsequent school/fiscal year may be reasonable, but is still arbitrary). The language of Section 76355 is insufficient to make the application of the cited deflator self-implementing.

Absent the self-implementation of the deflator provision, the maximum student health service fee amounts that can be used by the Controller to calculate the collectible student health service fees, absent independent legislative activity by the college governing board to charge a higher fee, are the amounts listed in Section 76355, that is, \$10 and \$7.

3. The Controller Cannot Rely Upon the Chancellor’s Office Letter as a Basis for Adjustment

The Controller’s calculation of “collectible” student health service fees impermissibly relies upon the increased student health service fee amount periodically published by the Chancellor’s Office in a form letter to all college districts. The latest letter, dated April 27, 2010, is representative of the prior letters, in that the Chancellor informs the colleges when the Implicit Price Deflator increases the potential fee amount. For FY 2010, the potential fee amount is “a maximum” \$17 per student for a full semester and \$14 per student for the shorter sessions. The audit reports have cited this letter or the Chancellor’s Office as the source of these fee amounts. However, Section 76355 does not authorize either the Chancellor’s Office, the Controller, or any other state agency, to set or increase this fee, it is within the jurisdiction of the college district governing board.³ Therefore any state agency wishing to enforce subdivision (a) would be required to comply with the Administrative Procedure Act, and the Controller never has done so. The Controller’s use of the letter, for audit purposes for the calculation of the

³ College District Rulemaking: While the college districts may have used the Chancellor’s letter as the basis to increase its fees is an issue separate from the Controller’s use of the letter for audit purposes. When setting fees, the district governing board is operating as the legislative body of the district and may independently rely on relevant and rational sources.

collectible amount, is a rule of general application without benefit of rulemaking.

While the *Clovis* decision would seem to indicate that the Controller's failure to comply with the APA is subsumed by the new "basic principle," this Court's use of the new "basic principle" did not address the legal issue of whether the statute is self-implementing, that is, whether the Controller can impute a student health service fee amount greater than that charged by the district governing board. The Controller is not a legislative body, nor, is there evidence that the periodic rate increases published in the Chancellor's letters are the result of any Title 5 rulemaking by the California Community College Board of Governors. Further, the Commission parameters and guidelines, as last amended on May 25, 1989, make no provision for a self-implementing deflator. The record is bereft of any statutory or rulemaking authority for any state agency to impute a fee higher than that stated in Section 76355 for purposes of calculating the offsetting amount of student health services.

The Controller's calculation of collectible offsetting student health service fees is thus limited to the amount in Section 76355 without increase, or the amount actually charged and received by each district. Since the Controller has not audited the districts' actual student health service fee revenue amounts, the audit reports are without evidence or legal basis for any adjustments made to the student health service fees.

4. Students Exempt From the Health Service Fee

Education Code Section 76355, subdivision (c), *requires* the districts to adopt local rules, that is, to utilize its legislative power, to exempt certain students from payment of the health service fee. To the contrary, Section 76355 merely *authorizes* districts to charge the fee to any other class of student. Subdivision (c) states that the districts cannot charge a fee to apprenticeship students or students that request a religion-based exemption. Until January 1, 2006, students receiving BOGG fee waivers (perhaps as much as 30% of the enrollment) were also exempted from paying the fee. Note that these exemptions do not automatically mean that the district can exclude these students from student health services, rather, the district just cannot collect a fee. Thus, to the extent that these students utilize the student health services, the district is incurring an unfunded program cost.

The Controller's collectible fee calculation excludes these exempted students from the calculation of the offsetting revenue, but does not determine the cost of the services to these exempt students. The *Clovis* decision has concluded that if a charge can be made, then a cost is not incurred. Since no charge can be made for exempted students, these costs should be reimbursed without regard to the offsetting savings applied to all other student program costs. The Controller has the burden of going forward on this issue of properly reimbursing the cost of services provided to the exempt students. In these seven "desk" audits, the Controller did not audit any of the program costs, so the Controller inappropriately reduced the health service costs for the

exempt students.

5. Student Health Service Centers Not Practically Accessible to Students

Many community colleges have academic “learning centers” located significant distances away from the main campus location of the student health service center and other student services or programs. One example is Kern Community College District’s Mammoth Lakes Learning Center that is located many travel hours from the student health service center located at Bakersfield College in the city of Bakersfield. It would be unreasonable for the district to charge a student at these remote locations for services that will not be provided because they are not practically accessible.

The Controller’s calculation of collectible fees includes all students regardless of whether there is a student health service center at their location of attendance. The result is that the Controller is offsetting the cost of services provided to other students for students from whom the district does not collect a revenue or incur a program cost. The *Clovis* decision has concluded that if a charge can be made, then a cost is not incurred. No charge can reasonably be made for students that cannot access the services, so total program costs should not be reduced by student health service fees never collected, perhaps, at the very least, as a matter of “common sense.”

This issue is also applicable to other students that either by district governing board determination, or otherwise, cannot access the student health services: non-credit students enrolled in off-campus classes or events, adult education students who are not enrolled in the college, and concurrently enrolled high school students without legal capacity to consent to health care services. Each district may have other factual variations of students without access to health care services.

6. Scope of Services Pursuant to Title 5 Sections 54706 and 54708

Pursuant to Education Code 76355, subdivision (g), the California Community Colleges Board of Governor’s adopted Title 5 regulations regarding the appropriate (Title 5, Section 54708) and inappropriate (Title 5, Section 54706) uses of the student health services fee. This does not limit the type of services that can be provided, just the service that can be funded by the student health service fee. The Title 5 regulations were not designed to address the issue of reimbursement, only the stated use of the student health service fee funds as directed by Education Code Section 76355, subdivision (d). The scope of reimbursable services described in the parameters and guidelines exceed the program regulations. Therefore, districts are eligible for reimbursement for some parameters and guidelines services that are outside the scope of the Title 5 constraints for use of the fees.

To the extent that the Controller’s use of the “collectible” fee calculation offsets the cost of the services provided that are subject to reimbursement but are outside the scope of

Title 5, the Controller has improperly reduced reimbursement for the cost of reimbursable services. The Controller has the burden of going forward on this issue of properly matching the offsetting student health services income to the cost of services within the scope of Title 5 services. The Controller did not audit the program costs for this criterion, so the Controller incorrectly reduced the claims.

7. The Chancellor's Enrollment Data

The Controller did not audit the districts' enrollment data. Instead, the Controller utilized enrollment data from the Chancellor's Office for the calculation of collectible fees. The Controller has utilized this Chancellor's Office data for audits for several years, so it is being used as a rule of general application. This enrollment information was collected, processed, and reported by a separate state agency for other purposes and not audited by the Controller. There has been no examination or validation of the data for the data's relevance for purposes of mandated cost reimbursement calculations. Since this data is used to calculate the collectible offsetting revenues, the data must be relevant and supported by the Controller since the Controller is making the adjustment. The Controller has the burden of going forward on this issue of validating the accuracy and relevance of the Chancellor's enrollment data for purposes of mandated cost reimbursement.

III. NO AUDIT WAS CONDUCTED

The District does not dispute the Controller's authority to audit claims for mandated costs and to reduce those costs that are excessive or unreasonable. This authority is expressly contained in Government Code Section 17561. Government Code Section 17561(d)(2)⁴ 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

⁴ 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. . . ."

unreasonable. As stated before, the Controller did not audit the districts' enrollment or program costs. 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.

CERTIFICATION

By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this submission is true and complete to the best of my own knowledge or information or belief, and that any attached documents are true and correct copies of documents received from or sent by the District or state agency which originated the document.

Executed on January 11, 2011 at Sacramento, California, by



Keith B. Petersen, President
SixTen & Associates

Attachment: Exhibit "A" Chancellor's Office "Fiscal Services Memo 10-02"

C: Commission Mailing List dated 12/13/2010 and

Carol Horton, Vice President Financial and Administrative Services
Citrus Community College District

Berlanti Rizkallah, Director Fiscal Services
Cerritos Community College District

Jon Sharpe, Deputy Chancellor
Los Rios Community College District

Carla Spalding, Controller
Redwoods Community College District

Elizabeth Miller, Ed.D., Vice President Administrative Services
Allan Hancock Joint Community College District

Noemi Kanouse, Assistant Vice Chancellor
Rancho Santiago Community College District

Richard Van Pelt, Interim Vice President Administrative Services
Pasadena Area Community College District

Jim Spano, Chief, Mandated Cost Audits Bureau
State Controller's Office

STATE OF CALIFORNIA

JACK SCOTT, CHANCELLOR

**CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE**

1102 Q STREET
SACRAMENTO, CA 95811-6549
(916) 445-8752
[HTTP://WWW.CCCCO.EDU](http://www.cccco.edu)



Memorandum

April 27, 2010

Fiscal Services Memo 10-02
Via E-mail Only

To: Superintendents/Presidents
Chief Business Officers
Chief Student Services Officers
Health Services Program Directors
Financial Aid Officers
Admissions and Records Officers
Extended Opportunity Programs and Services Directors

From: Frederick E. Harris, Assistant Vice Chancellor
College Finance and Facilities Planning

Subject: Student Health Fee

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.

The Implicit Price Deflator Index used to calculate increases to this fee did not change enough from last year to produce an increase of one dollar so there will be **NO** change in the student health fee this year. Therefore, effective with the Summer Session of 2010, districts may continue to charge a maximum fee of **\$17.00** per semester, **\$14.00** for summer session, **\$14.00** for each intersession of at least four weeks, or **\$14.00** 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.

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 the fee, please contact Glen Campora at 916-323-6899 or gcampora@cccco.edu.

DECLARATION OF SERVICE

RE: 09-4206-I-19, et al.
Health Fee Elimination
Incorrect Reduction Claims

I declare:

I am employed in the office of SixTen and Associates, which is the appointed representative of the above named claimants. I am 18 years of age or older and not a party to the entitled matter. My business address is 3270 Arena Blvd., Suite 400-363, Sacramento, CA 95834.

On the date indicated below, I served the attached response to the March 28, 2006, Commission on State Mandates draft staff analysis to:

Drew Bohan, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

In addition, a copy of the document for each of the recipients on the attached list was provided to the Commission for the Commission to distribute once the responses from all of the state agencies have been received.

☒ **U.S. MAIL:** I am familiar with the business practice at SixTen and Associates for the collection and processing of correspondence for mailing with the United States Postal Service. In accordance with that practice, correspondence placed in the internal mail collection system at SixTen and Associates is deposited with the United States Postal Service that same day in the ordinary course of business.

☐ **OTHER SERVICE:** I caused such envelope(s) to be delivered to the office of the addressee(s) listed above by:

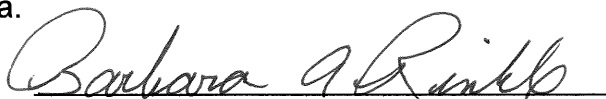
(Describe)

☐ **FACSIMILE TRANSMISSION:** On the date below from facsimile machine number (858) 514-8645, I personally transmitted to the above-named person(s) to the facsimile number(s) shown above, pursuant to California Rules of Court 2003-2008. A true copy of the above-described document(s) was(were) transmitted by facsimile transmission and the transmission was reported as complete and without error.

☐ A copy of the transmission report issued by the transmitting machine is attached to this proof of service.

☐ **PERSONAL SERVICE:** By causing a true copy of the above-described document(s) to be hand delivered to the office(s) of the addressee(s).

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 11, 2011, at Sacramento, California.



Barbara Rinkle

Commission on State Mandates

Original List Date:
Last Updated: 12/13/2010
List Print Date: 12/13/2010
Claim Number: 09-4206-I-19, et al.
Issue: Health Fee Elimination

Mailing List

TO ALL PARTIES AND INTERESTED PARTIES:

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, § 1181.2.)

Mr. Keith B. Petersen SixTen & Associates 3270 Arena Blvd., Suite 400-363 Sacramento, CA 95834	Tel: (916) 419-7093 Email kbpsixten@aol.com Fax: (916) 263-9701
Ms. Elizabeth Miller, EdD Allan Hancock Joint Community College District 800 South College Drive Santa Maria, CA 93454	Tel: (805) 922-6966 Email Emiller@hancockcollege.edu Fax:
Ms. Carol R. Horton Citrus Community College District Financial and Administrative Services 1000 West Foothill Blvd. Glendora, CA 91741-1899	Tel: (626) 914-8886 Email chorton@citruscollege.edu Fax: (626) 914-8823
Ms. Kimberley Nguyen MAXIMUS 3130 Kilgore Road, Suite 400 Rancho Cordova, CA 95670	Tel: (916) 471-5516 Email kimberleynguyen@maximus.com Fax: (916) 366-4838
Ms. Jill Kanemasu State Controller's Office (B-08) Division of Accounting and Reporting 3301 C Street, Suite 700 Sacramento, CA 95816	Tel: (916) 322-9891 Email jkanemasu@sco.ca.gov Fax:
Ms. Susan Geanacou Department of Finance (A-15) 915 L Street, Suite 1280 Sacramento, CA 95814	Tel: (916) 445-3274 Email susan.geanacou@dof.ca.gov Fax: (916) 449-5252
Ms. Jeannie Oropeza Department of Finance (A-15) Education Systems Unit 915 L Street, 7th Floor Sacramento, CA 95814	Tel: (916) 445-0328 Email jeannie.oropeza@dof.ca.gov Fax: (916) 323-9530
Mr. Jay Lal State Controller's Office (B-08) Division of Accounting & Reporting 3301 C Street, Suite 700 Sacramento, CA 95816	Tel: (916) 324-0256 Email JLa@sco.ca.gov Fax: (916) 323-6527



JOHN CHIANG
California State Controller

April 14, 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 Consolidated IRCs identified above. As noted in the letter of consolidation, it appears that the issues in all seven IRCs revolve predominately around questions of law, not of fact. However, we have attached the standard documentation for each IRC to ensure there is a complete administrative record.

We believe the issues surrounding offsetting revenue based on authorized health fees have been fully resolved by the court in the *Clovis*¹ case. In that case the court concluded that the "Health Fee Rule" implemented by the Controller's Office, which reduced reimbursement by the amount of the health fee authorized, was valid². This is precisely the basis on which the Controller's Office made its adjustments to the claims in question.

¹ *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal. App.4th 794.

² *Id* at 812.

Therefore, the adjustments made pursuant to the “Health Fee Rule” should be upheld by the Commission.

In four of the IRCs the Claimant asserts that the reviews of certain fiscal years are precluded by the statute of limitations, specifically Government Code section 17558.5. The basis for this assertion is the allegation that the statutory language of Section 17558.5 is “impermissibly vague”. However, the language of the statute is not vague, the Claimants simply prefer a different outcome. The statute clearly predicates the running of the statute of limitations on the “date of initial payment”, in cases where no funds are appropriated or no payment is made. As a recipient of said payment, the Claimants would be in a position to know when the “clock” has started, and thus when it would end. Ultimately, the argument concerning vagueness is moot, as the commission has no authority to determine that a statute, or any portion thereof, is unconstitutional³. This power is reserved to the Judiciary. For this reason, the Commission should reject the Claimants’ vagueness argument and hold that the statute of limitations begins to run on the date of initial payment.

In the case of Citrus Community College District, the District claims that the adjustments to the 2002-03 and 2003-04 fiscal year claims are precluded by the statute of limitations. For the 2002-03 FY the initial payment was made on October 25, 2006 (Att. H). For the 2003-04 FY no payment was made (Att. A, Ex. A, Pg. 2). Thus, the statute of limitations would have begun to run on October 25, 2006, and expired on October 25, 2009. The review of both fiscal years began on May 8, 2009 (Att. L, Pg. 3) and was complete on October 20, 2009 (Att. A, Tab 5, Pg. 1). Therefore, those reviews were completed timely.

Cerritos Community College District claims that the adjustments for fiscal years 2002-03 and 2003-04 were precluded by the statute of limitations. The initial payment for the 2002-03 FY was made on October 25, 2006 (Att. I). No payment was made for FY 2003-04 (Att. B, Ex. A, Pg. 2). Therefore, the statute of limitations began to run on October 25, 2006, and would have expired on October 25, 2009. The review was initiated on May 8, 2009 (Att. L, Pg. 5) and completed on October 20, 2009 (Att. B, Tab 5, Pg. 1), within the required time frame.

Redwood Community College District also disputes the reviews of fiscal years 2002-03 and 2003-04 based on the statute of limitations. The initial payment for FY 2002-03 was made on October 25, 2006 (Att. J). No payment was made for FY 2003-04 (Att. D, Ex. A, Pg. 2). Based on the initial date of payment, the statute of limitations commenced on October 25, 2006 and expired on October 25, 2009. The review was commenced on May 11, 2009 (Att. L, Pg. 7), and completed on October 20, 2009 (Att. D, Tab 5, Pg. 1). Therefore, the review was timely and the adjustments made therein, valid.

³ California Constitution, Art. 3, Sec. 3.5.

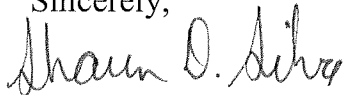
April 14, 2011

Page 3

Claimant Allan Hancock Joint Community College District asserts that the review of fiscal years 2002-03, 2003-04, and 2004-05 are beyond the statute of limitations. The initial payment for FY 2003-03 was made October 25, 2006 (Att. K). No payments were made for FYs 2003-04 and 2004-05 (Att. E, Ex. A, Pgs. 3 & 4). Therefore, the statute of limitations began on October 25, 2006, expiring on October 25, 2009. The reviews were initiated on May 8, 2009 (Att. E, Ex. B, Pg. 6) and completed on October 21, 2009 (Att. E, Ex. B, Pg. 15), within the statute of limitations, and thus timely.

For a more detailed analysis of the claims, see the State Controller's Office, Division of Audits individual response to each IRC, as attachments A through G respectively. Also, included as attachments H through K, are the warrants constituting the initial payment to each claimant asserting a statutes of limitations defense. Attachment L contains three emails which initiated the reviews in the cases of Citrus, Cerritos, and Redwood.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shawn D. Silva".

SHAWN D. SILVA
Senior Staff Counsel

cc: Jim Spano, Division of Audits (w/o attachments)
Ms. Berlanti Rizkallah, Cerritos CCD
Jon Sharpe, Los Rios CCD
Richard Van Pelt, Pasadena CCD
Peter Hardash, Rancho Santiago CCD

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
CITRUS COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief).....	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Claim Adjustment Letter for FY 2002-03 through FY 2006-07 – October 20, 2009	Tab 5
Attachment—District's Comments	
Incorrect Reduction Claim – September 15, 2009	
State Controller's Office Claim Adjustment Letters for FY 2002-03 through FY 2006-07	Exhibit A
Letter from Ginny [Virginia] Brummels, State Controller's Office, to Carol R. Horton, Vice President, Financial and Administrative Services, Citrus Community College District – July 1, 2008.....	Exhibit B
Letter from Keith B. Petersen, President, SixTen and Associates, to Virginia Brummels, Manager, State Controller's Office – August 20, 2008	Exhibit C
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit D
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit E
Citrus Community College District Health Fee Elimination Program Claims – FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07	Exhibit F

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

300 Capitol Mall, Suite 1850

2 Sacramento, CA 94250

3 Telephone No.: (916) 445-6854

4 BEFORE THE

5 COMMISSION ON STATE MANDATES

6 STATE OF CALIFORNIA

9
10 INCORRECT REDUCTION CLAIM ON:

11 *Health Fee Elimination Program*

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

13 CITRUS COMMUNITY
14 COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-19

AFFIDAVIT OF BUREAU CHIEF

15
16 I, Jim L. Spano, make the following declarations:

- 17 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 18 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000.
19 Before that, I was employed as an audit manager for two years and three months.
- 20 3) I am a California Certified Public Accountant (CPA).
- 21 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 22 5) Any attached copies of records are true copies of records, as provided by the Citrus
Community College District or retained at our place of business.
- 23 6) The records include claims for reimbursement, along with any attached supporting
24 documentation, explanatory letters, or other documents relating to the above-entitled
25 Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2002-03, FY 2003-04, FY 2004-05, FY
2 2005-06, and FY 2006-07 was completed on June 30, 2009.

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

6 Date: June 15, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9 By: 

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
14
15
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
CITRUS COMMUNITY COLLEGE DISTRICT**
For Fiscal Year (FY) 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07

Health Fee Elimination Program
Chapter 1, Statutes of 1984, 2nd 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 Citrus Community College District submitted on September 15, 2009. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2007. The SCO issued claim adjustment letters on July 5, and July 6, 2009 (Exhibit A).

The district submitted reimbursement claims totaling \$513,010 (\$523,010 less a \$10,000 penalty for filing a late claim) – \$79,342 for FY 2002-03, \$183,436 for FY 2003-04, \$80,856 for FY 2004-05, \$71,701 for FY 2005-06, and \$97,675 for FY 2006-07 (\$107,675 less a \$10,000 penalty for filing a late claim). The SCO reviewed the district's claims and determined that \$434,874 is unallowable for FY 2002-03 through FY 2006-07. The costs are unallowable because the district understated authorized health service fees. The following table summarizes the review results.

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 242,768	\$ 242,768	\$ —
Indirect costs	90,674	90,674	—
Total direct and indirect costs	333,442	333,442	—
Less authorized health service fees	(254,100)	(370,668)	(116,568)
Subtotal	79,342	(37,226)	(116,568)
Review adjustments that exceed costs claimed	—	37,226	37,226
Total program costs	<u>\$ 79,342</u>	<u>—</u>	<u>\$ (79,342)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 276,648	\$ 276,648	\$ —
Indirect costs	118,156	118,156	—
Total direct and indirect costs	394,804	394,804	—
Less authorized health service fees	(211,368)	(316,668)	(105,300)
Total program costs	<u>\$ 183,436</u>	<u>78,136</u>	<u>\$ (105,300)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 78,136</u>	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,117	\$ 220,117	\$ —
Indirect costs	89,323	89,323	—
Total direct and indirect costs	309,440	309,440	—
Less authorized health service fees	(228,584)	(365,274)	(136,690)
Subtotal	80,856	(55,834)	(136,690)
Review adjustments that exceed costs claimed	—	55,834	55,834
Total program costs	<u>\$ 80,856</u>	—	<u>\$ (80,856)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 212,504	\$ 212,504	\$ —
Indirect costs	86,277	86,277	—
Total direct and indirect costs	298,781	298,781	—
Less authorized health service fees	(227,080)	(416,266)	(189,186)
Subtotal	71,701	(117,485)	(189,186)
Review adjustments that exceed costs claimed	—	117,485	117,485
Total program costs	<u>\$ 71,701</u>	—	<u>\$ (71,701)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 287,940	\$ 287,940	\$ —
Indirect costs	151,053	151,053	—
Total direct and indirect costs	438,993	438,993	—
Less authorized health service fees	(331,318)	(497,814)	(166,496)
Less late filing penalty	(10,000)	(10,000)	—
Subtotal	97,675	(68,821)	(166,496)
Review adjustments that exceed costs claimed	—	68,821	68,821
Total program costs	<u>\$ 97,675</u>	—	<u>\$ (97,675)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,239,977	\$ 1,239,977	\$ —
Indirect costs	535,483	535,483	—
Total direct and indirect costs	1,775,460	1,775,460	—
Less authorized health service fees	(1,252,450)	(1,966,690)	(714,240)
Less late filing penalty	(10,000)	(10,000)	—
Subtotal	513,010	(201,230)	(714,240)
Review adjustments that exceed costs claimed	—	279,366	279,366
Total program costs	<u>\$ 513,010</u>	78,136	<u>\$ (434,874)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 78,136</u>	

¹ Payment information current as of June 14, 2010.

The district believes that it is required to report only actual health service fees collected.

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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit D**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit E**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2002, through June 30, 2007, the district understated authorized health service fees by \$714,240. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2002, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2004, Summer 2005, and Summer 2006 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)¹.

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. . . .

Further, 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. . . .

¹ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. . . .

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. . . .

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 7, 2004	FY 2002-03 annual claim filed by the District
December 13, 2004	FY 2003-04 annual claim filed by the District
January 7, 2007	FY 2002-03 statute of limitations for audit expires
December 13, 2007	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2006-07
July 5, 2009	Adjustment letter issued for FY 2003-04
July 6, 2009	Adjustment letter issued for FY 2002-03

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the ~~end of the calendar year in which the date that the actual~~ reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

The annual reimbursement claims for FY 2002-03 and FY 2003-04 are subject to the three-year statute of limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be "initiated" within three years of the date the actual claim is filed.

The amendment is pertinent because this is the first time that the factual issue of the date the audit is "initiated" is introduced for mandate programs for which funds are appropriated. This amendment also means that it is impossible for the claimant to know when the statute of limitations will expire at the time the claim is filed, which is contrary to the purpose of a statute of limitations. It allows the Controller's own unilateral delay, or failure to make payments from funds appropriated for the purpose of paying the claims, to control the tolling of the statute of limitations, which is also contrary to the purpose of a statute of limitations.

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

This version of Section 17558.5 retains the same limitations period as the prior version, but also adds the requirement that an audit must be completed within two years of its commencement.

Vagueness

The version of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04 annual reimbursement claims provides that the time limitation for audit "shall commence to run from the date of initial payment" if no payment is made. However, this provision is void because it is impermissibly vague. At the time an annual claim is filed, the claimant has no way of knowing when payment will be made or how long the records applicable to that claim must be maintained. The current billion-dollar backlog in mandate payments, which continues to grow every year, could potentially require claimants to maintain detailed supporting documentation for decades. Additionally, it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited.

Therefore, the only specific and enforceable time limitation to commence an audit is three years from the date the claim was filed, and the annual reimbursement claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2006-07 desk audit commenced on July 1, 2008 and when the results of review letters were issued on July 6 and July 5, 2009, respectively. All adjustments to these two fiscal years are void and should be withdrawn.

SCO's Comment

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 3), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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 the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (**Tab 4**), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Explanation of Claim Adjustments

The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (**Tab 5**). The district may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."² The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

² Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable. . . ." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (**Tab 5**).

Statute of Limitations

The district discusses statutory language effective prior to January 1, 2003; however, statutory language prior to January 1, 2003, is irrelevant to the claims that are the subject of this Incorrect Reduction Claim.

Regarding relevant statutory language, the district states, "The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague." We disagree. The district cannot unilaterally conclude that existing statutory language is unenforceable. Title 2, 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 existing statutory language is "void."

Government Code section 17558.5, subdivision (a), states:

A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. *However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim* [emphasis added].

For its FY 2002-03 claim, the district first received payment on October 25, 2006. The district has not received a payment for its FY 2003-04 claim. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (**Tab 5**). Therefore, the SCO met the requirements of Government Code section 17558.5, subdivision (a).

The district also states, "... it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited." The district's allegation contradicts statutory language. Government Code section 17567 prohibits the SCO from directing funds to selected claims. It states:

In the event that the amount appropriated for reimbursement purposes pursuant to Section 17561 is not sufficient to pay all of the claims approved by the Controller, *the Controller shall prorate claims*

in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration [emphasis added]. . . .

In addition, Government Code section 17561, subdivision (d), prohibits the SCO from withholding payment. It states:

The Controller shall pay any eligible claim pursuant to this section by October 15 or 60 days after the date the appropriation for the claim is effective, whichever is later. . . .

III. CONCLUSION

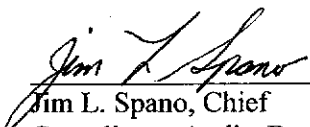
The State Controller's Office reviewed Citrus Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. The district claimed unallowable costs totaling \$434,874. The costs are unallowable because the district understated authorized health services fees.

In conclusion, the Commission on State Mandates should find that: (1) the SCO reviewed the district's FY 2002-03 and FY 2003-04 claims within the timeframe permitted by Government Code section 17558.5, subdivision (a); (2) the SCO correctly reduced the district's FY 2002-03 claim by \$79,342; (3) the SCO correctly reduced the district's FY 2003-04 claim by \$105,300; (4) the SCO correctly reduced the district's FY 2004-05 claim by \$80,856; (5) the SCO correctly reduced the district's FY 2005-06 claim by \$71,701; and (6) the SCO correctly reduced the district's FY 2006-07 claim by \$97,675.

IV. 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 June 15, 2010, at Sacramento, California, by:


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

Tab 3

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.1. 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 1984 ~~7/1/2nd 1/1/8/~~
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 ~~for fee in~~ 1983-84 ~~7/1/2nd 1/1/8/~~ 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 program ~~without the authority of the state~~. Only services provided ~~for the~~ 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 ~~1983-84~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
- Band-aids
- 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
- 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. //EYI gI bI e/ cI aI tI aI nI s/ nI dI y/ cI aI tI u/ cI oI sI s/ uI nI dI eI r/ oI nI e/ oI f/ tI wI o/ dI yI eI r/ nI aI tI yI eI sI // lI xI yI eI eI / aI mI oI uI nI tI / pI rI eI vI oI uI sI yI / cI oI lI eI cI tI eI dI / pI eI r/ sI tI uI dI eI nI tI / aI nI dI / eI nI yI oI lI mI eI nI tI / cI oI uI nI tI / oI f/ lI zI yI / aI cI tI uI aI lI / cI oI sI sI / oI f/ pI rI oI gI rI aI mI /

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. Claiming Alternatives

Claimed costs should be supported by the following information:

Alternative 1 // Fees Previously Collected in 1983-84 Fiscal Year /

1/ Fees Collected in the 1983-84 Fiscal Year to Support the Health Services Program /

2/ Total Number of Students Under Item 11 through 4 above // Listing this Alternative // the total amount claimed would be Item 11 B // multiplied by Item 11 B 2 // with the total amount reimbursed increased by the applicable implicit price deflator /

Alternative 2 // Actual Costs of Claim Year for Providing 1983-84 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 1983-84 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 were 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.

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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: / Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

FROM : Department of Finance

Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- 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:

- (1) 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, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

CHIEF OF STAFF

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1000 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
916-8752 445-1163

April 3, 1989

Mr. Robert W. Eich
Executive Director
Commission on State Mandates
100 K Street, Suite LL50
Sacramento, CA 95814



Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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,

A handwritten signature in cursive script that reads "David Mertes".

DAVID MERTES
Chancellor

DM:PR:mh

cc: Jim Apps, Department of Finance
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



Ms. Deborah Fraga-Decker
 Program Analyst
 Commission on State Mandates
 1130 K Street, Suite LL50
 Sacramento, CA 95814

Re 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.

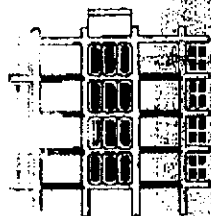
If you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Glenn Haas, Assistant Chief
 Division of Accounting

GH/GB:dvl

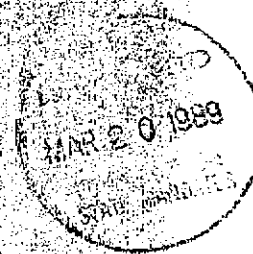
SC81822



HR/60

RIO HONDO COMMUNITY COLLEGE DISTRICT

3600 Workman Mill Road • Whittier, CA 90608 • Phone (213) 692-0921



March 16, 1989

Ms. Deborah Fraga-Decker
 Program Analyst
 Commission on State Mandates
 1130 K Street, Suite 1150
 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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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, Ms. 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 for 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 claimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

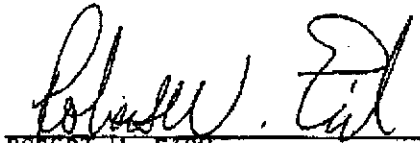
Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the 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.

Minutes
Hearing of May 25, 1989
Page 6

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 5



JOHN CHIANG
California State Controller

October 20, 2009

Board of Trustees
Citrus Community College District
Los Angeles County
1000 West Foothill Boulevard
Glendora, CA 91741-1899

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Citrus Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$513,010 (\$523,010 less a \$10,000 penalty for filing a late claim) for the mandated program. Our review disclosed that \$78,136 is allowable and \$434,874 is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$79,342. Our review disclosed that the claimed costs are unallowable. The State will offset \$79,342 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

For the FY 2003-04 claim, the State made no payment to the district. Our review disclosed that \$78,136 is allowable. The State will pay that amount, contingent upon available appropriations.

For the FY 2004-05 and FY 2005-06 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

For the FY 2006-07 claim, the State paid the district \$45,204. Our review disclosed that the claimed costs are unallowable. The State will offset \$45,204 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P. O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

October 20, 2009

Sincerely,

A handwritten signature in cursive script, appearing to read "Ginny Brummels".

GINNY BRUMMELS

Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
Steve Van Zee, Audit Manager
Division of Audits

Attachment 1— Summary of Program Costs July 1, 2002, through June 30, 2007

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 242,768	\$ 242,768	\$ —
Indirect costs	90,674	90,674	—
Total direct and indirect costs	333,442	333,442	—
Less authorized health service fees	(254,100)	(370,668)	(116,568)
Subtotal	79,342	(37,226)	(116,568)
Review adjustments that exceed costs claimed	—	37,226	37,226
Total program costs	<u>\$ 79,342</u>	—	<u>\$ (79,342)</u>
Less amount paid by the State		(79,342)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (79,342)</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 276,648	\$ 276,648	\$ —
Indirect costs	118,156	118,156	—
Total direct and indirect costs	394,804	394,804	—
Less authorized health service fees	(211,368)	(316,668)	(105,300)
Total program costs	<u>\$ 183,436</u>	78,136	<u>\$ (105,300)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 78,136</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,117	\$ 220,117	\$ —
Indirect costs	89,323	89,323	—
Total direct and indirect costs	309,440	309,440	—
Less authorized health service fees	(228,584)	(365,274)	(136,690)
Subtotal	80,856	(55,834)	(136,690)
Review adjustments that exceed costs claimed	—	55,834	55,834
Total program costs	<u>\$ 80,856</u>	—	<u>\$ (80,856)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 212,504	\$ 212,504	\$ —
Indirect costs	86,277	86,277	—
Total direct and indirect costs	298,781	298,781	—
Less authorized health service fees	(227,080)	(416,266)	(189,186)
Subtotal	71,701	(117,485)	(189,186)
Review adjustments that exceed costs claimed	—	117,485	117,485
Total program costs	\$ 71,701	—	\$ (71,701)
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 287,940	\$ 287,940	\$ —
Indirect costs	151,053	151,053	—
Total direct and indirect costs	438,993	438,993	—
Less authorized health service fees	(331,318)	(497,814)	(166,496)
Less late filing penalty	(10,000)	(10,000)	—
Subtotal	97,675	(68,821)	(166,496)
Review adjustments that exceed costs claimed	—	68,821	68,821
Total program costs	\$ 97,675	—	\$ (97,675)
Less amount paid by the State		(45,204)	
Allowable costs claimed in excess of (less than) amount paid		\$ (45,204)	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,239,977	\$ 1,239,977	\$ —
Indirect costs	535,483	535,483	—
Total direct and indirect costs	1,775,460	1,775,460	—
Less authorized health service fees	(1,252,450)	(1,966,690)	(714,240)
Less late filing penalty	(10,000)	(10,000)	—
Subtotal	513,010	(201,230)	(714,240)
Review adjustments that exceed costs claimed	—	279,366	279,366
Total program costs	\$ 513,010	78,136	\$ (434,874)
Less amount paid by the State		(124,546)	
Allowable costs claimed in excess of (less than) amount paid		\$ (46,410)	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2002, through June 30, 2007

FINDING—**Understated authorized health service fees**

The district understated authorized health service fees by \$714,240.

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 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 period of July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

Fiscal Year	Authorized Health Fee Rate	
	Semester	Summer
2002-03	\$ 12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Period			
	Summer Session	Fall Semester	Spring Semester	Total
Fiscal Year 2002-03:				
Number of enrolled students	11,952	14,481	15,820	
Less number of BOGG recipients	(1,444)	(3,569)	(3,724)	
Subtotal	10,508	10,912	12,096	
Authorized health fee rate	x \$ (9)	x \$ (12)	x \$ (12)	
Authorized health service fees	<u>\$ (94,572)</u>	<u>\$ (130,944)</u>	<u>\$ (145,152)</u>	\$ (370,668)
Less authorized health service fees claimed				254,100
Review adjustment, FY 2002-03				<u>(116,568)</u>
Fiscal Year 2003-04:				
Number of enrolled students	7,957	14,355	13,900	
Less number of BOGG recipients	(765)	(3,443)	(3,817)	
Subtotal	7,192	10,912	10,083	
Authorized health fee rate	x \$ (9)	x \$ (12)	x \$ (12)	
Authorized health service fees	<u>\$ (64,728)</u>	<u>\$ (130,944)</u>	<u>\$ (120,996)</u>	(316,668)
Less authorized health service fees claimed				211,368
Review adjustment, FY 2003-04				<u>(105,300)</u>
Fiscal Year 2004-05:				
Number of enrolled students	9,800	14,773	15,688	
Less number of BOGG recipients	(1,649)	(4,248)	(4,385)	
Subtotal	8,151	10,525	11,303	
Authorized health fee rate	x \$ (10)	x \$ (13)	x \$ (13)	
Authorized health service fees	<u>\$ (81,510)</u>	<u>\$ (136,825)</u>	<u>\$ (146,939)</u>	(365,274)
Less authorized health service fees claimed				228,584
Review adjustment, FY 2004-05				<u>(136,690)</u>
Fiscal Year 2005-06:				
Number of enrolled students	9,820	14,414	13,454	
Less number of BOGG recipients	(1,888)	(4,367)	—	
Subtotal	7,932	10,047	13,454	
Authorized health fee rate	x \$ (11)	x \$ (14)	x \$ (14)	
Authorized health service fees	<u>\$ (87,252)</u>	<u>\$ (140,658)</u>	<u>\$ (188,356)</u>	(416,266)
Less authorized health service fees claimed				227,080
Review adjustment, FY 2005-06				<u>(189,186)</u>
Fiscal Year 2006-07:				
Number of enrolled students	8,837	13,881	12,237	
Authorized health fee rate	x \$ (12)	x \$ (15)	x \$ (15)	
Authorized health service fees	<u>\$ (106,044)</u>	<u>\$ (208,215)</u>	<u>\$ (183,555)</u>	(497,814)
Less authorized health service fees claimed				331,318
Review adjustment, FY 2006-07				<u>(166,496)</u>
Total review adjustment				<u>\$ (714,240)</u>

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

**INCORRECT REDUCTION CLAIM FILED BY
CITRUS COMMUNITY COLLEGE DISTRICT
JANUARY 29, 2009**

**HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987**

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



October 5, 2009

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Ginny Brummels
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 501
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Health Fee Elimination, 09-4206-I-19
Education Code Section 76355
Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118;
Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007
Citrus Community College District, Claimant

Dear Mr. Petersen and Ms. Brummels:

On September 25, 2009, Citrus Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007, for a total of \$434,874. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

Mr. Petersen and Ms. Brummels

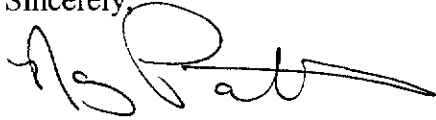
October 5, 2009

Page Two

Dismissal of Incorrect Reduction Claims. Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact Heidi Palchik at (916) 323-8218 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "N. Patton", with a long horizontal flourish extending to the right.

NANCY PATTON

Assistant Executive Director

Enclosure: Incorrect Reduction Claim Filing (SCO only)

J:\mandates\IRC\2009\09-4206-I-19\complete\tr

SixTen and Associates

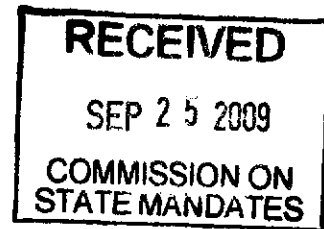
Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

September 24, 2009

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



RE: Citrus Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Citrus 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:

Carol R. Horton, Vice President
Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd.
Glendora, California 91741-1899

Thank-you.

Sincerely,

A handwritten signature in dark ink, appearing to read "KB Petersen".

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

2. CLAIMANT INFORMATION

Citrus Community College District

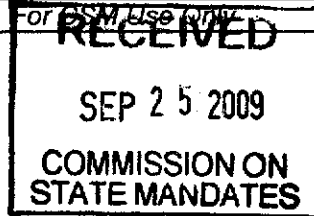
Carol R. Horton
Vice President
Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd.
Glendora, California 91741-1899
Voice: 626-914-8886
Fax: 626-914-8823
E-mail: chorton@citruscollege.edu

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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

Filing Date:



IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 79,342
2003-04	\$105,300
2004-05	\$ 80,856
2005-06	\$ 71,701
2006-07	\$ 97,675
TOTAL:	\$434,874

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. SCO July 1, 2008, letter:	Exhibit <u>B</u>
10. District's Response to SCO:	Exhibit <u>C</u>
11. Parameters and Guidelines:	Exhibit <u>D</u>
12. SCO Claiming Instructions:	Exhibit <u>E</u>
13. Annual Reimbursement Claims:	Exhibit <u>F</u>

14. 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.

Carol R. Horton, Vice President
Financial and Administrative Services

Carol R. Horton
Signature

9-15-09
Date

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE
11 COMMISSION ON STATE MANDATES
12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____

15)
16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **CITRUS**
19 **Community College District,**

20) Education Code Section 76355

21)
22) **Claimant.**

23) **Health Fee Elimination**

24) Annual Reimbursement Claims:

25) Fiscal Year 2002-2003

26) Fiscal Year 2003-2004

27) Fiscal Year 2004-2005

28) Fiscal Year 2005-2006

29) Fiscal Year 2006-2007

30)
31 INCORRECT REDUCTION CLAIM FILING

32 PART I. AUTHORITY FOR THE CLAIM

33 The Commission on State Mandates has the authority pursuant to Government
34 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
35 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
36 payments to the local agency or school district pursuant to paragraph (2) of subdivision

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

1 (d) of Section 17561.” Citrus Community College District (hereinafter “District” or
2 “Claimant”) is a school district as defined in Government Code Section 17519.¹ Title 2,
3 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
4 incorrect reduction claim with the Commission.

5 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
6 requires incorrect reduction claims to be filed no later than three years following the
7 date of the Controller’s “written notice of adjustment notifying the claimant of a
8 reduction.” The Controller conducted a “desk review” of the District’s FY 2002-03, FY
9 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee
10 Elimination mandate. The District received five “results of review” letters reducing its
11 claims as a result of the desk review. The letters for FY 2003-04 through FY 2005-06
12 were dated July 5, 2009, and the letters for FY 2002-03 and FY 2006-07 were dated
13 July 6, 2009. All five letters are attached as Exhibit “A.” These letters constitute a
14 demand for repayment and adjudication of the claim.

15 PART II. SUMMARY OF THE CLAIM

16 The Controller conducted a “desk review” of the District’s annual reimbursement
17 claims for the actual costs of complying with the legislatively mandated Health Fee
18 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

“School district” means any school district, community college district, or county
superintendent of schools.

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

for the period July 1, 2002 through June 30, 2007. As a result of the review, the Controller determined that \$434,874 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2002-03	\$79,342	\$79,342	\$79,342	<\$79,342>
2003-04	\$183,436	\$105,300	\$0	\$78,136
2004-05	\$80,856	\$80,856	\$0	\$0
2005-06	\$71,701	\$71,701	\$0	\$0
2006-07	<u>\$97,675²</u>	<u>\$97,675</u>	<u>\$45,204</u>	<u><\$45,204></u>
Totals	\$513,010	\$434,874	\$124,546	<\$46,410>

Since the District has been paid \$124,546 for these claims, the amount of \$46,410 will be collected from future mandate payments.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2006-07 reimbursement claim for the Health Fee Elimination mandate. The Controller's letter stated that the claim would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is attached as Exhibit "B."

² FY 2006-07 amended annual claim amount \$107,675 less a \$10,000 late filing penalty

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

2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.
3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension by email on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated August 20, 2008, and provided an HFE 1.1 claim form for

³ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 FY 2006-07, which included the requested student enrollment data. The
2 individual student health services fee amount was not included because it is the
3 Controller's policy to use the highest authorized rate regardless of the rate
4 actually charged by the district, and the highest authorized rate is a matter of
5 public record available to the Controller's staff. A copy of the District's response
6 is attached as Exhibit "C."

- 7 5. As a result of the additional information, the Controller issued a "results of
8 review" letter for FY 2006-07, reducing the claim to \$0. The District also received
9 four "results of review" letters for FY 2002-03 through FY 2005-06, reducing
10 those claims by \$337,199, although no supplemental data had been requested
11 or received by the Controller for those four fiscal years. No reason for the
12 reductions was stated, other than a statement that the costs were "costs not
13 mandated."

14 The results of review letters informed the District that any amounts previously paid
15 would be offset from future mandate payments. The District has no record of any audit
16 findings or any other explanations of the reason for the Controller's action.

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

18 The District has not filed any previous incorrect reduction claims for this mandate
19 program. The District is not aware of any incorrect reduction claims having been
20 adjudicated on the specific issues or subject matter raised by this claim.

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

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

1 added Education Code Section 76355⁴ containing substantially the same provisions as

⁴ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

5 On November 27, 1985, Rio Hondo Community College District filed a test claim
6 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
7 increased costs within the meaning of California Constitution Article XIII B, Section 6, by

(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.

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

1 requiring the provision of student health services that were previously provided at the
2 discretion of the community college districts.

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

9 At a hearing on April 27, 1989, the Commission on State Mandates determined
10 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
11 community college districts that provided student health services in fiscal year 1986-
12 1987, and required them to maintain that level of student health services in fiscal year
13 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On
16 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
17 1989, parameters and guidelines is attached as Exhibit "D."

18 4. Claiming Instructions

19 The Controller has periodically issued or revised claiming instructions for the
20 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
21 instructions is attached as Exhibit "E." The September 2003 claiming instructions are

1 believed to be substantially similar to the version extant at the time the claims that are
2 the subject of this Incorrect Reduction Claim were filed. However, because the
3 Controller's claim forms and instructions have not been adopted as regulations, they
4 have no force of law and no effect on the outcome of this claim.

5 PART VI. STATEMENT OF THE ISSUES

6 The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-
7 07 reimbursement claims were apparently reduced due to the Controller's conclusion
8 that the District did not offset student health services program costs by the amount of
9 authorized student health fee revenues in the amount of at least \$434,874. The District
10 reported only student health service fees received, and not those that theoretically
11 could have been collected, in its annual reimbursement claims. Although no information
12 has been provided to the District, it appears that the Controller may have calculated
13 authorized health service fees using student enrollment data and health service fee
14 rates from the California Community College Chancellor's Office. This finding reduces
15 the claimed program costs by a calculated amount of student health services fees
16 **never** collected.

17 1. The District is required to reduce costs only by offsetting revenue received

18 EDUCATION CODE SECTION 76355

19 Education Code Section 76355, subdivision (a)(1), in relevant part, provides:
20 "[t]he governing board of a district maintaining a community college *may require*
21 community college students to pay a fee . . . for health supervision and services"

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

1 (Emphasis added.) There is no requirement that community colleges levy these fees.

2 The permissive nature of the provision is further illustrated in subdivision (b) which
3 states "*If*, pursuant to this section, a fee is required, the governing board of the district
4 shall decide the amount of the fee, *if any*, that a part-time student is required to pay.

5 *The governing board may decide whether the fee shall be mandatory or optional.*"

6 (Emphasis added.)

7 PARAMETERS AND GUIDELINES

8 The parameters and guidelines state:

9 Any offsetting savings the claimant experiences as a direct result of this statute
10 must be deducted from the costs claimed. In addition, reimbursement for this
11 mandate received from any source, e.g., federal, state, etc., shall be identified
12 and deducted from this claim. This shall include the amount of [student fees] as
13 authorized by Education Code Section 72246(a)⁵.

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

21 Further, the Department of Finance proposed, as part of the amendments that

⁵ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

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

1 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
2 section expressly stating that if no health service fee was charged, the claimant would
3 be required to deduct the amount authorized. The Commission declined to add this
4 requirement and adopted the parameters and guidelines without this language.
5 Therefore, it is evident that the Commission intends the language of the parameters
6 and guidelines to be construed as written, and only those savings that are *experienced*
7 are to be deducted.

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

15 2. The District correctly filed the annual reimbursement claims

16 The District reported its actual reimbursable costs in the manner required by the
17 parameters and guidelines and on the forms provided for by the Controller's claiming
18 instructions for this program. The Controller has not stated how the claim
19 documentation was insufficient for purposes of adjudicating the claims. The Controller
20 has not sent any documentation in support of its action to the District. He has simply
21 reduced the District's reimbursement claim without any explanation. By providing no

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

notice for the basis of his actions, the Controller is creating a standard of general application without the benefit of law or due process of rulemaking.

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. Therefore, the Controller has violated Section 17558.5(c).

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. The District must use the circumstances and the Controller's actions to guess at the reason for the reduction of its claim. The results of review letters, which cannot be sufficient notification under Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs

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

were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 7, 2004	FY 2002-03 annual claim filed by the District
December 13, 2004	FY 2003-04 annual claim filed by the District
January 7, 2007	FY 2002-03 statute of limitations for audit expires
December 13, 2007	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2006-07
July 5, 2009	Adjustment letter issued for FY 2003-04
July 6, 2009	Adjustment letter issued for FY 2002-03

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that

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

1 delays the commencement of the time for the Controller to audit to the date of initial
2 payment is void because it is impermissibly vague. Therefore, the only specific and
3 enforceable time limitation for audit and adjustment of these claims is three years from
4 the date of filing.

5 Applicable Time Limitation for Audit

6 Prior to January 1, 1994, no statute specifically governed the statute of
7 limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906,
8 Section 2, operative January 1, 1994, added Government Code Section 17558.5 to
9 establish for the first time a specific statute of limitations for audit of mandate
10 reimbursement claims:

11 (a) A reimbursement claim for actual costs filed by a local agency or school
12 district pursuant to this chapter is subject to audit by the Controller no later than
13 four years after the end of the calendar year in which the reimbursement claim is
14 filed or last amended. However, if no funds are appropriated for the program for
15 the fiscal year for which the claim is made, the time for the Controller to initiate
16 an audit shall commence to run from the date of initial payment of the claim.

17 Thus, there are two standards. A funded claim is "subject to audit" for four years after
18 the end of the calendar year in which the claim was filed. An unfunded claim must have
19 its audit initiated within four years of first payment.

20 Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and
21 replaced Section 17558.5, changing only the length of the period of limitations:

22 (a) A reimbursement claim for actual costs filed by a local agency or school
23 district pursuant to this chapter is subject to audit by the Controller no later than
24 two years after the end of the calendar year in which the reimbursement claim is
25 filed or last amended. However, if no funds are appropriated for the program for
26 the fiscal year for which the claim is made, the time for the Controller to initiate

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

1 an audit shall commence to run from the date of initial payment of the claim.

2 Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003

3 amended Section 17558.5 to state:

4 (a) A reimbursement claim for actual costs filed by a local agency or school
5 district pursuant to this chapter is subject to the initiation of an audit by the
6 Controller no later than three years after the ~~end of the calendar year in which~~
7 the date that the actual reimbursement claim is filed or last amended, whichever
8 is later. However, if no funds are appropriated or no payment is made to a
9 claimant for the program for the fiscal year for which the claim is made filed, the
10 time for the Controller to initiate an audit shall commence to run from the date of
11 initial payment of the claim.

12
13 The annual reimbursement claims for FY 2002-03 and FY 2003-04 are subject to the
14 three-year statute of limitations established by Chapter 1128, Statutes of 2002 which
15 requires the audit to be "initiated" within three years of the date the actual claim is filed.

16 The amendment is pertinent because this is the first time that the factual issue of
17 the date the audit is "initiated" is introduced for mandate programs for which funds are
18 appropriated. This amendment also means that it is impossible for the claimant to know
19 when the statute of limitations will expire at the time the claim is filed, which is contrary
20 to the purpose of a statute of limitations. It allows the Controller's own unilateral delay,
21 or failure to make payments from funds appropriated for the purpose of paying the
22 claims, to control the tolling of the statute of limitations, which is also contrary to the
23 purpose of a statute of limitations.

24 Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended
25 Section 17558.5 to state:

26 (a) A reimbursement claim for actual costs filed by a local agency or school

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

1 district pursuant to this chapter is subject to the initiation of an audit by the
2 Controller no later than three years after the date that the actual reimbursement
3 claim is filed or last amended, whichever is later. However, if no funds are
4 appropriated or no payment is made to a claimant for the program for the fiscal
5 year for which the claim is filed, the time for the Controller to initiate an audit
6 shall commence to run from the date of initial payment of the claim. In any case,
7 an audit shall be completed not later than two years after the date that the audit
8 is commenced.

9 This version of Section 17558.5 retains the same limitations period as the prior version,
10 but also adds the requirement that an audit must be completed within two years of its
11 commencement.

12 Vagueness

13 The version of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04
14 annual reimbursement claims provides that the time limitation for audit "shall
15 commence to run from the date of initial payment" if no payment is made. However, this
16 provision is void because it is impermissibly vague. At the time an annual claim is filed,
17 the claimant has no way of knowing when payment will be made or how long the
18 records applicable to that claim must be maintained. The current billion-dollar backlog
19 in mandate payments, which continues to grow every year, could potentially require
20 claimants to maintain detailed supporting documentation for decades. Additionally, it is
21 possible for the Controller to unilaterally extend the audit period by withholding payment
22 or directing appropriated funds only to those claims that have already been audited.

23 Therefore, the only specific and enforceable time limitation to commence an
24 audit is three years from the date the claim was filed, and the annual reimbursement
25 claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2006-07

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

1 desk audit commenced on July 1, 2008 and when the results of review letters were
2 issued on July 6 and July 5, 2009, respectively. All adjustments to these two fiscal
3 years are void and should be withdrawn.

4 PART VII. RELIEF REQUESTED

5 The District filed its annual reimbursement claims within the time limits
6 prescribed. The amounts claimed by the District for reimbursement of the costs of
7 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
8 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
9 incurred by the District to carry out this program. These costs were properly claimed
10 pursuant to the Commission's parameters and guidelines. Reimbursement of these
11 costs is required under Article XIII B, Section 6 of the California Constitution. The
12 Controller denied reimbursement without any basis in law or fact. The District has met
13 its burden of going forward on this claim by complying with the requirements of Title 2,
14 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
15 these adjustments without benefit of statute or regulation, the burden of proof is now
16 upon the Controller to establish a legal basis for its actions.

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

21 /

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

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on September 15, 2009, at Glendora, California, by

Carol R. Horton
Carol R. Horton
Vice President Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd.
Glendora, California 91741-1899
Voice: 626-914-8886
Fax: 626-914-8823
E-mail: chorton@citruscollege.edu

APPOINTMENT OF REPRESENTATIVE

Citrus Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.

Carol R. Horton
Carol R. Horton, Vice President
Citrus Community College District

9-15-09
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated August 20, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions, September 2003 version
Exhibit "F"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller

July 06, 2009

JUL - 9 2009

Board of Trustees
Citrus Community College District
Los Angeles County
1000 West Foothill Blvd
Glendora, CA 91741-1899

RE: Health Fee Elimination CH 1/84

Dear Claimant:

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		\$ 79,342.00
Adjustment to Claim:		
Cost Not Mandated	-\$ 79,342.00	
Total Adjustments		- <u>\$ 79,342.00</u>
Less: Prior Payment		
Schedule Number	MA64136A (PAID 10/25/2006)	<u>-\$ 79,342.00</u>
Amount Due State		<u>-\$ 79,342.00</u>

The overpayment amount of \$79,342.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 5, 2009

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1000 W FOOTHILL BLVD
GLENORA CA 91740

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 183,436.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 105,300.00

TOTAL ADJUSTMENTS - 105,300.00

AMOUNT DUE CLAIMANT \$ 78,136.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 5, 2009

CC19 J
00254
2009/07/05

BOARD OF TRUSTEES
CITRUS COMM COLL DIST
LOS ANGELES COUNTY
1000 W FOOTHILL BLVD
GLENORA CA 91740

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 80,856.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 80,856.00

TOTAL ADJUSTMENTS - 80,856.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 5, 2009

CC19
00234
2009/07/05

BOARD OF TRUSTEES
CITRUS COMM COLL DIST
LOS ANGELES COUNTY
1000 W FOOTHILL BLVD
GLENORA CA 91740

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		71,701.00
ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	-	71,701.00
TOTAL ADJUSTMENTS	-	71,701.00
AMOUNT DUE CLAIMANT	\$	0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 06, 2009

Board of Trustees
Citrus Community College District
Los Angeles County
1000 West Foothill Blvd
Glendora, CA 91741-1899

JUL - 9 2009

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We have reviewed your 2006/2007 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		\$107,675.00
Adjustment to Claim:		
Cost Not Mandated	-\$ 97,675.00	
Late Filing Penalty	-\$10,000.00	
Total Adjustments		- <u>\$107,675.00</u>
Less: Prior Payment		
Schedule Number	MA64147E (PAID 03/12/2007)	<u>-\$ 45,204.00</u>
Amount Due State		<u>-\$ 45,204.00</u>

The overpayment amount of \$45,204.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller

July 1, 2008

Ms. Carol R. Horton
Vice President, Financial and Administrative Services
Citrus Community College District
1000 West Foothill Blvd
Glendora CA 91741-1899

RE: Health Fee Elimination (Program 234) for Fiscal Year 2006-07

Dear Claimant:

We have reviewed your claim for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Six Ten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

August 20, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Citrus Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Year 2006-07

Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

August 20, 2008

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for: Keith B. Petersen

PROGRAM <div style="font-size: 2em; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
---	--	---------------------------

1) Claimant: rus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	---	--------------------------

3) Name of College:	Citrus College
---------------------	----------------

4) 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 owed.

LESS

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	Direct Cost	Indirect Cost of: 41.95%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 287,940	\$ 120,791	\$ 408,731
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 287,940	\$ 120,791	\$ 408,731

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	10,707				10,707		
Per Spring Semester	10,751				10,751		
Per Summer Session	5,453				5,453		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

9) 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)]	

Cost Reduction

11) Less: Offsetting Savings, if applicable	
12) Less: Other Reimbursements, if applicable	
13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ -

Citrus Community College District

Enrollment Worksheet

2006-2007

Full-Time Students

	Total Enrolled	Adjustments for Religious, Apprent., BOGG	Difference
SUM 2006	2017	635	1382
FALL 2006	4022	1431	2591
SPR 2007	3858	1430	2428

Part-Time Students

	Total Enrolled	Adjustments for Religious, Apprent., BOGG	Difference
SUM 2006	3436	1270	2166
FALL 2006	6685	2862	3823
SPR 2007	6893	2860	4033

TOTAL STUDENTS SERVED BY SEMESTER

	Total Enrolled	Adjustments		Difference	
SUM 2006	5453	1905	\$13,335.00	3548	\$39,028.00
FALL 2006	10707	4293	\$42,930.00	6414	\$96,210.00
SPR 2007	10751	4290	\$42,900.00	6461	\$96,915.00
			\$99,165.00		\$232,153.00

Summer 06 Fee = \$11 & BOGW students = \$7

Fall 06 Fee = \$15 & BOGW students = \$10

Spring 07 Fee = \$15 & BOGW students = \$10

Health Fees Collected in 06-07 = \$331,318

Student Insurance paid by District \$10,942

Unduplicated Recipients of BOG Fee Waivers for 2006-07

(Including Summer 2006, Fall 2006 and Spring 2007) = 5,862

Actual Dollar Value of all BOG Fee Waivers for 2006-07

(Including Summer 2006, Fall 2006 and Spring 2007) = \$2,381,050

06-07 recap of bogg by semester

Board of Governor's Waiver
2006 -2007
update by RB on 9/25/07

Term	I		II		III		Total	
	Amount	# of Students	Amount	# of Students	Amount	# of Students	Amount	# of Students
Summer 06	8970	73	176982	1230	81367	602	267319	1905
Fall 06	38454	167	742131	2683	409526	1443	1190111	4293
Spring 07	27300	153	586190	2727	310130	1410	923620	4290
Total	74724	393	1505303	6640	801023	3455	2381050	10488

06-07 Unduplicated Students = 17952

06-07 Unduplicated BOGw Recipients = 5862

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234												
(01) Claimant Identification Number: CC 19090			(19) Program Number 00234														
(02) Claimant Name: Citrus Community College District			(20) Date Filed: ___/___/___														
(03) County of Location: Los Angeles			(21) LRS Input: ___/___/___														
(04) Street Address: 1000 West Foothill Blvd.			Reimbursement Claim Data														
(05) City: Glendora State: CA Zip Code: 91741-1899			(22) HFE-1.0, (04)(b)	77,413													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Type of Claim</th> <th style="width: 20%;">Estimated Claim</th> <th style="width: 20%;">Reimbursement Claim</th> </tr> </thead> <tbody> <tr> <td>(03) Estimated <input checked="" type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td></td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		(23)		
			Type of Claim	Estimated Claim	Reimbursement Claim												
			(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>													
			(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>													
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>																
(24)																	
(25)																	
(26)																	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(27)														
Total Claimed Amount	(07) \$ 85,000	(13) \$ 77,413	(28)														
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(29)														
Less: Prior Claim Payment Received		(15) \$ 45,204	(30)														
Net Claimed Amount		(16) \$ 32,209	(31)														
Due from State	(08) \$ 85,000	(17) \$ 32,209	(32)														
Due to State		(18)	(33)														
(34)																	
(35)																	
(36)																	
(37) CERTIFICATION OF CLAIM																	
<p>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.</p> <p>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.</p> <p>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.</p>																	
Signature of Authorized Officer (USE BLUE INK)			Date														
Carol R. Horton			V.P. Financial and Administrative Services														
Type or Print Name			Title														
(38) Name of Contact Person for Claim																	
SixTen and Associates			Telephone Number: (858) 514-8605														
			E-mail Address: kbpsixten@aol.com														

AS FILED

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$ 77,413	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 77,413

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

1) Claimant: trus Community College District	(02) Type of Claim: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 2006-2007 </div> </div>
---	--

3) Name of College: Citrus College

4) 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 41.95%	Total
i) Cost of Health Services for the Fiscal year of Claim	\$ 287,940	\$ 120,791	\$ 408,731
j) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
k) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 287,940	\$ 120,791	\$ 408,731

l) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

j) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 331,318
k) Subtotal	[Line (07) - line (09)]	\$ 77,413

Cost Reduction

Less: Offsetting Savings, if applicable	\$ -
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]
	\$ 77,413

Revised 12/05

AS FILED

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

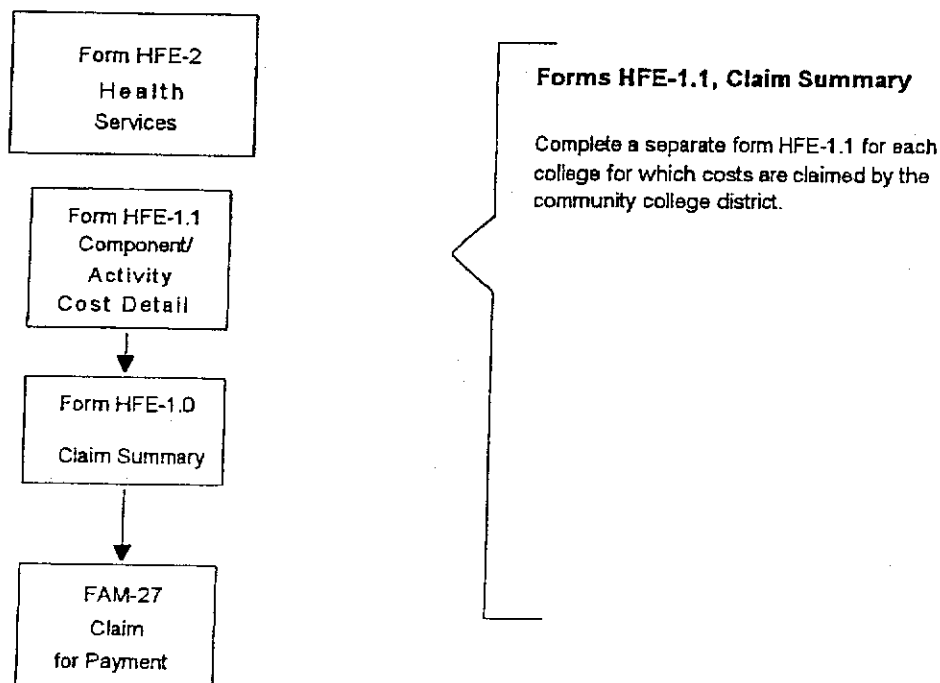
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use Only		Program 234
(01) Claimant Identification Number			(19) Program Number 00234		
(02) Claimant Name			(20) Date Filed ____/____/____		
County of Location			(21) LRS Input ____/____/____		
Street Address or P.O. Box Suite			(22) HFE-1.0, (04)(b)		
City State Zip Code			(23)		
Type of Claim			(24)		
Estimated Claim			(25)		
Reimbursement Claim			(26)		
(03) Estimated <input type="checkbox"/>			(27)		
(04) Combined <input type="checkbox"/>			(28)		
(05) Amended <input type="checkbox"/>			(29)		
Fiscal Year of Cost			(30)		
Total Claimed Amount			(31)		
Less: 10% Late Penalty, not to exceed \$1,000			(32)		
Less: Prior Claim Payment Received			(33)		
Net Claimed Amount			(34)		
Due from State			(35)		
Due to State			(36)		
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Signature of Authorized Officer _____ Date _____</p> <p>_____ Type or Print Name Title</p> <p>(38) Name of Contact Person for Claim Telephone Number () - Ext. _____</p> <p>E-Mail Address _____</p>					

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant

(02) Type of Claim

Fiscal Year

Reimbursement ☐Estimated ☐

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.0
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- (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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> (01) Claimant </div> <div style="width: 45%;"> (02) Type of Claim <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Reimbursement <input type="checkbox"/></div> <div>Estimated <input type="checkbox"/></div> </div> </div> <div style="width: 10%; text-align: right;"> Fiscal Year 20__/20__ </div> </div>		
(03) Name of 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. <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div>LESS <input type="checkbox"/></div> <div>SAME <input type="checkbox"/></div> <div>MORE <input type="checkbox"/></div> </div>		
		Direct Cost Indirect Cost Total
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
		(c) Students Exempt per EC 76355(c)(2)
		(d) Students Exempt per EC 76355(c)(3)
		(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)
		(f) Unit Cost Per Student Per EC 76355
		(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))		
(10) Subtotal [Line (07) - line (09)]		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount [Line (10) - {(line (11) + line (12))}]		

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
Venereal Disease
Communicable Disease
Upper Respiratory Infection
Eyes, Nose and Throat
Eye/Vision
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
Acquired Immune Deficiency Syndrome
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

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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

Pap Smears

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

Parking Cards/Elevator Keys

Tokens

Return Card/Key

Parking Inquiry

Elevator Passes

Temporary Handicapped Parking Permits

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 EKG

Strep A testing

PG Testing

Monospot

Hemacult

Others, list

Miscellaneous

Absence Excuses/PE Waiver
 Allergy Injections
 Band-aids
 Booklets/Pamphlets
 Dressing Change
 Rest
 Suture Removal
 Temperature
 Weigh
 Information
 Report/Form
 Wart Removal
 Others, list

Committees

Safety
 Environmental
 Disaster Planning

Fiscal Year

2002 - 2003

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 7, 2004

CERTIFIED MAIL # 7003 1010 0003 2876 7081

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Dear Ms. Brummels:

RE: Annual Reimbursement Claim
Citrus Community College District S19090

Enclosed please find the original claim and an extra copy of the FAM-27 for Citrus Community College District's reimbursement claim listed below:

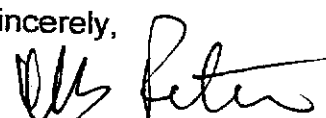
961/75
1/84

Collective Bargaining
Health Fee Elimination

2002-2003
2002-2003

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00029
 (20) Date File ___/___/___
 (21) LRS Input ___/___/___

Program
029

(01) Claimant Identification Number:			Reimbursement Claim Data	
L S19090			(22) HFE - 1.0, (04)(b)	\$ 79,342
(02) Mailing Address:			(23)	
L Claimant Name			(24)	
L Citrus Community College District			(25)	
County of Location			(26)	
H Los Angeles			(27)	
Street Address			(28)	
R 1000 West Foothill Blvd.			(29)	
City State Zip Code			(30)	
E Glendora CA 91741-1899			(31)	
Type of Claim	Estimated Claim	Reimbursement Claim	(32)	
(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(33)		
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(34)		
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(35)		
Fiscal Year of Cost	(06) 2003-2004	(12) 2002-2003	(36)	
Total Claimed Amount	(07) \$ 80,000	(13) \$ 79,342	(37)	
Less: 10% Late Penalty, but not to exceed \$1000	(14) \$ -	(38)		
Less: Estimate Claim Payment Received	(15) \$ -	(39)		
Net Claimed Amount	(16) \$ 79,342	(40)		
Due from State	(08) \$ 80,000	(17) \$ 79,342	(41)	
Due to State	(18) \$ -	(42)		

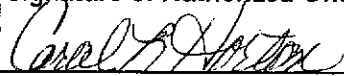
(38) CERTIFICATION OF CLAIM

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.

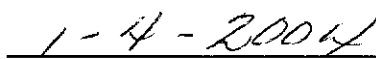
Signature of Authorized Officer



Carol R. Horton

Type or Print Name

Date



VP Financial & Admin. Services

Title

(39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Claimant Name

Citrus Community College District

(02) Type of Claim:

Reimbursement

X

Estimated

Fiscal Year

2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Citrus College	\$ 79,341.85
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
(04) Total Amount Claimed	\$ 79,342

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1					
(01) Claimant: Citrus Community College District		(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> Fiscal Year 2002-2003					
(03) Name of College Citrus 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.							
LESS <input type="checkbox"/> SAME <input checked="" type="checkbox"/> MORE <input type="checkbox"/>							
	Direct Cost	Indirect Cost of: 37.35%					
(05) Cost of Health Services for the Fiscal year of Claim	\$ 242,768	\$ 90,674					
(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 [Line (05) - line (06)]	\$ 242,768	\$ 90,674					
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time 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) 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			\$ -	\$ -	\$ -	\$ -	\$ -
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)]							\$ 254,100
(10) Sub-total [Line (07) - line (09)]							\$ 79,342
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							\$ -
(12) Less: Other Reimbursements, if applicable							\$ -
(13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}]							\$ 79,342

**CITRUS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2001-2002**

For 02-03 claims

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	19,505,044
	Instructional Operating Expenses	1,387,151
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	20,892,195
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,192,776
	Instructional Admin. Salaries and Benefits	2,107,459
	Instructional Admin. Operating Expenses	45,074
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	4,345,309
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	25,237,504
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,051,499
	Instructional Support Services Operating Expenses	80,572
	Admissions and Records	992,568
	Counseling and Guidance	1,917,624
	Other Student Services	2,460,335
	TOTAL DIRECT SUPPORT COSTS 4	6,502,598
	TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)	31,740,102
	Indirect Support Costs	
	Operation and Maintenance of Plant	4,430,917
	Planning and Policy Making	2,348,029
	General Instructional Support Services	5,077,384
	TOTAL INDIRECT SUPPORT COSTS 6	11,856,330
	TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS	43,596,432
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	Total Indirect Support Costs (6) Total Instructional Activity Costs and Direct Support Costs (5)	37.35%
Direct Support Costs Allocation Rate =	Total Direct Support Costs (4) Total Instructional Activity Costs (3)	25.77%
Total Support Cost Allocation		63.12%

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2.1**

Program

029

(01) Claimant

Fiscal Year

Citrus Community College District

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

El Camino 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
X	X
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

Laboratory Tests Done

Inquiry/Interpretation
Pap Smears

X	X
X	X
X	X

Physical Examinations

Employees
Students
Athletes

X	X
X	X

Medications

Antacids
Antidiarrheal
Aspirin, Tylenol, etc.,
Skin Rash Preparations
Eye Drops
Ear Drops
Toothache, oil cloves
Stingkill
Midol, Menstrual Cramps
Other, list Sinus Relief, Cough Suppressant, Throat Lozenges

X	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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies		X X X X X X X X X X	X X X X X X X X X X
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list		X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list		X X X X X X X X X X X X	X X X X X X X X X X X X
Committees Safety Environmental Disaster Planning Skin Rash Preparations Eye Drops		X X X	X X X

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

December 13, 2004

CERTIFIED MAIL # 7003 1010 0003 2876 7418

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Claim File Copy

RE: Annual Reimbursement Claim
Citrus Community College District CC19090

Dear Ms. Brummels:

Enclosed please find the original claim and extra copy of the FAM-27 for Citrus Community College District's reimbursement claim listed below:

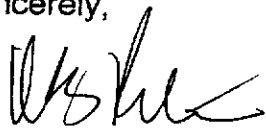
1/84

Health Fee Elimination

2003-2004

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,

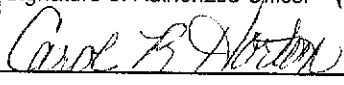
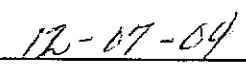


Keith B. Petersen

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC19090			(19) Program Number 00234		
(02) Claimant Name: Citrus Community College District			(20) Date Filed: ____/____/____		
(03) County of Location: Los Angeles			(21) LRS Input: ____/____/____		
(04) Street Address: 1000 West Foothill Blvd			Reimbursement Claim Data		
(05) City: Glendora State: CA Zip Code: 91741-1899			(22) HFE-1.0, (04)(b)	183,436	
			(23)		
			(24)		
			(25)		
Type of Claim Estimated Claim Reimbursement Claim			(26)		
(03) Estimated <input checked="" type="checkbox"/>			(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
(04) Combined <input type="checkbox"/>			(10) Combined <input type="checkbox"/>	(28)	
(05) Amended <input type="checkbox"/>			(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost			(06) 2004-2005	(12) 2003-2004	(30)
Total Claimed Amount			(07) \$ 201,000	(13) \$ 183,436	(31)
Less: 10% Late Penalty			(14) \$		(32)
Less: Prior Claim Payment Received			(15) \$		(33)
Net Claimed Amount			(16) \$ 183,436		(34)
Due from State			(08) \$ 201,000	(17) \$ 183,436	(35)
Due to State			(18)		(36)
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
					
Carol R. Horton			VP Financial & Administrative Services		
Type or Print Name			Title		
(38) Name of Contact Person for Claim					
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$183,435.50	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 183,436

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01)	Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
------	--	--	------------------------------

(03) Name of College:	Citrus 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
----------------------------------	---	----------------------------------

	Direct Cost	Indirect Cost of: 42.71%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 276,647	\$ 118,156	\$ 394,804
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 276,647	\$ 118,156	\$ 394,804

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	2,752	6,112	\$ 12.00	\$ 33,024	\$ 12.00	\$ 73,344	\$ 106,368
2. Per Spring Semester	2,625	6,125	\$ 12.00	\$ 31,500	\$ 12.00	\$ 73,500	\$ 105,000
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 211,368
(10) Subtotal	[Line (07) - line (09)]	\$ 183,436

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 183,436

**CITRUS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2002-2003**

FOR 03-04 claims

REFERENCE (CCFS 311)	DESCRIPTION	2002-2003
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	20,079,625
	Instructional Operating Expenses	1,226,480
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	21,306,105
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,208,723
	Instructional Admin. Salaries and Benefits	2,252,116
	Instructional Admin. Operating Expenses	34,085
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	4,494,924
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	25,801,029
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,193,694
	Instructional Support Services Operating Expenses	80,930
	Admissions and Records	1,096,311
	Counseling and Guidance	1,593,497
	Other Student Services	2,394,548
	TOTAL DIRECT SUPPORT COSTS 4	6,358,980
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		32,160,009
	Indirect Support Costs	
	Operation and Maintenance of Plant	4,925,299
	Planning and Policy Making	2,873,716
	General Instructional Support Services	5,935,280
	TOTAL INDIRECT SUPPORT COSTS 6	13,734,295
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		45,894,304
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	Total Indirect Supports Costs (6)	42.71%
	Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =	Total Direct Support Costs (4)	24.65%
	Total Instructional Activity Costs (3)	
Total Support Cost Allocation		67.35%

<div> <div> <div>Program</div> <div>029</div> </div> <div> <div>MANDATED COSTS</div> <div>1/84 HEALTH FEE ELIMINATION</div> <div>COMPONENT/ACTIVITY COST DETAIL</div> </div> </div> <div> <div>FORM</div> <div>HFE-2</div> </div>			
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2003-2004	
(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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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		X	X		
Stop Smoking		X	X		
Library, Videos and Cassettes		X	X		
First Aid, Major Emergencies		X	X		
First Aid, Minor Emergencies					
First Aid Kits, Filled					
Immunizations					
Diphtheria/Tetanus		X	X		
Measles/Rubella					
Influenza		X	X		
Information		X	X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation		X	X		
Pap Smears		X	X		
Physical Examinations					
Employees					
Students					
Athletes					
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					
Other, list--> Sinus relief, cough suppressant, throat lozenges		X	X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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		X	X		
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		X	X		
Temperature					
Weigh		X	X		
Information		X	X		
Report/Form		X	X		
Wart Removal		X	X		
Others, list					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		
Skin Rash Preparations					
Eye Drops					

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

December 20, 2005

CERTIFIED MAIL # 7004 2510 0004 4007 0619

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Citrus Community College District CC19090

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Citrus Community College District's reimbursement claims listed below:

961/75
1/84

Collective Bargaining
Health Fee Elimination

2004-2005
2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 19090		Reimbursement Claim Data	
(02) Claimant Name Citrus Community College District		(22) HFE-1.0, (04)(b)	80,856
(03) County of Location Los Angeles		(23)	
(04) Street Address 1000 West Foothill Boulevard		(24)	
(05) City Glendora	(06) State CA	(07) Zip Code 91741-1899	(25)
Type of Claim	Estimated Claim	Reimbursement Claim	(26)
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)
Total Claimed Amount	(07) \$ 88,000	(13) \$ 80,856	(31)
Less: 10% Late Penalty		(14) \$ -	(32)
Less: Prior Claim Payment Received		(15) \$ -	(33)
Net Claimed Amount		(16) \$ 80,856	(34)
Due from State	(08) \$ 88,000	(17) \$ 80,856	(35)
Due to State		(18)	(36)

(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

Carol R. Horton

12/12/2005

Carol R. Horton

V.P., Financial and Administrative Services

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$ 80,856.48	
2.		
3.		
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21.		
(04) Total Amount Claimed	\$ 80,856	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	---	--------------------------

(03) Name of College: Citrus 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 40.58%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 220,117	\$ 89,323	\$ 309,440
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 220,117	\$ 89,323	\$ 309,440

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	2,218	5,176	\$ 13.00	\$ 28,834	\$ 13.00	\$ 67,288	\$ 96,122
2. Per Spring Semester	2,309	5,386	\$ 13.00	\$ 30,017	\$ 13.00	\$ 70,018	\$ 100,035
3. Per Summer Session	1,081	2,522	\$ 9.00	\$ 9,729	\$ 9.00	\$ 22,698	\$ 32,427
4. Per First Quarter				\$ -		\$ -	\$ -
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)	\$ 228,584
(10) Subtotal	[Line (07) - line (09)]	\$ 80,856

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	\$ 80,856

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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--> Sinus relief, cough suppressant, throat lozenge	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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2004-2005		
(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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies		X X X X X X X X X X	X X X X X X X X X X	
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list		X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X	
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list		X X X X X X X X X X X X X	X X X X X X X X X X X X	
Committees Safety Environmental Disaster Planning		X X X	X X X	

Fiscal Year

2005 - 2006

Sixten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 9, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4891

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Citrus Community College District CC19090


Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Citrus Community College District's reimbursement claim listed below:

1/84	Health Fee Elimination	2005-2006
------	------------------------	-----------

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


For Keith B. Petersen, President

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed / /
 (21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 19090

(02) Claimant Name Citrus Community College District

County of Location Los Angeles

Street Address 1000 West Foothill Blvd.

City State Zip Code
 Glendora CA 91741-1899

Reimbursement Claim Data

(22) HFE-1.0, (04)(b) 71,701

(23)

(24)

(25)

(26)

(27)

(28)

(29)

(30)

(31)

(32)

(33)

(34)

(35)

(36)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☒(09) Reimbursement ☒(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost

2006-2007

(12) 2005-2006

Total Claimed Amount

(07) \$ 78,000

(13) \$ 71,701

Less: 10% Late Penalty, not to exceed \$1,000

(14) \$ -

Less: Prior Claim Payment Received

(15) \$ -

Net Claimed Amount

(16) \$ 71,701

Due from State

(08) \$ 78,000

(17) \$ 71,701

Due to State

(18)

(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)

Carol R. Horton

Date

1/2/07

Carol R. Horton

Type or Print Name

V.P. Financial and Administrative Services

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Citrus Community College District	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> <div> Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 2005-2006 </div> </div>	
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Citrus College	\$ 71,700.62	
2.		
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(04) Total Amount Claimed	\$ 71,701	

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

01) Claimant: Citrus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

03) Name of College: Citrus 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.

LESS

☐

SAME

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MORE

☐

	Direct Cost	Indirect Cost of: 40.60%	Total
05) Cost of Health Services for the Fiscal year of Claim	\$ 212,504	\$ 86,277	\$ 298,781
06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 212,504	\$ 86,277	\$ 298,781
08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	2,153	5,022	\$ 14.00	\$ 30,142	\$ 14.00	\$ 70,308	\$ 100,450
Per Spring Semester	2,062	4,813	\$ 14.00	\$ 28,868	\$ 14.00	\$ 67,382	\$ 96,250
Per Summer Session	911	2,127	\$ 10.00	\$ 9,110	\$ 10.00	\$ 21,270	\$ 30,380
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 227,080
10) Subtotal	[Line (07) - line (09)]	\$ 71,701

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 71,701

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	
Acquired Immune Deficiency Syndrome	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 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2005-2006	
(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		X	X
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
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Citrus Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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					
Health Department					
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		X	X		
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					
Others, list					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

Fiscal Year

2006 - 2007

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 30, 2009

CERTIFIED MAIL #7006 3450 0000 3941 9007

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250
Sacramento, CA 94250

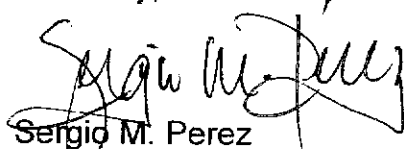
Re: Annual Reimbursement Claims
Citrus Community College District CC19090

Enclosed please find the original claims and extra copies of the FAM-27 for Citrus Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2006-2007
308/95	Enrollment Fee Collection and Waivers	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 19090			(19) Program Number 00234		
(02) Claimant Name: Citrus Community College District			(20) Date Filed: __/__/__		
(03) County of Location: Los Angeles			(21) LRS Input: __/__/__		
(04) Street Address: 1000 West Foothill Blvd.			(22) HFE-1.0, (04)(b) 107,675		
(05) City: Glendora State: CA Zip Code: 91741-1899			(23)		
(06) Type of Claim			(24)		
(07) Estimated Claim			(25)		
(08) Reimbursement Claim			(26)		
(09) Estimated <input type="checkbox"/>			(27)		
(10) Combined <input type="checkbox"/>			(28)		
(11) Amended <input checked="" type="checkbox"/>			(29)		
(12) Fiscal Year of Cost: 2006-2007			(30)		
(13) Total Claimed Amount: \$ 107,675			(31)		
(14) Less: 10% Late Penalty, not to exceed \$10,000: \$ 10,000			(32)		
(15) Less: Prior Claim Payment Received: \$ 45,204			(33)		
(16) Net Claimed Amount: \$ 52,471			(34)		
(17) Due from State: \$ 52,471			(35)		
(18) Due to State:			(36)		
(37) CERTIFICATION OF CLAIM					
<p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
Carol R. Horton			1/28/09		
Type or Print Name			V.P. Financial and Administrative Services		
(38) Name of Contact Person for Claim			Title		
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

ci

MAR 23 2007

WARRANT AMT: ****45,204.01

PGM NBR: 00234

CLAIM SCHEDULE NBR: MA64147E

NET PAYMENT AMOUNT:

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.0**

(01) Claimant:

Citrus Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)(a)
Name of College(b)
Claimed
Amount

1. Citrus College

\$ 107,675

2.

3.

4.

5.

6.

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8.

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10.

11.

12.

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14.

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16.

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18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 107,675

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

1) Claimant: Trus Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

3) Name of College: Citrus College

4) 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 owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 52.46%	Total
i) Cost of Health Services for the Fiscal year of Claim	\$ 287,940	\$ 151,053	\$ 438,993
j) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
k) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 287,940	\$ 151,053	\$ 438,993

) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:

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

\$ 331,318

Subtotal

[Line (07) - line (09)]

\$ 107,675

Net Reduction

Less: Offsetting Savings, if applicable

\$ -

Less: Other Reimbursements, if applicable

Total Amount Claimed

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

\$ 107,675

Program

234

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

**FORM
HFE-2**

(01) Claimant
Citrus Community College District

(02) Fiscal Year costs were incurred:
2006-2007

(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

Acquired Immune Deficiency Syndrome

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

234

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

FORM
HFE-2

(01) Claimant
 Citrus Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

X	X
---	---

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

Parking Cards/Elevator Keys

Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

Program

234

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

**FORM
HFE-2**

(01) Claimant
Citrus Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

X

X

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

Others, list

Committees

Safety

X

X

Environmental

X

X

Disaster Planning

X

X

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
CERRITOS COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Claim Adjustment Letter for FY 2002-03 through FY 2006-07 – October 20, 2009	Tab 5
Attachment—District's Comments	
Incorrect Reduction Claim – September 17, 2009	
State Controller's Office Claim Adjustment Letters for FY 2002-03 through FY 2006-07	Exhibit A
Letter from Ginny [Virginia] Brummels, State Controller's Office, to Ms. [Mrs.] Berlanti Rizkallah, Director of Fiscal Services, Cerritos Community College District – July 1, 2008.....	Exhibit B
Letter from Keith B. Petersen, President, SixTen and Associates, to Virginia Brummels, Manager, State Controller's Office – September 26, 2008	Exhibit C
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit D
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit E
Cerritos Community College District Health Fee Elimination Program Claims – FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07	Exhibit F

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

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BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

INCORRECT REDUCTION CLAIM ON:

Health Fee Elimination Program

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

CERRITOS COMMUNITY
COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-20

AFFIDAVIT OF BUREAU CHIEF

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

- 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 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.
- 3) I am a California Certified Public Accountant (CPA).
- 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 5) Any attached copies of records are true copies of records, as provided by the Cerritos Community College District or retained at our place of business.
- 6) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2002-03, FY 2003-04, FY 2004-05, FY
2 2005-06, and FY 2006-07 was completed on June 24, 2009.

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

6 Date: June 15, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9 By:  _____

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
CERRITOS COMMUNITY COLLEGE DISTRICT**
For Fiscal Year (FY) 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07

Health Fee Elimination Program
Chapter 1, Statutes of 1984, 2nd 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 Cerritos Community College District submitted on September 17, 2009. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2007. The SCO issued claim adjustment letters on July 1, and July 2, 2009 (Exhibit A).

The district submitted reimbursement claims totaling \$487,933 (\$495,439 less a \$7,506 penalty for filing late claims)—\$106,734 for FY 2002-03, \$149,254 for FY 2003-04, \$164,392 for FY 2004-05, \$5,949 for FY 2005-06 (\$6,610 less a \$661 penalty for filing a late claim), and \$61,604 for FY 2006-07 (\$68,449 less a \$6,845 penalty for filing a late claim). The SCO reviewed the district's claims and determined that \$203,396 is unallowable for FY 2002-03 through FY 2006-07. The costs are unallowable because the district understated authorized health service fees. The following table summarizes the review results:

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 449,293	\$ 449,293	\$ —
Indirect costs	115,334	115,334	—
Total direct and indirect costs	564,627	564,627	—
Less authorized health service fees	(457,893)	(497,187)	(39,294)
Total program costs	<u>\$ 106,734</u>	67,440	<u>\$ (39,294)</u>
Less amount paid by the State ¹		(67,440)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 500,174	\$ 500,174	\$ —
Indirect costs	133,847	133,847	—
Total direct and indirect costs	634,021	634,021	—
Less authorized health service fees	(405,843)	(462,282)	(56,439)
Less offsetting savings/reimbursements	(78,924)	(78,924)	—
Total program costs	<u>\$ 149,254</u>	92,815	<u>\$ (56,439)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 92,815</u>	

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 513,999	\$ 513,999	\$ —
Indirect costs	175,325	175,325	—
Total direct and indirect costs	689,324	689,324	—
Less authorized health service fees	(422,506)	(462,616)	(40,110)
Less offsetting savings/reimbursements	(102,426)	(102,426)	—
Total program costs	<u>\$ 164,392</u>	124,282	<u>\$ (40,110)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 124,282</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 508,294	\$ 508,294	\$ —
Indirect costs	155,945	155,945	—
Total direct and indirect costs	664,239	664,239	—
Less authorized health service fees	(572,520)	(603,012)	(30,492)
Less offsetting savings/reimbursements	(85,109)	(85,109)	—
Less late filing penalty	(661)	(661)	—
Subtotal	5,949	(24,543)	(30,492)
Review adjustments that exceed costs claimed	—	24,543	24,543
Total program costs	<u>\$ 5,949</u>	—	<u>\$ (5,949)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 644,910	\$ 644,910	\$ —
Indirect costs	223,010	223,010	—
Total direct and indirect costs	867,920	867,920	—
Less authorized health service fees	(724,362)	(872,115)	(147,753)
Less offsetting savings/reimbursements	(75,109)	(75,109)	—
Less late filing penalty	(6,845)	(6,845)	—
Subtotal	61,604	(86,149)	(147,753)
Review adjustments that exceed costs claimed	—	86,149	86,149
Total program costs	<u>\$ 61,604</u>	—	<u>\$ (61,604)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 2,616,670	\$ 2,616,670	\$ —
Indirect costs	803,461	803,461	—
Total direct and indirect costs	3,420,131	3,420,131	—
Less authorized health service fees	(2,583,124)	(2,897,212)	(314,088)
Less offsetting savings/reimbursements	(341,568)	(341,568)	—
Less late filing penalty	(7,506)	(7,506)	—
Subtotal	487,933	173,845	(314,088)
Review adjustments that exceed costs claimed	—	110,692	110,692
Total program costs	<u>\$ 487,933</u>	284,537	<u>\$ (203,396)</u>
Less amount paid by the State		(67,440)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 217,097</u>	

¹ Payment information current as of June 14, 2010.

The district believes that it is required to report only actual health service fees collected.

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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit D**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit E**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2002, through June 30, 2007, the district understated authorized health service fees by \$314,088. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2002, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2004, Summer 2005, and Summer 2006 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)².

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. . . .

Further, 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. . . .

² Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. . . .

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. . . .

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 12, 2004	FY 2002-03 annual claim filed by the District
January 7, 2005	FY 2003-04 annual claim filed by the District
January 12, 2007	FY 2002-03 statute of limitations for audit expires
January 7, 2008	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit for FY's 2004-05 through 2006-07
July 1, 2009	Adjustment letter issued for FY 2003-04
July 2, 2009	Adjustment letter issued for FY 2002-03

This is not an audit finding. The District alleges that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the end of the calendar year in which the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is made filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be "initiated" within three years of the date the actual claim is filed.

The amendment is pertinent because this is the first time that the factual issue of the date the audit is "initiated" is introduced for mandate programs for which funds are appropriated. This amendment also means that it is impossible for the claimant to know when the statute of limitations will expire at the time the claim is filed, which is contrary to the purpose of a statute of limitations. It allows the Controller's own unilateral delay, or failure to make payments from funds appropriated for the purpose of paying the claims, to control the tolling of the statute of limitations, which is also contrary to the purpose of a statute of limitations.

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The annual reimbursement claim for FY 2003-04 is subject to this version of Section 17558.5, retains the same limitations period as the prior version, but also adds the requirement that an audit must be completed within two years of its commencement.

Vagueness

The two versions of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04 annual reimbursement claims both provide that the time limitation for audit "shall commence to run from the date of initial payment" if no payment is made. However, this provision is void because it is impermissibly vague. At the time a claim is filed, the claimant has no way of knowing when payment will be made or how long the records applicable to that claim must be maintained. The current billion-dollar backlog in mandate payments, which continues to grow every year, could potentially require claimants to maintain detailed supporting documentation for decades. Additionally, it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited.

Therefore, the only specific and enforceable time limitation to commence an audit is three years from the date the claim was filed, and the annual reimbursement claims for FY 2002-03 and FY 2003-04 were past this time period when the desk audit for FY 2004-05 through FY 2006-07 commenced on July 1, 2008, and when the results of review letters were issued on July 2, 2009 and July 1, 2009, respectively. Therefore, all adjustments to these two fiscal years are void and should be withdrawn.

SCO's Comment

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 3), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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 the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (Tab 4), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district's failure to collect authorized fees does not create mandate-reimbursable costs. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Explanation of Claim Adjustments

The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5). The district may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."³ The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable..." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5).

Statute of Limitations

The district discusses statutory language effective prior to January 1, 2003; however, statutory language prior to January 1, 2003, is irrelevant to the claims that are the subject of this Incorrect Reduction Claim.

Regarding relevant statutory language, the district states, "The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague." We disagree. The district has no authority to adjudicate statutory language. Title 2, 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 existing statutory language is "void."

Government Code section 17558.5, subdivision (a), states:

A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. *However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim* [emphasis added].

For its FY 2002-03 claim, the district first received payment on October 25, 2006. The district has not received a payment for its FY 2003-04 claim. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5). Therefore, the SCO met the requirements of Government Code section 17558.5, subdivision (a).

The district also states, "... it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited." The district's allegation contradicts statutory language. Government Code section 17567 prohibits the SCO from directing funds to selected claims. It states:

In the event that the amount appropriated for reimbursement purposes pursuant to Section 17561 is not sufficient to pay all of the claims approved by the Controller, *the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration* [emphasis added]. . . .

³ Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

In addition, Government Code section 17561, subdivision (d), prohibits the SCO from withholding payment. It states:

The Controller shall pay any eligible claim pursuant to this section by October 15 or 60 days after the date the appropriation for the claim is effective, whichever is later. . . .

III. CONCLUSION

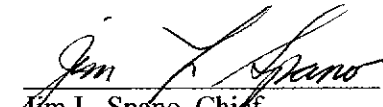
The State Controller's Office reviewed Cerritos Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. The district claimed unallowable costs totaling \$203,396. The costs are unallowable because the district understated authorized health services fees.

In conclusion, the Commission on State Mandates should find that: (1) the SCO reviewed the district's FY 2002-03 and FY 2003-04 claims within the timeframe permitted by Government Code section 17558.5, subdivision (a); (2) the SCO correctly reduced the district's FY 2002-03 claim by \$39,294; (3) the SCO correctly reduced the district's FY 2003-04 claim by \$56,439; (4) the SCO correctly reduced the district's FY 2004-05 claim by \$40,110; (5) the SCO correctly reduced the district's FY 2005-06 claim by \$5,949; and (6) the SCO correctly reduced the district's FY 2006-07 claim by \$61,604.

IV. 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 June 15, 2010, at Sacramento, California, by:


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

Tab 3

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.1. 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 1984~~7~~/~~2nd~~/~~7~~/~~8~~
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 ~~for~~/~~fee~~ in 198~~6~~/~~7~~ 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 program ~~without the authority to levy a fee~~. Only services provided ~~for fee~~ in 1983-84 ~~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 ~~1983-84~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
- Band-aids
- 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
- 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. // *Eligible/Claims/may/claim/costs/under one/of/two/alternatives//any/fee/amount/previously/collected/per student/and/employment/counsel/or/any/actual/costs/of/program/*

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. Claiming/Alternatives

Claimed costs should be supported by the following information:

Alternative/1// Costs previously collected in 1983/84 fiscal year/

1/ Costs collected in the 1983/84 fiscal year to support the health services program/

2/ Total number of students under item VI/A/YI through 4/ above// Using this alternative, the total amount claimed would be item VI/B/YI multiplied by item VI/B/2// with the total amount reimbursed increased by the applicable implicit price deflator/

Alternative/2// 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 1983-84 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 ~~were~~ are 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.

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-8732 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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: / Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

From : Department of Finance

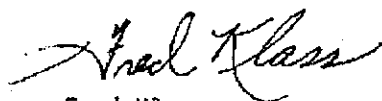
Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

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:

- (1) 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, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

CHIEF OF STAFF

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

FIFTH STREET
SACRAMENTO, CALIFORNIA 95814
916-8752 445-1163

April 3, 1989

Mr. Robert W. Eich
Executive Director
Commission on State Mandates
100 K Street, Suite LL50
Sacramento, CA 95814

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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,

A handwritten signature in cursive script that reads "David Mertes".

DAVID MERTES
Chancellor

DM:PR:mh

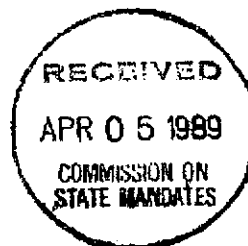
cc: Jim Apps, Department of Finance
Glen Beatie, State Controller's Office
Richard Frank, Attorney General's Office
Juliet Muso, Legislative Analyst's Office
Douglas Burris
Joseph Newmyer
Gary Cook



GRAY DAVIS
Controller of the State of California
P.O. BOX 942850
SACRAMENTO, CA 94250-0001

April 3, 1989

Ms. 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.

If you have any questions, please call Glen Beatie at 3-8137.

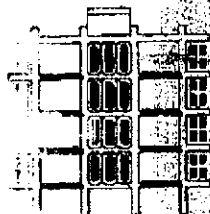
Sincerely,

A handwritten signature in cursive script, appearing to read "Glenn Haas".

Glenn Haas, Assistant Chief
Division of Accounting

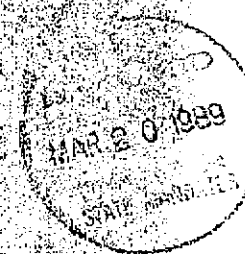
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SC81822



HRI/60

RIO HONDO COMMUNITY COLLEGE DISTRICT
 3600 Workman Mill Road • Whittier, CA 90608 • Phone (213) 692-0921



March 16, 1989

Ms. Deborah Fraga-Decker
 Program Analyst
 Commission on State Mandates
 1130 K Street, Suite 1150
 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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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, Ms. 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 for 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 claimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

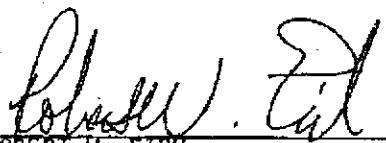
Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the 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.

Minutes
Hearing of May 25, 1989
Page 6

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 5



JOHN CHIANG
California State Controller

October 20, 2009

Board of Trustees
Cerritos Community College District
Los Angeles County
1110 Alondra Boulevard
Norwalk, CA 90650

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Cerritos Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$487,933 (\$495,439 less a \$7,506 penalty for filing late claims) for the mandated program. Our review disclosed that \$284,537 is allowable and \$203,396 is unallowable, as described in the attached Summary of Program Costs and Finding and Recommendation. The costs are unallowable because the district understated authorized health service fees.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$106,734. Our review disclosed that \$67,440 is allowable. The State will offset \$39,294 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

For the FY 2003-04 through FY 2006-07 claims, the State made no payment to the district. Our review disclosed that \$217,097 is allowable. The State will pay that amount, contingent upon available appropriations.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
Steve Van Zee, Audit Manager
Division of Audits

**Attachment 1—
Summary of Program Costs
July 1, 2002, through June 30, 2007**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 449,293	\$ 449,293	\$ —
Indirect costs	115,334	115,334	—
Total direct and indirect costs	564,627	564,627	—
Less authorized health service fees	(457,893)	(497,187)	(39,294)
Total program costs	<u>\$ 106,734</u>	67,440	<u>\$ (39,294)</u>
Less amount paid by the State		(106,734)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (39,294)</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 500,174	\$ 500,174	\$ —
Indirect costs	133,847	133,847	—
Total direct and indirect costs	634,021	634,021	—
Less authorized health service fees	(405,843)	(462,282)	(56,439)
Less offsetting savings/reimbursements	(78,924)	(78,924)	—
Total program costs	<u>\$ 149,254</u>	92,815	<u>\$ (56,439)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 92,815</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 513,999	\$ 513,999	\$ —
Indirect costs	175,325	175,325	—
Total direct and indirect costs	689,324	689,324	—
Less authorized health service fees	(422,506)	(462,616)	(40,110)
Less offsetting savings/reimbursements	(102,426)	(102,426)	—
Total program costs	<u>\$ 164,392</u>	124,282	<u>\$ (40,110)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 124,282</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 508,294	\$ 508,294	\$ —
Indirect costs	155,945	155,945	—
Total direct and indirect costs	664,239	664,239	—
Less authorized health service fees	(572,520)	(603,012)	(30,492)
Less offsetting savings/reimbursements	(85,109)	(85,109)	—
Less late filing penalty	(661)	(661)	—
Subtotal	5,949	(24,543)	(30,492)
Review adjustments that exceed costs claimed	—	24,543	24,543
Total program costs	\$ 5,949	—	\$ (5,949)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 644,910	\$ 644,910	\$ —
Indirect costs	223,010	223,010	—
Total direct and indirect costs	867,920	867,920	—
Less authorized health service fees	(724,362)	(872,115)	(147,753)
Less offsetting savings/reimbursements	(75,109)	(75,109)	—
Less late filing penalty	(6,845)	(6,845)	—
Subtotal	61,604	(86,149)	(147,753)
Review adjustments that exceed costs claimed	—	86,149	86,149
Total program costs	\$ 61,604	—	\$ (61,604)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 2,616,670	\$ 2,616,670	\$ —
Indirect costs	803,461	803,461	—
Total direct and indirect costs	3,420,131	3,420,131	—
Less authorized health service fees	(2,583,124)	(2,897,212)	(314,088)
Less offsetting savings/reimbursements	(341,568)	(341,568)	—
Less late filing penalty	(7,506)	(7,506)	—
Subtotal	487,933	173,845	(314,088)
Review adjustments that exceed costs claimed	—	110,692	110,692
Total program costs	\$ 487,933	284,537	\$ (203,396)
Less amount paid by the State		(106,734)	
Allowable costs claimed in excess of (less than) amount paid		\$ 177,803	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2002, through June 30, 2007

FINDING— Understated authorized health service fees

The district understated authorized health service fees by \$314,088 for the period of July 1, 2002, through June 30, 2007.

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 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 period July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fees per student:

Fiscal Year	Authorized Health Fee Rate	
	Semester	Summer
2002-03	\$ 12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Period			
	Summer Session	Fall Semester	Spring Semester	Total
Fiscal Year 2002-03:				
Number of enrolled students	14,510	25,913	25,272	
Less number of BOGG recipients	(4,835)	(8,375)	(8,634)	
Subtotal	9,675	17,538	16,638	
Authorized health fee rate	x \$ (9)	x \$ (12)	x \$ (12)	
Authorized health service fees	\$ (87,075)	\$ (210,456)	\$ (199,656)	\$ (497,187)
Less authorized health service fees claimed				457,893
Review adjustment, FY 2002-03				(39,294)
Fiscal Year 2003-04:				
Number of enrolled students	12,723	25,311	24,880	
Less number of apprenticeship program enrollees	—	—	(7)	
Less number of BOGG recipients	(4,421)	(8,792)	(9,095)	
Subtotal	8,302	16,519	15,778	
Authorized health fee rate	x \$ (9)	x \$ (12)	x \$ (12)	
Authorized health service fees	\$ (74,718)	\$ (198,228)	\$ (189,336)	(462,282)
Less authorized health service fees claimed				405,843
Review adjustment, FY 2003-04				(56,439)
Fiscal Year 2004-05:				
Number of enrolled students	12,354	24,198	23,670	
Less number of BOGG recipients	(4,653)	(8,990)	(9,216)	
Subtotal	7,701	15,208	14,454	
Authorized health fee rate	x \$ (10)	x \$ (13)	x \$ (13)	
Authorized health service fees	\$ (77,010)	\$ (197,704)	\$ (187,902)	(462,616)
Less authorized health service fees claimed				422,506
Review adjustment, FY 2004-05				(40,110)
Fiscal Year 2005-06:				
Number of enrolled students	13,071	24,148	24,547	
Less number of apprenticeship program enrollees	(548)	(904)	(1,028)	
Less number of BOGG recipients	(4,997)	(9,604)	—	
Subtotal	7,526	13,640	23,519	
Authorized health fee rate	x \$ (11)	x \$ (14)	x \$ (14)	
Authorized health service fees	\$ (82,786)	\$ (190,960)	\$ (329,266)	(603,012)
Less authorized health service fees claimed				572,520
Review adjustment, FY 2005-06				(30,492)
Fiscal Year 2006-07:				
Number of enrolled students	14,140	24,757	24,958	
Less number of apprenticeship program enrollees	(645)	(1,175)	(1,195)	
Subtotal	13,495	23,582	23,763	
Authorized health fee rate	x \$ (12)	x \$ (15)	x \$ (15)	
Authorized health service fees	\$ (161,940)	\$ (353,730)	\$ (356,445)	(872,115)
Less authorized health service fees claimed				724,362
Review adjustment, FY 2005-06				(147,753)
Total review adjustment				\$ (314,088)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

**INCORRECT REDUCTION CLAIM FILED BY
CERRITOS COMMUNITY COLLEGE DISTRICT
SEPTEMBER 17, 2009**

**HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987**

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

September 24, 2009

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



RE: Cerritos Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Cerritos 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:

Berlanti Rizkallah, Director of Fiscal Services
Cerritos Community College District
11110 Alondra Blvd.
Norwalk, California 90650

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

Cerritos Community College District

Berlanti Rizkallah
Director of Fiscal Services
Cerritos Community College District
11110 Alondra Blvd.
Norwalk, California 90650
Voice: 562-860-2451 Ext. 2266
Fax: 562-924-2800
E-mail: Rizkallah@cerritos.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

SEP 25 2009

COMMISSION ON
STATE MANDATES

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 39,294
2003-04	\$ 56,439
2004-05	\$ 40,110
2005-06	\$ 5,949
2006-07	\$ 61,604
TOTAL:	\$203,396

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit A
9. SCO July 1, 2008, letter:	Exhibit B
10. District's Response to SCO:	Exhibit C
11. Parameters and Guidelines:	Exhibit D
12. SCO Claiming Instructions:	Exhibit E
13. Annual Reimbursement Claims:	Exhibit F

14. 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.

