SixTen and Associates
Mandate Reimbursement Services

KEITH B. PETERSEN, MPA, JD, President
5252 Balboa Avenue, Suite 807
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JUL 03 2006
COMMISSION ON
STATE MANDATES

June 30, 2006

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

RE: Incorrect Reduction Claim of Pasadena Area Community College District
Health Fee Elimination
Fiscal Years: 1999-00, 2000-01, and 2001-02

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:

Peter Hardash, 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: pjhardash@pasadena.edu

Thank-you.

Sincerely,

Keith B. Petersen

State of California
COMMISSION ON STATE MANDATES
980 Ninth Street, Suite 300
Sacramento, CA 95814
(916) 323-3562
CSM 2 (12/89)

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STATE MANDATES

INCORRECT REDUCTION CLAIM FORM

Claim No. 06-4206-I-13

Local Agency or School District Submitting Claim

PASADENA AREA COMMUNITY COLLEGE DISTRICT

Contact Person	Telephone Number
Keith B. Petersen, President SixTen and Associates 5252 Balboa Avenue, Suite 807 San Diego, CA 92117 Address	Voice: 858-514-8605 Fax: 858-514-8645 E-mail: Kbpsixten@aol.com

Peter Hardash, Vice-President Administrative Services
Pasadena Area Community College District
1570 East Colorado Blvd.
Pasadena, CA 91106-2003

Representative Organization to be Notified	Telephone Number
Robert Miyashiro, Consultant, Education Mandated Cost Network c/o School Services of California 1121 L Street, Suite 1060 Sacramento, CA 95814	Voice: 916-446-7517 Fax: 916-446-2011 E-mail: robertm@SSCal.com

This claim alleges an incorrect reduction of a reimbursement claim filed with the State Controller's Office pursuant to section 17561 of the Government Code. This incorrect reduction claim is filed pursuant to section 17561(b) of the Government Code.

CLAIM IDENTIFICATION: Specify Statute or Executive Order

HEALTH FEE ELIMINATION Chapter 1, Statutes of 1984, 2nd E.S. Education Code Section 76355
Chapter 1118, Statutes of 1987

Fiscal Year	Amount of the Incorrect Reduction
1999-00	$83,464
2000-01	$107,550
2001-02	$184,927
Total Amount	$375,941

IMPORTANT: PLEASE SEE INSTRUCTIONS AND FILING REQUIREMENTS FOR COMPLETING AN INCORRECT REDUCTION CLAIM ON THE REVERSE SIDE.

Name and Title of Authorized Representative	Telephone No.
Peter Hardash, Vice-President Administrative Services	Voice: 626-585-7258 Fax: 626-585-7968 E-Mail: pjhardash@pasadena.edu

Signature of Authorized Representative	Date
X	June 