Berlanti Rizkallah
Director of Fiscal Services


Signature

9/17/09
Date

ORIGINAL

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____
15)

16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **CERRITOS**
19 **Community College District,**

20) Education Code Section 76355
21)

22 Claimant.)
23)

24) **Health Fee Elimination**
25)

26) Annual Reimbursement Claims:
27)

28) Fiscal Year 2002-2003
29)

30) Fiscal Year 2003-2004
31)

32) Fiscal Year 2004-2005
33)

34) Fiscal Year 2005-2006
35)

36) Fiscal Year 2006-2007
37)

INCORRECT REDUCTION CLAIM FILING

PART I. AUTHORITY FOR THE CLAIM

The Commission on State Mandates has the authority pursuant to Government Code Section 17551(d) to "hear and decide upon a claim by a local agency or school district filed on or after January 1, 1985, that the Controller has incorrectly reduced payments to the local agency or school district pursuant to paragraph (2) of subdivision (d) of Section 17561." Cerritos Community College District (hereinafter "District" or

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

1 "Claimant") is a school district as defined in Government Code Section 17519.¹ Title 2,
2 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
3 incorrect reduction claim with the Commission.

4 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
5 requires incorrect reduction claims to be filed no later than three years following the
6 date of the Controller's "written notice of adjustment notifying the claimant of a
7 reduction." The Controller conducted a "desk review" of the District's FY 2002-03, FY
8 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee
9 Elimination mandate. The District received five "results of review" letters reducing its
10 claims as a result of the desk review. The letter for FY 2002-03 was dated July 2, 2009,
11 and the letters for FY 2003-04 through FY 2006-07 were dated July 1, 2009. All five
12 letters are attached as Exhibit "A." These letters constitute a demand for repayment
13 and adjudication of the claim.

14 PART II. SUMMARY OF THE CLAIM

15 The Controller conducted a "desk review" of the District's annual reimbursement
16 claims for the actual costs of complying with the legislatively mandated Health Fee
17 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),
18 for the period July 1, 2002 through June 30, 2007. As a result of the review, the

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

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

1 Controller determined that \$203,396 of the claimed costs were unallowable:

2	Fiscal	Amount	Audit	SCO	Amount Due
3	<u>Year</u>	<u>Claimed</u>	<u>Adjustment</u>	<u>Payments</u>	<u><State> District</u>
4	2002-03	\$106,734	\$39,294	\$106,734	<\$39,294>
5	2003-04	\$149,254	\$56,439	\$0	\$92,815
6	2004-05	\$164,392	\$40,110	\$0	\$124,282
7	2005-06	\$5,949 ²	\$5,949	\$0	\$0
8	2006-07	<u>\$61,604³</u>	<u>\$61,604</u>	<u>\$0</u>	<u>\$0</u>
9	Totals	\$487,933	\$203,396	\$106,734	\$177,803

10 Since the District has been paid \$106,734 for these claims, the amount of \$177,803 is
11 still due the District.

12 PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

- 13 1. The Controller, by letter dated July 1, 2008, requested that the District provide
14 student enrollment data and student health fee amounts for its FY 2004-05, FY
15 2005-06, and FY 2006-07 reimbursement claims for the Health Fee Elimination
16 mandate. The Controller's letter stated that the claims would be adjusted to zero
17 if the District did not supply the additional information by September 15, 2008. A
18 copy of this letter is attached as Exhibit "B."

² FY 2005-06 annual claim amount of \$6,610 less a \$661 late filing penalty.

³ FY 2006-07 amended claim amount of \$68,449 less a \$6,845 late filing penalty.

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

2. SixTen and Associates, on behalf of the Claimant and sixteen⁴ other community college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.
3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension by email on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated September 26, 2008, and provided an HFE 1.1 claim

⁴ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 form for each fiscal year, which included the requested student enrollment data.

2 The individual student health services fee amount was not included because it is
3 the Controller's policy to use the highest authorized rate regardless of the rate
4 actually charged by the district, and the highest authorized rate is a matter of
5 public record available to the Controller's staff. A copy of the District's response
6 is attached as Exhibit "C."

- 7 5. As a result of the additional information, the Controller issued three "results of
8 review" letters for FY 2004-05, FY 2005-06 and FY 2006-07, reducing the claims
9 by \$107,663. The District also received two "results of review" letters for FY
10 2002-03 and FY 2003-04, reducing those claims by \$95,733, although no
11 supplemental data had been requested or received by the Controller for those
12 two fiscal years. No reason for the reductions was stated, other than a statement
13 that the costs were "costs not mandated."

14 The results of review letters informed the District that any excess amounts previously
15 paid would be offset from future mandate payments. The District has no record of any
16 audit findings or any other explanations of the reason for the Controller's action.

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

18 The District has not filed any previous incorrect reduction claims for this mandate
19 program. The District is not aware of any incorrect reduction claims having been
20 adjudicated on the specific issues or subject matter raised by this claim.

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

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

1 added Education Code Section 76355⁵ containing substantially the same provisions as

⁵ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

5 On November 27, 1985, Rio Hondo Community College District filed a test claim
6 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
7 increased costs within the meaning of California Constitution Article XIII B, Section 6, by

(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.

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

1 requiring the provision of student health services that were previously provided at the
2 discretion of the community college districts.

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

9 At a hearing on April 27, 1989, the Commission on State Mandates determined
10 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
11 community college districts that provided student health services in fiscal year 1986-
12 1987, and required them to maintain that level of student health services in fiscal year
13 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On
16 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
17 1989, parameters and guidelines is attached as Exhibit "D."

18 4. Claiming Instructions

19 The Controller has periodically issued or revised claiming instructions for the
20 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
21 instructions is attached as Exhibit "E." The September 2003 claiming instructions are

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

1 believed to be substantially similar to the version extant at the time the claims that are
2 the subject of this Incorrect Reduction Claim were filed. However, because the
3 Controller's claim forms and instructions have not been adopted as regulations, they
4 have no force of law and no effect on the outcome of this claim.

5 PART VI. STATEMENT OF THE ISSUES

6 The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-
7 07 reimbursement claims were apparently reduced due to the Controller's conclusion
8 that the District did not offset student health services program costs by the amount of
9 authorized student health fee revenues in the amount of at least \$203,396. The District
10 reported only student health service fees received, and not those that theoretically
11 could have been collected, in its annual reimbursement claims. Although no information
12 has been provided to the District, it appears that the Controller may have calculated
13 authorized health service fees using student enrollment data and health service fee
14 rates from the California Community College Chancellor's Office. This finding reduces
15 the claimed program costs by a calculated amount of student health services fees
16 **never** collected.

17 1. The District is required to reduce costs only by offsetting revenue received

18 EDUCATION CODE SECTION 76355

19 Education Code Section 76355, subdivision (a)(1), in relevant part, provides:
20 "[t]he governing board of a district maintaining a community college *may require*
21 community college students to pay a fee . . . for health supervision and services"

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

(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 governing board may decide whether the fee shall be mandatory or optional.*"

(Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)⁶.

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, the Controller's adjustments are based on an illogical interpretation of the parameters and guidelines.

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

⁶ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

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

1 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
2 section expressly stating that if no health service fee was charged, the claimant would
3 be required to deduct the amount authorized. The Commission declined to add this
4 requirement and adopted the parameters and guidelines without this language.
5 Therefore, it is evident that the Commission intends the language of the parameters
6 and guidelines to be construed as written, and only those savings that are *experienced*
7 are to be deducted.

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

15 2. The District correctly filed the annual reimbursement claims

16 The District reported its actual reimbursable costs in the manner required by the
17 parameters and guidelines and on the forms provided for by the Controller's claiming
18 instructions for this program. The Controller has not stated how the claim
19 documentation was insufficient for purposes of adjudicating the claims. The Controller
20 has not sent any documentation in support of its action to the District. He has simply
21 reduced the District's reimbursement claim without any explanation. By providing no

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

notice for the basis of its actions, the Controller is creating a standard of general application without the benefit of law or due process of rulemaking.

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. Therefore, the Controller has violated Section 17558.5(c).

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. The District must use the circumstances and the Controller's actions to guess at the reason for the reduction of its claim. The results of review letters, which cannot be sufficient notification under Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs

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

were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 12, 2004	FY 2002-03 annual claim filed by the District
January 7, 2005	FY 2003-04 annual claim filed by the District
January 12, 2007	FY 2002-03 statute of limitations for audit expires
January 7, 2008	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit for FY's 2004-05 through 2006-07
July 1, 2009	Adjustment letter issued for FY 2003-04
July 2, 2009	Adjustment letter issued for FY 2002-03

This is not an audit finding. The District alleges that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time

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

1 limitation for audit had passed. The clause in Government Code Section 17558.5 that
2 delays the commencement of the time for the Controller to audit to the date of initial
3 payment is void because it is impermissibly vague. Therefore, the only specific and
4 enforceable time limitation for audit and adjustment of these claims is three years from
5 the date of filing.

6 Applicable Time Limitation for Audit

7 Prior to January 1, 1994, no statute specifically governed the statute of
8 limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906,
9 Section 2, operative January 1, 1994, added Government Code Section 17558.5 to
10 establish for the first time a specific statute of limitations for audit of mandate
11 reimbursement claims:

12 (a) A reimbursement claim for actual costs filed by a local agency or school
13 district pursuant to this chapter is subject to audit by the Controller no later than
14 four years after the end of the calendar year in which the reimbursement claim is
15 filed or last amended. However, if no funds are appropriated for the program for
16 the fiscal year for which the claim is made, the time for the Controller to initiate
17 an audit shall commence to run from the date of initial payment of the claim.

18 Thus, there are two standards. A funded claim is "subject to audit" for four years after
19 the end of the calendar year in which the claim was filed. An unfunded claim must have
20 its audit initiated within four years of first payment.

21 Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and
22 replaced Section 17558.5, changing only the length of the period of limitations:

23 (a) A reimbursement claim for actual costs filed by a local agency or school
24 district pursuant to this chapter is subject to audit by the Controller no later than
25 two years after the end of the calendar year in which the reimbursement claim is

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

1 filed or last amended. However, if no funds are appropriated for the program for
2 the fiscal year for which the claim is made, the time for the Controller to initiate
3 an audit shall commence to run from the date of initial payment of the claim.

4 Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003

5 amended Section 17558.5 to state:

6 (a) A reimbursement claim for actual costs filed by a local agency or school
7 district pursuant to this chapter is subject to the initiation of an audit by the
8 Controller no later than three years after the ~~end of the calendar year in which~~
9 the date that the actual reimbursement claim is filed or last amended, whichever
10 is later. However, if no funds are appropriated or no payment is made to a
11 claimant for the program for the fiscal year for which the claim is made filed, the
12 time for the Controller to initiate an audit shall commence to run from the date of
13 initial payment of the claim.
14

15 The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of
16 limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be
17 "initiated" within three years of the date the actual claim is filed.

18 The amendment is pertinent because this is the first time that the factual issue of
19 the date the audit is "initiated" is introduced for mandate programs for which funds are
20 appropriated. This amendment also means that it is impossible for the claimant to know
21 when the statute of limitations will expire at the time the claim is filed, which is contrary
22 to the purpose of a statute of limitations. It allows the Controller's own unilateral delay,
23 or failure to make payments from funds appropriated for the purpose of paying the
24 claims, to control the tolling of the statute of limitations, which is also contrary to the
25 purpose of a statute of limitations.

26 Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended
27 Section 17558.5 to state:

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

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The annual reimbursement claim for FY 2003-04 is subject to this version of Section 17558.5, retains the same limitations period as the prior version, but also adds the requirement that an audit must be completed within two years of its commencement.

Vagueness

The two versions of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04 annual reimbursement claims both provide that the time limitation for audit "shall commence to run from the date of initial payment" if no payment is made. However, this provision is void because it is impermissibly vague. At the time a claim is filed, the claimant has no way of knowing when payment will be made or how long the records applicable to that claim must be maintained. The current billion-dollar backlog in mandate payments, which continues to grow every year, could potentially require claimants to maintain detailed supporting documentation for decades. Additionally, it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited.

Therefore, the only specific and enforceable time limitation to commence an audit is three years from the date the claim was filed, and the annual reimbursement

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

1 claims for FY 2002-03 and FY 2003-04 were past this time period when the desk audit
2 for FY 2004-05 through FY 2006-07 commenced on July 1, 2008, and when the results
3 of review letters were issued on July 2, 2009 and July 1, 2009, respectively. Therefore,
4 all adjustments to these two fiscal years are void and should be withdrawn.

5 **PART VII. RELIEF REQUESTED**

6 The District filed its annual reimbursement claims within the time limits
7 prescribed. The amounts claimed by the District for reimbursement of the costs of
8 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
9 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
10 incurred by the District to carry out this program. These costs were properly claimed
11 pursuant to the Commission's parameters and guidelines. Reimbursement of these
12 costs is required under Article XIII B, Section 6 of the California Constitution. The
13 Controller denied reimbursement without any basis in law or fact. The District has met
14 its burden of going forward on this claim by complying with the requirements of Title 2,
15 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
16 these adjustments without benefit of statute or regulation, the burden of proof is now
17 upon the Controller to establish a legal basis for its actions.


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

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

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.


Executed on September 17, 2009, at Norwalk, California, by



Berlanti Rizkallah, Director of Fiscal Services
Cerritos Community College District
11110 Alondra Blvd.
Norwalk, California 90650
Voice: 562-860-2451 Ext. 2266
Fax: 562-924-2800
E-mail: Rizkallah@cerritos.edu

APPOINTMENT OF REPRESENTATIVE

Cerritos Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Berlanti Rizkallah
Cerritos Community College District

9/17/09

Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated September 26, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions, September 2003 version
Exhibit "F"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CC19080
00234
2009/07/02

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

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	106,734.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 39,294.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-106,734.00
AMOUNT DUE STATE	\$ 39,294.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 39,294.00 WITHIN 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 WITH 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) 523-0766 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	- 39,294.00
TOTAL ADJUSTMENTS	- 39,294.00
PRIOR PAYMENTS:	
SCHEDULE NO. MA64136A	
PAID 10-25-2006	-106,734.00
TOTAL PRIOR PAYMENTS	-106,734.00

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

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 149,254.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 56,439.00

TOTAL ADJUSTMENTS - 56,439.00

AMOUNT DUE CLAIMANT \$ 92,815.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

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 164,392.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 40,110.00

TOTAL ADJUSTMENTS - 40,110.00

AMOUNT DUE CLAIMANT \$ 124,282.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CL19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 6,610.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 5,949.00

LATE CLAIM PENALTY - 661.00

TOTAL ADJUSTMENTS - 6,610.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 1, 2009

CC19080
00234
2009/07/01

BOARD OF TRUSTEES
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 68,449.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 61,604.00

LATE CLAIM PENALTY - 6,845.00

TOTAL ADJUSTMENTS - 68,449.00

AMOUNT DUE CLAIMANT

\$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 1, 2008

Ms. Berlanti Rizkallah
Director of Fiscal Services
Cerritos Community College District
1110 Alondra Boulevard
Norwalk CA 90650

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

September 26, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Cerritos Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2004-05, 2005-06 and 2006-07

Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

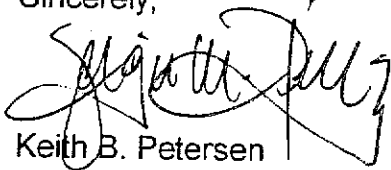
September 26, 2008

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

The District provided the enrollment and BOGG information for the 2004-2005 claim. The Chancellor's website was used to provide the enrollment information for 2005-2006 and the BOGG information was provided by the district. The 2006-2007 enrollment information was also obtained from the Chancellor's website.

If you have any questions, please contact me at 916-565-6105.

Sincerely,



for: Keith B. Petersen

C: Ms. Berlanti Rizkallah, Director of Fiscal Services, Cerritos CCD

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(1) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
--	--	--------------------------

(3) Name of College: Cerritos College

(4) 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 owed.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 34.11%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 513,999	\$ 175,325	\$ 689,324
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 [Line (05) - line (06)]	\$ 513,999	\$ 175,325	\$ 689,324

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time and Part-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	1,665	11,781		\$ -		\$ -	\$ -
Per Spring Semester	1,447	10,738		\$ -		\$ -	\$ -
Per Summer Session	2	5,999		\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
Subtotal	[Line (07) - line (09)]	

Amount Reduction

Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program
234

(01) Claimant Identification Number:

CC 19080

Reimbursement Claim Data

(02) Claimant Name

Cerritos Community College District

(22) HFE-1.0, (04)(b)

164,392

County of Location

Los Angeles

(23)

Street Address

11110 Alondra Boulevard

(24)

City

State

Zip Code

Norwalk

CA

90650

(25)

Type of Claim**Estimated Claim****Reimbursement Claim**

(26)

(03) Estimated

☒

(09) Reimbursement

☒

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☐

(29)

Fiscal Year of Cost

(06)

2005-2006

(12)

2004-2005

(30)

Total Claimed Amount

(07)

\$ 180,000

(13)

\$ 164,392

(31)

Less : 10% Late Penalty

(14)

\$

(32)

Less : Prior Claim Payment Received

(15)

\$

(33)

Net Claimed Amount

(16)

\$ 164,392

(34)

Due from State

(08)

\$ 180,000

(17)

\$ 164,392

(35)

Due to State

(18)

(36)

(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

Berlanti "Lola" Rizkallah

Director of Fiscal Services

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Cerritos 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 34.11%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 513,999	\$ 175,325	\$ 689,324
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 513,999	\$ 175,325	\$ 689,324
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 422,506
(10) Subtotal	[Line (07) - line (09)]	\$ 266,818

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ 102,426
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed	\$ 164,392

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
1) Claimant: Cerritos Community College District		(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>
Fiscal Year 2005-2006		
3) Name of College: Cerritos College		
4) 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 owed.		
LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
	Direct Cost	Indirect Cost of: 30.68%
	Total	
5) Cost of Health Services for the Fiscal year of Claim	\$ 508,294	\$ 155,945
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 508,294	\$ 155,945
Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period <i>Full-time students listed here-in are net of BOG waivers. Part-time students included in column (08)(a)</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)
	(g) Student Health Fees That Could Have Been Collected (d) + (f)	
Per Fall Semester	13,619	
Per Spring Semester	13,287	
Per Summer Session	7,215	
Per First Quarter		
Per Second Quarter		
Per Third Quarter		
Total health fee that could have been collected:		The sum of (Line (08)(1)(c) through line (08)(6)(c))
Subtotal		[Line (07) - line (09)]
8) Reduction		
Less: Offsetting Savings, if applicable		
Less: Other Reimbursements, if applicable		
Total Amount Claimed		[Line (10) - (line (11) + line (12))]
		\$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 19080		Reimbursement Claim Data	
(02) Claimant Name Cerritos Community College District		(22) HFE-1.0, (04)(b)	6,610
County of Location Los Angeles		(23)	
Street Address 1110 Alondra Boulevard		(24)	
City Norwalk	State CA	Zip Code 90650	(25)
Type of Claim (03) Estimated <input type="checkbox"/> (04) Combined <input type="checkbox"/> (05) Amended <input type="checkbox"/>	Estimated Claim (09) Reimbursement <input checked="" type="checkbox"/>	(26)	
		(27)	
		(28)	
		(29)	
Fiscal Year of Cost (06)		(12) 2005-2006	(30)
Total Claimed Amount (07)		(13) \$ 6,610	(31)
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ 661	(32)
Less: Prior Claim Payment Received		(15) \$ -	(33)
Net Claimed Amount		(16) \$ 5,949	(34)
Due from State (08)		(17) \$ 5,949	(35)
Due to State		(18)	(36)

AS
Filed

(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

Berlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

1) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

3) Name of College: Cerritos College

4) 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.

LESS

☐

SAME

☒

MORE

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	Direct Cost	Indirect Cost of: 30.68%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 508,294	\$ 155,945	\$ 664,239
3) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 508,294	\$ 155,945	\$ 664,239

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

3) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 572,520
3) Subtotal	[Line (07) - line (09)]	\$ 91,719

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ 85,109
2) Less: Other Reimbursements, if applicable	
3) Total Amount Claimed	\$ 6,610

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant:

Cerritos Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2006-2007

(03) Name of College:

Cerritos 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of 29.17%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 644,910	\$ 188,120	\$ 833,030
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 644,910	\$ 188,120	\$ 833,030

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee {a}-{b}-{c}-{d}	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	23,164		23		23,141		
Per Spring Semester	23,279		23		23,256		
Per Summer Session	12,788				12,788		
Per First Quarter							
Per Second Quarter							
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)]

Cost Reduction

Less: Offsetting Savings, if applicable

Less: Other Reimbursements, if applicable

Total Amount Claimed

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

\$

-

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

Program

234

(01) Claimant Identification Number:

CC 19080

Reimbursement Claim Data

(02) Claimant Name

Cerritos Community College District

(22) HFE-1.0, (04)(b)

33,559

County of Location

Los Angeles

(23)

Street Address

1110 Alondra Boulevard

(24)

City

State

Zip Code

Norwalk

CA

90650

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated

☒

(09) Reimbursement

☒

(04) Combined

☐

(10) Combined

☐

(05) Amended

☐

(11) Amended

☐

Fiscal Year of Cost

(06)

2007-2008

(12)

2006-2007

(30)

Total Claimed Amount

(07)

\$ 36,000

(13)

\$ 33,559

(31)

Less: 10% Late Penalty, not to exceed \$10,000

(14)

\$ -

(32)

Less: Prior Claim Payment Received

(15)

\$ -

(33)

Net Claimed Amount

(16)

\$ 33,559

(34)

Due from State

(08)

\$ 36,000

(17)

\$ 33,559

(35)

Due to State

(18)

(36)

(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

Berlanti "Lola" Rizkallah

Director of Fiscal Services

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	------------------------------

03) Name of College: Cerritos 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 29.17%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 644,910	\$ 188,120	\$ 833,030
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 644,910	\$ 188,120	\$ 833,030
8) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 724,362
10) Subtotal	[Line (07) - line (09)]	\$ 108,668

Cost Reduction

11) Less: Offsetting Savings, if applicable		\$ 75,109
12) Less: Other Reimbursements, if applicable		
13) Total Amount Claimed	[Line (10) - (line (11) + line (12))]	\$ 33,559

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

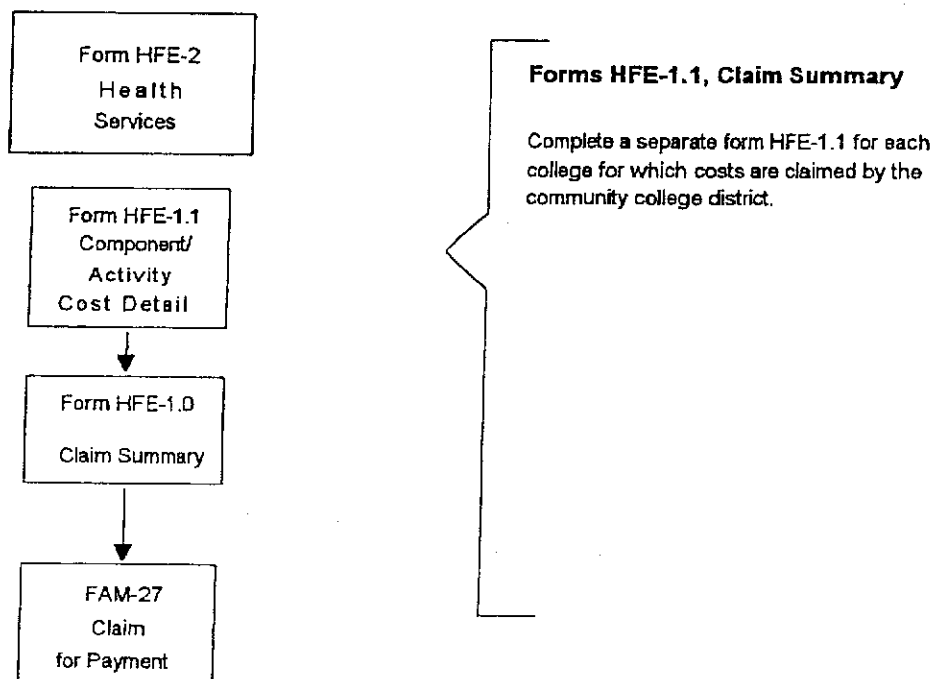
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION				For State Controller Use Only		Program 234																					
(01) Claimant Identification Number				(19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		234																					
(02) Claimant Name																											
County of Location																											
Street Address or P.O. Box Suite																											
City State Zip Code																											
Reimbursement Claim Data																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Type of Claim</th> <th style="width: 20%;">Estimated Claim</th> <th style="width: 20%;">Reimbursement Claim</th> <th></th> </tr> </thead> <tbody> <tr> <td>(03) Estimated <input type="checkbox"/></td> <td>(09) Reimbursement <input type="checkbox"/></td> <td>(26)</td> <td></td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td>(27)</td> <td></td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td>(28)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(29)</td> <td></td> </tr> </tbody> </table>				Type of Claim	Estimated Claim	Reimbursement Claim		(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(26)		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)				(29)		(22) HFE-1.0, (04)(b)			
				Type of Claim	Estimated Claim	Reimbursement Claim																					
				(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(26)																					
				(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)																					
				(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)																					
		(29)																									
				(23)																							
				(24)																							
				(25)																							
Fiscal Year of Cost (06) 20__/20__				(12) 20__/20__		(30)																					
Total Claimed Amount (07)				(13)		(31)																					
Less: 10% Late Penalty, not to exceed \$1,000				(14)		(32)																					
Less: Prior Claim Payment Received				(15)		(33)																					
Net Claimed Amount				(16)		(34)																					
Due from State (08)				(17)		(35)																					
Due to State				(18)		(36)																					
(37) CERTIFICATION OF CLAIM <p>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.</p> <p>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.</p> <p>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.</p> <p>Signature of Authorized Officer _____ Date _____</p> <p>_____ Type or Print Name _____ Title _____</p> <p>(38) Name of Contact Person for Claim _____ Telephone Number () - Ext. _____</p> <p>_____ E-Mail Address _____</p>																											

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant

(02) Type of Claim

Fiscal Year

Reimbursement ☐Estimated ☐

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

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21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

<p>HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions</p>	<p>FORM HFE-1.0</p>
--	-------------------------

- (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).

Program <div style="font-size: 24pt; font-weight: bold; margin-top: 5px;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-----------------

(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
---------------	--	--------------------------

(03) Name of 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))

(10) Subtotal [Line (07) - line (09)]

Cost Reduction

(11) Less: Offsetting Savings

(12) Less: Other Reimbursements

(13) Total Claimed Amount [Line (10) - (line (11) + line (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

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Venereal Disease
 Communicable Disease
 Upper Respiratory Infection
 Eyes, Nose and Throat
 Eye/Vision
 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
 Acquired Immune Deficiency Syndrome
 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

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys

Tokens

Return Card/Key

Parking Inquiry

Elevator Passes

Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2002 - 2003

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 12, 2004

CERTIFIED MAIL # 7001 0360 0000 5999 7914

Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Cerritos Community College District S19080

Dear Ms. Brummels:

Enclosed please find the original claims and an extra copy of the FAM-27 for Cerritos Community College District's reimbursement claims listed below:

486/75	Mandate Reimbursement Process	2002-2003
961/75	Collective Bargaining	2001-2002
961/75	Collective Bargaining	2002-2003
1/84	Health Fee Elimination	2002-2003

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00029
 (20) Date File ____/____/____
 (21) LRS Input ____/____/____

Program
029

(01) Claimant Identification Number:

L S19080

(02) Mailing Address:

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Reimbursement Claim Data

(22) HFE - 1.0, (04)(b)

\$ 106,734

(23)

(24)

(25)

(26)

(27)

(28)

(29)

(30)

(31)

(32)

(33)

(34)

(35)

(36)

(37)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☒(09) Reimbursement ☒(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost

(06) 2003-2004

(12) 2002-2003

Total Claimed Amount

(07) \$ 100,000

(13) \$ 106,734

Less: 10% Late Penalty, but not to exceed \$1000

(14) \$ -

Less: Estimate Claim Payment Received

(15) \$ -

Net Claimed Amount

(16) \$ 106,734

Due from State

(08) \$ 100,000

(17) \$ 106,734

Due to State

(18) \$ -

(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

Berlanti A. Rizkallah

1/7/04

Berlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

(39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Claimant Name

Cerritos Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

Fiscal Year

2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1. Cerritos College	\$ 106,733.51
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
(04) Total Amount Claimed	\$ 106,734

[Line (3.1b) + line (3.2b) + line (3.3b) + ... line (3.21b)]

Program

029

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant:

Cerritos Community College District

(02) Type of Claim:

Reimbursement ☒Estimated ☐

Fiscal Year

2002-2003

(03) Name of College

Cerritos 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 25.67%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 449,293	\$ 115,334	\$ 564,627
(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 [Line (05) - line (06)]	\$ 449,293	\$ 115,334	\$ 564,627

(08) Complete Columns (a) through (g) to provide detail data for health fees

Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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)]	\$ 457,893
(10) Sub-total	[Line (07) - line (09)]	\$ 106,734

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 106,734

**CERRITOS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2001-2002**

*For 02-09
claims*

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	34,599,606
	Instructional Operating Expenses	1,803,359
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	36,402,965
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	6,792,076
	Instructional Admin. Salaries and Benefits	1,731,783
	Instructional Admin. Operating Expenses	608,699
	Auxiliary Classes Non-Inst. Salaries and Benefits	941,526
	Auxiliary Classes Operating Expenses	48,490
	TOTAL NON-INSTRUCTIONAL COSTS 2	10,122,574
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	46,525,539
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	3,246,010
	Instructional Support Services Operating Expenses	1,048,266
	Admissions and Records	1,009,248
	Counseling and Guidance	3,981,554
	Other Student Services	3,191,985
	TOTAL DIRECT SUPPORT COSTS 4	12,477,063
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		59,002,602
	Indirect Support Costs	
	Operation and Maintenance of Plant	5,677,970
	Planning and Policy Making	0
	General Instructional Support Services	9,469,654
	TOTAL INDIRECT SUPPORT COSTS 6	15,147,624
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS AND TOTAL INDIRECT SUPPORT COSTS		
(5 + 6) = TOTAL COSTS		74,150,226
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =		
	Total Indirect Support Costs (6)	25.67%
	Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =		
	Total Direct Support Costs (4)	26.82%
	Total Instructional Activity Costs (3)	
Total Support Cost Allocation		52.49%

Program 029	MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2.1	
(01) Claimant Cerritos 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			
Outside Physician	X	X	
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			
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			
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			
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	X	X	

Revised 9/97 Chapters 1/84 and 1118/87, Page 2 of 3

Program 029		MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2.1	
(01) Claimant			Fiscal Year		
Cerritos Community College District			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					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing			X	X	
Monospot					
Hemacult			X	X	
Others, list			X	X	
Miscellaneous					
Absence Excuses/PE Waiver			X	X	
Allergy Injections			X	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			X	X	
Committees					
Safety			X	X	
Environmental			X	X	
Disaster Planning			X	X	
Skin Rash Preparations					
Eye Drops					

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 7, 2005

Claim File Copy

CERTIFIED MAIL # 7003 1010 0003 2876 7449

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Cerritos Community College District CC19080

Dear Ms. Brummels:

Enclosed please find the original claim and extra copy of the FAM-27 for Cerritos Community College District's reimbursement claim listed below:

465/76	Peace Officers Procedural Bill of Rights	2002-2003
465/76	Peace Officers Procedural Bill of Rights	2003-2004
1/84	Health Fee Elimination	2003-2004

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION				For State Controller Use only		Program 234	
(01) Claimant Identification Number: CC19080				(19) Program Number 00234			
(02) Claimant Name: Cerritos Community College District				(20) Date Filed: ___/___/___			
(03) County of Location: Los Angeles				(21) LRS Input: ___/___/___			
(04) Street Address: 11110 Alondra Blvd							
(05) City: Norwalk		(06) State: CA	(07) Zip Code: 90650				
Type of Claim		Estimated Claim		Reimbursement Claim			
		(03) Estimated <input checked="" type="checkbox"/>		(09) Reimbursement <input checked="" type="checkbox"/>			
		(04) Combined <input type="checkbox"/>		(10) Combined <input type="checkbox"/>			
		(05) Amended <input type="checkbox"/>		(11) Amended <input type="checkbox"/>			
Fiscal Year of Cost		(08) 2004-2005		(12) 2003-2004			
Total Claimed Amount		(07) \$ 164,000		(13) \$ 149,254			
Less: 10% Late Penalty		(14) \$ -		(15) \$ -			
Less: Prior Claim Payment Received		(16) \$ -		(17) \$ -			
Net Claimed Amount		(18) \$ 149,254		(19) \$ 149,254			
Due from State		(20) \$ 164,000		(21) \$ 149,254			
Due to State		(22) \$ -		(23) \$ -			
(37) CERTIFICATION OF CLAIM							
<p>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.</p> <p>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.</p> <p>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.</p>							
Signature of Authorized Officer (USE BLUE INK)				Date			
Berianti "Lola" Rizkallah				1/4/05			
Berianti "Lola" Rizkallah				Director of Fiscal Services			
Type or Print Name				Title			
(38) Name of Contact Person for Claim							
SixTen and Associates				Telephone Number: (858) 514-8605			
				E-mail Address: kbpsixten@aol.com			

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Cerritos College	\$149,253.56	
2.		
3.		
4.		
5.		
6.		
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11.		
12.		
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16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 149,254

CERRITOS COMMUNITY COLLEGE DISTRICT
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2002-2003

FOR 2003 - 2004 CLAIMS

REFERENCE (CCFS 311)	DESCRIPTION	2002-2003
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	33,849,655
	Instructional Operating Expenses	1,418,500
	Instructional Support Instructional Salaries and Benefits	0
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	35,268,155
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	6,547,775
	Instructional Admin. Salaries and Benefits	2,008,249
	Instructional Admin. Operating Expenses	448,370
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	9,004,394
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	44,272,549
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	2,674,290
	Instructional Support Services Operating Expenses	602,796
	Admissions and Records	1,097,108
	Counseling and Guidance	3,763,902
	Other Student Services	3,274,365
	TOTAL DIRECT SUPPORT COSTS 4	11,412,461
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		55,685,010
	Indirect Support Costs	
	Operation and Maintenance of Plant	5,671,932
	Planning and Policy Making	0
	General Instructional Support Services	9,226,962
	TOTAL INDIRECT SUPPORT COSTS 6	14,898,894
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		70,583,904
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =		
	Total Indirect Support Costs (6)	26.76%
	Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =		
	Total Direct Support Costs (4)	25.78%
	Total Instructional Activity Costs (3)	
Total Support Cost Allocation		52.53%

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM HFE-1.1	
(01) Claimant: Cerritos Community College District		(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>				Fiscal Year 2003-2004		
(03) Name of College: Cerritos 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.								
LESS <input type="checkbox"/>		SAME <input checked="" type="checkbox"/>		MORE <input type="checkbox"/>				
				Direct Cost	Indirect Cost of: 26.76%	Total		
(05) Cost of Health Services for the Fiscal year of Claim				\$ 500,174	\$ 133,847	\$ 634,021		
(06) Cost of providing current fiscal year health services in excess of 1986/87				\$ -	\$ -	\$ -		
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]				\$ 500,174	\$ 133,847	\$ 634,021		
(08) Complete Columns (a) through (g) to provide detail data for health fees								
	Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:				The sum of (Line (08)(1)(c) through line (08)(6)(c))			\$ 405,843	
(10) Subtotal				[Line (07) - line (09)]			\$ 228,178	
Cost Reduction								
(11) Less: Offsetting Savings, if applicable							\$ 73,968.00	
(12) Less: Other Reimbursements, if applicable							\$ 4,956.00	
(13) Total Amount Claimed				[Line (10) - (line (11) + line (12))]			\$ 149,254	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2003-2004		
(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			
Outside Physician	X	X	
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			
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			
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			
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	X	X	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2003-2004		
(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	 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		 X X X	 X X X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list---> Ibuprofen		 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				

<div>State of California</div> <div> Program 029 </div>		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing		X	X		
Monospot					
Hemacult		X	X		
Others, list		X	X		
Miscellaneous					
Absence Excuses/PE Waiver		X	X		
Allergy Injections		X	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		X	X		
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File C--

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 17, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0695

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Cerritos Community College District CC19080

Dear Ms. Brummels:

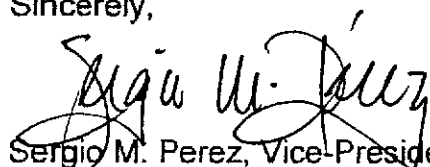
Enclosed please find the original claim and an extra copy of the FAM-27 for Cerritos Community College District's reimbursement claim listed below:

1/84 Health Fee Elimination

2004-2005

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program

234

L
A
B
E
L

H
E
R
E

(01) Claimant Identification Number:

CC 19080

Reimbursement Claim Data

(02) Claimant Name

Cerritos Community College District

(22) HFE-1.0, (04)(b)

164,392

County of Location

Los Angeles

(23)

Street Address

11110 Alondra Boulevard

(24)

City

State

Zip Code

Norwalk

CA

90650

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(26)

(03) Estimated

☒

(09) Reimbursement

☒

(27)

(04) Combined

☐

(10) Combined

☐

(28)

(05) Amended

☐

(11) Amended

☐

(29)

Fiscal Year of Cost

(06)

2005-2006

(12)

2004-2005

(30)

Total Claimed Amount

(07)

\$ 180,000

(13)

\$ 164,392

(31)

Less: 10% Late Penalty

(14)

\$

(32)

Less: Prior Claim Payment Received

(15)

\$

(33)

Net Claimed Amount

(16)

\$ 164,392

(34)

Due from State

(08)

\$ 180,000

(17)

\$ 164,392

(35)

Due to State

(18)

(36)

(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

Berlanti N Rizkallah

1/12/06

Berlanti "Lola" Rizkallah

Director of Fiscal Services

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Cerritos College	\$164,392.06	
2.		
3.		
4.		
5.		
6.		
7.		
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9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 164,392

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Cerritos 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 34.11%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 513,999	\$ 175,325	\$ 689,324
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 513,999	\$ 175,325	\$ 689,324

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 422,506
(0) Subtotal	[Line (07) - line (09)]	\$ 266,818

Cost Reduction

1) Less: Offsetting Savings, if applicable		\$ 102,426
2) Less: Other Reimbursements, if applicable		
3) Total Amount Claimed	[Line (10) - (line (11) + line (12))]	\$ 164,392

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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			
Outside Physician	X	X	
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			
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			
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	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list			
Examinations, minor illnesses	X	X	
Recheck Minor Injury			
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse			

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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	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	X X X	X X X	
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	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

<div>State of California</div> <div> Program 029 </div>		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing		X	X		
Monospot					
Hemacult		X	X		
Others, list		X	X		
Miscellaneous					
Absence Excuses/PE Waiver		X	X		
Allergy Injections		X	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		X	X		
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

Fiscal Year

2005 - 2006

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 11, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8673

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Cerritos Community College District CC19080

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Cerritos Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2005-2006
1/84	Health Fee Elimination	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

Claim File Copy

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use only	Program <div style="font-size: 2em; font-weight: bold;">234</div>
	(19) Program Number 00234 (20) Date Filed <u> </u> / <u> </u> / <u> </u> (21) LRS Input <u> </u> / <u> </u> / <u> </u>	

(01) Claimant Identification Number: CC 19080 (02) Claimant Name Cerritos Community College District County of Location Los Angeles Street Address 1110 Alondra Boulevard City Norwalk State CA Zip Code 90650	Reimbursement Claim Data													
	(22) HFE-1.0, (04)(b) (23) (24) (25)	6,610 												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Type of Claim</th> <th style="width: 33%;">Estimated Claim</th> <th style="width: 33%;">Reimbursement Claim</th> </tr> <tr> <td>(03) Estimated <input type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td></td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td></td> </tr> </table>	Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		(26) (27) (28) (29)	
Type of Claim	Estimated Claim	Reimbursement Claim												
(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>													
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>													
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>													
Fiscal Year of Cost	(06)	(12) 2005-2006	(30)											
Total Claimed Amount	(07)	(13) \$ 6,610	(31)											
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ 661	(32)											
Less: Prior Claim Payment Received		(15) \$ -	(33)											
Net Claimed Amount		(16) \$ 5,949	(34)											
Due from State	(08)	(17) \$ 5,949	(35)											
Due to State		(18)	(36)											

(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)

Berianti "Lola" Rizkallah

Type or Print Name

Date

1/10/08

Director of Fiscal Services

Title

(38) Name of Contact Person for Claim SixTen and Associates	Telephone Number: (858) 514-8605 E-mail Address: kbpsixten@aol.com
--	---

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.0**

(01) Claimant:

Cerritos Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Cerritos College	\$ 6,610
2.	
3.	
4.	
5.	
6.	
7.	
8.	
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10.	
11.	
12.	
13.	
14.	
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16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	\$ 6,610

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

1) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	---	--------------------------

3) Name of College: Cerritos College

4) 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 owed.

LESS

☐

SAME

☒ **X**

MORE

☐

	Direct Cost	Indirect Cost of: 30.68%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 508,294	\$ 155,945	\$ 664,239
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 [Line (05) - line (06)]	\$ 508,294	\$ 155,945	\$ 664,239

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 572,520
Subtotal	[Line (07) - line (09)]	\$ 91,719

Cost Reduction

Less: Offsetting Savings, if applicable	\$ 85,109
Less: Other Reimbursements, if applicable	
Total Amount Claimed	\$ 6,610

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District		(02) Fiscal Year costs were incurred: 2005-2006	
(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			
Outside Physician		X	X
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			
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			
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
Acquired Immune Deficiency Syndrome		X	X
Eating Disorders		X	X
Weight Control		X	X
Personal Hygiene		X	X
Burnout		X	X
Other Medical Problems, list			
Examinations, minor illnesses		X	X
Recheck Minor Injury			
Health Talks or Fairs, Information		X	X
Sexually Transmitted Disease		X	X
Drugs		X	X
Acquired Immune Deficiency Syndrome		X	X
Child Abuse			

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: <div style="text-align: right;">2005-2006</div>		
(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	 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	 X X X	 X X X	
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 X	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Chapters 1/84 and 1118/87, Page 3 of 3

Fiscal Year

2006 - 2007

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 29, 2009

CERTIFIED MAIL #7006 3450 0000 3941 8895

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Cerritos Community College District CC19080

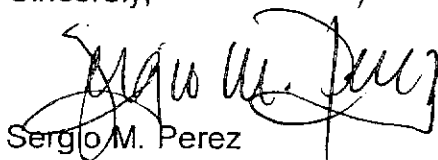
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Cerritos Community College District's reimbursement claims listed below:

1/84	Health Fee Elimination	2006-2007
308/95	Enrollment Fee Collection and Waivers	2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez

Claim File Copy

amended
claims

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program
234

L
A
B
E
L
H
E
R
E

(01) Claimant Identification Number: CC 19080
(02) Claimant Name: Cerritos Community College District
County of Location: Los Angeles
Street Address: 1110 Alondra Boulevard
City: Norwalk State: CA Zip Code: 90650

Reimbursement Claim Data

(22) HFE-1.0, (04)(b) 68,449
(23)
(24)
(25)
(26)
(27)
(28)
(29)
(30)
(31)
(32)
(33)
(34)
(35)
(36)

Type of Claim	Estimated Claim	Reimbursement Claim
(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	
(05) Amended <input type="checkbox"/>	(11) Amended <input checked="" type="checkbox"/>	
Fiscal Year of Cost (06)	(12) 2006-2007	
Total Claimed Amount (07)	(13) \$ 68,449	
Less: 10% Late Penalty, not to exceed \$10,000	(14) \$ 6,845	
Less: Prior Claim Payment Received	(15) \$ -	
Net Claimed Amount	(16) \$ 61,604	
Due from State (08)	(17) \$ 61,604	
Due to State	(18)	

(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

Carlanti M Rizkallah

1/28/09

Carlanti "Lola" Rizkallah

Director of Fiscal Services

Type or Print Name

Title

8) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

ixTen and Associates

E-mail Address: kbpsixten@aol.com

Form FAM-27 (Revised 09/03)

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.0**

(01) Claimant:

Cerritos Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)(a)
Name of College(b)
Claimed
Amount

1. Cerritos College

\$ 68,449

2.

3.

4.

5.

6.

7.

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11.

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20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ... line (3.21b)]

\$ 68,449

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

1) Claimant: Cerritos Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
---	--	--------------------------

3) Name of College: Cerritos College

4) 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 owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 34.58%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 644,910	\$ 223,010	\$ 867,920
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 [Line (05) - line (06)]	\$ 644,910	\$ 223,010	\$ 867,920

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 724,362
Subtotal	[Line (07) - line (09)]	\$ 143,558

Reduction

Less: Offsetting Savings, if applicable	\$ 75,109
Less: Other Reimbursements, if applicable	
Total Amount Claimed	\$ 68,449

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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			
Outside Physician	X	X	
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			
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			
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	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list			
Examinations, minor illnesses	X	X	
Recheck Minor Injury			
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse			

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Cerritos Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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	X	X	
Stop Smoking	X	X	
Library, Videos and Cassettes	X	X	
First Aid, Major Emergencies			
First Aid, Minor Emergencies	X	X	
First Aid Kits, Filled	X	X	
Immunizations			
Diphtheria/Tetanus	X	X	
Measles/Rubella	X	X	
Influenza	X	X	
Information	X	X	
Insurance			
On Campus Accident	X	X	
Voluntary	X	X	
Insurance Inquiry/Claim Administration	X	X	
Laboratory Tests Done			
Inquiry/Interpretation	X	X	
Pap Smears	X	X	
Physical Examinations			
Employees	X	X	
Students	X	X	
Athletes	X	X	
Medications			
Antacids	X	X	
Antidiarrheal	X	X	
Aspirin, Tylenol, etc.,	X	X	
Skin Rash Preparations	X	X	
Eye Drops			
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			
Temporary Handicapped Parking Permits			

Program

234

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

**FORM
HFE-2**

(01) Claimant

Cerritos Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

Hemoglobin

EKG

Strep A Testing

PG Testing

X

X

Monospot

X

X

Hemacult

X

X

Others, list

X

X

Miscellaneous

Absence Excuses/PE Waiver

X

X

Allergy Injections

X

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

X

X

Committees

Safety

X

X

Environmental

X

X

Disaster Planning

X

X

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
LOS RIOS COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Claim Adjustment Letter for FY 2005-06 through FY 2007-08 – October 21, 2009	Tab 5
Attachment—District's Comments	
Incorrect Reduction Claim – September 28, 2009	
State Controller's Office Claim Adjustment Letters for FY 2005-06 through FY 2007-08	Exhibit A
Letter from Ginny [Virginia] Brummels, State Controller's Office, to Jon Sharpe, Deputy Chancellor, Los Rios Community College District, – July 1, 2008	Exhibit B
Letter from Keith B. Petersen, President, SixTen and Associates, to Virginia Brummels, Manager, State Controller's Office – October 2, 2008	Exhibit C
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit D
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit E
Los Rios Community College District Health Fee Elimination Program Claims – FY 2005-06, FY 2006-07, and FY 2007-08	Exhibit F

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

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BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

INCORRECT REDUCTION CLAIM ON:

Health Fee Elimination Program

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

LOS RIOS COMMUNITY
COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-23

AFFIDAVIT OF BUREAU CHIEF

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

- 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 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.
- 3) I am a California Certified Public Accountant (CPA).
- 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 5) Any attached copies of records are true copies of records, as provided by the Citrus Community College District or retained at our place of business.
- 6) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2005-06, FY 2006-07, and FY 2007-08 was
2 completed on May 22, 2009.

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

6 Date: June 15, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9 By: 

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
LOS RIOS COMMUNITY COLLEGE DISTRICT
For Fiscal Year (FY) 2005-06, FY 2006-07, and FY 2007-08**

Health Fee Elimination Program

Chapter 1, Statutes of 1984, 2nd 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 submitted on September 28, 2009. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2005, through June 30, 2008. The SCO issued claim adjustment letters on July 19, July 22, and July 26, 2009 (Exhibit A).

The district submitted reimbursement claims totaling \$2,757,467—\$941,621 for FY 2005-06, \$785,948 for FY 2006-07, and \$1,029,898 for FY 2007-08. The SCO reviewed the district's claims and determined that the entire amount is unallowable because the district understated authorized health service fees. The following table summarizes the review results:

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Audit</u>	<u>Audit Adjustment</u>
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 724,324	\$ 724,324	\$ —
Indirect costs	217,297	217,297	—
Total direct and indirect costs	941,621	941,621	—
Less authorized health service fees	—	(1,721,289)	(1,721,289)
Subtotal	941,621	(779,668)	(1,721,289)
Audit adjustments that exceed costs claimed	—	779,668	779,668
Total program costs	<u>\$ 941,621</u>	—	<u>\$ (941,621)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 570,769	\$ 570,769	\$ —
Indirect costs	215,179	215,179	—
Total direct and indirect costs	785,948	785,948	—
Less authorized health service fees	—	(2,505,855)	(2,505,855)
Subtotal	785,948	(1,719,907)	(2,505,855)
Audit adjustments that exceed costs claimed	—	1,719,907	1,719,907
Total program costs	<u>\$ 785,948</u>	—	<u>\$ (785,948)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment
<u>July 1, 2007, through June 30, 2008</u>			
Direct costs	\$ 756,388	\$ 756,388	\$ —
Indirect costs	273,510	273,510	—
Total direct and indirect costs	1,029,898	1,029,898	—
Less authorized health service fees	—	(2,840,231)	(2,840,231)
Subtotal	1,029,898	(1,810,333)	(2,840,231)
Audit adjustments that exceed costs claimed	—	1,810,333	1,810,333
Total program costs	<u>\$ 1,029,898</u>	—	<u>\$(1,029,898)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

Summary: July 1, 2005, through June 30, 2008

Direct costs	\$ 2,051,481	\$ 2,051,481	\$ —
Indirect costs	705,986	705,986	—
Total direct and indirect costs	2,757,467	2,757,467	—
Less authorized health service fees	—	(7,067,375)	(7,067,375)
Subtotal	2,757,467	(4,309,908)	(7,067,375)
Audit adjustments that exceed costs claimed	—	4,309,908	4,309,908
Total program costs	<u>\$ 2,757,467</u>	—	<u>\$(2,757,467)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

¹ Payment amounts current as of June 14, 2010.

The district 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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit D**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit E**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2005, through June 30, 2008, the district understated authorized health service fees by \$7,067,375. The district believes that it is not required to report authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2005, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2005 and Summer 2006 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The Parameters and Guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)².

² 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. . . .

Further, 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. . . .

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the Parameters and Guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. . . .

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. . . .

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's

reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

SCO's Comment

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 3**), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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, as the CSM's staff concluded that the DOF's proposed language did not substantively change the scope of the staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (**Tab 4**), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Explanation of Claim Adjustments

The SCO provided the district a detailed analysis of all claim reductions on October 21, 2009 (Tab 5). The district may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."³ The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable. . . ." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 21, 2009 (Tab 5).

III. CONCLUSION

The State Controller's Office reviewed Los Rios Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2005, through June 30, 2008. The district claimed unallowable costs totaling \$2,757,467. The costs are unallowable because the district failed to report authorized health services fees.

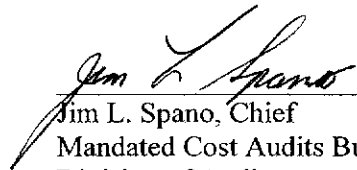
³ Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

In conclusion, the Commission on State Mandates should find that: (1) the SCO correctly reduced the district's FY 2005-06 claim by \$941,621; (2) the SCO correctly reduced the district's FY 2006-07 claim by \$785,948; and (3) the SCO correctly reduced the district's FY 2007-08 claim by \$1,029,898.

IV. 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 June 15, 2010, at Sacramento, California, by:


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

Tab 3

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.1. 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 1984~~7~~/~~2nd~~/~~1~~/~~8~~/
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 ~~for the~~ in 1983~~6~~-84~~7~~ 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 program ~~without the authority to levy a fee~~. Only services provided ~~for fee~~ in 1983-84 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 ~~1983-84~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
Band-aids
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
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. // EYI 01010 / CLAIMANTS MAY / CLAIM / COSTS / UNDER ONE / OF TWO / ALTERNATIVES: // 1. / SEE / AMOUNT / PREVIOUSLY / COLLECTED / PER STUDENT / AND / EMPLOYMENT / COUNCIL / OF / VZ / ACTUAL / COSTS / OF / PROGRAM /

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. Claiming Alternatives

Claimed costs should be supported by the following information:

Alternative 1 // Fees Previously Collected in 1983-84 Fiscal Year

1/ Fees Collected in the 1983-84 Fiscal Year to Support the Health Services Program

2/ Total Number of Students Under Age 18 Through 4 Above // Using this Alternative the Total Amount Claimed Would Be Less Than 18 // Multiplied by Less Than 2 // With the Total Amount Reimbursed Increased by the Applicable Implicit Price Deflator

Alternative 2 // 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, 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 1987-88 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 ~~were~~ are 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.

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: / Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

From : Department of Finance

Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- 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:

- (1) 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, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

GOVERNOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

NINTH STREET
SACRAMENTO, CALIFORNIA 95814
TELEPHONE 8752 445-1163

April 3, 1989

Mr. Robert W. Eich
Executive Director
Commission on State Mandates
1000 K Street, Suite LL50
Sacramento, CA 95814

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 118, Statutes of 1987.

The Department of Finance has also provided us a copy of their suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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,

A handwritten signature in cursive script that reads "David Mertes".

DAVID MERTES
Chancellor

DM:PR:mh

cc: Jim Apps, Department of Finance
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 942830
SACRAMENTO, CA 94250-0001

April 3, 1989

Ms. 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.

If you have any questions, please call Glen Beatie at 3-8137.

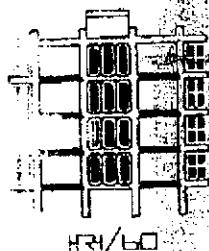
Sincerely,

A handwritten signature in cursive script, appearing to read "Glenn Haas".

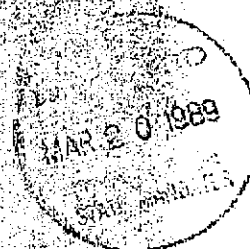
Glenn Haas, Assistant Chief
Division of Accounting

GH/GB:dvl

SC81822



RIO HONDO COMMUNITY COLLEGE DISTRICT
 8600 Workman Mill Road • Whittier, CA 90808 • Phone (213) 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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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, Ms. 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 for 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 claimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

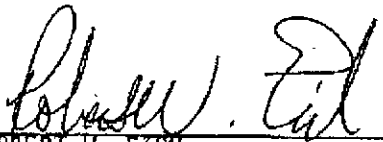
Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the 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.

Minutes
Hearing of May 25, 1989
Page 6

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 5



JOHN CHIANG
California State Controller

October 21, 2009

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

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Los Rios Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2005, through June 30, 2008. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$2,757,467 for the mandated program. Our review disclosed that the entire amount is unallowable, as described in the attached Summary of Program Costs and Finding and Recommendation. The costs are unallowable because the district did not report authorized health service fees.

For the fiscal year (FY) 2006-07 claim, the State paid the district \$599,822. Our review disclosed that \$599,822 is unallowable. The State will offset \$599,822 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Steve Van Zee, Audit Manager
Division of Audits

**Attachment 1—
Summary of Program Costs
July 1, 2005, through June 30, 2008**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Audit</u>	<u>Audit Adjustment¹</u>
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 724,324	\$ 724,324	\$ —
Indirect costs	217,297	217,297	—
Total direct and indirect costs	941,621	941,621	—
Less authorized health service fees	—	(1,721,289)	(1,721,289)
Subtotal	941,621	(779,668)	(1,721,289)
Audit adjustments that exceed costs claimed	—	779,668	779,668
Total program costs	\$ 941,621	—	\$ (941,621)
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 570,769	\$ 570,769	\$ —
Indirect costs	215,179	215,179	—
Total direct and indirect costs	785,948	785,948	—
Less authorized health service fees	—	(2,505,855)	(2,505,855)
Subtotal	785,948	(1,719,907)	(2,505,855)
Audit adjustments that exceed costs claimed	—	1,719,907	1,719,907
Total program costs	\$ 785,948	—	\$ (785,948)
Less amount paid by the State		(599,822)	—
Allowable costs claimed in excess of (less than) amount paid		\$ (599,822)	
<u>July 1, 2007, through June 30, 2008</u>			
Direct costs	\$ 756,388	\$ 756,388	\$ —
Indirect costs	273,510	273,510	—
Total direct and indirect costs	1,029,898	1,029,898	—
Less authorized health service fees	—	(2,840,231)	(2,840,231)
Subtotal	1,029,898	(1,810,333)	(2,840,231)
Audit adjustments that exceed costs claimed	—	1,810,333	1,810,333
Total program costs	\$ 1,029,898	—	\$ (1,029,898)
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		\$ —	

Attachment 1 (continued)

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Audit</u>	<u>Audit Adjustment ¹</u>
<u>Summary: July 1, 2005, through June 30, 2008</u>			
Direct costs	\$ 2,051,481	\$ 2,051,481	\$ —
Indirect costs	705,986	705,986	—
Total direct and indirect costs	2,757,467	2,757,467	—
Less authorized health service fees	—	(7,067,375)	(7,067,375)
Subtotal	2,757,467	(4,309,908)	(7,067,375)
Audit adjustments that exceed costs claimed	—	4,309,908	4,309,908
Total program costs	<u>\$ 2,757,467</u>	—	<u>\$(2,757,467)</u>
Less amount paid by the State		(599,822)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (599,822)</u>	

¹ See Attachment 2, Finding and Recommendation.

**Attachment 2—
Finding and Recommendation
July 1, 2005, through June 30, 2008**

**FINDING—
Understated
authorized health
service fees**

The district understated authorized health service fees by \$7,067,375 for the period July 1, 2005, through June 30, 2008. The district did not report authorized health service fees in its mandated cost claims.

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 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 period July 1, 2005, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). For FY 2005-06, the authorized fees were \$14 per semester and \$11 per summer session. For FY 2006-07, the authorized fees were \$15 per semester and \$12 per summer session. For FY 2007-08, the authorized fees were \$16 per semester and \$13 per summer session.

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Semester			
	Summer	Fall	Spring	Total
Fiscal Year 2005-06:				
Number of enrolled students	28,683	70,501	70,319	
Less apprenticeship program enrollees	(474)	(2,564)	(2,668)	
BOGG recipients	(10,990)	(26,168)	—	
Subtotal	17,219	41,769	67,651	
Authorized health fee rate	x \$(11)	x \$(14)	x \$(14)	
Authorized health service fees	\$ (189,409)	\$ (584,766)	\$ (947,114)	\$ (1,721,289)
Fiscal Year 2006-07:				
Number of enrolled students	30,214	74,459	74,932	
Less apprenticeship program enrollees	(1,359)	(2,638)	(2,780)	
Subtotal	28,855	71,821	72,152	
Authorized health fee rate	x \$(12)	x \$(15)	x \$(15)	
Authorized health service fees	\$ (346,260)	\$ (1,077,315)	\$ (1,082,280)	(2,505,855)
Fiscal Year 2007-08:				
Number of enrolled students	33,758	79,362	77,476	
Less apprenticeship program enrollees	(1,531)	(2,702)	(2,806)	
Subtotal	32,227	76,660	74,670	
Authorized health fee rate	x \$(13)	x \$(16)	x \$(16)	
Authorized health service fees	\$ (418,951)	\$ (1,226,560)	\$ (1,194,720)	(2,840,231)
Authorized health service fees				<u>\$ (7,067,375)</u>

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

INCORRECT REDUCTION CLAIM FILED BY
LOS RIOS COMMUNITY COLLEGE DISTRICT
SEPTEMBER 28, 2009

HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987

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



October 13, 2009

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Ginny Brummels
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 501
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Health Fee Elimination, 09-4206-I-23
Education Code Section 76355
Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118;
Fiscal Years: 2005-2006, 2006-2007 and 2007-2008
Los Rios Community College District, Claimant

Dear Mr. Petersen and Ms. Brummels:

On October 5, 2009, Los Rios Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2005-2006, 2006-2007 and 2007-2008, for a total of \$2,757,467. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

Mr. Petersen and Ms. Brummels

October 12, 2009

Page Two

Dismissal of Incorrect Reduction Claims. Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact Heidi Palchik at (916) 323-8218 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Patton', with a stylized, flowing script.

NANCY PATTON

Assistant Executive Director

Enclosure: Incorrect Reduction Claim Filing (SCO only)

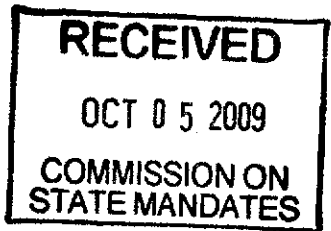
J:mandates/IRC/2009/09-4206-I-23/completeltr

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645



October 1, 2009

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

RE: Los Rios Community College District
Health Fee Elimination
Fiscal Years: 2005-06 through 2007-08
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, California 95825-3981

Sincerely,

A handwritten signature in black ink, appearing to read "KB Petersen". The signature is fluid and cursive, with a long horizontal stroke at the end.

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination*

*This is the third Incorrect Reduction Claim for this mandate program for this district.

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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

OCT 05 2009

COMMISSION ON
STATE MANDATES

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2005-06	\$ 941,621
2006-07	\$ 785,948
2007-08	\$1,029,898
TOTAL:	\$2,757,467

6. NOTICE OF NO INTENT TO CONSOLIDATE

☒ This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 16
8. SCO Results of Review Letters:	Exhibit A
9. SCO July 1, 2008, letter:	Exhibit B
10. District's Response to SCO:	Exhibit C
11. Parameters and Guidelines:	Exhibit D
12. SCO Claiming Instructions:	Exhibit E
13. Annual Reimbursement Claims:	Exhibit F

14. 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

Date

9/28/09

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE
11 COMMISSION ON STATE MANDATES
12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14)
15)
16)
17)
18 **LOS RIOS**)
19 **Community College District,**)

20)
21)
22 Claimant.)
23)
24)
25)
26)
27)
28)

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 2005-2006
Fiscal Year 2006-2007
Fiscal Year 2007-2008

29 INCORRECT 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 school
33 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
34 payments to the local agency or school district pursuant to paragraph (2) of subdivision
35 (d) of Section 17561." Los Rios Community College District (hereinafter "District" or

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

1 "Claimant") is a school district as defined in Government Code Section 17519.¹ Title 2,
2 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
3 incorrect reduction claim with the Commission.

4 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
5 requires incorrect reduction claims to be filed no later than three years following the
6 date of the Controller's "written notice of adjustment notifying the claimant of a
7 reduction." The Controller conducted a "desk review" of the District's FY 2005-06, FY
8 2006-07, and FY 2007-08 claims for the Health Fee Elimination mandate. The District
9 received three "results of review" letters reducing its claims as a result of the desk
10 review. The letters for FY 2005-06 and FY 2007-08 were dated July 19, 2009, and the
11 letter for FY 2006-07 was dated July 26, 2009. The District also received a separate
12 letter, dated July 22, 2009, reporting the adjustment to FY 2006-07. All four letters are
13 attached as Exhibit "A." These letters constitute a demand for repayment and
14 adjudication of the claim.

15 PART II. SUMMARY OF THE CLAIM

16 The Controller conducted a "desk review" of the District's annual reimbursement
17 claims for the actual costs of complying with the legislatively mandated Health Fee
18 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

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

for the period July 1, 2005 through June 30, 2008. As a result of the review, the Controller determined that \$2,757,467 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2005-06	\$941,621	\$941,621	\$0	\$0
2006-07	\$785,948	\$785,948	\$599,822	<\$599,822>
2007-08	<u>\$1,029,898</u>	<u>\$1,029,898</u>	<u>\$0</u>	<u>\$0</u>
Totals	\$2,757,467	\$2,757,467	\$599,822	<\$599,822>

The Controller will collect the \$599,822 paid for these claims from future mandate payments.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05², FY 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is attached as Exhibit "B."
2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community

² A field audit of the FY 2004-05 claim was also conducted, and it is the subject of a previous incorrect reduction claim (08-4206-I-18) already filed with the Commission.

³ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health

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

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.

3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension via email on July 10, 2008, and issued a new deadline of November 15, 2008.

4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated October 2, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the

Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 Controller's policy to use the highest authorized rate regardless of the rate
2 actually charged by the district, and the highest authorized rate is a matter of
3 public record available to the Controller's staff. A copy of the District's response
4 is attached as Exhibit "C."

- 5 5. As a result of the additional information, the Controller issued two "results of
6 review" letters for FY 2005-06 and FY 2006-07, reducing both claims to \$0. The
7 District also received a "results of review" letter for FY 2007-08, reducing that
8 claim to \$0, although no supplemental data had been requested or received by
9 the Controller for that fiscal year. No reason for the reductions was stated, other
10 than a statement that the costs were "costs not mandated."

11 The results of review letters informed the District that any amounts previously paid
12 would be offset from future mandate payments. The District has no record of any audit
13 findings or any other explanations of the reason for the Controller's action.

14 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

15 On September 9, 2005, the District filed an incorrect reduction claim for fiscal
16 years 1997-98, 1998-99, 1999-00, 2000-01, and 2001-02 for this mandate. On
17 February 4, 2009, the District filed an incorrect reduction claim for fiscal years 2002-03,
18 2003-04, and 2004-05. The District is not aware of any incorrect reduction claims
19 having been adjudicated on the specific issues or subject matter raised by this claim.

20 /

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

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

1 added Education Code Section 76355⁴ containing substantially the same provisions as

⁴ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

5 On November 27, 1985, Rio Hondo Community College District filed a test claim
6 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
7 increased costs within the meaning of California Constitution Article XIII B, Section 6, by

(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.

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

1 requiring the provision of student health services that were previously provided at the
2 discretion of the community college districts.

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

9 At a hearing on April 27, 1989, the Commission on State Mandates determined
10 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
11 community college districts that provided student health services in fiscal year 1986-
12 1987, and required them to maintain that level of student health services in fiscal year
13 1987-1988 and each fiscal year thereafter.

14 3. Parameters and Guidelines

15 On August 27, 1987, the original parameters and guidelines were adopted. On
16 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
17 1989, parameters and guidelines is attached as Exhibit "D."

18 4. Claiming Instructions

19 The Controller has periodically issued or revised claiming instructions for the
20 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
21 instructions is attached as Exhibit "E." The September 2003 claiming instructions are

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

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 VI. STATEMENT OF THE ISSUES

The District's FY 2005-06, FY 2006-07, and FY 2007-08 reimbursement claims were apparently reduced due to the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized student health fee revenues in the amount of at least \$2,757,467. The District reported no student health service fees received in its annual reimbursement claims because none were charged. Although no information has been provided to the District, it appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:

"[t]he governing board of a district maintaining a community college *may require* community college students to pay a fee . . . for health supervision and services"

(Emphasis added.) There is no requirement that community colleges levy these fees.

1 The permissive nature of the provision is further illustrated in subdivision (b) which
2 states "*If, pursuant to this section, a fee is required, the governing board of the district*
3 *shall decide the amount of the fee, if any, that a part-time student is required to pay.*

4 *The governing board may decide whether the fee shall be mandatory or optional."*

5 (Emphasis added.)

6 PARAMETERS AND GUIDELINES

7 The Parameters and Guidelines state:

8 Any offsetting savings the claimant experiences as a direct result of this statute
9 must be deducted from the costs claimed. In addition, reimbursement for this
10 mandate received from any source, e.g., federal, state, etc., shall be identified
11 and deducted from this claim. This shall include the amount of [student fees] as
12 authorized by Education Code Section 72246(a)⁵.

13 In order for a district to "experience" these "offsetting savings" the district must actually
14 have collected these fees. Note that the student health fees are named as a potential
15 source of the reimbursement *received* in the previous sentence. The use of the term
16 "any offsetting savings" further illustrates the permissive nature of the fees. Student
17 fees actually collected must be used to offset costs, but not student fees that could
18 have been collected and were not. Thus, the Controller's adjustments are based on an
19 illogical interpretation of the Parameters and Guidelines.

20 Further, the Department of Finance proposed, as part of the amendments that
21 were adopted on May 25, 1989, that a sentence be added to the offsetting savings

⁵ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

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

1 section expressly stating that if no health service fee was charged, the claimant would
2 be required to deduct the amount authorized. The Commission declined to add this
3 requirement and adopted the Parameters and Guidelines without this language.
4 Therefore, it is evident that the Commission intends the language of the Parameters
5 and Guidelines to be construed as written, and only those savings that are *experienced*
6 are to be deducted.

7 Since districts are not required to collect a fee from students for student health
8 services, and if such a fee is collected the amount is to be determined by the district
9 and not the Controller, the Controller's adjustment is without legal basis. The
10 Parameters and Guidelines require districts to reduce the amount of their claimed costs
11 by the amount of student health services fee revenue actually received. Therefore,
12 student health services fees are merely collectible, they are not mandatory, and it is
13 inappropriate for the Controller to reduce claim amounts by revenues not received.

14 2. The District correctly filed the annual reimbursement claims

15 The District reported its actual reimbursable costs in the manner required by the
16 Parameters and Guidelines and on the forms provided for by the Controller's claiming
17 instructions for this program. The Controller has not stated how the claim
18 documentation was insufficient for purposes of adjudicating the claims. The Controller
19 has not sent any documentation in support of its action to the District. He has simply
20 reduced the District's reimbursement claim to \$0 without any explanation. By providing
21 no notice for the basis of its actions, the Controller is creating a standard of general

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

1 application without the benefit of law or due process of rulemaking.

2 3. The Controller has not provided the required explanation of the adjustments

3 Government Code Section 17558.5(c), as last amended by Chapter 890,
4 Statutes of 2004, provides:

5 The Controller shall notify the claimant in writing within 30 days after issuance of
6 a remittance advice of any adjustment to a claim for reimbursement that results
7 from an audit or review. The notification shall specify the claim components
8 adjusted, the amounts adjusted, interest charges on claims adjusted to reduce
9 the overall reimbursement to the local agency or school district, and the reason
10 for the adjustment. Remittance advices and other notices of payment action shall
11 not constitute notice of adjustment from an audit or review.

12 More than 30 days have passed since the District received its results of review letters,
13 but the required explanation has not been received. Specifically, the Controller has not
14 notified the District of the specific claim components adjusted or the reason for the
15 adjustments. Therefore, the Controller has violated Section 17558.5(c).

16 The Controller's actions also deny the District the opportunity to comprehensively
17 contest the adjustments through this Incorrect Reduction Claim. The District must use
18 the circumstances and the Controller's actions to guess at the reason for the reduction
19 of its claim. The results of review letters, which cannot be sufficient notification under
20 Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

21 4. The reason for the rejection was contrary to statute

22 The annual reimbursement claim was not rejected because the costs claimed
23 were excessive or unreasonable. The Controller does not assert that the claimed costs
24 were excessive or unreasonable, which is the only mandated cost audit standard in

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

statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

PART VII. RELIEF REQUESTED

The District filed its annual reimbursement claims within the time limits prescribed. 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 XIII B, 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 Title 2,

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

1 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
2 these adjustments without benefit of statute or regulation, the burden of proof is now
3 upon the Controller to establish a legal basis for its actions.

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

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

PART VIII. CERTIFICATION


By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on September 28, 2009, at Sacramento, California, by


Jon Sharpe, Deputy Chancellor
Los Rios Community College District
1919 Spanos Court
Sacramento, California 95825-3981
Voice: 916-568-3058
Fax: 916-568-3078
E-mail: sharpej@losrios.edu

APPOINTMENT OF REPRESENTATIVE

Los Rios Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.


Jon Sharpe, Deputy Chancellor
Los Rios Community College District

9/28/09
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated October 2, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions
Exhibit "F"	Annual Reimbursement Claims

Exhibit A



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 19, 2009

CC34050
00234
2009/07/19

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 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	941,621.00
ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	- 941,621.00
TOTAL ADJUSTMENTS	- 941,621.00
AMOUNT DUE CLAIMANT	\$ 0.00

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

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER

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



California State Controller
Division of Accounting and Reporting
JULY 26, 2009

00234
2009/07/26

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 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	785,948.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	785,948.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-599,822.00
AMOUNT DUE STATE	\$ 599,822.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 599,822.00 WITHIN 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 WITH 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:		
COST NOT MANDATED	- 785,948.00	- 785,948.00
TOTAL ADJUSTMENTS		
PRIOR PAYMENTS:		
SCHEDULE NO. MA64147E		
PAID 03-12-2007	-599,822.00	-599,822.00
TOTAL PRIOR PAYMENTS		

Ray
cc Keith

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 19, 2009

CC34050
00234
2009/07/19

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 2007/2008 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	1,029,898.00
ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	- 1,029,898.00
TOTAL ADJUSTMENTS	- 1,029,898.00
AMOUNT DUE CLAIMANT	\$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 22, 2009

Mr. Jon Sharpe
Deputy Chancellor
Los Rios Community College District
1919 Spanos Court
Sacramento CA 95825

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We have reviewed your 2006/2007 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed	\$785,948.00
Adjustment to Claim:	

Cost Not Mandated	- \$785,948.00
-------------------	----------------

Total Adjustments	- <u>\$785,948.00</u>
-------------------	-----------------------

Less: Prior Payment

Schedule Number	MA64147E (PAID 03/12/2007)	- <u>\$599,822.00</u>
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Amount Due State	- <u>\$599,822.00</u>
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The overpayment amount of \$599,822.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250

Exhibit B



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Jon Sharpe
Deputy Chancellor
Los Rios Community College District
1919 Spanos Court
Sacramento CA 95825

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Exhibit C

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

October 2, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Los Rios Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Year 2004-05, 2005-06 and 2006-07


Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for: Keith B. Petersen

C: Mr. Jon Sharpe, Deputy Chancellor, Los Rios CCD
Ms. Carrie Bray, Director, Accounting Services, Los Rios CCD

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant:

Los Rios Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2004-2005

(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.

LESS

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Direct Cost

Indirect Cost of:

31.96%

Total

(05) Cost of Health Services for the Fiscal year of Claim

\$ 266,013

\$ 85,018

\$ 351,031

(06) Cost of providing current fiscal year health services in excess of 1986/87

\$

-

\$

-

(07) Cost of providing current fiscal year health services at 1986/87 level

[Line (05) - line (06)]

\$ 266,013

\$ 85,018

\$ 351,031

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	19,953			\$ -		\$ -	\$ -
2. Per Spring Semester	22,734			\$ -		\$ -	\$ -
3. Per Summer Session	7,839			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]

Cost Reduction

11) Less: Offsetting Savings, if applicable

\$

-

12) Less: Other Reimbursements, if applicable

\$

-

13) Total Amount Claimed

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

\$

-

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.2
------------------------------	--	-------------------------------

(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> <div>Reimbursement <input checked="" type="checkbox"/></div> <div>Fiscal Year 2004-2005</div> </div> <div>Estimated <input type="checkbox"/></div>
--	--

(03) Name of College: Consumnes 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.

LESS

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	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 179,827	\$ 57,473	\$ 237,300
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 179,827	\$ 57,473	\$ 237,300

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	10,443			\$ -		\$ -	\$ -
Per Spring Semester	10,131			\$ -		\$ -	\$ -
Per Summer Session	3,206			\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
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(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> <div>Reimbursement <input checked="" type="checkbox"/></div> <div>Estimated <input type="checkbox"/></div> </div>	Fiscal Year 2004-2005
--	---	--------------------------

(03) Name of College:	Sacramento City College
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(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.

LESS <input type="checkbox"/>	SAME <input type="checkbox"/>	MORE <input checked="" type="checkbox"/>
----------------------------------	----------------------------------	---

	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 216,532	\$ 69,204	\$ 285,736
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 216,532	\$ 69,204	\$ 285,736

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	11,228			\$ -		\$ -	\$ -
2. Per Spring Semester	10,046			\$ -		\$ -	\$ -
3. Per Summer Session	5,381			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

(1) Less: Offsetting Savings, if applicable	\$ -
(2) Less: Other Reimbursements, if applicable	\$ -
(3) Total Amount Claimed	\$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

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(01) Claimant Identification Number: CC 34050			Reimbursement Claim Data	
(02) Claimant Name Los Rios Community College District			(22) HFE-1.0, (04)(b)	874,066
(03) County of Location Sacramento			(23)	
(04) Street Address 1919 Spanos Court			(24)	
(05) City Sacramento	(06) State CA	(07) Zip Code 95825	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 961,000	(13) \$ 874,066	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 874,066	(34)	
Due from State	(08) \$ 961,000	(17) \$ 874,066	(35)	
Due to State		(18)	(36)	

(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 Sharpe

Deputy Chancellor

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(1) Claimant: S Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
--	--	--------------------------

3) Name of College: American River College

4) 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 31.96%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 266,013	\$ 85,018	\$ 351,031
6) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 266,013	\$ 85,018	\$ 351,031

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) 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)]	\$ 351,031

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 351,031

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.2
------------------------------	--	-------------------------------

(01) Claimant: <div style="text-align: center; margin-top: 10px;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/> </div>	Fiscal Year <div style="text-align: center; margin-top: 10px;">2004-2005</div>
--	---	---

(03) Name of College: Consumnes 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 31.96%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 179,827	\$ 57,473	\$ 237,300
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 179,827	\$ 57,473	\$ 237,300

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
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

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 237,300

PROGRAM <div style="font-size: 24pt; font-weight: bold; margin-top: 10px;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
--	--	-------------------------------

(1) Claimant: <div style="text-align: center; margin-top: 10px;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Reimbursement <input checked="" type="checkbox"/> Fiscal Year </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Estimated <input type="checkbox"/> 2004-2005 </div>
---	---

(3) Name of College: Sacramento City College

(4) 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.

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	Direct Cost	Indirect Cost of: 31.96%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 216,532	\$ 69,204	\$ 285,736
6) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 216,532	\$ 69,204	\$ 285,736

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) 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)]	\$ 285,736

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	\$ 285,736

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 285,721	\$ 85,716	\$ 371,437
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 285,721	\$ 85,716	\$ 371,437

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	19,177			\$ -		\$ -	\$ -
2. Per Spring Semester	22,113			\$ -		\$ -	\$ -
3. Per Summer Session	8,423			\$ -		\$ -	\$ -
4. Per First Quarter				\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.2
------------------------------	--	-------------------------------

(01) Claimant: <div style="text-align: center;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between;"> Reimbursement <input checked="" type="checkbox"/> Fiscal Year </div> <div style="display: flex; justify-content: space-between;"> Estimated <input type="checkbox"/> 2005-2006 </div>
--	---

(03) Name of College: Consumnes 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 209,158	\$ 62,747	\$ 271,905
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 209,158	\$ 62,747	\$ 271,905

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	9,891			\$ -		\$ -	\$ -
Per Spring Semester	10,183			\$ -		\$ -	\$ -
Per Summer Session	3,102			\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
(0) Subtotal	[Line (07) - line (09)]	

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
------------------------------	--	-------------------------------

(01) Claimant: <div style="text-align: center; padding: 5px;">Los Rios Community College District</div>	(02) Type of Claim: <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Reimbursement <input checked="" type="checkbox"/></div> <div>Fiscal Year</div> </div> <div style="display: flex; justify-content: space-between; align-items: center;"> <div>Estimated <input type="checkbox"/></div> <div>2005-2006</div> </div>
--	---

(03) Name of College: Sacramento City 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 229,445	\$ 68,834	\$ 298,279
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 229,445	\$ 68,834	\$ 298,279
(08) Complete Columns (a) through (g) to provide detail data for health fees			

	Collection Period <i>Full-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1.	Per Fall Semester	10,916			\$ -		\$ -	\$ -
2.	Per Spring Semester	9,807			\$ -		\$ -	\$ -
3.	Per Summer Session	5,252			\$ -		\$ -	\$ -
4.	Per First Quarter				\$ -		\$ -	\$ -
5.	Per Second Quarter				\$ -		\$ -	\$ -
3.	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)]	

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program
234

(01) Claimant Identification Number: CC 34050

Reimbursement Claim Data

(02) Claimant Name Los Rios Community College District

(22) HFE-1.0, (04)(b)

941,621

County of Location Sacramento

(23)

Street Address 1919 Spanos Court

(24)

City State Zip Code
Sacramento CA 95825

(25)

Type of Claim**Estimated Claim****Reimbursement Claim**(03) Estimated ☒(09) Reimbursement ☒(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost (06) 2006-2007

(12) 2005-2006

Total Claimed Amount (07) \$ 1,035,000

(13) \$ 941,621

Less: 10% Late Penalty

(14) \$ -

Less: Prior Claim Payment Received

(15) \$ -

Net Claimed Amount

(16) \$ 941,621

Due from State (08) \$ 1,035,000

(17) \$ 941,621

Due to State

(18)

*As originally
filed*

(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 Sharpe

Deputy Chancellor

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Santos Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
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(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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 285,721	\$ 85,716	\$ 371,437
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 285,721	\$ 85,716	\$ 371,437

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) 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)]	\$ 371,437

Cost Reduction

(1) Less: Offsetting Savings, if applicable	\$ -
(2) Less: Other Reimbursements, if applicable	\$ -
(3) Total Amount Claimed	\$ 371,437

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.2
------------------------------	--	-------------------------------

(1) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

(3) Name of College: Consumnes River College

(4) 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 209,158	\$ 62,747	\$ 271,905
6) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 209,158	\$ 62,747	\$ 271,905

(8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
0) Subtotal	[Line (07) - line (09)]	\$ 271,905

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	\$ 271,905

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
------------------------------	--	-------------------------------

1) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

3) Name of College: Sacramento City College

4) 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.

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	Direct Cost	Indirect Cost of: 30.00%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 229,445	\$ 68,834	\$ 298,279
3) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 229,445	\$ 68,834	\$ 298,279

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

j) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
k) Subtotal	[Line (07) - line (09)]	\$ 298,279

Cost Reduction

l) Less: Offsetting Savings, if applicable	\$ -
m) Less: Other Reimbursements, if applicable	\$ -
n) Total Amount Claimed	\$ 298,279

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant:

Los Rios Community College District

(02) Type of Claim:

Reimbursement

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Estimated

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Fiscal Year

2006-2007

(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.

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	Direct Cost	Indirect Cost of: 37.70%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 226,399	\$ 85,352	\$ 311,751
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 226,399	\$ 85,352	\$ 311,751

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	32,185				32,185		
Per Spring Semester	33,834				33,834		
Per Summer Session	14,819				14,819		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

9) Total health fee that could have been collected:

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

\$ -

0) Subtotal

[Line (07) - line (09)]

Cost Reduction

1) Less: Offsetting Savings, if applicable

2) Less: Other Reimbursements, if applicable

3) Total Amount Claimed

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

\$ -

PROGRAM

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MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant:

Los Rios Community College District

(02) Type of Claim:

Reimbursement

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Estimated

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Fiscal Year

2006-2007

(03) Name of College:

Consumnes 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.

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	Direct Cost	Indirect Cost of: 37.70%	Total
05) Cost of Health Services for the Fiscal year of Claim	\$ 213,411	\$ 80,456	\$ 293,867
06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 213,411	\$ 80,456	\$ 293,867

08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	18,830				18,830		
Per Spring Semester	18,265				18,265		
Per Summer Session	6,330				6,330		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

09) Total health fee that could have been collected:

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

\$ -

0) Subtotal

[Line (07) - line (09)]

Cost Reduction

1) Less: Offsetting Savings, if applicable

2) Less: Other Reimbursements, if applicable

3) Total Amount Claimed

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

\$ -

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Sacramento City 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.

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	Direct Cost	Indirect Cost of: 37.70%	Total
05) Cost of Health Services for the Fiscal year of Claim	\$ 130,958	\$ 49,371	\$ 180,329
06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 130,958	\$ 49,371	\$ 180,329

08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	21,959				21,959		
Per Spring Semester	20,818				20,818		
Per Summer Session	10,277				10,277		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
0) Subtotal	[Line (07) - line (09)]	

Cost Reduction

1) Less: Offsetting Savings, if applicable	
2) Less: Other Reimbursements, if applicable	
3) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ____/____/____
(21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number:

CC 34050

Reimbursement Claim Data

(02) Claimant Name

Los Rios Community College District

(22) HFE-1.0, (04)(b)

785,948

County of Location

Sacramento

(23)

Street Address

1919 Spanos Court

(24)

City

State

Zip Code

Sacramento

CA

95825

(25)

Type of Claim**Estimated Claim****Reimbursement Claim**

(03) Estimated

☒

(09) Reimbursement

☒

(04) Combined

☐

(10) Combined

☐

(05) Amended

☐

(11) Amended

☐

Fiscal Year of Cost

(06)

2007-2008

(12)

2006-2007

(30)

Total Claimed Amount

(07)

\$ 864,000

(13)

\$ 785,948

(31)

Less: 10% Late Penalty, not to exceed \$10,000

(14)

\$

(32)

Less: Prior Claim Payment Received

(15)

\$ 599,822

(33)

Net Claimed Amount

(16)

\$ 186,126

(34)

Due from State

(08)

\$ 864,000

(17)

\$ 186,126

(35)

Due to State

(18)

(36)

(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 Sharpe

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(1) Claimant: Sols Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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3) Name of College: American River College

4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.70%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 226,399	\$ 85,352	\$ 311,751
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 226,399	\$ 85,352	\$ 311,751
8) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

j) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	
k) Subtotal	[Line (07) - line (09)]	\$ 311,751

Cost Reduction

l) Less: Offsetting Savings, if applicable		
m) Less: Other Reimbursements, if applicable		
n) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ 311,751

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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1) Claimant: Santos Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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3) Name of College: Consumnes River College

4) 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.

LESS
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SAME
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MORE
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	Direct Cost	Indirect Cost of: 37.70%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 213,411	\$ 80,456	\$ 293,867
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 213,411	\$ 80,456	\$ 293,867

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

1) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	
1) Subtotal	[Line (07) - line (09)]	\$ 293,867

Cost Reduction

2) Less: Offsetting Savings, if applicable	
3) Less: Other Reimbursements, if applicable	
4) Total Amount Claimed	\$ 293,867

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(1) Claimant: Sacramento City College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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3) Name of College: Sacramento City College

4) 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.

LESS

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SAME

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MORE

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	Direct Cost	Indirect Cost of: 37.70%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 130,958	\$ 49,371	\$ 180,329
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 130,958	\$ 49,371	\$ 180,329

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) 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)]	\$ 180,329

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	\$ 180,329

Exhibit D

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

Exhibit E

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 incurring 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

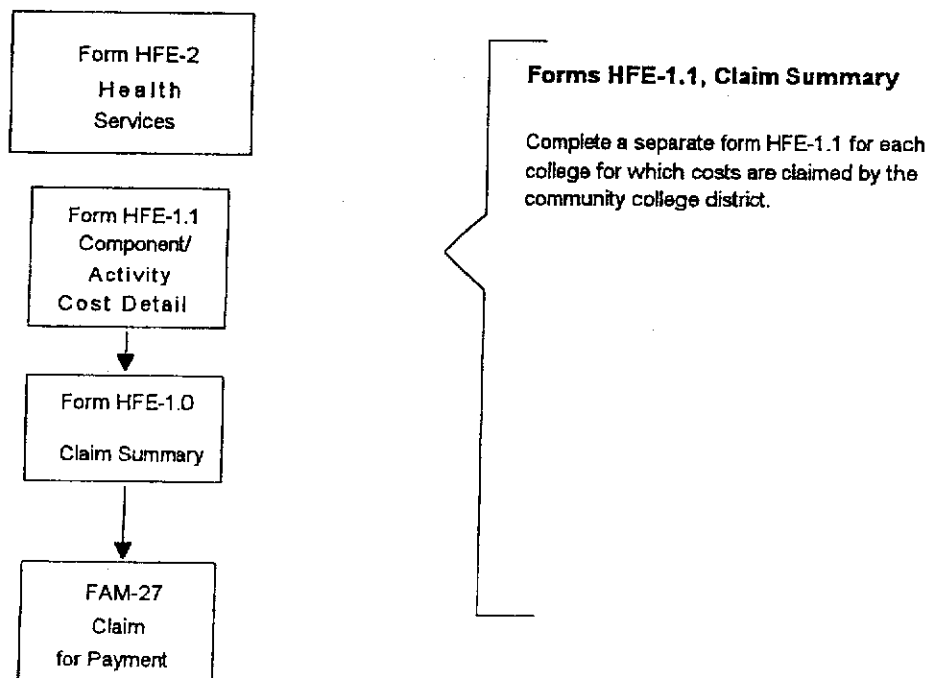
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use Only		Program 234
(01) Claimant Identification Number			(19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		
(02) Claimant Name					
County of Location					
Street Address or P.O. Box Suite					
City State Zip Code					
			Reimbursement Claim Data		
Type of Claim	Estimated Claim	Reimbursement Claim			
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>			
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>			
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>			
Fiscal Year of Cost	(06) 20____/20____	(12) 20____/20____			
Total Claimed Amount	(07)	(13)			
Less: 10% Late Penalty, not to exceed \$1,000		(14)			
Less: Prior Claim Payment Received		(15)			
Net Claimed Amount		(16)			
Due from State	(08)	(17)			
Due to State		(18)			
(37) CERTIFICATION OF CLAIM <p>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.</p> <p>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.</p> <p>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 the State of California that the foregoing is true and correct.</p> <div style="display: flex; justify-content: space-between;"> <div>Signature of Authorized Officer</div> <div>Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>Type or Print Name</div> <div>Title</div> </div>					
(38) Name of Contact Person for Claim		Telephone Number () -	Ext.		
		E-Mail Address			

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College		(b) Claimed Amount
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed		[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
(01) Claimant		(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>
		Fiscal Year 20__/20__
(03) Name of 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.		
LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input type="checkbox"/>		
		Direct Cost Indirect Cost Total
(05) Cost of health services for the fiscal year of claim		
(06) Cost of providing current fiscal year health services in excess of 1986-87		
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]		
(08) Complete columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
		(c) Students Exempt per EC 76355(c)(2)
		(d) Students Exempt per EC 76355(c)(3)
		(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)
		(f) Unit Cost Per Student Per EC 76355
		(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c)		
(10) Subtotal <div style="text-align: right;">[Line (07) - line (09)]</div>		
Cost Reduction		
(11) Less: Offsetting Savings		
(12) Less: Other Reimbursements		
(13) Total Claimed Amount <div style="text-align: right;">[Line (10) - (line (11) + line (12))]</div>		

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision 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 Acquired Immune Deficiency Syndrome 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			

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys
 Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

**MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES**

**FORM
HFE-2**

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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

EKG

Strep A testing

PG Testing

Monospot

Hemacult

Others, list

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Band-aids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list

Committees

Safety

Environmental

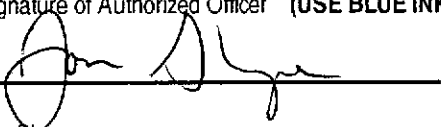
Disaster Planning

Exhibit F

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use Only		Program 234												
(01) Claimant Identification Number: CC 34050			(19) Program Number 00234														
(02) Claimant Name: Los Rios Community College District			(20) Date Filed: __/__/__														
County of Location: Sacramento			(21) LRS Input: __/__/__														
Street Address: 1919 Spanos Court			(22) HFE-1.0, (04)(b): 941,621														
City: Sacramento State: CA Zip Code: 95825			(23)														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Type of Claim</th> <th style="width: 30%;">Estimated Claim</th> <th style="width: 30%;">Reimbursement Claim</th> </tr> </thead> <tbody> <tr> <td>(03) Estimated <input checked="" type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td></td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		(24)		
			Type of Claim	Estimated Claim	Reimbursement Claim												
			(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>													
			(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>													
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>																
(25)			(26)														
(27)			(28)														
(29)			(30)														
Fiscal Year of Cost: (06) 2006-2007			(12) 2005-2006														
Total Claimed Amount: (07) \$ 1,035,000			(13) \$ 941,621														
Less: 10% Late Penalty			(14) \$ -														
Less: Prior Claim Payment Received			(15) \$ -														
Net Claimed Amount			(16) \$ 941,621														
Due from State: (08) \$ 1,035,000			(17) \$ 941,621														
Due to State			(18)														
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p>																	
Signature of Authorized Officer (USE BLUE INK)			Date														
			1/4/07														
Jon Sharpe			Deputy Chancellor														
Type or Print Name			Title														
(38) Name of Contact Person for Claim																	
SixTen and Associates																	
Telephone Number: (858) 514-8605																	
E-mail Address: kbpsixten@aol.com																	

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. American River College	\$ 371,437.30	
2. Consumnes River College	\$ 271,905.40	
3. Sacramento City College	\$ 298,278.50	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 941,621

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant:

Los Rios Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2005-2006

(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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 285,721	\$ 85,716	\$ 371,437
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 285,721	\$ 85,716	\$ 371,437

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:

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

\$ -

(10) Subtotal

[Line (07) - line (09)]

\$ 371,437

Cost Reduction

(11) Less: Offsetting Savings, if applicable

\$ -

(12) Less: Other Reimbursements, if applicable

\$ -

(13) Total Amount Claimed

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

\$ 371,437

PROGRAM
234**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.2**

(01) Claimant:

Los Rios Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2005-2006

(03) Name of College:

Consumnes 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 209,158	\$ 62,747	\$ 271,905
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 209,158	\$ 62,747	\$ 271,905
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
(10) Subtotal	[Line (07) - line (09)]	\$ 271,905

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - [(line (11) + line (12))]] \$ 271,905

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.3
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	---	--------------------------

(03) Name of College: Sacramento City 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.

LESS

☐

SAME

☐

MORE

☒ **X**

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 229,445	\$ 68,834	\$ 298,279
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 229,445	\$ 68,834	\$ 298,279
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
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:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ -
(10) Subtotal	[Line (07) - line (09)]	\$ 298,279

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 298,279

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Los Rios Community College District		(02) Fiscal Year costs were incurred: 2005-2006	
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.,)			
Psychologist, full services		X	X
Cancel/Change Appointments		X	X
Registered Nurse			X
Check Appointments			
Assessment, Intervention and Counseling		X	X
Birth Control			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			
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			
Examinations, minor illnesses		X	X
Recheck Minor Injury			
Health Talks or Fairs, Information			
Sexually Transmitted Disease		X	X
Drugs		X	X
Acquired Immune Deficiency Syndrome		X	X
Child Abuse		X	X

Chapters 1/84 and 1118/87, Page 2 of 3

State of California		School Mandated Cost Detail	
Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Los Rios Community College District		(02) Fiscal Year costs were incurred: 2005-2006	
(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		X	X
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		X	X
Blood Pressure		X	X
Hearing		X	X
Tuberculosis		X	X
Reading		X	X
Information		X	X
Vision		X	X
Glucometer		X	X
Urinalysis			
Hemoglobin			
EKG			
Strep A Testing			X
PG Testing			
Monospot			
Hemacult			X
Others, list>Bodyfat			
Miscellaneous		X	X
Absence Excuses/PE Waiver			
Allergy Injections		X	X
Band-aids		X	X
Booklets/Pamphlets		X	X
Dressing Change		X	X
Rest			X
Suture Removal		X	X
Temperature		X	X
Weigh		X	X
Information		X	X
Report/Form			
Wart Removal		X	X
Others, list>Web research and links			
Committees		X	X
Safety			X
Environmental			X
Disaster Planning			X

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only.

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number:

CC 34050

Reimbursement Claim Data

(02) Claimant Name

Los Rios Community College District

(22) HFE-1.0, (04)(b)

785,948

County of Location

Sacramento

(23)

Street Address

1919 Spanos Court

(24)

City

State

Zip Code

Sacramento

CA

95825

(25)

Type of Claim**Estimated Claim****Reimbursement Claim**

(03) Estimated

☒

(09) Reimbursement

☒

(04) Combined

☐

(10) Combined

☐

(05) Amended

☐

(11) Amended

☐**Fiscal Year of Cost**

(06)

2007-2008

(12)

2006-2007

(30)

Total Claimed Amount

(07)

\$ 864,000

(13)

\$ 785,948

(31)

Less : 10% Late Penalty, not to exceed \$10,000

(14)

\$

(32)

Less : Prior Claim Payment Received

(15)

\$

599,822

(33)

Net Claimed Amount

(16)

\$

186,126

(34)

Due from State

(08)

\$ 864,000

(17)

\$

186,126

(35)

Due to State

(18)

(36)

(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 Sharpe

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

CC3

MAR 23 2007

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN ~~WILL BE MAILED~~
DIRECTLY TO THE PAYEE.

WARRANT AMT: ***25,873.00

PGM NBR: 00234

CLAIM SCHEDULE NBR: MA64147E

25,873.00

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. American River College	\$ 311,751	
2. Consumnes River College	\$ 293,867	
3. Sacramento City College	\$ 180,329	
4.		
5.		
6.		
7.		
8.		
9.		
10.		
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16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 785,948

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(1) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	--------------------------

(3) Name of College: American River College

(4) 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.

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	Direct Cost	Indirect Cost of: 37.70%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 226,399	\$ 85,352	\$ 311,751
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 226,399	\$ 85,352	\$ 311,751

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

8) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	
9) Subtotal	[Line (07) - line (09)]	\$ 311,751

Cost Reduction

Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 311,751

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Y Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Consumnes 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.

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	Direct Cost	Indirect Cost of: 37.70%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 213,411	\$ 80,456	\$ 293,867
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 213,411	\$ 80,456	\$ 293,867

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	
) Subtotal	[Line (07) - line (09)]	\$ 293,867

Cost Reduction

) Less: Offsetting Savings, if applicable	
) Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 293,867

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

1) Claimant: Sacramento City College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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3) Name of College: Sacramento City College

4) 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.

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	Direct Cost	Indirect Cost of: 37.70%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 130,958	\$ 49,371	\$ 180,329
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 130,958	\$ 49,371	\$ 180,329

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:

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

\$ -

Subtotal

[Line (07) - line (09)]

\$ 180,329

Cost Reduction

Less: Offsetting Savings, if applicable

\$ -

Less: Other Reimbursements, if applicable

\$ -

Total Amount Claimed

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

\$ 180,329

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Los Rios Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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					
Dermatology, Family practice					
Internal Medicine					
Outside Physician					
Dental Services					
Outside Labs, (X-ray, etc.,)					
Psychologist, full services					
Cancel/Change Appointments		X	X		
Registered Nurse		X	X		
Check Appointments			X		
Assessment, Intervention and Counseling					
Birth Control		X	X		
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	X		
Gynecology/Pregnancy Service		X	X		
Neuralgic		X	X		
Orthopedic		X	X		
Genito/Urinary		X	X		
Dental					
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		
Acquired Immune Deficiency Syndrome		X	X		
Eating Disorders		X	X		
Weight Control		X	X		
Personal Hygiene		X	X		
Burnout		X	X		
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		X	X		

Program
234

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

FORM
HFE-2

(01) Claimant
Los Rios Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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
X	X
X	X

Immunizations

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

	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
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Physical Examinations

Employees
Students
Athletes

X	X
---	---

Medications

Antacids
Antidiarrheal
Aspirin, Tylenol, etc.,
Skin Rash Preparations
Eye Drops
Ear Drops
Toothache, oil cloves
Stingkill
Midol, Menstrual Cramps
Other, list---> Cold and Allergy

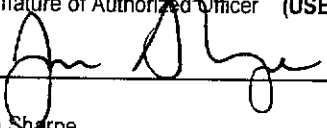
X	X
X	X
X	X
X	X
X	X
X	X
	X
X	X
X	X
X	X

Parking Cards/Elevator Keys

Tokens
Return Card/Key
Parking Inquiry
Elevator Passes
Temporary Handicapped Parking Permits

X	X
X	X

(01) Claimant Los Rios Community College District		(02) Fiscal Year costs were incurred: 2006-2007	
(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			
EKG			
Strep A Testing			
PG Testing			X
Monospot			
Hemacult			
Others, list Body Fat			X
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			X
Temperature		X	X
Weigh		X	X
Information		X	X
Report/Form		X	X
Wart Removal			
Others, list Research and links		X	X
Committees			
Safety		X	X
Environmental			X
Disaster Planning			X

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only	Program 234
(01) Claimant Identification Number: CC 34050			(19) Program Number 00234	
(02) Claimant Name Los Rios Community College District			(20) Date Filed	
			(21) LRS Input	
			Reimbursement Claim Data	
			(22) HFE-1.0, (04)(b)	1,029,898
Sacramento County			(23)	
1919 Spanos Court			(24)	
Sacramento CA 95825			(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2007-2008	(30)	
Total Claimed Amount	(07)	(13) \$ 1,029,898	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 1,029,898	(34)	
Due from State	(08)	(17) \$ 1,029,898	(35)	
Due to State		(18)	(36)	
(37) CERTIFICATION OF CLAIM				
<p>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.</p> <p>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.</p> <p>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.</p>				
Signature of Authorized Officer (USE BLUE INK)			Date	
			2/3/09	
Jon Sharpe			Deputy Chancellor	
Type or Print Name			Title	
(38) Name of Contact Person for Claim				
SixTen and Associates			Telephone Number: (858) 514-8605	
			E-mail Address: kbpsixten@aol.com	

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1
(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
(03) List all community colleges identified in form 1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. American River College	\$ 315,519	
2. Cosumnes River College	\$ 316,010	
3. Folsom Lake College	\$ 52,667	
4. Sacramento City College	\$ 345,702	
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
(04) Total Amount Claimed	\$ 1,029,898	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
(01) Claimant: Los Rios Community College District		(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>
Fiscal Year 2007-2008		
(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.		
LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input checked="checked" type="checkbox"/> X		
	Direct Cost	Indirect Cost of: 36.16%
(05) Cost of Health Services for the Fiscal year of Claim	\$ 231,727	\$ 83,792
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 231,727	\$ 83,792
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (f)	
1. Per Fall Semester	34,751	34,751
2. Per Spring Semester	34,625	34,625
3. Per Summer Session	15,508	15,508
4. Per First Quarter		
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)] \$ 315,519
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed		[Line (10) - {line (11) + line (12)}] \$ 315,519

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM <div style="font-size: 24pt; font-weight: bold;">1.1</div>
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(01) Claimant: Los Rios Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
---	--	--------------------------

(03) Name of College:	Cosumnes 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.

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	Direct Cost	Indirect Cost of: 36.16%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 232,087	\$ 83,923	\$ 316,010
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 232,087	\$ 83,923	\$ 316,010

(08) Complete Columns (a) through (g) to provide detail data for health fees

	Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1.	Per Fall Semester	13,228				13,228		
2.	Per Spring Semester	12,946				12,946		
3.	Per Summer Session	4,911				4,911		
4.	Per First Quarter							
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)]	\$ 316,010

Cost Reduction

(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))]	\$ 316,010

PROGRAM <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">1.1</div>
(01) Claimant: Los Rios Community College District		(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>
Fiscal Year 2007-2008		
(03) Name of College: Folsom Lake 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.		
LESS <input type="checkbox"/> SAME <input checked="" type="checkbox"/> MORE <input type="checkbox"/>		
	Direct Cost	Indirect Cost of: 36.16%
	Total	
(05) Cost of Health Services for the Fiscal year of Claim	\$ 38,680	\$ 13,987
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 38,680	\$ 13,987
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not Applicable after 01/01/06</small>
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (f)	
1. Per Fall Semester	8,441	8,441
2. Per Spring Semester	8,178	8,178
3. Per Summer Session	2,140	2,140
4. Per First Quarter		
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)]	
	\$ 52,667	
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
(13) Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	
	\$ 52,667	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM 1.1
(01) Claimant: Los Rios Community College District				(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>		Fiscal Year 2007-2008	
(03) Name of College: Sacramento City 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.							
<div style="display: flex; justify-content: space-around;"> LESS <input type="checkbox"/> SAME <input checked="checked" type="checkbox"/> MORE <input type="checkbox"/> </div>							
				Direct Cost	Indirect Cost of: 36.16%	Total	
(05) Cost of Health Services for the Fiscal year of Claim				\$ 253,894	\$ 91,808	\$ 345,702	
(06) Cost of providing current fiscal year health services in excess of 1986/87				\$ -	\$ -	\$ -	
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]				\$ 253,894	\$ 91,808	\$ 345,702	
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	24,991				24,991		
2. Per Spring Semester	23,327				23,327		
3. Per Summer Session	10,709				10,709		
4. Per First Quarter							
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)]		\$ 345,702	
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed						\$ 345,702	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Los Rios 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		X	X
Appointments			
College Physician, surgeon			
Dermatology, Family practice			
Internal Medicine			
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.)			
Psychologist, full services			
Cancel/Change Appointments		X	X
Registered Nurse		X	X
Check Appointments			X
Assessment, Intervention and Counseling			
Birth Control		X	X
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	X
Gynecology/Pregnancy Service		X	X
Neuralgic		X	X
Orthopedic		X	X
Genito/Urinary		X	X
Dental			
Gastro-Intestinal		X	X
Stress Counseling		X	X
Crisis Intervention		X	X
Child Abuse Reporting and Counseling		X	X

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Los Rios 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	X
Eating Disorders		X	X
Weight Control		X	X
Personal Hygiene		X	X
Burnout		X	X
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		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	X
First Aid Kits, Filled		X	X
Immunizations			
Diphtheria/Tetanus			X
Measels/Rubella			X
Influenza			X
Information		X	X
Insurance			
On Campus Accident		X	X
Voluntary		X	X
Insurance Inquiry/Claim Administration		X	X
Laboratory Tests Done			
Inquiry/Interpretation			X
Pap Smears			
Physical Examinations			
Employees			

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Los Rios 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			
Athletes	X	X	
Medications			
Antacids	X	X	
Antidiarrheal	X	X	
Aspirin, Tylenol, etc.,	X	X	
Skin Rash Preparations	X	X	
Eye Drops	X	X	
Ear Drops			
Toothache, oil cloves		X	
Stingkill	X	X	
Midol, Menstrual Cramps	X	X	
Other, list---> Cold and Allergy	X	X	
Parking Cards/Elevator Keys			
Tokens			
Return Card/Key	X	X	
Parking Inquiry	X	X	
Elevator Passes			
Temporary Handicapped Parking Permits	X	X	
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	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant Los Rios 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	X
Urinalysis		X	X
Hemoglobin			
EKG			
Strep A Testing			
PG Testing			
Monospot			
Hemacult			
Others, list Body Fat			X
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			X
Temperature		X	X
Weigh		X	X
Information		X	X
Report/Form		X	X
Wart Removal			
Others, list Research and links		X	X
Committees			
Safety		X	X
Environmental			X
Disaster Planning			X

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
REDWOODS COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Claim Adjustment Letter for FY 2002-03 through FY 2006-07 – October 20, 2009	Tab 5
Attachment—District's Comments	
Incorrect Reduction Claim – September 30, 2009	
State Controller's Office Claim Adjustment Letters for FY 2002-03 through FY 2006-07	Exhibit A
Letter from Ginny [Virginia] Brummels, State Controller's Office, to Scott Thomason, Vice President, Chief Business Officer Redwoods Community College District – July 1, 2008.....	Exhibit B
Letter from Keith B. Petersen, President, SixTen and Associates, to Virginia Brummels, Manager, State Controller's Office – September 25, 2008	Exhibit C
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit D
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit E
Redwoods Community College District Health Fee Elimination Program Claims – FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07	Exhibit F

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

5
6 BEFORE THE

7 COMMISSION ON STATE MANDATES

8 STATE OF CALIFORNIA

9
10 INCORRECT REDUCTION CLAIM ON:

11 *Health Fee Elimination Program*

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

14 REDWOODS COMMUNITY
15 COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-26

AFFIDAVIT OF BUREAU CHIEF

16 I, Jim L. Spano, make the following declarations:

- 17 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 18 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000.
19 Before that, I was employed as an audit manager for two years and three months.
- 20 3) I am a California Certified Public Accountant (CPA).
- 21 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 22 5) Any attached copies of records are true copies of records, as provided by the Redwoods
23 Community College District or retained at our place of business.
- 24 6) The records include claims for reimbursement, along with any attached supporting
25 documentation, explanatory letters, or other documents relating to the above-entitled
Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2002-03, FY 2003-04, FY 2004-05, FY
2 2005-06, and FY 2006-07 was completed on June 24, 2009.

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

6 Date: June 15, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9 By: 

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
14
15
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
REDWOODS COMMUNITY COLLEGE DISTRICT**
For Fiscal Year (FY) 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07

Health Fee Elimination Program

Chapter 1, Statutes of 1984, 2nd 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 Redwoods Community College District submitted on September 30, 2009. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2007. The SCO issued claim adjustment letters on July 2, and July 9, 2009 (**Exhibit A**).

The district submitted reimbursement claims totaling \$439,666 (\$440,666 less a \$1,000 penalty for filing a late claim)—\$25,487 for FY 2002-03, \$90,339 for FY 2003-04 (\$91,339 less a \$1,000 penalty for filing a late claim), \$124,369 for FY 2004-05, \$98,801 for FY 2005-06, and \$100,670 for FY 2006-07. The SCO reviewed the district's claims and determined that \$263,986 is unallowable for FY 2002-03 through FY 2006-07. The costs are unallowable because the district understated authorized health service fees. The following table summarizes the review results:

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 100,169	\$ 100,169	\$ —
Indirect costs	20,655	20,655	—
Total direct and indirect costs	120,824	120,824	—
Less authorized health service fees	(95,337)	(123,882)	(28,545)
Subtotal	25,487	(3,058)	(28,545)
Review adjustments that exceed costs claimed	—	3,058	3,058
Total program costs	<u>\$ 25,487</u>	—	<u>\$ (25,487)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 119,346	\$ 119,346	\$ —
Indirect costs	46,115	46,115	—
Total direct and indirect costs	165,461	165,461	—
Less authorized health service fees	(74,122)	(97,110)	(22,988)
Less late filing penalty	(1,000)	(1,000)	—
Total program costs	<u>\$ 90,339</u>	67,351	<u>\$ (22,988)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 67,351</u>	

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 138,975	\$ 138,975	\$ —
Indirect costs	52,671	52,671	—
Total direct and indirect costs	191,646	191,646	—
Less authorized health service fees	(65,471)	(98,532)	(33,061)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Total program costs	<u>\$ 124,369</u>	91,308	<u>\$ (33,061)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 91,308</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 114,499	\$ 114,499	\$ —
Indirect costs	42,880	42,880	—
Total direct and indirect costs	157,379	157,379	—
Less authorized health service fees	(58,578)	(140,358)	(81,780)
Total program costs	<u>\$ 98,801</u>	17,021	<u>\$ (81,780)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 17,021</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 110,340	\$ 110,340	\$ —
Indirect costs	43,695	43,695	—
Total direct and indirect costs	154,035	154,035	—
Less authorized health service fees	(53,365)	(187,239)	(133,874)
Subtotal	100,670	(33,204)	(133,874)
Review adjustments that exceed costs claimed	—	33,204	33,204
Total program costs	<u>\$ 100,670</u>	—	<u>\$ (100,670)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 583,329	\$ 583,329	\$ —
Indirect costs	206,016	206,016	—
Total direct and indirect costs	789,345	789,345	—
Less authorized health service fees	(346,873)	(647,121)	(300,248)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Less late filing penalty	(1,000)	(1,000)	—

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>Summary: July 1, 2002, through June 30, 2007 (continued)</u>			
Subtotal	439,666	139,418	(300,248)
Review adjustments that exceed costs claimed	—	36,262	36,262
Total program costs	<u>\$ 439,666</u>	175,680	<u>\$ (263,986)</u>
Less amount paid by the State			
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 175,680</u>	

¹ Payment information current as of June 14, 2010.

The district believes that it is required to report only actual health service fees collected.

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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit D**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit E**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2002, through June 30, 2007, the district understated authorized health service fees by \$300,248. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2002, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2004, Summer 2005, and Summer 2006 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)².

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. . . .

Further, 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. . . .

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

² Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

3. The Controller has not provided the required explanation of the adjustments

Government Code Section 17558.5(c), as last amended by Chapter 890, Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. . . .

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. . . .

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
January 12, 2006	FY 2003-04 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations for audit expires
January 12, 2009	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2004-05 through FY 2006-07
July 2, 2009	Adjustment letters issued for FY 2002-03 and FY 2003-04

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the ~~end of the calendar year in which the~~ date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be "initiated" within three years of the date the actual claim is filed.

The amendment is pertinent because this is the first time that the factual issue of the date the audit is "initiated" is introduced for mandate programs for which funds are appropriated. This amendment also means that it is impossible for the claimant to know when the statute of limitations will expire at the time the claim is filed, which is contrary to the purpose of a statute of limitations. It allows the Controller's own unilateral delay, or failure to make payments from funds appropriated for the purpose of paying the claims, to control the tolling of the statute of limitations, which is also contrary to the purpose of a statute of limitations.

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a

claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The annual reimbursement claim for FY 2003-04 is subject to the three-year statute of limitations established by Chapter 890, Statutes of 2004, which requires the audit to be "initiated" within three years of the date the actual claim is filed and the audit must be completed within two years of its commencement. However, since this fiscal year was not included in the July 1, 2008 letter, no audit was ever "initiated" prior to the expiration of the three-year period.

Vagueness

The versions of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04 annual reimbursement claims provide that the time limitation for audit "shall commence to run from the date of initial payment." However, this provision is void because it is impermissibly vague. At the time a claim is filed, the claimant has no way of knowing when payment will be made or how long the records applicable to that claim must be maintained. The current billion-dollar backlog in mandate payments, which continues to grow every year, could potentially require claimants to maintain detailed supporting documentation for decades. Additionally, it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited.

Therefore, the only specific and enforceable time limitation to commence an audit is three years from the date the claim was filed, and the annual reimbursement claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2004-05 through FY 2006-07 desk audit commenced on July 1, 2008, and when the results of review letters were issued on July 2, 2009. Therefore, all adjustments to the FY 2002-03 and FY 2003-04 claims are void and should be withdrawn.

SCO's Comment

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 3**), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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, as the CSM's staff concluded that the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (Tab 4), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district's failure to collect authorized fees does not create mandate-reimbursable costs. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Explanation of Claim Adjustments

The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5). The district may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."³ The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable. . . ." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5).

Statute of Limitations

The district discusses statutory language effective prior to January 1, 2003; however, statutory language prior to January 1, 2003, is irrelevant to the claims that are the subject of this Incorrect Reduction Claim.

Regarding relevant statutory language, the district states, "The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague." We disagree. The district has no authority to adjudicate statutory language. Title 2, 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 existing statutory language is "void."

Government Code section 17558.5, subdivision (a), states:

A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim [emphasis added].

For its FY 2002-03 claim, the district first received payment on October 25, 2006. The district has not received a payment for its FY 2003-04 claim. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5). Therefore, the SCO met the requirements of Government Code section 17558.5, subdivision (a).

The district also states, "... it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited." The district's allegation contradicts statutory language. Government Code section 17567 prohibits the SCO from directing funds to selected claims. It states:

In the event that the amount appropriated for reimbursement purposes pursuant to Section 17561 is not sufficient to pay all of the claims approved by the Controller, the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration [emphasis added]. . . .

In addition, Government Code section 17561, subdivision (d), prohibits the SCO from withholding payment. It states:

The Controller shall pay any eligible claim pursuant to this section by October 15 or 60 days after the date the appropriation for the claim is effective, whichever is later. . . .

³ Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

III. CONCLUSION

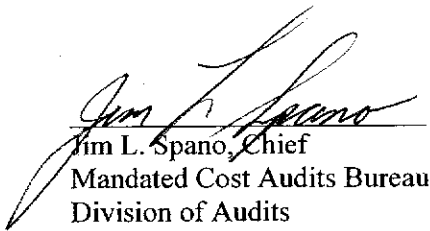
The State Controller's Office reviewed Redwoods Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. The district claimed unallowable costs totaling \$263,986. The costs are unallowable because the district understated authorized health services fees.

In conclusion, the Commission on State Mandates should find that: (1) the SCO reviewed the district's FY 2002-03 and FY 2003-04 claims within the timeframe permitted by Government Code section 17558.5, subdivision (a); (2) the SCO correctly reduced the district's FY 2002-03 claim by \$25,487; (3) the SCO correctly reduced the district's FY 2003-04 claim by \$22,988; (4) the SCO correctly reduced the district's FY 2004-05 claim by \$33,061; (5) the SCO correctly reduced the district's FY 2005-06 claim by \$81,780; and (6) the SCO correctly reduced the district's FY 2006-07 claim by \$100,670.

IV. 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 June 15, 2010, at Sacramento, California, by:


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

Tab 3

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.1. 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 1984 ~~7/2nd/8/~~
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 ~~for/fees~~ 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. REIMBURSEMENTABLE COSTS

A. Scope of Mandate

Eligible community college districts shall be reimbursed for the costs of providing a health services program ~~without the authority to levy a fee~~. Only services provided ~~for fee~~ 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 ~~1983/84~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
- Band-aids
- 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
- 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. // EYIGIYD/CYADANYS/MAY/CYADN/COSTS/UNDER ONE/OF/TWO/ALYERHATYES//LY/VCE/AMOUNT/PREVIOUSLY/COLLECTED/PER STUDENT/AND/ENROLLMENT/COUNT//OF/YZ/ACTUAL/COSTS/OF/PROGRAM/

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. Claiming/Alternatives

Claimed costs should be supported by the following information:

Alternative 1 // Fees previously collected in 1983/84 fiscal year /

1/ Fees collected in the 1983/84 fiscal year to support the health services program /

2/ Total number of students under item 11/11 // through 4 / above // listing this alternative, the total amount claimed would be item 11/11 // multiplied by item 11/12 // with the total amount reimbursed increased by the applicable implicit price deflator /

Alternative 2 // 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, 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 1983-84 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 were 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.

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-8732 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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: / Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

From : Department of Finance

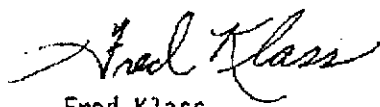
Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

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:

- (1) 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, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

GOVERNOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

FIFTH STREET
SACRAMENTO, CALIFORNIA 95814
916-8752 445-1163

April 3, 1989

RECEIVED

APR 05 1989

COMMISSION ON
STATE MANDATES

Mr. Robert W. Eich
Executive Director
Commission on State Mandates
1000 K Street, Suite LL50
Sacramento, CA 95814

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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

DM:PR:mh

cc: Jim Apps, Department of Finance
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

Ms. 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.

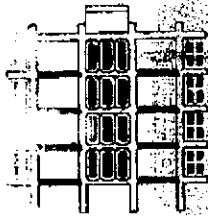
If you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Glenn Haas, Assistant Chief
 Division of Accounting

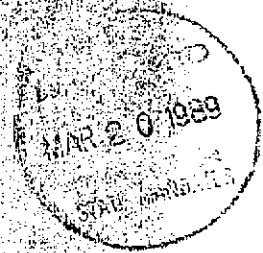
GH/GB:dvl

SC81822



RIO HONDO COMMUNITY COLLEGE DISTRICT
 8600 Workman Mill Road • Whittier, CA 90608 • Phone (213) 692-0921

HRH/CO



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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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 15 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, Ms. 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 claimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

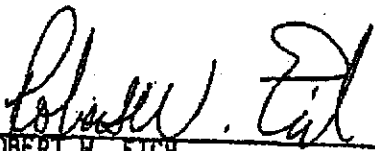
Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the 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.

Minutes
Hearing of May 25, 1989
Page 6

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 5



JOHN CHIANG
California State Controller

October 20, 2009

Board of Trustees
Redwoods Community College District
Humboldt County
7351 Tompkins Hill Road
Eureka, CA 95501

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Redwoods Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$439,666 (\$440,666 less a \$1,000 penalty for filing late claim) for the mandated program. Our review disclosed that \$175,680 is allowable and \$263,986 is unallowable, as described in the attached Summary of Program Costs and Finding and Recommendation. The costs are unallowable because the district understated authorized health service fees.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$25,487. Our review disclosed that the claimed costs are unallowable. The State will offset \$25,487 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

For the FY 2003-04 through FY 2005-06 claims, the State made no payment to the district. Our review disclosed that \$175,680 is allowable. The State will pay that amount, contingent upon available appropriations.

For the FY 2006-07 claim, the State paid the district \$62,590. Our review disclosed that the claimed costs are unallowable. The State will offset \$62,590 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

October 22, 2009

Sincerely

A handwritten signature in cursive script, reading "Ginny Brummels".

GINNY BRUMMELS

Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
Steve Van Zee, Audit Manager
Division of Audits

**Attachment 1—
Summary of Program Costs
July 1, 2002, through June 30, 2007**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment ¹</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 100,169	\$ 100,169	\$ —
Indirect costs	20,655	20,655	—
Total direct and indirect costs	120,824	120,824	—
Less authorized health service fees	(95,337)	(123,882)	(28,545)
Subtotal	25,487	(3,058)	(28,545)
Review adjustments that exceed costs claimed	—	3,058	3,058
Total program costs	<u>\$ 25,487</u>	—	<u>\$ (25,487)</u>
Less amount paid by the State		(25,487)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (25,487)</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 119,346	\$ 119,346	\$ —
Indirect costs	46,115	46,115	—
Total direct and indirect costs	165,461	165,461	—
Less authorized health service fees	(74,122)	(97,110)	(22,988)
Less late filing penalty	(1,000)	(1,000)	—
Total program costs	<u>\$ 90,339</u>	67,351	<u>\$ (22,988)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 67,351</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 138,975	\$ 138,975	\$ —
Indirect costs	52,671	52,671	—
Total direct and indirect costs	191,646	191,646	—
Less authorized health service fees	(65,471)	(98,532)	(33,061)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Total program costs	<u>\$ 124,369</u>	91,308	<u>\$ (33,061)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 91,308</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 114,499	\$ 114,499	\$ —
Indirect costs	42,880	42,880	—
Total direct and indirect costs	157,379	157,379	—
Less authorized health service fees	(58,578)	(140,358)	(81,780)
Total program costs	<u>\$ 98,801</u>	17,021	<u>\$ (81,780)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 17,021</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 110,340	\$ 110,340	\$ —
Indirect costs	43,695	43,695	—
Total direct and indirect costs	154,035	154,035	—
Less authorized health service fees	(53,365)	(187,239)	(133,874)
Subtotal	100,670	(33,204)	(133,874)
Review adjustments that exceed costs claimed	—	33,204	33,204
Total program costs	<u>\$ 100,670</u>	—	<u>\$ (100,670)</u>
Less amount paid by the State		(62,590)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (62,590)</u>	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 583,329	\$ 583,329	\$ —
Indirect costs	206,016	206,016	—
Total direct and indirect costs	789,345	789,345	—
Less authorized health service fees	(346,873)	(647,121)	(300,248)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Less late filing penalty	(1,000)	(1,000)	—
Subtotal	439,666	139,418	(300,248)
Review adjustments that exceed costs claimed	—	36,262	36,262
Total program costs	<u>\$ 439,666</u>	175,680	<u>\$ (263,986)</u>
Less amount paid by the State		(88,077)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 87,603</u>	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2002, through June 30, 2007

FINDING— Understated authorized health service fees

The district understated authorized health service fees by \$300,248.

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 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 period of July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

<u>Fiscal Year</u>	<u>Authorized Health Fee Rate</u>	
	<u>Fall and Spring Semesters</u>	<u>Summer Session</u>
2002-03	\$12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Semester			
	Summer	Fall	Spring	Total
Fiscal Year 2002-03:				
Number of enrolled students	2,398	7,635	7,390	
Less number of BOGG recipients	—	(3,266)	(3,234)	
Subtotal	2,398	4,369	4,156	
Authorized health fee rate	× \$(9)	× \$(12)	× \$(12)	
Authorized health service fees	\$ (21,582)	\$ (52,428)	\$ (49,872)	\$ (123,882)
Less authorized health service fees claimed				95,337
Review adjustment, FY 2002-03				(28,545)
Fiscal Year 2003-04:				
Number of enrolled students	1,443	6,955	7,009	
Less number of BOGG recipients	(641)	(3,220)	(3,253)	
Subtotal	802	3,735	3,756	
Authorized health fee rate	× \$(9)	× \$(12)	× \$(12)	
Authorized health service fees	\$ (7,218)	\$ (44,820)	\$ (45,072)	(97,110)
Less authorized health service fees claimed				74,122
Review adjustment, FY 2003-04				(22,988)
Fiscal Year 2004-05:				
Number of enrolled students	1,704	6,723	6,737	
Less number of apprenticeship program enrollees	—	—	(14)	
Less number of BOGG recipients	(709)	(3,362)	(3,270)	
Subtotal	995	3,361	3,453	
Authorized health fee rate	× \$(10)	× \$(13)	× \$(13)	
Authorized health service fees	\$ (9,950)	\$ (43,693)	\$ (44,889)	(98,532)
Less authorized health service fees claimed				65,471
Review adjustment, FY 2004-05				(33,061)
Fiscal Year 2005-06:				
Number of enrolled students	1,217	6,558	6,012	
Less number of apprenticeship program enrollees	(22)	(21)	(18)	
Less number of BOGG recipients	(437)	(3,101)	—	
Subtotal	758	3,436	5,994	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(14)	
Authorized health service fees	\$ (8,338)	\$ (48,104)	\$ (83,916)	(140,358)
Less authorized health service fees claimed				58,578
Review adjustment, FY 2005-06				(81,780)
Fiscal Year 2006-07:				
Number of enrolled students	1,122	5,808	5,794	
Less number of apprenticeship program enrollees	(5)	(13)	—	
Subtotal	1,117	5,795	5,794	
Authorized health fee rate	× \$(12)	× \$(15)	× \$(15)	
Authorized health service fees	\$ (13,404)	\$ (86,925)	\$ (86,910)	(187,239)
Less authorized health service fees claimed				53,365
Review adjustment, FY 2006-07				(133,874)
Total review adjustment				\$ (300,248)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

**INCORRECT REDUCTION CLAIM
FILED BY REDWOODS COMMUNITY
COLLEGE DISTRICT
SEPTEMBER 30, 2009**

**HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987**

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



November 2, 2009

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Ginny Brummels
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 501
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Health Fee Elimination, 09-4206-I-26
Education Code Section 76355
Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118;
Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007
Redwoods Community College District, Claimant

Dear Mr. Petersen and Ms. Brummels:

On October 26, 2009, Redwoods Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007, for a total of \$263,986. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

October 19, 2009

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

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OCT 26 2009

**COMMISSION ON
STATE MANDATES**

RE: Redwoods Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Redwoods 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:

Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501

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

Redwoods Community College District

Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501
Voice: 707-476-4194
Fax: 707-476-4405
E-mail: ruth-bettenhausen@redwoods.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

Filing Date:

For CSM Use Only

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OCT 26 2009

COMMISSION ON STATE MANDATES

IRC #: 09-4206-I-20

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 25,487
2003-04	\$ 22,988
2004-05	\$ 33,061
2005-06	\$ 81,780
2006-07	\$ 100,670
TOTAL:	\$263,986

6. NOTICE OF NO INTENT TO CONSOLIDATE

— This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-13 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit A
9. SCO July 1, 2008, letter:	Exhibit B
10. District's Response to SCO:	Exhibit C
11. Parameters and Guidelines:	Exhibit D
12. SCO Claiming Instructions:	Exhibit E
13. Annual Reimbursement Claims:	Exhibit F

14. 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.

Ruth Bettenhausen, Vice President
Administrative Services

Signature

Date

Ruth B. Bettenhausen Oct. 9, 2009

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____

15)
16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **REDWOODS**

19 **Community College District,**

20) Education Code Section 76355

21)
22) Claimant.

23) **Health Fee Elimination**

24) Annual Reimbursement Claims:

25) Fiscal Year 2002-2003

26) Fiscal Year 2003-2004

27) Fiscal Year 2004-2005

28) Fiscal Year 2005-2006

29) Fiscal Year 2006-2007
30)
31)

32 INCORRECT REDUCTION CLAIM FILING

33 PART I. AUTHORITY FOR THE CLAIM

34 The Commission on State Mandates has the authority pursuant to Government
35 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
36 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
37 payments to the local agency or school district pursuant to paragraph (2) of subdivision

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

1 (d) of Section 17561." Redwoods Community College District (hereinafter "District" or
2 "Claimant") is a school district as defined in Government Code Section 17519.¹ Title 2,
3 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
4 incorrect reduction claim with the Commission.

5 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
6 requires incorrect reduction claims to be filed no later than three years following the
7 date of the Controller's "written notice of adjustment notifying the claimant of a
8 reduction." The Controller conducted a "desk review" of the District's FY 2002-03, FY
9 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee
10 Elimination mandate. The District received five "results of review" letters reducing its
11 claims as a result of the desk review. The letter for FY 2006-07 was dated July 9, 2009,
12 and the letters for FY 2002-03 through FY 2005-06 were dated July 2, 2009. All five
13 letters are attached as Exhibit "A." These letters constitute a demand for repayment
14 and adjudication of the claim.

15 PART II. SUMMARY OF THE CLAIM

16 The Controller conducted a "desk review" of the District's annual reimbursement
17 claims for the actual costs of complying with the legislatively mandated Health Fee
18 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

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

for the period July 1, 2002 through June 30, 2007. As a result of the review, the Controller determined that \$263,986 of the claimed costs were unallowable:

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Audit Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2002-03	\$25,487	\$25,487	\$25,487	<\$25,487>
2003-04	\$90,339 ²	\$22,988	\$0	\$67,351
2004-05	\$124,369	\$33,061	\$0	\$91,308
2005-06	\$98,801	\$81,780	\$0	\$17,021
2006-07	<u>\$100,670</u>	<u>\$100,670</u>	<u>\$62,590</u>	<u><\$62,590></u>
Totals	\$439,666	\$263,986	\$88,077	\$87,603

Since the District has been paid \$88,077 for these claims, the amount of \$87,603 is still due the District.

PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

1. The Controller, by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05, FY 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is attached as Exhibit "B."

² FY 2003-04 amended annual claim amount of \$91,339 less a \$1,000 late filing penalty.

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

2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via email due to the workload of the districts.
3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day extension by email on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated September 25, 2008, and provided an HFE 1.1 claim

³ The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

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

1 form for each fiscal year, which included the requested student enrollment data.

2 The individual student health services fee amount was not included because it is
3 the Controller's policy to use the highest authorized rate regardless of the rate
4 actually charged by the district, and the highest authorized rate is a matter of
5 public record available to the Controller's staff. A copy of the District's response
6 is attached as Exhibit "C."

- 7 5. As a result of the additional information, the Controller issued three "results of
8 review" letters for FY 2004-05, FY 2005-06 and FY 2006-07, reducing the claims
9 by \$215,511. The District also received two "results of review" letters for FY
10 2002-03 and FY 2003-04, reducing those claims by \$48,475, although no
11 supplemental data had been requested or received by the Controller for those
12 two fiscal years. No reason for the reductions was stated, other than a statement
13 that the costs were "costs not mandated."

14 The results of review letters informed the District that any excess amounts previously
15 paid would be offset from future mandate payments. The District has no record of any
16 audit findings or any other explanations of the reason for the Controller's action.

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

18 The District has not filed any previous incorrect reduction claims for this mandate
19 program. The District is not aware of any incorrect reduction claims having been
20 adjudicated on the specific issues or subject matter raised by this claim.

21 /

PART V. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd 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 automatically repeal on December 31, 1987.

Chapter 1118, Statutes of 1987, 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, 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

1 added Education Code Section 76355⁴ containing substantially the same provisions as

⁴ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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,

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

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee
3 exemption for low-income students under 76355(c)(3).

4 2. Test Claim

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

10 On November 20, 1986, the Commission on State Mandates determined that
11 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, imposed a new program upon
12 community college districts by requiring any community college district that provided

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.

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

1 student health services for which it was authorized to charge a fee pursuant to former
2 Section 72246 in the 1983-1984 fiscal year, to maintain student health services at that
3 level in the 1984-1985 fiscal year and each fiscal year thereafter.

4 At a hearing on April 27, 1989, the Commission on State Mandates determined
5 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
6 community college districts that provided student health services in fiscal year 1986-
7 1987, and required them to maintain that level of student health services in fiscal year
8 1987-1988 and each fiscal year thereafter.

9 3. Parameters and Guidelines

10 On August 27, 1987, the original parameters and guidelines were adopted. On
11 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
12 1989, parameters and guidelines is attached as Exhibit "D."

13 4. Claiming Instructions

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

21 \

PART VI. STATEMENT OF THE ISSUES

The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 reimbursement claims were apparently reduced due to the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized student health fee revenues in the amount of at least \$263,986. The District reported only student health service fees received, and not those that theoretically could have been collected, in its annual reimbursement claims. Although no information has been provided to the District, it appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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.

1 *The governing board may decide whether the fee shall be mandatory or optional."*

2 (Emphasis added.)

3 PARAMETERS AND GUIDELINES

4 The parameters and guidelines state:

5 Any offsetting savings the claimant experiences as a direct result of this statute
6 must be deducted from the costs claimed. In addition, reimbursement for this
7 mandate received from any source, e.g., federal, state, etc., shall be identified
8 and deducted from this claim. This shall include the amount of [student fees] as
9 authorized by Education Code Section 72246(a)⁵.

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

17 Further, the Department of Finance proposed, as part of the amendments that
18 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
19 section expressly stating that if no health service fee was charged, the claimant would
20 be required to deduct the amount authorized. The Commission declined to add this
21 requirement and adopted the parameters and guidelines without this language.

⁵ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

1 Therefore, it is evident that the Commission intends the language of the parameters
2 and guidelines to be construed as written, and only those savings that are *experienced*
3 are to be deducted.

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

11 2. The District correctly filed the annual reimbursement claims

12 The District reported its actual reimbursable costs in the manner required by the
13 parameters and guidelines and on the forms provided for by the Controller's claiming
14 instructions for this program. The Controller has not stated how the claim
15 documentation was insufficient for purposes of adjudicating the claims. The Controller
16 has not sent any documentation in support of its action to the District. He has simply
17 reduced the District's reimbursement claim without any explanation. By providing no
18 notice for the basis of its actions, the Controller is creating a standard of general
19 application without the benefit of law or due process of rulemaking.

20 3. The Controller has not provided the required explanation of the adjustments

21 Government Code Section 17558.5(c), as last amended by Chapter 890,

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

Statutes of 2004, provides:

The Controller shall notify the claimant in writing within 30 days after issuance of a remittance advice of any adjustment to a claim for reimbursement that results from an audit or review. The notification shall specify the claim components adjusted, the amounts adjusted, interest charges on claims adjusted to reduce the overall reimbursement to the local agency or school district, and the reason for the adjustment. Remittance advices and other notices of payment action shall not constitute notice of adjustment from an audit or review.

More than 30 days have passed since the District received its results of review letters, but the required explanation has not been received. Specifically, the Controller has not notified the District of the specific claim components adjusted or the reason for the adjustments. Therefore, the Controller has violated Section 17558.5(c).

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. The District must use the circumstances and the Controller's actions to guess at the reason for the reduction of its claim. The results of review letters, which cannot be sufficient notification under Section 17558.5(c), simply state "costs not mandated" as the reason for the adjustment.

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost

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

reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
January 12, 2006	FY 2003-04 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations for audit expires
January 12, 2009	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2004-05 through FY 2006-07
July 2, 2009	Adjustment letters issued for FY 2002-03 and FY 2003-04

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

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

1 Applicable Time Limitation for Audit

2 Prior to January 1, 1994, no statute specifically governed the statute of
3 limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906,
4 Section 2, operative January 1, 1994, added Government Code Section 17558.5 to
5 establish for the first time a specific statute of limitations for audit of mandate
6 reimbursement claims:

7 (a) A reimbursement claim for actual costs filed by a local agency or school
8 district pursuant to this chapter is subject to audit by the Controller no later than
9 four years after the end of the calendar year in which the reimbursement claim is
10 filed or last amended. However, if no funds are appropriated for the program for
11 the fiscal year for which the claim is made, the time for the Controller to initiate
12 an audit shall commence to run from the date of initial payment of the claim.

13 Thus, there are two standards. A funded claim is "subject to audit" for four years after
14 the end of the calendar year in which the claim was filed. An unfunded claim must have
15 its audit initiated within four years of first payment.

16 Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and
17 replaced Section 17558.5, changing only the length of the period of limitations:

18 (a) A reimbursement claim for actual costs filed by a local agency or school
19 district pursuant to this chapter is subject to audit by the Controller no later than
20 two years after the end of the calendar year in which the reimbursement claim is
21 filed or last amended. However, if no funds are appropriated for the program for
22 the fiscal year for which the claim is made, the time for the Controller to initiate
23 an audit shall commence to run from the date of initial payment of the claim.

24 Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003
25 amended Section 17558.5 to state:

26 (a) A reimbursement claim for actual costs filed by a local agency or school
27 district pursuant to this chapter is subject to the initiation of an audit by the

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

1 Controller no later than three years after the ~~end of the calendar year in which~~
2 the date that the actual reimbursement claim is filed or last amended, whichever
3 is later. However, if no funds are appropriated or no payment is made to a
4 claimant for the program for the fiscal year for which the claim is ~~made~~ filed, the
5 time for the Controller to initiate an audit shall commence to run from the date of
6 initial payment of the claim.

7
8 The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of
9 limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be
10 "initiated" within three years of the date the actual claim is filed.

11 The amendment is pertinent because this is the first time that the factual issue of
12 the date the audit is "initiated" is introduced for mandate programs for which funds are
13 appropriated. This amendment also means that it is impossible for the claimant to know
14 when the statute of limitations will expire at the time the claim is filed, which is contrary
15 to the purpose of a statute of limitations. It allows the Controller's own unilateral delay,
16 or failure to make payments from funds appropriated for the purpose of paying the
17 claims, to control the tolling of the statute of limitations, which is also contrary to the
18 purpose of a statute of limitations.

19 Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005 amended
20 Section 17558.5 to state:

21 (a) A reimbursement claim for actual costs filed by a local agency or school
22 district pursuant to this chapter is subject to the initiation of an audit by the
23 Controller no later than three years after the date that the actual reimbursement
24 claim is filed or last amended, whichever is later. However, if no funds are
25 appropriated or no payment is made to a claimant for the program for the fiscal
26 year for which the claim is filed, the time for the Controller to initiate an audit
27 shall commence to run from the date of initial payment of the claim. In any case,
28 an audit shall be completed not later than two years after the date that the audit
29 is commenced.

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

1 The annual reimbursement claim for FY 2003-04 is subject to the three-year statute of
2 limitations established by Chapter 890, Statutes of 2004, which requires the audit to be
3 "initiated" within three years of the date the actual claim is filed and the audit must be
4 completed within two years of its commencement. However, since this fiscal year was
5 not included in the July 1, 2008 letter, no audit was ever "initiated" prior to the expiration
6 of the three-year period.

7 Vagueness

8 The versions of Section 17558.5 applicable to the FY 2002-03 and FY 2003-04
9 annual reimbursement claims provide that the time limitation for audit "shall commence
10 to run from the date of initial payment." However, this provision is void because it is
11 impermissibly vague. At the time a claim is filed, the claimant has no way of knowing
12 when payment will be made or how long the records applicable to that claim must be
13 maintained. The current billion-dollar backlog in mandate payments, which continues to
14 grow every year, could potentially require claimants to maintain detailed supporting
15 documentation for decades. Additionally, it is possible for the Controller to unilaterally
16 extend the audit period by withholding payment or directing appropriated funds only to
17 those claims that have already been audited.

18 Therefore, the only specific and enforceable time limitation to commence an
19 audit is three years from the date the claim was filed, and the annual reimbursement
20 claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2004-05
21 through FY 2006-07 desk audit commenced on July 1, 2008, and when the results of

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

1 review letters were issued on July 2, 2009. Therefore, all adjustments to the FY 2002-
2 03 and FY 2003-04 claims are void and should be withdrawn.

3 PART VII. RELIEF REQUESTED

4 The District filed its annual reimbursement claims within the time limits
5 prescribed. The amounts claimed by the District for reimbursement of the costs of
6 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
7 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
8 incurred by the District to carry out this program. These costs were properly claimed
9 pursuant to the Commission's parameters and guidelines. Reimbursement of these
10 costs is required under Article XIII B, Section 6 of the California Constitution. The
11 Controller denied reimbursement without any basis in law or fact. The District has met
12 its burden of going forward on this claim by complying with the requirements of Title 2,
13 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
14 these adjustments without benefit of statute or regulation, the burden of proof is now
15 upon the Controller to establish a legal basis for its actions.

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

20 \

21 \

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

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.


Executed on September 30, 2009, at Eureka, California, by



Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501
Voice: 707-476-4194
Fax: 707-476-4405
E-mail: ruth-bettenhausen@redwoods.edu

APPOINTMENT OF REPRESENTATIVE

Redwoods Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.


Ruth Bettenhausen, Vice President
Redwoods Community College District

Sept. 30, 2009
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Controller's letter requesting student enrollment data, dated July 1, 2008
Exhibit "C"	District's response to the Controller, dated September 25, 2008
Exhibit "D"	Parameters and Guidelines, May 25, 1989
Exhibit "E"	Controller's claiming instructions, September 2003 version
Exhibit "F"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
 JULY 2, 2009

CC16195
 00254
 2009/07/02

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

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	25,487.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 25,487.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-25,487.00
AMOUNT DUE STATE	\$ 25,487.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 25,487.00 WITHIN 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 WITH 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:		
COST NOT MANDATED	- 25,487.00	25,487.00
TOTAL ADJUSTMENTS		
PRIOR PAYMENTS:		
SCHEDULE NO. MA64136A		
PAID 10-25-2006	-25,487.00	-25,487.00
TOTAL PRIOR PAYMENTS		

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels

GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CC12145
00234
2009/07/02

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

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 91,339.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 22,988.00

LATE CLAIM PENALTY - 1,000.00

TOTAL ADJUSTMENTS - 23,988.00

AMOUNT DUE CLAIMANT \$ 67,351.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CC12145
00234
2009/07/02

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

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	124,369.00
ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	- 33,061.00
TOTAL ADJUSTMENTS	- 33,061.00
AMOUNT DUE CLAIMANT	\$ 91,308.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 2, 2009

CC 12145
00234
2009/07/02

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	98,801.00
ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	81,780.00
TOTAL ADJUSTMENTS	81,780.00
AMOUNT DUE CLAIMANT	\$ 17,021.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
 JULY 9, 2009

CC12145
 00234
 2009/07/09

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

DEAR CLAIMANT:

RE. HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	100,670.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 100,670.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-62,590.00
AMOUNT DUE STATE	\$ 62,590.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 62,590.00 WITHIN 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 WITH 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:		
COST NOT MANDATED	- 100,670.00	
TOTAL ADJUSTMENTS		- 100,670.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA64147E		
PAID 03-12-2007	-62,590.00	
TOTAL PRIOR PAYMENTS		-62,590.00

RECEIVED

JUL 13 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
 GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Scott Thomason
Vice President, Chief Business Officer
Redwoods Community College District
7351 Tompkins Hill Road
Eureka CA 95501

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is written over a horizontal line.

GINNY BRUMMELS
Manager

Enclosures

cc: SixTen and Associates

Sixteen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixteen@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

September 25, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

K B P

Dear Ms. Brummels:

Regard: Redwoods Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2004-05, 2005-06 and 2006-07

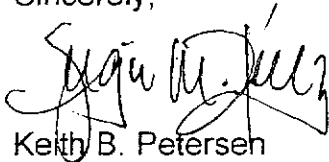
Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,


for Keith B. Petersen

C: Ron Cox, Acting Vice President, Administrative Services, Redwoods CCD
Michelle Lopez, Account Clerk III, Redwoods CCD

PROGRAM <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
--	--	-------------------------------

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	715	2,410		\$ -		\$ -	\$ -
2. Per Spring Semester	597	2,691		\$ -		\$ -	\$ -
3. Per Summer Session	9	1,000		\$ -		\$ -	\$ -
4. Per First Quarter/WINTER	1	339		\$ -		\$ -	\$ -
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)]	\$ -

Cost Reduction

11) Less: Offsetting Savings, if applicable	
12) Less: Other Reimbursements, if applicable	
13) Total Amount Claimed	\$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	124,369
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 136,000	(13) \$ 124,369	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -		
Net Claimed Amount		(16) \$ 124,369		
Due from State	(08) \$ 136,000	(17) \$ 124,369	(35)	
Due to State		(18)	(36)	

(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

Scott Thomason

Vice President, Chief Business Officer

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

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

3) Name of College: Redwoods Community College

14) 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
----------------------------------	---	----------------------------------

	Direct Cost	Indirect Cost of: 37.90%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
3) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 65,471
Subtotal	[Line (07) - line (09)]	\$ 126,175

Cost Reduction

Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	\$ 1,806.00
Total Amount Claimed	\$ 124,369

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.45%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	779	2,276		\$ -		\$ -	\$ -
Per Spring Semester	602	2,182		\$ -		\$ -	\$ -
Per Summer Session	7	622		\$ -		\$ -	\$ -
Per First Quarter/WINTER		183		\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected: The sum of (Line (08)(1)(c) through line (08)(6)(c)) \$ -

(0) Subtotal [Line (07) - line (09)] \$ -

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed [Line (10) - {line (11) + line (12)}]	\$ -

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only	Program 234
(01) Claimant Identification Number: CC 12145			(19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____	
L A B E L H E R E	(02) Claimant Name Redwoods Community College District		(22) HFE-1.0, (04)(b) 98,801	
	County of Location Humboldt		(23)	
	Street Address 7351 Tompkins Hill Road		(24)	
	City Eureka	State CA	Zip Code 95501	(25)
	Type of Claim	Estimated Claim	Reimbursement Claim	(26)
		(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)
Fiscal Year of Cost 2006-2007		(12) 2005-2006	(30)	
Total Claimed Amount \$ 108,000		(13) \$ 98,801	(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 98,801	(34)	
Due from State	(08) \$ 108,000	(17) \$ 98,801	(35)	
Due to State		(18)	(36)	
(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	
Scott Thomason			Vice President, Chief Business Officer	
Type or Print Name			Title	
(38) Name of Contact Person for Claim				
SixTen and Associates			Telephone Number: (858) 514-8605	
			E-mail Address: kbpsixten@aol.com	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

3) Name of College: Redwoods Community College

4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.45%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 58,578
10) Subtotal	[Line (07) - line (09)]	\$ 98,801

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	\$ 98,801

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
1.1

(01) Claimant:

Redwoods Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2006-2007

(03) Name of College:

Redwoods Community 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.

LESS

☐

SAME

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MORE

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	Direct Cost	Indirect Cost of: 39.60%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	5,327				5,327		
Per Spring Semester	5,319				5,319		
Per Summer Session	1,055				1,055		
Per First Quarter/WINTER	414				414		
Per Second Quarter							
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)]

Cost Reduction

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable

(13) Total Amount Claimed

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

\$ -

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number:

CC 12145

Reimbursement Claim Data

(02) Claimant Name

Redwoods Community College District

(22) HFE-1.0, (04)(b)

100,670

County of Location

Humboldt

(23)

Street Address

7351 Tompkins Hill Road

(24)

City

State

Zip Code

Eureka

CA

95501

(25)

Type of Claim**Estimated Claim****Reimbursement Claim**

(03) Estimated

☒

(09) Reimbursement

☒

(04) Combined

☐

(10) Combined

☐

(05) Amended

☐

(11) Amended

☐**Fiscal Year of Cost**

(06)

2007-2008

(12)

2006-2007

(30)

Total Claimed Amount

(07)

\$ 110,000

(13)

\$ 100,670

(31)

Less: 10% Late Penalty, not to exceed \$10,000

(14)

\$

(32)

Less: Prior Claim Payment Received

(15)

\$ 62,590

(33)

Net Claimed Amount

(16)

\$ 38,080

(34)

Due from State

(08)

\$ 110,000

(17)

\$ 38,080

(35)

Due to State

(18)

(36)

(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

Scott Thomason

Vice President, Chief Business Officer

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	--------------------------

3) Name of College: Redwoods Community College

4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 39.60%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

3) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

8) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 53,365
9) Subtotal	[Line (07) - line (09)]	\$ 100,670

Cost Reduction

10) Less: Offsetting Savings, if applicable	
11) Less: Other Reimbursements, if applicable	
12) Total Amount Claimed	\$ 100,670

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

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 incurring 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

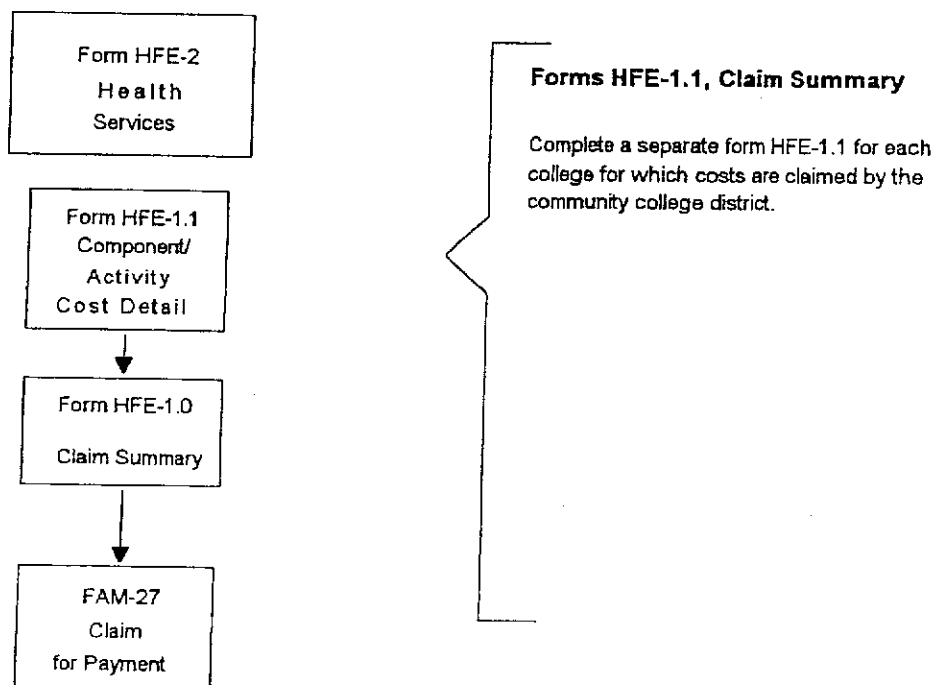
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use Only		Program 234
(01) Claimant Identification Number			(19) Program Number 00234		
(02) Claimant Name			(20) Date Filed ____/____/____		
County of Location			(21) LRS Input ____/____/____		
Street Address or P.O. Box Suite			(22) HFE-1.0, (04)(b)		
City State Zip Code			(23)		
Type of Claim			(24)		
Estimated Claim			(25)		
Reimbursement Claim			(26)		
(03) Estimated <input type="checkbox"/>			(27)		
(04) Combined <input type="checkbox"/>			(28)		
(05) Amended <input type="checkbox"/>			(29)		
(09) Reimbursement <input type="checkbox"/>			(30)		
(10) Combined <input type="checkbox"/>			(31)		
(11) Amended <input type="checkbox"/>			(32)		
Fiscal Year of Cost			(33)		
(06) 20____/20____			(34)		
(12) 20____/20____			(35)		
Total Claimed Amount			(36)		
(07)			(37)		
Less: 10% Late Penalty, not to exceed \$1,000			(38)		
(14)			(39)		
Less: Prior Claim Payment Received			(40)		
(15)			(41)		
Net Claimed Amount			(42)		
(16)			(43)		
Due from State			(44)		
(08)			(45)		
Due to State			(46)		
(18)			(47)		
(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			Date		
Type or Print Name			Title		
(38) Name of Contact Person for Claim			Telephone Number () - Ext.		
E-Mail Address					

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.**
- (37) 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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed		[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
---------------	--	--------------------------

(03) Name of 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.

LESS

☐

SAME

☐

MORE

☐

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))

(10) Subtotal [Line (07) - line (09)]

Cost Reduction

(11) Less: Offsetting Savings

(12) Less: Other Reimbursements

(13) Total Claimed Amount [Line (10) - (line (11) + line (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

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Venereal Disease
 Communicable Disease
 Upper Respiratory Infection
 Eyes, Nose and Throat
 Eye/Vision
 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
 Acquired Immune Deficiency Syndrome
 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

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys

Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

**MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES**

**FORM
HFE-2**

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
EKG
Strep A testing
PG Testing
Monospot
Hemacult
Others, list

Miscellaneous

Absence Excuses/PE Waiver
Allergy Injections
Band-aids
Booklets/Pamphlets
Dressing Change
Rest
Suture Removal
Temperature
Weigh
Information
Report/Form
Wart Removal
Others, list

Committees

Safety
Environmental
Disaster Planning

Fiscal Year

2002 - 2003

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561

Health Fee Elimination

For State Controller Use Only

(1) Form Number 00028

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

Program

029

(01) Claimant Identification Number

S12145**Reimbursement Claim**

(02) Mailing Address

(22) HFE-1.0, (04)(b)

25487

Claimant Name

Redwoods CCD

(23)

County of Location

Humboldt

(24)

Street Address or P.O. Box

7351 Tompkins Hill Road

(25)

City

State

Zip Code

Eureka**CA****95501-9300**

(26)

Type of Claim**Estimated Claim****Reimbursement Claim**

(27)

(03) Estimated

☒

(09) Reimbursement

☒

(28)

(04) Combined

☐

(10) Combined

☐

(29)

(05) Amended

☐

(11) Amended

☐

(30)

Fiscal Year of Cost
of Cost

(06)

2003-2004

(12)

2002-2003

(31)

Total Claimed
Amount

(07)

\$22,938

(13)

\$25,487

(32)

LESS: 10% Late Penalty, but not to exceed
\$1,000 (if applicable)

(14)

(33)

LESS: Estimated Claim Payment Received

(15)

(34)

Net Claimed Amount

(16)

\$25,487

(35)

Due from State

(08)

\$22,938

(17)

\$25,487

(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 person 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, State and certify under the penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive.

I further certify that there were no applications for nor any grants or payments received, other than from the claimant for reimbursement of costs claimed herein; and such costs are for new program or increased level of service of an existing program mandated by Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987

The amount for estimated and/or reimbursement claims are 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 Representative**Date****Becky Gallup****1/13/04****Assistant to the President**

Print or type name

Title

Centration, Inc.**(916) 351-1050**

(39) Name of Contact Person for Claim

Telephone Number

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-1.0**

(01) C Redwoods CCD

(02) Type of Claim

Fiscal Year

Reimbursement

☒

Estimated

2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1. College of the Redwoods (Eureka Campus)

25,487

2.

3.

4.

5.

6.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

25,487

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-1.**

(01) Claimant: Redwoods CCD

(2) Type of Claim

Fiscal Year

Reimbursement

☒

Estimated

2002-2003

(3) Name of College College of the Redwoods (Eureka Campus)

(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.

LESS

SAME

MORE

☐
☒
☐

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim	100,169	20,655	120,824
(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 [Line (05) - line (06)]	100,169	20,655	120,824

(8) Complete columns (a) through (g) to provide detail data for health fees

Period for which health fees were collected	(a) Number of Students Enrolled	(b) Students Exempt per ED Code 76355(c)(1)	(c) Students Exempt per ED Code 76355(c)(2)	(d) Students Exempt per ED Code 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost per Student Per ED Code 76355	(g) Student Health Fees (e) X (f)
1. Per fall semester	5,369			2,029	3,340	\$12.00	40,080
2. Per spring semester	5,223			2,119	3,104	\$12.00	37,248
3. Per summer session	2,156			155	2,001	\$9.00	18,009
4. Per first quarter							
5. Per second quarter							
6. Per third quarter							
(09) Total health fee that could have been collected [Line (8.1g) +(8.6g)]							95,337
(10) Sub-total [Line (07) - line (09)]							25,487

Cost Reduction

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable

(13) Total Amount Claimed

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

25,487

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

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
Dermatology, Family practice
Internal Medicine
Outside Physician
Dental Services
Outside Labs, (X-ray, etc.,)
Psychologist, full service
Cancel/Change Appointment
Registered Nurse
Check Appointments

X

X

X

X

X

X

X

X

Assessment, Intervention and Counseling

Birth Control
Lab Reports
Nutrition
Test Results, office
Venereal Disease
Communicable Disease
Upper Respiratory Infection
Eyes, Nose and Throat
Eye/Vision
Dermatology/Allergy
Gynecology/Pregnancy Service
Notalgic
Orthopedic
Genito/Urinary
Dental
Gastro-Intestinal
Stress Counseling
Crisis Intervention
Child Abuse Reporting and Counseling
Substance Abuse Identification and Counseling
Acquired Immune Deficiency Syndrome
Eating Disorders
Weight Control
Personal Hygiene
Burnout
Other Medical Problems, list Allergy, Asthma, Hypertension, Thyroid

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

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X

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X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Examinations, minor illnesses

Recheck Minor Injury

X

X

Health Talks or Fairs, Information

Sexually Transmitted Disease
Drugs
Acquired Immune Deficiency Syndrome
Child Abuse

X

X

X

X

X

X

X

X

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

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

X

X

First Aid Kits, Filled

Immunizations

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

X
X
X
X

X
X
X
X

Insurance

On Campus Accident
Voluntary

X

X

Insurance Inquiry/Claim Administration

X

X

Laboratory Tests Done

Inquiry/Interpretation
Pap Smears

X

X

Physical Examinations

Employees
Students
Athletes

X
X
X

X
X
X

Medications

Antacids
Antidiarrheal
Aspirin, Tylenol, etc.,
Skin Rash Preparations
Eye Drops
Ear Drops
Toothache, oil cloves
Stingkill
Midol, Menstrual Cramps
Other, list - Antihistamines, Decongestants

X
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

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL**

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

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

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

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list - Urine Culture, Cholesterol, Thyroid

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Bandaids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list - Classroom Presentations, Optometry

Committees

Safety

Environmental

Disaster Planning

Skin Rash Preparations

Eye Drops

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

January 12, 2006

Certified Mail Number: 7004 2510 0004 4007 0640

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

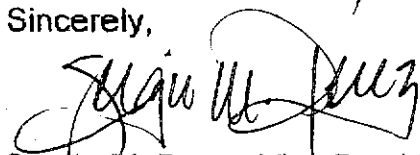
Dear Ms. Brummels:

Enclosed please find a copy of the Health Fee Elimination claim for FY 03/04 which was sent to you on December 30, 2005 with the West Kern CCD Claim for MRP 04/05 (copy of letter attached). The claim was delivered to you on January 4, 2006 via certified mail. I attach copies of our recent e-mails also.

Please place this letter with the Redwoods CCD Health Fee Elimination claim for FY 03/04 in your possession

If you have any questions regarding this, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00234
 (20) Date Filed / /
 (21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	91,339
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501-9300	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input checked="" type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2003-2004	(30)	
Total Claimed Amount	(07)	(13) \$ 91,339	(31)	
Less: 10% Late Penalty		(14) \$ 1,000	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 90,339	(34)	
Due from State	(08)	(17) \$ 90,339	(35)	
Due to State		(18)	(36)	

(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

December 16, 2005

Scott Thomason

Type or Print Name

Vice President, Business Services

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Redwoods Community College	\$ 91,339	
2.		
3.		
4.		
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(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)] \$ 91,339	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

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	Direct Cost	Indirect Cost of: 38.64%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 119,346	\$ 46,115	\$ 165,461
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 119,346	\$ 46,115	\$ 165,461

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 74,122
(10) Subtotal	[Line (07) - line (09)]	\$ 91,339

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	[Line (10) - {line (11) + line (12)}] \$ 91,339

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2003-2004		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
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	X	X	
Other Medical Problems: Allergy, Asthma, Hypertension, Thyroid.	X	X	
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	X	X	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District		(02) Fiscal Year costs were incurred: 2003-2004	
(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
Laboratory Tests Done Inquiry/Interpretation Pap Smears		X	X
Physical Examinations Employees Students Athletes		X X X	X X X
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other: Antihistamines, Decongestants.		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			

Chapters 1/84 and 1118/87, Page 3 of 3

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 12, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0664

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

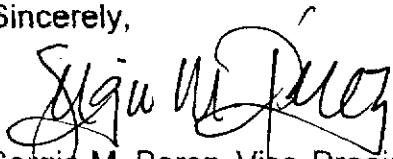
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Redwoods Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2003-2004
641/86	Open Meetings Act/Brown Act Reform	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed ___/___/___

(21) LRS Input ___/___/___

Program

234

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	124,369
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 136,000	(13) \$ 124,369	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 124,369	(34)	
Due from State	(08) \$ 136,000	(17) \$ 124,369	(35)	
Due to State		(18)	(36)	

(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

1/9/06

Scott Thomason

Type or Print Name

Vice President, Chief Business Officer

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Redwoods Community College	\$124,369.36	
2.		
3.		
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(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 124,369

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	--	--------------------------

(03) Name of College: Redwoods Community 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.

LESS

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	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(09) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 65,471
(10) Subtotal	[Line (07) - line (09)]	\$ 126,175

Cost Reduction

(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	\$ 1,806.00
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 124,369

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
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	X	X	
Other Medical Problems, list> Allergy, Asthma, Hypertension, Thyroid	X	X	
Examinations, minor illnesses	X	X	
Recheck Minor Injury	X	X	
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse	X	X	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(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	
Physical Examinations Employees Students Athletes	X X X	X X X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list----> Antihistamines, Decongestants	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			

State of California		Mandated Costs		Form	
Program 029		1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		HFE-2	
(01) Claimant Redwoods Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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					
Glucometer		X	X		
Urinalysis		X	X		
Hemoglobin		X	X		
EKG					
Strep A Testing		X	X		
PG Testing		X	X		
Monospot		X	X		
Hemacult		X	X		
Others, list					
Miscellaneous					
Absence Excuses/PE Waiver					
Allergy Injections					
Band-aids		X	X		
Booklets/Pamphlets		X	X		
Dressing Change		X	X		
Rest					
Suture Removal					
Temperature		X	X		
Weigh		X	X		
Information		X	X		
Report/Form		X	X		
Wart Removal					
Others, list					
Committees					
Safety					
Environmental					
Disaster Planning					

Fiscal Year

2005 - 2006

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 16, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Claim File Copy

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Redwoods Community College District CC12145

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Redwoods Community College District's reimbursement claims listed below:


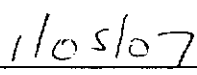
1/84	Health Fee Elimination	2005-2006
308/95	Enrollment Fee Collection and Waivers	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



for Keith B. Petersen, President

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION				For State Controller Use only		Program 234													
(01) Claimant Identification Number: CC 12145				(19) Program Number 00234															
(02) Claimant Name: Redwoods Community College District				(20) Date Filed: __/__/__															
(03) County of Location: Humboldt				(21) LRS Input: __/__/__															
(04) Street Address: 7351 Tompkins Hill Road				Reimbursement Claim Data															
(05) City: Eureka State: CA Zip Code: 95501				(22) HFE-1.0, (04)(b)		98,801													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Type of Claim</th> <th style="width: 33%;">Estimated Claim</th> <th style="width: 33%;">Reimbursement Claim</th> </tr> </thead> <tbody> <tr> <td>(03) Estimated <input checked="" type="checkbox"/></td> <td>(09) Reimbursement <input checked="" type="checkbox"/></td> <td></td> </tr> <tr> <td>(04) Combined <input type="checkbox"/></td> <td>(10) Combined <input type="checkbox"/></td> <td></td> </tr> <tr> <td>(05) Amended <input type="checkbox"/></td> <td>(11) Amended <input type="checkbox"/></td> <td></td> </tr> </tbody> </table>				Type of Claim	Estimated Claim	Reimbursement Claim	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>		(23)			
				Type of Claim	Estimated Claim	Reimbursement Claim													
				(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>														
				(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>														
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>																		
(24)																			
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(27)																			
(28)																			
(29)																			
(30)																			
(31)																			
(32)																			
(33)																			
(34)																			
(35)																			
(36)																			
<p>(37) CERTIFICATION OF CLAIM</p> <p>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.</p> <p>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.</p> <p>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.</p>																			
Signature of Authorized Officer (USE BLUE INK)				Date															
																			
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															

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Redwoods Community College	\$ 98,800.88	
2.		
3.		
4.		
5.		
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19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 98,801

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

1) Claimant: Redwoods Community College District	(02) Type of Claim:	Fiscal Year
	Reimbursement <input checked="" type="checkbox"/>	2005-2006
	Estimated <input type="checkbox"/>	

2) Name of College: Redwoods Community College

4) 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 owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 37.45%	Total
3) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
4) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
5) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379
6) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

7) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 58,578
8) Subtotal	[Line (07) - line (09)]	\$ 98,801

Cost Reduction

9) Less: Offsetting Savings, if applicable	\$ -
10) Less: Other Reimbursements, if applicable	\$ -
11) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 98,801

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
Registered Nurse	X	X	
Check Appointments	X	X	
Assessment, Intervention and Counseling	X	X	
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	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list (Allergy, Asthma, Hypertension, Thyroid)	X	X	
Examinations, minor illnesses	X	X	
Recheck Minor Injury	X	X	
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse	X	X	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	X	X	
Stop Smoking	X	X	
Library, Videos and Cassettes	X	X	
First Aid, Major Emergencies			
First Aid, Minor Emergencies	X	X	
First Aid Kits, Filled			
Immunizations	X	X	
Diphtheria/Tetanus	X	X	
Measles/Rubella	X	X	
Influenza	X	X	
Information	X	X	
Insurance	X	X	
On Campus Accident	X	X	
Voluntary			
Insurance Inquiry/Claim Administration	X	X	
Laboratory Tests Done			
Inquiry/Interpretation	X	X	
Pap Smears			
Physical Examinations	X	X	
Employees	X	X	
Students	X	X	
Athletes	X	X	
Medications	X	X	
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----> Antihistamines, Decongestants	X	X	
Parking Cards/Elevator Keys			
Tokens			
Return Card/Key			
Parking Inquiry			
Elevator Passes			
Temporary Handicapped Parking Permits			

Chapters 1/84 and 1118/87, Page 3 of 3

Fiscal Year

2006 - 2007

Sixten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

January 18, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8697

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Redwoods Community College District's reimbursement claims listed below:


961/75
1/84

Collective Bargaining
Health Fee Elimination

2006-2007
2006-2007

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

Claim File Copy

State Controller's Office

Community College Mandated Cost Manual

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use only	Program 234
	(19) Program Number 00234 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District			(22) HFE-1.0, (04)(b)	100,670
County of Location Humboldt			(23)	
Street Address 7351 Tompkins Hill Road			(24)	
City Eureka	State CA	Zip Code 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 110,000	(13) \$ 100,670	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ 62,590	(33)	
Net Claimed Amount		(16) \$ 38,080	(34)	
Due from State	(08) \$ 110,000	(17) \$ 38,080	(35)	
Due to State		(18)	(36)	

(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
	<div style="text-align: center; font-size: 1.5em;">1-14-08</div>

Scott Thomason Type or Print Name	Vice President, Chief Business Officer Title
--------------------------------------	---

(38) Name of Contact Person for Claim	Telephone Number: (858) 514-8605
SixTen and Associates	E-mail Address: kbpsixten@aol.com

CONTROLLER OF CALIFORNIA
P.O. BOX 942850, SACRAMENTO, CALIFORNIA 94250

CC:

THIS REMITTANCE ADVICE IS FOR INFORMATION PURPOSE ONLY.
THE WARRANT COVERING THE AMOUNT SHOWN WILL BE MAILED
DIRECTLY TO THE PAYEE.

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

WARRANT AMT: ****62,590.00

PAYEE: TREASURER, REDWOODS COMM COLL DIST
FUND NAME: GENERAL FUND

PGM NBR: 00234

ISSUE DATE: 03/12/2007

CLAIM SCHEDULE NBR: MA64147E

REIMBURSEMENT OF STATE MANDATED COSTS

PLEASE CALL GWEN @916-3242341 FOR QUERIES ABOUT THIS CLAIM.

ACL : CH 1/84

PROG : HEALTH FEE ELIMINATION (CC)

2006/2007 ESTIMATED PAYMENT

CLAIMED AMT: 108,000.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

108,000.00

LESS PRIOR PAYMENTS:

.00

PRORATA PERCENT:

57.953835

PRORATA BALANCE DUE:

45,410.00-

APPROVED PAYMENT AMOUNT:

62,590.00

PAYMENT OFFSETS -NONE

NET PAYMENT AMOUNT:

62,590.00

GCARLOS @ Soc. com

CC 19250

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY****FORM
HFE-1.0**

(01) Claimant:

Redwoods Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)

Name of College

(b)

Claimed
Amount

1. Redwoods Community College

\$ 100,670

2.

3.

4.

5.

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20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 100,670

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
--	--	--------------------------

(3) Name of College: Redwoods Community College

(4) 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.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
---	--	---

	Direct Cost	Indirect Cost of: 39.60%	Total
(5) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
(6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

(8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ 53,365
Subtotal	[Line (07) - line (09)]	\$ 100,670

Cost Reduction	
Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {(line (11) + line (12))}] \$ 100,670

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(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			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
Registered Nurse	X	X	
Check Appointments	X	X	
Assessment, Intervention and Counseling	X	X	
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	
Acquired Immune Deficiency Syndrome	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	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse	X	X	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District		(02) Fiscal Year costs were incurred: 2006-2007	
(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 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
Physical Examinations Employees Students Athletes		X X X X	X X X X
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 X X X
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

(01) Claimant
Redwoods Community College District

(02) Fiscal Year costs were incurred: 2006-2007

(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
Health Department
Clinic
Dental
Counseling Centers
Crisis Centers
Transitional Living Facilities, battered/homeless women
Family Planning Facilities
Other Health Agencies

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

Tests
Blood Pressure
Hearing
Tuberculosis
Reading
Information
Vision
Glucometer
Urinalysis
Hemoglobin
EKG
Strep A Testing
PG Testing
Monospot
Hemacult
Others, list

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

Miscellaneous
Absence Excuses/PE Waiver
Allergy Injections
Band-aids
Booklets/Pamphlets
Dressing Change
Rest
Suture Removal
Temperature
Weigh
Information
Report/Form
Wart Removal
Others, list

X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X
X	X

Committees
Safety
Environmental
Disaster Planning

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
ALLAN HANCOCK JOINT COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Attachment—District's Comments	
Incorrect Reduction Claim – June 1, 2010	
State Controller's Office Results of Review Letters	Exhibit A
Desk Review Correspondence	Exhibit B
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit C
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit D
Allan Hancock Joint Community College District Health Fee Elimination Program Claims – FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07	Exhibit E

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

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BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

INCORRECT REDUCTION CLAIM ON:

Health Fee Elimination Program

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

ALLAN HANCOCK JOINT COMMUNITY
COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-27

AFFIDAVIT OF BUREAU CHIEF

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

- 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 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.
- 3) I am a California Certified Public Accountant (CPA).
- 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 5) Any attached copies of records are true copies of records, as provided by the Allan Hancock Joint Community College District or retained at our place of business.
- 6) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2002-03, FY 2003-04, FY 2004-05, FY
2 2005-06, and FY 2006-07 was completed on June 30, 2009.

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

6 Date: July 30, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9
10 By:  _____

11 Jim L. Spano, Chief
12 Mandated Cost Audits Bureau
13 Division of Audits
14 State Controller's Office
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
ALLAN HANCOCK JOINT COMMUNITY COLLEGE DISTRICT
For Fiscal Year (FY) 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07**

Health Fee Elimination Program

Chapter 1, Statutes of 1984, 2nd 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 Allan Hancock Joint Community College District submitted on June 1, 2010. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2007. The SCO issued claim adjustment letters on July 12, 2010 (Exhibit A).

The district submitted reimbursement claims totaling \$341,518 (\$45,269 for FY 2002-03, \$58,280 for FY 2003-04, \$92,184 for FY 2004-05, \$116,050 for FY 2005-06, and \$29,735 for FY 2006-07). The SCO reviewed the district's claims and determined that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees. The following table summarizes the review results.

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 186,882	\$ 186,882	\$ —
Indirect costs	55,485	55,485	—
Total direct and indirect costs	242,367	242,367	—
Less authorized health service fees	(197,098)	(426,255)	(229,157)
Subtotal	45,269	(183,888)	(229,157)
Review adjustments that exceed costs claimed	—	183,888	183,888
Total program costs	<u>\$ 45,269</u>	—	<u>\$ (45,269)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 197,436	\$ 197,436	\$ —
Indirect costs	57,533	57,533	—
Total direct and indirect costs	254,969	254,969	—
Less authorized health service fees	(196,689)	(424,905)	(228,216)
Subtotal	58,280	(169,936)	(228,216)
Review adjustments that exceed costs claimed	—	169,936	169,936
Total program costs	<u>\$ 58,280</u>	—	<u>\$ (58,280)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,496	\$ 220,496	—
Indirect costs	70,140	70,140	—
Total direct and indirect costs	290,636	290,636	—
Less authorized health service fees	(198,452)	(444,770)	(246,318)
Subtotal	92,184	(154,134)	(246,318)
Review adjustments that exceed costs claimed	—	154,134	154,134
Total program costs	\$ 92,184	—	\$ (92,184)
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 236,506	\$ 236,506	\$ —
Indirect costs	77,361	77,361	—
Total direct and indirect costs	313,867	313,867	—
Less authorized health service fees	(197,817)	(504,572)	(306,755)
Subtotal	116,050	(190,705)	(306,755)
Review adjustments that exceed costs claimed	—	190,705	190,705
Total program costs	\$ 116,050	—	\$ (116,050)
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 279,367	\$ 279,367	\$ —
Indirect costs	84,732	84,732	—
Total direct and indirect costs	364,099	364,099	—
Less authorized health service fees	(334,364)	(653,880)	(319,516)
Subtotal	29,735	(289,781)	(319,516)
Review adjustments that exceed costs claimed	—	289,781	289,781
Total program costs	\$ 29,735	—	\$ (29,735)
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,120,687	\$ 1,120,687	\$ —
Indirect costs	345,251	345,251	—
Total direct and indirect costs	1,465,938	1,465,938	—
Less authorized health service fees	(1,124,420)	(2,454,382)	(1,329,962)
Subtotal	341,518	(988,444)	(1,329,962)
Review adjustments that exceed costs claimed	—	988,444	988,444
Total program costs	<u>\$ 341,518</u>	—	<u>\$ (341,518)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

¹ Payment information current as of July 2, 2010.

The district believes that it is required to report only actual health service fees collected.

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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit C**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit D**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2002, through June 30, 2007, the district understated authorized health service fees by \$1,329,962. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2002, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2004, Summer 2005, and Summer 2006 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" [Emphasis added.]

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)¹.

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. . . .

Further, 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. . . .

¹ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

3. The reason for the rejection was contrary to statute

The annual reimbursement claims were not adjusted because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

4. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
December 13, 2004	FY 2003-04 annual claim filed by the District
December 30, 2005	FY 2004-05 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations to initiate an audit expires
December 13, 2007	FY 2003-04 statute of limitations to initiate an audit expires
December 30, 2008	FY 2004-05 statute of limitations to initiate an audit expires
July 2, 2008	Desk review initiated for FY 2005-06 and FY 2006-07
May 8, 2009	Desk review initiated for FY 2002-03 through FY 2004-05
July 12, 2009	Results of review letters for FY 2002-03 through FY 2006-07
October 21, 2009	Controller's letter of findings for FY 2002-03 through FY 2006-07

This is not a desk review finding. The District asserts that the adjustments of the FY 2002-03, FY 2003-04, and FY 2004-05 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of appropriation or initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the ~~end of the calendar year in which the~~ date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is made filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

The annual reimbursement claims for FY 2002-03 and FY 2003-04 are subject to the three-year statute of limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be "initiated" within three years of the date the actual claim is filed. The amendment is pertinent because this is the first time that the factual issue of the date the audit is "initiated" is introduced for mandate programs for which funds are appropriated. This amendment also means that it is impossible for the claimant to know when the statute of limitations will expire at the time the claim is filed, which is contrary to the purpose of a statute of limitations. It allows the Controller's own unilateral delay, or failure to make payments from funds appropriated for the purpose of paying the claims, to control the tolling of the statute of limitations, which is also contrary to the purpose of a statute of limitations.

Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005, amended Section 17558.5 to state:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The annual reimbursement claim for FY 2004-05 is subject to the three-year statute of limitations established by Chapter 890, Statutes of 2004, which requires the audit to be "initiated" within three years of the date the actual claim is filed and the audit must be completed within two years of its commencement. Since this fiscal year was not included in the July 2, 2008-letter, the desk review was "initiated" by the e-mail dated May 8, 2009, which is more than three years after the claim filing date.

Vagueness

The versions of Section 17558.5 applicable to the FY 2002-03, FY 2003-04, and FY 2004-05 annual reimbursement claims provide that the time limitation for audit "shall commence to run from the date of initial payment." However, this provision is void because it is impermissibly vague. At the time a claim is filed, the claimant has no way of knowing when payment will be made or how long the records applicable to that claim must be maintained. The current three billion-dollar backlog in K-14

mandate payments, which continues to grow every year, could potentially require claimants to maintain detailed supporting documentation for decades. Additionally, it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited.

Therefore, the only specific and enforceable time limit to commence an audit is three years from the date the claim was filed, and the annual reimbursement claims for FY 2002-03, FY 2003-04, and FY 2004-05 were past this time period when the desk review was initiated on May 8, 2009. All three fiscal years were past audit when the results of review letters were issued on July 12, 2009, and when the letter of findings was issued on October 21, 2009. . . .

SCO's Comment

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 3**), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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, as the CSM's staff concluded that the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (**Tab 4**), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did, in fact, conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."² The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

² Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable. . . ." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 21, 2009 (**Exhibit B**).

Statute of Limitations

The district states that the SCO initiated a desk review for FY 2005-06 and FY 2006-07 on July 2, 2008. The district is incorrect. The SCO's Division of Accounting and Reporting contacted the district on that date because the district failed to submit proper mandated program reimbursement claims. The SCO's letter (**Exhibit B**) states, "We have reviewed your claims. . . and found that the claim forms were not completed in accordance with our claiming instructions." The SCO initiated a desk review for FY 2002-03 through FY 2006-07 on May 8, 2009, as indicated in our e-mail to the district on that date (**Exhibit B**).

The district discusses statutory language effective prior to January 1, 2003; however, statutory language prior to January 1, 2003, is irrelevant to the claims that are the subject of this Incorrect Reduction Claim.

Regarding relevant statutory language, the district states, "The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of appropriation or initial payment is void because it is impermissibly vague." We disagree. The district cannot unilaterally conclude that existing statutory language is unenforceable. Title 2, 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 existing statutory language is "void."

Government Code section 17558.5, subdivision (a), states:

A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim [emphasis added].

The district first received payment for its FY 2002-03 claim on October 25, 2006. The district has not received a payment for its FY 2003-04 and FY 2004-05 claims. The SCO provided the district with a detailed analysis of all claim reductions on October 21, 2009 (**Exhibit B**). Therefore, the SCO met the requirements of Government Code section 17558.5, subdivision (a).

The district also states, "... it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited." The district's allegation contradicts statutory language. Government Code section 17567 prohibits the SCO from directing funds to selected claims. It states:

In the event that the amount appropriated for reimbursement purposes pursuant to Section 17561 is not sufficient to pay all of the claims approved by the Controller, the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration [emphasis added]. . . .

In addition, Government Code section 17561, subdivision (d), prohibits the SCO from withholding payment. It states:

The Controller shall pay any eligible claim pursuant to this section by October 15 or 60 days after the date the appropriation for the claim is effective, whichever is later. . . .

III. CONCLUSION


The State Controller's Office reviewed Allan Hancock Joint Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. The district claimed unallowable costs totaling \$341,518. The costs are unallowable because the district understated authorized health services fees.

In conclusion, the Commission on State Mandates should find that: (1) the SCO reviewed the district's FY 2002-03, FY 2003-04, and FY 2004-05 claims within the timeframe permitted by Government Code section 17558.5, subdivision (a); (2) the SCO correctly reduced the district's FY 2002-03 claim by \$45,269; (3) the SCO correctly reduced the district's FY 2003-04 claim by \$58,280; (4) the SCO correctly reduced the district's FY 2004-05 claim by \$92,184; (5) the SCO correctly reduced the district's FY 2005-06 claim by \$116,050; and (6) the SCO correctly reduced the district's FY 2006-07 claim by \$29,735.

IV. 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 30, 2010, at Sacramento, California, by:


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

Tab 3

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.1. 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.

PARAMETERS AND GUIDELINES
Chapter 1118, Statutes of 1984, 2nd E.S.
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 for the 1983-84 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 program ~~without the authority of the state~~. Only services provided ~~for the~~ 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 ~~1987/88~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
- Band-aids
- 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
- 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. *// EYI 01010 / CLAIMANTS / MAY / CLAIM / COSTS / UNDER ONE / OF TWO / ALTERNATIVES: // XXX / SEE / AMOUNT / PREVIOUSLY / COLLECTED / PER STUDENT / AND / ENROLLMENT / COUNT // OF / 121 / ACTUAL / COSTS / OF / PROGRAM /*

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. Claiming/Alternatives

Claimed costs should be supported by the following information:

Alternative/1///Fees/Previously/Collected/In/1983/84/Fiscal/Year/

1/ Fees/Collected/In/The/1983/84/Fiscal/Year/To/Support/The/Medical/Services/Program/

2/ Total/Number/Of/Students/Under/Item/1/1/1/Through/4/ Above///Listing/This/Alternative//The/Total/Amount/Claimed/Which/Is/Item/1/1/1/Which/Is/Item/1/1/1/With/The/Total/Amount/Retained/Increased/By/The/Applicable/Indirect/Provide/Detail/

Alternative/2///Actual Costs of Claim Year for Providing 1983-84 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 1983-84 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 ~~were~~ are 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.

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-8732 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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

From : Department of Finance

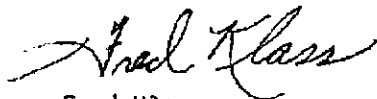
Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

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:

- (1) 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

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

FIFTH STREET
SACRAMENTO, CALIFORNIA 95814
916-8752 445-1163

April 3, 1989

Mr. Robert W. Eich
Executive Director
Commission on State Mandates
100 K Street, Suite LL50
Sacramento, CA 95814

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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

DM:PR:mh

cc: Jim Apps, Department of Finance
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



Ms. Deborah Fraga-Decker
 Program Analyst
 Commission on State Mandates
 1130 K Street, Suite LL50
 Sacramento, CA 95814

Re 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.

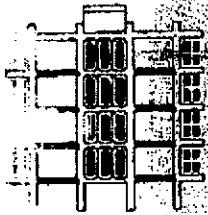
If you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Glenn Haas, Assistant Chief
 Division of Accounting

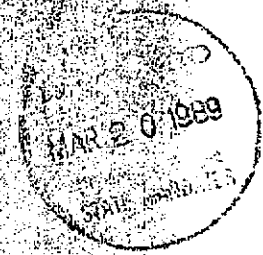
GH/GB:dvl

SC81822



HR/bd

RIO HONDO COMMUNITY COLLEGE DISTRICT
3600 Workman Mill Road • Whittier, CA 90608 • Phone (213) 692-0921



March 16, 1989

Ms. Deborah Fraga-Decker
Program Analyst
Commission on State Mandates
1130 K Street, Suite 1150
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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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, Ms. 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.

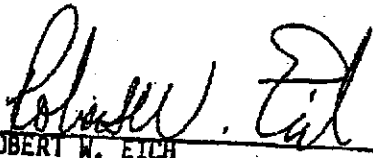
Clayton Parker, representing the Newport-Mesa Unified School District, submitted a late filing on the test claim rebutting the staff analysis. Member Creighton stated that he had not had an opportunity to review the late filing and inquired on whether the claim should be heard at this hearing. Staff informed Member Creighton and Member Buenrostro that in reviewing the filing before this item was called, the filing appeared to be summary of the claimant'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

INCORRECT REDUCTION CLAIM FILED BY
ALLAN HANCOCK JOINT
COMMUNITY COLLEGE DISTRICT
JUNE 1, 2010

HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987

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



June 15, 2010

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Jill Kanemasu
Division of Accounting and Reporting
State Controller's Office (B-08)
3301 C Street, Suite 700
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Health Fee Elimination, 09-4206-I-27
Education Code Section 76355
Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118;
Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007
Allan Hancock Joint Community College District, Claimant

Dear Mr. Petersen and Ms. Kanemasu:

On June 9, 2010 Allan Hancock Joint Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007, for a total of \$341,518. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

Mr. Petersen and Ms. Kanemasu

June 15, 2010

Page Two

Dismissal of Incorrect Reduction Claims. Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact Heidi Palchik at (916) 323-8218 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nancy Patton', with a large, stylized loop at the end.

NANCY PATTON

Assistant Executive Director

Enclosure: Incorrect Reduction Claim Filing (SCO only)

J:mandates/IRC/2009/09-4206-I-27/completeltr

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

June 7, 2010

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

RE: Allan Hancock Joint Community College District
Health Fee Elimination
Fiscal Years: 2002-03 through 2006-07
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Allan Hancock Joint 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:

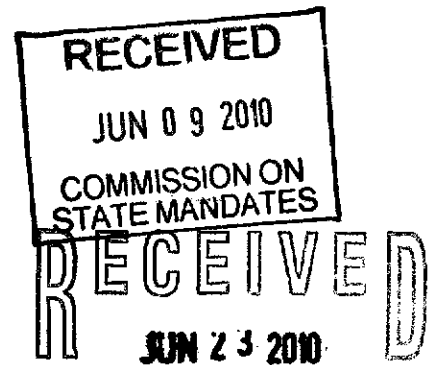
Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College District
800 South College Drive
Santa Maria, CA 93454-6399

Thank-you.

Sincerely,



Keith B. Petersen



STATE CONTROLLER'S OFFICE
DIV. OF ACCOUNTING & REPORTING

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

Allan Hancock Joint Community College District

2. CLAIMANT INFORMATION

Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College District
800 South College Drive
Santa Maria, CA 93454-6399
Voice: 805-922-6966
Fax: 805-347-9896
E-mail: emiller@hancockcollege.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

JUN 09 2010

COMMISSION ON
STATE MANDATES

IRC #: 09-4206-I-27

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 45,269
2003-04	\$ 58,280
2004-05	\$ 92,184
2005-06	\$ 116,050
2006-07	\$ 29,735
TOTAL:	\$341,518

6. NOTICE OF NO INTENT TO CONSOLIDATE

_____ This claim is not being filed with the intent to consolidate on behalf of other claimants.

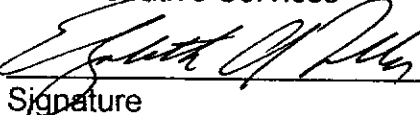
Sections 7-12 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 19
8. SCO Results of Review Letters:	Exhibit A
9. Desk Review Correspondence:	Exhibit B
10. Parameters and Guidelines:	Exhibit C
11. SCO Claiming Instructions:	Exhibit D
12. Annual Reimbursement Claims:	Exhibit E

13. 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.

Elizabeth Miller, EdD, Vice President
Administrative Services


Signature

6/1/10
Date

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

14) No. CSM _____
15)

16) Chapter 1, Statutes of 1984, 2nd E.S.
17) Chapter 1118, Statutes of 1987

18 **ALLAN HANCOCK Joint**)
19 **Community College District,**)

20) Education Code Section 76355
21)

22 Claimant.)
23)

24 **Health Fee Elimination**

25 Annual Reimbursement Claims:
26)

27) Fiscal Year 2002-2003
28) Fiscal Year 2003-2004

29) Fiscal Year 2004-2005
30) Fiscal Year 2005-2006

31) Fiscal Year 2006-2007
32)

33 INCORRECT REDUCTION CLAIM FILING

34 PART I. AUTHORITY FOR THE CLAIM

35 The Commission on State Mandates has the authority pursuant to Government
36 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
37 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
payments to the local agency or school district pursuant to paragraph (2) of subdivision

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

(d) of Section 17561." Allan Hancock Joint Community College District (hereinafter "District" or "Claimant") is a school district as defined in Government Code Section 17519.¹ Title 2, California Code of Regulations (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 "written notice of adjustment notifying the claimant of a reduction." The Controller conducted a "desk review" of the District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07 claims for the Health Fee Elimination mandate. The District received five "results of review" letters dated July 12, 2009, reducing its claims as a result of the desk review. All five letters are attached as Exhibit "A." These letters constitute a demand for repayment and adjudication of the claim.

PART II. SUMMARY OF THE CLAIM

The Controller conducted a "desk review" 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 and Chapter 1118, Statutes of 1987), for the period July 1, 2002 through June 30, 2007. As a result of the review, the Controller determined that \$341,518 of the claimed costs were unallowable:

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984, Section 1:

"School district" means any school district, community college district, or county superintendent of schools.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

	<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Review Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
	2002-03	\$ 45,269	\$229,157	\$45,269	<\$45,269>
	2003-04	\$ 58,280	\$228,216	\$ 0	\$ 0
	2004-05	\$ 92,184	\$246,318	\$ 0	\$ 0
	2005-06	\$116,050	\$306,755	\$ 0	\$ 0
	2006-07	<u>\$ 29,735</u>	<u>\$319,516</u>	<u>\$29,735</u>	<u><\$29,735></u>
	Totals	\$341,518	\$1,329,962	\$75,004	<\$75,004>

The Controller determined that the District has been paid \$75,004 for these claims.

Since the total adjustment amount exceeds the amounts claimed, the total amount of \$75,004 is now due the State as a result of the desk review.

PART III. CHRONOLOGY OF CLAIM PAYMENT AND DESK REVIEW ACTION

1. The Controller (Ginny Brummels, Manager, Local Reimbursements Section), by letter dated July 2, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is included in Exhibit "B."

2. SixTen and Associates, on behalf of the claimant and sixteen² other community

² The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via e-mail due to the competing workload of the districts.

3. The Controller (Ginny Brummels, Manager, Local Reimbursements Section), granted a 60-day extension by e-mail on July 10, 2008, and issued a new deadline of November 15, 2008.
4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated August 20, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the

Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 Controller's policy to use the highest authorized rate regardless of the rate
2 actually charged by the district, and the highest authorized rate is a matter of
3 public record available to the Controller's staff. A copy of the District's response is
4 included in Exhibit "B."

5 5. The Controller (Steve Van Zee, Audit Manager, Mandated Cost Audits Bureau),
6 contacted the District by e-mail on May 8, 2009, to notify the district that the
7 Controller was performing a review of FY 2002-03 through FY 2006-07 annual
8 claims. The e-mail requested the District to provide information on the number of
9 students the Districts exempted from the student health services program. A
10 copy of this e-mail is included in Exhibit "B." This e-mail was the first notice that
11 the FY 2002-03 through FY 2004-05 annual claims were included in the review.
12 SixTen and Associates transmitted the information requested by e-mail on May
13 29, 2009, to Mr. Van Zee. Mr. Van Zee responded by e-mail on the same date
14 and indicated that the review would now be completed.

15 6. By letter dated June 30, 2009, the Controller's Division of Audits (Jeffrey V.
16 Brownfield, Chief) transmitted the desk review findings to the Division of
17 Accounting and Reporting (Mike Havey, Chief). The District became aware of
18 this letter when it was posted with the review results in early 2010 on the
19 Controller's webpage. A copy of this letter is included in Exhibit "B."

20 7. On July 12, 2009, the Controller (Ginny Brummels, Manager, Local
21 Reimbursements Section) issued five "results of review" letters for FY 2002-03

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 through FY 2006-07 implementing the review findings. No reason for the
2 reductions was stated, other than a statement that the costs were "costs not
3 mandated." These letters were preceded by Controller letters dated July 10,
4 2009 (Ginny Brummels, Manager, Local Reimbursements Section), for FY 2002-
5 03 and FY 2006-07 demanding repayment of previous payments on those fiscal
6 year claims. A copy of these notices is attached as Exhibit "A."

7 8. The Controller (Ginny Brummels, Manager, Local Reimbursements Section), by
8 letter dated October 21, 2009, issued a report of findings from the review of the
9 FY 2002-03 through FY 2006-07 annual claims, and stated that the scope of the
10 review was limited "to validating the authorized health service fees that the district
11 reported." The District did not receive a copy of this letter until May 19, 2010,
12 after an e-mail request by the SixTen and Associates to the Local
13 Reimbursements Section staff. A copy of this letter is included in Exhibit "B."

14 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

15 The District has not filed any previous incorrect reduction claims for this mandate
16 program. The District is not aware of any incorrect reduction claims having been
17 adjudicated on the specific issues or subject matter raised by this claim.

18 PART V. BASIS FOR REIMBURSEMENT

19 1. Mandate Legislation

20 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, repealed Education
21 Code Section 72246 and added new Education Code Section 72246, which authorized

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 community college districts to charge a student health services fee for the purposes of
2 providing health supervision and services, and operating student health centers. This
3 statute also required that the scope of student health services provided by any
4 community college district during the 1983-84 fiscal year be maintained at that level in
5 the 1984-85 fiscal year and every year thereafter. The provisions of this statute were to
6 automatically repeal on December 31, 1987.

7 Chapter 1118, Statutes of 1987, amended Education Code Section 72246 to
8 require any community college district that provided student health services in fiscal year
9 1986-87 to maintain student health services at that level in 1987-88 and each fiscal year
10 thereafter.

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

16 Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added
17 Education Code Section 76355³ containing substantially the same provisions as

³ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

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).

(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.

(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

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee exemption
3 for low-income students under 76355(c)(3).

4 2. Test Claim

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

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

16 At a hearing on April 27, 1989, the Commission on State Mandates determined
17 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all

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.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 community college districts that provided student health services in fiscal year 1986-
2 1987, and required them to maintain that level of student health services in fiscal year
3 1987-1988 and each fiscal year thereafter.

4 3. Parameters and Guidelines

5 On August 27, 1987, the original parameters and guidelines were adopted. On
6 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
7 1989, parameters and guidelines is attached as Exhibit "C."

8 4. Claiming Instructions

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

16 PART VI. STATEMENT OF THE ISSUES

17 The District's FY 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-
18 07 reimbursement annual claims were apparently reduced due to the Controller's
19 conclusion that the District did not offset the student health services program costs by
20 the amount of authorized student health fee revenues in the additional amount of
21 \$1,329,962. The District reported only student health service fees received, and not

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

those fees that theoretically could have been collected, in its annual reimbursement claims. It appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees **never** collected.

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:

"[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional."

(Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as

1 authorized by Education Code Section 72246(a)⁴.

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

9 Further, the Department of Finance proposed, as part of the amendments that
10 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
11 section expressly stating that if no health service fee was charged, the claimant would
12 be required to deduct the amount authorized. The Commission declined to add this
13 requirement and adopted the parameters and guidelines without this language.
14 Therefore, it is evident that the Commission intends the language of the parameters and
15 guidelines to be construed as written, and only those savings that are *experienced* are
16 to be deducted.

17 Since districts are not required to collect a fee from students for student health
18 services, and if such a fee is collected, the amount is to be determined by the district
19 and not the Controller, the Controller's adjustment is without legal basis. The parameters

⁴ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

1 and guidelines require districts to reduce the amount of their claimed costs by the
2 amount of student health services fee revenue actually received. Therefore, student
3 health services fees are merely collectible, they are not mandatory, and it is
4 inappropriate for the Controller to reduce claim amounts by revenues not received.

5 2. The District correctly filed the annual reimbursement claims

6 The District reported its actual reimbursable costs in the manner required by the
7 parameters and guidelines and on the forms provided for by the Controller's claiming
8 instructions for this program. The Controller has not stated how the claim documentation
9 was insufficient for purposes of adjudicating the claims. The Controller has not sent any
10 documentation in support of its action to the District. The Controller has simply reduced
11 the District's reimbursement claim without any explanation. By providing no notice for
12 the basis of its actions, the Controller is creating a standard of general application
13 without the benefit of law or due process of rulemaking.

14 3. The reason for the rejection was contrary to statute

15 The annual reimbursement claims were not adjusted because the costs claimed
16 were excessive or unreasonable. The Controller does not assert that the claimed costs
17 were excessive or unreasonable, which is the only mandated cost audit standard in
18 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
19 entire findings are based upon the wrong standard of review, or no standard of review.
20 If the Controller wishes to enforce other audit standards for mandated cost
21 reimbursement, the Controller should comply with the Administrative Procedure Act.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

4. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
December 13, 2004	FY 2003-04 annual claim filed by the District
December 30, 2005	FY 2004-05 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations to initiate an audit expires
December 13, 2007	FY 2003-04 statute of limitations to initiate an audit expires
December 30, 2008	FY 2004-05 statute of limitations to initiate an audit expires
July 2, 2008	Desk review initiated for FY 2005-06 and FY 2006-07
May 8, 2009	Desk review initiated for FY 2002-03 through FY 2004-05
July 12, 2009	Results of review letters for FY 2002-03 thru FY 2006-07
October 21, 2009	Controller's letter of findings for FY 2002-03 thru FY 2006-07

This is not a desk review finding. The District asserts that the adjustments of the FY 2002-03, FY 2003-04, and FY 2004-05 annual reimbursement claims occurred after the time limitation for initiation of an audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of appropriation or initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

these claims is three years from the date of filing.

Applicable Time Limitation for Audit

Prior to January 1, 1994, no statute specifically governed the statute of limitations for audits of mandate reimbursement claims. Statutes of 1993, Chapter 906, Section 2, operative January 1, 1994, added Government Code Section 17558.5 to establish for the first time a specific statute of limitations for audit of mandate reimbursement claims:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than four years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Thus, there are two standards. A funded claim is "subject to audit" for four years after the end of the calendar year in which the claim was filed. An unfunded claim must have its audit initiated within four years of first payment.

Statutes of 1995, Chapter 945, Section 13, operative July 1, 1996, repealed and replaced Section 17558.5, changing only the length of the period of limitations:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to audit by the Controller no later than two years after the end of the calendar year in which the reimbursement claim is filed or last amended. However, if no funds are appropriated for the program for the fiscal year for which the claim is made, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

1 (a) A reimbursement claim for actual costs filed by a local agency or school
2 district pursuant to this chapter is subject to the initiation of an audit by the
3 Controller no later than three years after the ~~end of the calendar year in which the~~
4 date that the actual reimbursement claim is filed or last amended, whichever is
5 later. However, if no funds are appropriated or no payment is made to a claimant
6 for the program for the fiscal year for which the claim is ~~made~~ filed, the time for
7 the Controller to initiate an audit shall commence to run from the date of initial
8 payment of the claim.
9

10 The annual reimbursement claims for FY 2002-03 and FY 2003-04 are subject to the
11 three-year statute of limitations established by Chapter 1128, Statutes of 2002 which
12 requires the audit to be "initiated" within three years of the date the actual claim is filed.
13 The amendment is pertinent because this is the first time that the factual issue of the
14 date the audit is "initiated" is introduced for mandate programs for which funds are
15 appropriated. This amendment also means that it is impossible for the claimant to know
16 when the statute of limitations will expire at the time the claim is filed, which is contrary
17 to the purpose of a statute of limitations. It allows the Controller's own unilateral delay,
18 or failure to make payments from funds appropriated for the purpose of paying the
19 claims, to control the tolling of the statute of limitations, which is also contrary to the
20 purpose of a statute of limitations.

21 Statutes of 2004, Chapter 890, Section 18, operative January 1, 2005, amended
22 Section 17558.5 to state:

23 (a) A reimbursement claim for actual costs filed by a local agency or school
24 district pursuant to this chapter is subject to the initiation of an audit by the
25 Controller no later than three years after the date that the actual reimbursement
26 claim is filed or last amended, whichever is later. However, if no funds are
27 appropriated or no payment is made to a claimant for the program for the fiscal
28 year for which the claim is filed, the time for the Controller to initiate an audit shall
29 commence to run from the date of initial payment of the claim. In any case, an

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84,1118/87 Health Fee Elimination

1 audit shall be completed not later than two years after the date that the audit is
2 commenced.

3 The annual reimbursement claim for FY 2004-05 is subject to the three-year statute of
4 limitations established by Chapter 890, Statutes of 2004, which requires the audit to be
5 "initiated" within three years of the date the actual claim is filed and the audit must be
6 completed within two years of its commencement. Since this fiscal year was not
7 included in the July 2, 2008-letter, the desk review was "initiated" by the e-mail dated
8 May 8, 2009, which is more than three years after the claim filing date.

9 Vagueness

10 The versions of Section 17558.5 applicable to the FY 2002-03, FY 2003-04, and
11 FY 2004-05 annual reimbursement claims provide that the time limitation for audit "shall
12 commence to run from the date of initial payment." However, this provision is void
13 because it is impermissibly vague. At the time a claim is filed, the claimant has no way of
14 knowing when payment will be made or how long the records applicable to that claim
15 must be maintained. The current three billion-dollar backlog in K-14 mandate payments,
16 which continues to grow every year, could potentially require claimants to maintain
17 detailed supporting documentation for decades. Additionally, it is possible for the
18 Controller to unilaterally extend the audit period by withholding payment or directing
19 appropriated funds only to those claims that have already been audited.

20 Therefore, the only specific and enforceable time limit to commence an audit is
21 three years from the date the claim was filed, and the annual reimbursement claims for
22 FY 2002-03, FY 2003-04, and FY 2004-05 were past this time period when the desk

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

1 review was initiated on May 8, 2009. All three fiscal years were past audit when the
2 results of review letters were issued on July 12, 2009, and when the letter of findings
3 was issued on October 21, 2009. Therefore, all adjustments to the FY 2002-03, FY
4 2003-04, and FY 2004-05 claims are void and should be withdrawn.

5 PART VII. RELIEF REQUESTED

6 The District filed its annual reimbursement claims within the time limits
7 prescribed. The amounts claimed by the District for reimbursement of the costs of
8 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter
9 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
10 incurred by the District to carry out this program. These costs were properly claimed
11 pursuant to the Commission's parameters and guidelines. Reimbursement of these
12 costs is required under Article XIII B, Section 6 of the California Constitution. The
13 Controller denied reimbursement without any basis in law or fact. The District has met
14 its burden of going forward on this claim by complying with the requirements of Title 2,
15 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
16 these adjustments without benefit of statute or regulation, the burden of proof is now
17 upon the Controller to establish a legal basis for its actions.

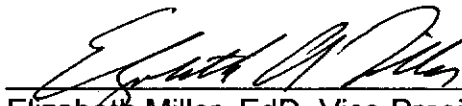
18 The District requests that the Commission make findings of fact and law on each
19 and every adjustment made by the Controller and each and every procedural and
20 jurisdictional issue raised in this claim, and order the Controller to correct the
21 adjustments therefrom.

Incorrect Reduction Claim of Allan Hancock Joint Community College District
1/84, 1118/87 Health Fee Elimination

PART VIII. CERTIFICATION

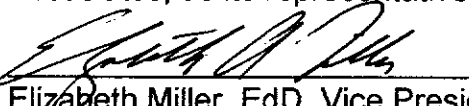
By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this Incorrect Reduction Claim submission is true and complete to the best of my own knowledge or information or belief, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on June 1, 2010, at Santa Maria, California, by


Elizabeth Miller, EdD, Vice President Administrative Services
Allan Hancock Joint Community College District
800 South College Drive
Santa Maria, CA 93454-6399
Voice: 805-922-6966
Fax: 805-347-9896
E-mail: emiller@hancockcollege.edu

APPOINTMENT OF REPRESENTATIVE

Allan Hancock Joint Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.


Elizabeth Miller, EdD, Vice President
Administrative Services
Allan Hancock Joint Community College District

6/1/10
Date

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Desk Review correspondence.
Exhibit "C"	Parameters and Guidelines, May 25, 1989
Exhibit "D"	Controller's claiming instructions, September 2003 version
Exhibit "E"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller

July 10, 2009

Ms. Elizabeth Miller, Ed. D
Vice President, Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria CA 93454-6399

RE: Health Fee Elimination CH 1/84


Dear Claimant:

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	\$ 45,269.00
Adjustment to Claim:	
Cost Not Mandated	-\$45,269.00
Total Adjustments	- \$45,269.00
Less: Prior Payment	
Schedule Number	MA64136A (PAID 10/25/2006)
Amount Due State	<u>-\$45,269.00</u> <u>- \$45,269.00</u>

The overpayment amount of \$45,269.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,


GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN MANCROCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

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	45,269.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 45,269.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-45,269.00
AMOUNT DUE STATE	\$ 45,269.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 45,269.00 WITHIN 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 94250-9875 WITH 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 FRANK STUART AT (916) 323-0766 OR IN WRITING AT THE ABOVE ADDRESS.

ADJUSTMENT TO CLAIM:	
COST NOT MANDATED	- 45,269.00
TOTAL ADJUSTMENTS	- 45,269.00
PRIOR PAYMENTS:	
SCHEDULE NO. MA64136A	
PAID 10-25-2006	-45,269.00
TOTAL PRIOR PAYMENTS	-45,269.00

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

LOCAL REIMBURSEMENT SECTION
P.O. BOX 942850 SACRAMENTO, CA 94250-9875



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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00294
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BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93456

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 58,280.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 58,280.00

TOTAL ADJUSTMENTS - 58,280.00

AMOUNT DUE CLAIMANT 0.00

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

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93456

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

92,184.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED

- 92,184.00

TOTAL ADJUSTMENTS

- 92,184.00

AMOUNT DUE CLAIMANT

\$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 325-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR
THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR
REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 116,050.00

ADJUSTMENT TO CLAIM:

COST NOT MANDATED - 116,050.00

TOTAL ADJUSTMENTS - 116,050.00

AMOUNT DUE CLAIMANT \$ 0.00

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942550, SACRAMENTO,
CA 94250-5875.

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

LOCAL REIMBURSEMENT SECTION
P.O. BOX 942550 SACRAMENTO, CA 94250-5875



JOHN CHIANG
California State Controller

July 10, 2009

Ms. Elizabeth Miller, Ed. D
Vice President, Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria CA 93454-6399

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We have reviewed your 2006/2007 fiscal year reimbursement claim for the mandated cost program referenced above. The results of our review are as follows:

Amount Claimed		\$ 29,735.00
Adjustment to Claim:		
Cost Not Mandated	-\$29,735.00	
Total Adjustments		- \$29,735.00
Less: Prior Payment		
Schedule Number	MA64147E (PAID 03/12/2007)	-\$ 73,601.00
Amount Due State		-\$ 73,601.00

The overpayment amount of \$73,601.00 will be offset from future mandate payments. However, you may remit a warrant payable to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter. If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

GLB:fs

MAILING ADDRESS - P.O. Box 942850, Sacramento, CA 94250



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 12, 2009

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2009/07/12

BOARD OF TRUSTEES
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		29,735.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	-	29,735.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)		-73,601.00
AMOUNT DUE STATE		<u>73,601.00</u>

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 73,601.00 WITHIN 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 WITH 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:			
COST NOT MANDATED	-	29,735.00	
TOTAL ADJUSTMENTS			- 29,735.00
PRIOR PAYMENTS:			
SCHEDULE NO. MA64147E			
PAID 03-12-2007		-73,601.00	
TOTAL PRIOR PAYMENTS			-73,601.00

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 2, 2008

Ms. Elizabeth Miller, Ed. D
Vice President, Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria CA 93454-6399

RE: Health Fee Elimination (Program 234) for Fiscal Years 2005-06 through 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Six Ten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

August 20, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Allan Hancock Joint Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2005-06 and 2006-07

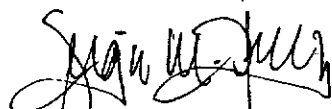
Your letter dated July 2, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,



for Keith B. Petersen

C: Dr. Elizabeth Miller, Ed. D, Vice President, Allan Hancock Joint CCD
Shelly Allen, Mandated Cost Coordinator, Allan Hancock Joint CCD

GRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
---------------------------	--	-------------------------------

Claimant: Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	---	--------------------------

Name of College: Allan Hancock College

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 red.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.71%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 246,722	\$ 80,703	\$ 327,425
Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,342	\$ 13,558
Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 236,506	\$ 77,361	\$ 313,867

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period <i>Full-time and Part-time students listed here-in are net of BOG waivers</i>	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	1,850	4,459		\$ -		\$ -	\$ -
Per Spring Semester	1,857	5,691		\$ -		\$ -	\$ -
Per Summer Session	48	2,732		\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ -
Subtotal	[Line (07) - line (09)]	

Reduction

Less: Offsetting Savings, if applicable	\$ -
Less: Other Reimbursements, if applicable	\$ -
Total Amount Claimed	\$ -

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

PROGRAM

234

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
1.1**

Claimant:
Hancock Joint Community College District

(02) Type of Claim:

Reimbursement ☐

Estimated ☐

Fiscal Year
2006-2007

Name of College: Allan Hancock College

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 provided.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 30.33%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 289,583	\$ 87,831	\$ 377,414
Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,099	\$ 13,315
Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 279,367	\$ 84,732	\$ 364,099

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/05</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	10,580		93		10,487		
Per Spring Semester	12,236		67		12,169		
Per Summer Session	4,974				4,974		
Per First Quarter							
Per Second Quarter							
Per Third Quarter							

Total health fee that could have been collected: The sum of (Line (08))(1)(c) through line (08)(6)(c)

\$

Subtotal [Line (07) - line (09)]

Reduction

Less: Offsetting Savings, if applicable

Less: Other Reimbursements, if applicable

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

\$

Budget Analyst

Allan Hancock College

805 922-6966 x 3225

From: Betty Miller

Sent: Friday, May 08, 2009 11:49 AM

To: Shelly Allen

Subject: FW: Health Fee Elimination Program mandated cost claims

From: svanee@sco.ca.gov [mailto:svanee@sco.ca.gov]

Sent: Friday, May 08, 2009 10:06 AM

To: Betty Miller

Cc: Richard Carmody

Subject: Health Fee Elimination Program mandated cost claims

Dr. Miller,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2002-03 through FY 2006-07. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

Friday, May 08, 2009 AOL: Kbpsixten

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what documentation the district maintains to support the number of students excluded. (Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy that excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

Steve W. Van Zee

Audit Manager

State Controller's Office

Division of Audits / Mandated Cost Audits Bureau

P.O. Box 942850

Sacramento, CA 94250-5874

Office: (916) 323-2368 / FAX: (916) 324-7223

svanzee@sco.ca.gov

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Friday, May 08, 2009 AOL: Kbpsixten

Memorandum

To : Mike Havey, Chief
Division of Accounting and Reporting
State Controller's Office

Date: June 30, 2009

From: Jeffrey V. Brownfield, Chief
Division of Audits
State Controller's Office

Subject: ALLAN HANCOCK JOINT COMMUNITY COLLEGE DISTRICT
HEALTH FEE ELIMINATION PROGRAM MANDATED COST CLAIMS
FOR THE PERIOD OF JULY 1, 2002, THROUGH JUNE 30, 2007

We reviewed the costs claimed by Allan Hancock Joint Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$341,518 for the mandated program. Our review disclosed that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$45,269. Our review disclosed that the claimed costs are unallowable. The State should offset \$45,269 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 2003-04, FY 2004-05, and FY 2005-06 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

For the FY 2006-07 claim, the State paid the district \$29,735. Our review disclosed that the claimed costs are unallowable. The State should offset \$29,735 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

We recommend that the Division of Accounting and Reporting notify the district of the results of this review. If you have any questions, please contact either Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849 (jspano@sco.ca.gov), or Steve Van Zee, Audit Manager, at (916) 323-2368 (svanzee@sco.ca.gov).

JVB/sk

Attachments

Re: S09-MCC-908

cc: Jill Kanemasu, Bureau Chief
SCO-Division of Accounting and Reporting
Ginny Brummels, Manager
SCO-Division of Accounting and Reporting

Attachment 1— Summary of Program Costs July 1, 2002, through June 30, 2007

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment ¹</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 186,882	\$ 186,882	\$ —
Indirect costs	55,485	55,485	—
Total direct and indirect costs	242,367	242,367	—
Less authorized health service fees	(197,098)	(426,255)	(229,157)
Subtotal	45,269	(183,888)	(229,157)
Review adjustments that exceed costs claimed	—	183,888	183,888
Total program costs	<u>\$ 45,269</u>	<u>—</u>	<u>\$ (45,269)</u>
Less amount paid by the State		(45,269)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (45,269)</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 197,436	\$ 197,436	\$ —
Indirect costs	57,533	57,533	—
Total direct and indirect costs	254,969	254,969	—
Less authorized health service fees	(196,689)	(424,905)	(228,216)
Subtotal	58,280	(169,936)	(228,216)
Review adjustments that exceed costs claimed	—	169,936	169,936
Total program costs	<u>\$ 58,280</u>	<u>—</u>	<u>\$ (58,280)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,496	\$ 220,496	—
Indirect costs	70,140	70,140	—
Total direct and indirect costs	290,636	290,636	—
Less authorized health service fees	(198,452)	(444,770)	(246,318)
Subtotal	92,184	(154,134)	(246,318)
Review adjustments that exceed costs claimed	—	154,134	154,134
Total program costs	<u>\$ 92,184</u>	<u>—</u>	<u>\$ (92,184)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 236,506	\$ 236,506	\$ —
Indirect costs	77,361	77,361	—
Total direct and indirect costs	313,867	313,867	—
Less authorized health service fees	(197,817)	(504,572)	(306,755)
Subtotal	116,050	(190,705)	(306,755)
Review adjustments that exceed costs claimed	—	190,705	190,705
Total program costs	\$ 116,050	—	\$ (116,050)
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		\$ —	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 279,367	\$ 279,367	\$ —
Indirect costs	84,732	84,732	—
Total direct and indirect costs	364,099	364,099	—
Less authorized health service fees	(334,364)	(653,880)	(319,516)
Subtotal	29,735	(289,781)	(319,516)
Review adjustments that exceed costs claimed	—	289,781	289,781
Total program costs	\$ 29,735	—	\$ (29,735)
Less amount paid by the State		(29,735)	
Allowable costs claimed in excess of (less than) amount paid		\$ (29,735)	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,120,687	\$ 1,120,687	\$ —
Indirect costs	345,251	345,251	—
Total direct and indirect costs	1,465,938	1,465,938	—
Less authorized health service fees	(1,124,420)	(2,454,382)	(1,329,962)
Subtotal	341,518	(988,444)	(1,329,962)
Review adjustments that exceed costs claimed	—	988,444	988,444
Total program costs	\$ 341,518	—	\$ (341,518)
Less amount paid by the State		(75,004)	
Allowable costs claimed in excess of (less than) amount paid		\$ (75,004)	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2002, through June 30, 2007

**FINDING—
Understated authorized
health service fees**

The district understated authorized health service fees by \$1,329,962.

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 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 period of July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor’s Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

Fiscal Year	Authorized Health Fee Rate	
	Semester	Summer
2002-03	\$ 12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district’s enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Period			
	Summer Session	Fall Semester	Spring Semester	Total
Fiscal Year 2002-03:				
Number of enrolled students	8,498	16,039	20,818	
Less number of BOGG recipients	(1,339)	(3,234)	(3,471)	
Subtotal	7,159	12,805	17,347	
Authorized health fee rate	× \$ (9)	× \$ (12)	× \$ (12)	
Authorized health service fees	<u>\$ (64,431)</u>	<u>\$ (153,660)</u>	<u>\$ (208,164)</u>	\$ (426,255)
Less authorized health service fees claimed				197,098
Review adjustment, FY 2002-03				<u>(229,157)</u>
Fiscal Year 2003-04:				
Number of enrolled students	10,993	17,343	17,423	
Less number of BOGG recipients	(1,360)	(3,290)	(3,292)	
Subtotal	9,633	14,053	14,131	
Authorized health fee rate	× \$ (9)	× \$ (12)	× \$ (12)	
Authorized health service fees	<u>\$ (86,697)</u>	<u>\$ (168,636)</u>	<u>\$ (169,572)</u>	(424,905)
Less authorized health service fees claimed				196,689
Review adjustment, FY 2003-04				<u>(228,216)</u>
Fiscal Year 2004-05:				
Number of enrolled students	8,561	17,236	18,579	
Less number of BOGG recipients	(1,511)	(3,421)	(3,604)	
Subtotal	7,050	13,815	14,975	
Authorized health fee rate	× \$ (10)	× \$ (13)	× \$ (13)	
Authorized health service fees	<u>\$ (70,500)</u>	<u>\$ (179,595)</u>	<u>\$ (194,675)</u>	(444,770)
Less authorized health service fees claimed				198,452
Review adjustment, FY 2004-05				<u>(246,318)</u>
Fiscal Year 2005-06:				
Number of enrolled students	7,995	16,219	18,447	
Less number of BOGG recipients	(1,615)	(3,638)	—	
Subtotal	6,380	12,581	18,447	
Authorized health fee rate	× \$ (11)	× \$ (14)	× \$ (14)	
Authorized health service fees	<u>\$ (70,180)</u>	<u>\$ (176,134)</u>	<u>\$ (258,258)</u>	(504,572)
Less authorized health service fees claimed				197,817
Review adjustment, FY 2005-06				<u>(306,755)</u>
Fiscal Year 2006-07				
Number of enrolled students	8,280	17,162	19,806	
Authorized health fee rate	× \$ (12)	× \$ (15)	× \$ (15)	
Authorized health service fees	<u>\$ (99,360)</u>	<u>\$ (257,430)</u>	<u>\$ (297,090)</u>	(653,880)
Less authorized health service fees claimed				334,364
Review adjustment, FY 2006-07				<u>(319,516)</u>
Total review adjustment				<u>\$ (1,329,962)</u>

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

05/19/2010 20:17

STATE CONTROLLERS OFFICE DAR → 918585148645

NO.334 0006



JOHN CHIANG
California State Controller

October 21, 2009

Ms. Elizabeth Miller, Ed D
Vice President of Administrative Services
Allan Hancock Joint Community College District
800 S College Drive
Santa Maria, CA 93454-6399

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Allan Hancock Joint Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$341,318 for the mandated program. Our review disclosed that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$45,269. Our review disclosed that the claimed costs are unallowable. The State will offset \$45,269 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

For the FY 2003-04, FY 2004-05, and FY 2005-06 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

For the FY 2006-07 claim, the State paid the district \$29,735. Our review disclosed that the claimed costs are unallowable. The State will offset \$29,735 from other mandated program payments due the district. Alternatively, the district may remit the amount due to the State.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,


GINNY BRUMMELS
Manager

Ms. Elizabeth Miller, Ed.D

-2-

October 21, 2009

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
Steve Van Zee, Audit Manager
Division of Audits

Allan Hancock Joint Community College DistrictHealth Fee Elimination Program

**Attachment 1—
Summary of Program Costs
July 1, 2002, through June 30, 2007**

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment¹</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 186,882	\$ 186,882	\$ —
Indirect costs	55,485	55,485	—
	242,367	242,367	—
Total direct and indirect costs	(197,098)	(426,255)	(229,157)
Less authorized health service fees	45,269	(183,888)	(229,157)
Subtotal	—	183,888	183,888
Review adjustments that exceed costs claimed	\$ 45,269	—	\$ (45,269)
Total program costs		(45,269)	
Less amount paid by the State		\$ (45,269)	
Allowable costs claimed in excess of (less than) amount paid			
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 197,436	\$ 197,436	\$ —
Indirect costs	57,533	57,533	—
	254,969	254,969	—
Total direct and indirect costs	(196,689)	(424,905)	(228,216)
Less authorized health service fees	58,280	(169,936)	(228,216)
Subtotal	—	169,936	169,936
Review adjustments that exceed costs claimed	\$ 58,280	—	\$ (58,280)
Total program costs		—	
Less amount paid by the State		\$ —	
Allowable costs claimed in excess of (less than) amount paid			
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 220,496	\$ 220,496	—
Indirect costs	70,140	70,140	—
	290,636	290,636	—
Total direct and indirect costs	(198,452)	(444,770)	(246,318)
Less authorized health service fees	92,184	(154,134)	(246,318)
Subtotal	—	154,134	154,134
Review adjustments that exceed costs claimed	\$ 92,184	—	\$ (92,184)
Total program costs		—	
Less amount paid by the State		\$ —	
Allowable costs claimed in excess of (less than) amount paid			

Allan Hancock Joint Community College District

Health Fee Elimination Program

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 236,506	\$ 236,506	\$ —
Indirect costs	77,361	77,361	—
Total direct and indirect costs	313,867	313,867	—
Less authorized health service fees	(197,817)	(504,572)	(306,755)
Subtotal	116,050	(190,705)	(306,755)
Review adjustments that exceed costs claimed	—	190,705	190,705
Total program costs	\$ 116,050	—	\$ (116,050)
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		\$ —	—
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 279,367	\$ 279,367	\$ —
Indirect costs	84,732	84,732	—
Total direct and indirect costs	364,099	364,099	—
Less authorized health service fees	(334,364)	(653,880)	(319,516)
Subtotal	29,735	(289,781)	(319,516)
Review adjustments that exceed costs claimed	—	289,781	289,781
Total program costs	\$ 29,735	—	\$ (29,735)
Less amount paid by the State		(29,735)	—
Allowable costs claimed in excess of (less than) amount paid		\$ (29,735)	—
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 1,120,687	\$ 1,120,687	\$ —
Indirect costs	345,251	345,251	—
Total direct and indirect costs	1,465,938	1,465,938	—
Less authorized health service fees	(1,124,420)	(2,454,382)	(1,329,962)
Subtotal	341,518	(988,444)	(1,329,962)
Review adjustments that exceed costs claimed	—	988,444	988,444
Total program costs	\$ 341,518	—	\$ (341,518)
Less amount paid by the State		(75,004)	—
Allowable costs claimed in excess of (less than) amount paid		\$ (75,004)	—

¹ See Attachment 2, Finding and Recommendation.

Allan Hancock Joint Community College District

Health Fee Elimination Program

Attachment 2— Finding and Recommendation July 1, 2002, through June 30, 2007

FINDING—

Understated authorized health service fees

The district understated authorized health service fees by \$1,329,962.

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 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 period of July 1, 2002, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

Fiscal Year	Authorized Health Fee Rate	
	Semester	Summer
2002-03	\$ 12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

Allan Hancock Joint Community College DistrictHealth Fee Elimination Program

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

	Period			
	Summer Session	Fall Semester	Spring Semester	Total
Fiscal Year 2002-03:				
Number of enrolled students	8,498	16,039	20,818	
Less number of BOGG recipients	<u>(1,339)</u>	<u>(3,234)</u>	<u>(3,471)</u>	
Subtotal	7,159	12,805	17,347	
Authorized health fee rate	x \$ (9)	x \$ (12)	x \$ (12)	
Authorized health service fees	<u>\$ (64,431)</u>	<u>\$ (153,660)</u>	<u>\$ (208,164)</u>	\$ (426,255)
Less authorized health service fees claimed				<u>197,098</u>
Review adjustment, FY 2002-03				<u>(229,157)</u>
Fiscal Year 2003-04:				
Number of enrolled students	10,993	17,343	17,423	
Less number of BOGG recipients	<u>(1,360)</u>	<u>(3,290)</u>	<u>(3,292)</u>	
Subtotal	9,633	14,053	14,131	
Authorized health fee rate	x \$ (9)	x \$ (12)	x \$ (12)	
Authorized health service fees	<u>\$ (86,697)</u>	<u>\$ (168,636)</u>	<u>\$ (169,572)</u>	(424,905)
Less authorized health service fees claimed				<u>196,689</u>
Review adjustment, FY 2003-04				<u>(228,216)</u>
Fiscal Year 2004-05:				
Number of enrolled students	8,561	17,236	18,579	
Less number of BOGG recipients	<u>(1,511)</u>	<u>(3,421)</u>	<u>(3,604)</u>	
Subtotal	7,050	13,815	14,975	
Authorized health fee rate	x \$ (10)	x \$ (13)	x \$ (13)	
Authorized health service fees	<u>\$ (70,500)</u>	<u>\$ (179,595)</u>	<u>\$ (194,675)</u>	(444,770)
Less authorized health service fees claimed				<u>198,452</u>
Review adjustment, FY 2004-05				<u>(246,318)</u>
Fiscal Year 2005-06:				
Number of enrolled students	7,995	16,219	18,447	
Less number of BOGG recipients	<u>(1,615)</u>	<u>(3,638)</u>	<u>—</u>	
Subtotal	6,380	12,581	18,447	
Authorized health fee rate	x \$ (11)	x \$ (14)	x \$ (14)	
Authorized health service fees	<u>\$ (70,180)</u>	<u>\$ (176,134)</u>	<u>\$ (258,258)</u>	(504,572)
Less authorized health service fees claimed				<u>197,817</u>
Review adjustment, FY 2005-06				<u>(306,755)</u>
Fiscal Year 2006-07				
Number of enrolled students	8,280	17,162	19,806	
Authorized health fee rate	x \$ (12)	x \$ (15)	x \$ (15)	
Authorized health service fees	<u>\$ (99,360)</u>	<u>\$ (257,430)</u>	<u>\$ (297,090)</u>	(653,880)
Less authorized health service fees claimed				<u>334,364</u>
Review adjustment, FY 2006-07				<u>(319,516)</u>
Total review adjustment				<u>\$ (1,329,962)</u>

Allan Hancock Joint Community College DistrictHealth Fee Elimination ProgramRecommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

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)
- VD
- 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
- Etc.
- 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
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
Band-aids
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
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. 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.

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 incurring 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

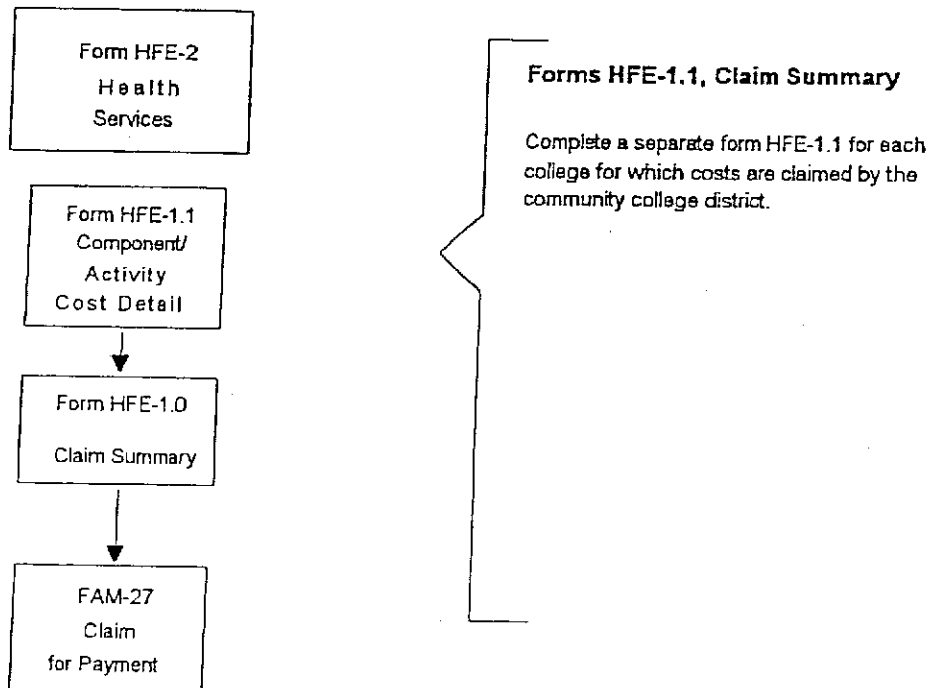
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use Only

Program

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

234

L
A
B
E
L

H
E
R
E

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box

Suite

City

State

Zip Code

Reimbursement Claim Data

(22) HFE-1.0, (04)(b)

(23)

(24)

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☐(09) Reimbursement ☐(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost

(06) 20____/20____

(12) 20____/20____

Total Claimed Amount

(07)

(13)

Less: 10% Late Penalty, not to exceed \$1,000

(14)

Less: Prior Claim Payment Received

(15)

Net Claimed Amount

(16)

Due from State

(08)

(17)

Due to State

(18)

(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

Date

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number

() -

Ext.

E-Mail Address

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.
- (37) 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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant

(02) Type of Claim

Reimbursement ☐Estimated ☐

Fiscal Year

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(b) Total Amount Claimed

[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
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(03) Name of 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.

LESS

☐

SAME

☐

MORE

☐

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))	
(10) Subtotal [Line (07) - line (09)]	
Cost Reduction	
(11) Less: Offsetting Savings	
(12) Less: Other Reimbursements	
(13) Total Claimed Amount [Line (10) - (line (11) + line (12))]	

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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(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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision 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 Acquired Immune Deficiency Syndrome 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			

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Pap Smears 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 Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2002 - 2003

SIXTEN AND ASSOCIATES

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

January 13, 2004

CERTIFIED MAIL # 7001 0360 0000 5999 7792

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

Dear Ms. Brummels:

RE: Annual Reimbursement Claims
Allan Hancock Joint Community College District S42005

Enclosed please find the original claims and extra copies of the FAM-27 for Alan Hancock Joint Community College District's reimbursement claims for:

486/75	Mandate Reimbursement Process	2002-2003
961/75	Collective Bargaining	2002-2003
1/84	Health Fee Elimination	2002-2003
641/86	Brown Act Reform	2002-2003

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only
 (19) Program Number 00029
 (20) Date File ____/____/____
 (21) LRS Input ____/____/____

Program
029

(01) Claimant Identification Number: S42005			Reimbursement Claim Data	
(02) Mailing Address:			(22) HFE - 1.0, (04)(b)	\$ 45,269
Claimant Name Allan Hancock Joint Community College District			(23)	
County of Location Santa Barbara			(24)	
Street Address 800 S. College Drive			(25)	
City Santa Maria	State CA	Zip Code 93454-6399	(26)	
Type of Claim	Estimated Claim	Reimbursement Claim	(27)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(28)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)	
Fiscal Year of Cost	(06) 2003-2004	(12) 2002-2003	(31)	
Total Claimed Amount	(07) \$ 45,000	(13) \$ 45,269	(32)	
Less: 10% Late Penalty, but not to exceed \$1000		(14) \$ -	(33)	
Less: Estimate Claim Payment Received		(15) \$ -	(34)	
Net Claimed Amount		(16) \$ 45,269	(35)	
Due from State	(08) \$ 45,000	(17) \$ 45,269	(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 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

Elizabeth Miller, Ed.D.

V.P. Administrative Services

Type or Print Name

Title

39) Name of Contact Person or Claim

Telephone Number (858) 514-8605

SixTen and Associates

E-Mail Address kbpsixten@aol.com

Program

029

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:	(02) Type of Claim:	Fiscal Year
Claimant Name	Reimbursement <input checked="" type="checkbox"/>	
Allan Hancock Joint Community College District	Estimated <input type="checkbox"/>	2002-2003

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Allan Hancock College	\$ 45,269.27
2.	\$ -
3.	\$ -
4.	\$ -
5.	\$ -
6.	\$ -
7.	\$ -
8.	\$ -
9.	\$ -
10.	\$ -
11.	\$ -
12.	\$ -
13.	\$ -
14.	\$ -
15.	\$ -
16.	\$ -
17.	\$ -
18.	\$ -
19.	\$ -
20.	\$ -
21.	\$ -
(04) Total Amount Claimed	\$ 45,269
[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	

Program

029

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(01) Claimant:

Allan Hancock Joint Community College District

(02) Type of Claim:

Reimbursement ☒Estimated ☐

Fiscal Year

2002-2003

(03) Name of College

Allan Hancock 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 29.69%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 197,098	\$ 58,518	\$ 255,616
(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87	\$ 10,216	\$ 3,033	\$ 13,249
(07) Cost of providing current fiscal year health services at the 1986/87 level [Line (05) - line (06)]	\$ 186,882	\$ 55,485	\$ 242,367

(08) Complete Columns (a) through (g) to provide detail data for health fees

Period for which health fees were collected	(a) Number of Full-time Students	(b) Number of Part-time 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) 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				\$ -		\$ -	\$ -
3. Per summer session				\$ -		\$ -	\$ -
4. Per first quarter				\$ -		\$ -	\$ -
5. Per second quarter				\$ -		\$ -	\$ -
6. Per third quarter				\$ -		\$ -	\$ -
(09) Total health fees that have been collected	[Line (8.1g) + (8.2g) +(8.6g)]						\$ 197,098
(10) Sub-total	[Line (07) - line (09)]						\$ 45,269
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							\$ -
(12) Less: Other Reimbursements, if applicable							\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))]						\$ 45,269

**ALLAN HANCOCK COMMUNITY COLLEGE
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2001-2002**

For 02-03
Claims.

REFERENCE (CCFS 311)	DESCRIPTION	2001-2002
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	15,633,185
	Instructional Operating Expenses	2,076,743
	Instructional Support Instructional Salaries and Benefits	206,349
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	17,916,277
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,831,006
	Instructional Admin. Salaries and Benefits	2,428,151
	Instructional Admin. Operating Expenses	517,733
	Auxiliary Classes Non-Inst. Salaries and Benefits	14,178
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	5,841,068
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	23,757,345
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,056,464
	Instructional Support Services Operating Expenses	102,739
	Admissions and Records	702,975
	Counseling and Guidance	2,014,515
	Other Student Services	3,250,442
	TOTAL DIRECT SUPPORT COSTS 4	7,127,135
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		
		30,884,480
	Indirect Support Costs	
	Operation and Maintenance of Plant	3,009,318
	Planning and Policy Making	886,068
	General Instructional Support Services	5,272,709
	TOTAL INDIRECT SUPPORT COSTS 6	9,168,095
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		
		40,052,575
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =	Total Indirect Support Costs (6) Total Instructional Activity Costs and Direct Support Costs (5)	29.69%
Direct Support Costs Allocation Rate =	Total Direct Support Costs (4) Total Instructional Activity Costs (3)	30.00%
Total Support Cost Allocation		59.68%

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL

FORM
HFE-2.1

(01) Claimant	Fiscal Year	
Allan Hancock Joint Community College District	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		
Dermatology, Family practice		
Internal Medicine		
Outside Physician	X	X
Dental Services		
Outside Labs, (X-ray, etc.,)		
Psychologist, full services		
Cancel/Change Appointments		
Registered Nurse	X	X
Check Appointments	X	X
Assessment, Intervention and Counseling		
Birth Control	X	X
Lab Reports		
Nutrition	X	X
Test Results, office		
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	X
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	X	X

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2.1**

(01) Claimant Allan Hancock Joint 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
<p>Birth Control/Family Planning Stop Smoking Library, Videos and Cassettes</p> <p>First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled</p> <p>Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information</p> <p>Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration</p> <p>Laboratory Tests Done Inquiry/Interpretation Pap Smears</p> <p>Physical Examinations Employees Students Athletes</p> <p>Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list---> Decongestants, allergy needed, cold tablets, blistex</p> <p>Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits</p>	<p></p> <p>X X X</p> <p></p> <p>X X X</p> <p></p> <p></p> <p>X X X</p> <p></p> <p></p> <p></p> <p>X X X X X X X X X</p>	<p>X X X</p> <p>X X X</p> <p></p> <p>X</p> <p></p> <p>X X X X X X X X X</p> <p></p>

**MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT/ACTIVITY COST DETAIL**

**FORM
HFE-2.1**

(01) Claimant

Allan Hancock Joint 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

Health Department

Clinic

Dental

Counseling Centers

Crisis Centers

Transitional Living Facilities, battered/homeless women

Family Planning Facilities

Other Health Agencies

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Tests

Blood Pressure

Hearing

Tuberculosis

Reading

Information

Vision

Glucometer

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list

X

X

X

X

X

X

X

X

X

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Band-aids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

Committees

Safety

Environmental

Disaster Planning

Skin Rash Preparations

Eye Drops

X

X

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

Claim File Copy

December 13, 2004

CERTIFIED MAIL # 7003 1010 0003 2876 7418

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Allan Hancock Joint Community College District CC42005

Dear Ms. Brummels:

Enclosed please find the original claim and extra copy of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claim listed below:

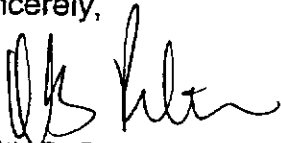
1/84

Health Fee Elimination

2003-2004

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Keith B. Petersen

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed / /
(21) LRS Input / /

Program
234

(01) Claimant Identification Number:

CC42005

(02) Claimant Name

Allan Hancock Joint Community College District

County of Location

Santa Barbara

Street Address

800 S. College Drive

City

Santa Maria

State

CA

Zip Code

93454-6399

Reimbursement Claim Data

(22) HFE-1.0, (04)(b)

58,280

(23)

(24)

(25)

(26)

(27)

(28)

(29)

Type of Claim	Estimated Claim	Reimbursement Claim
(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	
Fiscal Year of Cost	(06) 2004-2005	(12) 2003-2004
Total Claimed Amount	(07) \$ 64,000	(13) \$ 58,280
Less: 10% Late Penalty		(14) \$ -
Less: Prior Claim Payment Received		(15) \$ -
Net Claimed Amount		(16) \$ 58,280
Due from State	(08) \$ 64,000	(17) \$ 58,280
Due to State		(18)

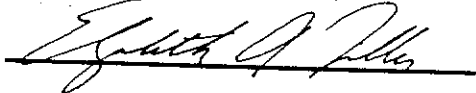
(37) CERTIFICATION OF CLAIM

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

December 8, 2004

Elizabeth Miller, Ed. D.

Type or Print Name

V. P. Administrative Services

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Allan Hancock College	\$ 58,279.85	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 58,280

**ALLAN HANCOCK COMMUNITY COLLEGE
CALCULATION OF INDIRECT COST RATE,
FISCAL YEAR
2002-2003**

FOR 03-04 claims

REFERENCE (CCFS 311)	DESCRIPTION	2002-2003
INSTRUCTIONAL ACTIVITY		
	Instructional Costs	
	Instructional Salaries and Benefits	16,598,129
	Instructional Operating Expenses	2,051,047
	Instructional Support Instructional Salaries and Benefits	212,318
	Auxiliary Operations Instructional Salaries and Benefits	0
	TOTAL INSTRUCTIONAL COSTS 1	18,861,494
	Non-Instructional Costs	
	Non-Instructional Salaries and Benefits	2,802,893
	Instructional Admin. Salaries and Benefits	2,640,392
	Instructional Admin. Operating Expenses	680,988
	Auxiliary Classes Non-Inst. Salaries and Benefits	0
	Auxiliary Classes Operating Expenses	0
	TOTAL NON-INSTRUCTIONAL COSTS 2	6,124,273
	TOTAL INSTRUCTIONAL ACTIVITY COSTS 3 (1 + 2)	24,985,767
DIRECT SUPPORT ACTIVITY		
	Direct Support Costs	
	Instructional Support Services Non Inst. Salaries and Benefits	1,136,714
	Instructional Support Services Operating Expenses	71,646
	Admissions and Records	555,661
	Counseling and Guidance	1,707,630
	Other Student Services	3,349,758
	TOTAL DIRECT SUPPORT COSTS 4	6,821,409
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS 5 (3 + 4)		31,807,176
	Indirect Support Costs	
	Operation and Maintenance of Plant	3,239,730
	Planning and Policy Making	823,855
	General Instructional Support Services	5,205,991
	TOTAL INDIRECT SUPPORT COSTS 6	9,269,576
TOTAL INSTRUCTIONAL ACTIVITY COSTS AND DIRECT SUPPORT COSTS, AND TOTAL INDIRECT SUPPORT COSTS (5 + 6) = TOTAL COSTS		41,076,752
SUPPORT COSTS ALLOCATION RATES		
Indirect Support Costs Allocation Rate =		
	Total Indirect Support Costs (6)	29.14%
	Total Instructional Activity Costs and Direct Support Costs (5)	
Direct Support Costs Allocation Rate =		
	Total Direct Support Costs (4)	27.30%
	Total Instructional Activity Costs (3)	
Total Support Cost Allocation		56.44%

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
-----------------------	--	-------------------------------

1) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
--	--	--------------------------

3) Name of College: Allan Hancock College

4) 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 29.14%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 207,652	\$ 60,510	\$ 268,162
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 2,977	\$ 13,193
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 197,436	\$ 57,533	\$ 254,969

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 196,689
0) Subtotal	[Line (07) - line (09)]	\$ 58,280

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 58,280

Revised 9/97 Chapters 1/84 and 1118/87, Page 1 of 3

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2003-2004	
(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
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled		X X X	X X X
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information			 X
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration		 X X X	 X X X
Laboratory Tests Done Inquiry/Interpretation Pap Smears			
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---> Decongestants, allergyneeded, cold tablets, blistex		X 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 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2003-2004			
(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		
Tuberculosis					
Reading		X	X		
Information		X	X		
Vision					
Glucometer					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
Monospot					
Hemacult					
Others, list					
Miscellaneous					
Absence Excuses/PE Waiver		X	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					
Committees					
Safety		X	X		
Environmental					
Disaster Planning					
Skin Rash Preparations					
Eye Drops					

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

December 30, 2005

Claim File Copy

CERTIFIED MAIL # 7004 2510 0004 4007 0626

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Allan Hancock Joint Community College District CC42005

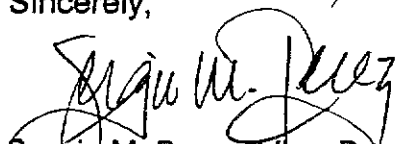
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claims listed below:

486/75	Mandated Reimbursement Process	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2004-2005

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234

(20) Date Filed / / (21) LRS Input / /

Program

234

(01) Claimant Identification Number: CC 42005			Reimbursement Claim Data	
(02) Claimant Name Allan Hancock Joint Community College District			(22) HFE-1.0, (04)(b)	92,184
County of Location Santa Barbara			(23)	
Street Address 800 S. College Drive			(24)	
City Santa Maria	State CA	Zip Code 93454-6399	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 101,000	(13) \$ 92,184	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 92,184	(34)	
Due from State	(08) \$ 101,000	(17) \$ 92,184	(35)	
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

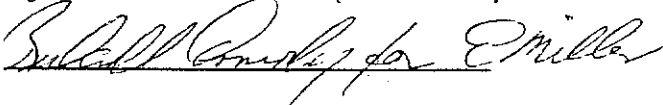
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions 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



12/22/05

Elizabeth Miller, Ed. D.

V.P. Administrative Services

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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Allan Hancock Joint Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2004-2005

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Allan Hancock College	\$ 92,183.78
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	\$ 92,184

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM
234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

1) Claimant: Allan Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
--	--	--------------------------

i) Name of College: Allan Hancock College

4) 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 owed.

LESS
☐SAME
☐MORE
☒

	Direct Cost	Indirect Cost of: 31.81%	Total
j) Cost of Health Services for the Fiscal year of Claim	\$ 230,712	\$ 73,389	\$ 304,101
k) Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,250	\$ 13,466
l) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 220,496	\$ 70,140	\$ 290,636

m) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	1,920	5,105	\$ 12.00	\$ 23,040	\$ 12.00	\$ 61,260	\$ 84,300
Per Spring Semester	1,929	5,651	\$ 12.00	\$ 23,148	\$ 12.00	\$ 67,812	\$ 90,960
Per Summer Session	38	2,999	\$ 9.00	\$ 342	\$ 9.00	\$ 26,991	\$ 27,333
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 198,452
Subtotal	[Line (07) - line (09)]	\$ 92,184

Amount Reduction

Less: Offsetting Savings, if applicable	\$ -
Less: Other Reimbursements, if applicable	\$ -
Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 92,184

<div>State of California</div> <div> Program 029 </div>		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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					
Dermatology, Family practice					
Internal Medicine					
Outside Physician		X	X		
Dental Services					
Outside Labs, (X-ray, etc.,)					
Psychologist, full services					
Cancel/Change Appointments					
Registered Nurse		X	X		
Check Appointments		X	X		
Assessment, Intervention and Counseling					
Birth Control		X	X		
Lab Reports					
Nutrition		X	X		
Test Results, office					
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	X		
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		X	X		

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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			X		
Stop Smoking			X		
Library, Videos and Cassettes			X		
First Aid, Major Emergencies		X	X		
First Aid, Minor Emergencies		X	X		
First Aid Kits, Filled		X	X		
Immunizations					
Diphtheria/Tetanus					
Measles/Rubella					
Influenza					
Information			X		
Insurance					
On Campus Accident		X	X		
Voluntary		X	X		
Insurance Inquiry/Claim Administration		X	X		
Laboratory Tests Done					
Inquiry/Interpretation					
Pap Smears					
Physical Examinations					
Employees					
Students					
Athletes					
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--> Decongestants, allergyneeded, cold tablets, blistex			X		
Parking Cards/Elevator Keys					
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes					
Temporary Handicapped Parking Permits					

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2004-2005	
(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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies		X X X X X X X X X X	X X X X X X X X X X
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list		X X X 	X X X X
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list		X X X X X X X X X X X X	X X X X X X X X X X X X
Committees Safety Environmental Disaster Planning		X	X

Fiscal Year

2005 - 2006

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 16, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Allan Hancock Joint Community College District CC 42005

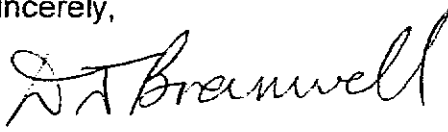
Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2005-2006
1/84	Health Fee Elimination	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only (19) Program Number 00234 (20) Date Filed ____/____/____ (21) LRS Input ____/____/____		Program <div style="font-size: 2em; font-weight: bold;">234</div>
(01) Claimant Identification Number: CC 42005			Reimbursement Claim Data		
(02) Claimant Name Allan Hancock Joint Community College District			(22) HFE-1.0, (04)(b)		116,050
County of Location Santa Barbara			(23)		
Street Address 800 So. College Drive			(24)		
City Santa Maria State CA Zip Code 93454-6399			(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)		
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)		
Total Claimed Amount	(07) \$ 127,000	(13) \$ 116,050	(31)		
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)		
Less: Prior Claim Payment Received		(15) \$ -	(33)		
Net Claimed Amount		(16) \$ 116,050	(34)		
Due from State	(08) \$ 127,000	(17) \$ 116,050	(35)		
Due to State		(18)	(36)		

(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)

Elizabeth Miller, Ed. D.

Type or Print Name

Date

1-8-07

Vice President, Administrative Services

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

(02) Type of Claim:

Fiscal Year

Reimbursement

☒

Allan Hancock Joint Community College District

Estimated

☐

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1. Allan Hancock College

\$ 116,050.11

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 116,050

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

) Claimant: in Hancock Joint Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

Name of College: Allan Hancock College

) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in nparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is owed.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.71%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 246,722	\$ 80,703	\$ 327,425
Cost of providing current fiscal year health services in excess of 1986/87	\$ 10,216	\$ 3,342	\$ 13,558
Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 236,506	\$ 77,361	\$ 313,867

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ 197,817
Subtotal	[Line (07) - line (09)]	\$ 116,050

Reduction		
Less: Offsetting Savings, if applicable		\$ -
Less: Other Reimbursements, if applicable		\$ -
Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ 116,050

(01) Claimant

Allan Hancock Joint Community College District

(02) Fiscal Year costs were incurred:

2005-2006

(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

Dermatology, Family practice

Internal Medicine

Outside Physician

X

X

Dental Services

Outside Labs, (X-ray, etc.,)

Psychologist, full services

Cancel/Change Appointments

Registered Nurse

X

X

Check Appointments

X

X

Assessment, Intervention and Counseling

Birth Control

X

X

Lab Reports

Nutrition

X

X

Test Results, office

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

Acquired Immune Deficiency Syndrome

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

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

X

X

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

(01) Claimant
Allan Hancock Joint Community College District

(02) Fiscal Year costs were incurred:

2005-2006

(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

First Aid, Major Emergencies
First Aid, Minor Emergencies
First Aid Kits, Filled

X
X
X

X
X
X

Immunizations

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

X

Insurance

On Campus Accident
Voluntary
Insurance Inquiry/Claim Administration

X
X
X

X
X
X

Laboratory Tests Done
Inquiry/Interpretation
Pap Smears

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—> Decongestants, allergy needed, cold tablets, blistex

X
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 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Allan Hancock Joint Community College District		(02) Fiscal Year costs were incurred: 2005-2006			
(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		
Tuberculosis					
Reading		X	X		
Information		X	X		
Vision					
Glucometer					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
Monospot					
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		X	X		
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					

Fiscal Year

2006 - 2007

Six Ten and Associates Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 11, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8673

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Allan Hancock Joint Community College District CC 42005

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Allan Hancock Joint Community College District's reimbursement claim listed below:

1/84

Health Fee Elimination

2006-2007

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



2
or Keith B. Petersen, President

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program
234

(01) Claimant Identification Number: CC 42005			Reimbursement Claim Data	
(02) Claimant Name: Allan Hancock Joint Community College District			(22) HFE-1.0, (04)(b)	29,735
County of Location: Santa Barbara			(23)	
Street Address: 800 S College Drive			(24)	
City: Santa Maria	State: CA	Zip Code: 93454-6399	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 32,000	(13) \$ 29,735	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$	(32)	
Less: Prior Claim Payment Received		(15) \$ 73,601	(33)	
Net Claimed Amount		(16) \$ (43,866)	(34)	
Due from State	(08) \$ 32,000	(17)	(35)	
Due to State		(18) \$ 43,866	(36)	

(37) CERTIFICATION OF CLAIM

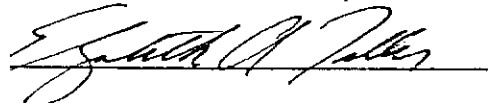
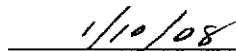
In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions 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

Elizabeth Miller, Ed. D.

Vice President, Administrative Services

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

THE TREASURER OF THE STATE WILL PA
IDENTIFICATION NO.

CC42005

OF THE

6870

FUND NO. FUND NAME
0001 GENERAL FUND

MO. DAY YR.
03 12 2007

90-1342/1211

60180816

TO: 180816

TREASURER

ALLAN HANCOCK JOINT COMM COLL

SANTA BARBARA COUNTY

800 S COLLEGE DR

SANTA MARIA CA 93454

John Chiang
JOHN CHIANG
CALIFORNIA STATE CONTROLLER



01211134230 601808166

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

60-180816

SUE DATE: 03/12/2007

SUE DATE: 03/12/2007

CLAIM SCHEDULE NBR: MA64147E

REIMBURSEMENT OF STATE MANDATED COSTS

PLEASE CALL GWEN 8916-3242341 FOR QUERIES ABOUT THIS CLAIM.

CL : CH 1/84

PROG : HEALTH FEE ELIMINATION (CC)

06/2007 ESTIMATED PAYMENT

CLAIMED AMT: 127,000.00

TOTAL ADJUSTMENTS:

.00

TOTAL APPROVED CLAIMED AMT:

127,000.00

LESS PRIOR PAYMENTS:

.00

ORATA PERCENT:

57.953835

ORATA BALANCE DUE:

53,399.00-

PROVED PAYMENT AMOUNT:

73,601.00

MENT OFFSETS -NONE

NET PAYMENT AMOUNT:

73,601.00

FORM CD-46 (1-99) CONTROLLER'S WARRANT

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

(02) Type of Claim:

Reimbursement

☒

Fiscal Year

Allan Hancock Joint Community College District

Estimated

☐

2006-2007

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1. Allan Hancock College

\$ 29,735

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 29,735

PROGRAM 34	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.1
Claimant: Hancock Joint Community College District		(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year: 2006-2007
Name of College: Allan Hancock College			
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 paid.			
<div style="display: flex; justify-content: space-around;"> <div> LESS <input type="checkbox"/> </div> <div> SAME <input type="checkbox"/> </div> <div> MORE <input checked="checked" type="checkbox"/> X </div> </div>			
		Direct Cost	Indirect Cost of: 30.33%
Cost of Health Services for the Fiscal year of Claim		\$ 289,583	\$ 87,831
Cost of providing current fiscal year health services in excess of 1986/87		\$ 10,216	\$ 3,099
Cost of providing current fiscal year health services at 1986/87 level (line (05) - line (06))		\$ 279,367	\$ 84,732
Complete Columns (a) through (g) to provide detail data for health fees			
Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)
			(g) Student Health Fees That Could Have Been Collected (d) + (f)
For Fall Semester			\$ -
For Spring Semester			\$ -
For Summer Session			\$ -
For First Quarter			\$ -
For Second Quarter			\$ -
For Third Quarter			\$ -
Total health fee that could have been collected:		The sum of (Line (08)(1)(c) through line (08)(6)(c))	
		\$ 334,364	
Total		[Line (07) - line (09)]	
		\$ 29,735	
Reduction			
Less: Offsetting Savings, if applicable			
Less: Other Reimbursements, if applicable			
Total Amount Claimed		[Line (10) - (line (11) + line (12))]	
		\$ 29,735	

(01) Claimant

Allan Hancock Joint Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

Dermatology, Family practice

Internal Medicine

Outside Physician

X

X

Dental Services

Outside Labs, (X-ray, etc.)

Psychologist, full services

Cancel/Change Appointments

Registered Nurse

X

X

Check Appointments

X

X

Assessment, Intervention and Counseling

Birth Control

X

X

Lab Reports

Nutrition

X

X

Test Results, office

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

Acquired Immune Deficiency Syndrome

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

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

X

X

(01) Claimant

Allan Hancock Joint Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

First Aid, Major Emergencies
 First Aid, Minor Emergencies
 First Aid Kits, Filled

X
X
X

X
X
X

Immunizations

Diphtheria/Tetanus
 Measles/Rubella
 Influenza
 Information

X

Insurance

On Campus Accident
 Voluntary
 Insurance Inquiry/Claim Administration

X
X
X

X
X
X

Laboratory Tests Done

Inquiry/Interpretation
 Pap Smears

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
X

Parking Cards/Elevator Keys

Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

(01) Claimant

Allan Hancock Joint Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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

Tuberculosis

Reading

X

X

Information

X

X

Vision

Glucometer

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list

Miscellaneous

Absence Excuses/PE Waiver

X

X

Allergy Injections

X

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

Committees

Safety

X

X

Environmental

Disaster Planning

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Attachment—District's Comments	
Incorrect Reduction Claim – June 9, 2010	
Desk Review Correspondence	Exhibit A
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit B
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit C
Rancho Santiago Community College District Health Fee Elimination Program Claims – FY 2005-06, FY 2006-07, FY 2007-08, and FY 2008-09	Exhibit D

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

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BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

INCORRECT REDUCTION CLAIM ON:

Health Fee Elimination Program

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

RANCHO SANTIAGO COMMUNITY
COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-28

AFFIDAVIT OF BUREAU CHIEF

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

- 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 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.
- 3) I am a California Certified Public Accountant (CPA).
- 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 5) Any attached copies of records are true copies of records, as provided by the Rancho Santiago Community College District or retained at our place of business.
- 6) The records include claims for reimbursement, along with any attached supporting documentation, explanatory letters, or other documents relating to the above-entitled Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2005-06, FY 2006-07, FY 2007-08, and
2 FY 2008-09 was completed on April 22, 2010.

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

6 Date: July 23, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9
10 By: 
11 Jim L. Spano, Chief
12 Mandated Cost Audits Bureau
13 Division of Audits
14 State Controller's Office
15
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
For Fiscal Year (FY) 2005-06, FY 2006-07, FY 2007-08, and FY 2008-09**

Health Fee Elimination Program

Chapter 1, Statutes of 1984, 2nd 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 Rancho Santiago Community College District submitted on June 9, 2010. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2005, through June 30, 2009. The SCO issued claim adjustment letters on May 29, 2010 (Exhibit A).

The district submitted reimbursement claims totaling \$2,522,329 (\$2,532,329 less a \$10,000 penalty for filing a late claim)—\$503,164 for FY 2005-06 (\$513,164 less a \$10,000 penalty for filing a late claim), \$743,906 for FY 2006-07, \$589,198 for FY 2007-08, and \$686,061 for FY 2008-09. The SCO reviewed the district's claims and determined that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees. The district believes that it is required to report only actual health service fees collected. The following table summarizes the review results:

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 729,184	\$ 729,184	\$ —
Indirect costs	218,755	218,755	—
Total direct and indirect costs	947,939	947,939	—
Less authorized health service fees	(434,775)	(1,201,952)	(767,177)
Less late filing penalty	(10,000)	(10,000)	—
Review adjustments that exceed costs claimed	—	264,013	264,013
Total program costs	<u>\$ 503,164</u>	—	<u>\$ (503,164)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 1,086,246	\$ 1,086,246	\$ —
Indirect costs	325,874	325,874	—
Total direct and indirect costs	1,412,120	1,412,120	—
Less authorized health service fees	(668,214)	(1,495,719)	(827,505)
Review adjustments that exceed costs claimed	—	83,599	83,599
Total program costs	<u>\$ 743,906</u>	—	<u>\$ (743,906)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2007, through June 30, 2008</u>			
Direct costs	\$ 997,241	\$ 997,241	\$ —
Indirect costs	299,172	299,172	—
Total direct and indirect costs	1,296,413	1,296,413	—
Less authorized health service fees	(707,215)	(1,760,001)	(1,052,786)
Review adjustments that exceed costs claimed	—	463,588	463,588
Total program costs	<u>\$ 589,198</u>	—	<u>\$ (589,198)</u>
Less amount paid by the State ¹		(499,082)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (499,082)</u>	
<u>July 1, 2008, through June 30, 2009</u>			
Direct costs	\$ 1,150,382	\$ 1,150,382	\$ —
Indirect costs	345,115	345,115	—
Total direct and indirect costs	1,495,497	1,495,497	—
Less authorized health service fees	(742,697)	(1,775,285)	(1,032,588)
Less offsetting savings/reimbursements	(66,739)	(66,739)	—
Review adjustments that exceed costs claimed	—	346,527	346,527
Total program costs	<u>\$ 686,061</u>	—	<u>\$ (686,061)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2005, through June 30, 2009</u>			
Direct costs	\$ 3,963,053	\$ 3,963,053	\$ —
Indirect costs	1,188,916	1,188,916	—
Total direct and indirect costs	5,151,969	5,151,969	—
Less authorized health service fees	(2,552,901)	(6,232,957)	(3,680,056)
Less offsetting savings/reimbursements	(66,739)	(66,739)	—
Less late filing penalty	(10,000)	(10,000)	—
Review adjustments that exceed costs claimed	—	1,157,727	1,157,727
Total program costs	<u>\$ 2,522,329</u>	—	<u>\$ (2,522,329)</u>
Less amount paid by the State ¹		(499,082)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (499,082)</u>	

¹ Payment information current as of July 2, 2010.

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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit B**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit C**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2005, through June 30, 2009, the district understated authorized health service fees by \$3,680,056. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2005, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2005, Summer 2006, Summer 2007, and Summer 2008 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 increase in 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)¹.

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. . . .

Further, 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. . . .

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. . . .

3. The reason for the rejection was contrary to statute

The annual reimbursement claims were not adjusted because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

¹ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

4. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

SCO's Comment

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 3), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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, as the CSM's staff concluded that the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (Tab 4), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did, in fact, conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."² The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable. . . ." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on April 22, 2010 (**Exhibit A**).

III. CONCLUSION

The State Controller's Office reviewed Rancho Santiago Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2005, through June 30, 2009. The district claimed unallowable costs totaling \$2,522,329. The costs are unallowable because the district understated authorized health services fees.

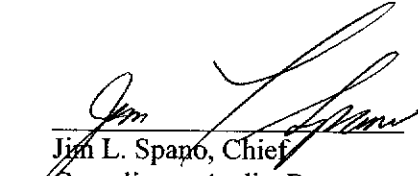
In conclusion, the Commission on State Mandates should find that: (1) the SCO correctly reduced the district's FY 2005-06 claim by \$503,164; (2) the SCO correctly reduced the district's FY 2006-07 claim by \$743,906; (3) the SCO correctly reduced the district's FY 2007-08 claim by \$589,198; and (4) the SCO correctly reduced the district's FY 2008-09 claim by \$686,061.

² Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

IV. 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 23, 2010, at Sacramento, California, by:



Jim L. Spato, Chief
Compliance Audits Bureau
Division of Audits
State Controller's Office

Tab 3

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.1. 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.

PARAMETERS AND GUIDELINES
Chapter 1118, Statutes of 1987, ~~1984~~ ~~1986~~ ~~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 ~~for~~ ~~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 program ~~without the authority of the state~~. Only services provided ~~for the~~ in 1983-84 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 ~~1983-84~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
- Band-aids
- 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
- 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. *//EYIqI0Ye/cYAdmants/may/cYAdm/costs/under one/of/Two/alternatives///EYI/Vee/admunt/previously/collected/per student/and/enrollment/count//or/VZ/actual/costs/of/program/*

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. *Claiming Alternatives*

Claimed costs should be supported by the following information:

Alternative 1//Fees previously collected in 1983/84 fiscal year/

1/ Fees collected in the 1983/84 fiscal year to support the health services program

2/ Total number of students under item 11A//through 4/ above//listing this alternative//the total amount claimed would be item 11B//multiplied by item 11B/2//with the total amount reimbursed/increased by the applicable implicit price deflator

Alternative 2//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, 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 ~~were~~ are 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.

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-8732 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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: / Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

FROM : Department of Finance

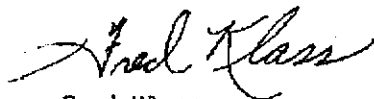
Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

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:

- (1) 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, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1400 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
445-1163

April 3, 1989



Mr. Robert W. Eich
Executive Director
Commission on State Mandates
1400 K Street, Suite LL50
Sacramento, CA 95814

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 118, Statutes of 1987.

The Department of Finance has also provided us a copy of their suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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,

A handwritten signature in cursive script that reads "David Mertes".

DAVID MERTES
Chancellor

DM:PR:mb

cc: Jim Apps, Department of Finance
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



Ms. Deborah Fraga-Decker
Program Analyst
Commission on State Mandates
1130 K Street, Suite LL50
Sacramento, CA 95814

Re 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.

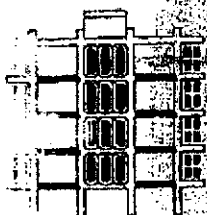
If you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Glenn Haas, Assistant Chief
Division of Accounting

GH/GB:dvl

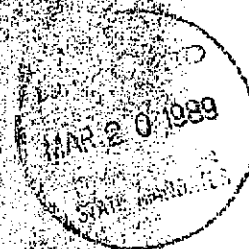
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HR/60

RIO HONDO COMMUNITY COLLEGE DISTRICT

3600 Workman Mill Road • Whittier, CA 90808 • Phone (213) 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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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, Ms. 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.

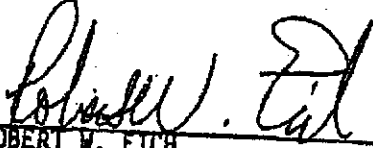
Clayton Parker, representing the Newport-Mesa Unified School District, submitted a late filing on the test claim rebutting the staff analysis. Member Creighton stated that he had not had an opportunity to review the late filing and inquired on whether the claim should be heard at this hearing. Staff informed Member Creighton and Member Buenrostro that in reviewing the filing before this item was called, the filing appeared to be summary of the claimant'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

INCORRECT REDUCTION CLAIM FILED BY
RANCHO SANTIAGO
COMMUNITY COLLEGE DISTRICT
JUNE 9, 2010

HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987

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

Rec 6/21/10
Awo/TS/



June 21, 2010

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Jill Kanemasu
Division of Accounting and Reporting
State Controller's Office (B-08)
3301 C Street, Suite 700
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Health Fee Elimination, 09-4206-I-28
Education Code Section 76355
Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118;
Fiscal Years: 2005-2006, 2006-2007, 2007-2008 and 2008-2009
Rancho Santiago Community College District, Claimant

Dear Mr. Petersen and Ms. Kanemasu:

On June 16, 2010 Rancho Santiago Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2005-2006, 2006-2007, 2007-2008 and 2008-2009, for a total of \$2,522,329. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

Mr. Petersen and Ms. Kanemasu

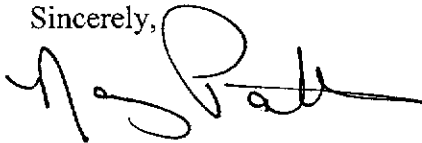
June 21, 2010

Page Two

Dismissal of Incorrect Reduction Claims. Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact Heidi Palchik at (916) 323-8218 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Nancy Patton", with a stylized, flowing script.

NANCY PATTON

Assistant Executive Director

Enclosure: Incorrect Reduction Claim Filing (SCO only)

J:\mandates\IRC\2009\09-4206-I-28\complete\tr

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President

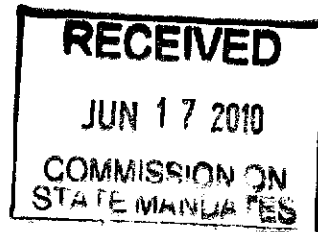
San Diego

5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento

3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbsixten@aol.com

June 16, 2010



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

RE: Rancho Santiago Community College District
Health Fee Elimination #2
Fiscal Years: 2005-06 through 2008-09
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Rancho Santiago 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:

Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706-1640

Thank-you.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith B. Petersen".

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

Rancho Santiago Community College District

This is the second incorrect reduction claim filed by the District for this mandate program.

2. CLAIMANT INFORMATION

Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706-1640
Voice: 714-480-7340
Fax: 714-796-3935
E-Mail: hardash_peter@rsccd.org

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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

For CSM Use Only

Filing Date:

RECEIVED

JUN 17 2010

COMMISSION ON
STATE MANDATES

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2005-06	\$ 503,164
2006-07	\$ 743,906
2007-08	\$ 589,198
2008-09	\$ 686,061
TOTAL:	\$2,522,329

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-11 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 15
8. Desk Review Correspondence:	Exhibit <u>A</u>
9. Parameters and Guidelines:	Exhibit <u>B</u>
10. SCO Claiming Instructions:	Exhibit <u>C</u>
11. Annual Reimbursement Claims:	Exhibit <u>D</u>

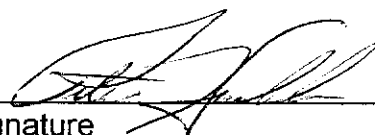
12. CLAIM CERTIFICATION

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.

Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services

Signature

Date



6/8/10

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com

9
10
11 BEFORE THE
12 COMMISSION ON STATE MANDATES
13 STATE OF CALIFORNIA

14 INCORRECT REDUCTION CLAIM OF:)

15) No. CSM _____
16)

17) Chapter 1, Statutes of 1984, 2nd E.S.
18) Chapter 1118, Statutes of 1987

19 **RANCHO SANTIAGO**)
20 **Community College District,**)

21) Education Code Section 76355
22)

23 Claimant.)

24) **Health Fee Elimination**
25)

26) Annual Reimbursement Claims:
27)

28) Fiscal Year 2005-06
29) Fiscal Year 2006-07

30) Fiscal Year 2007-08
31) Fiscal Year 2008-09
32)

31 INCORRECT REDUCTION CLAIM FILING

32 PART I. AUTHORITY FOR THE CLAIM

33 The Commission on State Mandates has the authority pursuant to Government
34 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
35 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
36 payments to the local agency or school district pursuant to paragraph (2) of subdivision

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 (d) of Section 17561." Rancho Santiago Community College District (hereinafter
2 "District" or "Claimant") is a school district as defined in Government Code Section
3 17519.¹ Title 2, California Code of Regulations (CCR), Section 1185(a), requires
4 claimants to file an incorrect reduction claim with the Commission.

5 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
6 requires incorrect reduction claims to be filed no later than three years following the date
7 of the Controller's "written notice of adjustment notifying the claimant of a reduction."
8 The Controller conducted a desk review of the District's FY 2005-06, FY 2006-07, FY
9 2007-08, and FY 2008-09 claims for the Health Fee Elimination mandate. The District
10 received four "results of review" letters dated May 29, 2010, reducing its claims as a
11 result of the desk review. All four letters are included in Exhibit "A." These letters
12 constitute a demand for repayment and adjudication of the claim.

13 PART II. SUMMARY OF THE CLAIM

14 The Controller conducted a "desk review" of the District's annual reimbursement
15 claims for the actual costs of complying with the legislatively mandated Health Fee
16 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),
17 for the period July 1, 2005 through June 30, 2009. As a result of the review, the
18 Controller determined that all \$2,522,329 of the claimed costs were unallowable:

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Review Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
2005-06	\$503,164	\$767,177	\$ 0	\$ 0
2006-07	\$743,906	\$827,505	\$ 0	\$ 0
2007-08	\$589,198	\$1,052,786	\$499,082	<\$499,082>
2008-09	<u>\$686,061</u>	<u>\$1,032,588</u>	<u>\$ 0</u>	<u>\$ 0</u>
Totals	\$2,522,329	\$3,680,056	\$499,082	<\$499,082>

The Controller determined that the District has been paid \$499,082 for these annual claims. Since the total adjustment amount exceeds the amounts claimed, the total amount of \$499,082 is due the State as a result of the desk review.

PART III. CHRONOLOGY OF CLAIM PAYMENT AND DESK REVIEW ACTION

1. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2005-06 and FY 2006-07 annual reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is included in Exhibit "A."

2. SixTen and Associates, on behalf of the claimant and sixteen² other community

² The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via e-mail due to the competing workload of the districts.

3. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) granted a 60-day extension by e-mail on July 10, 2008, and issued a new deadline of November 15, 2008.

4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated August 20, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the Controller's policy to use the highest authorized rate regardless of the rate

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008
Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 actually charged by the district, and the highest authorized rate is a matter of
2 public record available to the Controller's staff. A copy of the District's response is
3 included in Exhibit "A."

4 5. The Controller (Steve Van Zee, Audit Manager, Mandated Cost Audits Bureau)
5 contacted the District by letter dated March 2, 2010, to notify the District that the
6 Controller was scheduling a March 23, 2010, entrance conference for a field audit
7 of the FY 2005-06 through FY 2007-08 annual claims. A copy of this letter is
8 included in Exhibit "A." This letter was the first notice that the FY 2007-08 annual
9 claim was included in the review. The annual claim for FY 2008-09 was not
10 included in this letter. Prior to the March 23, 2010, meeting, the District was
11 notified by e-mail that the field audit entrance conference had been cancelled and
12 requested the District to provide enrollment information for a desk review, which
13 was thereafter provided.

14 6. By letter dated April 22, 2010, the Controller's Division of Audits (Jeffrey V.
15 Brownfield, Chief) transmitted the desk review findings to the District for FY 2005-
16 06 through FY 2008-09. The letter stated that the scope of the "review was
17 limited to validating the authorized health service fees that the district reported."
18 No previous draft report was provided for review and comment by the District as
19 is the Controller's procedure for a "field audit." A copy of this letter is included in
20 Exhibit "A."

21 7. On May 29, 2010, the Controller (Ginny Brummels, Manager, Local

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 Reimbursements Section) issued four "results of review" letters for FY 2005-06
2 through FY 2008-09 implementing the review findings. No reason for the
3 reductions was stated, other than a statement that the costs were "field audit
4 findings." A copy of these notices is included in Exhibit "A."

5 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

6 The District filed a previous incorrect reduction claim for this mandate program for
7 prior fiscal years. The District is not aware of any incorrect reduction claims having been
8 adjudicated on the specific issues or subject matter raised by this claim.

9 PART V. BASIS FOR REIMBURSEMENT

10 1. Mandate Legislation

11 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, repealed Education
12 Code Section 72246 and added new Education Code Section 72246, which authorized
13 community college districts to charge a student health services fee for the purposes of
14 providing health supervision and services, and operating student health centers. This
15 statute also required that the scope of student health services provided by any
16 community college district during the 1983-84 fiscal year be maintained at that level in
17 the 1984-85 fiscal year and every year thereafter. The provisions of this statute were to
18 automatically repeal on December 31, 1987.

19 Chapter 1118, Statutes of 1987, amended Education Code Section 72246 to
20 require any community college district that provided student health services in fiscal year
21 1986-87 to maintain student health services at that level in 1987-88 and each fiscal year

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 thereafter.

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

7 Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added
8 Education Code Section 76355³ containing substantially the same provisions as

³ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective January 1, 2006, amended Education Code Section 76355 to remove the fee exemption for low-income students under 76355(c)(3).

2. Test Claim

On November 27, 1985, Rio Hondo Community College District filed a test claim

(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.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 alleging that Chapter 1, Statutes of 1984, 2nd Extraordinary Session mandated
2 increased costs within the meaning of California Constitution Article XIII B, Section 6, by
3 requiring the provision of student health services that were previously provided at the
4 discretion of the community college districts.

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

11 At a hearing on April 27, 1989, the Commission on State Mandates determined
12 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
13 community college districts that provided student health services in fiscal year 1986-
14 1987, and required them to maintain that level of student health services in fiscal year
15 1987-1988 and each fiscal year thereafter.

16 3. Parameters and Guidelines

17 On August 27, 1987, the original parameters and guidelines were adopted. On
18 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
19 1989, parameters and guidelines is attached as Exhibit "B."

20 4. Claiming Instructions

21 The Controller has periodically issued or revised claiming instructions for the

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 Health Fee Elimination mandate. A copy of the September 2003 revision of the claiming
2 instructions is attached as Exhibit "C." The September 2003 claiming instructions are
3 believed to be substantially similar to the version extant at the time the claims that are
4 the subject of this Incorrect Reduction Claim were filed. However, because the
5 Controller's claim forms and instructions have not been adopted as regulations, they
6 have no force of law and no effect on the outcome of this claim.

7 PART VI. STATEMENT OF THE ISSUES

8 The District's FY 2005-06 through FY 2008-09 reimbursement annual claims
9 were apparently reduced due to the Controller's conclusion that the District did not offset
10 the student health services program costs by the amount of authorized student health
11 fee revenues in the additional amount of \$3,680,056. The District reported only the
12 student health service fees received and not those fees that theoretically could have
13 been collected in its annual reimbursement claims. It appears that the Controller may
14 have calculated authorized health service fees using student enrollment data and health
15 service fee rates from the California Community College Chancellor's Office. This finding
16 reduces the claimed program costs by a calculated amount of student health services
17 fees **never** collected.

18 1. The District is required to reduce costs only by offsetting revenue received

19 EDUCATION CODE SECTION 76355

20 Education Code Section 76355, subdivision (a)(1), in relevant part, provides:

21 "[t]he governing board of a district maintaining a community college *may require*

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 community college students to pay a fee . . . for health supervision and services ”

2 (Emphasis added.) There is no requirement that community colleges levy these fees.

3 The permissive nature of the provision is further illustrated in subdivision (b) which
4 states “*if*, pursuant to this section, a fee is required, the governing board of the district
5 shall decide the amount of the fee, *if any*, that a part-time student is required to pay.

6 *The governing board may decide whether the fee shall be mandatory or optional.*”

7 (Emphasis added.)

8 PARAMETERS AND GUIDELINES

9 The parameters and guidelines state:

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

15 In order for a district to “experience” these “offsetting savings” the district must actually
16 have collected these fees. Note that the student health fees are named as a potential
17 source of the reimbursement *received* in the previous sentence. The use of the term
18 “any offsetting savings” further illustrates the permissive nature of the fees. Student
19 fees actually collected must be used to offset costs, but not student fees that could have
20 been collected and were not. Thus, the Controller’s adjustments are based on an
21 illogical interpretation of the parameters and guidelines.

⁴ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 Further, the Department of Finance proposed, as part of the amendments that
2 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
3 section expressly stating that if no health service fee was charged, the claimant would
4 be required to deduct the amount authorized. The Commission declined to add this
5 requirement and adopted the parameters and guidelines without this language.
6 Therefore, it is evident that the Commission intends the language of the parameters and
7 guidelines to be construed as written, and only those savings that are *experienced* are
8 to be deducted.

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

16 2. The District correctly filed the annual reimbursement claims

17 The District reported its actual reimbursable costs in the manner required by the
18 parameters and guidelines and on the forms provided for by the Controller's claiming
19 instructions for this program. The Controller has not stated how the claim documentation
20 was insufficient for purposes of adjudicating the claims. The Controller has simply
21 reduced the District's reimbursement claim without any explanation. By providing no

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84,1118/87 Health Fee Elimination

1 notice for the basis of its actions, the Controller is creating a standard of general
2 application without the benefit of law or due process of rulemaking.

3 3. The reason for the rejection was contrary to statute

4 The annual reimbursement claims were not adjusted because the costs claimed
5 were excessive or unreasonable. The Controller does not assert that the claimed costs
6 were excessive or unreasonable, which is the only mandated cost audit standard in
7 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
8 entire findings are based upon the wrong standard of review, or no standard of review.
9 If the Controller wishes to enforce other audit standards for mandated cost
10 reimbursement, the Controller should comply with the Administrative Procedure Act.

11 4. No audit was conducted

12 The only exception to the Controller's duty under Government Code Section
13 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is
14 excessive or unreasonable) is a reduction as a result of a properly conducted audit.
15 However, no audit of the District's reimbursement claims was conducted. Therefore, the
16 Controller has no factual basis to make a conclusion that the costs claimed were
17 excessive or unreasonable, as required by Government Code Section 17561(d)(2).

18 PART VII. RELIEF REQUESTED

19 The District filed its annual reimbursement claims within the time limits
20 prescribed. The amounts claimed by the District for reimbursement of the costs of
21 implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

1 1118, Statutes of 1987, and Education Code Section 76355 represent the actual costs
2 incurred by the District to carry out this program. These costs were properly claimed
3 pursuant to the Commission's parameters and guidelines. Reimbursement of these
4 costs is required under Article XIII B, Section 6 of the California Constitution. The
5 Controller denied reimbursement without any basis in law or fact. The District has met
6 its burden of going forward on this claim by complying with the requirements of Title 2,
7 CCR, Section 1185. Because the Controller has enforced and is seeking to enforce
8 these adjustments without benefit of statute or regulation, the burden of proof is now
9 upon the Controller to establish a legal basis for its actions.

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

14 /

15 /

16 /

17 /

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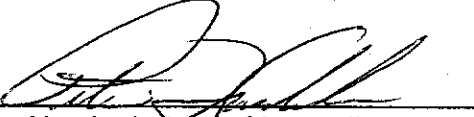
20 /

Incorrect Reduction Claim of Rancho Santiago Community College District
1/84, 1118/87 Health Fee Elimination

PART VIII. CERTIFICATION

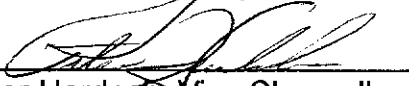
By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this Incorrect Reduction Claim submission is true and complete to the best of my own knowledge or information or belief, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on June 9, 2010, at Santa Ana, California, by


Peter Hardash, Vice Chancellor
Business Operations and Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706-1640
Voice: 714-480-7340
Fax: 714-796-3935
E-Mail: hardash_peter@rsccd.org

APPOINTMENT OF REPRESENTATIVE

Rancho Santiago Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.


Peter Hardash, Vice Chancellor,
Business Operations and Fiscal Services
Rancho Santiago Community College District

6/9/10
Date

Attachments:

Exhibit "A"	Desk Review correspondence.
Exhibit "B"	Parameters and Guidelines, May 25, 1989
Exhibit "C"	Controller's claiming instructions, September 2003 version
Exhibit "D"	Annual Reimbursement Claims



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Rendencion Velazquez
Director of Accounting
Rancho Santiago Community College District
2323 North Broadway
Santa Ana CA 92706-1640

RE: Health Fee Elimination (Program 234) for Fiscal Years 2005-06 and 2006-07

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Six ten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

August 20, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Rancho Santiago Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2005-06 and 2006-07

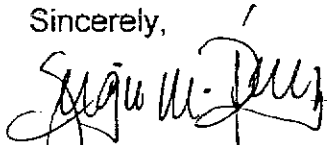
Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,



Keith B. Petersen

C: Ms. Noemi M. Kanouse, Assistant Vice Chancellor, Rancho Santiago CCD
Felix Panganiban, Mandated Cost Coordinator, Rancho Santiago CCD

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

1) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year: 2005-2006
--	--	---------------------------

3) Name of College: Rancho Santiago College

4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 30.00%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 729,184	\$ 218,755	\$ 947,939
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 729,184	\$ 218,755	\$ 947,939

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	16,986			\$ -		\$ -	\$ -
Per Spring Semester	14,155			\$ -		\$ -	\$ -
Per Summer Session	6,751			\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ -
Subtotal	[Line (07) - line (09)]	

Cost Reduction

Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	[Line (10) - {line (11) + line (12)}]

PROGRAM <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 1.2em;">234</div>	<div style="margin-bottom: 5px;">MANDATED COSTS</div> <div style="margin-bottom: 5px;">HEALTH FEE ELIMINATION</div> <div style="margin-bottom: 5px;">CLAIM SUMMARY</div>	FORM 1.1	
1) Claimant: Rancho Santiago Community College District		(02) Type of Claim: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Reimbursement <input checked="" type="checkbox"/> Fiscal Year: 2006-2007 </div> <div style="margin-top: 5px;"> Estimated <input type="checkbox"/> </div>	
3) Name of College: Rancho Santiago College			
4) 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 owed. <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> LESS <input type="checkbox"/> </div> <div style="text-align: center;"> SAME <input checked="" type="checkbox"/> </div> <div style="text-align: center;"> MORE <input type="checkbox"/> </div> </div>			
	Direct Cost	Indirect Cost of: 30.00%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 1,086,246	\$ 325,874	\$ 1,412,120
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 1,086,246	\$ 325,874	\$ 1,412,120
8) Complete Columns (a) through (g) to provide detail data for health fees			
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)
			(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/05</small>
			(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)
			(f) Unit Cost Per Student Per EC 76355
			(g) Student Health Fees (e) x (f)
Per Fall Semester	20,512		
Per Spring Semester	20,317		
Per Summer Session	7,413		
Per First Quarter			
Per Second Quarter			
Per Third Quarter			
Total health fee that could have been collected:		The sum of (Line (08)(1)(c) through line (08)(6)(c))	
		\$ -	
Subtotal		[Line (07) - line (09)]	
Cost Reduction			
Less: Offsetting Savings, if applicable			
Less: Other Reimbursements, if applicable			
Total Amount Claimed		[Line (10) - {line (11) + line (12)}]	
		\$ -	



JOHN CHIANG
California State Controller

March 2, 2010

Edward Hernandez, Jr., Ed.D., Chancellor
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706

Re: Audit of Mandated Cost Claims for Health Fee Elimination Program
For the Period of July 1, 2005, through June 30, 2008

Dear Dr. Hernandez:

This letter confirms that Christine Kwong has scheduled an audit of Rancho Santiago Community College District's legislatively mandated Health Fee Elimination Program cost claims filed for fiscal year (FY) 2005-06, FY 2006-07, and FY 2007-08. Government Code sections 12410, 17558.5, and 17561 provide the authority for this audit. The entrance conference is scheduled for Tuesday, March 23, 2010, at 1:00 p.m. We will begin audit fieldwork after the entrance conference.

Please furnish working accommodations for and provide the necessary records (listed on the Attachment) to the audit staff. If you have any questions, please call me at (916) 323-2368.

Sincerely,

STEVE VAN ZEE, Audit Manager
Mandated Cost Audits Bureau
Division of Audits

SVZ/vb

Attachment

8150

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5874
SACRAMENTO 300 Capitol Mall, Suite 518, Sacramento, CA 95814 (916) 324-8907
LOS ANGELES 600 Corporate Pointe, Suite 1000, Culver City, CA 90230 (310) 342-5656

**Rancho Santiago Community College District
Records Request for Mandated Cost Program
FY 2005-06, FY 2006-07, and FY 2007-08**

1. Copy of claims filed for the mandated cost program
2. Copy of external and internal audit reports performed on the mandated cost program
3. Organization charts for the district effective during the audit period, showing employee names and position titles
4. Chart of accounts
5. Worksheets that support the productive hourly rate used, including support for benefit rates
6. Documentation that supports the indirect cost rate proposal (ICRP)
7. Employee time sheets or time logs
8. Access to payroll records showing employee salaries and benefits paid during the audit period
9. Access to general ledger accounts that support disbursements
10. Documentation that supports amounts received from other funding sources
11. Copies of invoices and other documents necessary to support costs claimed

Dr. Edward Hernandez

March 2, 2010

Page 2

cc: Jim L. Spano, Bureau Chief (via e-mail)
Division of Audits, State Controller's Office
Christine Kwong, Auditor-in-Charge (via e-mail)
Division of Audits, State Controller's Office
Ginny Brummels, Manager (via e-mail)
Division of Accounting and Reporting, State Controller's Office
Lawrence R. Labrado, President, Board of Trustees
Rancho Santiago Community College District
Noemi Kanouse, Assistant Vice Chancellor, Fiscal Services
Rancho Santiago Community College District
Rennie Velasquez, Director of Accounting
Rancho Santiago Community College District
Felix Panganiban, Senior Accountant
Rancho Santiago Community College District
Christine Atalig, Auditor, Fiscal Services Unit (via e-mail)
California Community Colleges Chancellor's Office
Thomas Todd, Principal Program Budget Analyst (via e-mail)
Education Systems Unit, California Department of Finance



JOHN CHIANG
California State Controller

April 22, 2010

Peter J. Hardash, Vice Chancellor
Business Operations/Fiscal Services
Rancho Santiago Community College District
2323 North Broadway
Santa Ana, CA 92706

Dear Mr. Hardash:

The State Controller's Office (SCO) reviewed the costs claimed by Rancho Santiago Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2005, through June 30, 2009. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$2,522,329 (\$2,532,329 less a \$10,000 penalty for filing a late claim) for the mandated program. Our review disclosed that the entire amount is unallowable. The costs are unallowable because the district understated authorized health service fees, as described in the attached Summary of Program Costs and Finding and Recommendation.

For the fiscal year (FY) 2007-08 claim, the State paid the district \$499,082. Our review disclosed that the claimed costs are unallowable. The State will offset \$499,082 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

For the FY 2005-06, FY 2006-07, and FY 2008-09 claims, the State made no payment to the district. Our review disclosed that the claimed costs are unallowable.

If you disagree with the audit finding, 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 the CSM's Web site at www.csm.ca.gov/docs/IRCForm.pdf.

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

Sincerely,



JEFFREY V. BROWNFIELD
Chief, Division of Audits

JVB/sk:vb

Attachments

RE: S10-MCC-909

cc: Rennie Velasquez, Director of Accounting
Rancho Santiago Community College District
Thomas Todd, Principal Program Budget Analyst
Education Systems Unit, Department of Finance
Christine Atalig, Auditor, Fiscal Services Unit
California Community Colleges Chancellor's Office
Ginny Brummels, Manager
Division of Accounting and Reporting
State Controller's Office

Attachment 1— Summary of Program Costs July 1, 2005, through June 30, 2009

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 729,184	\$ 729,184	\$ —
Indirect costs	218,755	218,755	—
Total direct and indirect costs	947,939	947,939	—
Less authorized health service fees	(434,775)	(1,201,952)	(767,177)
Less late filing penalty	(10,000)	(10,000)	—
Review adjustments that exceed costs claimed	—	264,013	264,013
Total program costs	<u>\$ 503,164</u>	—	<u>\$ (503,164)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 1,086,246	\$ 1,086,246	\$ —
Indirect costs	325,874	325,874	—
Total direct and indirect costs	1,412,120	1,412,120	—
Less authorized health service fees	(668,214)	(1,495,719)	(827,505)
Review adjustments that exceed costs claimed	—	83,599	83,599
Total program costs	<u>\$ 743,906</u>	—	<u>\$ (743,906)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2007, through June 30, 2008</u>			
Direct costs	\$ 997,241	\$ 997,241	\$ —
Indirect costs	299,172	299,172	—
Total direct and indirect costs	1,296,413	1,296,413	—
Less authorized health service fees	(707,215)	(1,760,001)	(1,052,786)
Review adjustments that exceed costs claimed	—	463,588	463,588
Total program costs	<u>\$ 589,198</u>	—	<u>\$ (589,198)</u>
Less amount paid by the State		(499,082)	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (499,082)</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2008, through June 30, 2009</u>			
Direct costs	\$ 1,150,382	\$ 1,150,382	\$ —
Indirect costs	345,115	345,115	—
Total direct and indirect costs	1,495,497	1,495,497	—
Less authorized health service fees	(742,697)	(1,775,285)	(1,032,588)
Less offsetting savings/reimbursements	(66,739)	(66,739)	—
Review adjustments that exceed costs claimed	—	346,527	346,527
Total program costs	<u>\$ 686,061</u>	—	<u>\$ (686,061)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2005, through June 30, 2009</u>			
Direct costs	\$ 3,963,053	\$ 3,963,053	\$ —
Indirect costs	1,188,916	1,188,916	—
Total direct and indirect costs	5,151,969	5,151,969	—
Less authorized health service fees	(2,552,901)	(6,232,957)	(3,680,056)
Less offsetting savings/reimbursements	(66,739)	(66,739)	—
Less late filing penalty	(10,000)	(10,000)	—
Review adjustments that exceed costs claimed	—	1,157,727	1,157,727
Total program costs	<u>\$ 2,522,329</u>	—	<u>\$ (2,522,329)</u>
Less amount paid by the State		(499,082)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (499,082)</u>	

¹ See Attachment 2, Finding and Recommendation

Attachment 2— Finding and Recommendation July 1, 2005, through June 30, 2009

FINDING—**Understated authorized health service fees**

The district understated authorized health service fees by \$3,680,056.

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 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 period of July 1, 2005, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

Fiscal Year	Authorized Health Fee Rate	
	Fall/Spring Semester	Summer Session/ Winter Intersession
2005-06	\$14	\$11
2006-07	15	12
2007-08	16	13
2008-09	17	14

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Summer Session	Fall Semester	Winter Intersession	Spring Semester	Total
Fiscal Year 2005-06:					
Number of enrolled students	18,666	41,567	—	45,941	
Less number of apprenticeship program enrollees	(1,048)	(1,827)	—	(2,449)	
Less number of BOGG recipients	(3,738)	(8,284)	—	—	
Subtotal	13,880	31,456	—	43,492	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(11)	× \$(14)	
Authorized health service fees	<u>\$(152,680)</u>	<u>\$(440,384)</u>	<u>\$ —</u>	<u>\$(608,888)</u>	<u>\$(1,201,952)</u>
Less authorized health service fees claimed					<u>434,775</u>
Review adjustment, FY 2005-06					<u>(767,177)</u>
Fiscal Year 2006-07:					
Number of enrolled students	17,241	43,367	—	47,934	
Less number of apprenticeship program enrollees	(1,119)	(1,984)	—	(2,500)	
Subtotal	16,122	41,383	—	45,434	
Authorized health fee rate	× \$(12)	× \$(15)	× \$(12)	× \$(15)	
Authorized health service fees	<u>\$(193,464)</u>	<u>\$(620,745)</u>	<u>\$ —</u>	<u>\$(681,510)</u>	<u>(1,495,719)</u>
Less authorized health service fees claimed					<u>668,214</u>
Review adjustment, FY 2006-07					<u>(827,505)</u>
Fiscal Year 2007-08:					
Number of enrolled students	19,553	46,882	7,205	46,693	
Less number of apprenticeship program enrollees	(1,244)	(2,177)	(5)	(2,124)	
Subtotal	18,309	44,705	7,200	44,569	
Authorized health fee rate	× \$(13)	× \$(16)	× \$(13)	× \$(16)	
Authorized health service fees	<u>\$(238,017)</u>	<u>\$(715,280)</u>	<u>\$(93,600)</u>	<u>\$(713,104)</u>	<u>(1,760,001)</u>
Less authorized health service fees claimed					<u>707,215</u>
Review adjustment, FY 2007-08					<u>(1,052,786)</u>
Fiscal Year 2008-09:					
Number of enrolled students	21,075	45,574	—	46,623	
Less number of apprenticeship program enrollees	(865)	(1,345)	—	(3,067)	
Subtotal	20,210	44,229	—	43,556	
Authorized health fee rate	× \$(14)	× \$(17)	× \$(14)	× \$(17)	
Authorized health service fees	<u>\$(282,940)</u>	<u>\$(751,893)</u>	<u>\$ —</u>	<u>\$(740,452)</u>	<u>(1,775,285)</u>
Less authorized health service fees claimed					<u>742,697</u>
Review adjustment, FY 2008-09					<u>(1,032,588)</u>
Total review adjustment					<u>\$ (3,680,056)</u>

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that

identifies any students the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CC30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 513,164.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 503,164.00

LATE CLAIM PENALTY - 10,000.00

TOTAL ADJUSTMENTS - 513,164.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CC30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2006/2007 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 743,906.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 743,906.00

TOTAL ADJUSTMENTS - 743,906.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CC30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2007/2008 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED	589,198.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	- 589,198.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)	-499,082.00
AMOUNT DUE STATE	\$ 499,082.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 499,082.00 WITHIN 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 WITH 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	- 589,198.00	
TOTAL ADJUSTMENTS		- 589,198.00
PRIOR PAYMENTS:		
SCHEDULE NO. MA94101A		
PAID 10-20-2009	-499,082.00	
TOTAL PRIOR PAYMENTS		-499,082.00

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
MAY 29, 2010

CG30125
00234
2010/05/29

BOARD OF TRUSTEES
RANCHO SANTIAGO COMM COLL DIST
ORANGE COUNTY
17TH ST AT BRISTOL
SANTA ANA CA 92706

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

WE HAVE REVIEWED YOUR 2008/2009 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED 686,061.00

ADJUSTMENT TO CLAIM:

FIELD AUDIT FINDINGS - 686,061.00

TOTAL ADJUSTMENTS - 686,061.00

AMOUNT DUE CLAIMANT \$ 0.00

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

SINCERELY,

Ginny Brummels
GINNY BRUMMELS, 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)
- VD
- 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
- Etc.
- 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
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
Band-aids
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
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. 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.

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 incurring 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.

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.

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

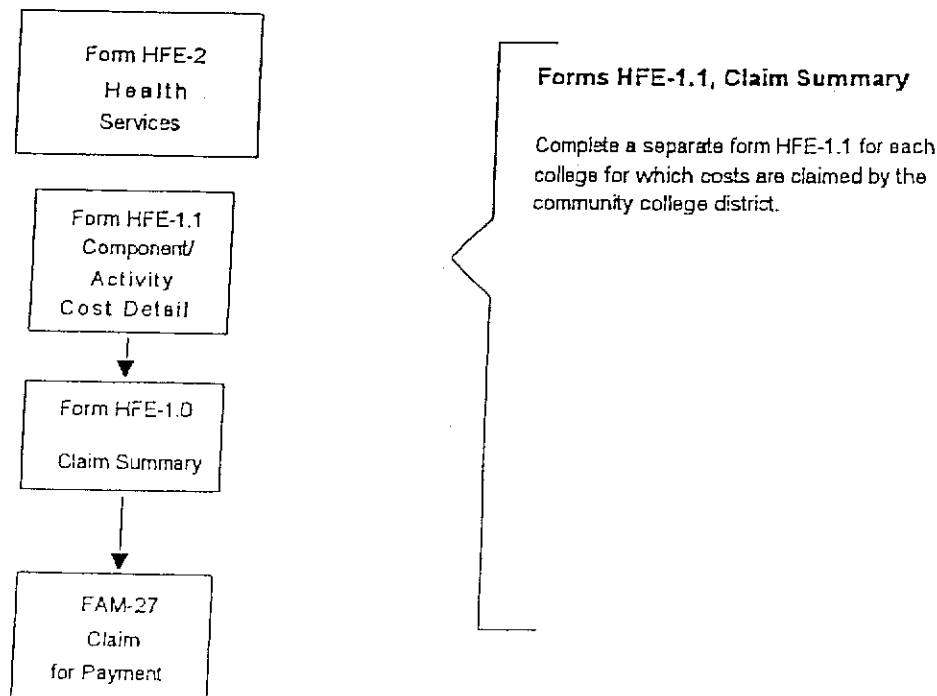
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use Only

Program

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

234

(01) Claimant Identification Number

Reimbursement Claim Data

(02) Claimant Name

(22) HFE-1.0, (04)(b)

County of Location

(23)

Street Address or P.O. Box

Suite

(24)

City

State

Zip Code

(25)

Type of Claim

Estimated Claim

Reimbursement Claim

(03) Estimated ☐(09) Reimbursement ☐(04) Combined ☐(10) Combined ☐(05) Amended ☐(11) Amended ☐

Fiscal Year of Cost

(06) 20____/20____

(12) 20____/20____

(30)

Total Claimed Amount

(07)

(13)

(31)

Less: 10% Late Penalty, not to exceed \$1,000

(14)

(32)

Less: Prior Claim Payment Received

(15)

(33)

Net Claimed Amount

(16)

(34)

Due from State

(08)

(17)

(35)

Due to State

(18)

(36)

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

Date

Print Name

Title

Name of Contact Person for Claim

Telephone Number () -

Ext.

E-Mail Address

Program 234	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 actual 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.
- 37) 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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

FORM
HFE-1.0

(01) Claimant

(02) Type of Claim

Fiscal Year

Reimbursement ☐Estimated ☐

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

22.

23.

24.

25.

26.

27.

Total Amount Claimed

[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
---	--	-----------------

(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
---------------	--	--------------------------

(03) Name of 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.

LESS

☐

SAME

☐

MORE

☐

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))

(0) Subtotal [Line (07) - line (09)]

Cost Reduction

1) Less: Offsetting Savings

2) Less: Other Reimbursements

(.) Total Claimed Amount [Line (10) - (line (11) + line (12))]

Program

HEALTH FEE ELIMINATION

FORM

234

CLAIM SUMMARY

HFE-1.1

Instructions

- (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision 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 Acquired Immune Deficiency Syndrome 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			

**MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES**

**FORM
HFE-2**

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
Pap Smears

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

Parking Cards/Elevator Keys

Tokens
Return Card/Key
Parking Inquiry
Elevator Passes
Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2005 - 2006

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

December 21, 2007

CERTIFIED MAIL #7006 3450 0000 3941 8666

Claim File Copy

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College District's reimbursement claim listed below:

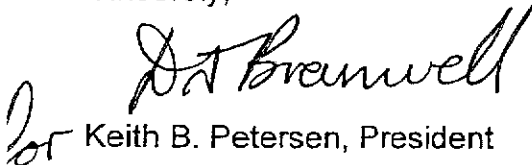
1/84

Health Fee Elimination

2005-2006

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
(20) Date Filed ____/____/____
(21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 30125			Reimbursement Claim Data	
(02) Claimant Name Rancho Santiago Community College District			(22) HFE-1.0, (04)(b)	513,164
County of Location Orange			(23)	
Street Address 2323 North Broadway			(24)	
City Santa Ana	State CA	Zip Code 92706-1640	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06)	(12) 2005-2006	(30)	
Total Claimed Amount	(07)	(13) \$ 513,164	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ 10,000	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 503,164	(34)	
Due from State	(08)	(17) \$ 503,164	(35)	
Due to State		(18)	(36)	

(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

eter Hardash
ype or Print Name

Vice Chancellor, Business Services
Title

(8) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

ixTen and Associates

orm FAM-27 (Revised 09/03)

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

(02) Type of Claim:

Fiscal Year

Rancho Santiago Community College District

Reimbursement

☒

Estimated

☐

2005-2006

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Rancho Santiago College	\$ 513,164
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	\$ 513,164

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(1) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	--	--------------------------

(3) Name of College: Rancho Santiago College

(4) 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.

LESS
☐

SAME
☒

MORE
☐

	Direct Cost	Indirect Cost of: 30.00%	Total
Cost of Health Services for the Fiscal year of Claim	\$ 729,184	\$ 218,755	\$ 947,939
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 [Line (05) - line (06)]	\$ 729,184	\$ 218,755	\$ 947,939

Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 434,775
Subtotal	[Line (07) - line (09)]	\$ 513,164

Reduction		
Less: Offsetting Savings, if applicable		
Less: Other Reimbursements, if applicable		
Total Amount Claimed	[Line (10) - {(line (11) + line (12))}]	\$ 513,164

(01) Claimant
Rancho Santiago Community College District

(02) Fiscal Year costs were incurred:

2005-2006

(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
X X
X X

Immunizations
Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

X X
X X
X X
X X
X X

Insurance
On Campus Accident
Voluntary
Insurance Inquiry/Claim Administration

X X
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 X

Parking Cards/Elevator Keys
Tokens
Return Card/Key
Parking Inquiry
Elevator Passes
Temporary Handicapped Parking Permits

(01) Claimant

Rancho Santiago Community College District

(02) Fiscal Year costs were incurred:

2005-2006

(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

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

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

X

X

Temperature

X

X

Weigh

X

X

Information

X

X

Report/Form

X

X

Wart Removal

X

X

Others, list

Committees

Safety

X

X

Environmental

X

X

Disaster Planning

X

X

Fiscal Year

2006 - 2007

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

February 8, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8727

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125


Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College District's reimbursement claim listed below:

1/84	Health Fee Elimination	2006-2007
------	------------------------	-----------

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,


for Keith B. Petersen, President

Claim File Copy

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only.

(19) Program Number 00234
 (20) Date Filed / /
 (21) LRS Input / /

Program
234

(01) Claimant Identification Number: CC 30125			Reimbursement Claim Data	
(02) Claimant Name Rancho Santiago Community College District			(22) HFE-1.0, (04)(b)	743,906
County of Location Orange			(23)	
Street Address 2323 North Broadway			(24)	
City Santa Ana	State CA	Zip Code 92706-1640	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 818,000	(13) \$ 743,906	(31)	
Less: 10% Late Penalty, not to exceed \$10,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 743,906	(34)	
Due from State	(08) \$ 818,000	(17) \$ 743,906	(35)	
Due to State		(18)	(36)	

(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

Rendencion Velazquez

Director of Accounting

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

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

(02) Type of Claim:

Fiscal Year

Reimbursement

☒

Estimated

☐

2006-2007

Rancho Santiago Community College District

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1. Rancho Santiago College

\$ 743,906

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

21.

(04) Total Amount Claimed

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

\$ 743,906

PROGRAM

234

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.1

(1) Claimant:

Rancho Santiago Community College District

(02) Type of Claim:

Reimbursement

☒

Estimated

☐

Fiscal Year

2006-2007

(3) Name of College:

Rancho Santiago College

(4) 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.

LESS

☐

SAME

☒

MORE

☐

5) Cost of Health Services for the Fiscal year of Claim

Direct Cost

Indirect Cost of:
30.00%

Total

\$ 1,086,246

\$ 325,874

\$ 1,412,120

6) Cost of providing current fiscal year health services in excess of 1986/87

\$ -

\$ -

\$ -

7) Cost of providing current fiscal year health services at 1986/87 level
 [Line (05) - line (06)]

\$ 1,086,246

\$ 325,874

\$ 1,412,120

8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:

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

\$ 668,214

10) Subtotal

[Line (07) - line (09)]

\$ 743,906

Cost Reduction

Less: Offsetting Savings, if applicable

Less: Other Reimbursements, if applicable

Total Amount Claimed

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

\$ 743,906

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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					
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					
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		
Acquired Immune Deficiency Syndrome					
Eating Disorders		X	X		
Weight Control		X	X		
Personal Hygiene		X	X		
Burnout		X	X		
Other Medical Problems, list		X	X		
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					
Child Abuse		X	X		

Program

234

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

FORM
HFE-2

(01) Claimant
 Rancho Santiago Community College District

(02) Fiscal Year costs were incurred:

2006-2007

(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
 X X
 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
 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 X

Parking Cards/Elevator Keys
 Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

Program 234		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Rancho Santiago Community College District		(02) Fiscal Year costs were incurred: 2006-2007			
(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					
Urinalysis					
Hemoglobin					
EKG					
Strep A Testing					
PG Testing					
Monospot					
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		X	X		
Temperature		X	X		
Weigh		X	X		
Information		X	X		
Report/Form		X	X		
Wart Removal		X	X		
Others, list					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

Fiscal Year

2007-2008

Six Ten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

February 6, 2009

CERTIFIED MAIL #7006 3450 0000 3941 8901

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

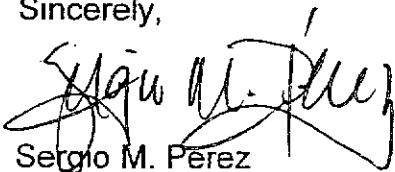
Re: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125


Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College Districts reimbursement claim listed below:

1/84 Health Fee Elimination 2007-2008

If you have any questions regarding this claim, please contact me at (858) 514-8605

Sincerely,


Sergio M. Perez

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION		<small>Fed State Controller Use only</small> (19) Program Number 00234 (20) Date Filed <u> </u> / <u> </u> / <u> </u> (21) LRS Input <u> </u> / <u> </u> / <u> </u>		Program 234
(01) Claimant Identification Number: CC 30125		Reimbursement Claim Data		
(02) Claimant Name: Rancho Santiago Community College District		(22) HFE-1.0, (04)(b)	589,198	
Orange County		(23)		
2323 N. Broadway		(24)		
Santa Ana CA 92706		(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)		
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)		
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)		
Fiscal Year of Cost	(06)	(12)	(30)	
		2007-2008		
Total Claimed Amount	(07)	(13)	(31)	
		\$ 589,198		
Less: 10% Late Penalty, not to exceed \$10,000	(14)	(32)		
	\$ -			
Less: Prior Claim Payment Received	(15)	(33)		
	\$ -			
Net Claimed Amount	(16)	(34)		
	\$ 589,198			
Due from State	(08)	(17)	(35)	
		\$ 589,198		
Due to State	(18)	(36)		
(37) CERTIFICATION OF CLAIM				
<p>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.</p> <p>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.</p> <p>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.</p>				
Signature of Authorized Officer (USE BLUE INK)		Date		
		2/4/09		
Noemi M. Kanouse		Assistant Vice 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		

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1
(01) Claimant: Rancho Santiago Community College District		(02) Type of Claim: Reimbursement <input checked="checked" type="checkbox"/> X Estimated <input type="checkbox"/> Fiscal Year 2007-2008
(03) List all community colleges identified in form 1.1, line (03)		
(a) Name of College		(b) Claimed Amount
1. Santa Ana College		\$ 289,064
2. Santiago Canyon College		\$ 300,135
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
(04) Total Amount Claimed		\$ 589,198

PROGRAM 234		MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY				FORM 1.1	
(01) Claimant: Rancho Santiago Community College District		(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>				Fiscal Year 2007-2008	
(03) Name of College: Santa Ana 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.							
LESS <input type="checkbox"/>		SAME <input type="checkbox"/>		MORE <input checked="" type="checkbox"/>			
		Direct Cost	Indirect Cost of: 30.00%	Total			
(05) Cost of Health Services for the Fiscal year of Claim		\$ 591,566	\$ 177,470	\$ 769,036			
(06) Cost of providing current fiscal year health services in excess of 1986/87		\$ -	\$ -	\$ -			
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]		\$ 591,566	\$ 177,470	\$ 769,036			
(08) Complete Columns (a) through (g) to provide detail data for health fees							
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	31,342				31,342		
2. Per Spring Semester	31,368				31,368		
3. Per Summer Session	11,826				11,826		
4. Per Winter Session	4,921				4,921		
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))					\$ 479,972
(10) Subtotal		[Line (07) - line (09)]					\$ 289,064
Cost Reduction							
(11) Less: Offsetting Savings, if applicable							
(12) Less: Other Reimbursements, if applicable							
(13) Total Amount Claimed		[Line (10) - (line (11) + line (12))]					\$ 289,064

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
------------------------------	--	---------------------------

(01) Claimant: Rancho Santiago Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2007-2008
--	--	--------------------------

(03) Name of College: Santiago Canyon 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.

LESS

☐

SAME

☐

MORE

☒

	Direct Cost	Indirect Cost of: 30.00%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 405,675	\$ 121,703	\$ 527,378
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 405,675	\$ 121,703	\$ 527,378

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester	14,494				14,494		
2. Per Spring Semester	14,313				14,313		
3. Per Summer Session	6,723				6,723		
4. Per Winter Session	2,089				2,089		
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))

\$ 227,243

(10) Subtotal [Line (07) - line (09)]

\$ 300,135

Cost Reduction

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable

(13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}]

\$ 300,135

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			
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	

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		

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					
Athletes				X	
Medications				X	
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				X	
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	

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

Fiscal Year

2008-2009

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbpsixten@aol.com

CLAIM FILE COPY

February 10, 2010

CERTIFIED MAIL #7001 0360 0000 5999 8799

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Rancho Santiago Community College District CC30125

Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Rancho Santiago Community College District's reimbursement claim listed below:

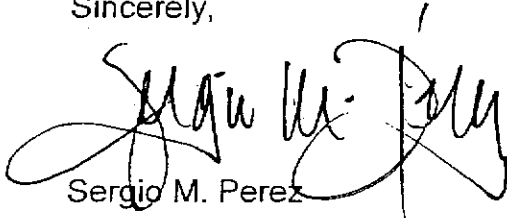
1/84

Health Fee Elimination

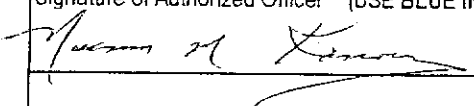
2008-09

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,



Sergio M. Perez

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION			For State Controller Use only		Program 234
(01) Claimant Identification Number: CC 30125			(19) Program Number 00234		
			(20) Date Filed ___/___/___		
			(21) LRS Input ___/___/___		
(02) Claimant Name Rancho Santiago Community College District			(22) FORM-1, (04)(b) 686,061		
Orange County			(23)		
2323 N. Broadway			(24)		
Santa Ana CA 92706			(25)		
Type of Claim	Estimated Claim	Reimbursement Claim	(26)		
(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)			
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)			
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)			
Fiscal Year of Cost	(06)	(12) 2008-2009	(30)		
Total Claimed Amount	(07)	(13) \$ 686,061	(31)		
Less : 10% Late Penalty, not to exceed \$10,000	(14)	\$ -	(32)		
Less : Prior Claim Payment Received	(15)	\$ -	(33)		
Net Claimed Amount	(16)	\$ 686,061	(34)		
Due from State	(08)	(17) \$ 686,061	(35)		
Due to State	(18)	(36)			
(37) CERTIFICATION OF CLAIM					
<p>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.</p> <p>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.</p> <p>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.</p>					
Signature of Authorized Officer (USE BLUE INK)			Date		
			2/5/10		
Noemi M. Kanouse			Assistant Vice Chancellor		
Type or Print Name			Title		
(38) Name of Contact Person for Claim					
SixTen and Associates			Telephone Number: (858) 514-8605		
			E-mail Address: kbpsixten@aol.com		

Program 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1
(01) Claimant: Rancho Santiago Community College District	(02) Fiscal Year 2008-2009	
(03) List all community colleges identified in form 1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Santa Ana College	\$ 375,283	
2. Santiago Canyon College	\$ 310,778	
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
(04) Total Amount Claimed	\$ 686,061	

PROGRAM 234		MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY						FORM 1.1	
(01) Claimant: Rancho Santiago Community College District				(02) Fiscal Year 2008-2009					
(03) Name of College:		Santa Ana 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.									
<div style="display: flex; justify-content: space-around;"> LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input checked="" type="checkbox"/> </div>									
						Direct Cost	Indirect Cost of: 30.00%	Total	
(05) Cost of Health Services for the Fiscal year of Claim						\$ 712,370	\$ 213,711	\$ 926,081	
(06) Cost of providing current fiscal year health services in excess of 1986/87						\$ -	\$ -	\$ -	
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]						\$ 712,370	\$ 213,711	\$ 926,081	
(08) Complete Columns (a) through (g) to provide detail data for health fees									
Collection Period		(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/05</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)	
1.	Per Fall Semester	31,787				31,787			
2.	Per Spring Semester	30,743				30,743			
3.	Per Summer Session	13,430				13,430			
4.	Per First Quarter								
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)		\$ 500,095	
(10) Subtotal						[Line (07) - line (09)]		\$ 425,986	
Cost Reduction									
(11) Less: Offsetting Savings, if applicable									
(12) Less: Other Reimbursements, if applicable									
(13) Total Amount Claimed						[Line (10) - {line (11) + line (12)}]		\$ 375,283	

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
(01) Claimant: Rancho Santiago Community College District		(02) Fiscal Year 2008-2009
(03) Name of College: Santiago Canyon 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.		
LESS <input type="checkbox"/> SAME <input type="checkbox"/> MORE <input checked="" type="checkbox"/>		
	Direct Cost	Indirect Cost of: 30.00%
	Total	
(05) Cost of Health Services for the Fiscal year of Claim	\$ 438,012	\$ 131,404
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 438,012	\$ 131,404
(08) Complete Columns (a) through (g) to provide detail data for health fees		
Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)
	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>
	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355
	(g) Student Health Fees (e) x (f)	
1. Per Fall Semester	13,641	13,641
2. Per Spring Semester	16,219	16,219
3. Per Summer Session	6,989	6,989
4. Per First Quarter		
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))
		\$ 242,602
(10) Subtotal		[Line (07) - line (09)]
		\$ 326,814
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		\$ 16,036
(13) Total Amount Claimed		[Line (10) - (line (11) + line (12))]
		\$ 310,778

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #:

DATE: January 8, 2007

INSTITUTION:

Rancho Santiago Community College District
2323 N. Broadway

FILING REF.: The preceding
Agreement was dated
July 11, 2005

Santa Ana

CA

92706-1640

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/07	06/30/09	30.0	On-Campus	All Programs
PROV.	07/01/09	06/30/10	30.0	On-Campus	All Programs

*BASE:

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

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

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	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			

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		X	
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	

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

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
PASADENA AREA COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to District's Comments	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Commission on State Mandates Staff Analysis, Proposed Parameters and Guidelines – May 25, 1989	Tab 3
Commission on State Mandates Meeting Minutes – May 25, 1989	Tab 4
Attachment—District's Comments	
Incorrect Reduction Claim – June 7, 2010	
State Controller's Office Claim Adjustment Letters for FY 2004-05 through FY 2005-06	Exhibit A
Desk Review Correspondence	Exhibit B
Commission on State Mandates Parameters and Guidelines, Health Fee Elimination Program – May 25, 1989	Exhibit C
State Controller's Office Claiming Instructions, Health Fee Elimination Program – September 2003	Exhibit D
Pasadena Area Community College District Health Fee Elimination Program Claims –FY 2004-05 and FY 2005-06	Exhibit E

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

5 BEFORE THE

6 COMMISSION ON STATE MANDATES

7 STATE OF CALIFORNIA

8
9
10 INCORRECT REDUCTION CLAIM ON:

11 *Health Fee Elimination Program*

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

14 PASADENA AREA COMMUNITY
15 COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-30

AFFIDAVIT OF BUREAU CHIEF

16 I, Jim L. Spano, make the following declarations:

- 17 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 18 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000.
19 Before that, I was employed as an audit manager for two years and three months.
- 20 3) I am a California Certified Public Accountant (CPA).
- 21 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 22 5) Any attached copies of records are true copies of records, as provided by the Pasadena
23 Area Community College District or retained at our place of business.
- 24 6) The records include claims for reimbursement, along with any attached supporting
25 documentation, explanatory letters, or other documents relating to the above-entitled
Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2004-05 and FY 2005-06 was completed on
2 June 24, 2009.

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

6 Date: July 15, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9 By:  _____

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
PASADENA AREA COMMUNITY COLLEGE DISTRICT
For Fiscal Year (FY) 2004-05 and FY 2005-06**

Health Fee Elimination Program

Chapter 1, Statutes of 1984, 2nd 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 Pasadena Area Community College District submitted on June 7, 2010. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2004, through June 30, 2006. The SCO issued claim adjustment letters on July 1, 2009 (**Exhibit A**).

The district submitted reimbursement claims totaling \$398,015 (\$230,359 for FY 2004-05 and \$167,656 for FY 2005-06). The SCO reviewed the district's claims and determined that \$317,939 is unallowable for FY 2004-05 through FY 2005-06. The costs are unallowable because the district understated authorized health service fees. The following table summarizes the review results.

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 554,535	\$ 554,535	\$ —
Indirect costs	181,887	181,887	—
Total direct and indirect costs	736,422	736,422	—
Less authorized health service fees	(503,865)	(654,148)	(150,283)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Total program costs	<u>\$ 230,359</u>	80,076	<u>\$ (150,283)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 512,810	\$ 512,810	\$ —
Indirect costs	168,202	168,202	—
Total direct and indirect costs	681,012	681,012	—
Less authorized health service fees	(513,356)	(922,574)	(409,218)
Subtotal	167,656	(241,562)	(409,218)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 167,656</u>	—	<u>\$ (167,656)</u>
Less amount paid by the State ¹		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>Summary: July 1, 2004, through June 30, 2006</u>			
Direct costs	\$ 1,067,345	\$ 1,067,345	\$ —
Indirect costs	350,089	350,089	—
Total direct and indirect costs	1,417,434	1,417,434	—
Less authorized health service fees	(1,017,221)	(1,576,722)	(559,501)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Subtotal	398,015	(161,486)	(559,501)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 398,015</u>	80,076	<u>\$ (317,939)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	

¹ Payment information current as of July 2, 2010.

The district believes that it is required to report only actual health service fees collected.

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, 2nd Extraordinary Session. The CSM amended the parameters and guidelines on May 25, 1989 (**Exhibit C**), because of Chapter 1118, Statutes of 1987.

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. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit D**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2004, through June 30, 2006, the district understated authorized health service fees by \$559,501. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2004, through December 31, 2005, 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 January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2004 and Summer 2005 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 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

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)¹.

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. . . .

¹ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

Further, 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. . . .

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

3. The reason for the rejection was contrary to statute

The annual reimbursement claims were not adjusted because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

4. No audit was conducted

The only exception to the Controller's duty under Government Code Section 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is excessive or unreasonable) is a reduction as a result of a properly conducted audit. However, no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code Section 17561(d)(2).

SCO's Comment

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 3), 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 California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes 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 the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (**Tab 4**), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination 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.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. 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 services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. 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."

The SCO did, in fact, conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary, [emphasis added]* or normal."² The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

² Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable..." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (**Exhibit B**).

III. CONCLUSION

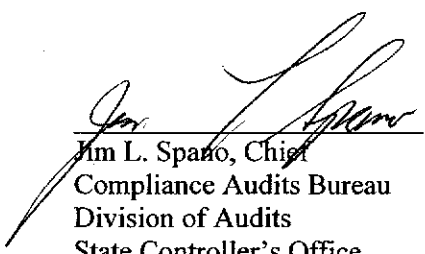
The State Controller's Office reviewed Pasadena Area Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2004, through June 30, 2006. The district claimed unallowable costs totaling \$317,939. The costs are unallowable because the district understated authorized health services fees.

In conclusion, the Commission on State Mandates should find that: (1) the SCO correctly reduced the district's FY 2004-05 claim by \$150,283; and (2) the SCO correctly reduced the district's FY 2005-06 claim by \$167,656.

IV. 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 15, 2010, at Sacramento, California, by:



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

Tab 3

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.1. 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 1987 ~~11/21/87~~ ~~11/21/87~~
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 ~~for the~~ in 1983-84 ~~7~~ 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 program ~~with the authority to pay for the~~. Only services provided ~~for the~~ 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 ~~1983-84~~ 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 & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- 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
- Etc.
- 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
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
Band-aids
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
- 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. //EYIGBYE/CLAIMANTS/MAY/CLAIM/COSTS/UNDER ONE/OF/TWO/ALTERNATIVES//EY//VEE/AMOUNT/PREVIOUSLY/COLLECTED/PER STUDENT/AND/ENROLLMENT/COUNT//OR/YZY/ACTUAL/COSTS/OF/PROGRAM/

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. Claiming Alternatives

Claimed costs should be supported by the following information:

Alternative 1 // Fees previously collected in 1983-84 fiscal year/

1/ Fees collected in the 1983-84 fiscal year to support the health services program/

2/ Total number of students under item 11/11/ through 4/ above // Using this alternative, the total amount claimed would be item 11/11/ multiplied by item 11/21/ with the total amount reimbursed increased by the applicable implicit price deflator/

Alternative 2 // 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, 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 ~~were~~ are 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.

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.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: / Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

From : Department of Finance

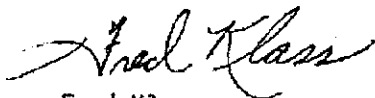
Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

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:

- (1) 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, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1400 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
916-8752 445-1163

April 3, 1989

Mr. Robert W. Eich
Executive Director
Commission on State Mandates
100 K Street, Suite LL50
Sacramento, CA 95814



Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
Amendments to Parameters and Guidelines
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In 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 118, Statutes of 1987.

The Department of Finance has also provided us a copy of their suggestion to add the following language in part 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." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With 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,

A handwritten signature in cursive script that reads "David Mertes".

DAVID MERTES
Chancellor

DM:PR:mh

cc: Jim Apps, Department of Finance
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



Ms. 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.

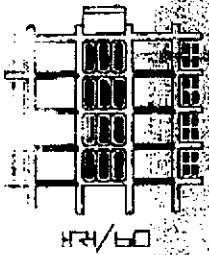
If you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

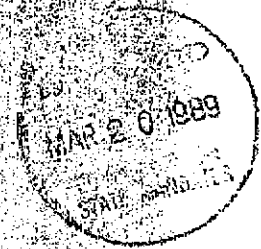
Glenn Haas, Assistant Chief
 Division of Accounting

GH/GB:dvl

SC81822


RIO HONDO COMMUNITY COLLEGE DISTRICT

8600 Workman Mill Road • Whittier, CA 90808 • Phone (213) 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 4

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.

Item 1 Minutes

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:

- Item 2 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
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- 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, Ms. 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.

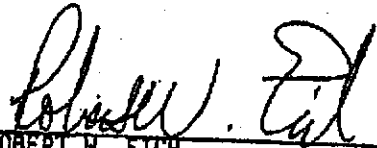
Clayton Parker, representing the Newport-Mesa Unified School District, submitted a late filing on the test claim rebutting the staff analysis. Member Creighton stated that he had not had an opportunity to review the late filing and inquired on whether the claim should be heard at this hearing. Staff informed Member Creighton and Member Buenrostro that in reviewing the filing before this item was called, the filing appeared to be summary of the claimant'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

INCORRECT REDUCTION CLAIM FILED BY
PASADENA AREA
COMMUNITY COLLEGE DISTRICT
JUNE 7, 2010

HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987

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

red Audits
6/30/10
[Signature]



June 21, 2010

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Jill Kanemasu
Division of Accounting and Reporting
State Controller's Office (B-08)
3301 C Street, Suite 700
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**

Health Fee Elimination, 09-4206-I-30

Education Code Section 76355

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

Fiscal Years: 2004-2005 and 2005-2006

Pasadena Area Community College District, Claimant

Dear Mr. Petersen and Ms. Kanemasu:

On June 15, 2010 Pasadena Area Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2004-2005 and 2005-2006, for a total of \$317,939. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

Mr. Petersen and Ms. Kanemasu

June 21, 2010

Page Two

Dismissal of Incorrect Reduction Claims. Under section 1188.31 of the Commission's regulations, IRCs may be dismissed if postponed or placed on inactive status by the claimant for more than one year. Prior to dismissing a claim, the Commission will provide 60 days notice and opportunity for the claimant to be heard on the proposed dismissal.

Please contact Heidi Palchik at (916) 323-8218 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'N. Patton', with a large, stylized loop at the end.

NANCY PATTON

Assistant Executive Director

Enclosure: Incorrect Reduction Claim Filing (SCO only)

J:mandates/IRC/2009/09-4206-I-30/completeltr

SixTen and Associates

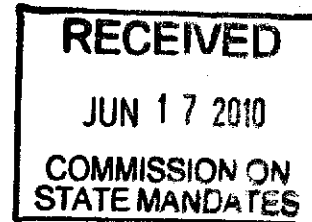
Mandate Reimbursement Services

KEITH B. PETERSEN, President
3270 Arena Blvd. Suite 400-363
Sacramento, CA 95834
Telephone: (916) 419-7093
Fax: (916) 263-9701

E-Mail: Kbpsixten@aol.com
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

June 15, 2010

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



RE: Pasadena Area Community College District
Health Fee Elimination #3
Fiscal Years: 2004-05 and 2005-06
Incorrect Reduction Claim

Dear Ms. Higashi:

Enclosed is the original and two copies of the above referenced incorrect reduction claim for Pasadena Area 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:

Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003

Thank-you.

Sincerely,

A handwritten signature in black ink, appearing to read "Keith B. Petersen".

Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

Pasadena Area Community College District

This is the third incorrect reduction claim filed by the District on this mandate program.

2. CLAIMANT INFORMATION

Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003
Voice: 626-585-7258
Fax: 626-585-7968
E-Mail: rvanpelt@pasadena.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
3270 Arena Blvd., Suite 400-363
Sacramento, CA 95834
Voice: (916) 419-7093
Fax: (916) 263-9701
E-mail: Kbpsixten@aol.com

Filing Date:

For CSM Use Only

RECEIVED

JUN 17 2010

COMMISSION ON
STATE MANDATES

IRC #:

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2004-05	\$ 150,283
2005-06	\$ 167,656
TOTAL:	\$ 317,939

6. NOTICE OF NO INTENT TO CONSOLIDATE

This claim is not being filed with the intent to consolidate on behalf of other claimants.

Sections 7-12 are attached as follows:

7. Written Detailed Narrative:	Pages 1 to 15
8. SCO Results of Review Letters:	Exhibit <u>A</u>
9. Desk Review Correspondence:	Exhibit <u>B</u>
10. Parameters and Guidelines:	Exhibit <u>C</u>
11. SCO Claiming Instructions:	Exhibit <u>D</u>
12. Annual Reimbursement Claims:	Exhibit <u>E</u>

13. 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.

Richard van Pelt, Interim Vice-President
Administrative Services

Signature

Date

6/7/10

pu
6/3/10

1 Claim Prepared by:
2 Keith B. Petersen
3 SixTen and Associates
4 3270 Arena Blvd., Suite 400-363
5 Sacramento, CA 95834
6 Voice: (916) 419-7093
7 Fax: (916) 263-9701
8 E-mail: Kbpsixten@aol.com
9
10

11 BEFORE THE
12 COMMISSION ON STATE MANDATES

13 STATE OF CALIFORNIA

14 INCORRECT REDUCTION CLAIM OF:)

15) No. CSM _____
16)

17) Chapter 1, Statutes of 1984, 2nd E.S.
18) Chapter 1118, Statutes of 1987

19 PASADENA AREA)
20 Community College District,)

21) Education Code Section 76355
22)

23 Claimant.)

24) Health Fee Elimination
25)

26) Annual Reimbursement Claims:
27)

28) Fiscal Year 2004-2005
29) Fiscal Year 2005-2006
30)

31 INCORRECT REDUCTION CLAIM FILING

32 PART I. AUTHORITY FOR THE CLAIM

33 The Commission on State Mandates has the authority pursuant to Government
34 Code Section 17551(d) to "hear and decide upon a claim by a local agency or school
35 district filed on or after January 1, 1985, that the Controller has incorrectly reduced
36 payments to the local agency or school district pursuant to paragraph (2) of subdivision
(d) of Section 17561." Pasadena Area Community College District (hereinafter "District")

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 or "Claimant") is a school district as defined in Government Code Section 17519.¹ Title
2 2, California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
3 incorrect reduction claim with the Commission.

4 This Incorrect Reduction Claim is timely filed. Title 2, CCR, Section 1185(b),
5 requires incorrect reduction claims to be filed no later than three years following the date
6 of the Controller's "written notice of adjustment notifying the claimant of a reduction."
7 The Controller conducted a "desk review" of the District's FY 2004-05 and FY 2005-06
8 annual claims for the Health Fee Elimination mandate. The District received copies of
9 two "results of review" letters dated July 1, 2009, reducing its claims as a result of the
10 desk review. The two letters are attached as Exhibit "A." These letters constitute a
11 demand for repayment and adjudication of the claim.

12 PART II. SUMMARY OF THE CLAIM

13 The Controller conducted a "desk review" of the District's annual reimbursement
14 claims for the actual costs of complying with the legislatively mandated Health Fee
15 Elimination program (Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987),
16 for the period July 1, 2004 through June 30, 2006. As a result of the review, the
17 Controller determined that \$341,518 of the claimed costs were unallowable:

18 /

¹ Government Code Section 17519, added by Chapter 1459, Statutes of 1984,
Section 1:

"School district" means any school district, community college district, or county
superintendent of schools.

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

	<u>Fiscal Year</u>	<u>Amount Claimed</u>	<u>Review Adjustment</u>	<u>SCO Payments</u>	<u>Amount Due <State> District</u>
	2004-05	\$230,359	\$150,283	\$ 0	\$80,076
	2005-06	<u>\$167,656</u>	<u>\$409,218</u>	<u>\$ 0</u>	<u>\$ 0</u>
	Totals	\$398,015	\$559,501	\$ 0	\$80,076

The Controller determined that the District has not been paid for these claims and that the amount of \$80,076 is still due the District as a result of the desk review.

PART III. CHRONOLOGY OF CLAIM PAYMENT AND DESK REVIEW ACTION

1. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) by letter dated July 1, 2008, requested that the District provide student enrollment data and student health fee amounts for its FY 2004-05 and FY 2005-06 reimbursement claims for the Health Fee Elimination mandate. The Controller's letter stated that the claims would be adjusted to zero if the District did not supply the additional information by September 15, 2008. A copy of this letter is included in Exhibit "B."
2. SixTen and Associates, on behalf of the claimant and sixteen² other community

² The seventeen community college districts represented by SixTen and Associates that received similar requests for additional documentation for the Health Fee Elimination mandate are:

<u>District</u>	<u>Fiscal Years</u>	<u>Letter Dated</u>
Alan Hancock CCD	2005-06, 2006-07	July 2, 2008
Cerritos CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Citrus CCD	2006-07	July 1, 2008
El Camino	2005-06, 2006-07	July 1, 2008
Foothill-De Anza CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

college districts that received similar requests from the Controller, requested an extension of the September 15, 2008, deadline via e-mail due to the competing workload of the districts.

3. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) granted a 60-day extension by e-mail on July 10, 2008, and issued a new deadline of November 15, 2008.

4. SixTen and Associates responded to the Controller's request on behalf of the District, by letter dated October 22, 2008, and provided an HFE 1.1 claim form for each fiscal year, which included the requested student enrollment data. The individual student health services fee amount was not included because it is the Controller's policy to use the highest authorized rate regardless of the rate actually charged by the district, and the highest authorized rate is a matter of public record available to the Controller's staff. A copy of the District's response is included in Exhibit "B."

Kern CCD	2004-05, 2005-06, 2006-07	July 1, 2008
Long Beach CCD	2005-06	July 1, 2008
Los Rios CCD	2004-05, 2005-06, 2006-07	July 1, 2008
North Orange County CCD	2005-06, 2006-07	July 1, 2008
Palomar CCD	2004-05, 2005-06	July 2, 2008
Pasadena Area CCD	2004-05, 2005-06	July 1, 2008
Rancho Santiago CCD	2005-06, 2006-07	July 1, 2008
Redwoods CCD	2004-05, 2005-06, 2006-07	July 1, 2008
San Bernardino CCD	2004-05, 2005-06, 2006-07	July 2, 2008
Sierra CCD	2004-05, 2005-06, 2006-07	July 1, 2008
State Center CCD	2004-05, 2005-06, 2006-07	June 30, 2008
West Valley CCD	2004-05, 2005-06	July 2, 2008

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 5. The Controller (Steve Van Zee, Audit Manager, Mandated Cost Audits Bureau)
2 contacted the District by e-mail on May 11, 2009, to notify the district that the
3 Controller was performing a review of FY 2004-05 and FY 2005-06 annual
4 claims. The e-mail requested the District to provide information on the number of
5 students the District exempted from the student health services program. A copy
6 of this e-mail is included in Exhibit "B." SixTen and Associates transmitted the
7 information requested by e-mail on May 21, 2009, to Mr. Van Zee, who then
8 completed the review.

9 6. By letter dated June 24, 2009, the Controller's Division of Audits (Jeffrey V.
10 Brownfield, Chief) transmitted the desk review findings to the Division of
11 Accounting and Reporting (Mike Havey, Chief). The District became aware of
12 this letter when it was posted with the review results in early 2010 on the
13 Controller's webpage. A copy of this letter is included in Exhibit "B."

14 7. Although there is no record of receipt by the District, on July 1, 2009, the
15 Controller (Ginny Brummels, Manager, Local Reimbursements Section) issued
16 two "results of review" letters for FY 2004-05 and FY 2005-06 implementing the
17 review findings. (A copy of the documents were obtained by SixTen and
18 Associates by fax from the Controller's office on March, 10, 2010.) No reason for
19 the reductions was stated, other than a statement that the costs were "costs not
20 mandated." A copy of these notices is attached as Exhibit "A."

21 8. The Controller (Ginny Brummels, Manager, Local Reimbursements Section) by

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 letter dated October 20, 2009, issued a report of findings from the review of the
2 FY 2004-05 and FY 2005-06 annual claims, and stated that the scope of the
3 review was limited "to validating the authorized health service fees that the district
4 reported." The District did not receive a copy of this letter until May 19, 2010,
5 after an e-mail request by SixTen and Associates to the Local Reimbursements
6 Section staff. A copy of this letter is included in Exhibit "B."

7 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

8 The District has filed two previous incorrect reduction claims for this mandate
9 program for prior fiscal years. The District is not aware of any incorrect reduction claims
10 having been adjudicated on the specific issues or subject matter raised by this claim.

11 PART V. BASIS FOR REIMBURSEMENT

12 1. Mandate Legislation

13 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, repealed Education
14 Code Section 72246 and added new Education Code Section 72246, which authorized
15 community college districts to charge a student health services fee for the purposes of
16 providing health supervision and services, and operating student health centers. This
17 statute also required that the scope of student health services provided by any
18 community college district during the 1983-84 fiscal year be maintained at that level in
19 the 1984-85 fiscal year and every year thereafter. The provisions of this statute were to
20 automatically repeal on December 31, 1987.

21 Chapter 1118, Statutes of 1987, amended Education Code Section 72246 to

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 require any community college district that provided student health services in fiscal year
2 1986-87 to maintain student health services at that level in 1987-88 and each fiscal year
3 thereafter.

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

9 Chapter 8, Statutes of 1993, repealed Education Code Section 72246, and added
10 Education Code Section 76355³ containing substantially the same provisions as

³ Education Code Section 76355, added by Chapter 8, Statutes of 1993, effective April 15, 1993, as last amended by Chapter 758, Statutes of 1995:

(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).

(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.

(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):

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

- 1 former Section 72246, effective April 15, 1993. Chapter 320, Statutes of 2005, effective
2 January 1, 2006, amended Education Code Section 76355 to remove the fee exemption
3 for low-income students under 76355(c)(3).

(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.

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

2. Test Claim

On November 27, 1985, Rio Hondo Community College District filed a test claim alleging that Chapter 1, Statutes of 1984, 2nd 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, 2nd 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 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25, 1989, parameters and guidelines is attached as Exhibit "C."

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

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 "D." 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 VI. STATEMENT OF THE ISSUES

The District's FY 2004-05 and FY 2005-06 reimbursement annual claims were apparently reduced due to the Controller's conclusion that the District did not offset student health services program costs by the amount of authorized student health fee revenues in the additional amount of \$559,501. The District reported only student health service fees received and not those fees that theoretically could have been collected in its annual reimbursement claims. It appears that the Controller may have calculated authorized health service fees using student enrollment data and health service fee rates from the California Community College Chancellor's Office. This finding reduces the claimed program costs by a calculated amount of student health services fees never collected.

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Incorrect Reduction Claim of Pasadena Area Community College District
1/84, 1118/87 Health Fee Elimination

1. The District is required to reduce costs only by offsetting revenue received

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides:

"[t]he governing board of a district maintaining a community college *may require* 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 governing board may decide whether the fee shall be mandatory or optional."

(Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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 [student fees] as authorized by Education Code Section 72246(a)⁴.

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

⁴ Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, and was replaced by Education Code Section 76355.

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 "any offsetting savings" further illustrates the permissive nature of the fees. Student
2 fees actually collected must be used to offset costs, but not student fees that could have
3 been collected and were not. Thus, the Controller's adjustments are based on an
4 illogical interpretation of the parameters and guidelines.

5 Further, the Department of Finance proposed, as part of the amendments that
6 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
7 section expressly stating that if no health service fee was charged, the claimant would
8 be required to deduct the amount authorized. The Commission declined to add this
9 requirement and adopted the parameters and guidelines without this language.

10 Therefore, it is evident that the Commission intends the language of the parameters and
11 guidelines to be construed as written, and only those savings that are *experienced* are
12 to be deducted.

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

20 2. The District correctly filed the annual reimbursement claims

21 The District reported its actual reimbursable costs in the manner required by the

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

1 parameters and guidelines and on the forms provided for by the Controller's claiming
2 instructions for this program. The Controller has not stated how the claim documentation
3 was insufficient for purposes of adjudicating the claims. The Controller has not sent any
4 documentation in support of its action to the District. The Controller has simply reduced
5 the District's reimbursement claim without any explanation. By providing no notice for
6 the basis of its actions, the Controller is creating a standard of general application
7 without the benefit of law or due process of rulemaking.

8 3. The reason for the rejection was contrary to statute

9 The annual reimbursement claims were not adjusted because the costs claimed
10 were excessive or unreasonable. The Controller does not assert that the claimed costs
11 were excessive or unreasonable, which is the only mandated cost audit standard in
12 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
13 entire findings are based upon the wrong standard of review, or no standard of review.
14 If the Controller wishes to enforce other audit standards for mandated cost
15 reimbursement, the Controller should comply with the Administrative Procedure Act.

16 4. No audit was conducted

17 The only exception to the Controller's duty under Government Code Section
18 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is
19 excessive or unreasonable) is a reduction as a result of a properly conducted audit.
20 However, no audit of the District's reimbursement claims was conducted. Therefore, the
21 Controller has no factual basis to make a conclusion that the costs claimed were

Incorrect Reduction Claim of Pasadena Area Community College District
1/84, 1118/87 Health Fee Elimination

1 excessive or unreasonable, as required by Government Code Section 17561(d)(2).

2 **PART VII. RELIEF REQUESTED**

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

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

19 /

20 /

21 /

Incorrect Reduction Claim of Pasadena Area Community College District
1/84,1118/87 Health Fee Elimination

PART VIII. CERTIFICATION

By my signature below, 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, and that the attached documents are true and correct copies of documents received from or sent by the state agency which originated the document.

Executed on June 4, 2010, at Pasadena, California, by



Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003
Voice: 626-585-7258
Fax: 626-585-7968
E-Mail: rvanpelt@pasadena.edu

APPOINTMENT OF REPRESENTATIVE

Pasadena Area Community College District appoints Keith B. Petersen, SixTen and Associates, as its representative for this Incorrect Reduction Claim.



Richard van Pelt, Interim Vice-President
Administrative Services
Pasadena Area Community College District

6/4/10

Date

sw
6/2/10

Attachments:

Exhibit "A"	Controller's "results of review letters"
Exhibit "B"	Desk Review correspondence.
Exhibit "C"	Parameters and Guidelines, May 25, 1989
Exhibit "D"	Controller's claiming instructions, September 2003 version
Exhibit "E"	Annual Reimbursement Claims

COMMAND ==>

LRSP572 20090629 200008

SCROLL ==> SCREEN

P 5 R 1 C 1

CC19335

00234

2009/07/01

JULY 1, 2009

BOARD OF TRUSTEES

PASADENA AREA COMM COLL DIST

LOS ANGELES COUNTY

1570 E COLORADO BLVD

PASADENA CA 91106

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	230,359.00
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ADJUSTMENT TO CLAIM:

COST NOT MANDATED	- 150,283.00
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TOTAL ADJUSTMENTS	- 150,283.00
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AMOUNT DUE CLAIMANT	\$ 80,076.00
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875. DUE TO INSUFFICIENT APPROPRIATION, THE BALANCE DUE
WILL BE FORTHCOMING WHEN ADDITIONAL FUNDS ARE MADE AVAILABLE.

COMMAND ==>
LRSP572 20090629 200008

SCROLL ==> SCREEN
P 6 R 1 C 1
CC19335
00234
2009/07/01

JULY 1, 2009
BOARD OF TRUSTEES
PASADENA AREA COMM COLL DIST
LOS ANGELES COUNTY
1570 E COLORADO BLVD
PASADENA CA 91106
DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)
WE HAVE REVIEWED YOUR 2005/2006 FISCAL YEAR REIMBURSEMENT CLAIM FOR
THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR
REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		167,656.00
ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	- 167,656.00	- 167,656.00
TOTAL ADJUSTMENTS		

AMOUNT DUE CLAIMANT	\$ 0.00
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IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT FRAN STUART
AT (916) 323-0766 OR IN WRITING AT THE STATE CONTROLLER'S OFFICE,
DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO,
CA 94250-5875.



JOHN CHIANG
California State Controller

July 1, 2008

Mr. James Albanese
Interim Vice President, Administrative Services
Pasadena Area Community College District
1570 E Colorado Blvd
Pasadena CA 91106-2003

RE: Health Fee Elimination (Program 234) for Fiscal Years 2004-05 and 2005-06

Dear Claimant:

We have reviewed your claims for the above referenced program and found that the claim forms were not completed in accordance with our claiming instructions. We are enclosing a copy of the forms and instructions for your review to help you understand what supporting information must be included. The SCO requires the student enrollment data and fee amounts by semester or quarter as prescribed in the forms.

In addition, if the supporting documentation requested herein is not received by SCO by September 15, 2008, our office will proceed to adjust the claims to zero.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is written over the typed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

October 22, 2008

Virginia Brummels, Manager
Bureau of Payments
Local Reimbursements Section
State Controller's Office
P. O. Box 942850
Sacramento, California 94250-5872

Dear Ms. Brummels:

Regard: Pasadena Community College District
Health Fee Elimination Annual Reimbursement Claims
Fiscal Years 2004-05 and 2005-06

Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request, you extended this response period due to competing and higher priority work at the District.

I am responding on behalf of the District. As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the District to determine the net reimbursable costs rather than calculate the "amount collectible." We consider the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the District's rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the District. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.

If you have any questions, please contact me at 916-565-6105.

Sincerely,



for: Keith B. Petersen

- C: Mark Zacovic, Interim Vice President, Administrative Services Pasadena Area Community College District
Brigitte Norsworthy, Principal Accountant, Pasadena Area Community College District

State Controller's Office

Community College Mandated Cost Manual

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
--	--	--------------------------

(03) Name of College: Pasadena City 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.

LESS
☐

SAME
☒

MORE
☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 512,810	\$ 168,202	\$ 681,012
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 512,810	\$ 168,202	\$ 681,012
(08) Complete Columns (a) through (g) to provide detail data for health fees			

Collection Period Full-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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 \$78355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	16,742			\$ -		\$ -	\$ -
2. Per Spring Semester	16,723			\$ -		\$ -	\$ -
3. Per Summer Session	7,328			\$ -		\$ -	\$ -
4. Per WINTER session	6,639			\$ -		\$ -	\$ -
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)]	

Cost Reduction

(11) Less: Offsetting Savings, If applicable	\$ -
(12) Less: Other Reimbursements, If applicable	\$ -
(13) Total Amount Claimed	\$ -

State Controller's Office

Community College Mandated Cost Manual

PROGRAM 234	MANDATED COSTS		FORM HFE-1.1
	HEALTH FEE ELIMINATION		
	CLAIM SUMMARY		

(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
--	--	--------------------------

(03) Name of College: Pasadena City 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 554,535	\$ 181,887	\$ 736,422
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 554,535	\$ 181,887	\$ 736,422

(08) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period Full-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	17,002			\$ -		\$ -	\$ -
2. Per Spring Semester	16,501			\$ -		\$ -	\$ -
3. Per Summer Session	6,995			\$ -		\$ -	\$ -
4. Per WINTER session	5,827			\$ -		\$ -	\$ -
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)]

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}]	\$ -

Pasadena City College

1570 East Colorado Blvd.

Pasadena, California 91106

(626) 585-7258 office

(626) 585-3117 fax

(951) 537-9384 cellular

From: svanee@sco.ca.gov [mailto:svanee@sco.ca.gov]
Sent: Monday, May 11, 2009 7:50 AM
To: Mark J. Zacovic
Subject: Health Fee Elimination Program mandated cost claims

Mr. Zacovic,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2004-05 through FY 2005-06. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what

documentation the district maintains to support the number of students excluded.
(Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy showing that the district excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

Steve W. Van Zee

Audit Manager

State Controller's Office

Division of Audits / Mandated Cost Audits Bureau

Office: (916) 323-2368 / FAX: (916) 324-7223

svanzee@sc9.ca.gov

CONFIDENTIALITY NOTICE: This communication with its contents as well as any attachments may contain confidential and/or legally privileged information. It is solely for the use of the intended recipient(s). Unauthorized interception, review, use or disclosure is prohibited and may violate applicable laws including the Electronic Communications Privacy Act. If you are not the intended recipient, please contact the sender and destroy all copies of the communication.

Memorandum

To : Mike Havey, Chief
Division of Accounting and Reporting
State Controller's Office

Date: June 24, 2009

From: Jeffrey V. Brownfield, Chief
Division of Audits
State Controller's Office

Subject: PASADENA AREA COMMUNITY COLLEGE DISTRICT
HEALTH FEE ELIMINATION PROGRAM MANDATED COST CLAIMS
FOR THE PERIOD OF JULY 1, 2004, THROUGH JUNE 30, 2006

We reviewed the costs claimed by Pasadena Area Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2004, through June 30, 2006. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$398,015 for the mandated program. Our review disclosed that \$80,076 is allowable and \$317,939 is unallowable. The costs are unallowable because the district understated authorized health service fees.

The State made no payment to the district. Our review disclosed that \$80,076 is allowable. The State should pay that amount, contingent upon available appropriations.

We recommend that the Division of Accounting and Reporting notify the district of the results of this review. If you have any questions, please contact either Jim L. Spano, Chief, Mandated Cost Audits Bureau, at (916) 323-5849 (jspano@sco.ca.gov), or Steve Van Zee, Audit Manager, at (916) 323-2368 (svanzee@sco.ca.gov).

JVB/sk

Attachments

S09-MCC-903

cc: Jill Kanemasu, Bureau Chief
Department of Accounting and Recording, State Controller's Office
Ginny Brummels, Manager
Department of Accounting and Recording, State Controller's Office

Attachment 1— Summary of Program Costs July 1, 2004, through June 30, 2006

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u> ¹
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 554,535	\$ 554,535	\$ —
Indirect costs	181,887	181,887	—
Total direct and indirect costs	736,422	736,422	—
Less authorized health service fees	(503,865)	(654,148)	(150,283)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Total program costs	<u>\$ 230,359</u>	80,076	<u>\$ (150,283)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 512,810	\$ 512,810	\$ —
Indirect costs	168,202	168,202	—
Total direct and indirect costs	681,012	681,012	—
Less authorized health service fees	(513,356)	(922,574)	(409,218)
Subtotal	167,656	(241,562)	(409,218)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 167,656</u>	—	<u>\$ (167,656)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2004, through June 30, 2006</u>			
Direct costs	\$ 1,067,345	\$ 1,067,345	\$ —
Indirect costs	350,089	350,089	—
Total direct and indirect costs	1,417,434	1,417,434	—
Less authorized health service fees	(1,017,221)	(1,576,722)	(559,501)
Less offsetting savings/reimbursements	(2,198)	(2,198)	—
Subtotal	398,015	(161,486)	(559,501)
Review adjustments that exceed costs claimed	—	241,562	241,562
Total program costs	<u>\$ 398,015</u>	80,076	<u>\$ (317,939)</u>
Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2— Finding and Recommendation July 1, 2004, through June 30, 2006

**FINDING—
Understated
authorized health
service fees**

The district understated authorized health service fees by \$559,501.

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 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 period of July 1, 2004, through December 31, 2005, 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. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a).

The following table summarizes the authorized fees per student:

Fiscal Year	Authorized Health Fee Rate	
	Fall and Spring Semesters	Summer Session and Winter Intersession
2004-05	\$13	\$10
2005-06	14	11

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Period				
	Summer Session	Fall Semester	Winter Intersession	Spring Semester	Total
Fiscal Year 2004-05:					
Number of enrolled students	13,044	29,352	12,744	28,172	
Less number of students who depend on prayer for healing	—	—	(1)	(1)	
Less number of BOGG recipients	<u>(3,863)</u>	<u>(9,949)</u>	<u>(5,072)</u>	<u>(10,218)</u>	
Subtotal	9,181	19,403	7,671	17,953	
Authorized health fee rate	× \$(10)	× \$(13)	× \$(10)	× \$(13)	
Authorized health service fees	<u>\$ (91,810)</u>	<u>\$ (252,239)</u>	<u>\$ (76,710)</u>	<u>\$ (233,389)</u>	\$ (654,148)
Less authorizes health service fees claimed					503,865
Review adjustment, FY 2004-05					<u>(150,283)</u>
Fiscal Year 2005-06:					
Number of enrolled students	13,218	28,881	14,050	28,279	
Less number of students who depend on prayer for healing	—	(1)	—	(1)	
Less number of BOGG recipients	<u>(3,772)</u>	<u>(9,721)</u>	<u>—</u>	<u>—</u>	
Subtotal	9,446	19,159	14,050	28,278	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(11)	× \$(14)	
Authorized health service fees	<u>\$ (103,906)</u>	<u>\$ (268,226)</u>	<u>\$ (154,550)</u>	<u>\$ (395,892)</u>	(922,574)
Less authorizes health service fees claimed					513,356
Review adjustment, FY 2005-06					<u>(409,218)</u>
Total review adjustment					\$ (559,501)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCC data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

05/19/2010

20:17

STATE CONTROLLERS OFFICE DAR + 916585148645

NO. 334 0002



JOHN CHIANG
California State Controller

October 20, 2009

Mr. James Albanese
Interim Vice President, Administrative Services
Pasadena Area Community College District
1570 E Colorado Blvd
Pasadena, CA 91106-2003

RE: Health Fee Elimination CM 1/84

Dear Claimant:

We reviewed the costs claimed by Pasadena Area Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2004, through June 30, 2006. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$398,015 for the mandated program. Our review disclosed that \$80,076 is allowable and \$317,939 is unallowable, as described in the attached Summary of Program Costs and Finding and Recommendation. The costs are unallowable because the district understated authorized health service fees.

The State made no payment to the district. Our review disclosed that \$80,076 is allowable. The State will pay that amount, contingent upon available appropriations.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766.

Sincerely,

A handwritten signature in cursive script that reads "Ginny Brummels".
GINNY BRUMMELS
Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Steve Van Zee, Audit Manager
Division of Audits

Pasadena Area Community College letHealth Fee Elimination Program

**Attachment 1—
Summary of Program Costs
July 1, 2004, through June 30, 2006**

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Less amount paid by the State		—	—
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 80,076</u>	
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Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2004, through June 30, 2006</u>			
Direct costs	\$ 1,067,345	\$ 1,067,345	\$ —
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¹ See Attachment 2, Finding and Recommendation.

Pasadena Area Community College L

Health Fee Elimination Program

**Attachment 2—
Finding and Recommendation
July 1, 2004, through June 30, 2006**

**FINDING—
Understated
authorized health
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The district understated authorized health service fees by \$559,501.

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 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.

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Pasadena Area Community College ictHealth Fee Elimination Program

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

	Period				Total
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Number of enrolled students	13,044	29,352	12,744	28,172	
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Subtotal	9,446	19,159	14,050	28,278	
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Total review adjustment					\$ (559,501)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

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)
- VD
- 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
- Etc.
- 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
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
Band-aids
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
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. 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.

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 incurring 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 17554(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

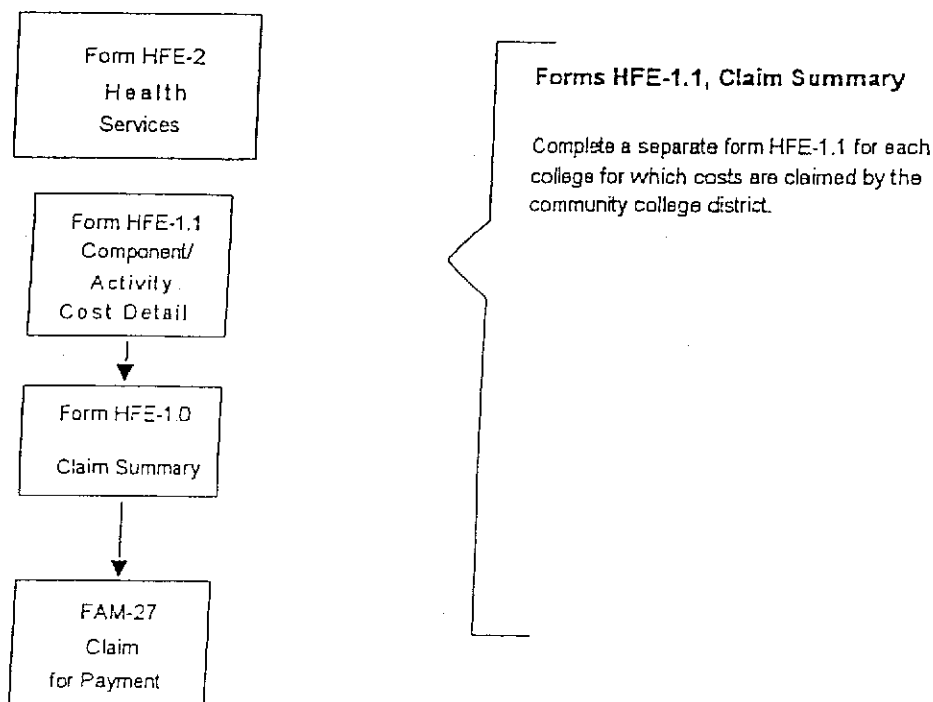
This form is used to compute the allowable increased costs an individual college of the community college district has incurred to comply with the state mandate. The level of health services reported on this form must be supported by official financial records of the community college district. A copy 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

CLAIM FOR PAYMENT

Pursuant to Government Code Section 17561

HEALTH FEE ELIMINATION

For State Controller Use Only

Program

(19) Program Number 00234

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

234

L A B E L H E R E	(01) Claimant Identification Number		Reimbursement Claim Data	
	(02) Claimant Name		(22) HFE-1.0, (04)(b)	
	County of Location		(23)	
	Street Address or P.O. Box		(24)	
	City State Zip Code		(25)	
Type of Claim		Estimated Claim	Reimbursement Claim	(25)
		(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27)
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)
Fiscal Year of Cost		(06) 20__/20__	(12) 20__/20__	(30)
Total Claimed Amount		(07)	(13)	(31)
Less: 10% Late Penalty, not to exceed \$1,000			(14)	(32)
Less: Prior Claim Payment Received			(15)	(33)
Net Claimed Amount			(16)	(34)
Due from State		(08)	(17)	(35)
Due to State			(18)	(36)

(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

Date

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number () -

Ext.

E-Mail Address

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (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 actual 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.
- (37) 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

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM
HFE-1.0

(01) Claimant

(02) Type of Claim
Reimbursement ☐
Estimated ☐

Fiscal Year

19__/19__

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a)
Name of College

(b)
Claimed
Amount

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(d) Total Amount Claimed	[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).

Program <div style="font-size: 24pt; font-weight: bold;">234</div>	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
---	--	-----------------

(01) Claimant <div style="height: 20px; border: 1px solid black;"></div>	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
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(03) Name of 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.

LESS

SAME

MORE

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	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (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: The sum of (Line (08)(1)(c) through line (08)(6)(c))							
(10) Subtotal [Line (07) - line (09)]							
Cost Reduction							
(11) Less: Offsetting Savings							
(12) Less: Other Reimbursements							
(13) Total Claimed Amount [Line (10) - {(line (11) + line (12))}]							

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (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	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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			
Venereal Disease			
Communicable Disease			
Upper Respiratory Infection			
Eyes, Nose and Throat			
Eye/Vision			
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			
Acquired Immune Deficiency Syndrome			
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			

MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES

FORM
HFE-2

(01) Claimant:

(02) Fiscal Year costs were incurred:

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.

(a)
FY
1986/87

(b)
FY
of Claim

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
 Pap Smears

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

Parking Cards/Elevator Keys
 Tokens
 Return Card/Key
 Parking Inquiry
 Elevator Passes
 Temporary Handicapped Parking Permits

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES		FORM HFE-2	
(01) Claimant:		(02) Fiscal Year costs were incurred:	
(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.		(a) FY 1986/87	(b) FY of Claim
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 EKG Strep A testing PG Testing Monospot Hemacult Others, list Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list Committees Safety Environmental Disaster Planning			

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
San Diego, CA 92117

Telephone: (858) 514-8605
Fax: (858) 514-8645
E-Mail: Kbpsixten@aol.com

January 12, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0664

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claim
Pasadena Area Community College District CC12145


Dear Ms. Brummels:

Enclosed please find the original claim and an extra copy of the FAM-27 for Pasadena Area Community College District's reimbursement claim listed below:

961/75	Collective Bargaining	2004-2005
486/75	Mandated Reimbursement Process	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2004-2005

If you have any questions regarding this claim, please contact me at (858) 514-8605.

Sincerely,


Sergio M. Perez, Vice-President
Claims Processing Manager

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use Only
 (19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

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(01) Claimant Identification Number: CC 19335			Reimbursement Claim Data	
(02) Claimant Name Pasadena Area Community College District			(22) HFE-1.0, (04)(b)	230,359
County of Location Los Angeles			(23)	
Street Address 1570 E. Colorado Blvd			(24)	
City Pasadena	State CA	Zip Code 91106-2003	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2005-2006	(12) 2004-2005	(30)	
Total Claimed Amount	(07) \$ 253,000	(13) \$ 230,359	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 230,359	(34)	
Due from State	(08) \$ 253,000	(17) \$ 230,359	(35)	
Due to State		(18)	(36)	

(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 1080 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

Peter Hardash

Vice President, Administrative Services

Type or Print Name

Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

**MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY**

**FORM
HFE-1.0**

(01) Claimant:

Pasadena Area Community College District

(02) Type of Claim:

Reimbursement



Estimated



Fiscal Year

2004-2005

(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Pasadena City College	\$230,359.05
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
(04) Total Amount Claimed	\$ 230,359

[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(1) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2004-2005
---	---	--------------------------

(3) Name of College: Pasadena City College

(4) 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.

LESS

☐

SAME

☒

MORE

☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(5) Cost of Health Services for the Fiscal year of Claim	\$ 554,535	\$ 181,887	\$ 736,422
(6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 554,535	\$ 181,887	\$ 736,422

(8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 503,865
(10) Subtotal	[Line (07) - line (09)]	\$ 232,557

Cost Reduction

(1) Less: Offsetting Savings, if applicable	\$ -
(2) Less: Other Reimbursements, if applicable	\$ 2,198.00
(3) Total Amount Claimed	\$ 230,359 [Line (10) - {(line (11) + line (12))}]

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Pasadena Area Community College District		(02) Fiscal Year costs were incurred: 2004-2005		
(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.,)				
Psychologist, full services		X	X	
Cancel/Change Appointments		X	X	
Registered Nurse				
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				
Dental				
Gastro-Intestinal		X	X	
Stress Counseling		X	X	
Crisis Intervention		X	X	
Child Abuse Reporting and Counseling		X	X	
Substance Abuse Identification and Counseling				
Eating Disorders				
Weight Control		X	X	
Personal Hygiene		X	X	
Burnout		X	X	
Other Medical Problems, list		X	X	
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		X	X	

Program
029

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

FORM
HFE-2

(01) Claimant
Pasadena Area Community College District

(02) Fiscal Year costs were incurred:
2004-2005

(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	X	X
Stop Smoking	X	X
Library, Videos and Cassettes		
First Aid, Major Emergencies	X	X
First Aid, Minor Emergencies	X	X
First Aid Kits, Filled	X	X
Immunizations		
Diphtheria/Tetanus	X	X
Measles/Rubella	X	X
Influenza	X	X
Information	X	X
Insurance		
On Campus Accident	X	X
Voluntary	X	X
Insurance Inquiry/Claim Administration		
Laboratory Tests Done		
Inquiry/Interpretation	X	X
Pap Smears	X	X
Physical Examinations		
Employees		
Students	X	X
Athletes		
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		
Stingkill		
Midol, Menstrual Cramps	X	X
Other, list---> Antihistamines, Decongestants, etc.	X	X
Parking Cards/Elevator Keys		
Tokens		
Return Card/Key		
Parking Inquiry		
Elevator Passes		
Temporary Handicapped Parking Permits		

Program 029		MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Pasadena Area Community College District		(02) Fiscal Year costs were incurred: 2004-2005			
(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					
Reading		X	X		
Information		X	X		
Vision		X	X		
Glucometer		X	X		
Urinalysis		X	X		
Hemoglobin		X	X		
EKG		X	X		
Strep A Testing		X	X		
PG Testing		X	X		
Monospot		X	X		
Hemacult		X	X		
Others, list		X	X		
Miscellaneous					
Absence Excuses/PE Waiver		X	X		
Allergy Injections		X	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					
Committees					
Safety		X	X		
Environmental		X	X		
Disaster Planning		X	X		

Fiscal Year

2005 - 2006

Sixten and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
E-Mail: Kbpsixten@aol.com

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645

Sacramento
3841 North Freeway Blvd., Suite 170
Sacramento, CA 95834
Telephone: (916) 565-6104
Fax: (916) 564-6103

Claim File Copy

January 16, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Ms. Virginia Brummels, Section Manager
Local Reimbursement Section
Division of Accounting and Reporting
Office of the State Controller
P.O. Box 942850
Sacramento, CA 94250

RE: Annual Reimbursement Claims
Pasadena Area Community College District CC 19335

Dear Ms. Brummels:

Enclosed please find the original claims and extra copies of the FAM-27 for Pasadena Area Community College District's reimbursement claims listed below:

961/75	Collective Bargaining	2005-2006
1/84	Health Fee Elimination	2005-2006
308/95	Enrollment Fee Collection and Waivers	2005-2006
764/99	Integrated Waste Management	2005-2006

If you have any questions regarding these claims, please contact me at (858) 514-8605.

Sincerely,



for Keith B. Petersen, President

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
HEALTH FEE ELIMINATION

For State Controller Use only

(19) Program Number 00234
 (20) Date Filed ____/____/____
 (21) LRS Input ____/____/____

Program
234

(01) Claimant Identification Number: CC 19335			Reimbursement Claim Data	
(02) Claimant Name Pasadena Area Community College District			(22) HFE-1.0, (04)(b)	167,656
County of Location Los Angeles			(23)	
Street Address 1570 E. Colorado Blvd.			(24)	
City Pasadena	State CA	Zip Code 91106-2003	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)	
Total Claimed Amount	(07) \$ 184,000	(13) \$ 167,656	(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 167,656	(34)	
Due from State	(08) \$ 184,000	(17) \$ 167,656	(35)	
Due to State		(18)	(36)	

(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

James Albanese

Interim Vice President, Administrative Services

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY		FORM HFE-1.0
(01) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)		
(a) Name of College	(b) Claimed Amount	
1. Pasadena City College	\$167,655.68	
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 167,656

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

(1) Claimant: Pasadena Area Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> X Estimated <input type="checkbox"/>	Fiscal Year 2005-2006
---	---	--------------------------

(3) Name of College: Pasadena City College

(4) 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.

LESS

☐

SAME

☒ **X**

MORE

☐

	Direct Cost	Indirect Cost of: 32.80%	Total
(5) Cost of Health Services for the Fiscal year of Claim	\$ 512,810	\$ 168,202	\$ 681,012
(6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 512,810	\$ 168,202	\$ 681,012

(8) Complete Columns (a) through (g) to provide detail data for health fees

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time 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) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 513,356
(10) Subtotal	[Line (07) - line (09)]	\$ 167,656

Cost Reduction

(11) Less: Offsetting Savings, if applicable	\$ -
(12) Less: Other Reimbursements, if applicable	\$ -
(13) Total Amount Claimed	[Line (10) - (line (11) + line (12))] \$ 167,656

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Pasadena Area Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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			
Outside Physician			
Dental Services			
Outside Labs, (X-ray, etc.,)			
Psychologist, full services	X	X	
Cancel/Change Appointments	X	X	
Registered Nurse			
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			
Genito/Urinary			
Dental	X	X	
Gastro-Intestinal	X	X	
Stress Counseling	X	X	
Crisis Intervention	X	X	
Child Abuse Reporting and Counseling			
Substance Abuse Identification and Counseling			
Acquired Immune Deficiency Syndrome			
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
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	X	X	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Pasadena Area Community College District	(02) Fiscal Year costs were incurred: 2005-2006		
(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	
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled	X X X	X 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	
Laboratory Tests Done Inquiry/Interpretation Pap Smears	X X	X X	
Physical Examinations Employees Students Athletes	X	X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list--> Antihistamines, Decongestants, etc.	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			

(01) Claimant
 Pasadena Area Community College District

(02) Fiscal Year costs were incurred:

2005-2006

(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		
Reading	X	X
Information	X	X
Vision	X	X
Glucometer	X	X
Urinalysis	X	X
Hemoglobin	X	X
EKG	X	X
Strep A Testing	X	X
PG Testing	X	X
Monospot	X	X
Hemacult	X	X
Others, list	X	X

Miscellaneous

Absence Excuses/PE Waiver	X	X
Allergy Injections	X	X
Bandaids	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		

Committees

Safety	X	X
Environmental	X	X
Disaster Planning	X	X



John Chiang, California State Controller

I, Marshall Krieger, am employed by the California State Controller's Office, and in such capacity have custody of the original warrants and/or images presented by financial institutions of original warrants issued by the California State Controller's Office. I hereby certify that this copy is a true and correct copy of the warrant issued by the California State Controller's Office in the regular course of business.

Marshall W. Krieger

		STATE OF CALIFORNIA		69-724211					
H THE TREASURER OF THE STATE WILL PAY OUT OF THE		FUND NO. 0001		FUND NAME GENERAL FUND					
IDENTIFICATION NO. CC19090		6870		MO. DAY YR 10 25 2006					
				90-1342/1211 69724211					
TO: 4211				<table border="1"><tr><td>DOLLARS</td><td>CENTS</td></tr><tr><td colspan="2">\$***79342.00</td></tr></table>		DOLLARS	CENTS	\$***79342.00	
DOLLARS	CENTS								
\$***79342.00									
TREASURER CITRUS COMM COLL DIST LOS ANGELES COUNTY 1000 W FOOTHILL BLVD GLEN DORA CA 91740				 STEVE WESTLY CALIFORNIA STATE CONTROLLER					
101211134230 6972421111				/0007934200/					

Warrant 69724211 PayAmount 7934200 PaidDate 11-03-2006 Fund 1

State Treasurers Office
Received
11/03/2006 2007556570

0300481144
>122238200<
PACIFIC WESTERN BANK
11012006 122034868

THIS WARRANT MUST BE ENDORSED BY PAYEE EXACTLY AS SHOWN AND WITHIN
MADE PAYABLE TO MORE THAN ONE PAYEE EACH PAYEE MUST ENDORSE
PAY TO THE ORDER OF
Foothill Independent Bank
1222-3243-9
FOR DEPOSIT ONLY
CITRUS COMMUNITY COLLEGE DIST
CLEARING ACCOUNT
ENDORSE ABOVE THIS LINE



John Chiang, California State Controller

I, Marshall Krieger, am employed by the California State Controller's Office, and in such capacity have custody of the original warrants and/or images presented by financial institutions of original warrants issued by the California State Controller's Office. I hereby certify that this copy is a true and correct copy of the warrant issued by the California State Controller's Office in the regular course of business.

Marshall W. Krieger

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK. VIEW AT AN ANGLE.

STATE OF CALIFORNIA WARRANT NUMBER **69-724210**

THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO. **CC19080** FUND NO. **0001** FUND NAME **GENERAL FUND**

6870 MO. DAY YR **10 25 2006** 80-1342/1211 **69724210**

TO: **4210**
TREASURER
CERRITOS COMM COLL DIST
LOS ANGELES COUNTY
11110 E ALONDRA BLVD
NORWALK CA 90650

\$106734.00**

Steve Westly
STEVE WESTLY
CALIFORNIA STATE CONTROLLER

101211134230 697242105* **70010673400***

Warrant 69724210 PayAmount 10673400 PaidDate 11-02-2006 Fund 1

STATE OF CALIFORNIA
#1005745630 11/02/06

State Treasurer **5760880281**
Received
11/02/2006 1005745630

FOR DEPOSIT ONLY TO BE DEPOSITED IN A BANK OR CREDIT UNION
DO NOT WRITE IN THESE SPACES



John Chiang, California State Controller

I, Marshall Krieger, am employed by the California State Controller's Office, and in such capacity have custody of the original warrants and/or images presented by financial institutions of original warrants issued by the California State Controller's Office. I hereby certify that this copy is a true and correct copy of the warrant issued by the California State Controller's Office in the regular course of business.

Marshall W. Krieger

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - VIEW AT AN ANGLE

STATE OF CALIFORNIA WARRANT NUMBER **69-724209**

H THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO. **CC12145** FUND NO. **0001** FUND NAME **GENERAL FUND**

6870 MO. DAY YR. **10 25 2006** 90-1342/1211 **69724209**

TO: **4209**
TREASURER
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

\$*25487.00**

Steve Westly
STEVE WESTLY
CALIFORNIA STATE CONTROLLER

11069...19160 8907
110006000 07099994862 16580-

11211134231 697242096*

70002548700*

Warrant 69724209 PayAmount 2548700 PaidDate 11-13-2006 Fund 1

State Treasurers Office
Received
11/13/2006 2014193550

BANK OF AMERICA NA SEC
11/13/06 11/13/06

94461

3833-13
121000158

ENDORSE ABOVE THIS LINE

THIS WARRANT IS FOR DEPOSIT ONLY AND SHOULD NOT BE CASHED OR PAID BY ANY FINANCIAL INSTITUTION.
Humboldt County, Treasurer
College of the Redwoods
01240-80100



John Chiang, California State Controller

I, Marshall Krieger, am employed by the California State Controller's Office, and in such capacity have custody of the original warrants and/or images presented by financial institutions of original warrants issued by the California State Controller's Office. I hereby certify that this copy is a true and correct copy of the warrant issued by the California State Controller's Office in the regular course of business.

Marshall W. Krieger

STATE OF CALIFORNIA 69-724228

THE TREASURER OF THE STATE WILL PAY OUT OF THE
IDENTIFICATION NO. CC42005 FUND NO. 0001 FUND NAME GENERAL FUND

MO. DAY YR. 10 25 2006 90-1342/1211 69724228

TO 4228
TREASURER
ALLAN HANCOCK JOINT COMM COLL
SANTA BARBARA COUNTY
800 S COLLEGE DR
SANTA MARIA CA 93454

DOLLARS CENTS
\$***18912.00

STEVE WESTLY
CALIFORNIA STATE CONTROLLER

11211134230 6972422850

Warrant 69724228 PayAmount 1891200 PaidDate 11-07-2006 Fund 1

BANK OF AMERICA NA
#1210003584 E1187 99 25
11/06/06

State Treasurers
Received
11/07/2006 3009052850

7257-31
1210003584

Pay to the order of
Santa Barbara County
Treas. Tax Collector
For Deposit Only
Bank of America NA
#14476-50070
51 Allan Hancock College District

THIS WARRANT MUST BE ENDORSED BY PAYEE EXACTLY AS SHOWN AND WHEN
MADE PAYABLE TO MORE THAN ONE PAYEE EACH PAYEE MUST ENDORSE

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

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

8
9
10 **INCORRECT REDUCTION CLAIM 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,**

16 **CERRITOS COMMUNITY COLLEGE**
17 **DISTRICT, and**

18 **REDWOODS COMMUNITY COLLEGE**
19 **DISTRICT, Claimants**

No.: CSM 09-4206-I-19, 09-4206-I-20,
and 09-4206-I-26

AFFIDAVIT OF AUDIT MANAGER

20 I, Stephen W. Van Zee, make the following declarations:

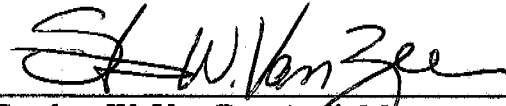
- 21 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 22 2) I am currently employed as an Audit Manager, and have been so since February 24,
- 23 2003. Before that, I was employed as an audit supervisor for eighteen years and ten
- 24 months.
- 25 3) I reviewed the work performed by the State Controller's Office (SCO) auditors in
- relation to the above-entitled incorrect reduction claims.
- 4) Any attached copies of records are true copies of records related to the above-entitled
- incorrect reduction claims as maintained at our place of business.

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

4
5 Dated: April 14, 2011

6 OFFICE OF THE STATE CONTROLLER

7
8 By:


9 Stephen W. Van Zee, Audit Manager
10 Mandated Cost Audits Bureau
11 Division of Audits
12 State Controller's Office
13
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18
19
20
21
22
23
24
25

3B/2
6/16/09**Kwong, Christine**

From: Van Zee, Steve
Sent: Friday, May 08, 2009 01:23 PM
To: 'horton@citruscollege.edu'
Cc: 'rbuchwald@citruscollege.edu'
Subject: Health Fee Elimination Program mandated cost claims
Attachments: 06-07.pdf, 02-03.pdf, 03-04.pdf, 04-05.pdf, 05-06.pdf

Ms. Horton,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2002-03 through FY 2006-07. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what documentation the district maintains to support the number of students excluded. (Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy that excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

06/16/2009

Steve W. Van Zee
Audit Manager
State Controller's Office
Division of Audits / Mandated Cost Audits Bureau
Office: (916) 323-2368 / FAX: (916) 324-7223
svanzee@sco.ca.gov

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06/16/2009

Kwong, Christine

From: Van Zee, Steve
Sent: Friday, May 08, 2009 10:45 AM
To: 'jalbanese@cerritos.edu'
Cc: 'brizkallah@cerritos.edu'
Subject: Health Fee Elimination Program mandated cost claims
Attachments: 06-07.pdf; 02-03.pdf; 03-04.pdf; 04-05.pdf; 05-06.pdf

Mr. Albanese,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2002-03 through FY 2006-07. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what documentation the district maintains to support the number of students excluded. (Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy that excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

05/18/2009

Steve W. Van Zee

Audit Manager

State Controller's Office

Division of Audits / Mandated Cost Audits Bureau

Office: (916) 323-2368 / FAX: (916) 324-7223

svanzee@sco.ca.gov

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05/18/2009

Kwong, Christine

From: Van Zee, Steve
Sent: Monday, May 11, 2009 09:45 AM
To: 'ruth-bettenhausen@redwoods.edu'
Subject: Health Fee Elimination Program mandated cost claims
Attachments: 06-07.pdf, 02-03.pdf, 03-04.pdf, 04-05.pdf, 05-06.pdf

Ms. Bettenhausen,

This is to notify you that the State Controller's Office is reviewing claims that your district submitted for the Health Fee Elimination mandated cost program. We are performing our review under the authority of Government Code sections 12410, 17558.5, and 17561. In addition, the program's parameters and guidelines require the district to provide documentation that supports its claims upon the request of the State Controller. At this time, our review is limited to validating the authorized health service fees that the district reported.

Our review scope includes claims filed for fiscal year (FY) 2002-03 through FY 2006-07. For your convenience, we have attached copies of those claims.

To complete our review, we ask that you provide the following information:

(1) Education Code section 76355, subdivision (c)(1), states that the district may exclude from health fees those students who "depend exclusively upon prayer for healing in accordance with the teachings of a bona fide religious sect, denomination, or organization." For each term within each academic year, please identify the number of students that the district excluded from health service fees pursuant to Education Code section 76355, subdivision (c)(1). Please also identify what documentation the district maintains to support the number of students excluded. (Note: Summer 2002 session is part of the 2002-03 academic year, and so on.)

(2) If the district prohibited any students from using its health services during any term or academic year, please identify the number of students excluded and provide documentation of a contemporaneous district policy showing that the district excluded those students from receiving health services.

Please provide the requested information by May 29, 2009. You may provide the information by mail, fax, or e-mail. If we do not receive the requested information, we will complete our review based upon district enrollment, Board of Governor Grant recipient, and apprenticeship program enrollee information provided by the California Community Colleges Chancellor's Office. Once our review is complete, the State Controller's Office - Division of Accounting and Reporting will notify you if there are any adjustments to claimed costs.

Thank you for your assistance.

05/27/2009

Steve W. Van Zee

Audit Manager

State Controller's Office

Division of Audits / Mandated Cost Audits Bureau

Office: (916) 323-2368 / FAX: (916) 324-7223

svanzee@sco.ca.gov

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05/27/2009

Hearing Date: September 29, 2011
j:\mandates\irc\2009\4206\09-4206-I-19\irc\dsa

ITEM _
INCORRECT REDUCTION CLAIM
DRAFT STAFF ANALYSIS

Education Code Section 76355

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

Health Fee Elimination

Fiscal Years 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009
09-4206-I-19, 09-4206-I-20, 09-4206-I-23, 09-4206-I-26, 09-4206-I-27, 09-4206-I-28, 09-4206-I-30

Citrus Community College District, Cerritos Community College District,
Los Rios Community College District, Redwoods Community College District,
Allan Hancock Joint Community College District,
Rancho Santiago Community College District, and
Pasadena Area Community College District, Claimants

EXECUTIVE SUMMARY

Overview

This analysis looks at seven consolidated incorrect reduction claims filed by seven community college districts (Districts) regarding reductions made by the State Controller's Office to reimbursement claims for costs incurred during fiscal years 2002-2003 through 2008-2009 for providing health services to all community college students under the *Health Fee Elimination* program.

Health Fee Elimination Program

Prior to 1984, community college districts were authorized to charge almost all students a general fee (health service fee) for the purpose of providing health services. In 1984, the Legislature enacted legislation eliminating community college districts' fee authority for health services. The 1984 legislation also required any district which provided health services during the 1983-1984 fiscal year, for which it was previously authorized to charge a fee, to maintain the health services at the level provided during the 1983-1984 fiscal year for every subsequent fiscal year until January 1, 1988. The result was that community college districts, which previously had fee authority to provide health services, had to maintain health services provided in the 1983-1984 fiscal year without any fee authority for this purpose.

In 1987, the Legislature required the maintenance of effort requirement to continue after January 1, 1988. As a result, all community college districts that provided health services during the 1986-1987 fiscal year were required to maintain those services every subsequent fiscal year. In addition, on January 1, 1988, the community college district fee authority for health services was reestablished.

Commission Decisions

At the November 20, 1986 Commission hearing, the Commission determined that the 1984 legislation, which required community college districts to maintain health services while repealing the districts' fee authority for those services, imposed a reimbursable state-mandated "new program" upon community college districts. On August 27, 1987, the Commission adopted parameters and guidelines for the *Health Fee Elimination* program.

At the May 25, 1989 Commission hearing, the Commission adopted amendments to the parameters and guidelines for the *Health Fee Elimination* program to reflect amendments made by the 1987 legislation. The 1987 legislation reestablished community college districts' fee authority for the provision of health services and extended the maintenance of service provision such that all community college districts that provided health services during the 1986-1987 fiscal year were required to maintain that level of service each fiscal year thereafter. As a result, the 1989 parameters and guidelines reflected a change in eligible claimants, and the reestablishment of community college districts' fee authority for the *Health Fee Elimination* program.

Procedural History

Between January 7, 2004 and February 10, 2010, the Districts filed reimbursement claims for various fiscal years with the State Controller's Office for actual costs incurred as a result of the *Health Fee Elimination* program. The Districts offset the costs incurred by health service fees that were actually charged and received.

Between July 1, 2009 and May 25, 2010, the State Controller's Office issued claims adjustment letters reducing reimbursement claims filed by the Districts for the *Health Fee Elimination* program based on the determination that the districts understated the health service fees which are required to be deducted from the costs claimed by failing to account for health service fees that districts were *authorized* to charge.

The Districts filed seven individual incorrect reduction claims as a result of the adjustments made to the reimbursement claims. The Districts argue that they were only required to offset costs by health service fees that were *actually* charged and received.

On September 21, 2010, after the filing of the incorrect reduction claims, the Third District Court of Appeal issued its opinion in *Clovis Unified School Dist. v. Chiang (Clovis)* (2010) 188 Cal.App.4th 794, which specifically addressed this disputed issue. The court found that community college districts were required to offset costs claimed for the *Health Fee Elimination* program by the health service fees that community college districts were *authorized* to charge.

On December 13, 2010, Commission staff consolidated the seven incorrect reduction claims filed by the Districts and requested comments from the Districts and the State Controller's Office on the effect of the *Clovis* decision on the incorrect reduction claims. The Districts and the State Controller's Office both filed comments in response.

Positions of the Parties

Claimant's Position

For fiscal years 2002-2003 through 2008-2009, the Districts claimed reimbursement for costs to provide health services to community college students under the *Health Fee Elimination* program. During these fiscal years the Districts accounted only for health service fees actually received as offsetting revenue and subtracted that amount from the costs incurred as a result of providing health services.

The Districts contend that the State Controller's Office incorrectly reduced the costs for providing health services to students. Prior to the court's decision in *Clovis* the Districts asserted in their incorrect reduction claims that:

- Community college districts are required to reduce costs only by offsetting revenue received.
- The State Controller's Office did not provide the required explanation of the adjustments. "The Controller's actions ... deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim."
- No audit was conducted, "[t]herefore the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code section 17561(d)(2)."
- The second sentence of Government Code section 17558.5(a) provides that if no payment has been made to a claimant for a fiscal year for which a claim is filed the time for the State Controller's Office to initiate an audit shall commence to run from the date of initial payment of the claim. The second sentence is impermissibly vague. As a result, the statute of limitations should commence to run upon filing of a claim by a claimant.

The Districts also filed a response to the consolidation of the incorrect reduction claims and request for further briefing and information by the Commission in January 2011. The Districts' comments generally provide that:

- Increasing the health service fees by the same percentage increase to the Implicit Price Deflator for State and Local Purchases of Goods and Services is within the authority of only community college districts. As a result, without action by a community college district the maximum amount of health service fees that can be charged by the district are the amounts specified in Education Code section 76355(a)(1). Additionally, the State Controller's Office cannot use information provided by the California Community College Districts Chancellor's Office (Chancellor's Office) to determine the maximum health service fee authority because only the districts have the authority to increase the health service fee.
- The State Controller's Office reduced the claims for reimbursement by too much.
 - Although the State Controller's Office excluded students exempt from paying the health service fees from the calculation of the amount of health service fees that a district is authorized to charge, the State Controller's Office did not account for the cost of providing services to these exempt students.

- The State Controller's Office calculations of the total amount of health service fees that a district is authorized to charge include all students regardless of whether there is a student health service center at a student's location of attendance.
- The scope of health services provided pursuant to the *Health Fee Elimination* program exceeds the scope of authorized uses of the health service fee.
- The State Controller's Office improperly utilized enrollment data from the Chancellor's Office for the calculation of collectible fees.

In addition, the Districts reassert that no audit was conducted. The Districts state that "the [State Controller's Office] did not audit the districts' enrollment or program costs. The [State Controller's Office] 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."

State Controller's Office

The State Controller's Office filed comments disagreeing with the incorrect reduction claims filed by the Districts, and responding to the request for information on the effect of the *Clovis* decision on the incorrect reduction. The State Controller's Office specifically asserts:

- In regard to the Districts' assertion that districts are required to reduce costs only by offsetting revenue received, "the issues surrounding offsetting revenue based on authorized fees have been fully resolved by the court in the [*Clovis*] case. In that case the court concluded that the "Health Fee Rule" implemented by the Controller's Office, which reduced reimbursement by the amount of the health fee authorized, was valid."
- In response to the Districts' assertion that the State Controller's Office did not provide the required explanation of the adjustments and in doing so has denied the Districts the opportunity to comprehensively contest the adjustments through the incorrect reduction claims, a detailed analysis of all claim reductions was provided (after the incorrect reductions were filed). In addition, "The [Districts] may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185."
- In response to the Districts' assertion that no audit was conducted, and that the State Controller's Office does not assert that the costs claimed were excessive or unreasonable, "We disagree. The [State Controller's Office] reviewed the [Districts'] claims and concluded that the [Districts] did not properly report authorized health service fees." Additionally, "The [State Controller's Office] did in fact conclude that the [Districts'] claim was *excessive*."
- In response to the Districts' assertion that the statute of limitations applicable to audits conducted on reimbursement claims for which no payment has been made is impermissibly vague, "the language of the statute in [*sic*] not vague, the Claimants simply prefer a different outcome. The statute clearly predicates the running of the statute of limitations on the 'date of initial payment,' in cases where no funds are appropriated or no payment is made. . . . Ultimately, the argument concerning vagueness is moot, as the [Commission] has no authority to determine that statute, or any portion thereof, is unconstitutional."

Commission Responsibilities

Government Code section 17561(b) authorizes the State Controller's Office to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state-mandated costs that the State Controller's Office determines is excessive or unreasonable.

Government Code Section 17551(d) requires the Commission to hear and decide a claim that the State Controller's Office has incorrectly reduced payments to the local agency or school district.

If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.7 of the Commission's regulations requires the Commission to send the statement of decision to the State Controller's Office and request that the costs in the claim be reinstated.

Analysis

Staff makes the following findings:

1. Pursuant to the *Clovis* decision, the State Controller's Office appropriately used Education Code section 76355(a)(2) to determine the maximum health service fee authority of community college districts.

The court in *Clovis* upheld the State Controller's Office use of the "Health Fee Rule," which reduced reimbursement claims based on the fees districts are *authorized* to charge regardless of whether community college districts charged or collected those fees. Based on the language of Education Code section 76355(a)(2), the fee authority for health services automatically increases by the same percentage increase as the Implicit Price Deflator for State and Local Government Purchase of Goods and Services. The Commission is bound by the court's decision in *Clovis*.

The Districts argue that increasing the fee pursuant to Education Code section 76355(a)(2) requires legislative action by a community college district. As a result, the Districts assert that the State Controller's Office cannot use Education Code section 76355(a)(2) for purposes of determining the maximum fees that the Districts were authorized to charge for purposes of offsetting costs incurred from the *Health Fee Elimination* program. The Districts are incorrect.

The court fully resolved the issue of the State Controller's use of the Health Fee Rule, which includes the automatic increase in authority pursuant to Education Code section 76355(a)(2). The court held that the Health Fee Rule is valid because community college districts are not entitled to reimbursement for costs for which the districts have the *authority* to charge a fee. This rule is applicable regardless of the fee that community college districts decide to actually charge.

Pursuant to the decision in *Clovis*, staff finds that it was necessary for the State Controller's Office to use Education Code section 76355(a)(2) to identify the maximum health service fees that community college districts had the authority to charge and were required to use as offsetting revenue for claims of reimbursement for the *Health Fee Elimination* program.

2. The State Controller's Office correctly included students that cannot access student health services in a practical manner in the calculation of the maximum amount of health service fees that a community college district has the authority to charge.

The Districts argue that community college districts cannot reasonably charge students the health service fee if those students cannot access health services in a practical manner or that do not use the health services provided by the districts.

For purposes of mandate reimbursement the issue as identified by the court in *Clovis* is whether community college districts have the *authority* to charge the health service fee regardless of the decision made by the community college districts to actually impose the fee or not.

Education Code section 76355 authorizes community college districts to charge all students the health service fee, except for students that fall within three exceptions. The Districts acknowledge that the State Controller's Office has excluded the students exempted from the fee in calculating the maximum amount of health service fees that the Districts had the authority to charge. Unless the students referenced in the Districts' argument fall into any of the three categories of exempted students, the Districts have the authority to charge the students the health service fee.

Thus, staff finds that the State Controllers' Office properly included all students that do not fall within the three categories of students exempt from the health service fee as students which the Districts have the *authority* to charge.

3. The State Controller's Office has properly conducted an audit and met the statute of limitations to initiate and complete the audit.

The Districts make the following assertions: (a) the State Controller's Office has not conducted an audit of the Districts' enrollment data and therefore no audit was conducted; (b) the State Controller's Office has based its adjustments to the Districts' reimbursement claims on the wrong standard of review; and (c) the State Controller's Office did not initiate and complete an audit within the applicable statute of limitations.

- The State Controller's Office has properly utilized enrollment data provided by the Chancellor's Office to conduct an audit.

The Districts argue that the State Controller's Office cannot rely on enrollment data provided by the Chancellor's Office for purposes of conducting an audit of the Districts' reimbursement claims. Because the State Controller's Office has done this, the Districts' argue that no audit has been conducted.

Staff finds that the State Controller's Office maintains broad discretion in how to perform its duty to audit all claims against the state. Additionally, based on the evidence in the record, staff finds that the State Controller's Office has not acted in an arbitrary and capricious manner by using enrollment data provided by the Chancellor's Office. Rather, in light of the data provided by the Districts, the State Controller's Office reasonably utilized enrollment data from the Chancellor's Office MIS in order to audit the enrollment data provided by the Districts. As a result, the

State Controller's Office has properly utilized enrollment data provided by the Chancellor's Office and conducted an audit.

- The State Controller's Office has adjusted the Districts' claims based on the correct standard.

The Districts argue that the State Controller's Office 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 of review."

In response the State Controllers' Office argues:

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal." The [Districts'] mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines.

Staff finds that the State Controller's Office adjusted the Districts' claims for reimbursement based on the correct standard.

- The State Controller's Office has met the statute of limitations to initiate and complete the audits.

The Districts assert that Government Code section 17558.5(a) is impermissibly vague, and thus unenforceable. The Districts propose a different statute of limitations and argue that the State Controller's Office has failed to meet the statute of limitations to conduct audits for some of the reimbursement claims filed by the Districts during certain fiscal years. As a result, the Districts contend that reductions made to reimbursement claims during these fiscal years are void and should be withdrawn.

The Commission does not have the authority to determine that a statute, or any portion thereof, is unconstitutional and therefore unenforceable. As a result, staff makes no findings on the constitutionality of Government Code section 17558.5(a), and must treat all of subdivision (a) as enforceable. Applying the plain language of Government Code section 17558.5(a) to the evidence presented to the Commission, staff finds that the State Controller's Office has initiated and completed the audits within the statute of limitations.

4. Although the State Controller's Office did not provide an explanation of the adjustments made to reimbursement claims within the 30-day time limit of Government Code section 17558.5(c), the State Controller's Office has not denied the Districts the opportunity to comprehensively contest the adjustments.

Government Code section 17558.5(c) requires the State Controller's Office to notify why an adjustment of a claim for reimbursement was made to claimants in writing within 30 days of issuing a remittance advice for the adjustment made. The State Controller's Office failed to meet the 30 day timeline for notifying why adjustments were made to the reimbursement claims filed by the Districts for the *Health Fee Elimination* program.

Prior to receiving the State Controller's Office explanations, the Districts made the assertion that the State Controller's Office actions deny the Districts the opportunity to

comprehensively contest the adjustments through the incorrect reduction claims filed with the Commission.

Although the State Controller's Office did not provide an explanation of adjustments made to the reimbursement claims within the 30-day time limit, staff finds that the Districts are not denied the opportunity to comprehensively contest adjustments made. Claimants are authorized to file an incorrect reduction claim with the Commission upon receiving a remittance advice or other notice of adjustment notifying the claimant of a reduction. This is the beginning of a claimant's opportunity to contest adjustments made by the State Controller's Office. After a claimant has filed an incorrect reduction claim, the claimant has the ability to amend its incorrect reduction claim and is provided multiple opportunities to submit comments to respond to comments or issues raised during the Commission's incorrect reduction claims process. Additionally, if the State Controller's Office fails to provide a needed explanation of adjustments made to a reimbursement claim filed by a claimant, the Commission maintains subpoena power. Here, the State Controller's Office provided detailed analyses to all of the claim reductions on October 20, 2009 and October 21, 2009, to which the Districts have responded to on January 11, 2011. Thus, the actions of the State Controller's Office have not denied the Districts the opportunity to comprehensively contest adjustments made to the reimbursement claims.

5. The State Controller's Office properly accounted for students exempt from the Health Service Fee.

In conducting audits on the Districts' claims for reimbursement, the State Controller's Office calculated the offsetting revenue from health service fees for each term for each fiscal year claimed by multiplying the maximum fee authority for the term during the fiscal year claimed by the total enrollment minus exempted students for each term. The State Controller's Office then subtracted the offsetting revenue for each fiscal year from the total reimbursable claim amounts submitted by the Districts for each fiscal year.

The Districts argue that the State Controller's Office's collectible fee calculation excludes these exempted students from the calculation of the offsetting revenue, but does not determine the costs of the services to these exempt students.

It is a claimant's responsibility to claim total reimbursable costs in its reimbursement claims filed with the State Controller's Office. Here, the total reimbursable costs claimed by the Districts should have included the reimbursable costs of health services provided to all students, including students exempt from the health service fee. It is unclear if, or why, the Districts excluded the cost of health services provided to students exempt from the health service fee from the total reimbursable claim amounts submitted by the Districts to the State Controller's Office. To the extent that reimbursable costs under the *Health Fee Elimination* program have not been claimed, it is the responsibility of the claimants (the Districts) to claim these costs, not that of the State Controller's Office.

Ultimately, the cost of health services provided to students exempt from the health service fee is irrelevant for purposes of the consolidated incorrect reduction claims. The State Controller's Office did not make any reduction to the reimbursement claims on the basis of the costs claimed by the Districts for providing health services to students

exempt from the health service fee. Thus, staff finds that the State Controller's Office properly accounted for students exempt from the health service fee.

6. The scope of reimbursable services under the *Health Fee Elimination* program as described in the parameters and guidelines exceeds the permitted uses of health service fees.

The Districts argue that the scope of reimbursable services described in the parameters and guidelines exceed the program regulations. Therefore, the Districts argue that they are eligible for reimbursement for some parameters and guidelines services that are outside the scope of the Title 5 constraints for use of the fees.

The parameters and guidelines for the *Health Fee Elimination* program list physicals for athletes and employees as a reimbursable cost. Based on the language of Education Code section 76355 and its implementing regulations, community college districts are prohibited from using the student health service fee for physicals for athletes and employees. Thus, staff agrees with the Districts' argument that the scope of reimbursable services described in the parameters and guidelines exceed the permissible uses of the health service fee paid by students to the extent that it pertains to: (a) physicals for athletes; and (b) physicals for employees.

In the audits of these Districts the State Controller's Office used the health service fees as offsets for all costs claimed by the districts without delineating the costs claimed by the districts associated with providing physicals for athletes and employees. From the evidence in the record it is not possible for staff to determine the costs associated with providing physicals for athletes and employees for each district and each fiscal year claimed. As a result, staff finds that the State Controller's Office incorrectly reduced reimbursable costs associated with providing physicals for athletes and employees by applying health service fees as offsetting revenue to the costs claimed for physicals for athletes or employees.

Conclusion

For the foregoing reasons, 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 community college districts were authorized to charge 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).
- Cerritos Community College District claimed costs associated with providing physicals for athletes during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-20).
- Los Rios Community College District claimed costs associated with providing physicals for athletes during fiscal years 2005-2006 through 2007-2008 (CSM 09-4206-I-23).
- Redwoods Community College District claimed costs associated with providing physicals for athletes during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-26).

- Rancho Santiago Community College District claimed costs associated with providing physicals for athletes during fiscal years 2007-2008 and 2008-2009 (CSM 09-4206-I-28).

Staff recommends that the above community college districts' reimbursement claims be remanded back to the State Controller's Office to determine the portion of the total costs claimed that are attributable to physicals for athletes. The costs for physicals for athletes should be reinstated.

Additionally, staff concludes that the State Controller's Office incorrectly reduced costs incurred that were attributable to physicals for employees by using the health service fee community college districts were authorized to charge 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:

- Cerritos Community College District claimed costs associated with providing physicals for employees during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-20).
- Redwoods Community College district claimed costs associated with providing physicals for employees during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-26).

Staff recommends that the above community college districts' reimbursement claims be remanded back to the State Controller's Office to determine the portion of the total costs claimed that are attributable to physicals for employees. The costs for physicals for employees should be reinstated.

Staff also concludes that the State Controller's Office correctly reduced all other costs incurred during all other fiscal years claimed by Citrus Community College District, Cerritos Community College District, Los Rios Community College District, Redwoods Community College District, Allan Hancock Joint Community College District, Rancho Santiago Community College District, and Pasadena Area Community College District for the *Health Fee Elimination* program by the amount of health service fees that the districts were authorized to charge.

Staff Recommendation

Staff recommends that the Commission partially approve these consolidated incorrect reduction claims as outlined above and adopt this analysis.

STAFF ANALYSIS

Claimants

Citrus Community College District, Cerritos Community College District, Los Rios Community College District, Redwoods Community College District, Allan Hancock Joint Community College District, Rancho Santiago Community College District, and Pasadena Area Community College District

Chronology

01/22/87	Commission adopts statement of decision for <i>Health Fee Elimination</i> test claim (CSM 4206) ¹
08/27/87	Commission adopts parameters and guidelines for the <i>Health Fee Elimination</i> program ²
05/25/89	Commission adopts amendments to parameters and guidelines for the <i>Health Fee Elimination</i> program ³
01/07/04	Citrus Community College District files reimbursement claim for fiscal year 2002-2003 ⁴
01/12/04	Cerritos Community College District files reimbursement claim for fiscal year 2002-2003 ⁵
01/13/04	Redwoods Community College District files reimbursement claim for fiscal year 2002-2003 ⁶
01/13/04	Allan Hancock Joint Community College District files reimbursement claim for fiscal year 2002-2003 ⁷
12/13/04	Citrus Community College District files reimbursement claim for fiscal year 2003-2004 ⁸

¹ Exhibit __, statement of decision, *Health Fee Elimination* (CSM 4206, adopted January 22, 1987).

² Exhibit __, parameters and guidelines, *Health Fee Elimination* (CSM 4206, adopted August 27, 1987).

³ Exhibit __, amendments to parameters and guidelines, *Health Fee Elimination* (CSM 4206, adopted May 25, 1989).

⁴ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) “Exhibit F,” dated September 24, 2009.

⁵ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) “Exhibit F,” dated September 24, 2009.

⁶ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) “Exhibit F,” dated October 19, 2009.

⁷ Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) “Exhibit F,” dated June 7, 2010.

12/13/04	Allan Hancock Joint Community College District files reimbursement claim for fiscal year 2003-2004 ⁹
01/07/05	Cerritos Community College District files reimbursement claim for fiscal year 2003-2004 ¹⁰
12/20/05	Citrus Community College District files reimbursement claim for fiscal year 2004-2005 ¹¹
12/30/05	Allan Hancock Joint Community College District files reimbursement claim for fiscal year 2004-2005 ¹²
01/12/06	Redwoods Community College District files reimbursement claim for fiscal year 2003-2004 ¹³
01/12/06	Redwoods Community College District files reimbursement claim for fiscal year 2004-2005 ¹⁴
01/12/06	Pasadena Area Community College District files reimbursement claim for fiscal year 2004-2005 ¹⁵
01/17/06	Cerritos Community College District files reimbursement claim for fiscal year 2004-2005 ¹⁶
01/04/07	Los Rios Community College District files reimbursement claim for fiscal year 2005-2006 ¹⁷

⁸ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) “Exhibit F,” *supra*.

⁹ Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) “Exhibit F,” *supra*.

¹⁰ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) “Exhibit F,” *supra*.

¹¹ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) “Exhibit F,” *supra*.

¹² Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) “Exhibit F,” *supra*.

¹³ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) “Exhibit F,” *supra*.

¹⁴ *Ibid*.

¹⁵ Exhibit F, incorrect reduction claim filed by Pasadena Area Community College District (09-4206-I-30) “Exhibit E,” dated June 15, 2010.

¹⁶ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) “Exhibit F,” *supra*.

¹⁷ Exhibit C, incorrect reduction claim filed by Los Rios Community College District (09-4206-I-23) “Exhibit F,” dated October 1, 2009.

01/09/07	Citrus Community College District files reimbursement claim for fiscal year 2005-2006 ¹⁸
01/16/07	Redwoods Community College District files reimbursement claim for fiscal year 2005-2006 ¹⁹
01/16/07	Allan Hancock Joint Community College District files reimbursement claim for fiscal year 2005-2006 ²⁰
01/16/07	Pasadena Area Community College District files reimbursement claim for fiscal year 2005-2006 ²¹
12/21/07	Rancho Santiago Community College District files reimbursement claim for fiscal year 2005-2006 ²²
01/11/08	Cerritos Community College District files reimbursement claim for fiscal year 2005-2006 ²³
01/11/08	Allan Hancock Joint Community College District files reimbursement claim for fiscal year 2006-2007 ²⁴
01/18/08	Redwoods Community College District files reimbursement claim for fiscal year 2006-2007 ²⁵
02/05/08	Los Rios Community College District files reimbursement claim for fiscal year 2006-2007 ²⁶
02/08/08	Rancho Santiago Community College District files reimbursement claim for fiscal year 2006-2007 ²⁷

¹⁸ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) “Exhibit F,” *supra*.

¹⁹ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) “Exhibit F,” *supra*.

²⁰ Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) “Exhibit F,” *supra*.

²¹ Exhibit F, incorrect reduction claim filed by Pasadena Area Community College District (09-4206-I-30) “Exhibit E,” *supra*.

²² Exhibit G, incorrect reduction claim filed by Rancho Santiago Community College District (09-4206-I-28) “Exhibit D,” dated June 16, 2010.

²³ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) “Exhibit F,” *supra*.

²⁴ Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) “Exhibit F,” *supra*.

²⁵ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) “Exhibit F,” *supra*.

²⁶ Exhibit C, incorrect reduction claim filed by Los Rios Community College District (09-4206-I-23) “Exhibit F,” *supra*.

01/29/09	Cerritos Community College District files reimbursement claim for fiscal year 2006-2007 ²⁸
01/30/09	Citrus Community College District files reimbursement claim for fiscal year 2006-2007 ²⁹
02/03/09	Los Rios Community College District files reimbursement claim for fiscal year 2007-2008 ³⁰
02/06/09	Rancho Santiago Community College District files reimbursement claim for fiscal year 2007-2008 ³¹
07/01/09	State Controller's Office issues claim adjustment letters to Cerritos Community College District for fiscal years 2003-2004 through 2006-2007 ³²
07/01/09	State Controller's Office issues claim adjustment letters to Pasadena Area Community College District for fiscal years 2004-2005 and 2005-2006 ³³
07/02/09	State Controller's Office issues claim adjustment letter to Cerritos Community College District for fiscal year 2002-2003 ³⁴
07/02/09	State Controller's Office issues claim adjustment letters to Redwoods Community College District for fiscal years 2002-2003 through 2005-2006 ³⁵
07/05/09	State Controller's Office issues claim adjustment letters to Citrus Community College District for fiscal years 2003-2004 through 2005-2006 ³⁶

²⁷ Exhibit G, incorrect reduction claim filed by Rancho Santiago Community College District (09-4206-I-28) "Exhibit D," *supra*.

²⁸ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) "Exhibit F," *supra*.

²⁹ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) "Exhibit F," *supra*.

³⁰ Exhibit C, incorrect reduction claim filed by Los Rios Community College District (09-4206-I-23) "Exhibit F," *supra*.

³¹ Exhibit G, incorrect reduction claim filed by Rancho Santiago Community College District (09-4206-I-28) "Exhibit D," *supra*.

³² Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) "Exhibit A," *supra*.

³³ Exhibit F, incorrect reduction claim filed by Pasadena Area Community College District (09-4206-I-30) "Exhibit A," *supra*.

³⁴ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20) "Exhibit A," *supra*.

³⁵ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) "Exhibit A," *supra*.

³⁶ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) "Exhibit A," *supra*.

07/06/09	State Controller's Office issues claim adjustment letter to Citrus Community College District for fiscal years 2002-2003 and 2006-2007 ³⁷
07/09/09	State Controller's Office issues claim adjustment letter to Redwoods Community College District for fiscal year 2006-2007 ³⁸
07/10/09	State Controller's Office issues claim adjustment letters to Allan Hancock Joint Community College District for fiscal years 2002-2003 and 2006-2007 ³⁹
07/12/09	State Controller's Office issues claim adjustment letters to Allan Hancock Joint Community College District for fiscal years 2003-2004 through 2005-2006 ⁴⁰
07/19/09	State Controller's Office issues claim adjustment letter to Los Rios Community College District for fiscal years 2005-2006 and 2007-2008 ⁴¹
07/22/09	State Controller's Office issues claim adjustment letter to Los Rios Community College District for fiscal year 2006-2007 ⁴²
09/24/09	Cerritos Community College District files incorrect reduction claim (09-4206-I-20) ⁴³
09/24/09	Citrus Community College District files incorrect reduction claim (09-4206-I-19) ⁴⁴
10/01/09	Los Rios Community College District files incorrect reduction claim (09-4206-I-23) ⁴⁵
10/19/09	Redwoods Community College District files incorrect reduction claim (09-4206-I-26) ⁴⁶

³⁷ *Ibid.*

³⁸ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) "Exhibit A," *supra*.

³⁹ Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) "Exhibit A," *supra*.

⁴⁰ *Ibid.*

⁴¹ Exhibit C, incorrect reduction claim filed by Los Rios Community College District (09-4206-I-23) "Exhibit A," *supra*.

⁴² Exhibit C, incorrect reduction claim filed by Los Rios Community College District (09-4206-I-23) "Exhibit A," *supra*.

⁴³ Exhibit A, incorrect reduction claim filed by Cerritos Community College District (09-4206-I-20), *supra*.

⁴⁴ Exhibit B, incorrect reduction claim filed by Citrus Community College District (09-4206-I-19) *supra*.

⁴⁵ Exhibit C, incorrect reduction claim filed by Los Rios Community College District (09-4206-I-23) *supra*.

10/20/09	State Controller's Office issues claim adjustment letter with audit report to Citrus Community College District for fiscal years 2002-2003 through 2006-2007 ⁴⁷
10/20/09	State Controller's Office issues claim adjustment letter with audit report to Cerritos Community College District for fiscal years 2002-2003 through 2006-2007 ⁴⁸
10/20/09	State Controller's Office issues claim adjustment letter with audit report to Redwoods Community College District for fiscal years 2002-2003 through 2006-2007 ⁴⁹
10/20/09	State Controller's Office issues claim adjustment letter with audit report to Pasadena Area Community College District for fiscal years 2004-2005 through 2005-2006 ⁵⁰
10/21/09	State Controller's Office issues claim adjustment letter with audit report to Allan Hancock Joint Community College District for fiscal years 2002-2003 through 2006-2007 ⁵¹
10/21/09	State Controller's Office issues claim adjustment letter with audit report to Los Rios Community College District for fiscal years 2005-2006 through 2007-2008 ⁵²
01/29/10	Commission adopts amendments to parameters and guidelines for the <i>Health Fee Elimination</i> program ⁵³

⁴⁶ Exhibit D, incorrect reduction claim filed by Redwoods Community College District (09-4206-I-26) *supra*.

⁴⁷ Exhibit J, comments filed by the State Controller's Office, *supra*, "Response by State Controller's Office to Incorrect reduction Claim by Citrus Community College District," "Tab 5."

⁴⁸ Exhibit J, comments filed by the State Controller's Office, *supra*, "Response by State Controller's Office to Incorrect reduction Claim by Cerritos Community College District," "Tab 5."

⁴⁹ Exhibit J, comments filed by the State Controller's Office, *supra*, "Response by State Controller's Office to Incorrect reduction Claim by Redwoods Community College District," "Tab 5."

⁵⁰ Exhibit F, incorrect reduction claim filed by Pasadena Area Community College District (09-4206-I-30) "Exhibit B," *supra*..

⁵¹ Exhibit J, comments filed by the State Controller's Office, *supra*, "Response by State Controller's Office to Incorrect reduction Claim by Allan Hancock Joint Community College District," "Exhibit B."

⁵² Exhibit J, comments filed by the State Controller's Office, *supra*, "Response by State Controller's Office to Incorrect reduction Claim by Los Rios Community College District," "Tab 5."

02/10/10	Rancho Santiago Community College District files reimbursement claim for fiscal year 2008-2009 ⁵⁴
04/22/10	State Controller's Office issues claim adjustment letter with audit report to Rancho Santiago Community College District for fiscal years 2005-2006 through 2008-2009 ⁵⁵
05/29/10	State Controller's Office issues claim adjustment letters to Rancho Santiago Community College District for fiscal years 2005-2006 through 2008-2009 ⁵⁶
06/07/10	Allan Hancock Joint Community College District files incorrect reduction claim (09-4206-I-27) ⁵⁷
06/15/10	Pasadena Area Community College District files incorrect reduction claim (09-4206-I-30) ⁵⁸
06/16/10	Rancho Santiago Community College District files incorrect reduction claim (09-4206-I-28) ⁵⁹
09/21/10	Third District Court of Appeal issues decision in <i>Clovis Unified School Dist. v. Chiang</i> ⁶⁰
12/13/10	Commission staff issues notice of proposed consolidation of incorrect reduction claims (09-4206-I-19, 20, 23, 26, 27, 28, and 30) filed by Citrus, Cerritos, Los Rios, Redwoods, Allan Hancock Joint, Rancho Santiago, and Pasadena Community College Districts and request for further briefing and information ⁶¹

⁵³ Exhibit __, amendments to parameters and guidelines, *Health Fee Elimination* (CSM 4206, adopted January 29, 2010).

⁵⁴ Exhibit G, incorrect reduction claim filed by Rancho Santiago Community College District (09-4206-I-28) "Exhibit D," *supra*.

⁵⁵ Exhibit J, comments filed by the State Controller's Office, *supra*, "Response by State Controller's Office to Incorrect reduction Claim by Rancho Santiago Community College District," "Exhibit A."

⁵⁶ *Ibid*.

⁵⁷ Exhibit E, incorrect reduction claim filed by Allan Hancock Joint Community College District (09-4206-I-27) *supra*.

⁵⁸ Exhibit F, incorrect reduction claim filed by Pasadena Area Community College District (09-4206-I-30) *supra*.

⁵⁹ Exhibit G, incorrect reduction claim filed by Rancho Santiago Community College District (09-4206-I-28), dated June 16, 2010.

⁶⁰ *Clovis Unified School Dist. v. Chiang* (2010) 188 Cal.App.4th 794.

⁶¹ Exhibit H, notice of proposed consolidation of incorrect reduction claims (09-4206-I-19, 20, 23, 26, 27, 28, and 30) filed by Citrus, Cerritos, Los Rios, Redwoods, Allan Hancock Joint, Rancho Santiago, and Pasadena Community College Districts and request for further briefing and information, dated December 12, 2010.

- 01/11/11 Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts file response to the consolidation of the incorrect reduction claims and request for further briefing and information⁶²
- 04/14/11 State Controller's Office files response to the consolidation of the incorrect reduction claims and request for further briefing and information⁶³

I. Background

This analysis looks at seven consolidated incorrect reduction claims filed by the Citrus, Cerritos, Los Rios, Redwoods, Allan Hancock Joint, Rancho Santiago, and Pasadena Area Community College Districts (the Districts) regarding reductions made by the State Controller's Office to reimbursement claims for costs incurred by the seven districts during fiscal years 2002-2003 through 2008-2009 for providing health services to all community college students under the *Health Fee Elimination* program.⁶⁴ The reductions made by the State Controller's Office reduced all or part of each district's reimbursement claims for costs incurred during fiscal years 2002-2003 through 2008-2009 based on the State Controller's Office calculation of total health service fees that each district was authorized by law to charge to offset the costs incurred by the Districts.

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

⁶² Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated January 1, 2011. The claimant representative for Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts notes that it is only responding on behalf of the six community college districts. Allan Hancock Joint Community College District has not responded to the Commission staff's notice of proposed consolidation and request for further briefing and information.

⁶³ Exhibit J, comments filed by the State Controller's Office, dated April 14, 2011.

⁶⁴ Citrus Community College District claimed costs in the amount of \$513,010 incurred in fiscal years 2002-2003 through 2006-2007. Cerritos Community College District claimed costs in the amount of \$487,933 incurred in fiscal years 2002-2003 through 2006-2007. Los Rios Community College District claimed costs in the amount of approximately \$2.8 million incurred in fiscal years 2005-2006 through 2007-2008. Redwoods Community College District claimed costs in the amount of \$439,666 incurred in fiscal years 2002-2003 through 2006-2007. Allan Hancock Joint Community College District claimed costs in the amount of \$341,318 incurred in fiscal years 2002-2003 through 2006-2007. Rancho Santiago Community College District claimed costs in the amount of approximately \$2.5 million incurred in fiscal years 2005-2006 through 2008-2009. Pasadena Area Community College District claimed costs in the amount of \$398,015 incurred in fiscal years 2004-2005 and 2005-2006.

services, and operation of student health centers.⁶⁵ In 1984, the Legislature enacted legislation to repeal former Education Code section 72246, and thus left community college districts without fee authority for health services.⁶⁶ However, the legislation included a provision that reenacted the code section, which was to become operative on January 1, 1988.⁶⁷

In addition to repealing community college districts' fee authority, the 1984 legislation required any district which provided health services during the 1983-1984 fiscal year, for which it was previously authorized to charge a fee, to maintain the health services at the level provided during the 1983-1984 fiscal year for every subsequent fiscal year until January 1, 1988. The result was that community college districts, which previously had fee authority for the provision of health services, had to maintain health services provided in the 1983-1984 fiscal year without any fee authority for this purpose.

In 1987, the Legislature amended former Education Code section 72246, which was to become operative January 1, 1988, to incorporate and extend the maintenance of effort provisions of former Education Code section 72246.5.⁶⁸ As a result, in 1988 all community college districts that provided health services in the 1986-1987 fiscal year were required to maintain health services in the 1987-1988 fiscal year and each year thereafter. In addition, the community college districts regained fee authority for the provision of the health services.

In 1993, former Education Code section 72246 was renumbered to Education Code section 76355.⁶⁹

Commission Decisions

At the November 20, 1986 Commission hearing, the Commission determined that the 1984 legislation, which required community college districts to maintain health services while repealing community college districts' fee authority for those services, imposed a reimbursable state-mandated new program upon community college districts.⁷⁰ On August 27, 1987, the Commission adopted parameters and guidelines for the *Health Fee Elimination* program.

At the May 25, 1989 Commission hearing, the Commission adopted amendments to the parameters and guidelines for the *Health Fee Elimination* program to reflect amendments made by the 1987 legislation.⁷¹ The 1987 legislation reestablished community college districts' fee authority for the provision of health services and extended the maintenance of service provision

⁶⁵ Statutes 1981, chapter 763. Students with low-incomes, students that depend upon prayer for healing, and students attending a college under an approved apprenticeship training program, were exempt from the fee.

⁶⁶ Statutes 1984, 2nd Extraordinary Session 1984, chapter 1.

⁶⁷ *Ibid.*

⁶⁸ Statutes 1987, chapter 1118.

⁶⁹ Statutes 1993, chapter 8, section 34.

⁷⁰ Statement of decision, *Health Fee Elimination* (CSM 4206, adopted January 22, 1987). Reference to 1984 legislation refers to Statutes 1984, 2nd Extraordinary Session 1984, chapter 1.

⁷¹ Amendments to parameters and guidelines, *Health Fee Elimination* (CSM 4206, adopted May 25, 1989). Reference to 1987 legislation refers to Statutes 1987, chapter 1118.

such that all community college districts that provided health services during the 1986-1987 fiscal year were required to maintain that level of service each fiscal year thereafter. As a result, the 1989 parameters and guidelines reflected a change in eligible claimants for the *Health Fee Elimination* program, and the reestablishment of community college districts' fee authority for the *Health Fee Elimination* program.

Reductions Made by the State Controller's Office

The State Controller's Office reduced reimbursement claims filed by the Districts for the *Health Fee Elimination* program based on the determination that the Districts understated the health service fees which are required to be deducted from the costs claimed by failing to account for health service fees that districts were *authorized* to charge. The Districts filed seven individual incorrect reduction claims as a result of the adjustments made to the reimbursement claims. The Districts argue that they were only required to offset costs by health service fees that were *actually* charged and received.

On September 21, 2010, after the filing of the incorrect reduction claims, the Third District Court of Appeal issued its opinion in *Clovis Unified School Dist. v. Chiang (Clovis)*, which specifically addressed this disputed issue. The court found that community college districts were required to offset costs claimed for the *Health Fee Elimination* program by the health service fees that community college districts were *authorized* to charge.⁷²

On December 13, 2010, Commission staff consolidated the seven incorrect reduction claims filed by the Districts.

II. Position of the Parties

Claimant's Position

For fiscal years 2002-2003 through 2008-2009, the Districts claimed reimbursement for costs to provide health services to community college students under the *Health Fee Elimination* program. During these fiscal years the Districts accounted only for health service fees actually received as offsetting revenue and subtracted that amount from the costs incurred as a result of providing health services.

The Districts contend that the State Controller's Office incorrectly reduced the costs for providing health services to students. Prior to the court's decision in *Clovis* the Districts asserted in their incorrect reduction claims that:

- Community college districts are required to reduce costs only by offsetting revenue received.⁷³
- The State Controller's Office did not provide the required explanation of the adjustments. "The [State Controller's Office] actions ... deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim."⁷⁴

⁷² *Clovis Community College Dist. v. Chiang* (2010) 188 Cal.App.4th 794, 810-812.

⁷³ Exhibit A-G, incorrect reduction claims filed by the Districts.

⁷⁴ *Ibid.* At the time of the Districts' filing of the incorrect reduction claims, the State Controller's Office had yet to provide an explanation for the adjustments made to reimbursement claims made by the Districts.

- No audit was conducted, “Therefore the [State Controller’s Office] has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable, as required by Government Code section 17561(d)(2).”⁷⁵
- The second sentence of Government Code section 17558.5(a) provides that if no payment has been made to a claimant for a fiscal year for which a claim is filed the time for the State Controller’s Office to initiate an audit shall commence to run from the date of initial payment of the claim. The second sentence is impermissibly vague. As a result, the statute of limitations should commence to run upon filing of a claim by a claimant.⁷⁶

In January 2011, Districts also filed a response to the consolidation of the incorrect reduction claims and request for further briefing and information by the Commission.⁷⁷ The Districts’ comments generally provide that:

- Increasing the health service fees by the same percentage increase to the Implicit Price Deflator for State and Local Purchases of Goods and Services is within the authority of only community college districts. As a result, without action by a community college district the maximum amount of health service fees that can be charged by the district are the amounts specified in Education Code section 76355 (a)(1). Additionally, the State Controller’s Office cannot use information provided by the California Community College Districts Chancellor’s Office (Chancellor’s Office) to determine the maximum health service fee authority because only the districts have the authority to increase the health service fee.
- The State Controller’s Office reduced the claims for reimbursement by too much.
 - Although the State Controller’s Office excluded students exempt from paying the health service fees from the calculation of the amount of health service fees that a district is authorized to charge, the State Controller’s Office did not account for the cost of providing services to these exempt students.
 - The State Controller’s Office calculations of the total amount of health service fees that a district is authorized to charge includes all students regardless of whether there is a student health service center at a student’s location of attendance.
 - The scope of health services provided pursuant to the *Health Fee Elimination* program exceeds the scope of authorized uses of the health service fee.
- The State Controller’s Office improperly utilized enrollment data from the Chancellor’s Office for the calculation of collectible fees.

In addition, the Districts reassert that no audit was conducted. The Districts state that “the [State Controller’s Office] did not audit the districts’ enrollment or program costs. The [State

⁷⁵ Exhibit A-G, incorrect reduction claims filed by the Districts.

⁷⁶ *Ibid.*

⁷⁷ Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated January 1, 2011.

Controller's Office] 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.”⁷⁸

Position of the State Controller's Office

The State Controller's Office filed comments disagreeing with the incorrect reduction claims filed by the Districts, and responding to the Commission's request for further briefing and information, focusing on the effect of the *Clovis* decision on the incorrect reduction claims.⁷⁹ The State Controller's Office specifically asserts:

- In regard to the Districts' assertion that districts are required to reduce costs only by offsetting revenue received, “the issues surrounding offsetting revenue based on authorized fees have been fully resolved by the court in the [*Clovis*] case. In that case the court concluded that the “Health Fee Rule” implemented by the [State] Controller's Office, which reduced reimbursement by the amount of the health fee authorized, was valid.”
- In response to the Districts' assertion that the State Controller's Office did not provide the required explanation of the adjustments and in doing so has denied the Districts the opportunity to comprehensively contest the adjustments through the incorrect reduction claims, a detailed analysis of all claim reductions was provided (after the incorrect reductions were filed). In addition, “The [Districts] may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185.”
- In response to the Districts' assertion that no audit was conducted, and that the State Controller's Office does not assert that the costs claimed were excessive or unreasonable, “We disagree. The [State Controller's Office] reviewed the [Districts'] claims and concluded that the [Districts] did not properly report authorized health service fees.” Additionally, “The [State Controller's Office] did in fact conclude that the [Districts'] claim was *excessive*.”
- In response to the Districts' assertion that the statute of limitations applicable to audits conducted on reimbursement claims for which no payment has been made is impermissibly vague, “the language of the statute in [*sic*] not vague, the Claimants simply prefer a different outcome. The statute clearly predicates the running of the statute of limitations on the ‘date of initial payment,’ in cases where no funds are appropriated or no payment is made. . . . Ultimately, the argument concerning vagueness is moot, as the [Commission] has no authority to determine that statute, or any portion thereof, is unconstitutional.”

⁷⁸ Comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, *supra*, page 9.

⁷⁹ Exhibit J, comments filed by the State Controller's Office, “Response by the State Controller's Office to the Incorrect Reduction Claim by [the Districts],” dated April 14, 2011. The same arguments were made by the State Controller's Office to all incorrect reduction claims filed by the Districts.

III. Discussion

Government Code section 17561(b) authorizes the State Controller's Office to audit the claims filed by local agencies and school districts and to reduce any claim for reimbursement of state mandated costs that the State Controller's Office determines is excessive or unreasonable.

Government Code Section 17551(d) requires the Commission to hear and decide a claim that the State Controller's Office has incorrectly reduced payments to the local agency or school district. If the Commission determines that a reimbursement claim has been incorrectly reduced, section 1185.7 of the Commission's regulations requires the Commission to send the statement of decision to the State Controller's Office and request that the costs in the claim be reinstated.

For the reasons provided in the following analysis, staff finds that the State Controller's Office incorrectly reduced the Districts' reimbursement claims to the extent that the State Controller's Office applied health service fees to offset the claimed costs that are attributable to physicals for athletes and employees. Staff finds that all other costs were correctly reduced by the State Controller's Office application of authorized health service fees as offsetting revenue.

The following analysis will address: (1) The effect of the *Clovis* decision on the Districts' incorrect reduction claims; (2) whether the State Controller's Office conducted an audit, and whether the State Controller's Office met the applicable statute of limitations or procedural notification requirements to conduct an audit; and (3) whether the scope of reimbursable services under the *Health Fee Elimination Program* as described in the parameters and guidelines exceeds the permitted uses of health service fees.

A. What is the effect of the *Clovis* decision on the Districts' incorrect reduction claims?

This section will address the following issues: (1) the court's ruling on the State Controller's Office use of the "Health Fee Rule" which offsets reimbursement claims for the *Health Fee Elimination* program by the maximum amount of health service fees that community college districts are authorized to charge; and (2) the propriety of imposing the health service fee on students that cannot access student health services in a practical manner.

- 1) Pursuant to the *Clovis* decision, the State Controller's Office appropriately used Education Code section 76355(a)(2) to determine the maximum health service fee authority of community college districts.

After the Districts filed their incorrect reduction claims, the Third District Court of Appeal issued its opinion in *Clovis*, which specifically addressed the issue of whether the State Controller's Office properly reduced reimbursement claims for state-mandated health services provided by community college districts pursuant to the *Health Fee Elimination* program using the "Health Fee Rule." The "Health Fee Rule" is the State Controller's practice of reducing district claims by the maximum fee amount that districts are statutorily authorized to charge students, even when a district chooses not to charge its students those fees. As quoted 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] 76355.⁸⁰ (Underline in original.)

The Health Fee Rule upheld by the court includes all of 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).

Pursuant to the plain language of Education Code section 76355(a)(2), the fee authority given to districts automatically increases by the same percentage increase as the Implicit Price Deflator for State and Local Government Purchase of Goods and Services.⁸¹ This increase occurs without the need of any legislative action by a community college district or any other entity (state or local).

The court upheld the State Controller's Office 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 basic principle underlying the state mandates process that Government Code section 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.⁸²

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.'"⁸³ Additionally, in responding to the community college districts' argument

⁸⁰ *Clovis Unified School Dist. v. Chiang, supra*, 188 Cal.App.4th at page 811.

⁸¹ 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.

⁸² *Clovis Unified School Dist. v. Chiang, supra*, 188 Cal.App.4th at page 812.

⁸³ *Ibid.*

that, “since the Health Fee Rule is a claiming instruction, its validity must be determined *solely* through the Commission’s P&G’s.”⁸⁴ 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*.⁸⁵ (Italics added.)

Thus, pursuant to the court’s decision the Health Fee Rule used by the State Controller’s Office to adjust reimbursement claims filed by the Districts for the *Health Fee Elimination* program is valid. The Commission is bound by the court’s decision in *Clovis*.⁸⁶

In the Districts’ response to the consolidation of the incorrect reduction claims, the Districts attempt to separate the automatic increase in the health fee authority pursuant to Education Code section 76355(a)(2) from the “Health Fee Rule,” which the court in *Clovis* found to be valid.⁸⁷ In doing so, the Districts assert that the Commission must make an independent finding regarding the use of Education Code section 76355(a)(2) to determine the maximum fee authority granted by Education Code section 76355 for auditing purposes.

To support the Districts’ argument, the Districts make variations of the argument that Education Code section 76355(a)(2) is not self-implementing and requires action by the community college districts, not a state agency, in order to take effect.⁸⁸ The Districts assert that the State Controller’s Office cannot use Education Code section 76355(a)(2) to calculate the maximum fee authority that community college districts are required to use as offsets for purposes of claiming reimbursement for the *Health Fee Elimination* program (or information from the Chancellor’s Office calculated according to Education Code section 76355(a)(2)).⁸⁹ The Districts are incorrect.

As discussed above, the court fully resolved the issue of the State Controller’s use of the Health Fee Rule, which includes all of section 76355(a). The court held that the Health Fee Rule is valid because community college districts are not entitled to reimbursement for costs for which the districts have the *authority* to charge a fee.⁹⁰ This rule is applicable regardless of the fee that community college districts decide to actually charge. The Health Fee Rule also includes any automatic increases in fee *authority* resulting from the calculation set forth by the plain language in Education Code section 76355(a)(2). To find that the State Controller’s Office cannot use Education Code section 76355(a)(2) to determine the maximum health service fee authority for

⁸⁴ *Ibid.* (Original italics.)

⁸⁵ *Clovis Unified School Dist. v. Chiang, supra*, 188 Cal.App.4th at page 812.

⁸⁶ Exhibit __, *Darsie v. Darsie* (1942) 49 Cal.App.2d 491, 495, in which the court held, “[a] question once deliberately examined and decided should be considered as settled and closed to further arguments.”

⁸⁷ Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated January 1, 2011, pages 4-6.

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ *Clovis Unified School Dist. v. Chiang, supra*, 188 Cal.App.4th at page 812.

purposes of adjusting reimbursement claims for the *Health Fee Elimination* program would require the Commission to disregard or overrule the court's decision in *Clovis* and disregard the plain language of the statute. The Commission does not have the authority to do either.⁹¹

Thus, the Districts' "self-implementation" argument is incorrect in light of the court's decision in *Clovis*. Pursuant to the decision in *Clovis*, staff finds that for purposes of auditing reimbursement claims for the *Health Fee Elimination* program it is necessary for the State Controller's Office to use Education Code section 76355(a)(2) to identify the maximum health service fees that community college districts had the authority to charge and were required to use as offsetting revenue for claims of reimbursement for the *Health Fee Elimination* program.

- 2) The State Controller's Office correctly included students that cannot access student health services in a practical manner in the calculation of the maximum amount of health service fees that a community college district has the authority to charge.

The Districts argue:

Many community colleges have academic "learning centers" located significant distances away from the main campus location of the student health service center and other student services or programs. . . . It would be unreasonable for the district to charge a student at these remote locations for services that will not be provided because they are not practically accessible.

The Controller's calculation of collectible fees includes all students regardless of whether there is a student health service center at their location of attendance. The result is that the Controller is offsetting the cost of services provided to other students for students from whom the district does not collect a revenue or incur a program cost. The *Clovis* decision has concluded that if a charge can be made, then a cost is not incurred. No charge can reasonably be made for students that cannot access the services, so total program costs should not be reduced by health service fees never collected, perhaps, at the very least as a matter of "common sense."

This issue is also applicable to other students that either by district governing board determination, or otherwise, cannot access the student health services: non-credit students enrolled in off-campus classes or events, adult education students who are not enrolled in the college, and concurrently enrolled high school students without legal capacity to consent to health care services. Each district may have other factual variations of students without access to health care services.⁹²

As discussed above, for purposes of mandate reimbursement the issue as identified by the court in *Clovis* is whether community college districts have the *authority* to charge the health service fee regardless of the decision made by the community college districts to actually impose the fee or not.

⁹¹ Exhibit __, *Darsie v. Darsie*, *supra*, 49 Cal.App.2d at 495.

⁹² Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, *supra*, page 5.

Under the plain language of Education Code section 76355 community college districts are authorized to charge all students the health service fee, except: (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; and until January 1, 2006; and (3) low-income students.⁹³ The Districts acknowledge that the State Controller's Office has excluded the students exempted from the fee in calculating the maximum amount of health service fees that the Districts had the authority to charge.⁹⁴ Unless the students referenced in the Districts' argument above fall into any of the three categories of exempt students, the Districts have the authority to charge the students the health service fee.

Staff recognizes that charging the health service fee to all non-exempt students, including those that do not use community college health services, may be a difficult policy decision for a community college district's governing board to make. However, non-use of a community college district's health services, whether due to the distance of a student from the services or simply by choice of a student not to use the services, is not an exemption from the fee that community college districts are *authorized by law* to charge. Thus, staff finds that the State Controller's Office properly included all students that do not fall within the three categories of students exempt from the health service fee as students which the Districts have the *authority* to charge the health service fee.

B. Has the State Controller's Office failed to properly conduct an audit or to meet the applicable statute of limitations or procedural notification requirements in conducting its audit? If so, what are the effects on the State Controller's Office audit and subsequent reduction of the Districts' reimbursement claims?

The following discussion will first address whether the State Controller's Office has properly conducted an audit and whether the State Controller's Office has met the statute of limitations to initiate and complete the audit. Second, the discussion will address the effect of the State Controller's Office failure to provide an explanation within 30 days of adjustments made to reimbursement claims as required by Government Code section 17558.5(c).

1) The State Controller's Office has properly conducted an audit and met the statute of limitations to initiate and complete the audit.

The Districts make the following assertions: (a) the State Controller's Office has not conducted an audit of the Districts' enrollment data and therefore no audit was conducted; (b) the State Controller's Office has based its adjustments to the Districts' reimbursement claims on the wrong standard of review; and (c) the State Controller's Office did not initiate and complete an audit within the applicable statute of limitations.⁹⁵

⁹³ Statutes 2005, chapter 320, repealed the exemption for low-income students from Education Code section 76355.

⁹⁴ Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, *supra*, page 6.

⁹⁵ Exhibits A-G, incorrect reduction claims filed by the Districts.

- a. The State Controller's Office has properly utilized enrollment data provided by the Chancellor's Office to conduct an audit.

Government Code section 17561(d)(2) sets forth the duty of the State Controller to pay reimbursement claims, the authority to audit claims, and the authority to reduce claims determined to be excessive or unreasonable. Specifically, Government Code section 17561(d)(2) provides in relevant part:

The Controller shall pay these claims [for reimbursement] from funds appropriated therefor except as follows:

- (A) The Controller may audit any of the following:
- (i) Records of any local agency or school district to verify the actual amount of mandated costs.
 - (ii) The application of a reasonable reimbursement methodology.
 - (iii) The application of a legislatively enacted reimbursement methodology under Section 17573.
- (B) The Controller may reduce any claim that the Controller determines is excessive or unreasonable.

The State Controller's Office reduced the amounts claimed by the Districts based on the maximum amount of health service fees that the Districts were authorized to collect during the relevant fiscal years multiplied by all students enrolled in each district that are not exempt from the fee. For purposes of auditing the Districts' reimbursement claims the State Controller's Office used enrollment data provided by the Chancellor's Office from its management information system (MIS).

The MIS collects and organizes information submitted by community college districts regarding the districts' students, faculty and staff, and courses. This information is collected by the Chancellor's Office and the Board of Governors for purposes of fulfilling their role of providing general supervision over the community college districts.⁹⁶ This supervision includes conducting necessary system-wide research on community colleges and providing appropriate information services, including, but not limited to, definitions for the purpose of uniform reporting, collection, compilation, and analysis of data for effective planning and coordination, and dissemination of information.⁹⁷ Pursuant to these duties, the Chancellor's Office published the MIS user's manual for district data submission and the MIS Data Element Dictionary. As described by the MIS user's manual for district data submission:

As a condition of receiving the grant funds, districts certified that they would fully implement the collection and reporting requirements of [MIS], pursuant to the

⁹⁶ Exhibit __, Chancellor's Office Management Information System, Data Element Dictionary, page 1.01. Education Code section 70901(b).

⁹⁷ Education Code section 70901(b) (3).

standards adopted by the Chancellor's Office as specified in the MIS Data Element Dictionary. Participation is required of all 72 districts (108 colleges).⁹⁸

The data and information *reported by the community college districts* includes student headcount (MIS data element STD7), enrollment in apprenticeship programs (MIS data element SB 23, Code 1), and BOGG recipients (MIS data element SF21, all codes beginning with B or F).⁹⁹

Citing to Government Code section 17561(d)(2), the Districts argue that the State Controller's Office cannot rely on enrollment data provided by the Chancellor's Office for purposes of conducting an audit of the Districts' reimbursement claims. Because the State Controller's Office has done this, the Districts argue that no audit has been conducted.¹⁰⁰ Specifically, the Districts argue:

The Controller did not audit the [Districts'] enrollment data. Instead, the Controller utilized enrollment data from the Chancellor's Office for the calculation of collectible fees. The Controller has utilized this Chancellor's Office data for audits for several years, so it is being used as a rule of general application. This enrollment information was collected, processed, and reported by a separate state agency for other purposes and not audited by the Controller. There has been no examination or validation of the data for the data's relevance for purposes of mandated cost reimbursement calculations. Since this data is used to calculate the collectible offsetting revenues, the data must be relevant and supported by the Controller since the Controller is making the adjustment. The Controller has the burden of going forward on this issue of validating the accuracy and relevance of the Chancellor's enrollment data for purposes of mandated cost reimbursement.¹⁰¹

The following issues arise from the Districts' argument:

1. Whether the State Controller's Office has the discretion to use the enrollment data from the Chancellor's Office when conducting audits of the Districts' reimbursement claims.

⁹⁸ Exhibit __, Chancellor's Office Management Information System, User's Manual: Data Submission (2004). Since the publishing of the user's manual, four colleges have been created within the districts.

⁹⁹ Exhibit __, MIS "Data Element Dictionary – STD Student Characteristics Derived Data Elements, Student Characteristics Data Elements (SB), and Student Financial Aid Data Elements (SF) and (FA)" at <<http://www.cccco.edu/SystemOffice/Divisions/TechResearchInfo/MIS/DED/tabid/266/Default.aspx>> as of July 6, 2011.

¹⁰⁰ Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated January 1, 2011, pages 8-9.

¹⁰¹ Exhibit I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, dated January 1, 2011, page 8.

2. If the State Controller's Office has this discretion, whether the State Controller's Office's discretionary decision to rely on the Chancellor's Office enrollment data was arbitrary and capricious.¹⁰²

In regard to the first issue, at its essence the Districts' argument suggests that an audit of a district's enrollment data is limited to the review of data and evidence provided only by the district being audited. This limitation would prevent the use of enrollment data provided by another source as evidence when auditing a district's enrollment data. However, the Districts provide no legal authority to support this argument. In fact, the State Controller's Office maintains broad discretion in how to perform its duty to audit all claims against the state. As provided by Government Code section 12410:

Whenever, in [the Controller's] opinion, the audit provided for by [Government Code section 925 et seq.] is not adequate, the Controller *may make such field or other audit* of any claim or disbursement of state money *as may be appropriate to such determination*. (Italics added.)

Thus, the State Controller's Office has the discretion to consider evidence provided by the Chancellor's Office when conducting audits of the Districts' reimbursement claims. However, it still must be determined whether the State Controller's Office exercise of this discretion was done in an arbitrary or capricious manner.

In regard to the second issue, the State Controller's Office exercised its discretion to use enrollment data from the Chancellor's Office in conducting its duty to audit the Districts' reimbursement claims. Although the statutory scheme in Government Code section 17500 et seq. does not specify the standard of review of an audit by the State Controller's Office resulting in an incorrect reduction claim, courts have held, "[o]rdinary mandate is used to review an adjudicatory decision when an agency is not required to hold an evidentiary hearing. [Citation.] The scope of review is limited, out of deference to the agency's authority and presumed expertise"¹⁰³ Under an ordinary mandamus a trial court reviews an administrative action to determine whether the agency's action was arbitrary, capricious, or entirely lacking in evidentiary support, contrary to established public policy, unlawful, procedurally unfair, or whether the agency failed to follow the procedure and give the notices the law requires.¹⁰⁴

¹⁰² Exhibit __, *Munroe v. Los Angeles County Civil Service Com'n* (2009) 173 Cal.App.4th 1295, 1300.

¹⁰³ Exhibit __, *Johnston v. Sonoma County Agricultural* (2002) 100 Cal.App.4th 973, 983-984. See also *Harris v. Civil Service Com.* (1998) 65 Cal.App.4th 1356, 1363, in which the court finds:

We question, as the [San Francisco civil service commission] does, whether review by administrative mandate is available. Unless (1) a hearing, (2) the taking of evidence and (3) discretion to determine facts are all required "by law" (§1094.5, subd. (a)), review can be had only by traditional mandate [Citation]. Those three elements codify the essence of "adjudicatory function" [Citation], as opposed to legislative or quasi-legislative function, in an administrative body.

¹⁰⁴ Exhibit __, *Munroe v. Los Angeles County Civil Service Com'n*, *supra*, 173 Cal.App.4th at p. 1300.

Here, the Commission is tasked with reviewing an audit conducted by the State Controller's Office, in which the State Controller's Office was not required to hold an evidentiary hearing. Thus, to review the State Controller's decision to rely on enrollment data provided by the Chancellor's Office in conducting an audit of the Districts' claims, it must be determined whether or not the State Controller's decision was arbitrary, capricious, or entirely lacking in evidentiary support, contrary to established public policy, unlawful, procedurally unfair, or whether the agency failed to follow the procedure and give the notices the law requires.

Based on the evidence in the record described below, staff finds that the State Controller's Office did not act in an arbitrary or capricious manner by using the enrollment data from the Chancellor's Office instead of relying on the data provided by the Districts for purposes of auditing the Districts' reimbursement claims.

Despite the fact that the *Health Fee Elimination* parameters and guidelines require the inclusion of total student enrollment numbers,¹⁰⁵ only eight of the 29 reimbursement claims contained enrollment data for the fiscal years claimed.¹⁰⁶ After receiving the reimbursement claims from the Districts, the State Controller's Office issued letters to the Districts requesting student enrollment data and fee amounts by semester as requested by the claiming forms and instructions.¹⁰⁷ The claiming forms and instructions requested the maximum fee authorized, total enrollment numbers, and enrollment numbers for students that fall within the health fee exemptions.¹⁰⁸ In response, the Districts stated:

As you may know, when we prepare the annual claim, we utilize actual student health insurance income received by the [Districts] to determine the net reimbursable costs rather than calculate the "amount collectible." We consider

¹⁰⁵ Exhibit __, *Health Fee Elimination* parameters and guidelines, as amended on May 25, 1989.

¹⁰⁶ Exhibits A-G, incorrect reduction claims filed by the Districts. Enrollment numbers were identified by Citrus Community College District for fiscal years 2003-2004 through 2005-2006; Los Rios Community College District for fiscal year 2007-2008; Redwoods Community College District for fiscal year 2002-2003; Allan Hancock Joint Community College District for fiscal year 2004-2005; and Rancho Santiago for fiscal years 2007-2008 and 2008-2009.

¹⁰⁷ Exhibit J, State Controller's Office letter to Citrus Community College District for information for fiscal year 2006-2007, dated July 1, 2008; State Controller's Office letter to Cerritos Community College District for information for fiscal years 2004-2005 through 2006-2007, dated July 1, 2008; State Controller's Office letter to Los Rios Community College District for information for fiscal years 2004-2005 through 2006-2007, dated July 1, 2008; State Controller's Office letter to Redwoods Community College District for information for fiscal years 2004-2005 through 2006-2007, dated July 1, 2008; State Controller's Office letter to Allan Hancock Joint Community College District for information for fiscal years 2005-2006 through 2006-2007, dated July 2, 2008; State Controller's Office letter to Rancho Santiago Community College District for information for fiscal years 2005-2006 through 2006-2007, dated July 1, 2008; State Controller's Office letter to Pasadena Area Community College District for information for fiscal years 2004-2005 and 2005-2006.

¹⁰⁸ Education Code sections 76355(c)(1)-(3), which set forth the exemptions based on religion, enrollment as an apprentice, and income.

the amount collectible calculation method (total students subject to the student health insurance fee multiplied by the highest authorized student health insurance fee per student) to be less accurate than actual revenues received. This difference in reporting methods has been the subject of past field audits, pending incorrect reduction claims, and pending litigation. We will continue to utilize the actual income received amount until the dispute is decided by competent authority in order to preserve the [Districts'] rights.

This letter transmits an HFE 1.1 form for each fiscal year which includes the student enrollment data that you requested. The individual student health insurance fee amount is not included since it is the Controller's policy to use the highest authorized rate regardless of the rate charged by the [Districts]. The highest authorized rate is a matter of public record available to the Controller's staff, so is not provided here.¹⁰⁹

The enrollment data provided by the Districts does not identify any students exempt from the health service fee on the basis of religion (Ed. Code, § 76355(c)(1)).¹¹⁰ Additionally, the data provided by the Districts identifies only two districts and one fiscal year that had students that were exempt from the health service fee on the basis of students attending the college under an apprenticeship training program (Ed. Code, § 76355(c)(2)).¹¹¹ No other districts identify students enrolled in an apprenticeship training program. In regard to students who were exempt from the health service fee based on income (former Ed. Code, § 76355(c)(3)), most of the Districts identified full-time and part-time enrollment "net of BOG [*sic*] waivers," without identifying how many students were actually excluded from the enrollment numbers identified.¹¹² Also, the income exception was inoperative as of January 1, 2006. It is unclear from the evidence in the record whether the Districts excluded low-income students after January 1, 2006 from the health service fee for reimbursement claims made during fiscal year 2005-2006. Viewing the enrollment data described above in conjunction with the Districts' response to the Chancellor's Office for the enrollment data, it is unclear whether or not the Districts provided the total enrollment of students minus students exempted from the health service fee or if the Districts provided enrollment numbers of students the Districts *actually* charged the health service fee.

¹⁰⁹ Exhibits A-G, incorrect reduction claims filed by the Districts, "Exhibit C" of Citrus Community College District's incorrect reduction claim; "Exhibit C" of Cerritos Community College District's incorrect reduction claim; "Exhibit C" of Los Rios Community College District's incorrect reduction claim; "Exhibit C" of Redwoods Community College District's incorrect reduction claim; "Exhibit B" of Allan Hancock Joint Community College District's incorrect reduction claim; "Exhibit A" of Rancho Santiago Community College District's incorrect reduction claim; and "Exhibit B" of Pasadena Area Community College District's incorrect reduction claim.

¹¹⁰ Exhibits A-G, incorrect reduction claims filed by the Districts.

¹¹¹ *Ibid.* Cerritos Community College District and Allan Hancock Joint Community College District identify enrollment numbers of students attending each district under an apprenticeship training program for fiscal year 2006-2007.

¹¹² *Ibid.*

In order to audit the Districts' reimbursement claims, including the above-described enrollment data provided by the Districts, the State Controller's Office used the enrollment data from MIS. As discussed above, the data maintained and organized in MIS is reported to the Chancellor's Office by community college districts and identifies overall enrollment, enrollment in an apprenticeship program, and BOGG grant recipients. In fact, although the enrollment numbers provided by Cerritos Community College District differ from those identified by the State Controller's Office, Cerritos Community College District acknowledges that the enrollment data it provided came from the Chancellor's Office's MIS.¹¹³ Thus, the Chancellor's Office MIS is a reasonable and reliable source for enrollment data of community college districts, and the State Controller's Office's use of the MIS for enrollment data for auditing the Districts' claims is not unreasonable.

Additionally, the State Controller's Office did not simply use random data contained in the MIS in order to determine the total number of students that the Districts had the authority to charge the health service fee. Instead, the State Controller's Office identified specific MIS data elements in order to identify total enrollment and to exclude students exempted from the health service fee from the enrollment of each district.

Specifically, the State Controller's Office identified total enrollment from MIS data element STD7, codes A through G, which identifies total student headcount based on enrollment type.¹¹⁴ Duplicate students were eliminated by students' social security numbers.¹¹⁵ From the total headcount, the State Controller's Office subtracted students enrolled in apprenticeship training programs as identified by the MIS data element SB23, which identifies students registered as apprentices.¹¹⁶ Also, the State Controller's Office subtracted from the total enrollment number BOGG recipients identified (low income students receiving a Board of Governors Grant) based on MIS data element SF21, all codes beginning with B or F, which identifies students in receipt

¹¹³ Exhibit A, incorrect reduction claim filed by Cerritos Community College District, *supra*, "Exhibit C."

¹¹⁴ Exhibit __, Chancellor's Office Data Element Dictionary, page L.015-L.016. Code "A" identifies credit students enrolled in a weekly/daily census section; code "B" identifies students enrolled in a positive attendance section with 8 or more hours or 0.50 or more units earned; code "C" identifies the students enrolled in an independent study section with 0.50 or more units earned; code "D" identifies credit students enrolled in positive attendance section with less than 8 hours and less than 0.50 units earned; code "E" identifies credit students enrolled in an independent study with less than 0.50 units earned; code "F" identifies noncredit students enrolled in a positive attendance section with 8 or more hours; and code "G" identifies noncredit students enrolled in a positive attendance section with less than 8 hours.

¹¹⁵ Exhibit J, comments filed by the State Controller's Office, dated April 14, 2011. Response to Citrus Community College incorrect reduction claim, "Tab 5." Response to Cerritos Community College incorrect reduction claim, "Tab 5." Response to Los Rios Community College incorrect reduction claim, "Tab 5." Response to Redwoods Community College District incorrect reduction claim, "Tab 5." Response to Allan Hancock Joint Community College District, "Exhibit B." Response to Rancho Santiago Community College District, "Exhibit A." Response to Pasadena Area Community College District, "Exhibit B."

¹¹⁶ Exhibit __, Chancellor's Office Data Element Dictionary.

of a BOGG.¹¹⁷ In doing the above, the State Controller's Office identified the total number of students that the Districts' were authorized to charge the health service fee.

Thus, based on the evidence in the record, staff finds that the State Controller's Office has not acted in an arbitrary and capricious manner. Rather, in light of the data provided by the Districts, the State Controller's Office reasonably utilized enrollment data from the Chancellor's Office MIS in order to audit the enrollment data provided by the Districts.¹¹⁸ As a result, the State Controller's Office has properly utilized enrollment data provided by the Chancellor's Office and conducted an audit.

b. The State Controller's Office has adjusted the Districts' claims based on the correct standard.

In addition to arguing that the State Controller's Office has not conducted an audit pursuant to Government Code section 17561(d)(2), the Districts argue that the State Controller's Office 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 of review."¹¹⁹

In response the State Controllers' Office argues:

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper*, *necessary*, [emphasis added] or normal." The [Districts'] mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines.¹²⁰

Staff agrees with the State Controller's Office. The Districts acknowledge offsetting reimbursement claims by the health service fees actually charged and collected, not by the amount that the Districts were authorized to charge.¹²¹ Pursuant to the court's decision in *Clovis*, the Districts are not entitled to reimbursement for costs of the mandated program to the extent

¹¹⁷ Exhibit __, Chancellor's Office Data Element Dictionary.

¹¹⁸ The Districts make reference to the utilization of the Chancellor's Office data for audits as being a rule of general application. The Districts make this assertion based on the State Controller's Office's use of enrollment data from the Chancellor's Office "for audits for several years." However, the fact that the auditors have used enrollment data for audits for several years does not necessarily lead to a conclusion that there was a rule generally applied to reimbursement claim audits. Rather, it could indicate that individual auditors found the Chancellor's Office enrollment data to be more reliable evidence in light of what was provided by the Districts in each reimbursement claim filed. There is no indication that if the Districts provided more information to support its data that the Chancellor's Office would not have relied upon the Districts' data.

¹¹⁹ Exhibits I, comments filed by Citrus, Cerritos, Los Rios, Redwoods, Rancho Santiago, and Pasadena Area Community College Districts, *supra*, page 9.

¹²⁰ Exhibit J, comments filed by the State Controller's Office, "Response by the State Controller's Office to the Incorrect Reduction Claims by [the Districts]."

¹²¹ Exhibits A-G, incorrect reduction claims filed by the Districts, "Letters in response to the State Controller's Office request for enrollment information and health fee data."

the Districts had the authority to charge a fee for the mandated program. Staff finds that the State Controller's Office adjusted the Districts' claims for reimbursement based on the correct standard.

c. The State Controller's Office has met the statute of limitations to initiate and complete the audits.

The Districts assert that Government Code section 17558.5(a) is impermissibly vague, and thus unenforceable. The Districts propose a different statute of limitations and argue that the State Controller's Office has failed to meet the statute of limitations to conduct audits for some of the reimbursement claims filed by the Districts during certain fiscal years. As a result, the Districts contend that reductions made to reimbursement claims during these fiscal years are void and should be withdrawn.¹²²

The Districts make this assertion for claims made by the following districts during the following fiscal years:

- Citrus Community College District claims made for fiscal years 2002-2003 and 2003-2004, filed on January 4, 2004 and December 13, 2004.
- Cerritos Community College District claims made for fiscal years 2002-2003 and 2003-2004, filed on January 12, 2004 and January 7, 2005.
- Redwoods Community College District claims made for fiscal years 2002-2003 and 2003-2004, filed January 13, 2004 and January 12, 2006.
- Allan Hancock Joint Community College District claims made for fiscal years 2002-2003 through 2004-2005, filed January 13, 2004, December 13, 2004, and December 30, 2005.

The statute of limitations for the State Controller's Office to initiate an audit is set forth in Government Code section 17558.5(a). As applicable to reimbursement claims filed before January 1, 2005, Government Code section 17558.5(a) provided in relevant part:

(a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim.¹²³

For reimbursement claims filed on and after January 1, 2005, section 17558.5(a) requires the State Controller's Office to complete any audit not later than two years after commencement of the audit.¹²⁴

The State Controller's Office states, and has included evidence in the record to support, that it has only made payments on the claims made by Citrus, Cerritos, Redwoods, and Allan Hancock

¹²² Exhibits A-G, incorrect reduction claims filed by the Districts.

¹²³ Government Code section 17558.5(a), as amended by Statutes 2002, chapter 1128.

¹²⁴ Government Code section 17558.5(a), as amended by Statutes 2004, chapter 890.

Joint Community College Districts for fiscal year 2002-2003, and that payment for these claims were made on October 25, 2006.¹²⁵ Based on the plain language of Government Code section 17558.5(a), the second sentence of subdivision (a) applies because no payment was made for the claims for fiscal year 2002-2003 until October 25, 2006. The audits for the claims made for fiscal year 2002-2003 were required to be initiated by October 25, 2009 (three years from the date of initial payment). The State Controller's Office states, and has included evidence in the record to support, that these audits were initiated by May 8, 2009. Thus, the State Controller's Office has met the statute of limitations set forth in the second sentence of subdivision (a).

The Districts do not dispute that the State Controller's Office has met the statute of limitations set forth in the second sentence of Government Code section 17558.5(a). However, the Districts assert that the second sentence of Government Code section 17558.5(a) is impermissibly vague, and therefore unenforceable. As a result, the Districts contend that the running of the three-year statute of limitations begins when the reimbursement claim is filed or last amended, as provided in the first sentence of section 17558.5(a).

In response, the State Controller's Office argues:

[T]he language of the statute in [*sic*] not vague, the Claimants simply prefer a different outcome. The statute clearly predicates the running of the statute of limitations on the "date of initial payment," in cases where no funds are appropriated or no payment is made. . . . Ultimately, the argument concerning vagueness is moot, as the [Commission] has no authority to determine that a statute, or any portion thereof, is unconstitutional. [Citation omitted] This power is reserved to the Judiciary. For this reason, the Commission should reject the Claimants' vagueness argument and hold that the statute of limitations begins to run on the date of initial payment.¹²⁶

The State Controller's Office is correct in stating that the Commission lacks the authority to determine that a statute is unconstitutional and therefore unenforceable.¹²⁷ As a result, staff

¹²⁵ Exhibit J, comments filed by the State Controller's Office, *supra*.

¹²⁶ Exhibit J, comments filed by the State Controller's Office, Response by the State Controller's Office to the Incorrect Reduction Claims filed by Citrus, Cerritos, Redwoods, and Allan Hancock Joint Community College Districts, *supra*. The State Controller's Office cites to article III, section 3.5 of the California Constitution.

¹²⁷ Article III, section 3.5 of the California Constitution provides:

An administrative agency, including an administrative agency created by the Constitution or an initiative statute, has no power:

- (a) To declare a statute unenforceable, or refuse to enforce a statute, on the basis of it being unconstitutional unless an appellate court has made a determination that such statute is unconstitutional;
- (b) To declare a statute unconstitutional;
- (c) To declare a statute unenforceable, or to refuse to enforce a statute on the basis that federal law or federal regulations prohibit the enforcement of such

makes no findings on the constitutionality of Government Code section 17558.5(a), and must treat all of subdivision (a) as enforceable. Applying the plain language of Government Code section 17558.5(a) to the evidence presented to the Commission, staff finds that the State Controller's Office has initiated and completed the audits within the statute of limitations.

- 2) Although the State Controller's Office did not provide an explanation of the adjustments made to reimbursement claims within the 30-day time limit of Government Code section 17558.5(c), the State Controller's Office has not denied the Districts the opportunity to comprehensively contest the adjustments.

Government Code section 17558.5(c) requires the State Controller's Office to notify why an adjustment of a claim for reimbursement was made to claimants in writing within 30 days of issuing a remittance advice for the adjustment made. In regard to Citrus, Cerritos, Los Rios, and Redwoods Community College Districts, the Districts noted in their incorrect reduction claims that the State Controller's Office had not provided an explanation of adjustments made to the reimbursement claims filed as required by Government Code section 17558.5(c). After the Districts filed their incorrect reduction claims and well after 30 days from issuing remittance advices to the Districts, the State Controller's Office provided the explanations of the adjustments, missing the 30-day time limit.¹²⁸

Prior to receiving the State Controller's Office explanations, the Districts made the assertion that the State Controller's Office actions deny the Districts the opportunity to comprehensively contest the adjustments through the incorrect reduction claims filed with the Commission.¹²⁹ Other than generally requesting the Commission to make a finding on all issues raised by the Districts and to order the State Controller's Office to correct the adjustments made, the Districts do not seek any specific relief based on this assertion.

Although the State Controller's Office did not provide an explanation of adjustments made to the reimbursement claims within the 30-day time limit, staff finds that the Districts are not denied the opportunity to comprehensively contest adjustments made. Claimants are authorized to file an incorrect reduction claim with the Commission upon receiving a remittance advice or other notice of adjustment notifying the claimant of a reduction.¹³⁰ This is the *beginning* of a claimant's opportunity to contest adjustments made by the State Controller's Office. After a

statute unless an appellate court has made a determination that the enforcement of such statute is prohibited by federal law or federal regulations.

¹²⁸ Beginning on July 1, 2009 through July 22, 2009, the State Controller's Office issued remittance advices for reimbursement claims for fiscal years 2002-2003 through 2007-2008 to Citrus, Cerritos, Los Rios, and Redwoods Community College Districts. The State Controller's Office issued notifications explaining the adjustments made to these districts' reimbursement claims on October 20, 2009 and October 21, 2009. Thus, in regard to Citrus, Cerritos, Los Rios, Redwoods, Allan Hancock Joint, and Pasadena Area Community College Districts the State Controller's Office failed to meet the 30-day time limit for issuing a notification explaining adjustments made to the reimbursement claims.

¹²⁹ Exhibits A-G, incorrect reduction claims filed by the Districts. page ____.

¹³⁰ Former California Code of Regulations, title 2, section 1185(b) (Register 2003, No. 17); currently 1185(c) (Register 2010, No. 44).

claimant has filed an incorrect reduction claim, the claimant has the ability to amend its incorrect reduction claim and is provided multiple opportunities to submit comments to respond to comments or issues raised during the Commission's incorrect reduction claims process.¹³¹ Additionally, if the State Controller's Office fails to provide a needed explanation of adjustments made to a reimbursement claim, the Commission maintains subpoena power. Here, the State Controller's Office provided detailed analyses to all of the claim reductions on October 20, 2009 and October 21, 2009, to which the Districts responded on January 11, 2011. Thus, the actions of the State Controller's Office have not denied the Districts the opportunity to comprehensively contest adjustments made to the reimbursement claims.

C. Has the State Controller's Office improperly reduced reimbursement for the cost of reimbursable services?

This section will address the following issues: (1) whether the State Controller's Office properly accounted for the students that fall within the health service fee exemptions; and (2) whether the scope of reimbursable services under the *Health Fee Elimination* program as described in the parameters and guidelines exceeds the permitted uses of health service fees.

1) The State Controller's Office properly accounted for students exempt from the Health Service Fee.

In conducting audits on the Districts' claims for reimbursement, the State Controller's Office calculated the offsetting revenue from health service fees for each term for each fiscal year claimed by multiplying the maximum fee authority for the term during the fiscal year claimed by the total enrollment minus exempted students for each term.¹³² The State Controller's Office then subtracted the offsetting revenue for each fiscal year from the total reimbursable claim amounts submitted by the Districts for each fiscal year. Other than the Districts' understating the offsetting revenue generated by the health service fee authorized for each fiscal year, the State Controller's Office did not find any other issue with the costs claimed by the Districts.

The Districts argue:

Education Code section 76355, subdivision (c), *requires* the districts to adopt local rules, that is, to utilize its legislative power, to exempt certain students from payment of the health service fee. To the contrary, Section 76355 merely *authorizes* districts to charge the fee to any other class of student. Subdivision (c) states that the districts cannot charge a fee to apprenticeship students or students that request a religion-based exemption. Until January 1, 2006, students receiving BOGG [Board of Governors Grant] fee waivers (perhaps as much as 30% of the enrollment) were also exempted from paying the fee. Note that these exemptions do not automatically mean that the district can exclude these students from student health services, rather, the district just cannot collect a fee. Thus, to the extent that these students utilize the student health services, the district is incurring an unfunded program cost.

¹³¹ Former California Code of Regulations, title 2, sections 1185, 1185.01, and 1185.02 (Register 2003, No. 17); currently sections 1185, 1185.1, and 1185.5.

¹³² Fee authority x (total enrollment – exempted students) = offsetting revenue for the term.

The Controller's collectible fee calculation excludes these exempted students from the calculation of the offsetting revenue, but does not determine the costs of the services to these exempt students. The *Clovis* decision has concluded that if a charge can be made, then a cost is not incurred. Since no charge can be made for exempted students, these costs should be reimbursed without regard to the offsetting savings applied to all other student program costs. The Controller has the burden of going forward on this issue of properly reimbursing the cost of services provided to the exempt students. In these seven "desk" audits, the Controller did not audit any of the program costs, so the Controller inappropriately reduced the health service costs for the exempt students. (Original italics.)

The Districts' argument suggests that the State Controller's Office is required to determine the costs of the services to students exempt from the health services fee. However, it is a claimant's responsibility to claim total reimbursable costs in its reimbursement claims filed with the State Controller's Office.¹³³ Here, the total reimbursable costs claimed by the Districts should have included the reimbursable costs of health services provided to all students, including students exempt from the health service fee. It is unclear if, or why, the Districts excluded the cost of health services provided to students exempted from the health service fee from the total reimbursable claim amounts submitted by the Districts to the State Controller's Office.¹³⁴ To the extent that reimbursable costs under the *Health Fee Elimination* program have not been claimed, it is the responsibility of the claimants (the Districts) to claim these costs, not that of the State Controller's Office.

Ultimately, the cost of health services provided to students exempt from the health service fee is irrelevant for purposes of the consolidated incorrect reduction claims because the State Controller's Office did not make any reduction to the reimbursement claims on the basis of the Districts including the cost of providing health services to students exempt from the health service fee. The *only* basis upon which the State Controller's Office reduced the Districts' reimbursement claims, was for understating offsetting revenue resulting from the health service fees that the Districts' had the *authority* to charge. Thus, staff finds that the State Controller's Office properly accounted for students exempt from the health service fee.

- 2) The scope of reimbursable services under the *Health Fee Elimination* program as described in the parameters and guidelines exceeds the permitted uses of health service fees.

The Districts argue:

The scope of reimbursable services described in the parameters and guidelines exceed the program regulations. Therefore, districts are eligible for

¹³³ Education Code section 17550 et seq. See, Education Code section 17560, which sets forth the timing and content of reimbursement claims filed by local agencies and school districts.

¹³⁴ There is no evidence in the record suggesting that the Districts excluded the cost of health services provided to students exempt from the health service fee from the Districts' reimbursement claims.

reimbursement for some parameters and guidelines services that are outside the scope of the Title 5 constraints for use of the fees.

Staff agrees with the Districts' argument that the scope of reimbursable services described in the parameters and guidelines exceed the permissible uses of the health service fee paid by students to the extent that it pertains to: (a) physicals for athletes; and (b) physicals for employees.

a. Physicals for athletes.

The plain language of Education Code section 76355(d)(2) provides:

Authorized expenditures [of health service fees] 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. (Italics added.)

Additionally, Education Code section 76355(g) requires the Board of Governors to adopt regulations that generally describe the types of health services included in the health service program. These regulations are found in California Code of Regulations, title 5, section 54700 et seq. Title 5 section 54706, which sets forth prohibited uses of the health service fee, provides:

Student health fees shall not be expended for the following expenses:

- (a) Salaries of personnel not directly involved in the delivery of student health services;
- (b) Administrative salaries (assistant dean level or its equivalent and above);
- (c) Athletic trainers' salaries;
- (d) Athletic insurance for the intercollegiate athletic team;
- (e) Medical supplies for athletics;
- (f) *Physical examinations for intercollegiate athletics*;
- (g) Ambulance services and salaries of health professionals for athletic events;
- (h) Any deductible expenses for accident claims filed for athletic team members;
- (i) Sabbatical expenses for health service personnel.

Nothing within these provisions should deny a student participating in athletic programs a service which is properly supported by student health fees. (Italics added.)

The parameters and guidelines for the *Health Fee Elimination* program lists physicals for athletes as a reimbursable cost. However, Education Code section 76355 and its implementing regulations prohibit community college districts from using health service fees charged to students for physicals for athletes. Thus, the health service fees cannot be used to offset the costs of providing physicals for athletes for purposes of mandate reimbursement.

Only the following community college districts claimed costs associated with providing physicals for athletes:

- Citrus Community College District claimed costs associated with providing physicals for athletes during fiscal year 2002-2003.
- Cerritos Community College District claimed costs associated with providing physicals for athletes during fiscal years 2002-2003 through 2006-2007.
- Los Rios Community College District claimed costs associated with providing physicals for athletes during fiscal years 2005-2006 through 2007-2008.
- Redwoods Community College District claimed costs associated with providing physicals for athletes during fiscal years 2002-2003 through 2006-2007.
- Rancho Santiago Community College District claimed costs associated with providing physicals for athletes during fiscal years 2007-2008 and 2008-2009.

In the audits of these community college districts, the State Controller's Office used the health service fees as offsets for all costs claimed by the districts without delineating the costs claimed by the districts associated with providing physicals for athletes. From the evidence in the record it is not possible for staff to determine the costs associated with providing physicals for athletes for each district for each fiscal year claimed. As a result, staff finds that the State Controller's Office incorrectly reduced reimbursable costs associated with providing physicals for athletes by applying health service fees as offsetting revenue for the community college districts listed above, during the fiscal years listed above.

b. Physicals for employees.

Like physicals for athletes, community college districts are not authorized to use health service fees paid by *students* for physicals for *employees*. California Code of Regulations, title 5, section 54702, which sets forth the proper uses of health service fees paid by students, provides in relevant part:

The [health service fee] which the governing board of a district may require students to pay shall be expended *only* to cover the direct and indirect costs necessary to provide any, all of, or a portion of the *student* health programs and services approved by the governing board for offering within the district
(Italics added.)

The parameters and guidelines for the *Health Fee Elimination* program lists physicals for employees as a reimbursable cost. However, as shown above, the language of title 5 section 54702, which implements Education Code section 76355, the health service fees paid by students shall be expended only to cover the *student* health programs and services. As a result, the health service fees cannot be used to offset the costs of providing physicals for employees for purposes of mandate reimbursement.

Only the following community college districts claimed costs associated with providing physicals for employees:

- Cerritos Community College District claimed costs associated with providing physicals for employees during fiscal years 2002-2003 through 2006-2007.

- Redwoods Community College district claimed costs associated with providing physicals for employees during fiscal years 2002-2003 through 2006-2007.

In the audits of these community college districts, the State Controller's Office used the health service fees as offsets for all costs claimed by the districts without delineating the costs claimed by the districts associated with providing physicals for employees. From the evidence in the record it is not possible for staff to determine the costs associated with providing physicals for employees for each district for each fiscal year claimed. As a result, staff finds that the State Controller's Office incorrectly reduced reimbursable costs associated with providing physicals for employees by applying health service fees as offsetting revenue for the community college districts listed above, during the fiscal years listed above.

IV. Conclusion

For the foregoing reasons, 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 community college districts were authorized to charge 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).
- Cerritos Community College District claimed costs associated with providing physicals for athletes during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-20).
- Los Rios Community College District claimed costs associated with providing physicals for athletes during fiscal years 2005-2006 through 2007-2008 (CSM 09-4206-I-23).
- Redwoods Community College District claimed costs associated with providing physicals for athletes during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-26).
- Rancho Santiago Community College District claimed costs associated with providing physicals for athletes during fiscal years 2007-2008 and 2008-2009 (CSM 09-4206-I-28).

Staff recommends that the above community college districts' reimbursement claims be remanded back to the State Controller's Office to determine the portion of the total costs claimed that are attributable to physicals for athletes. The costs for physicals for athletes should be reinstated.

Additionally, staff concludes that the State Controller's Office incorrectly reduced costs incurred that were attributable to physicals for employees by using the health service fee community college districts were authorized to charge 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:

- Cerritos Community College District claimed costs associated with providing physicals for employees during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-20).
- Redwoods Community College district claimed costs associated with providing physicals for employees during fiscal years 2002-2003 through 2006-2007 (CSM 09-4206-I-26).

Staff recommends that the above community college districts' reimbursement claims be remanded back to the State Controller's Office to determine the portion of the total costs claimed that are attributable to physicals for employees. The costs for physicals for employees should be reinstated.

Staff also concludes that the State Controller's Office correctly reduced all other costs incurred during all other fiscal years claimed by Citrus Community College District, Cerritos Community College District, Los Rios Community College District, Redwoods Community College District, Allan Hancock Joint Community College District, Rancho Santiago Community College District, and Pasadena Area Community College District for the *Health Fee Elimination* program by the amount of health service fees that the districts were authorized to charge.

V. Staff Recommendation

Staff recommends that the Commission partially approve these consolidated incorrect reduction claims as outlined above and adopt this analysis.

SixTen and Associates

Mandate Reimbursement Services

KEITH B. PETERSEN, President

San Diego
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Telephone: (858) 514-8605
Fax: (858) 514-8645
www.sixtenandassociates.com

Sacramento
P.O. Box 340430
Sacramento, CA 95834-0430
Telephone: (916) 419-7093
Fax: (916) 263-9701
E-Mail: kbsixten@aol.com

September 1, 2011

Drew Bohan, Executive Director
Commission on State Mandates
980 Ninth Street, Suite 300
Sacramento, CA 95814

Dear Mr. Bohan:

RE: 1/84 Health Fee Elimination
Education Code Section 76355

CSM 09-4206-I-19 Citrus Community College District
Fiscal Years: 2002-03 through 2006-07

CSM 09-4206-I-20 Cerritos Community College District
Fiscal Years: 2002-03 through 2006-07

CSM 09-4206-I-23 Los Rios Community College District #3
Fiscal Years: 2005-06 through 2007-08

CSM 09-4206-I-26 Redwoods Community College District
Fiscal Years: 2002-03 through 2006-07

CSM 09-4206-I-28 Rancho Santiago Community College District #2
Fiscal Years: 2005-06 through 2008-09

CSM 09-4206-I-30 Pasadena Area Community College District #3
Fiscal Years: 2004-05 through 2005-06

I have received the Commission Draft Staff Analysis (DSA) dated July 20, 2011, for the above-referenced consolidated incorrect reduction claim, to which I respond on behalf of the six Districts listed above. Issues raised by the DSA, but not responded to by this letter, are not waived.

A. COMMISSION REMAND AUTHORITY

The DSA (42) recommends that the Commission remand to the Controller certain adjustments to determine the portion of total program cost attributable to athlete and employee physicals and reinstate those costs. The DSA does not establish the statutory authority for the Commission to remand adjustments for the purpose of correction. The statutory subject matter jurisdiction (Government Code section 17551, subdivision (d)) is to determine whether "the Controller has incorrectly reduced payments to the local agency or school district pursuant to paragraph (2) of subdivision (d) of Section 17561." If there is no authority to remand, the scope of the Commission authority may be only to declare the entire relevant adjustment incorrect and not just a portion thereof. Also, even if the Commission determines that it can remand a portion of an adjustment for correction, there is the related issue of whether the Controller can correct adjustments for fiscal periods that are now past the statute of limitations for an audit due to the passage of time since the audit report was issued. Claimants have no statutory standing to correct expired annual claims.

B. STATUTE OF LIMITATIONS FOR AN AUDIT

The statute of limitations for an audit is a threshold issue because adjustments made to annual claims past the statute of limitations for an audit are void. The Districts asserted that Government Code section 17558.5, subdivision (a), is impermissibly vague, and thus unenforceable. The DSA (35) has concluded that the "State Controller's Office has met the statute of limitations to initiate and complete the audits." The DSA (36) also asserts that it cannot address the issue of vagueness. This is all consistent with the Statement of Decision adopted July 28, 2011, for the incorrect reduction claim filed by the San Diego Unified School District, 01-4241-I-03, Emergency Procedures, Earthquake and Disasters for the same issue. Therefore, for its purposes, the Commission considers the issue settled.

However, the staff analysis is not complete. The DSA (35) states:

"The statute of limitations for the State Controller's Office to initiate an audit is set forth in Government Code section 17558.5(a). As applicable to reimbursement claims filed before January 1, 2005, Government Code section 17558.5(a) provided in relevant part:

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial

Drew Bohan, Executive Director

3

September 1, 2011

payment of the claim.”

Based on this Section, the Controller establishes the expiration date of the three-year audit period for the FY 2002-03 and FY 2003-04 annual claims to be October 25, 2009, based on the October 25, 2006, date of first payment. The DSA (36) concurs, based on the “plain language of the statute,” that “the State Controller’s Office has met the statute of limitations set forth in the second sentence of subdivision (a).”

However, the second sentence of Government Code section 17558.5, subdivision (a) references two actions: the appropriation of funds and the payment to claimants from that appropriation. An appropriation of funds for payment of the mandate program by the Legislature and the date of payment of that appropriation by the Controller to the claimants are independent acts. The DSA analysis makes no provision for those fiscal years in which there is an appropriation from which the Controller does not make a payment to the claimant. The Controller can confirm that there were fiscal years relevant to this incorrect reduction claim in which the Legislature appropriated funds (including the notorious \$1,000 “placeholder” amounts) for the Health Fee Elimination mandate, but for which no payments were made to the Districts.

The issue still to be addressed is the legal effect to the commencement date of the statute of limitations based on a date of *appropriation* without subsequent *timely* or *any* payment action by the Controller. There are statutory time period requirements (Government Code section 17561, subdivision (d)) for the Controller to make timely payments to claimants from mandate appropriations that were not met and for which the Commission cannot hold the Controller harmless for the purpose of determining the start date for the statute of limitations for an audit. The failure of the Controller to meet these time periods is a failure of a statutory duty and should not benefit the Controller by extending the commencement date of the audits. The subject matter of the audit is the claimed costs, not the payments received. The purpose of the statute of limitations is to define a specific date that the claimed costs are subject to audit, not the period in which the Controller can make payments. The decision to appropriate funds belongs to the Legislature. The Legislature has ordered the Controller to make payment within sixty days of appropriation or by October 15, whichever is later. The delay in payment, or ultimate nonpayment, is based on unilateral action or inaction by the Controller, not by any delay by claimant or the Legislature.

There is a related issue not addressed by the DSA. The Controller later added additional fiscal years to the findings of some of the District’s reviews that were not included in the original notice, or never noticed. Since the date of notice of the review is integral to determining the start and expiration of the time period for audit, the staff analysis needs to address the legal effect of the fiscal years added later to the findings, but never or not timely noticed to the Districts.

C. GOVERNMENT CODE SECTION 17558.5 (c) COMPLIANCE

Government Code section 17558.5, subdivision (c), requires the Controller to provide a written explanation of the reason for adjustments within thirty days of issuing the payment action notice. The Districts asserted that the Controller's failure to do so impacts the filing of a comprehensive incorrect reduction claim. However, the DSA (37) holds the Controller harmless for this failure to comply with law because:

"After a claimant has filed an incorrect reduction claim, the claimant has the ability to amend its incorrect reduction claim and is provided multiple opportunities to submit comments to respond to comments or issues raised during the Commission's incorrect reduction claims process. Additionally, if the State Controller's Office fails to provide a needed explanation of adjustments made to a reimbursement claim, the Commission maintains subpoena power. Here, the State Controller's Office provided detailed analyses to all of the claim reductions on October 20, 2009 and October 21, 2009, to which the Districts responded on January 11, 2011. Thus, the actions of the State Controller's Office have not denied the Districts the opportunity to comprehensively contest adjustments made to the reimbursement claims."

It would appear, because the claimant and Commission staff have the opportunity to expend the effort and cost of subsequent and duplicate responses, and that the Commission has subpoena power, the Controller's failure to provide timely statutory notice of findings, or to respond to the incorrect reduction claim within ninety days without benefit of a continuance, that claimants and the Commission are merely inconvenienced and not harmed by the Controller's delay which affects the availability of documentation and institutional memory. The more appropriate approach would be for the Commission to treat the failure of statutory compliance and unexcused delays as a default.

D. STANDARD OF REVIEW

The Districts do not dispute the Controller's authority to audit claims for mandated costs and to reduce those costs that are excessive or unreasonable. This authority is stated in Government Code section 17561. 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. However, the Controller did not audit the District enrollment or program costs. The Controller does not assert that the claimed costs were excessive or unreasonable. The DSA (34, 35) concludes *only* that since the Controller properly applied the Health Fee Rule utilizing the Chancellor's Office enrollment data, the standard was met. Therefore, if the Health Fee Rule was not properly applied and if the use of the Chancellor's enrollment data was inappropriate, the stated basis in the DSA for concluding that the standard was met is vacated, that is,

the Controller has not acted reasonably. As described below, the Health Fee Rule was not properly applied and the universal use of unvalidated Chancellor's Office enrollment data was inappropriate.

E. PROPER APPLICATION OF THE CLOVIS "HEALTH FEE RULE"

The Districts assert that the Health Fee Rule cobbled together by the *Clovis* Appellate Court establishes a new standard ("basic principle") for mandate cost accounting never articulated by the Legislature: "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." The Court characterizes this as a "fundamental legal principle underlying state mandated costs." The Districts asserted that the declaration of this new legal maxim proceeded without a complete analysis of the issue of underground rulemaking and includes reliance on a factually incompatible court decision. The Districts asserted that Education Code section 76355 requires the district governing board to exercise its legislative power, both in whether to charge the fee and to determine the amount of the fee, so the Section is not self-implementing.

Notwithstanding, the DSA (25) concludes: "Thus, pursuant to the court's decision the Health Fee Rule used by the State Controller's Office to adjust reimbursement claims filed by the Districts for the *Health Fee Elimination* program is valid. The Commission is bound by the court's decision in *Clovis*." The DSA, at footnote 86, asserts that the question has been "deliberatively examined and decided" and "should be considered as settled and closed to further argument." However, the argument cannot be closed as to how the Health Fee Rule was applied in these audits since there are factual issues not considered by the *Clovis* court.

1. Increases to the Authorized Fee Amounts

The DSA (25) concludes that the Health Fee Rule also "includes any automatic increases in fee *authority* resulting from the calculation set forth by the plain language in Education Code section 76355(a)(2)," and that the Controller can "use Education Code section 76355(a)(2) to determine the maximum health service fee authority for purposes of adjusting reimbursement claims." The determination that the *authority* for fee increases exists for audit purposes does not answer the question of the appropriate *calculation* of the authorized increased fee amount. Education Code section 76355 does not specify the application of the deflator. It does not specify which deflator components are relevant to college district or health services costs. It does not specify when the additional dollar increases may be assessed. The language of Section 76355 is insufficient to make the application of the cited deflator self-implementing and the DSA does not respond to this issue.

Further, although the DSA concludes that the Controller can rely upon the authorized fee increases, it does not address the issue of the Controller's apparent reliance on the

Board of Governor's letter as the source of the appropriate amount. The audit reports have cited this letter, or the Chancellor's Office, as the source of these increased fee amounts. This would seem to merit the same analysis as that for the utility of the enrollment data since both are third party data. There is no evidence on the record that the fee increases in the Chancellor's letter are properly timed or properly calculated. Therefore, any state agency wishing to enforce Section 76355 would be required to comply with the Administrative Procedure Act, and the Controller has not. The Controller's use of the Chancellor's letter, for audit purposes, for the calculation of the collectible amount, is a rule of general application without benefit of rulemaking and the DSA does not respond to this issue.

2. Student Access to Health Service Centers

The Districts have asserted that many community colleges have academic "learning centers" located significant distances away from the main campus location of the student health service center and that there are categories of students that cannot access the student health services. It would be unreasonable for the district to charge students for services that will not be provided because they are not practically accessible. The Controller's calculation of collectible fees includes all students except those statutorily exempted. The result is that the Controller is offsetting the cost of services provided to other students for students from whom the district does not collect a revenue or incur a program cost. The *Clovis* decision has concluded that if a charge can be made, then a cost is not incurred. However, no charge can reasonably be made for students that cannot access the services and for whom no services are provided, so the total program costs should not be reduced by student health service fees never collected from those students.

The DSA (27) concludes that "[u]nless the students referenced in the Districts' argument above fall into any of the three categories of exempt students, the Districts have the authority to charge the students the health service fee." Which is to say, there is legal authority to charge students for services that cannot possibly or practically be provided. The *Clovis* decision did not state that the claimants could charge students for services that the district could not or did not provide. Regardless of the legal or ethical propriety of the DSA interpretation of the Health Fee Rule, it must be remembered that current period cost reimbursement is limited to the scope of student health services offered in the FY 1986-87 base year. The scope of services provided in FY 1986-87 was a matter of discretion at that time to the governing board, but is no longer since the scope of reimbursable services was subsequently locked-in by the parameters and guidelines.

Similarly, the category of students not assessed the student health service fee (beyond the statutory exemptions) for the base year was determined by the governing boards prior to the effective date of the fee authority. The *Clovis* court determined that the claimants can choose not to require these fees, but not at state expense. It did not

conclude that claimants have an affirmative duty to forego a reduction of a portion of the reimbursement for the scope of services subsequently and retroactively mandated to the FY 1986-87 level that results when fees are imputed in subsequent years by the state but not collected from the students without access to the student health services. The governing board's choice of students from whom fees were to be collected in 1986-87 could not have been influenced by any possible state reimbursement consequences, that is, a desire to burden the state, since the fee authority was not established until January 1, 1988.

Just as the scope of reimbursable services is limited to the base year, the scope of nonexempt students to be included in the collectible fees offset should be limited to the base year. This would mitigate the cost reimbursement penalty to claimants for not collecting fees from students attending remote learning centers for which the district did not provide student health services then or now, or for those students in types of programs, such as non-credit programs, for which student health service fees were and are not collected. The Commission should decide that fees not collected from students without access to the health center services in the base year and afterwards should be excluded from the calculation of collectible fees.

3. Students Exempt From the Health Service Fee

Education Code section 76355, subdivision (c), states that the districts cannot charge a student health service fee to apprenticeship students or students that request a religion-based exemption. Until January 1, 2006, students receiving BOGG fee waivers (perhaps as much as 30% of the total enrollment) were also exempted from paying the fee. The Controller's collectible fee calculation excludes these three types of exempted students from the calculation of the offsetting revenue, but does not specifically determine the cost of the services to these exempt students. The *Clovis* decision has concluded that if a charge can be made, then a cost is not incurred. Since no charge can be made for exempted students, these costs should be reimbursed without regard to any reduction by the health service fees collected from other students not exempted. This is a basic accounting principle of matching of revenues to costs. The Controller has the burden of going forward on this issue of properly applying the *Clovis* rule and has not done so on this matching issue.

The DSA (39) concludes that the audit "properly accounted for students exempt from the health service fee." The DSA (39) states:

"The Districts' argument suggests that the State Controller's Office is required to determine the costs of the services to students exempt from the health services fee. However, it is a claimant's responsibility to claim total reimbursable costs in its reimbursement claims filed with the State Controller's Office. Here, the total reimbursable costs claimed by the Districts should have included the reimbursable costs of health services provided to all students, including students

exempt from the health service fee. It is unclear if, or why, the Districts excluded the cost of health services provided to students exempted from the health service fee from the total reimbursable claim amounts submitted by the Districts to the State Controller's Office. To the extent that reimbursable costs under the *Health Fee Elimination* program have not been claimed, it is the responsibility of the claimants (the Districts) to claim these costs, not that of the State Controller's Office"

Contrary to the DSA conclusion, the Districts *did* report the total cost of providing health services to all students. The cost of services provided to exempt students was not omitted from the annual claim. It appears that the DSA misunderstands the issue presented and how the collectible fee offset works in the annual claim. The DSA (39) also erroneously concludes that the audit did not reduce the cost of the services to exempt students:

"Ultimately, the cost of health services provided to students exempt from the health service fee is irrelevant for purposes of the consolidated incorrect reduction claims because the State Controller's Office did not make any reduction to the reimbursement claims on the basis of the Districts including the cost of providing health services to students exempt from the health service fee. The *only* basis upon which the State Controller's Office reduced the Districts' reimbursement claims, was for understating offsetting revenue resulting from the health service fees that the Districts' had the *authority* to charge. Thus, staff finds that the State Controller's Office properly accounted for students exempt from the health service fee."

The Controller's reimbursement calculation subtracts the fees collectible from nonexempt students from total program costs. To the extent that the authorized fees collected from nonexempt students reduce the cost of services to exempt students, the calculation is reducing reimbursement for those services provided to exempt students, from whom a fee cannot be charged, and is thus contrary to the *Clovis* decision. To properly implement the Health Fee Rule would require the Controller to pro-rate the total program costs between exempt and nonexempt students based on enrollment or similar data, and then apply the calculated authorized fees as a reduction only to the portion of the total cost of services applicable to the nonexempt students. The Controller has performed similar revenue matching calculations in other audits. See the Enrollment Fee Collection and Waivers audit reports for Contra Costa CCD and Gavilan CCD posted on the Controller's website. The Health Fee Elimination audits that are the subject of this consolidated incorrect reduction claim did not match the revenue, so the collectible fees reduction adjustments are incorrect.

The Commission should deny the collectible fees adjustment in total or remand all of the annual claims for all of the Districts with directions to the Controller to pro-rate the program costs between exempt and nonexempt students and limit the offset of

collectible fees to the program costs applicable to nonexempt students. The Controller should also be directed to modify the claiming instructions to provide a mechanism to pro-rate the costs of services provided to exempt students and remove those costs from the collectible fees offset to total program costs.

4. Parameters and Guidelines Services in Excess of Title 5 Services

Pursuant to Education Code 76355, subdivision (g), the California Community Colleges Board of Governor's adopted Title 5 regulations regarding the appropriate (Title 5, Section 54708) and inappropriate (Title 5, Section 54706) uses of the student health services fee. This does not limit the type of services that can be provided, just the services that can be funded by the student health service fee. The Title 5 regulations were not designed to address the issue of reimbursement, only the stated use of the student health service fee funds as directed by Education Code section 76355, subdivision (d). The scope of reimbursable services listed in the parameters and guidelines exceed the program regulations. Therefore, districts are eligible for reimbursement for some parameters and guidelines services that are outside the scope of the Title 5 constraints for use of the fees.

The DSA (40) agrees with the Districts to the extent that it pertains to physicals for athletes and employees and recommends (DSA 42, 43) that the specified District annual claims be remanded to the Controller for this purpose. Note that the audits did not specifically disallow these costs. These costs, to the extent that they were claimed, were included in total program costs subject to the collectible fee offset, thus there is no separate adjustment for cost of physicals to remand. If the Commission does not have this remand authority to correct an adjustment, the authorized collectible fees offset adjustments should be denied in total. The Controller should also be directed to modify the claiming instructions to identify all services listed in the parameters and guidelines that are in excess of Title 5 approved uses of the student health services funds and provide a mechanism to remove those costs from the collectible fees offset to total program costs. This does not require an amendment to the parameters and guidelines, but a revision of how the Controller directs claimants to complete the Controller's forms.

F. CHANCELLOR'S MIS ENROLLMENT DATA

The DSA (30) improperly characterized the Districts' position to be that the audit is limited only to the Districts' documentation. That is not correct. The Districts concur that Government Code section 12410 provides broad discretion for the Controller to audit state payments. The Districts' assertion is that the Controller's use of third-party data for the purpose of audit adjustments requires the third-party data to be validated by the Controller, which speaks to the appropriate exercise of the audit discretion. However, that audit discretion was not properly applied because the Controller did not validate the Chancellor's enrollment data the Controller used to audit the annual claims that are the subject of this incorrect reduction claim. Further, the Controller's universal and consistent use of the Chancellor's MIS data, validated or not, constitutes

underground rulemaking. The DSA did not address this issue.

The Controller did not audit the Districts' enrollment documentation. Instead, the Controller utilized enrollment data from the Chancellor's Office for the calculation of collectible fees. The Controller has consistently utilized this Chancellor's enrollment data for audits for several years, so it is being used as a rule of general application. This enrollment information was collected, processed, and reported by a separate state agency for other purposes. A district's compliance with the MIS data system is a condition of receiving grant funds, not of reimbursement for state mandates. Since the MIS data was used by the Controller to calculate the collectible offsetting revenues, the data must be proved relevant by the Controller. The Controller did not validate the data, so the adjustments are without foundation. The DSA attempts to validate the data on behalf of the Controller, but without success due to lack of critical information.

The DSA (30) states that the standard for determining whether the discretion was properly applied is that of an ordinary mandate, that is, with deference to the Controller's audit authority and expertise, to determine whether the Controller's reliance upon the Chancellor's enrollment data was not arbitrary or capricious. Since the standard cited in the DSA is essentially the lowest general standard in law, it is arguable that it was met and the Districts could consider the issue moot had the Chancellor's MIS data been properly validated. However, neither the Controller nor the DSA completely validates the Chancellor's data. Instead, the DSA focuses on what information was not provided in the annual claims and essentially awards the Controller ownership, or at least custody, of the Chancellor's MIS system almost by default.

The DSA (31) notes that most of the Districts did not include enrollment numbers in their annual claims. Although requested by the claiming instructions (which do not have the force of law) this information is not required by the parameters and guidelines, and was irrelevant until the *Clovis* decision became final. Further, the Controller's subsequent requests for this information preceded the effective date of the *Clovis* decision. Regardless, the Districts provided the requested enrollment information even though the Districts appropriately continued the legal position that actual revenue was the appropriate offset and not collectible fees since *Clovis* had not become final. The DSA (32) notes that most of the responses to the Controller's request did not separately identify the number of students exempt from the student health service fee, but provided the number of nonexempt students, which is the number needed for the *Clovis* calculation. Because the DSA could not correlate this information and was not satisfied with the scope of original reporting by the District, the DSA concluded that the Districts response was "unclear," providing a further basis to adopt the Chancellor's MIS date by default.

However, the DSA (33) concludes that the MIS data is a "reasonable and reliable source for enrollment data" because the claimants stated that the original annual claim data or subsequently reported enrollment data was from the MIS system and that the Controller ostensibly selected the relevant data elements to establish the number of

nonexempt students. The DSA accepted the prima facie relevance of the data elements selected by the Controller. What neither the Controller nor the Commission staff has validated is *the source of the data provided by the districts* to the Chancellor's MIS system, and until that is accomplished, the MIS reports are only presumptively valid. The DSA merely infers that the data provided by the districts to the MIS system is both accurate and relevant. The MIS system data output directly depends upon the district input. There is no evidence on the record that the data inputs are satisfactory. For example, it appears that the MIS system relies upon "headcount" which is an enrollment statistic reported by the districts on various dates. The total number of students subject to payment of health fees throughout a semester would be different based on date of enrollment or subsequent departure from college and refund of fees before and after the headcount. The DSA does not consider that the data available at the time the annual claim is prepared may not be the same data available or used for the MIS input. The validity of the input data would seem to require evidence from the Chancellor's Office as to how the Chancellor's staff validates the submitted data. The parameters and guidelines do not require MIS data. The Districts never asserted the need for MIS enrollment data because the Districts reported actual revenue, so the burden is on the state agencies using or approving the use of the MIS data for purposes of the audit to validate the data. That burden has not yet been met.

Validated or not, the DSA does not respond to the corollary issue of underground rulemaking by the Controller as a result of the Controller's universal and consistent use of the Chancellor's data. The DSA has concluded that the use of the Chancellor's data was not arbitrary and capricious, which is the standard applicable "when an agency is not required to hold an evidentiary hearing." (DSA 30) However, the universal and consistent use of the Chancellor's data, validated or not, by the Controller for purposes of an audit is a rule of general application and the evidentiary standard is different and requires administrative rulemaking. The use of the Chancellor's MIS is not permitted by the parameters and guidelines so the state agency, the Controller, asserting its universal and continued application must perform the rulemaking process.

The Commission should reject the Controller's use of the MIS enrollment data as underground rulemaking or without foundation due to lack of validation of the data for the annual claims that are the subject of this incorrect reduction claim. The Commission should also direct the Controller to discontinue use of the Chancellor's MIS data for purposes of audit until the necessary rulemaking is performed or until amended parameters and guidelines are adopted, as was done on January 29, 2010, for the contemporaneous source documentation rule for this mandate. (The *Clovis* court determined the contemporaneous source documentation rule as applied by the Controller was underground rulemaking.) However, either or both the rulemaking and amended parameters and guidelines would be prospective only in effect.

Drew Bohan, Executive Director

12

September 1, 2011

CERTIFICATION

By my signature below, I hereby declare, under penalty of perjury under the laws of the State of California, that the information in this submission is true and complete to the best of my own knowledge or information or belief, and that any attached documents are true and correct copies of documents received from or sent by the District or state agency which originated the document.

Executed on September 1, 2011, at Sacramento, California, by



Keith B. Petersen, President
SixTen & Associates

Service by Commission Electronic Drop Box



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

September 2, 2011
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,

A handwritten signature in dark ink, appearing to read "Shawn D. Silva". The signature is fluid and cursive, with the first name "Shawn" being more prominent.

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**

Table of Contents

<u>Description</u>	<u>Page</u>
SCO's Response to Draft Staff Analysis	
Declaration (Affidavit of Bureau Chief)	Tab 1
State Controller's Office Analysis and Response	Tab 2
Citrus Community College District, Health Fee Elimination Program claim form HFE-2.1, FY 2002-03.....	Tab 3
Rancho Santiago Community College District, Health Fee Elimination Program claim form 2, FY 2007-08 and FY 2008-09	Tab 4

Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

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

5
6 BEFORE THE
7 COMMISSION ON STATE MANDATES
8 STATE OF CALIFORNIA

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

12 *Health Fee Elimination Program*

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

15 CITRUS COMMUNITY COLLEGE
16 DISTRICT; CERRITOS COMMUNITY
17 COLLEGE DISTRICT; LOS RIOS
18 COMMUNITY COLLEGE DISTRICT;
19 REDWOODS COMMUNITY COLLEGE
20 DISTRICT; ALLAN HANCOCK JOINT
21 COMMUNITY COLLEGE DISTRICT;
22 RANCHO SANTIAGO COMMUNITY
23 COLLEGE DISTRICT; AND PASADENA
24 AREA COMMUNITY COLLEGE DISTRICT,
25 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 1) I am an employee of the State Controller's Office and am over the age of 18 years.
21 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000.
22 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

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

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

5
6 Date: July 28, 2011

7 OFFICE OF THE STATE CONTROLLER

8
9 By: 

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
14
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18
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22
23
24
25

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.

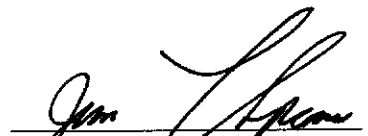
Rancho Santiago Community College District

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
www.sixtenandassociates.com

SAN DIEGO OFFICE:
5252 Balboa Avenue, Suite 900
San Diego, CA 92117
Voice: 858-514-8605
Fax: 858-514-8645

SACRAMENTO OFFICE:
P.O. Box 340430
Sacramento, CA 95834-0430
Voice: 916-419-7093
Fax: 916-263-9701

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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 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 Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies		X X X X X X X X X X	X X X X X X X X X X
Tests Blood Pressure Hearing Tuberculosis Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A Testing PG Testing Monospot Hemacult Others, list		X X X X X X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X X X X X X
Miscellaneous Absence Excuses/PE Waiver Allergy Injections Band-aids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list		X X X X X X X X X X X X X X X	X X X X X X X X X X X X X X X
Committees Safety Environmental Disaster Planning Skin Rash Preparations Eye Drops		X X X	X X X

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

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
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		

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
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		X
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	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			X
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

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)
VD
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
Etc.
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
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
Band-aids
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
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. 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.

Adopted: 8/27/87
Amended: 5/25/89
Amended: 1/29/10

AMENDMENT TO PARAMETERS AND GUIDELINES

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

Health Fee Elimination 05-PGA-69 (CSM-4206)

This amendment is effective beginning with the claims filed for the
July 1, 2005 through June 30, 2006 period of reimbursement

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 supervisions 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 7246 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 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 then 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

This amendment is effective beginning with the claims filed for the July 1, 2005 through June 30, 2006 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 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 cost 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 on 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

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct based upon personal knowledge." Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant

is required to incur as a result of the mandate. In addition, the claimant must maintain documentation for the fiscal year 1986-87 program to substantiate a maintenance of effort.

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, COUNSELING

Birth control
Lab Reports
Nutrition
Test Results (office)
VD
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
Etc.
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
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
Band-aids
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
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. 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. Employees 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. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter¹ is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced. All documents used to support the reimbursable activities, as described in Section V, must be retained during the period subject to audit. If the Controller has initiated an audit during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VIII. OFFSET 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

¹ This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

individuals other than students who are not covered by Education Code 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.

CONTRA COSTA COMMUNITY COLLEGE DISTRICT

Audit Report

ENROLLMENT FEE COLLECTION AND WAIVERS PROGRAM

Education Code Section 76300 and
California Code of Regulations, Title 5,
Sections 58501-58503, 58611-58613, 58620, and 58630

July 1, 1998, through June 30, 2006



JOHN CHIANG
California State Controller

March 2011



JOHN CHIANG
California State Controller

March 16, 2011

John T. Nejedly
President, Board of Trustees
Contra Costa Community College District
500 Court Street
Martinez, CA 94553

Dear Mr. Nejedly:

The State Controller's Office audited the costs claimed by the Contra Costa Community College District for the legislatively mandated Enrollment Fee Collection and Waivers Program (Education Code section 76300 and California Code of Regulations, Title 5, sections 58501-58503, 58611-58613, 58620, and 58630) for the period of July 1, 1998, through June 30, 2006.

The district claimed \$9,521,848 for the mandated program. Our audit disclosed that \$7,728,127 is allowable, and \$1,793,721 is unallowable primarily because the district overstated salaries and benefits, and understated offsetting savings/reimbursements. The State made no payment to the district. The State will pay allowable costs claimed totaling \$7,728,127, contingent upon available appropriations.

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 the CSM's Web site at www.csm.ca.gov/docs/IRCForm.pdf.

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/wm

cc: Helen Benjamin, Chancellor
Contra Costa Community College District
Judy Breza, Director of Fiscal Services
Contra Costa Community College District
Christine Atalig, Auditor
Fiscal Services Unit
California Community Colleges Chancellor's Office
Thomas Todd, Principal Program Budget Analyst
Education Systems Unit
Department of Finance
Jay Lal, Manager
Division of Accounting and Reporting
State Controller's Office

Contents

Audit Report

Summary	1
Background	1
Objective, Scope, and Methodology	2
Conclusion	3
Views of Responsible Official	3
Restricted Use	3
Schedule 1—Summary of Program Costs	4
Findings and Recommendations	7
Attachment—District’s Response to Draft Audit Report	

Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by the Contra Costa Community College District for the legislatively mandated Enrollment Fee Collection and Waivers Program (Education Code section 76300 and California Code of Regulations, Title 5, sections 58501-58503, 58611-58613, 58620, and 58630) for the period of July 1, 1998, through June 30, 2006.

The district claimed \$9,521,848 for the mandated program. Our audit disclosed that \$7,728,127 is allowable, and \$1,793,721 is unallowable primarily because the district overstated salaries and benefits, and understated offsetting savings/reimbursements. The State made no payment to the district. The State will pay allowable costs claimed totaling \$7,728,127, contingent upon available appropriations.

Background

Education Code section 76300 and Title 5, California Code of Regulations, sections 58501-58503, 58611-58613, 58620, and 58630 authorize community college districts to calculate and collect student enrollment fees and to waive student fees in certain instances. The codes also direct community college districts to report the number of, and amounts provided for Board of Governor Grants (BOGG) and to adopt procedures that will document all financial assistance provided on behalf of students pursuant to Chapter 9 of Title 5, California Code of Regulations.

The sections were added and/or amended by:

- Chapter 1, Statutes of 1984;
- Chapter 274 and 1401, Statutes of 1984;
- Chapter 920 and 1454, Statutes of 1985;
- Chapter 46 and 395, Statutes of 1986;
- Chapter 1118, Statutes of 1987;
- Chapter 136, Statutes of 1989;
- Chapter 114, Statutes of 1991;
- Chapter 703, Statutes of 1992;
- Chapter 8, 66, 67, and 1124, Statutes of 1993;
- Chapter 153 and 422, Statutes of 1994;
- Chapter 308, Statutes of 1995;
- Chapter 63, Statutes of 1996; and
- Chapter 72, Statutes of 1999.

On April 24, 2003, the Commission on State Mandates (CSM) adopted the Statement of Decision for the Enrollment Fee Collection and Waivers Program. The CSM found that the test claim legislation constitutes a new program or higher level of service and imposes a reimbursable state-mandated program on community college districts within the meaning of Article XIII B, Section 6 of the California Constitution and Government Code section 17514.

The CSM found that the following activities are reimbursable:

- Calculating and collecting the student enrollment fee for each student enrolled except for nonresidents, and except for special part-time students cited in section 76300, subdivision (f).
- Waiving student fees in accordance with the groups listed in Education Code section 76300, subdivisions (g) and (h).
- Waiving fees for students who apply for and are eligible for BOG fee waivers.
- Reporting to the Community Colleges Chancellor the number of and amounts provided for Board of Governors waivers.
- Adopting procedures that will document all financial assistance provided on behalf of students pursuant to Chapter 9 of Title 5 of the California Code of Regulations; and including in the procedures the rules for retention of support documentation which will enable an independent determination regarding accuracy of the district's certification of need for financial assistance.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines on January 26, 2006. In compliance with Government Code section 17558, the SCO issues claiming instructions to assist local agencies and 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 Enrollment Fee Collection and Waivers Program for the period of July 1, 1998, through June 30, 2006.

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 this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the district's financial statements. Except for the issue noted below, we conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We were unable to assess fraud risk because the district, based on its consultant's advice, did not respond to our inquiries regarding fraud assessment. We increased our substantive testing; however, increased testing would not necessarily identify a fraud or abuse that may have occurred.

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 generally accepted 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 Contra Costa Community College District claimed \$9,521,848 for costs of the Enrollment Fee Collection and Waivers Program. Our audit disclosed that \$7,728,127 is allowable and \$1,793,721 is unallowable.

The State made no payment to the district. The State will pay allowable costs claimed contingent upon available appropriations.

Views of Responsible Official

We issued a draft audit report on February 25, 2011. Kindred Murillo, Ed.D., Vice Chancellor, Districtwide Administrative Services, responded by letter dated March 9, 2011 (Attachment), disagreeing with the audit findings. This final audit report includes the district's response.

Restricted Use

This report is solely for the information and use of the Contra Costa 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

March 16, 2011

Schedule 1— Summary of Program Costs July 1, 1998 through June 30, 2006

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 1998, through June 30, 1999</u>				
Direct costs:				
Salaries and benefits	\$ 717,659	\$ 586,012	\$ (131,647)	Finding 1
Indirect costs	244,004	199,244	(44,760)	Finding 1
Total direct and indirect costs	961,663	785,256	(176,407)	
Less enrollment fee revenue offset	(38,430)	(104,982)	(66,552)	Finding 2
Total program costs	<u>\$ 923,233</u>	<u>\$ 680,274</u>	<u>\$ (242,959)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 680,274</u>		
<u>July 1, 1999, through June 30, 2000</u>				
Direct costs:				
Salaries and benefits	\$ 891,552	\$ 837,513	\$ (54,039)	Finding 1
Materials and supplies	2,189	2,189	—	
Total direct costs	893,741	839,702	(54,039)	
Indirect costs	303,128	284,755	(18,373)	Finding 1
Total direct and indirect costs	1,196,869	1,124,457	(72,412)	
Less enrollment fee revenue offset	(35,233)	(92,480)	(57,247)	Finding 2
Less enrollment fee waiver offset	(122,142)	(169,179)	(47,037)	Finding 2
Total program costs	<u>\$ 1,039,494</u>	<u>\$ 862,798</u>	<u>\$ (176,696)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 862,798</u>		
<u>July 1, 2000, through June 30, 2001</u>				
Direct costs:				
Salaries and benefits	\$ 942,757	\$ 834,067	\$ (108,690)	Finding 1
Materials and supplies	2,347	2,347	—	
Total direct costs	945,104	836,414	(108,690)	
Indirect costs	320,538	283,583	(36,955)	Finding 1
Total direct and indirect costs	1,265,642	1,119,997	(145,645)	
Less enrollment fee revenue offset	(33,229)	(102,212)	(68,983)	Finding 2
Less enrollment fee waiver offset	(128,380)	(141,448)	(13,068)	Finding 2
Total program costs	<u>\$ 1,104,033</u>	<u>\$ 876,337</u>	<u>\$ (227,696)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 876,337</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2001, through June 30, 2002</u>				
Direct costs:				
Salaries and benefits	\$ 1,113,657	\$ 894,042	\$ (219,615)	Finding 1
Materials and supplies	2,556	2,556	—	
Total direct costs	1,116,213	896,598	(219,615)	
Indirect costs	378,643	303,974	(74,669)	Finding 1
Total direct and indirect costs	1,494,856	1,200,572	(294,284)	
Less enrollment fee revenue offset	(256,938)	(103,001)	153,937	Finding 2
Less enrollment fee waiver offset	—	(135,778)	(135,778)	Finding 2
Total program costs	<u>\$ 1,237,918</u>	\$ 961,793	<u>\$ (276,125)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 961,793</u>		
<u>July 1, 2002, through June 30, 2003</u>				
Direct costs:				
Salaries and benefits	\$ 1,132,835	\$ 1,074,459	\$ (58,376)	Finding 1
Materials and supplies	2,761	2,761	—	
Total direct costs	1,135,596	1,077,220	(58,376)	
Indirect costs	371,569	352,422	(19,147)	Finding 1
Total direct and indirect costs	1,507,165	1,429,642	(77,523)	
Less enrollment fee revenue offset	(18,523)	(112,221)	(93,698)	Finding 2
Less enrollment fee waiver offset	(125,791)	(137,493)	(11,702)	Finding 2
Total program costs	<u>\$ 1,362,851</u>	\$ 1,179,928	<u>\$ (182,923)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 1,179,928</u>		
<u>July 1, 2003, through June 30, 2004</u>				
Direct costs:				
Salaries and benefits	\$ 1,193,695	\$ 1,110,501	\$ (83,194)	Finding 1
Materials and supplies	3,317	3,317	—	
Total direct costs	1,197,012	1,113,818	(83,194)	
Indirect costs	391,532	364,244	(27,288)	Finding 1
Total direct and indirect costs	1,588,544	1,478,062	(110,482)	
Less enrollment fee revenue offset	(48,963)	(153,158)	(104,195)	Finding 2
Less enrollment fee waiver offset	(116,190)	(175,286)	(59,096)	Finding 2
Total program costs	<u>\$ 1,423,391</u>	\$ 1,149,618	<u>\$ (273,773)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 1,149,618</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2004, through June 30, 2005</u>				
Direct costs:				
Salaries and benefits	\$ 1,129,466	\$ 1,048,208	\$ (81,258)	Finding 1
Materials and supplies	3,814	3,814	—	
Total direct costs	1,133,280	1,052,022	(81,258)	
Indirect costs	370,465	343,812	(26,653)	Finding 1
Total direct and indirect costs	1,503,745	1,395,834	(107,911)	
Less enrollment fee revenue offset	(48,713)	(212,346)	(163,633)	Finding 2
Less enrollment fee waiver offset	(228,926)	(208,847)	20,079	Finding 2
Total program costs	<u>\$ 1,226,106</u>	\$ 974,641	<u>\$ (251,465)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 974,641</u>		
<u>July 1, 2005, through June 30, 2006</u>				
Direct costs:				
Salaries and benefits	\$ 1,104,485	\$ 1,096,981	\$ (7,504)	Finding 1
Materials and supplies	4,386	4,386	—	
Total direct costs	1,108,871	1,101,367	(7,504)	
Indirect costs	362,271	359,810	(2,461)	Finding 1
Total direct and indirect costs	1,471,142	1,461,177	(9,965)	
Less enrollment fee revenue offset	(46,303)	(228,260)	(181,957)	Finding 2
Less enrollment fee waiver offset	(220,017)	(190,179)	29,838	Finding 2
Total program costs	<u>\$ 1,204,822</u>	\$ 1,042,738	<u>\$ (162,084)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 1,042,738</u>		
<u>Summary: July 1, 1998, through June 30, 2006</u>				
Direct costs:				
Salaries and benefits	\$ 8,226,106	\$ 7,481,783	\$ (744,323)	
Materials and supplies	16,984	16,984	—	
Contract services	4,386	4,386	—	
Total direct costs	8,247,476	7,503,153	(744,323)	
Indirect costs	2,742,150	2,491,844	(250,306)	
Total direct and indirect costs	10,989,626	9,994,997	(994,629)	
Less enrollment fee revenue offset	(526,332)	(1,108,660)	(582,328)	
Less enrollment fee waiver offset	(941,446)	(1,158,210)	(216,764)	
Total program costs	<u>\$ 9,521,848</u>	\$ 7,728,127	<u>\$ (1,793,721)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 7,728,127</u>		

¹ See the Findings and Recommendations section.

Findings and Recommendations

FINDING 1— Overstated salaries and benefits

The district claimed unallowable salaries and benefits of \$744,323. The costs are unallowable because the district did not provide documentation supporting some of its costs totaling \$89,348 and made errors when applying time allowances totaling \$654,975. The related indirect cost is \$250,306.

Unsupported Costs

The district did not provide contemporaneous documentation supporting hours claimed for one-time activities and ongoing costs related to adopting procedures for documenting financial assistance, recording and recordkeeping. The unsupported costs total \$22,081 for enrollment fee collection and \$67,267 for enrollment fee waivers.

The unsupported costs related to the following activities claimed:

	Enrollment Fee Collection	Enrollment Fee Waivers	Total
One-time activities:			
Prepare district policies and procedures	\$ (15,475)	\$ (14,537)	\$ (30,012)
Staff training (once per employee)	(6,606)	(18,888)	(25,494)
Subtotal	(22,081)	(33,425)	(55,506)
Ongoing activities:			
Adopt procedures for documenting financial assistance, recording, and recordkeeping	—	(33,842)	(33,842)
Total	<u>\$ (22,081)</u>	<u>\$ (67,267)</u>	<u>\$ (89,348)</u>

For the one-time activity of preparing district policies and procedures, the district claimed costs for fiscal year (FY) 1998-99 through FY 2005-06 for enrollment fee collection costs totaling \$21,246 and for FY 1999-2000 through FY 2005-06 for enrollment fee waivers costs totaling \$18,373. The district provided daily time records for the enrollment fee collection costs for FY 1998-99 through FY 2000-01. We allowed these costs totaling \$5,771. The district supported the remaining costs with estimates; it provided no contemporaneous documents supporting the costs claimed. For enrollment fee waivers costs, the district provided copies of its current policies and procedures for each of the three colleges. We allowed the one-time enrollment fee waiver costs for FY 1999-2000 of \$3,836. The unsupported costs total \$30,012.

For the one-time activity of staff training, the district claimed enrollment fee collection costs totaling \$10,315 for FY 2001-02 through FY 2005-06 and enrollment fee waiver costs totaling \$24,351 for FY 1999-2000 through FY 2005-06. The district supported the costs with estimates; it provided no contemporaneous documentation (e.g., agenda, sign-in sheets, or employee time records). We allowed costs in the first year employees were claimed, totaling \$3,709 for enrollment fee collection costs and \$5,463 of enrollment fee waivers costs. The parameters and guidelines only allow one-time staff training per

employee. Many of the same employees were claimed in four of the eight fiscal years in the audit period. In addition, two of the employees were claimed in six of the eight fiscal years for fee collections and seven of the eight fiscal years for fee waivers. The unallowable costs total \$25,494.

For ongoing costs of adopting procedures for documenting financial assistance, recording and recordkeeping, the district claimed costs for FY 1999-2000 through FY 2005-06 totaling \$33,842. The district supported the costs with estimates; it provided no contemporaneous documentation supporting the costs claimed. Furthermore, the district provided no documentation supporting that the procedures were adopted.

Errors in Application of Time Allowances for Ongoing Activities

The district claimed salaries and benefits for six enrollment fee collection activities and six enrollment fee waiver activities using an average time allowance per activity developed from annual survey forms submitted by staff. The district's mandate consultant developed the survey forms. Annual survey forms were completed by an average of 24 employees for enrollment fee collection activities and 18 employees for enrollment fee waiver activities for the audit period. Staff members who completed the survey forms estimated the amount of time it took them to complete various activities. Surveys for the audit period were completed by staff in March 2006. The instructions for completing the surveys were limited to the general description on the form from the language in the reimbursable section of the parameters and guidelines. The consultant indicated that there was no clarification provided to employees as to the context of reimbursable activities and no post-survey analysis was performed as to the reasonableness of the average time recorded. The consultant took the time recorded on the survey forms and divided it by the number of responses without verifying the time recorded on the survey forms. For instance, a Senior Admissions and Records Assistance employee recorded 64 minutes on the survey form for activities (1) through (4) discussed below in each year from FY 2002-03 through FY 2005-06. Though the time appears excessive compared to other minutes recorded, the district did not make any adjustment for the time. All responses were given equal weight even though all employees surveyed did not perform the mandated activities at the same level.

In applying the time allowances, the district did not report the correct number of students related to the various cost activities. We recalculated reimbursable activities and determined that the district overstated salaries and benefits by the net amount of \$654,975 (overstated enrollment fee collection costs of \$740,899 and understated enrollment fee waiver costs of \$85,924).

Enrollment Fee Collection

During 1999, the district implemented a telephone registration process, TREG. This system allowed students to automatically register and make payments of their enrollment fees. In the spring of 2002, the district implemented an internet registration system, WebAdvisor, which allowed students to register and pay enrollment fees via the internet.

For enrollment fee collection costs, the district claimed costs related to the following activities: (1) referencing student accounts and printing a list of enrolled courses; (2) calculating the fees, processing the payment, and preparing a payment receipt; (3) answering student questions or referring them to an appropriate person for an answer; (4) updating student records for the enrollment fee information, providing a copy to the student, and copying/filing enrollment fee documentation; (5) collecting delinquent fees; and (6) processing fee refunds for students who establish fee waiver eligibility and updating student and district records as required. The district determined reimbursable costs by applying a multiplier to the time allowances it determined through its time survey.

For activities (1) and (3), the district used total enrolled students as the multiplier. For activities (2) and (4), the district used students paying the enrollment fee as the multiplier. The district did not support the numbers it used for the multiplier. We updated the district's calculation based on student enrollment and fee waiver information documented by the California Community Colleges Chancellor's Office (CCCCO) from information provided by the district. Based on updated student enrollment and waiver information, we determined that \$726,048 was overstated because of calculation errors for activities (1) through (4).

When students used the automated system, district staff did not perform reimbursable mandated activities such as referencing student accounts, calculating and collecting student fees, and updating computer records for the enrollment fee information and providing a copy to the student. The district claimed reimbursement for fee collections based on all students paying fees and did not identify or exclude those students who paid through the automated telephone system or online through the internet.

For activities (1) through (4), district staff claimed between 19.3 and 21.6 minutes per student per summer session and both the fall and spring terms to perform the mandated activities. The district did not exclude students that paid the enrollment fees through an automated system. We requested information from the district to identify the number of students who should be subtracted when calculating reimbursable fee collections. The district provided information extracted from its Information Technology Department; however, we were unable to determine the number of students to exclude based on the information provided.

The calculation errors for activities (1) through (4) occurred for the following reasons:

- For activities (1) and (3), the district claimed costs for reimbursable student enrollment numbers that did not agree with the enrollment numbers documented by the CCCCCO. Reimbursable student enrollment excludes non-resident and special part-time students (students who attend a community college while in high school pursuant to Education Code section 76001). We obtained student enrollment, non-resident student, and special part-time student numbers from the CCCCCO. The CCCCCO's management information system (MIS) identifies enrollment information based on student data

that the district reported. The CCCCCO identifies the district's enrollment based on the CCCCCO's MIS data element STD 7, codes A through G. The CCCCCO eliminates any duplicate students based on their social security numbers.

- For activities (2) and (4), the district did not provide support for its calculation of the total number of students paying the fee. We calculated reimbursable students paying the fees by deducting BOGG recipients from reimbursable student enrollments. In calculating enrollment fee waivers (for activities (7) through (10), below) we used the number of BOGG recipients maintained by the CCCCCO based on data the district reported. The CCCCCO identifies the number of BOGG recipients based on MIS data element SF21 and all codes with the first letter of B or F.

For activity (5), the district claimed delinquent fee collection costs of \$34,550 based on the number of accounts receivable for FY 2002-03 through FY 2005-06. However, the district provided documentation supporting increased numbers of accounts receivable. Based on the updated information, we allowed \$36,341, an increase of \$1,791.

For activity (6), the district claimed \$16,642 in costs based on the number of students who received a refund. The district provided no documentation supporting any fee refunds. We determined that the entire amount claimed is unallowable.

We recalculated reimbursable on-going enrollment fee collection costs for activities (1) through (6) and determined that the district overstated allowable costs by \$740,899.

Enrollment Fee Waivers

For enrollment fee waivers costs, the district claimed costs related to the following activities: (7) answering student questions or referring them to an appropriate person for an answer; (8) receiving waiver applications; (9) evaluating waiver applications; (10) providing notice to students that additional documents were needed to complete the application; (11) inputting approved applications; and (12) reviewing and evaluating additional information and documentation for denied applications if appealed, and providing students written notifications of the appeal results or any change in eligibility status.

For activities (7) through (9), the district used the number of enrollment fee waivers requested for the audit period. For activity (10), the district used the number of enrollment fee waivers requested for FY 1999-2000 through FY 2004-05 and fee waivers denied for FY 2005-06. The district did not support that it requested additional documentation for every fee waiver requested by students. For activity (12), the district used the number of enrollment fee waivers denied.

The district did not support the numbers it used for enrollment fee waivers approved. Therefore, for activity (11), we used the number of BOGG recipients maintained by the CCCCCO based on data the district reported. From this amount, we deducted the number of fee waivers reported by the district in determining the number of enrollment fee waivers requested for use in the calculation for activities (7) through (10). For activity (12), we used the number of denied waivers reported by the district.

We recalculated reimbursable on-going enrollment fee waivers costs for activities (7) through (12). The district claimed \$1,517,265. We determined that the district understated allowable costs by \$85,924.

The following table details the unallowable salaries and benefits by unsupported costs, errors in application of time survey, and related indirect costs for ongoing activities:

Fiscal Year	Unsupported Costs			Errors in Application of Time Survey			Audit Adjust-ment	Related Indirect Costs
	Enroll-ment Fee Collection	Enroll-ment Fee Waivers	Subtotal	Enroll-ment Fee Collection	Enroll-ment Fee Waivers	Subtotal		
1998-99	\$ —	\$ —	\$ —	\$(131,647)	\$ —	(131,647)	\$(131,647)	\$ (44,760)
1999-2000	—	(5,845)	(5,845)	(1,596)	(46,598)	(48,194)	(54,039)	(18,373)
2000-01	—	(12,631)	(12,631)	(37,682)	(58,377)	(96,059)	(108,690)	(36,955)
2001-02	(3,555)	(11,269)	(14,824)	(136,667)	(68,124)	(204,791)	(219,615)	(74,669)
2002-03	(5,797)	(10,478)	(16,275)	(78,639)	36,538	(42,101)	(58,376)	(19,147)
2003-04	(5,876)	(9,836)	(15,712)	(107,719)	40,237	(67,482)	(83,194)	(27,288)
2004-05	(3,751)	(8,303)	(12,054)	(118,594)	49,390	(69,204)	(81,258)	(26,653)
2005-06	(3,102)	(8,905)	(12,007)	(128,355)	132,858	4,503	(7,504)	(2,461)
Total	\$ (22,081)	\$ (67,267)	\$ (89,348)	\$(740,899)	\$ 85,924	\$(654,975)	\$(744,323)	\$(250,306)

Education Code section 76300 authorizes community college districts to calculate and collect student enrollment fees and to waive student fees in certain instances. The code directs districts to report the number of, and amounts provided for, BOGG and to adopt procedures that will document all financial assistance provided on behalf of students.

The program's parameters and guidelines (section IV.—Reimbursable Activities) state,

... Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question.

The parameters and guidelines also state that salaries and benefits are reimbursable if claimants report each employee implementing the reimbursable activities by name, job classification, productive hourly rate, and provide a description of the specific reimbursable activities performed and the hours devoted to these activities.

The parameters and guidelines state that the preparation of policies and procedures is reimbursable as a one-time activity for the collection of enrollment fees and for determining which students are eligible for waiver of the enrollment fees. The CSM Final Staff Analysis and Proposed Parameters and Guidelines dated January 13, 2006, for one-time activities of adopting policies and procedures states, “. . . staff finds that updates to the policies and procedures would be subject to change in the community college district’s policy rather than state law, and would not be reimbursable.”

The parameters and guidelines also state that staff training is reimbursable as a one-time cost per employee for training district staff that implement the program on the procedures for the collection of enrollment fees and for determining which students are eligible for waiver of the enrollment fee. Consistent with the Final Staff Analysis for policies and procedures, training for changes in the community college district’s policy is not reimbursable.

Recommendation

We recommend that the district:

- Maintain records that document actual time spent on mandate-related activities;
- Ensure the validity of any time studies used in determining reimbursable costs;
- Maintain documentation that identifies the number of students subject to reimbursement pursuant to Education Code section 76300 as reported to the CCCCO; and
- Adjust for students who pay their enrollment fee through an automated system (rather than in person) when calculating enrollment fee collection costs.

We further recommend that any surveys used in developing uniform time allowances are:

- Developed with sufficient instructions to clarify reimbursable activities;
- Independently verified with physical observation and inquiries to ensure that time allowances applied to students are accurate and reasonable; and
- Projected in a manner to produce a result that is representative of employees performing the reimbursable activities.

District's Response

1. Unsupported Costs

A total of \$89,348 was disallowed for staff time claimed for policies and procedures and staff training due to lack of supporting documentation and for duplicate time claimed for "one-time" training activities.

A. Supporting Documentation

The draft audit report states that the disallowed policies and procedures and some of the staff training time was not supported by contemporaneous documentation of time spent or corroborating evidence of activities performed. None of the time was disallowed as unreasonable. The audit report characterizes the disallowed time as "estimates." It should be noted that the parameters and guidelines were adopted January 26, 2006, and the first claiming instructions for the initial fiscal years were released thereafter. The District had no actual notice of approved reimbursement for this program until that time. It seems unreasonable to require contemporaneous documentation of daily staff time for the retroactive initial fiscal years. While some historic staff time can be reconstructed from calendars and desk diaries, other staff time cannot and must be reported as good-faith estimate. While the District disagrees with the audit report recommendation that the District maintain records that document actual time spent on mandate-related activities, it would be a more realistic standard for fiscal years after the initial fiscal year claims.

B. One-time Activities

The draft audit report disallows claimed training time for employees who were claimed more than once during the eight fiscal years in the audit report. None of the time was disallowed as unreasonable. The parameters and guidelines identify the policy and procedures preparation and staff training activities as "one-time per employee." However, it should be considered that the content of the training would change over the span of years, thus the content would be a new one-time activity for repeat staff members. The language of Education Code section 76300 changes frequently and the subject matter of the relevant Title 5, CCR, sections maybe updated by the Board of Governors. There are also local changes in duties and procedures as a result of the change in the enrollment and registration process, for example, the evolving TREG and Web Advisor systems noted in the audit report. It should also be anticipated that the name of the supervisors or managers conducting the training would appear in the claims for several years. There should not be a blanket disallowance of staff time for persons whose name appears more than once without a determination of whether the subject matter of the training was duplicate of previously claimed training activities

2. Time Allowance for Ongoing Activities

The draft audit report identifies overstated costs of \$740,899 for ongoing enrollment fee collection activities and understated costs of \$85,924 for enrollment fee waiver activities, for a total adjustment amount of \$654,975.

The District's computation of ongoing costs is based on an average time reported from the March 2006 survey of relevant program staff of the amount of time (usually in minutes) required to complete the twelve activity components. These average times were multiplied by workload multipliers that closely approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. The total hours per activity component was multiplied by either the specific productive hourly rate of the person performing the activity, or an average hourly rate when there were several persons in similar job classifications performing the activity.

The auditor utilizes enrollment BOGG-waiver statistics from the Chancellor's Office to approximate the number of students who paid enrollment fees and the number of students from whom enrollment fees were waived, while the District utilized information available from district records at the time the annual claims were prepared so some variances can be expected. Variances would result from the students who enrolled and paid enrollment fees, but thereafter left the district so they may not appear later in the Chancellor's statistics as an enrolled student. Another source of variance would be the time spent on waiver applications. There are more applications for waivers than waivers granted, which is not reflected by the Chancellor's statistics. The audit report also disallowed staff time for refunds due to lack of documentation to support the number of refunds. All of these differences stem from estimating workload multipliers when no such information was kept in the usual course of business. Given the entirety of the work performed and the nature of the staff survey, the District will not dispute any of these minor variances. There are also some major discrepancies in enrollment statistics for some of the fiscal years. When time is available after the receipt of the final audit report, the District will investigate these discrepancies and if additional information becomes available, we will include this in any incorrect reduction claim we might file.

The District disagrees with the audit report recommendation to maintain documentation of the enrollment data provided to the Chancellor's Office. The District will also determine if a method can be developed to identify the number of students who utilize the online enrollment process and the effect of the online system on average times. Regarding future staff time surveys, the audit report suggests the need for more specific activity descriptions and second-person observation of the time for each activity. There is a concern that more specific activity descriptions may stray from the scope of the parameters and guidelines language. This presents the potential problem of claiming activities outside of the scope of the parameters and guidelines, especially when each district that utilizes a survey process will have to establish its own activity descriptions, absent a statewide survey instrument. In future surveys, the District will match the specific activities in its policies and procedures manual to the parameters and guidelines activities which might better focus the responses and make it more representative for each employee performing the reimbursable activities.

SCO's Comment

The finding and recommendation remain unchanged.

Unsupported Costs

The parameters and guidelines state that the preparation of policies and procedures and staff training are reimbursable as a one-time activity [emphasis added] for the collection of enrollment fees and for determining which students are eligible for waiver of the enrollment fees. Further, the parameters and guidelines limit staff training to one-time cost per employee [emphasis added].

For preparation of policies and procedures, we allowed \$5,771 in enrollment fee collection costs for FY 1998-99 through FY 2000-01 and \$3,836 in enrollment fee waivers costs for FY 1999-2000. The district provided no documentation supporting that the remaining costs claimed related to the one-time activity of preparing policies and procedures. Furthermore, the CSM Final Staff Analysis for the Proposed Parameters and Guidelines (item 9 of the CSM's January 26, 2006, hearing) for one-time activities of adopting policies and procedures states, "... staff finds the updates to the policies and policies would be subject to change in the district's policy rather than state law, and would not be reimbursable. Therefore, staff modified this section to delete updating the policies and procedures and to specify that preparation of policies and procedures is a one-time activity." This would apply to any change in the district's enrollment and registration process resulting from changes in the district's TREG and WebAdvisor systems. If the district believes that updates of policies and procedures should be reimbursable, it should request the CSM to amend the parameters and guidelines.

For staff training, we allowed costs in the first year employees were claimed totaling \$3,709 for enrollment fee collection costs and \$5,463 in enrollment fee waivers costs. The district provided no documentation supporting the nature of the training or who conducted the training.

Time Allowances for Ongoing Activities

The district believes that minor variations occurred because the SCO used BOGG-waiver statistic from the California Community Colleges Chancellor's Office (CCCCO) while the district used information available from district records at the time the annual claims were prepared. The district noted that the audit report did not allow staff time for refunds to students who established fee waiver eligibility due to lack of documentation. The district indicated that these differences stem from information not maintained by the district in the usual course of business. The CCCCCO's BOGG-waiver statistics were based on student data that the district reported. The district stated that it would not dispute the minor variances.

However, the district stated that major discrepancies in enrollment statistics between the district's and CCCCCO's numbers occurred for some of the fiscal years and that it would investigate these variances after the issuance of the final audit report.

**FINDING 2—
Understated offsetting
savings/reimbursements**

The district understated offsetting savings/reimbursements by \$799,092 for the audit period. The understatement occurred because the district did not accurately report the amount received for enrollment fee collection and the amount waived for enrollment fee waivers.

We calculated allowable offsetting savings/reimbursements for all years of the audit period using instructions contained in the parameters and guidelines. Our calculations were based on enrollment fee collection and Board of Governors fee waivers information provided by the CCCCCO.

The following table summarizes understated offsetting savings/reimbursements:

Fiscal Year	Enrollment Fee Collection	Enrollment Fee Waivers	Audit Adjustment
1998-99	\$ (66,552)	\$ —	\$ (66,552)
1999-2000	(57,247)	(47,037)	(104,284)
2000-01	(68,983)	(13,068)	(82,051)
2001-02	153,937	(135,778)	18,159
2002-03	(93,698)	(11,702)	(105,400)
2003-04	(104,195)	(59,096)	(163,291)
2004-05	(163,633)	20,079	(143,554)
2005-06	(181,957)	29,838	(152,119)
Total	<u>\$ (582,328)</u>	<u>\$ (216,764)</u>	<u>\$ (799,092)</u>

The following table summarizes the understated enrollment fee collection and waiver portions of offsetting savings/reimbursements:

Fiscal Year	Enrollment Fee Collection			Enrollment Fee Waivers		
	Claimed	Allowable	Audit Ad- justment	Claimed	Allowable	Audit Ad- justment
1998-99	\$ 38,430	\$ 104,982	\$ (66,552)	\$ —	\$ —	\$ —
1999-2000	35,233	92,480	(57,247)	122,142	169,179	(47,037)
2000-01	33,229	102,212	(68,983)	128,380	141,448	(13,068)
2001-02	256,938	103,001	153,937	—	135,778	(135,778)
2002-03	18,523	112,221	(93,698)	125,791	137,493	(11,702)
2003-04	48,963	153,158	(104,195)	116,190	175,286	(59,096)
2004-05	48,713	212,346	(163,633)	228,926	208,847	20,079
2005-06	46,303	228,260	(181,957)	220,017	190,179	29,838
Total	<u>\$ 526,332</u>	<u>\$1,108,660</u>	<u>\$(582,328)</u>	<u>\$ 941,446</u>	<u>\$1,158,210</u>	<u>\$(216,764)</u>

The parameters and guidelines require claimants to report the following offsetting savings/reimbursements:

- Enrollment Fee Collection Program funds: 2% of the revenue from enrollment fees pursuant to Education Code section 76000, subdivision (c); and
- Enrollment Fee Waiver Program funds: Allocation to community colleges by the Community College Board of Governors from funds in the annual budget act pursuant to Government Code section 76300, subdivisions (g) and (h) as follows:
 - For July 1, 1999, to July 4, 2000, 2% of the fees waived and 7% of the fees waivers.
 - Beginning July 5, 2000, 2% of the fees waived and \$0.91 per credit unit waived.

Furthermore, the parameters and guidelines state:

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

Recommendation

We recommend that the district report all enrollment fee collection and waivers offsetting savings/reimbursements on its mandated cost claims consistent with the parameters and guidelines.

District's Response

The offsetting revenues identified in the parameters and guidelines (Part VII) are of three types: the enrollment fee collection 2% administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation beginning FY 2000-01, and the \$.91 per unit waived BFAP-SFAA allocation beginning FY 2000-01 (7% for FY 1999-00). At the exit conference, the auditor provided schedules obtained by the auditor from the Chancellor's Office of these revenue amounts for the District for each of the three types of revenue sources. However, this type of third-party information was and may not be generally available at the time the annual reimbursement claims are prepared. The District and other claimants, at the time the annual claims are prepared, must calculate the amounts based on contemporaneous enrollment information and the number of units waived, which will be a continuing source of minor differences.

The District concurs with the auditor's recommendation (page 14) that claimants should report the revenue sources identified in the parameters and guidelines as an offset to the program costs. However, the revenue offsets should only be offset to the relevant mandated activity costs, rather than to the total costs claimed for both the EFC and EFW program activities. It appears that the audit revenue offsets for the EFW-related revenues are greater than the audited program costs for EFW for at least two fiscal years:

<u>Fiscal Year</u>	<u>Audited* Direct Cost</u>	<u>Indirect Cost Rate-Applied</u>	<u>ICR Total</u>	<u>Revenue</u>	
				<u>Costs</u>	<u>Offsets</u>
1999-00	\$119,066	34%	\$40,482	\$159,548	(\$172,453)
2000-01	<u>\$103,002</u>	34%	<u>\$35,021</u>	<u>\$138,023</u>	<u>(\$154,232)</u>
Totals	<u>\$222,068</u>		<u>\$75,503</u>	<u>\$297,571</u>	<u>(\$326,685)</u>

Difference: excess revenue offset \$29,114

* The audited direct costs are taken from the auditor's "Summary Schedule of Salaries and Benefits Adjustments-Allowable Costs" dated February 2, 2011, which the District believes is the latest version of the schedule.

The District requests that the EFW revenue offsets for these two fiscal years be limited to the EFW program costs as a matter of the proper matching revenues to costs.

SCO's Comment

We concur with the district's comment that enrollment fee waivers offset should be limited to allowable enrollment fee waivers cost. Consequently, we reduced offsetting savings/reimbursements for enrollment fee waivers by \$16,058 (\$3,274 for FY 1999-2000 and \$12,784 for FY 2000-01) from \$232,822 to \$216,764. The remaining finding and the recommendation remain unchanged.

The latest version of the SCO's "Summary Schedule of Salaries and Benefits Adjustments" is dated February 18, 2011.

For FY 1999-2000, allowable enrollment fee waivers costs total \$169,179. This amount consists of \$126,253 in direct costs (\$123,906 in salaries and benefits and \$2,347 in materials and supplies) and \$42,926 in indirect costs. Actual enrollment fee waivers offsets total \$172,453, which is \$3,274 in excess of allowable cost. We limited FY 1999-2000 enrollment fee waivers offset to allowable cost of \$169,179.

For FY 2000-01, allowable enrollment fee waivers costs total \$141,448. This amount consists of \$105,558 in direct costs (\$103,002 in salaries and benefits and \$2,556 in materials and supplies) and \$35,890 in indirect costs. Actual enrollment fee waivers offsets total \$154,232, which is \$12,784 in excess of allowable cost. We limited FY 2000-01 enrollment fee waivers offset to allowable costs of \$141,448.

OTHER ISSUES

The district's response included other comments related to fraud risk assessment, management representation letter, and public records request. The district's responses and SCO's comments are presented below.

Fraud Risk AssessmentDistrict's Response

The draft audit report (page 2) states that the auditor was "unable to assess fraud risk because the district, based on its consultant's advice, did not respond to our inquiries regarding fraud assessment." The District determined that providing written responses to the Controller's boilerplate fraud assessment questionnaire is outside the scope of a mandate compliance audit and could be construed as a waiver of future appeal rights. The District did respond verbally to these questions.

SCO's Comment

The district's mandate consultant advised us at the entrance conference that the district would not respond to the fraud section of the internal control questionnaire. Consequently, we did not ask the district verbal fraud risk assessment questions. We attempted to assess fraud risk to comply with generally accepted government auditing standards. Responding to the SCO's fraud assessment questionnaire does not waive the district's future appeal rights.

Management Representation LetterDistrict's Response

The District will not be providing the requested management representation letter since it could be construed as a waiver of future appeal rights.

SCO's Comment

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 generally accepted government auditing standards. Responding to the SCO's management representation letter does not waive the district's future appeal rights.

Public Records RequestDistrict's Response

In accordance with the Government Code Section 6253, subdivision (c), the District requests that the Controller provide the District any and all written instructions, memoranda, or other writings in effect and applicable during the claiming periods to the findings.

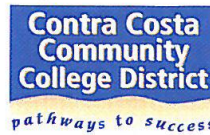
SCO's Comment

The SCO will respond to the public records request in a separate letter dated March 25, 2011.

**Attachment—
District's Response to Draft Audit Report**

Governing Board

John T. Nejedly, *President*
Jess H. Reyes, *Vice President*
Tomi Van de Brooke, *Secretary*
Sheila A. Grilli
John E. Márquez



Chancellor
Helen Benjamin, Ph.D.

College Presidents
Contra Costa College McKinley Williams
Diablo Valley College Peter García (Interim)
Los Medanos College Richard Livingston (Interim)

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

March 9, 2011

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

Re: Enrollment Fee Collection and Waivers
FY 1998-99 through 2005-06
Contra Costa Community College District

Dear Mr. Spano:

This letter is the response of the Contra Costa Community College District to the draft audit report dated February 25, 2011, received by e-mail on that date, for the above referenced program and fiscal years transmitted by the letter from Jeffrey V. Brownfield, Chief, Division of Audits, State Controller's Office.

Finding 1 - Overstated salaries and benefits

The draft audit report states that the District claimed unallowable salaries and benefits in the amount of \$744,323. This amount consists of \$89,348 of "unsupported costs" and \$654,975 for "errors applying time allowances."

1. Unsupported Costs

A total of \$89,348 was disallowed for staff time claimed for policies and procedures and staff training due to lack of supporting documentation and for duplicate time claimed for "one-time" training activities.

A. Supporting Documentation

The draft audit report states that the disallowed policies and procedures and some of the staff training time was not supported by contemporaneous documentation of time spent or corroborating evidence of activities performed. None of the time was disallowed as unreasonable. The audit report characterizes the disallowed time as "estimates." It should be noted that the parameters and guidelines were adopted January 26, 2006, and the first claiming instructions for the initial fiscal years were released thereafter. The District had no actual notice of approved reimbursement for this program until that time. It seems unreasonable to require contemporaneous documentation of daily staff time for

Contra Costa Community College District
500 Court Street, Martinez, California 94553
925.229.1000 www.4cd.edu

the retroactive initial fiscal years. While some historic staff time can be reconstructed from calendars and desk diaries, other staff time cannot and must be reported as a good-faith estimate. While the District agrees with the audit report recommendation that the District maintain records that document actual time spent on mandate-related activities, it would be a more realistic standard for fiscal years after the initial fiscal year claims.

B. One-time Activities

The draft audit report disallows claimed training time for employees who were claimed more than once during the eight fiscal years in the audit period. None of the time was disallowed as unreasonable. The parameters and guidelines identify the policy and procedures preparation and staff training activities as "one-time per employee." However, it should be considered that the content of the training would change over the span of years, thus the content would be a new one-time activity for repeat staff members. The language of Education Code section 76300 changes frequently and the subject matter of the relevant Title 5, CCR, sections may be updated by the Board of Governors. There are also local changes in duties and procedures as a result of the change in the enrollment and registration process, for example, the evolving TREG and WebAdvisor systems noted in the audit report. It should also be anticipated that the name of the supervisors or managers conducting the training would appear in the claims for several years. There should not be a blanket disallowance of staff time for persons whose name appears more than once without a determination of whether the subject matter of the training was duplicate of previously claimed training activities.

2. Time Allowances for Ongoing Activities

The draft audit report identifies overstated costs of \$740,899 for ongoing enrollment fee collection activities and understated costs of \$85,924 for enrollment fee waiver activities, for a total adjustment amount of \$654,975.

The District's computation of ongoing costs is based on an average time reported from the March 2006 survey of relevant program staff of the amount of time (usually in minutes) required to complete the twelve activity components. These average times were multiplied by workload multipliers that closely approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. The total hours per activity component was multiplied by either the specific productive hourly rate of the person performing the activity, or an average hourly rate when there were several persons in similar job classifications performing the activity.

The auditor utilized enrollment BOGG-waiver statistics from the Chancellor's Office to approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived, while the District utilized information available from district records at the time the annual claims were prepared so some variances can be expected. Variances would result from the students who enrolled and paid enrollment fees, but thereafter left the district so they may not appear later in the Chancellor's statistics as an enrolled student. Another source of a variance would be the time spent on waiver applications. There are more applications for waivers than waivers granted, which is not reflected by the Chancellor's statistics. The audit report also disallowed staff time for refunds due to lack of documentation to

support the number of refunds. All of these differences stem from estimating workload multipliers when no such information was kept in the usual course of business. Given the entirety of the work performed and the nature of the staff survey, the District will not dispute any of these minor variances. There are also some major discrepancies in enrollment statistics for some of the fiscal years. When time is available after the receipt of the final audit report, the District will investigate these discrepancies and if additional information becomes available, we will include this in any incorrect reduction claim we might file.

The District agrees with the audit report recommendation to maintain documentation of the enrollment data provided to the Chancellor's Office. The District will also determine if a method can be developed to identify the number of students who utilize the online enrollment process and the effect of the online system on average times. Regarding future staff time surveys, the audit report suggests the need for more specific activity descriptions and second-person observation of the time for each activity. There is a concern that more specific activity descriptions may stray from the scope of the parameters and guidelines language. This presents the potential problem of claiming activities outside of the scope of the parameters and guidelines, especially when each district that utilizes a survey process will have to establish its own activity descriptions, absent a statewide survey instrument. In future surveys, the District will match the specific activities in its policies and procedures manual to the parameters and guidelines activities which might better focus the responses and make it more representative for each employee performing the reimbursable activities.

Finding 2 - Understated offsetting savings/reimbursement

The draft audit report states that the District understated offsetting savings and reimbursements by \$815,150. The major source of the difference in the claimed and audited revenue amounts is that the 2% BFAP allocation was not claimed for FY 2001-02 and incorrectly calculated for FY 2002-03.

The offsetting revenues identified in the parameters and guidelines (Part VII) are of three types: the enrollment fee collection 2% administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation beginning FY 2000-01, and the \$.91 per unit waived BFAP-SFAA allocation beginning FY 2000-01 (7% for FY 1999-00). At the exit conference, the auditor provided schedules obtained by the auditor from the Chancellor's Office of these revenue amounts for the District for each of the three types of revenue sources. However, this type of third-party information was and may not be generally available at the time the annual reimbursement claims are prepared. The District and other claimants, at the time the annual claims are prepared, must calculate the amounts based on contemporaneous enrollment information and the number of units waived, which will be a continuing source of minor differences.

The District concurs with the auditor's recommendation (page 14) that claimants should report the revenue sources identified in the parameters and guidelines as an offset to the program costs. However, the revenue offsets should only be offset to the *relevant* mandated activity costs, rather than to the total costs claimed for both the EFC and EFW program activities. It appears that the audit revenue offsets for the EFW-related revenues are greater than the audited program costs for EFW for at least two fiscal years:

<u>Audited Fiscal Year</u>	<u>Audited * Direct Cost</u>	<u>Indirect Cost Rate -Applied</u>	<u>ICR Total</u>	<u>Revenue Costs</u>	<u>Revenue Offset</u>
1999-00	\$119,066	34%	\$40,482	\$159,548	(\$172,453)
2000-01	<u>\$103,002</u>	34%	<u>\$35,021</u>	<u>\$138,023</u>	<u>(\$154,232)</u>
Totals	<u>\$222,068</u>		<u>\$75,503</u>	<u>\$297,571</u>	<u>(\$326,685)</u>
Difference: excess revenue offset				\$29,114	

*The audited direct costs are taken from the auditor's "Summary Schedule of Salaries and Benefits Adjustments-Allowable Costs" dated February 2, 2011, which the District believes is the latest version of the schedule.

The District requests that the EFW revenue offsets for these two fiscal years be limited to the EFW program costs as a matter of the proper matching revenues to costs.

Fraud Risk Assessment

The draft audit report (page 2) states that the auditor was "unable to assess fraud risk because the district, based on its consultant's advice, did not respond to our inquiries regarding fraud assessment." The District determined that providing written responses to the Controller's boilerplate fraud assessment questionnaire is outside the scope of a mandate compliance audit and could be construed as a waiver of future appeal rights. The District did respond verbally to these questions.

Management Representation Letter

The District will not be providing the requested management representation letter since it could be construed as a waiver of future appeal rights.

Public Records Request

In accordance with Government Code Section 6253, subdivision (c), the District requests that the Controller provide the District any and all written instructions, memoranda, or other writings in effect and applicable during the claiming periods to the findings.

Sincerely,



Kindred Murillo, Ed.D.
Vice Chancellor, Districtwide Administrative Services

cc: Judy Breza, Director of Fiscal Services
Keith Petersen, SixTen and Associates

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

<http://www.sco.ca.gov>

GAVILAN COMMUNITY COLLEGE DISTRICT

Audit Report

ENROLLMENT FEE COLLECTION AND WAIVERS PROGRAM

Education Code Section 76300 and *California Code of Regulations*,
Title 5, sections 58501-58503, 58611-58613, 58620, and 58630

July 1, 1998, through June 30, 2008



JOHN CHIANG
California State Controller

April 2011



JOHN CHIANG
California State Controller

April 8, 2011

Laura A. Perry, Esq., President
Board of Trustee
Gavilan Community College District
5055 Santa Teresa Boulevard
Gilroy, CA 95020

Dear Ms. Perry:

The State Controller's Office audited the costs claimed by Gavilan Community College District for the legislatively mandated Enrollment Fee Collection and Waivers Program (Education Code section 76300 and California Code of Regulations, Title 5, sections 58501-58503, 58611-58613, 58620, and 58630) for the period of July 1, 1998, through June 30, 2008.

The district claimed \$3,857,220 for the mandated program. Our audit disclosed that \$90,288 is allowable and \$3,766,932 is unallowable. The costs are unallowable because the district claimed unsupported and ineligible salaries and benefits and contract services, overstated the indirect cost rates, and overstated offsetting savings/reimbursements. The State made no payment to the district. The State will pay allowable costs claimed that exceed the amount paid, totaling \$90,288, contingent upon available appropriations.

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 the CSM's Web site at www.csm.ca.gov/docs/IRCForm.pdf.

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/WM

cc: Steven M. Kinsella, D.B .A.
Superintendent/President
Joseph D. Keeler
Vice President of Administrative Services
Gavilan Community College District
Christine Atalig, Auditor
Fiscal Services Unit
California Community Colleges Chancellor's Office
Thomas Todd, Principal Program Budget Analyst
Education Systems Unit
Department of Finance
Jay Lal, Manager
Division of Accounting and Reporting
State Controller's Office

Contents

Audit Report

Summary	1
Background	1
Objective, Scope, and Methodology	2
Conclusion	3
Views of Responsible Officials.....	3
Restricted Use	3
Schedule 1—Summary of Program Costs	4
Findings and Recommendations	8
Attachment—District’s Response to Draft Audit Report	

Audit Report

Summary

The State Controller's Office (SCO) audited the costs claimed by Gavilan Community College District for the legislatively mandated Enrollment Fee Collection and Waivers Program (Education Code section 76300 and California Code of Regulations, Title 5, sections 58501-58503, 58611-58613, 58620, and 58630) for the period of July 1, 1998, through June 30, 2008.

The district claimed \$3,857,220 for the mandated program. Our audit disclosed that \$90,288 is allowable and \$3,766,932 is unallowable. The costs are unallowable because the district claimed unsupported and ineligible salaries and benefits and contract services, overstated the indirect cost rates, and overstated offsetting savings/reimbursements. The State made no payment to the district. The State will pay allowable costs claimed that exceed the amount paid, totaling \$90,288, contingent upon available appropriations.

Background

Education Code section 76300 and California Code of Regulations, Title 5, sections 58501-58503; 58611-58613; 58620; and 58630 requires community college districts to perform specific activities related to collecting enrollment fees; and granting fee waivers, Board of Governor's (BOG) Grants and financial assistance to students.

The sections were added and/or amended by:

- Chapter 1, Statutes of 1984
- Chapters 274 and 1401, Statutes of 1984
- Chapters 920 and 1454, Statutes of 1985
- Chapters 46 and 395, Statutes of 1986
- Chapter 1118, Statutes of 1987
- Chapter 136, Statutes of 1989
- Chapter 114, Statutes of 1991
- Chapter 703, Statutes of 1992
- Chapters 8, 66, 67, and 1124, Statutes of 1993
- Chapters 153 and 422, Statutes of 1994
- Chapter 308, Statutes of 1995
- Chapter 63, Statutes of 1996
- Chapter 72, Statutes of 1999

On April 24, 2003, the Commission on State Mandates (CSM) adopted the statement of decision for the Enrollment Fee Collection and Waivers Program. The CSM found that the test claim legislation constitutes a new program or higher level of service and imposes a reimbursable state-mandated program on community college districts within the meaning of Article XIII B, section 6 of the California Constitution and Government Code section 17514.

The CSM found that the following activities are reimbursable:

- Calculating and collecting the student enrollment fee for each student enrolled except for nonresidents, and except for special part-time students cited in section 76300, subdivision (f).
- Waiving student fees in accordance with the groups listed in Education Code section 76300, subdivisions (g) and (h).
- Waiving fees for students who apply for and are eligible for BOG fee waivers.
- Adopting procedures that will document all financial assistance provided on behalf of students pursuant to Chapter 9 of Title 5 of the California Code of Regulations; and including in the procedures the rules for retention of support documentation which will enable an independent determination regarding accuracy of the district's certification of need for financial assistance.

The program's parameters and guidelines establish the state mandate and define reimbursement criteria. The CSM adopted the parameters and guidelines on January 26, 2006. In compliance with Government Code section 17558, SCO issues claiming instructions to assist local agencies and 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 Enrollment Fee Collection and Waivers Program for the period of July 1, 1998, through June 30, 2008.

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 this performance audit under the authority of Government Code sections 12410, 17558.5, and 17561. We did not audit the district's financial statements. Except for the issue noted below, we conducted the audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

We were unable to assess fraud risk because the district, based on its consultant's advice, did not respond to our inquiries regarding fraud assessment. We increased our substantive testing; however, increased testing would not necessarily identify a fraud or abuse that may have occurred.

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 to submit a written representation letter regarding the district's accounting procedures, financial records, and mandated cost claiming procedures as recommended by generally accepted government auditing standards. However, the district declined our request and did not submit a representation letter.

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, Gavilan Community College District claimed \$3,857,220 for costs of the Enrollment Fee Collection and Waivers Program. Our audit disclosed that \$90,288 is allowable and \$3,766,932 is unallowable.

The State made no payment to the district. The State will pay allowable costs claimed that exceed the amount paid, totaling \$71,974, contingent upon available appropriations.

Views of Responsible Officials

We issued a draft audit report on March 11, 2011. Joseph K. Keeler, Vice President of Administrative Services responded by letter dated March 24, 2011 (Attached) disagreeing with the audit results. The final audit report includes the district's response.

Restricted Use

This report is solely for the information and use of Gavilan 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

April 8, 2011

Schedule 1— Summary of Program Costs July 1, 1998, through June 30, 2008

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 1998, through June 30, 1999</u>				
Direct costs:				
Salaries and benefits	\$ 214,360	\$ 8,503	\$ (205,857)	Findings 1, 2
Total direct costs	214,360	8,503	(205,857)	
Indirect costs	76,483	1,575	(74,908)	Finding 4
Total direct and indirect costs	290,843	10,078	(280,765)	
Less offsetting reimbursements:				
Enrollment fee collection	(5,803)	(10,078)	(4,275)	Finding 5
Total program costs	<u>\$ 285,040</u>	—	<u>\$ (285,040)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 1999, through June 30, 2000</u>				
Direct costs:				
Salaries and benefits	\$ 250,594	\$ 11,880	\$ (238,714)	Findings 1, 2
Total direct costs	250,594	11,880	(238,714)	
Indirect costs	85,778	1,675	(84,103)	Finding 4
Total direct and indirect costs	336,372	13,555	(322,817)	
Less offsetting reimbursements:				
Enrollment fee collection	(5,448)	(591)	4,857	Finding 5
Enrollment fee waivers	(11,361)	(12,964)	(1,603)	Finding 5
Total program costs	<u>\$ 319,563</u>	—	<u>\$ (319,563)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2000, through June 30, 2001</u>				
Direct costs:				
Salaries and benefits	\$ 329,358	\$ 12,445	\$ (316,913)	Findings 1, 2
Total direct costs	329,358	12,445	(316,913)	
Indirect costs	120,380	1,944	(118,436)	Finding 4
Total direct and indirect costs	449,738	14,389	(435,349)	
Less offsetting reimbursements:				
Enrollment fee collection	(5,194)	(718)	4,476	Finding 5
Enrollment fee waivers	(12,001)	(13,671)	(1,670)	Finding 5
Total program costs	<u>\$ 432,543</u>	—	<u>\$ (432,543)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2001, through June 30, 2002</u>				
Direct costs:				
Salaries and benefits	\$ 313,425	\$ 14,379	\$ (299,046)	Findings 1, 2
Total direct costs	313,425	14,379	(299,046)	
Indirect costs	112,394	2,350	(110,044)	Finding 4
Total direct and indirect costs	425,819	16,729	(409,090)	
Less offsetting reimbursements:				
Enrollment fee collection	(5,036)	(920)	4,116	Finding 5
Enrollment fee waivers	(13,766)	(15,809)	(2,043)	Finding 5
Total program costs	\$ 407,017	—	\$ (407,017)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		\$ —		
<u>July 1, 2002, through June 30, 2003</u>				
Direct costs:				
Salaries and benefits	\$ 332,386	\$ 21,644	\$ (310,742)	Findings 1, 2
Total direct costs	332,386	21,644	(310,742)	
Indirect costs	109,289	3,138	(106,151)	Finding 4
Total direct and indirect costs	441,675	24,782	(416,893)	
Less offsetting reimbursements:				
Enrollment fee collection	(4,604)	(1,594)	3,010	Finding 5
Enrollment fee waivers	(20,492)	(23,188)	(2,696)	Finding 5
Total program costs	\$ 416,579	—	\$ (416,579)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		\$ —		
<u>July 1, 2003, through June 30, 2004</u>				
Direct costs:				
Salaries and benefits	\$ 327,425	\$ 21,660	\$ (305,765)	Findings 1, 2
Contracted services	1,231	1,231	—	
Total direct costs	328,656	22,891	(305,765)	
Indirect costs	118,822	3,376	(115,446)	Finding 4
Total direct and indirect costs	447,478	26,267	(421,211)	
Less offsetting reimbursements:				
Enrollment fee collection	(13,194)	(2,105)	11,089	Finding 5
Enrollment fee waivers	(21,318)	(24,162)	(2,844)	Finding 5
Total program costs	\$ 412,966	—	\$ (412,966)	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		\$ —		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustment	Reference ¹
<u>July 1, 2004, through June 30, 2005</u>				
Direct costs:				
Salaries and benefits	\$ 345,500	\$ 18,850	\$ (326,650)	Findings 1, 2
Contracted services	666	666	—	
Total direct costs	346,166	19,516	(326,650)	
Indirect costs	117,332	6,173	(111,159)	Finding 4
Total direct and indirect costs	463,498	25,689	(437,809)	
Less offsetting reimbursements:				
Enrollment fee collection	(19,536)	(4,163)	15,373	Finding 5
Enrollment fee waivers	(16,457)	(21,526)	(5,069)	Finding 5
Total program costs	<u>\$ 427,505</u>	—	<u>\$ (427,505)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2005, through June 30, 2006</u>				
Direct costs:				
Salaries and benefits	\$ 356,976	\$ 21,458	\$ (335,518)	Findings 1, 2
Total direct costs	356,976	21,458	(335,518)	
Indirect costs	131,795	7,223	(124,572)	Finding 4
Total direct and indirect costs	488,771	28,681	(460,090)	
Less offsetting reimbursements:				
Enrollment fee collection	(18,570)	(3,037)	15,533	Finding 5
Enrollment fee waivers	(19,472)	(25,644)	(6,172)	Finding 5
Total program costs	<u>\$ 450,729</u>	—	<u>\$ (450,729)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>		
<u>July 1, 2006, through June 30, 2007</u>				
Direct costs:				
Salaries and benefits	\$ 195,166	\$ 67,546	\$ (127,620)	Findings 1, 2
Total direct costs	195,166	67,546	(127,620)	
Indirect costs	71,138	22,743	(48,395)	Finding 4
Total direct and indirect costs	266,304	90,289	(176,015)	
Less offsetting reimbursements:				
Enrollment fee collection	(24,561)	(438)	24,123	Finding 5
Enrollment fee waivers	(69,473)	(65,170)	4,303	Finding 5
Total program costs	<u>\$ 172,270</u>	24,681	<u>\$ (147,589)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 24,681</u>		

Schedule 1 (continued)

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Audit</u>	<u>Audit Adjustment</u>	<u>Reference ¹</u>
<u>July 1, 2007, through June 30, 2008</u>				
Direct costs:				
Salaries and benefits	\$ 374,267	\$ 91,555	\$ (282,712)	Findings 1, 2
Contracted services	91,273	18,262	(73,011)	Finding 3
Total direct costs	465,540	109,817	(355,723)	
Indirect costs	148,023	38,535	(109,488)	Finding 4
Total direct and indirect costs	613,563	148,352	(465,211)	
Less offsetting reimbursements:				
Enrollment fee collection	(18,738)	(22,186)	(3,448)	Finding 5
Enrollment fee waivers	(61,817)	(60,559)	1,258	Finding 5
Total program costs	<u>\$ 533,008</u>	65,607	<u>\$ (467,401)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 65,607</u>		
<u>Summary: July 1, 1998 through June 30, 2008</u>				
Direct costs:				
Salaries and benefits	\$ 3,039,457	\$ 289,920	\$ (2,749,537)	
Contracted services	93,170	20,159	(73,011)	
Total direct costs	3,132,627	310,079	(2,822,548)	
Indirect costs	1,091,434	88,732	(1,002,702)	
Total direct and indirect costs	4,224,061	398,811	(3,825,250)	
Less offsetting reimbursements:				
Enrollment fee collection	(120,684)	(45,830)	74,854	
Enrollment fee waivers	(246,157)	(262,693)	(16,536)	
Total program costs	<u>\$ 3,857,220</u>	90,288	<u>\$ (3,766,932)</u>	
Less amount paid by the State		—		
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 90,288</u>		

¹ See the Findings and Recommendations section.

Findings and Recommendations

FINDING 1— Overstated salaries and benefits

The district claimed unallowable salaries and benefits of \$652,279. The costs are unallowable because the district did not provide documentation supporting some of its costs, totaling \$116,550, and made errors when applying time allowances totaling \$535,729.

Unsupported Costs

The district did not provide documentation supporting hours it claimed for one-time activities. The unsupported costs total \$116,550—\$115,505 related to enrollment fee collection and \$1,045 related to enrollment fee waivers.

The unsupported costs related to the following activities claimed:

	Enrollment Fee Collection	Enrollment Fee Waivers	Total
One-time activities:			
Prepare district policies and procedures	\$ (42,342)	\$ (1,045)	\$ (43,387)
Staff training (one-time per employee)	(73,163)	—	(73,163)
Total	<u>\$ (115,505)</u>	<u>\$ (1,045)</u>	<u>\$ (116,550)</u>

For the one-time activity of preparing district policies and procedures, we allowed costs in the first fiscal year they were claimed totaling \$7,263 for fiscal year (FY) 1998-99 enrollment fee collection costs and \$173 for FY 1999-2000 enrollment fee waivers costs. For the remaining years (FY 1999-2000 through FY 2005-06 for enrollment fee collection costs and FY 2000-01 through FY 2005-06 for enrollment fee waivers costs), the district did not provide support for such costs.

For the one-time activity of staff training (one time per employee), we allowed costs in the first year employees were claimed totaling \$681 for FY 1998-99 and \$568 for FY 2002-03 for enrollment fee collection costs. We allowed all enrollment fee waivers staff training costs totaling \$42. For FY 1999-2000 through FY 2005-06, we determined that \$9,488 in enrollment fee collection costs were unallowable because the employees had been claimed previously. The district provided no documentation related to the nature of the training. For FY 2006-07, the district claimed no training costs. For FY 2007-08 we determined, based on documentation the district provided, that \$63,675 of \$82,358 claimed for enrollment fee collection costs were unallowable. Most of the costs related to non-mandated activities. We provided the district with a copy of our analysis and requested comments; the district did not respond.

Errors in Application of Time Allowances for Ongoing Activities

The district claimed salaries and benefits for 12 activities using time allowances developed from estimated time it took staff to complete various activities. On survey forms developed by the district's mandate consultant, employees estimated, for each fiscal year, the average time in minutes it took them to perform the 12 activities per student per year. In

applying the time allowances, the district did not report the correct number of students related to the various cost components. We recalculated reimbursable activities using the correct number of students and determined that the district overstated salaries and benefits by \$535,729—overstated enrollment fee collection costs totaling \$544,326 and understated enrollment fee waivers costs totaling \$8,597.

Enrollment Fee Collection

For enrollment fee collection costs, the district claimed costs related to: (1) referencing student accounts and printing a list of enrolled courses; (2) calculating the fees, processing the payment, and preparing a payment receipt; (3) answering student questions or referring them to the appropriate person for an answer; (4) updating student records for the enrollment fee information, providing a copy to the student, and copying/filing enrollment fee documentation; (5) collecting delinquent fees; and (6) processing fee refunds for students who establish fee waiver eligibility and updating student and district records as required. The district determined reimbursable costs by applying a multiplier to the time allowances it determined through a time study.

For activities (1) and (3), the district used total enrolled students as the multiplier. For activities (2) and (4), the district used students paying the enrollment fee as the multiplier. The district did not support the numbers it used for the multiplier. We updated the district's calculation based on student enrollment information it reported to the California Community Colleges Chancellor's Office (CCCCO). Based on updated student enrollment information, we determined that of the \$2,508,095 claimed, \$410,837 was overstated because of calculation errors for activities (1) through (4). The remaining costs totaled \$2,097,258. The calculation errors occurred for the following reasons:

- For activities (1) and (3), the district claimed costs for reimbursable student enrollment numbers that did not agree with the enrollment numbers documented by the CCCCCO. Reimbursable student enrollment excludes non-resident and special part-time students (students who attend a community college while in high school pursuant to Education Code section 76001). We obtained student enrollment, non-resident student, and special part-time student numbers from the CCCCCO. The CCCCCO's management information system (MIS) identifies enrollment information based on student data that the district reported. CCCCCO identifies the district's enrollment based on CCCCCO's MIS data element STD 7, codes A through G. CCCCCO eliminates any duplicate students based on their Social Security numbers.
- For activities (2) and (4), the district did not provide support for its calculation of the total number of students paying the fee. We calculated reimbursable students paying the fees by deducting Board of Governor Grant (BOGG) recipients from reimbursable student enrollments. In calculating enrollment fee waivers (for components 7 through 10 below), the district used the BOGG numbers reported on the CCCCCO's Web site. We used that number when calculating the number of BOGG recipients. However, the more accurate numbers of

BOGG recipients are the numbers maintained by the CCCCCO based on data the district reported. The CCCCCO identifies the number of BOGG recipients based on MIS data element SF21 and all codes with the first letter of B or F. The BOGG recipient numbers provided by the CCCCCO did not vary significantly from the numbers reported on its Web site. The annual number of BOGG recipients confirmed directly with the CCCCCO totaled 23,716 while the number of BOGG recipients reported on the CCCCCO's Web site totaled 23,964, a difference of 248.

For activity (5), the district claimed delinquent fee collection costs based on the number of delinquent dollars rather than the number of delinquent students for FY 1998-99 through FY 2003-04, FY 2005-06, and FY 2006-07. Based on updated student count, the district overstated costs by \$133,489.

For activity (6), the district claimed costs based on the number of students who received a refund. We identified no errors for this activity.

We recalculated reimbursable on-going enrollment fee collection costs for activities (1) through (6) and determined that the district overstated allowable costs by \$544,326.

Enrollment Fee Waivers

For enrollment fee waivers costs, the district claimed costs related to: (7) answering student questions or referring them to the appropriate person for an answer; (8) receiving waiver applications; (9) evaluating waiver applications; (10) providing notice to student that additional documents were needed; (11) inputting approved applications; and (12) reviewing and evaluating additional information and documentation for denied application if appealed and providing students written notifications of the appeal results or any change in eligibility status.

For activities (7) through (9), and (11), the district used the number of BOGG waivers reported on the CCCCCO's Web site for FY 1999-2000 through FY 2004-05, and FY 2007-08. The numbers used by the district for FY 2005-06 and FY 2006-07 did not agree with the numbers reported on the CCCCCO's Web site and excluded denied appeals. Also, the district made computation errors when calculating the FY 2007-08 amounts. For components (10) and (12), the district used the number of denied appeals for FY 2005-06 and FY 2006-07. We did not adjust the numbers used by the district for components (10) and (12).

We recalculated reimbursable ongoing enrollment fee waivers costs for components (7) through (9), and (11), and determined that the district understated allowable costs by \$8,597.

The following table summarizes the unallowable salaries and benefits for ongoing enrollment fee collection and waivers costs:

Fiscal Year	Allowable Salaries and Benefits	Claimed Salaries and Benefits	Audit Adjustment
1998-99	\$ 172,092	\$ 214,360	\$ (42,268)
1999-2000	189,742	250,594	(60,852)
2000-01	257,585	329,358	(71,773)
2001-02	243,484	326,983	(83,499)
2002-03	255,099	332,386	(77,287)
2003-04	234,298	327,425	(93,127)
2004-05	263,145	345,500	(82,355)
2005-06	276,387	356,597	(80,210)
2006-07	170,559	184,943	(14,384)
2007-08	324,302	370,826	(46,524)
Total	<u>\$ 2,386,693</u>	<u>\$ 3,038,972</u>	<u>\$ (652,279)</u>

The following table details the unallowable salaries and benefits by unsupported costs and errors in the district's application of time study for ongoing activities:

Fiscal Year	Unsupported Costs			Errors in Application of Time Study			Audit Adjust- ment
	Enroll- ment Fee Collection	Enroll- ment Fee Waivers	Subtotal	Enroll- ment Fee Collection	Enroll- ment Fee Waivers	Subtotal	
1998-99	\$ —	\$ —	\$ —	\$ (42,268)	\$ —	\$ (42,268)	\$ (42,268)
1999-2000	(8,985)	—	(8,985)	(51,867)	—	(51,867)	(60,852)
2000-01	(7,333)	(177)	(7,510)	(64,263)	—	(64,263)	(71,773)
2001-02	(7,545)	(178)	(7,723)	(75,776)	—	(75,776)	(83,499)
2002-03	(9,379)	(240)	(9,619)	(67,668)	—	(67,668)	(77,287)
2003-04	(13,426)	(261)	(13,687)	(79,440)	—	(79,440)	(93,127)
2004-05	(2,257)	(105)	(2,362)	(79,993)	—	(79,993)	(82,355)
2005-06	(2,905)	(84)	(2,989)	(77,018)	(203)	(77,221)	(80,210)
2006-07	—	—	—	(12,129)	(2,255)	(14,384)	(14,384)
2007-08	(63,675)	—	(63,675)	6,096	11,055	17,151	(46,524)
Total	<u>\$(115,505)</u>	<u>\$ (1,045)</u>	<u>\$(116,550)</u>	<u>\$(544,326)</u>	<u>\$ 8,597</u>	<u>\$(535,729)</u>	<u>\$(652,279)</u>

Education Code section 76300 authorizes community college districts to calculate and collect student enrollment fees and to waive student fees in certain instances. The code directs districts to report the number of, and amounts provided for, BOGGs and to adopt procedures that will document all financial assistance provided on behalf of students.

The program's parameters and guidelines (section IV—Reimbursable Activities) state "... actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question."

The parameters and guidelines also state that salaries and benefits are reimbursable if claimants report each employee implementing the reimbursable activities by name, job classification, productive hourly rate, and provide a description of the specific reimbursable activities performed and the hours devoted to these activities.

The parameters and guidelines state that the preparation of policies and procedure is reimbursable as a one-time activity for collection of enrollment fees and for determining which students are eligible for waiver of the enrollment fees. The CSM Final Staff Analysis and Proposed Parameters and Guidelines dated January 13, 2006, for the one-time activity of adopting policies and procedures, states “. . . staff finds that updates to the policies and procedures would be subject to change in the community college district’s policy rather than state law, and would not be reimbursable.”

The parameters and guidelines also states that staff training is reimbursable as a one-time costs per employee for training district staff that implement the program on the procedures for the collection of enrollment fees and for determining which students are eligible for waiver of the enrollment fee. Consistent with the Final Staff Analysis for policies and procedures, training for changes in the community college district’s policy is not reimbursable.

Recommendation

We recommend that the district maintain records that document actual time spent on mandate-related activities. In addition, we recommend that the district maintain documentation that identifies the number of students excluded as required by Education Code section 76300.

District’s Response

The draft audit report states that the District claimed unallowable salaries and benefits in the amount of \$652,764. This amount consists of \$119,991 of “unsupported costs” and \$532,773 for “errors applying time allowances.”

1. Policies and Procedures and Training

A total of \$116,550 was disallowed for staff time claimed for policies and procedures and staff training. The draft audit report disallowed most of the staff time reported for four reasons, all of which are characterized there as “unsupported costs.” None of the staff time was disallowed as unreasonable.

The draft audit report states variously that the District did not provide “support” for claimed costs, or provided “no documentation”. The general audit standard applied was contemporaneous documentation of time spent or corroborating evidence of activities performed. It should be remembered that the parameters and guidelines were adopted January 26, 2006, and the first claiming instructions for the initial fiscal years were released thereafter. Claimants had no actual notice of approved reimbursement for this program until that time. It seems unreasonable to require contemporaneous documentation of daily staff time for the retroactive initial fiscal years. While some historic staff time can be reconstructed from calendars and desk diaries, other staff time cannot and must be reported as good-faith estimate where the desired information is not maintained in the regular course of business. While the District agrees with the audit report recommendation that claimants maintain records that document actual time spent on mandate-related activities, it would be a more realistic standard only for fiscal years several years after the period of the initial fiscal year claims.

Where the documentation is apparently sufficient, the auditor made qualitative judgments regarding the scope of activities as to whether they were related to the mandate program, for example, as in the Banner mock registration process. The District does not agree that those sessions and other training events are qualitatively divisible as determined by the auditor. Since this is a basic difference of opinion, it has to be resolved by the incorrect reduction claim process.

The audit report essentially disallows staff time for policies and procedures after the first instances of reported costs for these activities in FY 1998-99 and FY 1999-00 as a duplication of one-time costs. The audit report cites the Commission Final Staff Analysis for the parameters and guidelines for the premise, not stated in the parameters and guidelines, that updates to policies and procedures result from changes in local policy. This is a factual assumption not supported by the audit findings, and seemingly contrary to the thirteen changes in state law listed in the audit report. The audit report makes no findings on the content of the changes made to policies and procedures to support this adjustment.

The draft audit report disallows claimed training time for employees who were claimed more than once during the ten fiscal years in the audit period. The parameters and guidelines identify the staff training activities as “one-time per employee.” However, it should be considered that the content of the training would change over the span of years, thus new content would be a new one-time activity for repeat staff members. The language of Education Code Section 76300 changed frequently and the subject matter of the relevant Title 5, CCR, sections may have been updated by the Board of Governors. There are also local changes in duties and procedures as a result of the change in the enrollment and registration process; for example, the evolving telephone and OLGA system noted in the audit report. It should also be anticipated that the name of the supervisors or managers conducting the training would appear in the claims for several years. There should be no blanket allowance of the staff time for persons whose name appears more than once without a determination of whether the subject matter of the training was duplicate of previously claimed training activities.

2. Time Allowances for Ongoing Activities

The draft audit report identifies “errors when applying time allowances” of \$530,768 in overstated ongoing enrollment fee collection activities and understated costs of \$2,005 for ongoing enrollment fee waiver activities. The District’s computation of ongoing program costs is based on the average time reported from the several surveys of relevant program of the staff of the amount of time (usually in minutes) required to complete the twelve activity components. These average times were multiplied by workload multipliers that closely approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. The total hours per activity component was multiplied by either the specific productive hourly rate of the person performing the activity, or an average hourly rate when there were several persons in similar job classifications performing the activity.

The major source of the audited variance (\$397,279) is stated in the audit report to be that the District “did not report the correct number of students related to the various cost components,” and that the District “did not support the numbers it used for the multiplier.” The auditor utilized enrollment waiver statistics from the Chancellor’s Office MIS system, because these numbers are “maintained,” are “more accurate,” and because the numbers “did not vary significantly from the numbers reported on its Web site” that was the source of some of the numbers used by the District. The audit uses the MIS statistics to approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. The District utilized information available from district records or the Chancellor’s web site at the time the annual claims were prepared so some variances can be expected. Variances would result from the students who enrolled and paid enrollment fees, but thereafter left the district and thus these students may not appear later in the Chancellor’s statistics as an enrolled student. Another source of a variance would be the time spent on unapproved waiver applications. There are more applications for waivers than waivers granted, which is not reflected by the Chancellor’s statistics.

SCO’s Comment

We reduced the adjustment reported in the draft report by \$485, from \$652,764 to \$652,279. We increased allowable FY 2007-08 one-time training costs related to fee collection (decreasing the adjustment by \$3,441). We also corrected the FY 2001-02 enrollment count of students who paid an enrollment fee (increasing the adjustment by \$13,558) and FY 2005-06 and FY 2006-07 denied appeal counts related to fee waivers (reducing the adjustment by \$10,602). The FY 2001-02 adjustment is offset in Finding 2.

Policies and Procedures and Training

The district stated that the SCO disallowed claimed costs of \$116,550 for policies and procedures and staff training because the costs were unsupported. Instead, the costs were determined to be unallowable because the district did not support that the costs only related to one-time activities allowed by the parameters and guidelines.

For policies and procedures costs, we allowed costs in the first year claimed. The district did not provide any documentation supporting that the costs claimed in the remaining years related to the allowable one-time costs of developing rather than updating the procedures.

For staff training, we allowed costs in the first year employees were claimed. The district provided no documentation supporting the training, e.g., the name of the trainer, the nature of the training, agenda. Therefore, the district did not support that costs claimed by an employee in subsequent years related to allowable one-time training.

The parameters and guidelines state that the preparation of policies and procedures and staff training are reimbursable as a one-time activity [emphasis added] for the collection of enrollment fees and for

determining which students are eligible for waiver of the enrollment fees. Further, the parameters and guidelines limit staff training to one-time cost per employee [emphasis added].

The district further asserts that the SCO draft audit report cites the CSM's Final Staff Analysis as support for a premise not stated in the parameters and guidelines. The analysis is not the sole support for the SCO's position, but is relied upon in conjunction with the parameters and guidelines. It clarifies the CSM's position on one-time activities by stating, "updates to the policies and procedures would be subject to change in the community college district's policy rather than state law, and would not be reimbursable."

The district also contends that Education Code section 76300 changed frequently and the subject matter of Title 5, CCR, sections may have been updated. The district did not provide any support that the added training costs related to changes in the law.

Time Allowances for Ongoing Activities

The district notes that SCO audit adjustments of \$397,279 [updated to \$410,837 in this final report] relate to the district reporting the incorrect number of students used to compute reimbursable costs.

The district states that the SCO utilized enrollment waiver statistics from the CCCCCO because they were more accurate and did not vary significantly from the district. This statement is inaccurate. With minor exception, we used the districts' reported waiver statistic as those numbers did not vary significantly from the numbers confirmed from the CCCCCO. The waivers statistics confirmed from the CCCCCO represents data the district reported and is more accurate because it includes unduplicated count of students with BOGG waivers by term for MIS data element SF 21 and all student financial aid data codes with the first letter of B or F. The district's waivers numbers came from datamart data from the CCCCCO's Web site that included unduplicated count of students with BOGG waivers by school year and excludes codes with the first letter of F. Consequently, a student with a BOGG waiver in three terms in a school year would be counted as one BOGG waiver on the CCCCCO's Web site and three BOGG waivers on the numbers confirmed by the CCCCCO. Furthermore, the CCCCCO's Web site would not include any of the data element SF21 codes with the first letter of F.

The district states that the SCO relied upon statistics from the CCCCCO to approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. It further states that the district used statistics from the district. The information from the CCCCCO is based on information the district reported. Further, the CCCCCO's enrollment numbers detail non-resident students and special admit students that are not reimbursable under the mandate. The numbers provided by the district did not agree with the CCCCCO's numbers and were not traceable to the district's records.

**FINDING 2—
Unsupported salaries
and benefits**

The district claimed unsupported salaries and benefits related to ongoing activities of calculating and collecting enrollment fees, activities (1) through (4). The unsupported salaries and benefits for these four activities, after adjusting the errors identified in Finding 1, total \$2,097,258.

From July 1998 through June 2003, students paid registration either over the telephone, assisted by a staff member, or over the counter. In July 2003, the telephone registration process was expanded to include an automated system. In May 2006, the district launched the OnLine Gavilan (OLGA) system, an automated online registration and payment system. The OLGA system allowed students to register via the Internet and pay fees with a credit card. When students used the automated system, district staff did not perform such reimbursable mandated activities as referencing student accounts, calculating and collecting student fees, and updating computer records for the enrollment fee information and providing a copy to the student. The district claimed reimbursement for enrollment fee collections based on all students paying fees and did not identify or exclude those students who enrolled and paid online.

As noted in Finding 1, employees estimated, for each year, the average time it took to perform individual activities per student per year. The surveys were completed in April 2006 for FY 1998-99 through FY 2004-05; in May 2006 for FY 2005-06; in November 2007 for FY 2006-07; and between January 30, 2009, and February 3, 2009, for FY 2007-08. The district's main campus is in Gilroy; however, the district also has campus sites in Hollister and Morgan Hill. The majority of the enrollment fees were collected at Gilroy's main campus. Gilroy's Business Office and Admissions and Records employees completed the April 2006, May 2006, and November 2007 surveys that the district used to claim costs for FY 1998-99 through FY 2006-07. Gilroy's and Morgan Hill's employees completed the January/February 2009 survey that was used to claim costs for FY 2007-08. Hollister employees did not participate in any of the surveys.

The following table shows the number of completed surveys by campuses and offices:

Fiscal Year	Gilroy's Admissions and Records	Gilroy's Business Services	Morgan Hill's Student Services	Total
1998-99	4	1	0	5
1999-2000	4	1	0	5
2000-01	4	1	0	5
2001-02	5	2	0	7
2002-03	5	2	0	7
2003-04	5	2	0	7
2004-05	5	2	0	7
2005-06	5	1	0	6
2006-07	0	2	0	2
2007-08	5	0	2	7

The survey form provided a brief summary of activities (1) through (4) from the description identified in the parameters and guidelines; no further instructions were provided. In addition, the district's mandate consultant indicated that no clarification was provided to employees as to the context of reimbursable activities and no post-survey analysis was performed to verify the reasonableness of the average time recorded in the surveys. The consultant simply added up all of the time increments recorded on the survey forms and divided the total by the number of responses without verifying the time recorded on the survey forms. All responses were given equal weight, even though the Admissions and Records employees, Business Office employees, and Student Services employees did not perform the mandated activities at the same level.

District staff claimed 44.4 minutes for FY 1998-99, 45.4 minutes for both FY 1999-2000 and FY 2000-01, 44.2 minutes for FY 2001-02, 41.4 minutes annually for FY 2002-03 through FY 2005-06, 14.5 minutes for FY 2006-07, and 31.3 minutes for FY 2007-08 per student, per summer session as well as the fall and spring terms, to perform mandated activities (1) through (4). As noted in Finding 1, a description of the reimbursable activities is as follows: (1) referencing student accounts and printing a list of enrolled courses; (2) calculating the fees, processing the payment, and preparing a payment receipt; (3) answering student questions or referring them to the appropriate person for an answer; and (4) updating student records for the enrollment fee information, providing a copy to the student, and copying/filing enrollment fee documentation.

Admissions and Records Office Employees, Gilroy's Main Campus

Seven Student Records Technicians working at Gilroy's Admissions and Records Office completed survey forms at various times for FY 1998-99 through FY 2005-06, and for FY 2007-08, that estimated the time it took to perform activities (1) through (4). We interviewed two of these employees on March 29, 2010. The Administrative Assistant for the Vice President of Administrative Services was present during the interviews. We discussed the reimbursable activities described in the parameters and guidelines and indicated that reimbursable activities exclude costs related to adding and dropping classes, ordering transcripts, time spent paying for a parking permit, and other fee collections. The two Student Records Technicians walked us through the enrollment fee collection process and informed us that it generally took approximately two to three minutes per student, per summer session as well as the fall and spring terms, to perform activities (1) through (4). However, the seven employees estimated the following time on their survey forms to collectively perform activities (1) through (4):

- The two employees interviewed indicated that it took 40 minutes each year from FY 1998-99 through FY 2005-06, and 46 minutes and 57 minutes for FY 2007-08.
- The third employee (currently retired) indicated that it took 40 minutes each year from FY 1998-99 through FY 2005-06, and 23 minutes for FY 2007-08.

- The fourth employee indicated that it took 40 minutes each year from FY 2001-02 through FY 2005-06.
- The fifth employee (currently retired) indicated that it took 80 minutes each year from FY 1998-99 through FY 2002-03.
- The sixth employee indicated that it took 80 minutes each year from FY 2003-04 through FY 2005-06, and 23 minutes for FY 2007-08.
- The seventh employee indicated that it took 40 minutes for FY 2007-08.

The two interviewed employees informed us that they were not aware that the time they recorded on the survey forms should have excluded registration-related activities (e.g., adding and deleting classes, non-mandated fee collection activities, and collection of other fees). One of the interviewed employees informed us that none of the staff at Gilroy's Admissions and Records Office completed a survey form for FY 2006-07 because they did not have time to fill out the survey forms for that year. However, most of the enrollment fees were collected at Gilroy's Admissions and Records Office for FY 2006-07. The minutes recorded on the survey forms by Admissions and Records employees averaged between 48 and 50 minutes for FY 1998-99 through FY 2005-06, and 37.8 minutes for FY 2007-08.

One of the Student Records Technicians interviewed and the Administrative Assistant stated that the time allowances recorded on the survey forms appear to be overstated, as the time allowances included time spent on non-mandated activities. The two interviewed employees agreed to reevaluate the time they claimed for calculating and collecting enrollment fees and let the SCO know the results.

We also physically observed the fee collection process for approximately three hours on January 26, and 27, 2011, during the open enrollment period at the Gilroy campus. The purpose of our observation was to validate the reasonableness of time allowances used by the district in determining reimbursable salaries and benefits. The Administrative Assistant was present during most of our observations. We observed seven students as they paid their fees. We excluded students who were adding and dropping classes and ordering transcripts, as well as time spent paying for a parking permit. Based on our observation, the time per student averaged three and one half minutes. The Administrative Assistant indicated that, based on her observation, staff spent approximately five minutes per student on the enrollment fee collection process, activities (1) through (4). She indicated that, due to automation, the time spent to calculate enrollment fees in the current year was not as time-consuming as the work performed in earlier years. She also indicated that there were minor time variances to consider in the amount of time it took to complete these tasks based on the experience level of the employee performing the work. The district did not provide any further support for the minutes claimed or increased time involved in prior years for the fee collection process.

Based on responses from the district's Admissions and Records employees and our observations of staff performing the mandated activities, the average minutes used in claiming salaries and benefits for its mandated cost claims are significantly overstated. Time claimed averaged 48 to 50 minutes for FY 1998-99 through FY 2005-06 and 37.8 minutes for FY 2007-08 compared to approximately two to three and one half minutes based on our interviews and observations.

Business Office Employees, Gilroy's Main Campus

An Accounting Assistant and an Accountant working at Gilroy's Business Office completed survey forms at various times, from FY 1998-99 through FY 2006-07, that estimated the amount of time spent to collectively perform activities (1) through (4). We interviewed the Accounting Assistant. The Administrative Assistant was also present for this interview. We discussed the reimbursable activities described in the parameters and guidelines and indicated that reimbursable activities exclude costs related to adding and dropping classes, ordering transcripts, time spent paying for a parking permit, and other fee collections. The Accounting Assistant reviewed the time recorded on her survey forms and stated that, to the best of her knowledge, the 12 minutes per student was accurate. The Accounting Assistant indicated that she had not been involved in the enrollment fee collection process since 2007; therefore, she was unable to walk us through the collection process. On the survey forms, she estimated that it took 12 minutes for each year from FY 1998-99 through FY 2005-06 and 17 minutes for FY 2006-07 per student, per summer session as well as the fall and spring terms, to perform activities (1) through (4). She recalls that prior to implementation of the OLGA system (in May 2006), most students would register over the telephone and pay their enrollment fees within ten days at the Business Office. She indicated that subsequent to the implementation of the OLGA, system, students had to pay when they registered via the telephone system. She also informed us that the Business Office did not handle any registration activities, but did handle health fee collections and parking fees. In addition, she informed us that only one employee performed activities (1) through (4) in the Admission and Records Office and that these activities consumed only a portion of that employee's time.

The Accountant estimated on the survey forms that it took 12 minutes each year from FY 2002-03 through FY 2006-07 to collectively perform activities (1) through (4).

As noted previously, only two surveys were completed for FY 2006-07; both of them were from Gilroy's Business Office employees. However, Gilroy's Admissions and Records employees collected most of the enrollment fees for FY 2006-07.

Student Services Employees, Morgan Hill Campus

A Director of Programs Specialist and a Program Specialist in the Student Services Office at the Morgan Hill campus completed a survey form for FY 2007-08 that estimated time it took to collectively perform activities (1) through (4). The Director and Program Specialist survey

forms indicated that it took 15 minutes each per student per summer session as well as the fall and spring terms to collectively perform activities (1) through (4).

Adjustment

We discussed our analysis of time claimed with district representatives and requested their comments. District staff initially concurred with our analysis related to time claimed being overstated and agreed to revise its time allowances. Subsequently, the district's consultant, on behalf of the district, requested that we issue the draft report.

Based on our analysis, we determined that salaries and benefits claimed for activities (1) through (4), using time allowances that averaged 43.1 minutes annually per student for FY 1998-99 through FY 2005-06, 14.5 minutes annually per student for FY 2006-07, and 31.3 minutes per student for FY 2007-08, were unsupported and, therefore, unallowable for the following reasons:

- The district did not explain or support why average time allowances claimed by district staff (43.1 minutes per student for FY 1998-99 through FY 2005-06, 14.5 minutes per student for FY 2006-07, and 31.3 minutes per student for FY 2007-08) were significantly greater than the time allowances based on the results of our inquiries and observations.
- The time allowances recorded by district staff for FY 2006-07 were based on estimated time from two Gilroy's Business Office employees. Gilroy's Admissions and Records Office employees did not complete any survey forms for FY 2006-07. However, the district indicated that most of the FY 2006-07 collections occurred at Gilroy's Admissions and Records Office.
- Based on the minutes recorded by the two employees surveyed at Gilroy's Business Office, the estimated time to perform activities (1) through (4) did not change from FY 1998-99 through FY 2006-07.
- The district had an automated telephone registration process, in operation since 2003, and an automated online registration and payment system, in operation since May 2006, that were used for the payment of enrollment fees without the assistance of district employees. However, the district did not exclude students who paid online when determining reimbursable costs.
- The surveys were not developed with sufficient instructions to clarify reimbursable activities.
- The district did not independently verify the uniform time allowances with physical observation and inquiries to ensure that time allowances applied to students were accurate and reasonable.
- The district did not show that the methodology it used in developing time allowances produced a result that was representative of employees' time spent performing the reimbursable activities.

Government Code section 17561 (d)(2)(B) states that “The Controller may reduce any claim that the Controller determines is excessive or unreasonable.” Based on our analysis, we believe that salaries and benefits claimed using time allowances for activities (1) through (4) were excessive and unreasonable.

The parameters and guidelines (section IV-Reimbursable Activities) state:

. . . actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the time the actual cost was incurred for the activity in question.

The following table summarizes the unsupported ongoing salary and benefit costs related to calculating and collecting enrollment fees for activities (1) through (4):

Fiscal Year	Reference Student Accounts	Calculating Fees	Answering Student Questions	Updating Records	Total
1998-99	\$ (20,176)	\$ (58,793)	\$ (50,036)	\$ (34,584)	\$ (163,589)
1999-2000	(21,838)	(63,398)	(36,687)	(55,939)	(177,862)
2000-01	(29,434)	(88,324)	(49,449)	(77,933)	(245,140)
2001-02	(27,357)	(85,077)	(42,676)	(60,437)	(215,547)
2002-03	(32,512)	(86,700)	(45,517)	(68,726)	(233,455)
2003-04	(30,411)	(77,901)	(42,575)	(61,751)	(212,638)
2004-05	(35,469)	(88,788)	(49,657)	(70,381)	(244,295)
2005-06	(36,357)	(93,743)	(50,899)	(74,309)	(255,308)
2006-07	(31,302)	(42,054)	(22,358)	(17,522)	(113,236)
2007-08	(78,516)	(48,102)	(80,969)	(28,601)	(236,188)
Total	\$ (343,372)	\$ (732,880)	\$ (470,823)	\$ (550,183)	\$ (2,097,258)

Recommendation

We recommend that the district:

- Maintain records that document actual time spent on mandate-related activities;
- Ensure the validity of any time studies used in determining reimbursable cost;
- Maintain documentation that identifies the number of students subject to reimbursements pursuant to Education Code section 76300; and
- Adjust for students that pay their enrollment fee through an automated system (rather than in person) when calculating enrollment fee collection costs.

We further recommend that any surveys used in developing uniform time allowances are:

- Developed with sufficient instructions to clarify reimbursable activities;
- Independently verified with physical observation and inquiries to ensure that time allowances applied to students are accurate and reasonable; and
- Projected in a manner to produce a result that is representative of employees performing the reimbursable activities.

District's Response

The draft audit report eliminates \$2,110,816 of the staff time reported from the time survey of ongoing activities for enrollment fee collection, after the adjustments made in Finding 1 regarding workload multipliers.

The draft audit report refers to the automated telephone registration process beginning in FY 2003-04 and the OLGA system beginning May 2006 which reduced staff participation in the collection of the enrollment fee compared to the over-the-counter method that prevailed during the first five fiscal years that are the subject of the audit. The draft audit report concludes that the students should have been excluded from the claim. While the staff labor involved in the automated systems is different and probably less, it is not a basis for excluding these enrollments from reimbursement based on the survey. While District staff could give an informed opinion on the number of students utilizing the automated systems, and the auditor solicited these opinions on several occasions, the District did not maintain this information in the usual course of business and it is not required by the parameters and guidelines. Further, I am told that for a claimant to make cost assumptions based on staff opinions has been unacceptable on previous Controller audits on other programs, so it was not ventured here on this subject matter by the District and so stated in its e-mail to the auditor on April 1, 2010.

However, the subsequent establishment of automated systems is not a basis for disallowing costs for the first five years audited. Notwithstanding, the audit report disallows the remaining enrollment process costs for all fiscal years based on a anecdotal evidence obtained after the exit conference. The draft audit report cites interviews with two Student Records Technicians at the Gilroy campus on March 29, 2010, who appears to have stated at the interview that they must have misinterpreted the scope of activities included in the survey tool when they originally submitted their response. The auditor observed the enrollment process for three hours at Gilroy on January 26, and 27, 2011, observing the fee collection process for seven students, excluding students that were adding or dropping courses, and concluded that the reimbursable activities averaged three and one-half minutes. The auditor also interviewed an Accounting Assistant and Accountant at the Gilroy business office who described the pre- and post automated procedures, as well as Program Specialists at the Morgan Hill campus who provided new responses to the survey at the auditor's request. Based on these interviews and new responses, the auditor concluded that the original survey results overstated the reimbursable activity time. If a claimant were to base their annual claims on similar directed

interviews of a few staff and observation of seven transactions out of more than 10,000 such transactions per year, the information obtained would not be considered by the Controller as representative. It is not.

The draft audit report states the following reasons for rejecting the original District survey findings:

1. *The District did not explain or support why the average time allowances reported in the surveys were significantly greater than the results of the auditor's interviews and observations.* The District response was stated in the April 1, 2010, e-mail and discussed at the exit conference. The survey forms used for the annual claims were distributed to all staff involved in the process who responded based on their understanding of the language used in the survey forms which is almost directly copied from the parameters and guidelines. The District did not participate in the interviews conducted by the auditor, so it does not know what language was used to elicit or clarify the responses obtained there, nor why these responses are specifically different.
2. *Gilroy Business Office staff did not complete survey forms for FY 2006-07.* The annual claims utilized previous information from similar job classifications across the district since the annual claim is based on district costs, not specific college costs.
3. *The estimated time reported did not change from FY 1998-99 through FY 2006-07.* At the time of the filing of the initial claims, July 2006, staff reported the average time for a regular enrollment fee collection transaction dating back to FY 1998-99. No changes were made later for the automated system transactions since the staff generally responding (e.g., Student Records Technicians) were not performing that function.
4. *The District did not exclude from the enrollment multipliers students who paid on line.* As stated before, those transactions are also reimbursable. The survey, by its nature as a survey, estimated the average time of routine transactions and did not address this issue. There are no multipliers or survey results for these automated transactions. The purpose of surveys of this type is to provide approximate results for nearly uniform repetitive activities, and do not accommodate exceptional transactions.
5. *The surveys were not developed with sufficient instructions to clarify the reimbursable activities.* SixTen and Associates stated at the exit conference that these forms use the language of the parameters and guidelines based on previous Controller audit experience where auditors have considered that modifying parameters and guidelines language, as well as verbally "explaining" the language, is directing a response, as the auditor may have experienced during his interviews. The audit report suggests the need for more specific activity descriptions and second-person observation of the time for each activity. There is a concern that more specific activity descriptions may stray from the scope of the parameters and guidelines language. This presents the potential problem of claiming activities outside of the scope of the parameters and guidelines, especially when each district that utilizes a survey process will have to establish its own activity descriptions, absent a statewide survey instrument. Further, the Controller has no standards for time surveys of this nature to assist the claimants in filtering the meaning of the parameters and guidelines.

6. *The District did not independently verify the uniform time allowances with physical observation and inquiries to assure the responses were accurate and reasonable.* As stated before, survey results are not intended to be accurate, but rather representative. There is no retroactive observation possible. Surveys of these types are based on the collective independent evaluation by persons who do not actually perform the work. The auditor's perception of unreasonable results is based on a few interviews and one short observation conducted by the auditor, none of which are relevant to the survey *method* used, but only the survey results. Is the auditor's work "independent" verification? It is clear that the verification process conducted by the auditor was neither sufficient in scope or supported by a written survey instrument or method that can be properly evaluated by a third party.
7. *The District did not show the survey results were representative of the employee time spent performing the reimbursable activities.* This is the ultimate bias that pervades the entire audit process. The survey was not designed to accomplish the findings desired by the Controller. The survey is representative of the activities stated in the parameters and guidelines in that the persons performing the tasks responded to their understanding of the questions posed by the parameters and guidelines language. Understanding the language of the parameters and guidelines, plain meaning or otherwise, is a challenge for anyone who prepares annual claims for any mandate program. It is not a unique issue here. The auditor's interview findings and the de minimus observation period are just another interpretation.

The draft audit report concludes that the survey results are unreasonable and excessive. The Controller has not provided the claimants with any professional standards for these types of surveys that attempt to represent costs incurred for numerous retroactive years, even though the Commission has been issuing retroactive parameters and guidelines for 27 years. In this audit, the auditor has not provided any empirical findings that contradict the responses of most of the staff who performed the reimbursable activities. However, the District understands that it will be up to the Commission to determine if the auditor's findings are sufficient to sustain the adjustments made.

SCO's Comment

We reduced the adjustment reported in the draft report by \$13,558, from \$2,110,816 to \$2,097,258, related to a correction of the FY 2001-02 enrollment count of students paying an enrollment fee, as noted in our comment to Finding 1.

The district states that the draft audit report adjustments reduced personnel costs because the district did not identify the number of students who enrolled through automated systems. The district also states that the staff labor involved in the automated systems is different and probably less than the labor involved in over-the-counter enrollment processes. However, the district did not provide documentation supporting the number of automated enrollments versus manual enrollments or the significance of students paying online. Further, the automation issue is not the sole reason for the audit adjustment.

The district believes that the information collected by the SCO through interviews and observations is inadequate. However, the results of the SCO's observations correlated to the results of the SCO's interviews. The district's survey forms paraphrased the parameters and guidelines and contained no further explanation for district staff to consider. Also, the district gave equal weight to all staff responses, although staff performed activities at varying levels. The interviews and observations provide additional indications of work performed by district staff relative to the mandate.

In items 1 through 7 of its response, the district makes various points:

1. The district states that it did not participate in the SCO interviews, does not know what language was used to elicit responses, and does not know why the responses were different than responses on the survey forms. Actually, the district did participate in the interviews and observations, through the Assistant to the Vice President of Administrative Services, who was present at the interviews.
2. With reference to our comment that Gilroy Business Office staff did not complete survey forms for FY 2006-07, the district states that the annual claims utilized previous information from similar job classifications across the district because the annual claims are based on district costs, not specific college costs. However, as noted previously, the estimated time allowances varied significantly by campus sites and classification. Further, during the audit, the district indicated that most of the FY 2006-07 collections occurred at Gilroy's Admissions and Records Office; nevertheless, the survey only included responses from two employees who both worked in Gilroy's Business Office.
3. With reference to our comment that the estimated time reported by Gilroy's Business Office did not change from FY 1998-99 through FY 2006-07, the district explains that staff reported average time for a regular enrollment fee collection transaction. However, the estimated annual time allowances by campus sites varied significantly. Further, during the audit period, the district automated its system, which should have reduced the time to process enrollment fee collection activities.
4. The district stated that it did not exclude from the enrollment multipliers students who paid online as those transactions are reimbursable. It further stated that the survey estimates the average time of routine transactions and, therefore, did not address this issue. The district's response supports the SCO's position that the district did not track staff time related to online transactions. Applying time allowances to automated transactions overstates reimbursable costs as the district would not have incurred the same level of efforts to process those transactions. The district did not provide documentation supporting time spent on automated transactions.

5. The district disagrees that its surveys were not developed with sufficient instructions to clarify the reimbursable activities. The district is concerned that more specific activity descriptions in the survey forms could stray from the scope of the parameters and guidelines language. However, during the audit process we discovered that staff misunderstood the reimbursable components of the parameters and guidelines. For example, staff members were not aware that the time they recorded on the survey forms should have excluded registration-related activities such as adding and deleting classes. Consequently, the time reported by staff on the survey forms was overstated.
6. The district states that its survey results are not intended to be accurate, but rather representative of reimbursable time spent on the mandate. Therefore, it did not independently verify the uniform time allowances with physical observations and inquiries. During the audit, the SCO's observations and interviews, in conjunction with the district's surveys, provided a more complete picture of actual costs than the surveys alone.
7. The district reiterates that its survey results are meant to be representative of the activities stated in the parameters and guidelines. The SCO's position is that additional information obtained during the course of the audit did not support the results of the district's surveys.

**FINDING 3—
Unallowable contract
services**

The district claimed \$91,273 in contract services through Sungard to provide district training on its new automated Banner System for FY 2007-08. Of that amount, \$73,011 is unallowable.

Invoices provided by the district for claimed training costs did not relate entirely to procedures for the collecting of enrollment fees and for determining which students are eligible for waiver of the enrollment fees allowed by the mandate. We reviewed the individual invoices and made an allocation of eligible costs based on information the district provided and discussion with district staff. We asked the district to review and comment on our allocation. However, the district did not respond.

The parameters and guidelines for the program state that only actual costs may be claimed. Actual costs are those costs incurred to implement the mandated activities.

The parameters and guidelines further state that if training encompasses subjects broader than the reimbursable activities, only the pro-rata portion can be claimed.

The following table summarizes unallowable contract services related to training:

	<u>Training</u>
Audit adjustment, FY 2007-08	<u>\$ (73,011)</u>

Recommendation

We recommend that the district claim only those training activities that are actually incurred to implement the mandate.

District's Response

The draft audit report disallows \$73,011 of a total \$91,273 in contract payments to Sungard to provide training on the new Banner system beginning FY 2007-08 as the pro-rata portion not relevant to the implementation of this mandate. The District has no additional documentation for this issue at this time.

SCO's Comment

The finding and recommendation remain unchanged.

The district states that it has no additional documentation to support the claimed costs.

The SCO used district-provided invoices from Sungard to determine the allowable costs. The invoices described various training activities provided by Sungard. Some of these activities related to reimbursable components of the mandate, while others did not. We identified various training components that did appear to be relevant to the mandate and discussed this information with district staff. As noted above, the district did not respond to this adjustment during the audit.

**FINDING 4—
Overstated indirect
costs**

The district claimed \$1,002,702 in unallowable indirect costs for the audit period. In each year under audit, the district overstated its indirect cost rate.

The district prepared its Indirect Cost Rate Proposal (ICRP) using the State Controller's Office (SCO) FAM-29C methodology. However, the district did not correctly compute the FAM-29C rates. We recalculated allowable indirect cost rates based on the FAM-29C methodology that the parameters and guidelines and the SCO claiming instructions allow.

We calculated the allowable indirect cost rates each year by using the information contained in the California Community Colleges Annual Financial and Budget Report Expenditures by Activity (CCFS-311). Our calculations revealed that the district overstated its rates for the entire audit period.

The following table summarizes the overstated indirect cost rates:

Fiscal Year	Allowable Indirect Cost Rate	Claimed Indirect Cost Rate	Overstated Rate
1998-99	18.52%	35.68%	(17.16)%
1999-2000	14.10%	34.23%	(20.13)%
2000-01	15.62%	36.55%	(20.93)%
2001-02	16.34%	35.86%	(19.52)%
2002-03	14.50%	32.88%	(18.38)%
2003-04	14.75%	36.29%	(21.54)%
2004-05	31.63%	33.96%	(2.33)%
2005-06	33.66%	36.92%	(3.26)%
2006-07	33.67%	36.45%	(2.78)%
2007-08	35.09%	39.55%	(4.46)%

The following table summarizes the unallowable indirect costs:

Fiscal Year	Allowable Direct Costs	Allowable Indirect Cost Rate	Allowable Indirect Costs	Claimed Indirect Costs	Audit Adjustment
1998-99	\$ 8,503	18.52%	\$ 1,575	\$ (76,483)	\$ (74,908)
1999-2000	11,880	14.10%	1,675	(85,778)	(84,103)
2000-01	12,445	15.62%	1,944	(120,380)	(118,436)
2001-02	14,379	16.34%	2,350	(112,394)	(110,044)
2002-03	21,644	14.50%	3,138	(109,289)	(106,151)
2003-04	22,891	14.75%	3,376	(118,822)	(115,446)
2004-05	19,516	31.63%	6,173	(117,332)	(111,159)
2005-06	21,458	33.66%	7,223	(131,795)	(124,572)
2006-07	67,546	33.67%	22,743	(71,138)	(48,395)
2007-08	109,817	35.09%	38,535	(148,023)	(109,488)
Total	<u>\$ 310,079</u>		<u>\$ 88,732</u>	<u>\$ (1,091,434)</u>	<u>\$ (1,002,702)</u>

The parameters and guidelines state:

Community colleges have the option of using: (1) a federally approved rate, utilizing the cost accounting principles from the Office of Management and Budget Circular A-21, Cost Principles of Educational Institutions; (2) the rate calculated on State Controller's Form FAM-29C; or (3) a 7% indirect cost rate.

The district did not have a federally approved rate for the audit period.

Recommendation

We recommend that the district claim indirect costs based on an indirect cost rate computed in accordance with the SCO's claiming instructions.

District's Response

The draft audit report concludes that the District overstated indirect costs by \$1,007,480 because the District "did not correctly compute the FAM-29C rates." The audit report states that the rates were recalculated based on the FAM-29C methodology allowed by the parameters and guidelines and the Controller's claiming instructions. The audit report does not state that the District's calculations are unreasonable, just that they aren't exactly the same as the Controller's calculations using the same method. There are no regulations or pertinent generally accepted methods for the calculation, so it is a matter of professional judgment. The Controller's claiming instructions are unenforceable because they have not been adopted as regulations under the Administrative Procedure Act, so the only definitive source is the parameters and guidelines.

The parameters and guidelines provide a definition of indirect costs, including: "(b) the cost of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs." Both the District's annual claims and the auditor used the CCFS-311 as the source document for the calculation using the FAM-29C method designed by the Controller. The CCFS-311 is the state-mandated report for community colleges. The minor differences (2.33% to 4.46%) between the claimed amounts and audit results, beginning FY 2004-05, derived from the choice of how some of the costs are categorized as either direct or indirect for purposes of the calculation. These minor differences are within the realm of a reasonable interpretation of the nature (either direct or indirect) of the costs reported for each CCFS-311 account and the audit findings have not indicated otherwise.

The large differences (17.16% to 21.54%) prior to FY 2004-05, are the result of the District including capital costs and the Controller excluding capital costs from the calculation. The annual claims used the "capital costs" reported in the CCFS-311 until FY 2006-07, and thereafter used annual CPA-audited financial statement depreciation expense in lieu of capital costs. The audit excluded the capital costs every year until FY 2004-05 when depreciation was included by change in Controller policy. The Controller has not stated a legal or factual reason to previously exclude or now include capital or depreciation costs. The burden of proof is on the Controller staff to prove that the product of the District's calculation is unreasonable, not to recalculate the rate according to their unenforceable policy preferences. However, I am told that this is a statewide audit issue included in dozens of other incorrect reduction claims already filed that will have to be resolved by decision of the Commission on State Mandates.

SCO's Comment

We reduced the adjustment reported in the draft report by \$4,778, from \$1,007,480 to \$1,002,702, based on the changes to Findings 1 and 2.

As noted in the finding, the district prepared its Indirect Cost Rate Proposal using the SCO FAM-29C methodology. However, we noted errors in the district's calculations. We recalculated the indirect rates in accordance with FAM-29C instructions contained in the SCO's Community College Mandated Cost Manual.

The district states that there are no generally accepted methods for the indirect cost calculation and that SCO claiming instructions are unenforceable. The district also states that the SCO auditors improperly excluded capital costs from the indirect cost calculations prior to FY 2004-05 and improperly included them subsequent to FY 2004-05. We disagree. As the district did not have a federally approved rate and did not claim a 7% rate, it used the FAM-29C method. In using the FAM-29C method, the district is required to follow the FAM-29C instructions with regard to the treatment of capital costs.

**FINDING 5—
Overstated savings/
reimbursements**

The district overstated offsetting savings/reimbursements by \$58,318 (understated enrollment fee collection by \$74,854 and overstated enrollment fee waivers by \$16,536 for the audit period). The overstated occurred because (1) the district did not accurately report the amount received for enrollment fee collection and the amount waived for enrollment fee waivers and (2) revenues received exceeded allowable costs.

We calculated allowable offsetting savings/reimbursements for all years under audit using instructions contained in the parameters and guidelines. Our calculations were based on enrollment fee collection and BOG fee waivers information provided by the CCCCCO. In addition, we limited offsetting savings/reimbursements by actual allowable costs incurred separately for enrollment fee collection and enrollment fee waivers costs.

The following table summarizes the understated enrollment fee collection portion of offsetting savings/reimbursements:

Fiscal Year	Allowable Costs	Enrollment Fee Collection			
		Actual Revenues	Claimed	Allowable	Audit Adjustment
1998-99	\$ 10,078	\$ 11,138	\$ 5,803	\$ 10,078	\$ (4,275)
1999-2000	591	11,114	5,448	591	4,857
2000-01	718	11,588	5,194	718	4,476
2001-02	920	11,750	5,036	920	4,116
2002-03	1,594	12,247	4,604	1,594	3,010
2003-04	2,105	17,645	13,194	2,105	11,089
2004-05	4,163	25,344	19,536	4,163	15,373
2005-06	3,037	25,513	18,570	3,037	15,533
2006-07	438	24,678	24,561	438	24,123
2007-08	49,909	22,186	18,738	22,186	(26,523)
Total	\$ 73,553	\$ 173,203	\$ 120,684	\$ 45,830	\$ 74,854

The following table summarizes the understated enrollment fee waivers portion of offsetting savings/reimbursements:

Fiscal Year	Allowable Costs	Enrollment Fee Waivers			
		Actual Revenues	Claimed	Allowable	Audit Adjustment
1998-99	\$ —	\$ —	\$ —	\$ —	\$ —
1999-2000	12,964	33,736	11,361	12,964	(1,603)
2000-01	13,671	30,653	12,001	13,671	(1,670)
2001-02	15,809	28,065	13,766	15,809	(2,043)
2002-03	23,188	32,363	20,492	23,188	(2,696)
2003-04	24,162	43,868	21,318	24,162	(2,844)
2004-05	21,526	61,554	16,457	21,526	(5,069)
2005-06	25,644	56,322	19,472	25,644	(6,172)
2006-07	89,851	65,170	69,473	65,170	4,303
2007-08	98,443	60,559	61,817	60,559	1,258
Total	\$ 325,258	\$ 412,290	\$ 246,157	\$ 262,693	\$ (16,536)

The parameters and guidelines for the program require claimants to report the following offsetting savings/reimbursements:

- Enrollment Fee Collection Program funds: 2% of the revenue from enrollment fees pursuant to Education Code section 76000, subdivision (c); and
- Enrollment Fee Waiver Program funds: Allocation to community colleges by the Community College Board of Governors from funds in the annual budget act pursuant to Government Code section 76300, subdivisions (g) and (h) as follows:
 - For July 1, 1999, to July 4, 2000, 2% of the fees waived and 7% of the fees waivers.
 - Beginning July 5, 2000, 2% of the fees waived and \$0.91 per credit unit waived.

Furthermore, the parameters and guidelines state:

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate from any source, including but not limited to, services fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

Recommendation

We recommend that the district report all enrollment fee collection and waivers offsetting reimbursements on its mandated cost claims.

District's Response

The draft audit report states that the District understated offsetting savings and reimbursements by \$218,652. The major source of difference for most of the fiscal years in the reported and audited amount results from the District's use of the P-2 apportionment information rather than the calculation using the percentages or per-unit amounts.

The offsetting revenues identified in the parameters and guidelines (Part VII) are of three types: the enrollment fee collection 2% administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation beginning FY 2000-01, and the \$.91 per unit waived BFAP-SFAA allocation beginning FY 2000-01 (7% for FY 1999-00). The "Offsetting Revenue" schedule provided to the District on December 16, 2010, states that it is based on information obtained by the auditor from the Chancellor's Office for the District for each of the three types of revenue sources. However, this type of third-party information was, and may not be, generally available at the time the annual claims are prepared. The District and other claimants, at the time the annual claims area prepared, must calculate the amounts based on contemporaneous enrollment information and the number of units waived, which would be a continuing source of minor differences.

The District concurs with the auditor's recommendation that claimants should report the revenue sources identified in the parameters and guidelines as an offset to the program costs. However, the revenue offsets should only be offset to the *relevant* mandated activity costs, rather than to the total (combined enrollment fee collection and enrollment fee waiver) program cost. The following schedule compares the audited allowed costs to the audited revenue offset amounts.

Audited Total Program Costs and Related State Revenues

<u>Fiscal Year</u>	<u>Audited Costs</u>	<u>Audited Offsetting Revenues Applied</u>		
		<u>EFC</u>	<u>EFW</u>	<u>Totals</u>
1998-99	\$10,078	\$11,138	\$0	\$11,138
1999-00	\$13,555	\$11,114	\$33,736	\$44,850
2000-01	\$14,389	\$11,588	\$30,653	\$42,241
2001-02	\$16,729	\$11,750	\$28,065	\$39,815
2002-03	\$24,782	\$12,247	\$32,363	\$44,610
2003-04	\$26,267	\$17,645	\$43,868	\$61,513
2004-05	\$25,689	\$25,344	\$61,554	\$86,898
2005-06	\$28,174	\$25,513	\$56,322	\$81,835
2006-07	\$76,624	\$24,678	\$65,170	\$89,848
2007-08	<u>\$144,911</u>	<u>\$22,186</u>	<u>\$60,559</u>	<u>\$82,745</u>
Totals	\$381,198*	\$173,203	\$412,290	\$585,493

*The audit report (p.7) states this total as \$379,990

The revenue sources are for specific purposes. The EFC 2% offset does not apply to EFW program costs. The EFW 2% and \$.91 per waived unit do not apply to EFC programs costs.

The audited report does not make the distinction and in effect applies the revenues indiscriminately to all allowed costs because these costs are combined amounts. In addition, the revenues are being applied to types of activities unrelated to the purpose of the revenues. For example, in FY 2007-08 the audit allows \$18,262 (\$91,273 - \$73,011) in contract payments for training programs. The training costs are within scope of the reimbursable activities but are not a stated purpose for either the EFC or EFW funding. The District requests that the revenue offsets be properly matched and limited to the relevant reimbursable program activities as a matter of the proper matching of program revenues to program costs.

SCO's Comment

We concur with the district's comment that enrollment fee collection and waivers revenues should only be offset against the related collection and waivers costs rather than total annual program costs. Consequently, we reduced offsetting savings/reimbursements for the audit period by \$276,970. The enrollment fee collection portion changed by \$127,373 (from \$173,202 to \$45,830) and the enrollment fee waivers portion changed by \$149,597 (from \$412,290 to \$262,693).

OTHER ISSUES

The district's response included other comments related to fraud risk assessment and management representation letter; the district also made a public records request. The district responses and SCO's comments are presented below.

**Fraud Risk
Assessment**District's Response

The draft audit report (page 2) states that the auditor was "unable to assess the fraud risk because the district, based on its consultant's advice, did not respond to our inquiries regarding fraud assessment." The District determined that providing written responses to the Controller's boilerplate fraud assessment questionnaire is outside of the scope of a mandated cost audit and could be construed as a waiver of future appeal rights. The District did respond verbally to these questions. The District objects to the Controller's policy or presumption that its written questionnaire, as presently constituted, is the only method of assessing fraud risk in district financial operations and the presumption that such a global assessment is somehow relevant to a mandate cost accounting audit. Mandated cost audits are not program compliance or annual financial statement audits.

SCO's Comment

The district's mandate consultant advised us at the entrance conference that the district would not respond to the fraud section of the internal control questionnaire. Consequently, we did not ask the district verbal fraud risk assessment questions. We attempted to assess fraud risk to comply with generally accepted government auditing standards.

**Management
Representation
Letter**District's Response

The District will not be providing the requested management representation letter since it could be construed as a waiver of future appeal rights.

SCO's Comment

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 generally accepted government auditing standards. Responding to the SCO's management representation letter request does not waive the district's future appeal rights.

**Public Records
Request**

District's Response

The District requests that the Controller provide the District any and all written instructions, memoranda, or other writings in effect and applicable during the claiming periods to the findings.

Government Code Section 6253, subdivision (c), requires the state agency that is the subject of the request, within ten days from receipt of a request for a copy of records, to determine whether the request, in whole or in part, seeks copies of disclosable public records in possession of the agency and promptly notify the requesting party of that determination and the reasons therefore. Also, as required, when so notifying the District, the agency must state the estimated date and time when the records will be made available.

SCO's Comment

The SCO will respond to the public records request in a separate letter by April 22, 2011.

**Attachment—
District's Response to
Draft Audit Report**

GAVILAN COLLEGE

5055 Santa Teresa Blvd., Gilroy, CA 95020

www.gavilan.edu

408-848-4800

Steven M. Kinsella, DBA, CPA, SuperIntendent/President

March 24, 2011

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

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

Re: Enrollment Fee Collection and Waivers
FY 1998-99 through 2007-08
Gavilan Community College District

Dear Mr. Spano:

This letter is the response of the Gavilan Community College District to the draft audit report dated March 11, 2011, received by e-mail on March 18, 2011, for the above referenced program and fiscal years transmitted by the letter from Jeffrey V. Brownfield, Chief, Division of Audits, State Controller's Office.

There will be an incorrect reduction claim. The magnitude and arbitrariness of some the findings require it. The incorrect reduction claim will respond more fully to the new findings of the draft audit report (released last week, fifteen months after the exit conference and one month before the final audit report must be released due to the expiration of the two-year period allowed for completing an audit) as well as the final audit report.

In several places the audit report asserts that the District did not respond to interim or preliminary findings. After the exit conference of December 10, 2009, the auditor solicited and obtained current period or post-facto representations from staff regarding the scope of the program duties and other program costs. After several instances of these contacts by the auditor, I determined that this process had to be organized and conducted in a manner that would focus these activities and end the circuitous questioning of District program staff. I had Keith Petersen, SixTen and Associates, notify you by e-mail on April 1, 2010, that further contact on the audit should be directed to him, a request that was not honored. In that e-mail, Mr. Petersen addressed several of the issues which the audit report states were not responded to by the District. Ultimately, Mr. Petersen requested that you proceed and issue the draft audit report. That request was made months ago when the concept of *draft* findings would have had some utility to the process, which it does not at this late date.



Board of Trustees: Tom Breen
Walt Glines

Kent Child
Tony Ruiz
Aaron Keller, Student Trustee

Mark Dover
Laura A. Perry, Esq.

Mike Davenport

Finding 1 - Overstated salaries and benefits

The draft audit report states that the District claimed unallowable salaries and benefits in the amount of \$652,764. This amount consists of \$119,991 of "unsupported costs" and \$532,773 for "errors applying time allowances."

1. Policies and Procedures and Training

A total of \$116,550 was disallowed for staff time claimed for policies and procedures and staff training. The draft audit report disallowed most of the staff time reported for four reasons, all of which are characterized there as "unsupported costs." None of the staff time was disallowed as unreasonable.

The draft audit report states variously that the District did not provide "support" for claimed costs, or provided "no documentation." The general audit standard applied was contemporaneous documentation of time spent or corroborating evidence of activities performed. It should be remembered that the parameters and guidelines were adopted January 26, 2006, and the first claiming instructions for the initial fiscal years were released thereafter. Claimants had no actual notice of approved reimbursement for this program until that time. It seems unreasonable to require contemporaneous documentation of daily staff time for the retroactive initial fiscal years. While some historic staff time can be reconstructed from calendars and desk diaries, other staff time cannot and must be reported as a good-faith estimate where the desired information is not maintained in the regular course of business. While the District agrees with the audit report recommendation that claimants maintain records that document actual time spent on mandate-related activities, it would be a more realistic standard only for fiscal years several years after the period of the initial fiscal year claims.

Where the documentation was apparently sufficient, the auditor made qualitative judgments regarding the scope of activities as to whether they were related to the mandate program, for example, as in the Banner mock registration process. The District does not agree that those sessions and other training events are qualitatively divisible as determined by the auditor. Since this is a basic difference of opinion, it has to be resolved by the incorrect reduction claim process.

The audit report essentially disallows staff time for policies and procedures after the first instances of reported costs for these activities in FY 1998-99 and FY 1999-00 as a duplication of one-time costs. The audit report cites the Commission Final Staff Analysis for the parameters and guidelines for the premise, not stated in the parameters and guidelines, that updates to policies and procedures result from changes in local policy. This is a factual assumption not supported by the audit findings, and seemingly contrary to the thirteen changes in state law listed in the audit report. The audit report makes no findings on the content of the changes made to policies and procedures to support this adjustment.

The draft audit report disallows claimed training time for employees who were claimed more than once during the ten fiscal years in the audit period. The parameters and guidelines identify the staff training activities as "one-time per employee." However, it should be considered that the content of the training would change over the span of years, thus new content would be a new one-time activity for repeat staff members. The language of Education Code Section 76300 changed frequently and the subject matter of the relevant Title 5, CCR, sections may have been updated by the Board of Governors. There are also local changes in duties and

procedures as a result of the change in the enrollment and registration process; for example, the evolving telephone and OLGA system noted in the audit report. It should also be anticipated that the name of the supervisors or managers conducting the training would appear in the claims for several years. There should be no blanket disallowance of staff time for persons whose name appears more than once without a determination of whether the subject matter of the training was duplicate of previously claimed training activities.

2. Time Allowances for Ongoing Activities

The draft audit report identifies "errors when applying time allowances" of \$530,768 in overstated ongoing enrollment fee collection activities and understated costs of \$2,005 for ongoing enrollment fee waiver activities. The District's computation of ongoing program costs is based on the average time reported from the several surveys of relevant program staff of the amount of time (usually in minutes) required to complete the twelve activity components. These average times were multiplied by workload multipliers that closely approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. The total hours per activity component was multiplied by either the specific productive hourly rate of the person performing the activity, or an average hourly rate when there were several persons in similar job classifications performing the activity.

The major source of the audited variance (\$397,279) is stated in the audit report to be that the District "did not report the correct number of students related to the various cost components," and that the District "did not support the numbers it used for the multiplier." The auditor utilized enrollment waiver statistics from the Chancellor's Office MIS system, because these numbers are "maintained," are "more accurate," and because the numbers "did not vary significantly from the numbers reported on its Web site" that was the source of some of the numbers used by the District. The audit uses the MIS statistics to approximate the number of students who paid enrollment fees and the number of students for whom enrollment fees were waived. The District utilized information available from district records or the Chancellor's web site at the time the annual claims were prepared so some variances can be expected. Variances would result from the students who enrolled and paid enrollment fees, but thereafter left the district and thus these students may not appear later in the Chancellor's statistics as an enrolled student. Another source of a variance would be the time spent on unapproved waiver applications. There are more applications for waivers than waivers granted, which is not reflected by the Chancellor's statistics.

The District has no additional information at this time regarding its contemporaneous sources for the statistics used in the annual claims. The District will also await further documentation from the Controller during the incorrect reduction claim process that validates the auditor's conclusion that the Chancellor's enrollment statistics are more accurate or relevant as program activity multipliers.

Finding 2 - Unsupported Salaries and Benefits

The draft audit report eliminates \$2,110,816 of the staff time reported from the time survey of ongoing activities for enrollment fee collection, after the adjustments made in Finding 1 regarding workload multipliers.

The draft audit report refers to the automated telephone registration process beginning in FY 2003-04 and the OLGA system beginning May 2006 which reduced staff participation in the

collection of the enrollment fee compared to the over-the-counter method that prevailed during the first five fiscal years that are the subject of the audit. The draft audit report concludes that the students should have been excluded from the claim. While the staff labor involved in the automated systems is different and probably less, it is not a basis for excluding these enrollments from reimbursement based on the survey. While District staff could give an informed opinion on the number of students utilizing the automated systems, and the auditor solicited these opinions on several occasions, the District did not maintain this information in the usual course of business and it is not required by the parameters and guidelines. Further, I am told that for a claimant to make cost assumptions based on staff opinions has been unacceptable on previous Controller audits on other programs, so it was not ventured here on this subject matter by the District and so stated in its e-mail to the auditor on April 1, 2010.

However, the subsequent establishment of automated systems is not a basis for disallowing costs for the first five years audited. Notwithstanding, the audit report disallows the remaining enrollment process costs for *all* fiscal years based on anecdotal evidence obtained after the exit conference. The draft audit report cites interviews with two Student Records Technicians at the Gilroy campus on March 29, 2010, who appear to have stated at the interview that they must have misinterpreted the scope of activities included in the survey tool when they originally submitted their response. The auditor observed the enrollment process for three hours at Gilroy on January 26, and 27, 2011, observing the fee collection process for seven students, excluding students that were adding or dropping courses, and concluded that the reimbursable activities averaged three and one-half minutes. The auditor also interviewed an Accounting Assistant and Accountant at the Gilroy business office who described the pre- and post automated procedures, as well as Program Specialists at the Morgan Hill campus who provided new responses to the survey at the auditor's request. Based on these interviews and new responses, the auditor concluded that the original survey results overstated the reimbursable activity time. If a claimant were to base their annual claims on similar directed interviews of a few staff and observation of seven transactions out of more than 10,000 such transactions per year, the information obtained would not be considered by the Controller as representative. It is not.

The draft audit report states the following reasons for rejecting the original District survey findings:

1. *The District did not explain or support why the average time allowances reported in the surveys were significantly greater than the results of the auditor's interviews and observations.* This District response was stated in the April 1, 2010, e-mail and discussed at the exit conference. The survey forms used for the annual claims were distributed to all staff involved in the process who responded based on their understanding of the language used in the survey forms which is almost directly copied from the parameters and guidelines. The District did not participate in the interviews conducted by the auditor, so it does not know what language was used to elicit or clarify the responses obtained there, nor why these responses are specifically different.
2. *Gilroy Business Office staff did not complete survey forms for FY 2006-07.* The annual claims utilized previous information from similar job classifications across the district since the annual claim is based on district costs, not specific college costs.
3. *The estimated time reported did not change from FY 1998-99 through FY 2006-07.* At the time of filing the initial claims, July 2006, staff reported the average time for a regular

enrollment fee collection transaction dating back to FY 1998-99. No changes were made later for the automated system transactions since the staff generally responding (e.g., Student Records Technicians) were not performing that function.

4. *The District did not exclude from the enrollment multipliers students who paid on line.* As stated before, those transactions are also reimbursable. The survey, by its nature as a survey, estimated the average time of routine transactions and did not address this issue. There are no multipliers or survey results for these automated transactions. The purpose of surveys of this type is to provide approximate results for nearly uniform repetitive activities, and do not accommodate exceptional transactions.
5. *The surveys were not developed with sufficient instructions to clarify the reimbursable activities.* SixTen and Associates stated at the exit conference that these forms use the language of the parameters and guidelines based on previous Controller audit experience where auditors have considered that modifying parameters and guidelines language, as well as verbally "explaining" the language, is directing a response, as the auditor may have experienced during his interviews. The audit report suggests the need for more specific activity descriptions and second-person observation of the time for each activity. There is a concern that more specific activity descriptions may stray from the scope of the parameters and guidelines language. This presents the potential problem of claiming activities outside of the scope of the parameters and guidelines, especially when each district that utilizes a survey process will have to establish its own activity descriptions, absent a statewide survey instrument. Further, the Controller has no standards for time surveys of this nature to assist the claimants in filtering the meaning of the parameters and guidelines language.
6. *The District did not independently verify the uniform time allowances with physical observation and inquiries to assure the responses were accurate and reasonable.* As stated before, survey results are not intended to be accurate, but rather representative. There is no retroactive observation possible. Surveys of these types are based on the collective independent opinions of the persons performing the work and are not amenable to independent evaluation by persons who do not actually perform the work. The auditor's perception of unreasonable results is based on a few interviews and one short observation conducted by the auditor, none of which are relevant to the survey method used, but only to the survey results. Is the auditor's work "independent" verification? It is clear that the verification process conducted by the auditor was neither sufficient in scope or supported by a written survey instrument or method that can be properly evaluated by a third party.
7. *The District did not show that the survey results were representative of the employee time spent performing the reimbursable activities.* This is the ultimate bias that pervades the entire audit process. The survey was not designed to accomplish the findings desired by the Controller. The survey is representative of the activities stated in the parameters and guidelines in that the persons performing the tasks responded to their understanding of the questions posed by the parameters and guidelines language. Understanding the language of the parameters and guidelines, plain meaning or otherwise, is a challenge for anyone who prepares annual claims for any mandate program. It is not a unique issue here. The auditor's interview findings and the de minimus observation period are just another interpretation.

The draft audit report concludes that the survey results are unreasonable and excessive. The Controller has not provided the claimants with any professional standards for these types of surveys that attempt to represent costs incurred for numerous retroactive years, even though the Commission has been issuing retroactive parameters and guidelines for 27 years. In this audit, the auditor has not provided any empirical findings that contradict the responses of most of the staff who performed the reimbursable activities. However, the District understands that it will be up to the Commission to determine if the auditor's findings are sufficient to sustain the adjustments made.

Finding 3 - Unallowable contract services

The draft audit report disallows \$73,011 of a total \$91,273 in contract payments to Sungard to provide training on the new Banner system beginning FY 2007-08 as the pro-rata portion not relevant to the implementation of this mandate. The District has no additional documentation for this issue at this time.

Finding 4 - Overstated indirect costs

The draft audit report concludes that the District overstated indirect costs by \$1,007,480 because the District "did not correctly compute the FAM-29C rates." The audit report states that the rates were recalculated based on the FAM-29C methodology allowed by the parameters and guidelines and the Controller's claiming instructions. The audit report does not state that the District's calculations are unreasonable, just that they aren't exactly the same as the Controller's calculations using the same method. There are no regulations or pertinent generally accepted methods for the calculation, so it is a matter of professional judgment. The Controller's claiming instructions are unenforceable because they have not been adopted as regulations under the Administrative Procedure Act, so the only definitive source is the parameters and guidelines.

The parameters and guidelines provide a definition of indirect costs, including: "(b) the costs of central governmental services distributed through the central service cost allocation plan and not otherwise treated as direct costs." Both the District's annual claims and the auditor used the CCFS-311 as the source document for the calculation using the FAM-29C method designed by the Controller. The CCFS-311 is the state-mandated report for community colleges. The minor differences (2.33% to 4.46%) between the claimed amounts and audit results, beginning FY 2004-05, derived from the choice of how some of the costs are categorized as either direct or indirect for purposes of the calculation. These minor differences are within the realm of a reasonable interpretation of the nature (either direct or indirect) of the costs reported for each CCFS-311 account and the audit findings have not indicated otherwise.

The large differences (17.16% to 21.54%) prior to FY 2004-05, are the result of the District including capital costs and the Controller excluding capital costs from the calculation. The annual claims used the "capital costs" reported in the CCFS-311 until FY 2006-07, and thereafter used annual CPA-audited financial statement depreciation expense in lieu of capital costs. The audit excluded the capital costs every year until FY 2004-05 when depreciation was included by change in Controller policy. The Controller has not stated a legal or factual reason to previously exclude or now include capital or depreciation costs. The burden of proof is on the Controller staff to prove that the product of the District's calculation is unreasonable, not to recalculate the rate according to their unenforceable policy preferences. However, I am told

that this is a statewide audit issue included in dozens of other incorrect reduction claims already filed that will have to be resolved by decision of the Commission on State Mandates.

Finding 5 - Understated offsetting savings/reimbursement

The draft audit report states that the District understated offsetting savings and reimbursements by \$218,652. The major source of difference for most of the fiscal years in the reported and audited amount results from the District's use of the P-2 apportionment information rather than the calculation using the percentages or per-unit amounts.

The offsetting revenues identified in the parameters and guidelines (Part VII) are of three types: the enrollment fee collection 2% administrative offset for all fiscal years, the enrollment fee waiver 2% BFAP allocation beginning FY 2000-01, and the \$.91 per unit waived BFAP-SFAA allocation beginning FY 2000-01 (7% for FY 1999-00). The "Offsetting Revenue" schedule provided to the District on December 16, 2010, states that it is based on information obtained by the auditor from the Chancellor's Office for the District for each of the three types of revenue sources. However, this type of third-party information was, and may not be, generally available at the time the annual reimbursement claims are prepared. The District and other claimants, at the time the annual claims are prepared, must calculate the amounts based on contemporaneous enrollment information and the number of units waived, which would be a continuing source of minor differences.

The District concurs with the auditor's recommendation that claimants should report the revenue sources identified in the parameters and guidelines as an offset to the program costs. However, the revenue offsets should only be offset to the *relevant* mandated activity costs, rather than to the total (combined enrollment fee collection and enrollment fee waiver) program cost. The following schedule compares the audited allowed costs to the audited revenue offset amounts.

Audited Total Program Costs and Related State Revenues

<u>Fiscal Year</u>	<u>Audited Costs</u>	<u>Audited Offsetting Revenues Applied</u>		
		<u>EFC</u>	<u>EFW</u>	<u>Totals</u>
1998-99	\$10,078	\$11,138	\$ 0	\$11,138
1999-00	\$13,555	\$11,114	\$33,736	\$44,850
2000-01	\$14,389	\$11,588	\$30,653	\$42,241
2001-02	\$16,729	\$11,750	\$28,065	\$39,815
2002-03	\$24,782	\$12,247	\$32,363	\$44,610
2003-04	\$26,267	\$17,645	\$43,868	\$61,513
2004-05	\$25,689	\$25,344	\$61,554	\$86,898
2005-06	\$28,174	\$25,513	\$56,322	\$81,835
2006-07	\$76,624	\$24,678	\$65,170	\$89,848
2007-08	<u>\$144,911</u>	<u>\$22,186</u>	<u>\$60,559</u>	<u>\$82,745</u>
Totals	\$381,198*	\$173,203	\$412,290	\$585,493

*The audit report (p. 7) states this total as \$379,990

The revenue sources are for specific purposes. The EFC 2% offset does not apply to EFW program costs. The EFW 2% and \$.91 per waived unit do not apply to EFC program costs.

The audit report does not make that distinction and in effect applies the revenues indiscriminately to all allowed costs because these costs are combined amounts. In addition, the revenues are being applied to types of activities unrelated to the purpose of the revenues. For example, in FY 2007-08 the audit allows \$18,262 (\$91,273 - \$73,011) in contract payments for training programs. The training costs are within the scope of the reimbursable activities but are not a stated purpose for either the EFC or EFW funding. The District requests that the revenue offsets be properly matched and limited to the relevant reimbursable program activities as a matter of the proper matching of program revenues to program costs.

Fraud Risk Assessment

The draft audit report (page 2) states that the auditor was "unable to assess fraud risk because the district, based on its consultant's advice, did not respond to our inquiries regarding fraud assessment." The District determined that providing written responses to the Controller's boilerplate fraud assessment questionnaire is outside the scope of a mandated cost audit and could be construed as a waiver of future appeal rights. The District did respond verbally to these questions. The District objects to the Controller's policy or presumption that its written questionnaire, as presently constituted, is the only method of assessing fraud risk in district financial operations and the presumption that such a global assessment is somehow relevant to a mandate cost accounting audit. Mandated cost audits are not program compliance or annual financial statement audits.

Management Representation Letter

The District will not be providing the requested management representation letter since it could be construed as a waiver of future appeal rights.

Public Records Request

The District requests that the Controller provide the District any and all written instructions, memoranda, or other writings in effect and applicable during the claiming periods to the findings.

Government Code Section 6253, subdivision (c), requires the state agency that is the subject of the request, within ten days from receipt of a request for a copy of records, to determine whether the request, in whole or in part, seeks copies of disclosable public records in possession of the agency and promptly notify the requesting party of that determination and the reasons therefore. Also, as required, when so notifying the District, the agency must state the estimated date and time when the records will be made available.

Sincerely,



Joseph D. Keeler
Vice President of Administrative Services
Gavilan Joint Community College District

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

<http://www.sco.ca.gov>

User's Manual

District Data Submission



Prepared by the
Chancellor's Office
California Community Colleges

February 2004

Table of Contents

The District Data Submission User Manual

Overview.....	3
Roles and Responsibilities	4
Who to contact for help.....	4
Detailed Description of Data Components	5
Key Submission Dates	6
Submission Preparation	7
Preparing data files for submission.....	8
Data File Program Matrix	8
TX File Preparation.....	9
Requirements for submitting district data to the submission server	14
Submitting your data to the Chancellor's Office	15
Checking the Data Submission Status	25
View Data Submission History.....	28
Reviewing Syntactical and Referential Reports	32
Requesting load of data to the COMIS Database	38
Downloading Post Processing Data Files	39
Reviewing Analysis Reports.....	46
Reviewing Annual Headcount Reports.....	51
Appendix A Submission Timeline.....	55
Appendix B TX File Layout	56
Appendix C Java Applet.....	59
Appendix D Referential Files Structure.....	64
Appendix E General Identification Elements	69
Appendix F Reports	70
Appendix G Submitting Non-term Data	71

The District Data Submission User Manual

Overview

Introduction

The passage of Proposition 13 in 1978 required the State to assume a much greater role in financing the operations of the community colleges, and with this greater State role came a greater State interest in the work of the colleges and how they manage their resources.

Additionally, the changing demographics of the student population, the greater emphasis on vocational courses of study, and the larger role played by non-credit and remedial programs triggered legislative and executive branch interest in the mission of the community colleges.

Implementation of COMIS

The Chancellor's Office Management Information System (COMIS) was implemented in 1989/90 to address the issues stated above. The new system was designed to meet the following needs:

- Accountability and outcome information
 - Data integration
 - Consolidated data collection
 - Flexibility to answer Ad Hoc requests
 - Elimination of hardcopy reporting
 - Ability to provide longitudinal tracking
-

Implementation Timing

The COMIS was implemented in two phases; Phase I in 1989/90 and Phase II in 1992/93 - both funded by the Legislature, with funds dispensed to districts through a grant process. As a condition of receiving the grant funds, districts certified that they would fully implement the collection and reporting requirements of COMIS, pursuant to the standards adopted by the Chancellor's Office as specified in the MIS Data Element Dictionary. Participation is required of all 72 districts (108 colleges).

Continued on next page

Overview, Continued

Data Components of COMIS

Data are submitted to COMIS by the districts/colleges over the course of an academic year. The data files submitted cover the following areas:

- Student Characteristics
 - Student Course Activity and Outcomes
 - Course Inventory
 - Staff Inventory
 - Staff Workload
 - VTEA, DSPS, SF, EOPS, Calendar
-

Process Components of COMIS

- Syntactical and referential edits
 - Detailed Edit and Load reports generated and posted to the Web
 - Year-to-year comparison reports posted to the Web
 - Letter generated indicating percentage changes between years
 - District Data loaded to COMIS database
-

Roles and Responsibilities

District/College MIS	Chancellor's Office MIS
<ul style="list-style-type: none">• Chief Information Systems Officer• Data Analysts• Research Analysts• IT Staff• Program Specific Staff	<ul style="list-style-type: none">• Management Information Services Staff

Who to contact for help

MIS Data Submission Questions	Debbie Toner	Email: debbie.toner@cccoco.edu Phone: (916)-327-5903
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Detailed Description of Data Components

Below is a list of data files, with a brief description, that are submitted to COMIS by districts/colleges. The full reporting domain descriptions can be found in the Data Element Dictionary under “Data Reporting Timelines, Domains and Formats”.

Data File	Description
Student Basic	Demographic information
Student Enrollment	One record for every enrollment
Course	One record for each course listed in college catalog or supplement to catalog
Section	One record for every section offered at the college
Session	One record for every session offered at the college
Assignment	One record for each assignment as they relate to the session data records
Student Matriculation	One record for each CREDIT student
Student Disability Programs & Services (DSPS)	One record for each disabled student who is identified and/or served and has completed registration
Student Extended Opportunity & Services (EOPS)	One record for each student served by Extended Opportunity Programs and Services
Student Precollegiate Basic Skills	One record for each student enrolled in 1 or more PBS courses AND was not in an ESL Course AND is not learning disabled
Student VTEA	One record for each student enrolled in a Vocational Education course
Calendar	One record for each day of the forthcoming academic year, starting with July 1st
Employee Demographic	One record for each employee
Employee Assignment	One record for every employee assignment
Program Award	One record per student for every award received during the prior fiscal year
Financial Aid	One record for each student who is an applicant for financial aid
Assessment	One record per assessment instrument administered

Key Submission Dates

Listed below are the submission due dates for all data files to be submitted to COMIS:

Note: See **Appendix A** for additional information about the Data Submission Timeline.

TERM END Due thirty days after end of term	<ul style="list-style-type: none">• Student Basic• Student Enrollment• Course• Section• Session• Assignment• Student Matriculation• Student DSPS• Student EOPS• Student Precollegiate Basic Skills• Student VTEA• Employee Demographic (mandatory Fall term 2003)
ANNUAL Due thirty days after end of Spring term	<ul style="list-style-type: none">• Calendar
ANNUAL Due September 1 st	<ul style="list-style-type: none">• Student Program Award
ANNUAL Due October 1 st	<ul style="list-style-type: none">• Student Financial Aid• Student Assessment
Employee Fall Collection Collection period opens November 1st	<ul style="list-style-type: none">• Employee Demographic• Employee Assignment

Submission Preparation

Edit data locally prior to submission

Data files are to be submitted in accordance with established standards described in the Data Element Dictionary under “**Data Reporting Domains and Formats.**” Each data file page describes the Reporting Domain, Data Element Names and Numbers, Record Formats and Record Layouts.

All syntactical edit programs used by COMIS are available for use in pre-editing data prior to submission to COMIS. The Chancellor’s Office recommends pre-editing data at your local institution as each submission of data to COMIS generates a version number, and the higher the version number the lower you are in the job queue. Using the programs locally allows generation of all errors.

The PC executable pre-submission edit programs are available at the following Web location:

<http://www.cccco.edu/divisions/tris/mis/cobol.htm>

Each PC executable program has a corresponding Batch file, which may be modified for use at your location. The batch file lists all input and output files. All required Run-Time Input Files are also indicated. Instructions for using the programs can be found in the Readme.txt file.

Importance of Pre-editing your data

Executing the syntactical edits at the District is a big part of getting the submission cleanly through the District Data Submission Process.

- Captures all errors locally.
 - Chancellor’s Office process only prints the first 100 errors
 - Reduce turnaround time for yourself and other districts
 - Get analysis reports quickly to appropriate personnel for validation
-

Submission Preparation, Continued

Data File Program Matrix

Definition The following table lists each Data File, the timeline, and the corresponding pre-submission edit program for each data file. The development programs will be implemented on August 19, 2002.

TERM END

Data File	Current (PC) COBOL Programs	Development (DV) COBOL Programs
Student Basic	SBEDITPC	
Student Enrollment	SXEDITPC	
Course	CBEDITPC	
Section	XBEDITPC	
Session	XBEDITPC	
Assignment	XBEDITPC	
Student Matriculation	SMEDITPC	
Student DSPS	SDEDITPC	
Student EOPS	SEEDITPC	
Student Precollegiate Basic Skills	PSEDITPC	
Student VTEA	SVEDITPC	
Employee Demographic	EBEDITPC	

ANNUAL

Data File	Current (PC) COBOL Programs	Development (DV) COBOL Programs
Calendar	CCEDITPC	
Student Program Award	SPEDITPC	
Student Financial Aid	SFEDITPC	
Student Assessment	SAEDITPC	

Fall Collection

Data File	Current (PC) COBOL Programs	Development (DV) COBOL Programs
Employee Demographic	EBEDITPC	
Employee Assignment	EJEDITPC	

TX File Preparation

Definition The TX file captures information required for processing your district data.

- Submission year
- District ID
- Type of submission
 - Term End (semester or quarter), (winter, spring, summer or fall)
 - Employee (actual or annual)
 - Annual (financial aid, assessment or program awards).
 - Calendar
- Record types
- Number of records for each record type
- District contact information
 - DP Manager
 - Technical contact
 - Data Contact

Note: See **Appendix B** for additional TX file details.

- TX File Rules**
- Report one record for each data file submitted
 - Report the TX file, counting each record including itself
 - Records in the TX file do **not** need to be sorted in any particular order.
 - If you use a file extension, use must use the same one consistently.
 - File extensions are **not** necessary.
 - The record count may *optionally* be padded with leading zeros.
 - Any files not submitted **must not** have a record written in the TX file.

Continued on next page

TX File Preparation, Continued

TX File Rules The District Data Submission Server will process syntactical and referential edit on all Term End data.

All submitted files must follow the naming convention:

Uddtttff

where

U	is literal character 'U' regardless of type of submission.
dd	is first two digits of district code (GI01)
ttt	is three digit term identifier (GI03)
ff	is two character record code (GI90)

You will be notified by email as to how your submission processed.

TX File Term Record layout for sample term end **U65973TX.DAT** follows:

End &

Extension Rule
Sample

tx650973cb	3195u65973cbdat		
tx650973ps	1035u65973psdat		
tx650973sb	12427u65973sbd		
tx650973sd	724u65973sddat		
tx650973se	702u65973sedat		
tx650973si	157u65973sidat		
tx650973sm	11407u65973smdat		
tx650973sv	1872u65973svdat		
tx650973sx	40407u65973sxd		
tx650973xb	5187u65973xbdat		
tx650973tx	11u65973txdat	Hamre	William 80596505812213
Haskins	John	80596505812451	Seagoe Martha
80596505812809			

Continued on next page

TX File Preparation, Continued

Submitting Calendar Data

The District Data Submission Server will process only syntactical edits on all Calendar data. Upon passing syntactical limits your data will automatically be loaded to production **unless** email notification is made to misproject@cccco.edu.

All submitted files must follow the naming convention:

Uddtttff

where

U	is literal character 'U' regardless of type of submission.
dd	is first two digits of district code (GI01)
ttt	is three digit term identifier (GI03)
ff	is two character record code (GI90)

You will be notified by email as to how your submission processed.

Sample Calendar TX File

Record layout for sample calendar **U05980TX** follows:

```
TX050980CC00000365U05980CC
TX050980TX00000002U05980TX  MALLEY      STAN
76075721210006725LATONE      PHILIP
76075721210006730LATONE      PHILIP  76075721210006730
```

Submitting Employee

The District Data Submission Server will process only syntactical edits on all Employee data. Upon passing syntactical limits your data will automatically be loaded **unless** email notification is made to misproject@cccco.edu.

All submitted files must follow the naming convention:

Uddtttff

where

U	is literal character 'U' regardless of type of submission.
dd	is first two digits of district code (GI01)
ttt	is three digit term identifier (GI03)
ff	is two character record code (GI90)

You will be notified by email as to how your submission processed.

Sample Employee TX File

Record layout for sample employee **U05970TX** follows:

```
TX050970EB00000438U05970EB
TX050970EJ00000619U05970EJ
TX050970TX00000003U05970TX  MALLEY      STAN
76075721210006725LATONE      PHILIP
76075721210006730LATONE      PHILIP  76075721210006730
```

Continued on next page

**Submitting
Annual Data**

The District Data Submission Server will process only syntactical edits on all Annual data. Upon passing syntactical limits, your data will automatically be loaded to production **unless** email notification is made to misproject@cccco.edu.

All submitted files must follow the naming convention:

Uddtttff

where

U	is literal character 'U' regardless of type of submission.
dd	is first two digits of district code (GI01)
ttt	is three digit term identifier (GI03)
ff	is two character record code (GI90)

You will be notified by email as to how your submission processed.

**Sample Annual
TX File**

Record layout for sample annual **U05970TX** follows:

```
TX050970SF00001438U05970SF
TX050970SI000000018U05970SI
TX050970SA000001238U05970SA
TX050970SP00000619U05970SP
TX050970TX00000005U05970TX  MALLEY      STAN
76075721210006725LATONE      PHILIP
76075721210006730LATONE      PHILIP  76075721210006730
```

Continued on next page

TX File Preparation, Continued

TX File Layout The Format of the TX (Internet Transmittal File).

DED#	DATA ELEMENT NAME	FORMAT	POSITION
GI90	RECORD-CODE	"TX"	001-002
GI01	DISTRICT-CODE	9(03)	003-005
*GI03	TERM-IDENTIFIER	9(03)	006-008
TX01	TRANSMITTAL-RECORD-CODE	X(02)	009-010
TX02	TRANSMITTAL-RECORD-COUNT	9(08)	011-018
TX03	TRANSMITTAL-FILE-NAME	X(08)	019-026
TX04	TRANSMITTAL-FILE-EXT	X(03)	027-029
TX05	DP-MANAGER-NAME-LAST	X(16)	030-045
TX06	DP-MANAGER-NAME-FIRST	X(10)	046-055
TX07	DP-MANAGER-PHONE-AREA	9(03)	056-058
TX08	DP-MANAGER-PHONE-NUMBER	9(07)	059-065
TX09	DP-MANAGER-PHONE-EXTENSION	X(07)	066-072
TX10	TECH-CONTACT-NAME-LAST	X(16)	073-088
TX11	TECH-CONTACT-NAME-FIRST	X(10)	089-098
TX12	TECH-CONTACT-PHONE-AREA	9(03)	099-101
TX13	TECH-CONTACT-PHONE-NUMBER	9(07)	102-108
TX14	TECH-CONTACT-PHONE-EXTENSION	X(07)	109-115
TX15	DATA-CONTACT-NAME-LAST	X(16)	116-131
TX16	DATA-CONTACT-NAME-FIRST	X(10)	132-141
TX17	DATA-CONTACT-PHONE-AREA	9(03)	142-144
TX18	DATA-CONTACT-PHONE-NUMBER	9(07)	145-151
TX19	DATA-CONTACT-PHONE-EXTENSION	X(07)	152-158
	FILLER	X(42)	159-200

*GI03 - Definition is included in the Users Guide **Appendix E**

Note: See **Appendix B** for additional TX file details.

Requirements for submitting district data to the submission server

Definition To be able to submit data to the Chancellor's Office District Data Submission Website you must have a valid Username, Password, and an E-mail account.

**How to apply
for a Username,
Password, and
an E-Mail
account**

Contact:	Debbie Toner	Email: debbie.toner@cccco.edu Phone: (916)-327-5903
-----------------	---------------------	--

Submitting your data to the Chancellor's Office

Description

The District Data Submission Site enables each district to:

- Login to the Chancellor's Office secure site
- Identify the type of submission to submit
- Locate, select and transmit submission files to the District Data Submission Server
- Monitor submission progress
- Access syntactical, referential, and analysis reports

Procedure

Follow these steps to:

- Access the site,
- Choose the data submission type,
- Select the files,
- Transmit the files.

Step	Action
1	<p>Press the Data Submission Link from the Main page.</p> <p>Press Data Submission Link.</p>

Continued on next page

Submitting your data to the Chancellor's Office, Continued

Procedure (continued)

Step	Action
2	<p>Login to the MIS Data Submission Site.</p> <div><p>MIS DATA SUBMISSIONS LOGIN</p><p>District Name <input type="text" value="CALIFORNIA COLLEGE"/></p><p>User Name <input type="text" value="CCC"/></p><p>Password <input type="password" value="jokk"/></p><p>Term ID (YYT) <input type="text" value="017"/></p><p><input type="button" value="Next"/> <input type="button" value="Reset"/></p><p>© 2000 State of California. Gray Davis, Governor. Conditions of Use Privacy Policy</p></div> <ul style="list-style-type: none">• Choose your District Name from the drop down list.• Enter your User Name and Password.• Enter the Term Id of the Term you are submitting.• Press Next.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

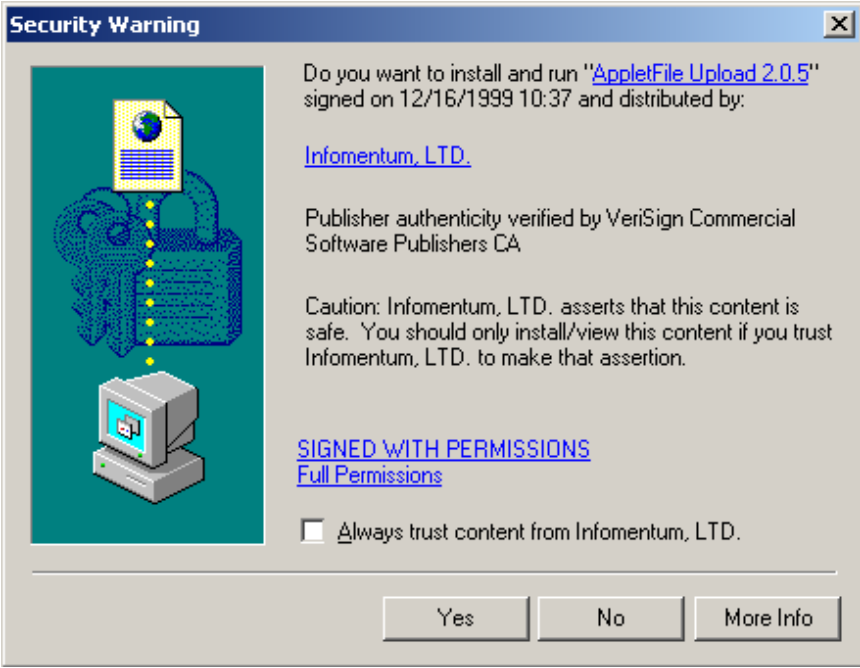
Procedure (continued)

Step	Action
3	<p>Result: The Data Submissions File Type page appears.</p> <div><p>District name: CALIFORNIA COLLEGE District ID: '04' Submission data for the year of 2001 STUDENT DATA <input checked="" type="checkbox"/> FALL TERM</p><p>Next</p><p>© 2000 State of California. Gray Davis, Governor. Conditions of Use Privacy Policy</p></div> <ul style="list-style-type: none">• Put a check mark next to the file types you are submitting.• Press Next.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

Procedure (continued)

Step	Action
4	<p>Result: The Java Applet Installation window entitled "Security Warning" appears.</p>  <p>Note: See Appendix C for detailed information about AppletFile Upload 2.0.5.</p> <ul style="list-style-type: none">• Press Yes.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

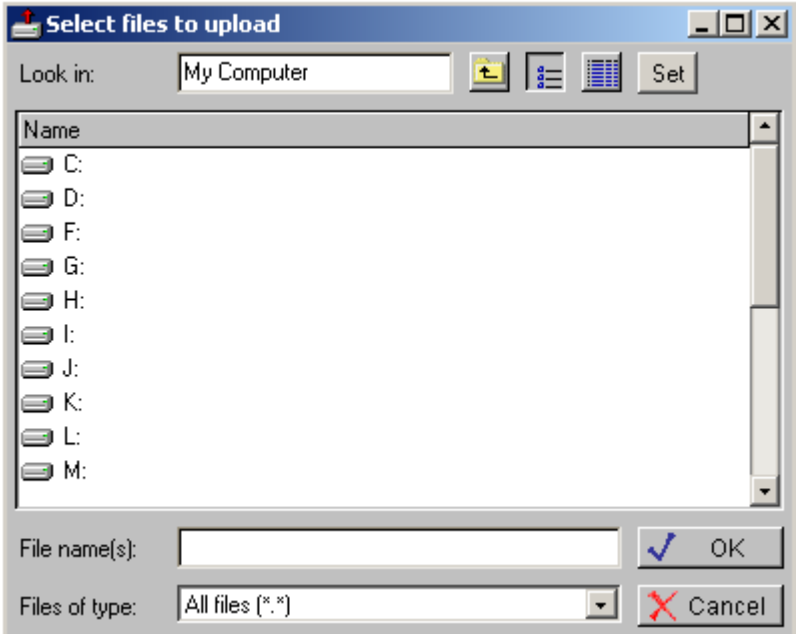
Procedure (continued)

Step	Action
5	<p>Result: The Files To Upload page appears.</p> <div><p>You are Submitting data for the following year: 2001 District name: CALIFORNIA COLLEGE District ID: '04' Term ID: '017'</p><p>After clicking the 'Add' button, a dialog box will pop up for selecting file(s).</p><p>Files to upload:</p><div><div></div><div>Add... Remove</div></div><p>Next</p><p><small>© 2000 State of California. Gray Davis, Governor. Conditions of Use Privacy Policy</small></p></div> <p>Once you see this screen, you are ready to locate the files for your submission.</p> <ul style="list-style-type: none">• Press Add.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

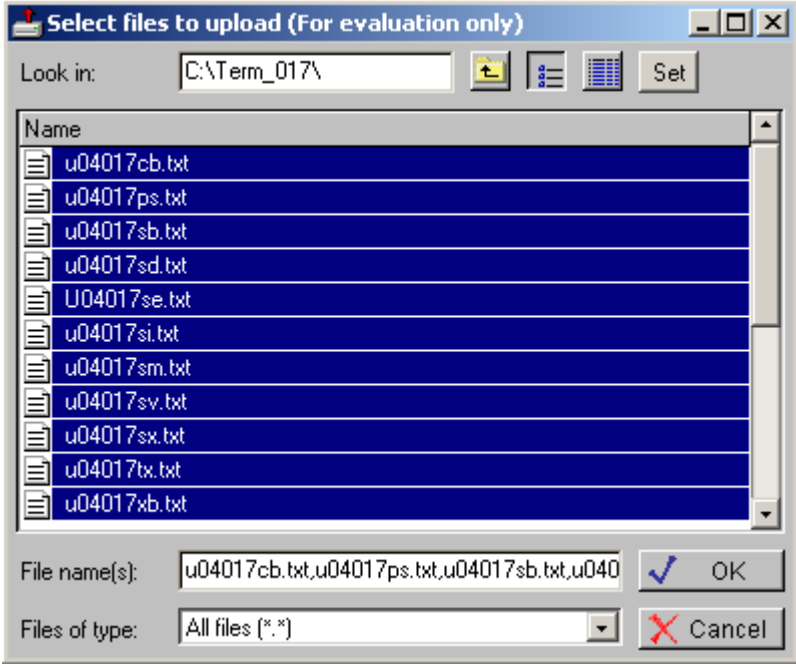
Procedure (continued)

Step	Action
6	<p>Result: The Select files to upload pop-up window appears.</p>  <ul style="list-style-type: none">• Type in the desired path or left-click on the drive and navigate to the directory that holds the submittal files.• Press OK.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

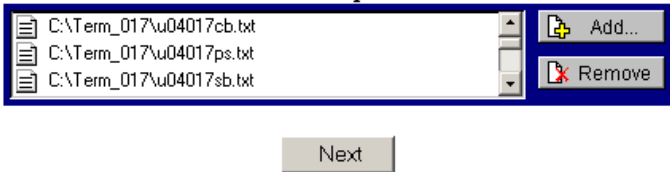
Procedure (continued)

Step	Action
7	<p>Result: The Select files to upload pop-up window changes with your selections.</p>  <p>Note: Holding down the [shift] key selects files consecutively. Holding down the [ctrl] key selects multiple files individually.</p> <p>Reminder: All files must follow the file format rules defined in the Data Element Dictionary, and the TX File format section on page 13 of this document.</p> <ul style="list-style-type: none">• Select the files to send.• Press OK.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

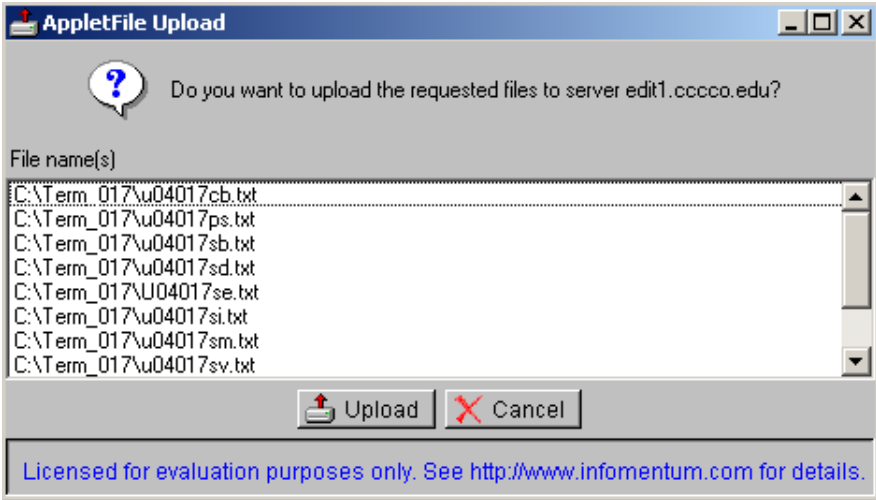
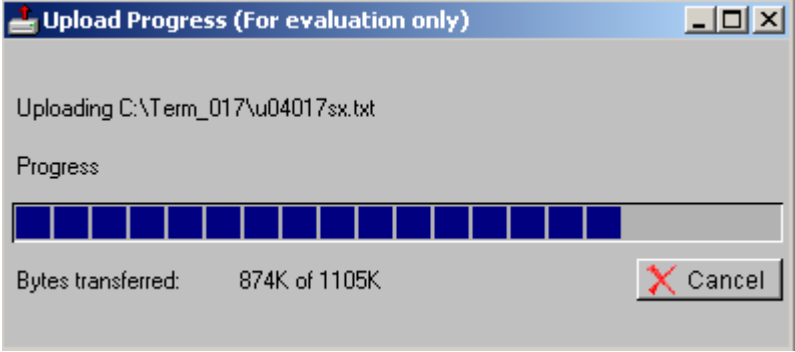
Procedure (continued)

Step	Action
8	<p>Result: The Files to upload box is populated with the files you selected.</p> <div><p>You are Submitting data for the following year: 2001 District name: CALIFORNIA COLLEGE District ID: '04' Term ID: '017'</p><p>After clicking the 'Add' button, a dialog box will pop up for selecting file(s).</p><p>Files to upload:</p></div> <p>Note: Verify the files in the list to insure they are the correct ones to transmit. You can delete or add more files before you send them.</p> <ul style="list-style-type: none">• Press Next.

Continued on next page

Submitting your data to the Chancellor's Office, Continued

Procedure (continued)

Step	Action
9	<p>Result: The Confirming File Upload dialog box appears.</p>  <p>Insure these are the proper transmittal files.</p> <p>Press Upload.</p>
10	<p>Result: The File Upload Progress dialog box appears.</p>  <p>This box shows the progress of your upload.</p>

Continued on next page

Submitting your data to the Chancellor's Office, Continued

Procedure (continued)

Step	Action
11	<p>Result: The Upload Results Page appears.</p> <p>If the upload was successful you will see this page displayed.</p> <div><h3>Upload Results</h3><p>These are the file(s) that have been uploaded:</p><ul style="list-style-type: none">u04017cb.txtu04017ps.txtu04017sb.txtu04017sd.txtU04017se.txtu04017si.txtu04017sm.txtu04017sv.txtu04017sx.txtu04017tx.txtu04017xb.txt<p>All file(s) selected for upload have been received.</p><p><small>© 2000 State of California. Gray Davis, Governor. Conditions of Use Privacy Policy</small></p></div>
12	<p>Result: You are finished.</p>

Checking the Data Submission Status

Description The Data Submission Status displays all Data submissions currently processing on the **District Data Submission Server**.

How it works The order shown is the order in which they will process. The processing order is based on a number of factors:

Factor	Action	
1	Version Number	
	If your Version is...	Then...
	Lower than a submission that has been in the queue longer	Your submission will run before theirs.
	Lower than the version of another of your own submissions	The lowest version will run first.
	The same version as another submission that has been in the queue longer than yours	Their submission will run before yours because of the Date and Time factor.
2	Date and Time	
	<ul style="list-style-type: none">• First come first served. (If version number is the same.)	

Continued on next page

Checking the Data Submission Status, Continued

How to Access it

From the District Data Submission Web Page you can click on the link entitled **Submission Status**, or follow the link below.

California Home Wednesday, January 15, 2003

Welcome to **California**

Chancellor's Office Home

[Find a College](#)

[News](#)

[Grants](#)

[Programs and Services](#)

[Reports](#)

[Job Opportunities](#)

[About Us / Agency](#)

Related Links

[Data Mart and Reports](#)

CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

District Data Submission

The information provided here will assist the district in preparing, submitting and evaluating their term-end and annual MIS data to meet the following needs:

- Eliminate hardcopy reporting
- Consolidate data collection
- Data integration
- Provide longitudinal tracking abilities
- Provide flexibility to answer Ad Hoc requests
- Provide common accepted data definitions

For Questions or Comments, please contact [Debbie Toner](#)

General Information

- [User's Guide](#)
- [Submission Timeline](#)
- [Data Element Dictionary](#)
- [Syntactical Edit Rules \(12/23/02\)](#)
- [Referential Edit Rules \(10/21/02\)](#)
- [Analysis Report User's Guide](#)
- [Memos](#)
 - [Data Submission](#)
 - [IPEDS](#)
 - [SRTK](#)
- [Contact Us](#)

District Data Submission and Output

- [Pre-submission Data Edit](#)
- [Data Submission](#)
- [Submission Status](#)
- [Submission History](#)
- [Detail/Summary Reports](#)
- [Analysis Reports](#)
- [Referential Data Files](#)

Press the **Submission Status** Link.

Continued on next page

Checking the Data Submission Status, Continued

What it looks
like

District Data Submission

Processing Status

Order	District	Year	Term Name	Version	Processing Description	Date	Time
1	California College	2001	Fall Term	14	Submission placed in queue	05/30/2002	14:00

For Questions or Comments, please contact [Debbie Toner](#)

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View Data Submission History

Description The Submission History page allows you to view the processing history of your Data Submissions.

What can you view Review a detailed description of how each version of each submission performed while processing on the District Data Submission Server.


How to use it Follow these steps to view submission history.

Step	Action
1	<p>Select the Submission History link from the District Data Submission Web page.</p> <p>Press the Submission History Link.</p>
2	<p>Result: The Submission History Page appears.</p> <p>Select your District Name from the drop down list.</p>

Continued on next page

View Data Submission History, Continued

How to use it (continued)

Step	Action																																													
3	<p>Result: A new section of the Submission History page appears listing all submissions where history is available.</p> <div><p>District Data Submission</p><p>Submission History</p><p>California College </p><p>California College District</p><table><tr><th>Year</th><th>Term</th><th>Version</th></tr><tr><td>2002</td><td>Annual</td><td>6</td></tr><tr><td>2001</td><td>Fall Employee</td><td>1</td></tr><tr><td>2001</td><td>Fall Term</td><td>14</td></tr><tr><td>2001</td><td>Summer Term</td><td>2</td></tr><tr><td>2001</td><td>Spring Semester</td><td>3</td></tr><tr><td>2001</td><td>Winter Intersession</td><td>2</td></tr><tr><td>2001</td><td>Annual</td><td>18</td></tr><tr><td>2000</td><td>Fall Employee</td><td>3</td></tr><tr><td>2000</td><td>Fall Term</td><td>8</td></tr><tr><td>2000</td><td>Summer Term</td><td>5</td></tr><tr><td>2000</td><td>Spring Semester</td><td>5</td></tr><tr><td>2000</td><td>Winter Intersession</td><td>2</td></tr><tr><td>2000</td><td>Annual</td><td>16</td></tr><tr><td>1999</td><td>Fall Term</td><td>3</td></tr></table></div>	Year	Term	Version	2002	Annual	6	2001	Fall Employee	1	2001	Fall Term	14	2001	Summer Term	2	2001	Spring Semester	3	2001	Winter Intersession	2	2001	Annual	18	2000	Fall Employee	3	2000	Fall Term	8	2000	Summer Term	5	2000	Spring Semester	5	2000	Winter Intersession	2	2000	Annual	16	1999	Fall Term	3
Year	Term	Version																																												
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2000	Spring Semester	5																																												
2000	Winter Intersession	2																																												
2000	Annual	16																																												
1999	Fall Term	3																																												

- Select the **Term** to view.

Continued on next page

View Data Submission History, Continued

How to use it (continued)

Step	Action								
4	<p>Result: The Submission History Detail page appears.</p> <p style="text-align: center;">Submission History Detail District: California College Term: 2001 Fall Term High Version=14, Low Version=1 Date Loaded to Production Database: 05/06/2002</p> <p style="text-align: center;">Version: 1 2 3 4 5 6 7 8 9 10 11 12 13 14</p> <table><tr><th>Version</th><th>Processing Description</th><th>Date Submitted</th><th>Initiated By</th></tr><tr><td>14</td><td>Submission placed in queue</td><td>2002-05-30 14:00:23</td><td>California College District</td></tr></table>	Version	Processing Description	Date Submitted	Initiated By	14	Submission placed in queue	2002-05-30 14:00:23	California College District
Version	Processing Description	Date Submitted	Initiated By						
14	Submission placed in queue	2002-05-30 14:00:23	California College District						
5	<p>On the Submission History Detail page you can see just how your submission performed, including the version, a description of the steps completed and the date and time it all occurred.</p> <p>Note: Pay special attention to the Initiated by column. It should contain your district's name. If it contains 'MIS Chancellor's Office' that means the Chancellor's Office submitted that version of your data because of technical difficulties on the Data Submission Server.</p>								

Continued on next page

View Data Submission History, Continued

How to use it (continued)

Step	Action																												
6	<p>Use the Selectable Version Link, to view other versions, if more than one version is available. By selecting the previous version, 13 the previous, completed run is displayed.</p> <div> <div> <p>Submission History Detail District: California College Term: 2001 Fall Term High Version=14, Low Version=1 Date Loaded to Production Database: 05/06/2002</p> <p>Version: 1 2 3 4 5 6 7 8 9 10 11 12 13 14</p> <table> <tr> <th>Version</th><th>Processing Description</th><th>Date Submitted</th><th>Initiated By</th></tr> <tr> <td>13</td><td>Referential processing has completed</td><td>2002-05-02 11:40:18</td><td>California College District</td></tr> <tr> <td>13</td><td>Submission has passed referential limits</td><td>2002-05-02 11:06:38</td><td>California College District</td></tr> <tr> <td>13</td><td>Referential reports ready for viewing or download</td><td>2002-05-02 11:06:12</td><td>California College District</td></tr> <tr> <td>13</td><td>Submission has passed syntactical limits</td><td>2002-05-02 10:50:16</td><td>California College District</td></tr> <tr> <td>13</td><td>Syntactical reports ready for viewing or download</td><td>2002-05-02 10:50:12</td><td>California College District</td></tr> <tr> <td>13</td><td>Submission placed in queue</td><td>2002-05-02 10:44:44</td><td>California College District</td></tr> </table> </div> <div> <p>Selectable Version Link</p> </div> </div> <p>Result: You can see and compare all previous versions of this submission.</p>	Version	Processing Description	Date Submitted	Initiated By	13	Referential processing has completed	2002-05-02 11:40:18	California College District	13	Submission has passed referential limits	2002-05-02 11:06:38	California College District	13	Referential reports ready for viewing or download	2002-05-02 11:06:12	California College District	13	Submission has passed syntactical limits	2002-05-02 10:50:16	California College District	13	Syntactical reports ready for viewing or download	2002-05-02 10:50:12	California College District	13	Submission placed in queue	2002-05-02 10:44:44	California College District
Version	Processing Description	Date Submitted	Initiated By																										
13	Referential processing has completed	2002-05-02 11:40:18	California College District																										
13	Submission has passed referential limits	2002-05-02 11:06:38	California College District																										
13	Referential reports ready for viewing or download	2002-05-02 11:06:12	California College District																										
13	Submission has passed syntactical limits	2002-05-02 10:50:16	California College District																										
13	Syntactical reports ready for viewing or download	2002-05-02 10:50:12	California College District																										
13	Submission placed in queue	2002-05-02 10:44:44	California College District																										

Reviewing Syntactical and Referential Reports

Definition Syntactical and Referential reports are created during the processing of your district data submission. These reports show in detail the errors that occurred during processing.

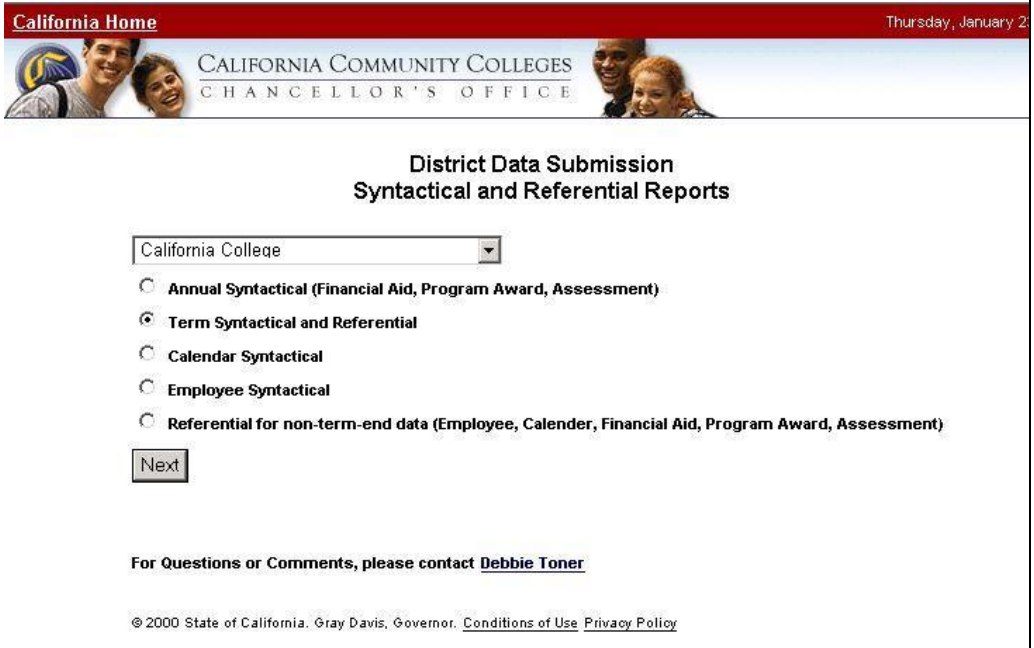
How to review your reports From the **District Data Submission** web page. Follow these steps for viewing you Syntactical and Referential Edit Reports.

Step	Action
1	<p>Press Detail/Summary Reports Link.</p>  <p>The screenshot shows the California Community Colleges Chancellor's Office website. The main content area is titled 'District Data Submission' and includes a list of bullet points: 'Eliminate hardcopy reporting', 'Consolidate data collection', 'Data integration', 'Provide longitudinal tracking abilities', 'Provide flexibility to answer Ad Hoc requests', and 'Provide common accepted data definitions'. Below this, it says 'For Questions or Comments, please contact Debbie Toner'. On the right side, there is a 'General Information' section with links like 'User's Guide', 'Submission Timeline', 'Data Element Dictionary', 'Syntactical Edit Rules (12/23/02)', 'Referential Edit Rules (10/21/02)', 'Analysis Report User's Guide', 'Memos', 'Data Submission', 'IPEDS', 'SRTK', and 'Contact Us'. At the bottom right, there is a 'District Data Submission and Output' section with links: 'Pre-submission Data Edit', 'Data Submission', 'Submission Status', 'Submission History', 'Detail/Summary Reports', 'Analysis Reports', and 'Referential Data Files'. A callout box with the text 'Press the Detail/Summary Reports Link' points to the 'Detail/Summary Reports' link in this section.</p>

Continued on next page

Reviewing Syntactical and Referential Reports, Continued

How to review your reports (continued)

Step	Action
2	<p>Result: The Syntactical and Referential Reports page appears.</p>  <ul style="list-style-type: none">• Choose your District Name from the drop down list.• Choose the Report/Submission type.• Press Next.

Continued on next page

Reviewing Syntactical and Referential Reports, Continued


How to review your reports (continued)

Step	Action
3	<p>Result: The Syntactical and Referential Reports page showing your districts available reports appears.</p> <div><p style="text-align: center;">District Data Submission Syntactical and Referential Reports</p><p style="text-align: center;">District: (04) California College</p><p style="text-align: center;">Term Syntactical and Referential Reports</p><div><div>(05/02/2002) 2001 Fall Semester Referential Detail Report (SSN's)</div><div>(05/02/2002) 2001 Fall Semester Referential Summary Report</div><div>(05/02/2002) 2001 Fall Semester Summary Load Report(Syntactical Only)</div><div>(05/29/2002) 2001 Fall Semester Summary Load Report(Syntactical Only)</div><div>(05/02/2002) 2001 Fall Semester Syntactical Detail Report (SSN's)</div><div>(05/02/2002) 2001 Fall Semester Syntactical Summary Report</div><div>(10/09/2001) 2001 Summer Term Referential Detail Report (SSN's)</div><div>(10/09/2001) 2001 Summer Term Referential Summary Report</div></div><p style="text-align: center;"><input type="button" value="Open Report"/> <input type="button" value="Back"/></p></div> <p>Note: See Appendix F for a detailed list of all available reports.</p> <ul style="list-style-type: none">• Highlight the report you wish to view• Press Open Report.

Continued on next page

Reviewing Syntactical and Referential Reports, Continued

How to review your reports (continued)

Step	Action
4	<p>Result: A Login dialog box appears.</p>  <p>Note: Depending on access rights you may or may not be prompted for additional User Names and Passwords.</p> <ul style="list-style-type: none">• Enter your User Name.• Enter your Password.• Press OK.

Continued on next page

Reviewing Syntactical and Referential Reports, Continued

How to review your reports (continued)

Step

5

Action

Result:

The report you selected opens in a new browser window.

04017 v.13 California College CCD

College: 041 California College

Fall Semester

2001

Processed Syntactical

May 2, 2002

Processed Referential

May 2, 2002

COURSE

Total Records					Syntactical				Referential	
Read	Written	Rejected	% Rej		Written	Rej	%		N	%
2,493	2,490	3	0.1%		2,490	3	0.1%		.	0.0%

Field Exceptions

3 (0.1%) CLASSIFICAT CODE field values were invalid.

Referential Exceptions and Messages

2,490 (100.0%) TOTAL RECORDS WRITTEN TO THE PRODUCTION TABLE

PRECOLLEGIATE BASIC SKILLS

Total Records					Syntactical				Referential	
Read	Written	Rejected	% Rej		Written	Rej	%		N	%
2,378	2,359	19	0.8%		2,378	0	0.0%		19	0.8%

Referential Exceptions and Messages

2,359 (99.2%) TOTAL RECORDS WRITTEN TO THE PRODUCTION TABLE

14 (0.6%) PBS STUDENT MUST ENROLL IN AT LEAST 1 PBS COURSE

5 (0.2%) PBS STUDENT CANNOT ENROLL IN AN ESL COURSE

1 (.0421%) STUDENT ID NOT FOUND IN PRODUCTION TABLE

Note:

This is only a partial view of the report.

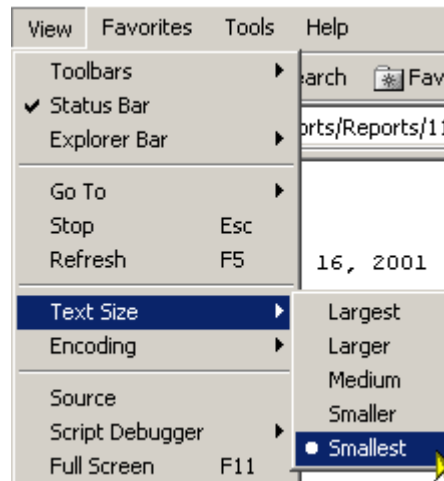
View, Print or Email the Report.

Continued on next page

How to review your reports (continued)

- 6 You can **Print** the report by pressing the Printer Icon or by selecting Print from the File menu on the Internet Explorer toolbar.

Note: For more consistent printing results, set your text size to smallest, from the View menu on the Internet Explorer toolbar.



Requesting load of data to the COMIS Database

Requesting data load

Email misproject@cccco.edu to request your **term end data** to be loaded to the COMIS Database.

Note: You may email the above address and request that your data not be loaded.

Loading behavior differences

If your submission type is...	Then...
Term end	Send an email requesting load
Calendar	Submission loaded automatically
Employee/Staff	Submission loaded automatically
Annual	Submission loaded automatically

Downloading Post Processing Data Files


Definition

The “Referential Edit” files are the ASCII based version of the submitted files after all edits have been performed. Files are an exact copy of data in the Chancellor’s Office database. The Chancellor’s Office provides these files back to the colleges for MIS and research purposes.

Note: See **Appendix D** to view the ReadMe file included with the Referential Edit files.

How to get the files

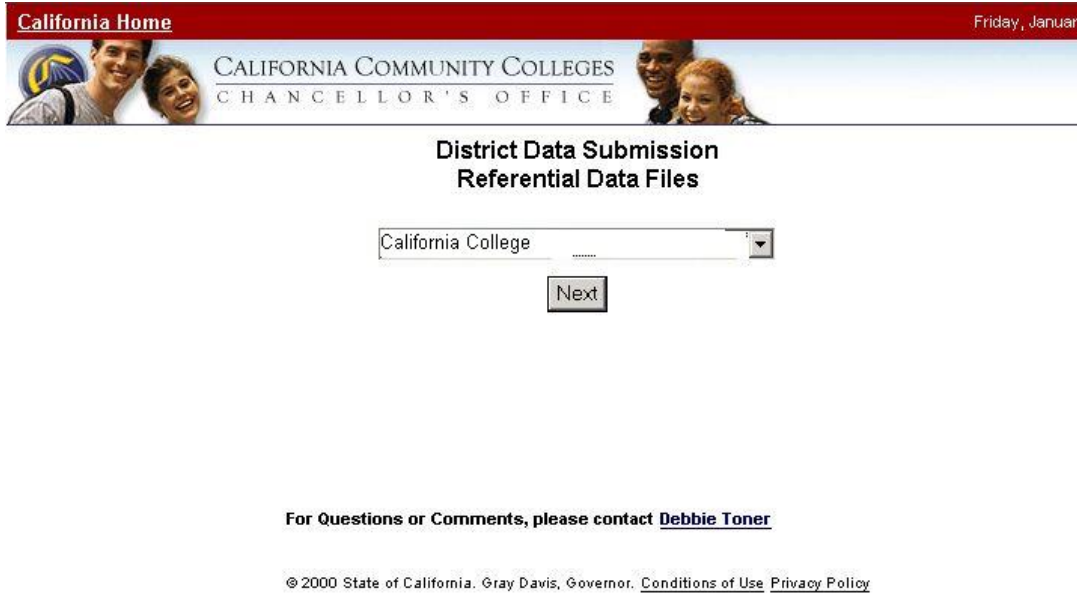
From the **District Data Submission** web page. Follow these steps for downloading your Referential Data Files.

Step	Action
1	<p>Press the Referential Data Files Link.</p> 

Continued on next page

Downloading Post Processing Data Files, Continued

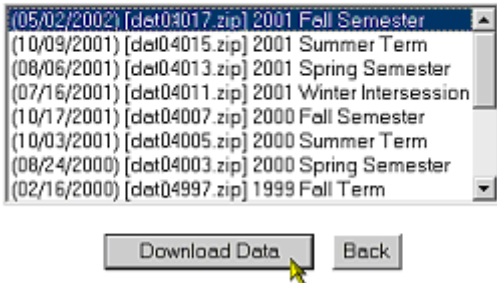
How to get the files (continued)

Step	Action
2	<p>Result: The Referential Data Files page appears.</p>  <p>• Select your District Name from the drop down list.</p> <p>• Press Next.</p>

Continued on next page

Downloading Post Processing Data Files, Continued


How to get the files (continued)

Step	Action
3	<p>Result: The Referential Data Files list for your District appears.</p> <p style="text-align: center;">District Data Submission Referential Data Files</p> <p style="text-align: center;">District: (04) California College</p>  <p>• Select the ZIP file to download.</p> <p>• Press Download Data.</p>

Continued on next page

Downloading Post Processing Data Files, Continued

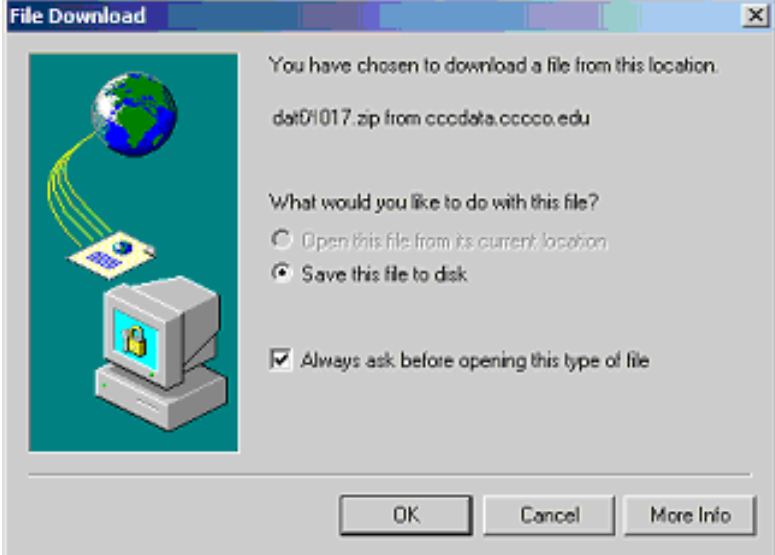
How to get the files (continued)

Step	Action
4	<p>Result: The Enter Network Password dialog box appears.</p>  <ul style="list-style-type: none">• Enter your User Name.• Enter your Password.• Press OK.

Continued on next page

Downloading Post Processing Data Files, Continued

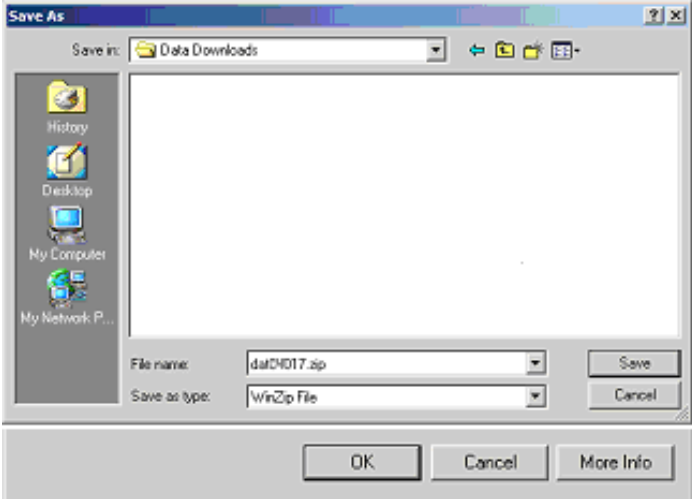
How to get the files (continued)

Step	Action
5	<p>Result: The File Download Dialog box appears.</p>  <ul style="list-style-type: none">• Select the Save this file to disk radio button.• Press OK.

Continued on next page

Downloading Post Processing Data Files, Continued

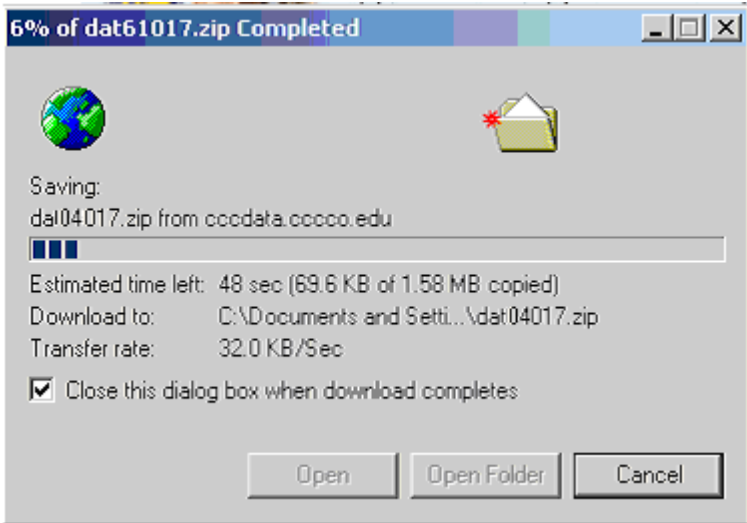
How to get the files (continued)

Step	Action
6	<p>Result: The Save As dialog box appears.</p>  <ul style="list-style-type: none">• Select the folder to store the downloaded file.• Press Save.

Continued on next page

Downloading Post Processing Data Files, Continued

How to get the files (continued)

Step	Action
7	<p>Result: The Percent Completed dialog box appears.</p>  <ul style="list-style-type: none">• Let the download continue by not pressing anything.• The Percent Completed dialog box will finish and close. <p>Result: The file is accessible in the folder selected for download.</p>

Reviewing Analysis Reports

Definition Analysis reports are created after your data has been loaded to the COMIS Production Database.

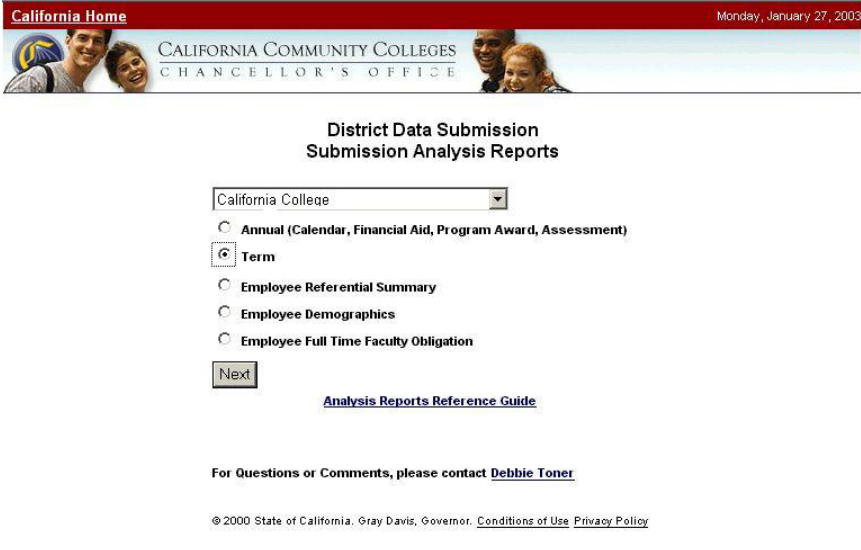
How to review your reports From the **District Data Submission** web page. Follow these steps for viewing your Analysis Reports.

Step	Action
1	<p>Press the Analysis Reports link.</p>  <p>The screenshot shows the California Community Colleges Chancellor's Office website. The main content area is titled 'District Data Submission' and includes a list of bullet points: 'Eliminate hardcopy reporting', 'Consolidate data collection', 'Data integration', 'Provide longitudinal tracking abilities', 'Provide flexibility to answer Ad Hoc requests', and 'Provide common accepted data definitions'. Below this, it says 'For Questions or Comments, please contact Debbie Toner'. On the right side, there is a 'General Information' section with links like 'User's Guide', 'Submission Timeline', 'Data Element Dictionary', 'Syntactical Edit Rules (12/23/02)', 'Referential Edit Rules (10/21/02)', 'Analysis Report User's Guide', 'Memos', 'Data Submission', 'IPEDS', 'SRTK', and 'Contact Us'. At the bottom right, there is a 'District Data Submission and Output' section with links: 'Pre-submission Data Edit', 'Data Submission', 'Submission Status', 'Submission History', 'Detail/Summary Reports', 'Analysis Reports', and 'Referential Data Files'. A callout box with the text 'Press the Analysis Reports Link.' points to the 'Analysis Reports' link in this section.</p>

Continued on next page

Reviewing Analysis Reports, Continued

How to review your reports (continued)

Step	Action
2	<p>Result: The Analysis Reports page appears.</p>  <ul style="list-style-type: none">• Choose your District Name from the drop down list.• Choose the Report/Submission type.• Press Next.

Continued on next page

Reviewing Analysis Reports, Continued

How to review your reports (continued)

Step	Action
2	<p>Result: The Submission Analysis Reports page appears.</p> <div><p>District Data Submission Submission Analysis Reports</p><p>District: (040) California College</p><p>Term Data</p><div><div>(05/31/2002) 2001 Fall Semester</div><div>(10/21/2001) 2001 Summer Term</div><div>(08/13/2001) 2001 Spring Semester</div><div>(10/25/2001) 2001 Winter Intersession</div><div>(10/21/2001) 2000 Fall Semester</div><div>(10/19/2001) 2000 Summer Term</div><div>(09/20/2000) 2000 Spring Semester</div><div>(02/20/2000) 1999 Fall Term</div></div><div><div>Next</div><div>Back</div></div></div> <ul style="list-style-type: none">• Select the Submission from the list.• Press Next.

Continued on next page

Reviewing Analysis Reports, Continued

How to review your reports (continued)

Step	Action
3	<p>Result: The Submission Analysis Reports List page appears.</p> <div><p>District Data Submission Submission Analysis Reports</p><p>District: (040) California College</p><p>2001 Fall Semester</p><div><div>Down Load R74017.ZIP</div><div>Care Student Served Report</div><div>Categorical Comparison Report</div><div>Course/Section Comparison Report</div><div>Primary & Secondary Disability by Contact Services Report</div><div>Enrollment Comparison Report</div><div>EOPS Student Served Report</div><div>WSCH Comparison Report</div></div><div><div>Open Report</div><div>Back</div></div></div> <p>Note: See Appendix F for a detailed list of all available reports.</p> <ul style="list-style-type: none">• Select the Report to view.• Press Open Report.

Continued on next page

Reviewing Analysis Reports, Continued

How to review your reports (continued)

Step	Action																																																																																									
4	<p>Result: The Selected Report opens in a new window.</p> <div><div>12:11 Thursday, June 06, 2002</div><div><div>CALIFORNIA COMMUNITY COLLEGES</div><div>MANAGEMENT INFORMATION SERVICES</div><div>REPORT OF PRIMARY AND SECONDARY DISABILITIES BY CONTACT SERVICES</div></div></div> <table><tr><th colspan="2">DISTRICT: California College CCD, COLLEGE: California College, TERM: Fall 2001</th><th colspan="3">CONTACTS</th><th rowspan="2">TOTAL STUDENTS</th></tr><tr><th colspan="2"></th><th>0 Contacts</th><th>1-3 Contacts</th><th>4+ Contacts</th></tr><tr><th>DISABILITY TYPE</th><th>CATEGORIES</th><th></th><th></th><th></th><th></th></tr><tr><td rowspan="10">Primary Disability</td><td>Acquired Brain Injury</td><td>0</td><td>0</td><td>6</td><td>6</td></tr><tr><td>Developmentally Delayed Learner</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Hearing Impaired</td><td>0</td><td>0</td><td>128</td><td>128</td></tr><tr><td>Learning Disabled</td><td>0</td><td>0</td><td>48</td><td>48</td></tr><tr><td>Mobility Impaired</td><td>0</td><td>0</td><td>146</td><td>146</td></tr><tr><td>Other Disability</td><td>0</td><td>0</td><td>33</td><td>33</td></tr><tr><td>Psychological Disability</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Speech/Language Impaired</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Visually Impaired</td><td>0</td><td>0</td><td>4</td><td>4</td></tr><tr><td>Total</td><td>0</td><td>0</td><td>365</td><td>365</td></tr><tr><td rowspan="4">Secondary Disability</td><td>Acquired Brain Injury</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Developmentally Delayed Learner</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td>Hearing Impaired</td><td>0</td><td>0</td><td>1</td><td>1</td></tr><tr><td>Learning Disabled</td><td>0</td><td>0</td><td>2</td><td>2</td></tr></table> <p>Note: This is only a partial report for demonstration purposes.</p> <ul style="list-style-type: none">• View or Print or Email the report.	DISTRICT: California College CCD, COLLEGE: California College, TERM: Fall 2001		CONTACTS			TOTAL STUDENTS			0 Contacts	1-3 Contacts	4+ Contacts	DISABILITY TYPE	CATEGORIES					Primary Disability	Acquired Brain Injury	0	0	6	6	Developmentally Delayed Learner	0	0	0	0	Hearing Impaired	0	0	128	128	Learning Disabled	0	0	48	48	Mobility Impaired	0	0	146	146	Other Disability	0	0	33	33	Psychological Disability	0	0	0	0	Speech/Language Impaired	0	0	0	0	Visually Impaired	0	0	4	4	Total	0	0	365	365	Secondary Disability	Acquired Brain Injury	0	0	0	0	Developmentally Delayed Learner	0	0	0	0	Hearing Impaired	0	0	1	1	Learning Disabled	0	0	2	2
DISTRICT: California College CCD, COLLEGE: California College, TERM: Fall 2001		CONTACTS			TOTAL STUDENTS																																																																																					
		0 Contacts	1-3 Contacts	4+ Contacts																																																																																						
DISABILITY TYPE	CATEGORIES																																																																																									
Primary Disability	Acquired Brain Injury	0	0	6	6																																																																																					
	Developmentally Delayed Learner	0	0	0	0																																																																																					
	Hearing Impaired	0	0	128	128																																																																																					
	Learning Disabled	0	0	48	48																																																																																					
	Mobility Impaired	0	0	146	146																																																																																					
	Other Disability	0	0	33	33																																																																																					
	Psychological Disability	0	0	0	0																																																																																					
	Speech/Language Impaired	0	0	0	0																																																																																					
	Visually Impaired	0	0	4	4																																																																																					
	Total	0	0	365	365																																																																																					
Secondary Disability	Acquired Brain Injury	0	0	0	0																																																																																					
	Developmentally Delayed Learner	0	0	0	0																																																																																					
	Hearing Impaired	0	0	1	1																																																																																					
	Learning Disabled	0	0	2	2																																																																																					

Reviewing Annual Headcount Report

Select <http://www.cccco.edu/divisions/tris/mis/submission.htm> into your web browser. From the **District Data Submission** web page. Follow these steps for viewing your Annual Headcount Report. <http://www.cccco.edu/divisions/tris/mis/submission.htm>

Press the **Annual Headcount** link.

Chancellor's Office Home
[Find a College](#)
[News](#)
[Grants](#)
[Programs and Services](#)
[Reports](#)
[Job Opportunities](#)
[About Us / Agency](#)
Related Links
[Data Mart and Reports](#)

CALIFORNIA COMMUNITY COLLEGES
CHANCELLOR'S OFFICE

District Data Submission

The information provided here will assist the district in preparing, submitting and evaluating their term-end and annual MIS data to meet the following needs:

- Eliminate hardcopy reporting
- Consolidate data collection
- Data integration
- Provide longitudinal tracking abilities
- Provide flexibility to answer Ad Hoc requests
- Provide common accepted data definitions

Now Available :

1. Test submitting Financial Aid Data using the new file structure
2. Test submitting Term End Data including EB as a term end file

District Data Submission Test Site

- [Data Submission \(Test Site\)](#)
- [Detail/Summary Reports\(Test Site\)](#)
- [Submission \(Test Site\) Status](#)

For Questions or Comments, please contact [Debbie Toner](#)

General Information

- [User's Guide](#)
- [Submission Timeline](#)
- [Data Element Dictionary](#)
- [Syntactical Edit Rules](#)
- [Referential Edit Rules](#)
- [Analysis Report User's Guide](#)
- [Memos](#)
 - [Data Submission](#)
 - [IPEDS](#)
 - [SRTK](#)
- [Contact Us](#)

District Data Submission and Output

- [Pre-submission Data Edit](#)
- [Data Submission](#)
- [Submission Status](#)
- [Submission History](#)
- [Detail/Summary Reports](#)
- [Analysis Reports](#)
- [Referential Data Files](#)
- [Annual Headcount](#)

Press the **Annual Headcount** Link

Reviewing Annual Headcount Report, Continued

The **Annual Unduplicated Headcount Reports** page appears.



Annual Unduplicated Headcount Reports

These reports represent the annual unduplicated headcounts using the criteria specified by each program area. These counts may not match the actual program allocation counts. Any resubmission(s) of data may affect the counts.

Select District	<input type="text" value="ALLAN HANCOCK DISTRICT"/>
Select year	<input type="text" value="2002-2003"/>
Select Program	<input type="text" value="VTEA Annual Unduplicated Headcount"/>
<div><input type="button" value="Get Report"/> <input type="button" value="Reset"/></div>	

For Questions or Comments, please contact [Chuck Wiseley](#)

- Choose your **District Name** from the drop down list.
- Choose the **Year** from the drop down list.
- Select **VTEA Annual Unduplicated Headcount**.
- Press **Get Report**.

Reviewing Annual Headcount Report, Continued

The User name and password page appears:

The screenshot shows the California Community Colleges Chancellor's Office website. The header includes a red bar with 'California Home' and the date 'Thursday, January 15, 2004'. Below the header is a banner with the text 'CALIFORNIA COMMUNITY COLLEGES CHANCELLOR'S OFFICE' and a photo of four people. The main content area is titled 'Annual Unduplicated Headcount Reports' and contains a paragraph: 'These reports represent the annual unduplicated headcounts using the criteria specified by each program area. These counts may not match the actual program allocation counts. Any resubmission of reports will be processed as new reports.' Below this text are three dropdown menus: 'Select District' (set to 'ALL'), 'Select year' (set to '2002'), and 'Select Program' (set to 'VTE'). A 'Get Report' button is located below these menus. Overlaid on the right side of the page is a 'Enter Network Password' dialog box. The dialog box contains the text 'Please type your user name and password.' and fields for 'Site' (cccddata.cccco.edu), 'Realm' (cccddata.cccco.edu), 'User Name', and 'Password'. There is also a checkbox for 'Save this password in your password list' and 'OK' and 'Cancel' buttons.

For Questions or Comments, please contact [Chuck Wiseley](#)

- Enter your **User Name**.
- Enter your **Password**.
- Press **OK**.

Reviewing Annual Headcount Report, Continued

The **Selected Report** opens in a new window.

*CALIFORNIA COMMUNITY COLLEGES
MANAGEMENT INFORMATION SERVICES
VTEA Section 132 Formula Distribution Counts
Based on VTEA Title I-C Allocation Criteria
Using MIS data from 2002-2003 *
Report 1 - Categories of Unduplicated Headcounts by District and College*

	1 - All Students	3 - Voc-Ed Students	5 - Unduplicated Voc Ed Disadvantaged Students (Col 1-12 on Report 2)	6 - Unduplicated Voc Ed Students with DSS
College A	26,675	12,549	6,158	7,059
	26,675	12,549	6,158	7,059

- **View, Print** or **Email** the report.

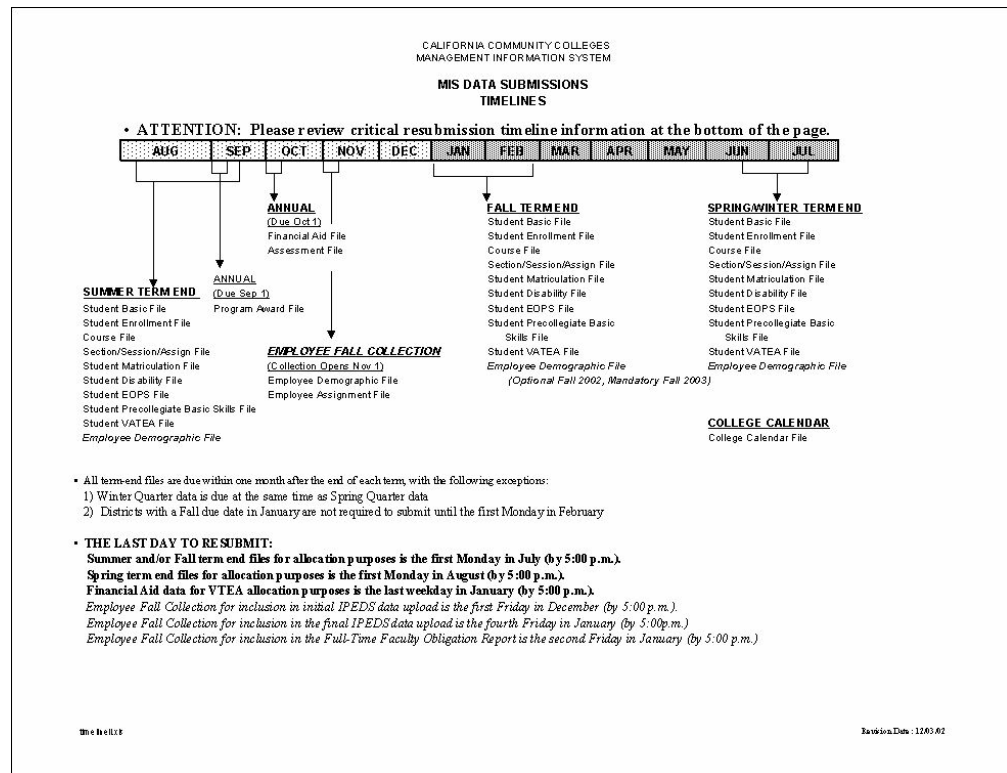
Appendix A – Submission Timeline

Definition

The “MIS Data Submissions Timeline,” which is an extremely useful one-page chart, can be found on the Web at the following location:

http://www.cccco.edu/divisions/tris/mis/ded_doc/dedvolii_doc/timelineii.pdf

Timeline



Appendix B – TX File Layout

TX file details	Name	Length	Description
	GI90	X(2)	"TX"
	GI01	9(03)	DISTRICT-CODE The three-character code uniquely identifies the reporting college.
	GI03	9(03)	TERM-IDENTIFIER This data element identifies a term within an academic year as well as the academic year itself.
	TX01	X(2)	TRANSMITTAL-RECORD-CODE The GI90 RECORD-CODE for the transmittal file that this record reports on ('XB' for the XB/XE/XF file)
	TX02	9(8)	TRANSMITTAL-RECORD-COUNT The count of records in the submission file identified in TX01. Should be right justified.
	TX03	X(8)	TRANSMITTAL-FILE-NAME The name of the transmittal file submitted by FTP. Should conform to the pattern 'UDDTTTFF' where:U is a literal character 'U'.(All types of submissions) DD is the first two numerals of GI01 DISTRICT-CODE. TTT is equal to GI03 TERM-IDENTIFIER for this submission. FF is equal to GI90 RECORD-CODE for the submission file identified in TX01 ('XB' for the XB/XE/XF file).
	TX04	X(3)	TRANSMITTAL-FILE-EXTENSION The file extension or type of the transmittal file submitted by FTP. A file extension is not required by the host that receives the files. Space fill if not used.
	Note:		Data elements TX05 through TX14 identify the data processing manager, technical contact, and person(s) responsible for the submission data at the district. They should be reported only for the record where element TX01 is "TX" and space filled in all other records.
	TX05	X(16)	DP-MANAGER-NAME-LAST The last name of the DP manager at the submitting district.
	TX06	X(10)	DP-MANAGER-NAME-FIRST The first name or other identifier for the DP manager at the submitting district.

Continued on next page

Appendix B – TX File Layout, Continued

TX07	9 (3)	DP-MANAGER-PHONE-AREA The telephone area code of the individual identified in TX05 and TX06.
TX08	9 (7)	DP-MANAGER-PHONE-NUMBER The telephone number of the individual identified in TX05 and TX06.
TX09	X (7)	DP-MANAGER-EXTENSION The local telephone extension of the individual identified in TX05 and TX06. May contain any characters found on the standard telephone touch pad.
TX10	X (16)	TECH-CONTACT-NAME-LAST The last name of the technical contact person at the submitting district.
TX11	X (10)	TECH-CONTACT-NAME-FIRST The first name or other identifier for the technical contact person at the submitting district.
TX12	9 (3)	TECH CONTACT-PHONE-AREA The telephone area code of the individual identified in TX10 and TX11.
TX13	9 (7)	TECH CONTACT-PHONE-NUMBER The telephone number of the individual identified in TX10 and TX11.
TX14	X (7)	TECH-CONTACT-EXTENSION Any characters found on the standard telephone touch pad.
TX15	X (16)	DATA-CONTACT-NAME-LAST The last name of the person at the submitting district responsible for the accuracy of the data in the part of the submission identified in TX03.
TX16	X (10)	DATA-CONTACT-NAME-FIRST The first name or other identifier for the data contact person at the submitting district.
TX17	9 (3)	DATA CONTACT-PHONE-AREA The telephone area code of the individual identified in TX15 and TX16.

Continued on next page

Appendix B – TX File Layout, Continued

TX18	9 (7)	DATA CONTACT-PHONE-NUMBER The telephone number of the individual identified in TX15 and TX16.
TX19	X (7)	DATA-CONTACT-EXTENSION The local telephone extension of the individual identified in TX15 and TX16. May contain any characters found on the standard telephone touch pad.

Appendix C – Java Applet

Applet File Upload 2.0.5

This Java Applet is downloaded to your Computer during the Data Submission process. It is a required piece of software that enables the upload of the Data Submission files to the COMIS submission Server.

What it looks like

During the Data Submission process you will be presented with the following pop-up window.



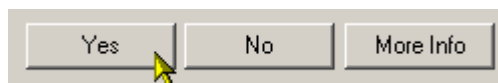
The only action required by you is to press the Yes button. It will install itself in the background and need no further interaction.

Best Practice

The most efficient way to handle this install is to check the trust box.



Click the Yes button.



Continued on next page

Appendix C, Continued

Clicking No. You must click the **Yes** button and load the applet in order to submit data.

Clicking **No** or closing the window before execution will cause the following error screen to appear.

Unable to run a signed Java applet.

This sample requires that your browser be allowed to run a signed Java applet, but for some reason, this is not possible. Please review your configuration for the following possible causes:

- Access not granted - Make sure that when the browser prompts you with the security dialog that you allow the signed applet to run with the requested permissions.
- Unsupported browser - AppletFile supports Microsoft IE 3.02 and higher (Windows only) and Netscape Navigator 4.06 and higher (Windows and Mac).
- Security settings - Check the security settings on your browser to make sure that you have not disabled running signed Java applets.

[Click here to continue](#)

**More
information**


While not necessary, clicking on the other areas of the pop-up window will enable additional links and information but will not cause any undue errors.


Continued on next page

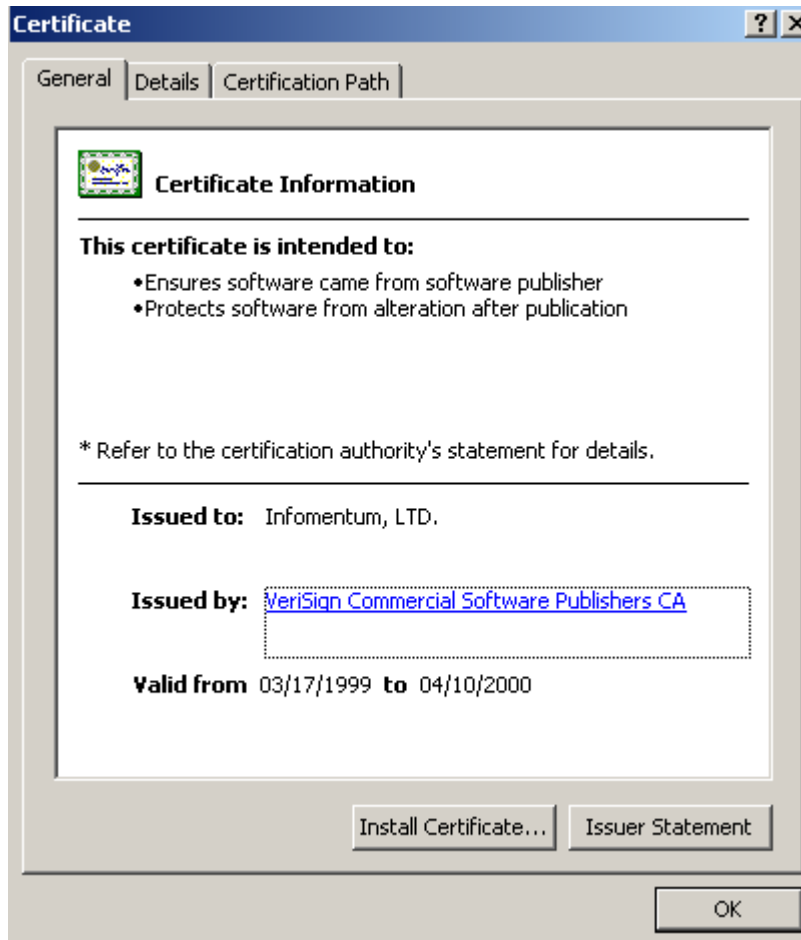
Appendix C, Continued

EXAMPLES:

**More
information**
(continued)

If you press the  link, you will be sent to the “Applet File Buyers Guide Web Site”.

If you press the  link, you will be presented with the specific Certificate Information about this Java Applet.



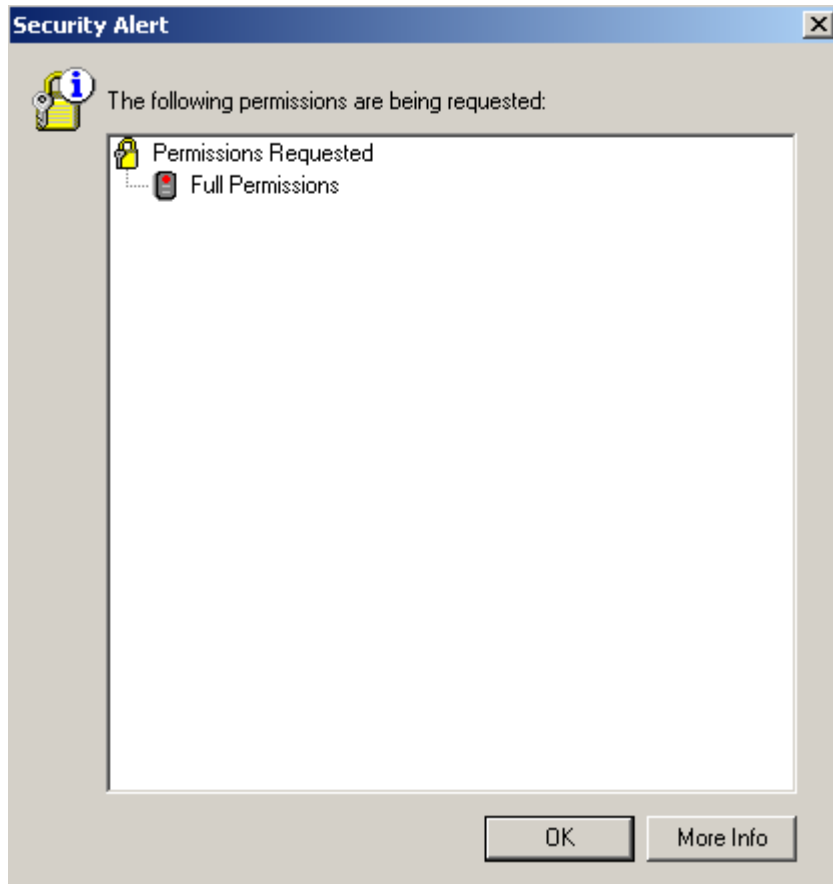
You can find out more information by clicking on the various buttons and tabs.

Continued on next page

Appendix C, Continued

**More
information**
(continued)

If you press the [SIGNED WITH PERMISSIONS
Full Permissions](#) link, a Security Alert window



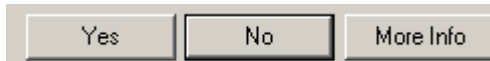
You can find out more information by clicking on the More Info Button.

Continued on next page

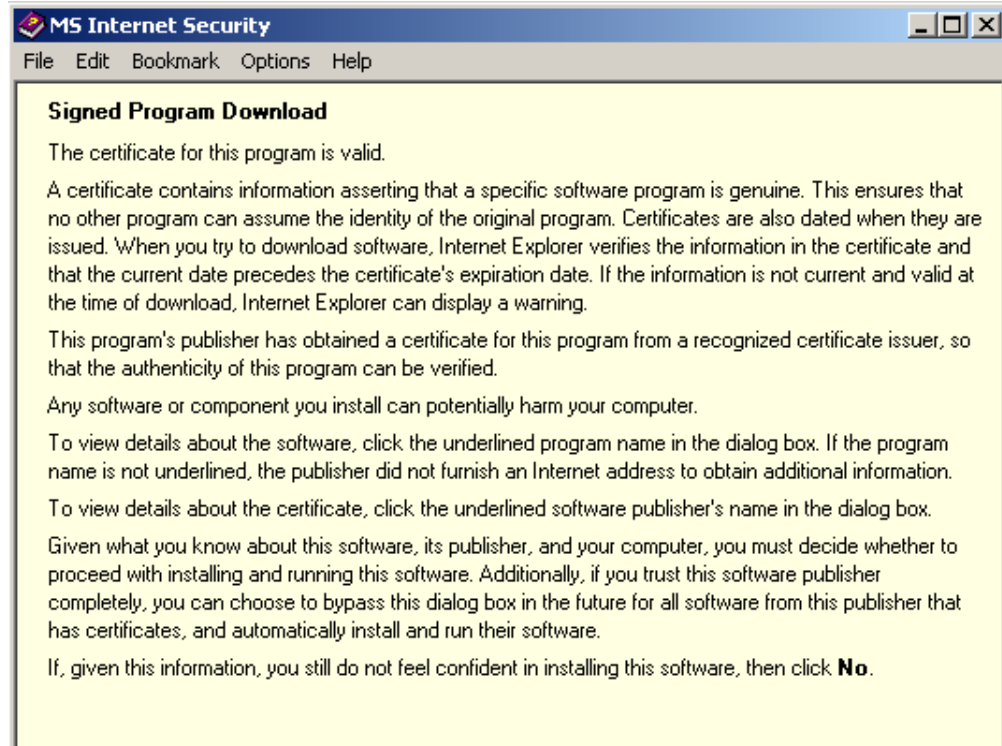
Appendix C, Continued

More information (continued)

By clicking on the



More Info button from the main Applet installation window you will see more detail about the certificate.



More than you ever wanted to know but were afraid to ask. Appendix.

Browser	Version
Internet Explorer (IE)	5 +
Netscape	4.7,

Appendix D – Referential Files Structure

REFERENTIAL README.TXT SBSTUDNT (Student Basic)

The following is the file layout for the referential files which are available after district data have been loaded to the database.

GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	STUDENT-ASSIGNED-KEY	X(09)
SB00	STUDENT-IDENTIFIER	X(09)
SB01	STUDENT-IDENTIFIER-STATUS	X(01)
SB03	STUDENT-BIRTH-DATE	9(08)
SCD1	FIRST-TERM-ATTENDED	X(03)
SCD2	LAST-TERM-ATTENDED	X(03)
	Record length 36 character records	

STTERM (Student Term)

GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
SB00	STUDENT-IDENTIFIER	X(09)
GI03	TERM-IDENTIFIER	X(03)
SB02	STUDENT-NAME-PARTIAL	X(03)
STD1	STUDENT-AGE-AT-TERM	9(03)
SB08	STUDENT-ZIP-CODE	X(05)
	ZIP_DETAIL	X(04)
SB09	STUDENT-RESIDENCE-CODE	X(05)
SB11	STUDENT-EDUCATION-STATUS	X(05)
SB12	STUDENT-HIGH-SCHOOL-LAST	X(06)
SB15	STUDENT-ENROLLMENT-STATUS	X(01)
SB16	STUDENT-UNITS-EARNED-LOCAL	9999V99
SB17	STUDENT-UNITS-EARNED-TRANSFER	9999V99
SB18	STUDENT-UNITS-ATTEMPTED-LOCAL	9999V99
SB19	STUDENT-UNITS-ATTEMPTED-TRANSFER	9999V99
SB20	STUDENT-TOTAL-GRADE-POINTS-LOCAL	9999V99
SB21	STUDENT-TOT-GRADE-POINTS-TRANSFER	9999V99
STD8	STUDENT-LOCAL-CUM-GPA	9V99
STD9	STUDENT-TOTAL-CUM-GPA	9V99
SB22	STUDENT-ACADEMIC-STANDING	X(01)
SB23	STUDENT-APPRENTICESHIP-STATUS	X(01)
SB24	STUDENT-TRANSFER-CENTER-STATUS	X(01)
SB25	STUDENT-GAIN-STATUS	X(01)
SB26	STUDENT-JTPA-STATUS	X(01)
SB14	STUDENT-EDUCATIONAL-GOAL	X(01)
SB04	STUDENT-GENDER	X(01)

Continued on next page

STTERM (Student Term) continued	SB05	STUDENT-ETHNICITY	X(02)
	SB06	STUDENT-CITIZENSHIP	X(01)
	STD2	STUDENT-1ST-CENSUS-CREDIT-LOAD	99V99
	STD3	STUDENT-DAY-EVENING-CLASS-CODE	X(01)
	STD6	STUDENT-DAY-EVENING-CLASS-CODE-2	X(01)
		UNITS-EARNED-WORKED	X(05)
	STD4	STUDENT-ACADEMIC-LEVEL	X(01)
	STD5	STUDENT-DEG-APPL-UNITS-EARNED-THIS-TERM	99V99
	STD7	STUDENT-HEADCOUNT-STATUS	X(01)
	SB27	STUDENT-CALWORKS-STATUS	X(01)
		Record length 115 character records	
SDDSPS (Student DSPS)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	SB02	STUDENT-NAME-PARTIAL	X(03)
	SB00	STUDENT-IDENTIFIER	X(09)
	SD01	STUDENT-PRIMARY-DISABILITY	X(01)
	SD02	STUDENT-PRIMARY-DISABILITY-SER CONT	9(03)
	SD03	STUDENT-SECONDARY-DISABILITY	X(01)
	SD04	STUDENT-SEC-DISABILITY-SERV-CONT	9(03)
	SD05	STUDENT-DISABILITY-DEPT-REHAB	X(01)
		Record length 27 character records	
SEEOPS (Student EOPS)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	SB02	STUDENT-NAME-PARTIAL	X(03)
	SB00	STUDENT-IDENTIFIER	X(09)
	SE01	STUDENT-EOPS-ELIGIBILITY-FACTOR	X(01)
	SE02	STUDENT-EOPS-TERM-OF-ACCEPT	X(03)
	SE03	STUDENT-END-TERM-EOPS-STATUS	X(01)
	SE04	STUDENT-EOPS-UNITS-REGISTERED	99V99
	SE05	STUDENT-EOPS-CARE-STATUS	X(01)
	SE06	STUDENT-CARE-TERM-OF-ACCEPT	X(03)
	SE07	STUDENT-CARE-MARITAL-STATUS	X(01)
	SE08	STUDENT-CARE-NUMBER-OF-DEPEND	X(01)
	SE09	STUDENT-CARE-TANF-DURATION	X(01)
	SE10	STUDENT-EOPS/CARE-WITHDRAW	X(01)
		Record length is 35 characters	
PSPBS (Student Precollegiate Basic Skills)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	SB02	STUDENT-NAME-PARTIAL	X(03)
	SB00	STUDENT-IDENTIFIER	X(09)
	PS01	PBS-STUDENT-UNITS-ACCUMULATED	99V99
	PS02	PBS-STUDENT-UNIT-LIMIT-WAIVER-STAT	X(01)
		Record length is 23 characters	

SVVATEA (Student VTEA)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	SB02	STUDENT-NAME-PARTIAL	X(03)
	SB00	STUDENT-IDENTIFIER	X(09)
	SV01	STUDENT-VOC-PROGRAM-PLAN-STAT	X(01)
	SV02	STUDENT-VTEA-FUNDED STATUS	X(01)
	SV03	STUDENT-VTEA-ECON-DISADV-STAT	X(02)
	SV04	STUDENT-VTEA-SINGLE-PARENT-STAT	X(01)
	SV05	STUDENT-VTEA-DISPL-HOMEMKER-STAT	X(01)
	SV06	STUDENT-VTEA-COOP-WORK-EXP-ED-TYPE	X(01)
	SV07	STUDENT-CRIMINAL-OFFENDER-STATUS	X(01)
	SV08	STUDENT-VTEA-TECH-PREP-STATUS	X(01)

Record length is 27 characters

SMMATRIC (Student Matriculation)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	SB02	STUDENT-NAME-PARTIAL	X(03)
	SB00	STUDENT-IDENTIFIER	X(09)
	SM01	STUDENT-MATRICULATION-GOALS	X(04)
	SM02	STUDENT-MATRICULATION-MAJOR	X(06)
	SM03	STUDENT-MATRICULATION-SPECIAL-NEEDS	X(14)
	SM04	STUDENT-MATRIC-ORIENTATION-EXEMPT-STAT	X(04)
	SM05	STUDENT-MATRIC-ASSESSMENT-EXEMPT-STAT	X(04)
	SM06	STUDENT-MATRIC-COUNS/ADVISEMNT-EX-STAT	X(04)
	SM07	STUDENT-MATRIC-ORIENTATION-SERVICES	X(01)
	SM08	STUDENT-MATRIC-ASSESSMENT-SERV-PLACE	X(01)
	SM09	STUDENT-MATRIC-ASSESSMENT-SERV-OTHER	X(03)
	SM12	STUDENT-MATRIC-COUNS/ADVISEMNT-SERV	X(01)
	SM13	STUDENT-MATRIC-ACAD-FOLLOW-UP-SERVICES	X(01)

Record length is 61 characters

Continued on next page

XENRLM (Student Enrollment)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	SB02	STUDENT-NAME-PARTIAL	X(03)
	SB00	STUDENT-IDENTIFIER	X(09)
	CB01	COURSE-DEPARTMENT-NUMBER	X(12)
	XB00	SECTION-IDENTIFIER	X(06)
	SX01	ENROLLMENT-EFFECTIVE-DATE	9(08)
	SX02	ENROLLMENT-DROP-DATE	9(08)
	SXD2	ENROLLMENT-CREDIT-STATUS	X(01)
	SXD3	ENROLLMENT-UNITS-ATTEMPTED	99V99
	SX03	ENROLLMENT-UNITS-EARNED	99V99
	SX04	ENROLLMENT-GRADE	X(03)
	SX05	ENROLLMENT-POSITIVE-ATTEND-HOURS	999V9
	SXD1	ENROLLMENT-1ST-CENSUS-STATUS	X(01)
	SXD4	TOTAL-HOURS	9(6)V9

Record length is 76 characters

XBSECTION (Section)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	CB01	COURSE-DEPARTMENT-NUMBER	X(12)
	XB00	SECTION-IDENTIFIER	X(06)
	XB01	SECTION-ACCOUNTING-METHOD	X(01)
	XB02	SECTION-DATE-CENSUS-FIRST	9(08)
	XB04	SECTION-CONTRACT-EDUCATION-CODE	X(01)
	XB05	SECTION-UNITS-MAXIMUM	99V99
	XB06	SECTION-UNITS-MINIMUM	99V99
	XB08	SECTION-DSPS-SPECIAL-STATUS	X(01)
	XB09	SECTION-WORK-BASED-LEARNING-ACTIVITIES	X(01)
	XB10	SECTION-CVU-CVC-STATUS	X(01)
	XBD1	SECTION-1ST-CENSUS-HEADCOUNT-ENROLL	9(03)
	XBD3	SECTION-DAY-EVENING-CLASS-CODE	X(01)
	XBD4	SECTION-TOTAL-HOURS	9(6)V9
	XBD5	SECTION-1ST-CENSUS-STATUS	X(01)

Record length is 57 characters

XFSESSION (Session)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	CB01	COURSE-DEPARTMENT-NUMBER	X(12)
	XB00	SECTION-IDENTIFIER	X(06)
	XF00	SESSION-IDENTIFIER	X(02)
	XF01	SESSION-INSTRUCTION-METHOD	X(02)
	XF02	SESSION-DATE-BEGINNING	9(08)
	XF03	SESSION-DATE-ENDING	9(08)
	XF04	SESSION-DAYS-SCHEDULED	X(09)
	XF05	SESSION-MEETING-TIME-BEGINNING	9(04)
	XF06	SESSION-MEETING-TIME-ENDING	9(04)
	XF07	SESSION-TOTAL-HOURS	999V9

Record length is 65 characters

XEASSIGN (Assignment)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	CB01	COURSE-DEPARTMENT-NUMBER	X(12)
	XB00	SECTION-IDENTIFIER	X(06)
	EB00	EMPLOYEE-IDENTIFIER	X(09)
	XF00	SESSION-IDENTIFIER	X(02)
	XE01	FACULTY-ASSIGNMENT-TYPE	X(01)
	XE02	FACULTY-ASSIGNMENT-PERCENT	9(03)
	XE03	FACULTY-ASSIGNMENT-FTE	999V99
	XE04	FACULTY-HOURLY-RATE	999V99
	Record length is 49 characters		
CBCRSIN (Course)	GI01	DISTRICT-COLLEGE-IDENTIFIER	X(03)
	GI03	TERM-IDENTIFIER	X(03)
	CB01	COURSE-DEPARTMENT-NUMBER	X(12)
	CB02	COURSE-TITLE	X(68)
	CB03	COURSE-TOP-CODE	X(06)
	CB04	COURSE-CREDIT-STATUS	X(01)
	CB05	COURSE-TRANSFER-STATUS	X(01)
	CB06	COURSE-UNITS-OF-CREDIT-MAXIMUM	99V99
	CB07	COURSE-UNITS-OF-CREDIT-MINIMUM	99V99
	CB08	COURSE-BASIC-SKILLS-STATUS	X(01)
	CB09	COURSE-SAM-PRIORITY-CODE	X(01)
	CB10	COURSE-COOP-WORK-EXP-ED-STATUS	X(01)
	CB11	COURSE-CLASSIFICATION-CODE	X(01)
	CB13	COURSE-SPECIAL-CLASS-STATUS	X(01)
	CB14	COURSE-CAN-CODE	X(06)
	CB15	COURSE-CAN-SEQ-CODE	X(08)
	CB19	COURSE-CROSSWALK-CRS-DEPT-NAME	X(07)
	CB20	COURSE-CROSSWALK-CRS-NUMBER	X(09)
	CB21	COURSE-PRIOR-TO-COLLEGE-LEVEL	X(01)
	CB22	COURSE-NONCREDIT-CATEGORY	X(01)
	Record length is 139 characters		

Appendix E

GI03 Term-Identifier	This data element identifies a term within an academic year as well as the academic year itself. It occurs in all input records submitted by the colleges.
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GI03 - Details	<u>DED #</u>	<u>DATA ELEMENT NAME</u>	<u>FORMAT</u>
	GI03	TERM-IDENTIFIER	X(03)

CODING

It is in the format: **YYT**, where

YY	=	last two digits of calendar year in which the term occurs.
T	=	single-digit term-type identifier listed below.

<u>CODE</u>		<u>TERM TYPE</u>	<u>CODE</u>		<u>TERM TYPE</u>
5	=	Summer Term	6	=	Summer Quarter
7	=	Fall Semester	8	=	Fall Quarter
1	=	Winter Intersession	2	=	Winter Quarter
3	=	Spring Semester	4	=	Spring Quarter
0	=	Annual (enter the year in which the reporting data period ENDS), and College Calendar			
9	=	Other (Use for Employee fall first census reporting period)			

NOTE: College Calendar data is reported for the upcoming year. All other Annual submissions are reported for the preceding year.

EXAMPLES:

<u>SEMESTER System for 2000-01 Year</u>			<u>QUARTER System for 2000-01 Year</u>		
2000 Summer Term	=	005	2000 Summer Quarter	=	006
2000-01 Annual Data	=	010	2000-01 Annual Data	=	010
2000 Employee Census	=	009	2000 Employee Census	=	009
2000 Fall Semester	=	007	2000 Fall Quarter	=	008
2001 Spring Semester	=	013	2001 Winter Quarter	=	012
			2001 Spring Quarter	=	014
2001-02 College Calendar	=	020	2001-02 College Calendar	=	020

Appendix F

Reports

Following is a comprehensive list of all available reports.

Syntactical and Referential Reports

Term-End Files	Annual (SP,SF,SA)	Calendar	Employee
Syntactical Summary	Syntactical Summary	Syntactical Summary	Syntactical Summary
Syntactical Detail (SSN's)	Syntactical Detail (SSN's)	Syntactical Detail (SSN's)	Syntactical Detail (SSN's)
Summary Load Report	Summary Load Report (Syntactical)	Summary Load Report (Syntactical)	Summary Load Report (Syntactical)
Referential Summary	Referential Summary		Referential Summary
Referential Detail (SSN's)	Referential Detail (SSN's)		Referential Detail (SSN's)


Analysis Reports

Term Semester	Annual	Employee
Download.Zip	Download.Zip	Download.Zip
Care Student Served Report		Letter to the District
Categorical Comparison Report	Calendar Report	Summary Load Report
Course/Section Comparison Report	Summary Load Report - Calendar	
Primary & Secondary Disability by Contact Services	Program Awards Report	Assignment FTE
Enrollment Comparison Report	Financial Aid Report	Contract Duration
EOPS Student Served Report	Letter to the District	EEO6 Activity
WSCH Comparison Report	Summary Load Report	Ethnicity
High School of Origin Report		Gender
Letter to the District		Leave Status
Summary Load Report		Employment Status
Student Characteristics Report		Staff Report (PDF)
Selected Statistics Report		
Total Units Attempted Report		Full-time Faculty Obligation
VTEA Comparison Report		

Appendix G

Submitting Non-Term Data

The following information is provided to show the other submission types and the screens associated with them.

Step	Action
1	<p>Press the Data Submission Link from the District Data Submission Page.</p>  <p>Press Data Submission Link</p>

CALIFORNIA COMMUNITY COLLEGES MANAGEMENT INFORMATION SYSTEM

DATA ELEMENT DICTIONARY

Student Characteristics Derived Data Elements

<u>DED #</u>	<u>DATA ELEMENT NAME</u>	<u>FORMAT</u>
STD7	STUDENT-HEADCOUNT-STATUS	X(01)

This element indicates whether the student was a credit or noncredit student as of term-end.

VARIABLES:

The following reported/derived data elements are used to derive STD7:

SX03 ENROLLMENT-UNITS-EARNED
 SX05 ENROLLMENT-POSITIVE-ATTENDANCE-HOURS
 SXD2 ENROLLMENT-CREDIT-STATUS
 XB01 SECTION-ACCOUNTING-METHOD

<u>CODING</u>	<u>MEANING</u>
---------------	----------------

Codes will be assigned to students in the order listed (i.e., A, B, C...) because students may have enrollments that meet more than one of the coding criteria.

- | | | |
|---|---|---|
| A | = | <u>Credit Student enrolled in Weekly / Daily Census section.</u>
Student enrolled in one or more weekly / daily census sections during the term. Weekly and daily census sections are always offered for credit. |
| B | = | <u>Credit Student enrolled in Positive Attendance section with 8 or more hours or 0.50 or more units earned.</u>
The sum of positive attendance hours enrolled by the student in one or more credit positive attendance sections in one term is 8.0 or more, |
| | | Or |
| | | The sum of units earned by the student in one or more credit positive attendance sections in one term is 0.50 or more. |
| C | = | <u>Credit Student enrolled in Independent Study section with 0.50 or more units earned.</u>
The sum of units earned by the student in one or more credit independent study sections in one term is 0.50 or more. |

CALIFORNIA COMMUNITY COLLEGES MANAGEMENT INFORMATION SYSTEM

DATA ELEMENT DICTIONARY

Student Characteristics Derived Data Elements

DED #	DATA ELEMENT NAME	FORMAT
STD7	STUDENT-HEADCOUNT-STATUS – (CONTINUED)	X(01)
D	<p>= <u>Credit Student enrolled in Positive Attendance section with less than 8 hours and less than 0.50 units earned.</u> The sum of positive attendance hours enrolled by the student in one or more credit positive attendance sections in one term is 7.9 or less,</p> <p style="text-align: center;">And</p> <p>The sum of units earned by the student in one or more credit positive attendance sections in one term is 0.49 or less.</p>	
E	<p>= <u>Credit Student enrolled in Independent Study section with less than 0.50 units earned.</u> The sum of units earned by the student in one or more credit independent study sections in one term is 0.49 or less.</p>	
F	<p>= <u>Noncredit Student enrolled in Positive Attendance section with 8 or more hours.</u> The sum of positive attendance hours attended by the student in one or more non-credit positive attendance sections in one term is 8.0 or more.</p>	
G	<p>= <u>Noncredit Student enrolled in Positive Attendance section with less than 8 hours.</u> The sum of positive attendance hours attended by the student in one or more non-credit positive attendance sections in one term is 7.9 or less.</p>	
Y	<p>= <u>Non-state Apportioned.</u> Student enrolled exclusively in non-state apportioned sections.</p>	

MISSING DATA

If any of the elements listed above under variables were not reported or could not be derived, this element can be coded with an "X" value. If SXD2 could not be derived or XB01 was not reported, this element will always be coded as "X".

CALIFORNIA COMMUNITY COLLEGES MANAGEMENT INFORMATION SYSTEM

DATA ELEMENT DICTIONARY

Student Basic Elements

<u>DED #</u>	<u>DATA ELEMENT NAME</u>	<u>FORMAT</u>
SB23	STUDENT-APPRENTICESHIP-STATUS	X(01)

This element identifies students who are registered apprentices.

<u>CODING</u>	<u>MEANING</u>
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0	=	NOT registered with the Department of Industrial Relations.
1	=	Registered with Department of Industrial Relations in an approved apprenticeship program.
X	=	Apprenticeship status unknown/uncollected.
Y	=	College does not offer an apprenticeship program.

CALIFORNIA COMMUNITY COLLEGES MANAGEMENT INFORMATION SYSTEM

DATA ELEMENT DICTIONARY

Student Financial Aid Data Elements

<u>DED#</u>	<u>DATA ELEMENT NAME</u>	<u>FORMAT</u>
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SF21	STUDENT-AID-AWARD-TYPE	X(02)
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This element indicates the type of financial aid award received and with SF22, makes up the Award sub-record which may occur up to eight times in the Financial Aid record.

<u>CODING</u>	<u>MEANING</u>
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Board Financial Assistance Program (BOGW - Board of Governors Enrollment Fee Waiver)

- | | | | |
|----|---|--|--|
| BA | = | BOGW - Method A-? (unknown base) | |
| B1 | = | BOGW - Method A-1 based on TANF recipient status | |
| B2 | = | BOGW - Method A-2 based on SSI recipient status | |
| B3 | = | BOGW - Method A-3 based on general assistance recipient status | |
| | | | |
| BB | = | BOGW - Method B based on income standards | |
| BC | = | BOGW - Method C based on financial need | |
| | | | |
| F1 | = | Fee Waiver – Dependent (children) of Deceased Law Enforcement/Fire Suppression (Subject to Group C edits) | |
| F2 | = | Fee Waiver – Dependent (surviving spouse and children) of deceased or disabled member of CA National Guard (Subject to Group C edits) | |
| F3 | = | Fee Waiver – Dependent of (children) deceased or disabled Veteran (Subject to Group C edits) | |
| F4 | = | Fee Waiver – Dependent of (children) of Congressional Medal of Honor recipient (CMH) or CMH recipient (Subject to Group C edits) | |
| F5 | = | Fee Waiver – Dependent of (surviving spouse and children) of deceased victims of September 11, 2001 terrorist attack. (Subject of Group C edits) | |

CALIFORNIA COMMUNITY COLLEGES MANAGEMENT INFORMATION SYSTEM

DATA ELEMENT DICTIONARY

Student Financial Aid Data Elements

<u>DED#</u>	<u>DATA ELEMENT NAME</u>	<u>FORMAT</u>
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SF21	STUDENT-AID-AWARD-TYPE - CONTINUED	X(02)
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GRANTS

GA	=	Academic Competitiveness Grant
GB	=	Cal Grant B
GC	=	Cal Grant C
GE	=	EOPS Grant
GF	=	CARE Grant
GP	=	Pell Grant
GS	=	SEOG (Supplemental Educational Opportunity Grant)
GU	=	Other grant: institutional source
GV	=	Other grant: non-institutional source
GW	=	Bureau of Indian Affairs (BIA) Grant
GG	=	Chafee Grant

LOANS

LD	=	Perkins Loan
LE	=	EOPS loan
LG	=	Stafford Loan, subsidized
LH	=	Stafford Loan, unsubsidized
LI	=	Other loan: institutional source
LN	=	Other loan: non-institutional source
LP	=	PLUS loan: parent loan for undergraduate student.
LS	=	Federal Direct Student Loan - subsidized
LL	=	Federal Direct Student Loan - unsubsidized

SCHOLARSHIP

SO	=	Scholarship: Osher Scholarship
SU	=	Scholarship: institutional source
SV	=	Scholarship: non-institutional source
SX	=	Scholarship: source unknown

WORK STUDY

WC	=	California State Work Study (SWS)
WE	=	EOPS Work Study
WF	=	Federal Work Study (FWS) (Federal share)
WU	=	Other Work Study and matching funds

Note: For all forms of Work Study, report the matching funds in WU (unless the program was directly matched with another program on the list.

CALIFORNIA COMMUNITY COLLEGES MANAGEMENT INFORMATION SYSTEM

DATA ELEMENT DICTIONARY

Student Financial Aid Data Elements

DED#	DATA ELEMENT NAME	FORMAT
SF21	STUDENT-AID-AWARD-TYPE - CONTINUED	X(02)

MIS Reporting of BOG Fee Waivers

Instructions for October 1, 2000 Submission of 1999-2000 Fee Waiver Activity

BOG Fee Waivers are not the same as “regular” financial aid and we must address that issue. The purpose of reporting the BOG Fee Waivers to the Chancellor’s Office is to provide a mechanism for calculating the amount that a school should be reimbursed for (a) the number of fee waivers processed and (b) the amount of fees waived. To facilitate this process, the colleges must report each student for which they want to be reimbursed using the following reporting rules.

1. Report a fee waiver for every student:
 - Determined eligible for a BOG Fee Waiver AND
 - For whom fees were assessed AND
 - Attended at least one meeting of a course for which the fees were waived.
2. The amount of the fee waiver reported should be the total fees that would have been collected from the student had they actually paid for their credit load. As an example, if a student initially enrolls in fifteen units at the beginning of a term but by the end of the refund period, they have dropped to six units, the amount reported should be what the student would have paid for those six units. If the student does not drop the courses until after the refund period, the amount reported would be what the student would have paid for all fifteen units. If the student drops all of their courses within the refund period report the amount waived as zero. **BOG Fee Waivers are the only financial aid awards that can be reported with a zero amount.**
3. The amount of the fee waiver reported on the MIS financial aid (SF) record is the total fees waived for the year for that fee waiver type. Only one aid type per student should be reported regardless of how many times the student received that type of aid.
4. If a student pays fees but is subsequently determined to be eligible for a fee waiver and the fees are refunded to the student, report that student and the fees waived.
5. In multi-campus districts, report the student as a recipient at each college where the student enrolls. If the student enrolls at more than one college in the district, do not limit the reporting to a single campus. Each college's SF records are separate and represent the activity at that college only. The MIS data reported should reflect the types of aid received by all the students at that college without regard to enrollment in other colleges in the district.
6. Even if the student does not meet the reporting domain for MIS Enrollment (SX) data, you must submit a Student Basic (SB) record for every term the student meets the criteria given in #1 if you intend to submit a SF record for them. In the case of students attending and receiving a waiver at more than one college, SB records must be reported for all colleges attended.
7. Summer fee waivers are always reported as "leaders" not "trailers".

BEFORE THE
COMMISSION ON STATE MANDATES

Claim of:

Rio Hondo Community College District
Claimant

No. CSM-4206

PROPOSED DECISION

This claim was heard by the Commission on State Mandates (commission) on November 20, 1986, in Sacramento, California, during a regularly scheduled meeting of the commission. Patrick Sisneros, Attorney at Law, and Dr. Timothy M. Wood, Vice-President of Administrative Affairs, appeared on behalf of the Rio Hondo Community College District. Steve Nakamura, Program Analyst, appeared on behalf of the California Community Colleges Chancellor's Office. Carol Miller of Education Mandated Costs Network also testified at the hearing. There were no other appearances.

Evidence both oral and documentary having been introduced, the matter submitted, and a vote taken, the commission finds:

I.

NOTE

1. The finding of a reimbursable mandate does not mean that all increased costs claimed will be reimbursed. Reimbursement, if any, is subject to commission approval of parameters and guidelines for reimbursement of the claim, and a statewide cost estimate; a timely-filed claim for reimbursement; and a subsequent review of the claim by the State Controller.

11.

FINDINGS OF FACT

1. The test claim was filed with the Commission on State Mandates on November 27, 1985, by the Rio Hondo Community College District.
2. The subject of the claim is Statutes of 1984, 2nd Extraordinary Session, Chapter 1.
3. Chapter 1/84, 2nd E.S., repealed Section 72244 of the Education Code which provided for an optional health services program to be implemented at the California Community College Districts' discretion and repealed Section 72246 which provided the fee structure the districts could charge students to fund the program.
4. Chapter 1/84, 2nd E.S., added Section 72246.5 to the Education Code and required 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.
5. A program which was optional is now required by Chapter 1, Statutes of 1984, 2nd E.S. of any community college district which levied a health services fee in fiscal year 1983-84,
6. During fiscal year 1983-84 Rio Hondo Community College District provided a health services program and assessed a health services fee. Therefore, the Rio Hondo Community College District has incurred increased costs as a result of having to provide a health services program while having its authority to assess a health services fee removed.
7. The Rio Hondo Community College District's increased costs are costs mandated by the state.
8. Government Code Section 17514 defines the term "costs mandated by the state" as any increased costs which a local agency 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.
9. None of the requisites for denying a claim, specified in Government Code Section 17556, subdivision (a), were established.

11.

DETERMINATION OF ISSUES

1. The commission has jurisdiction to decide the claim under authority of Government Code Section 17551.

2. Education Code Section 72246.5 as added by Chapter 1, Statutes of 1984, 2nd E.S., imposes a reimbursable state mandate upon local school districts. The Rio Hondo Community College District has established that this statute has imposed a new program by requiring community college districts, which levied a health services fee in fiscal year 1983-84 for an optional health services program, to provide the health services program without the authority to levy a fee.

WP 1526A-3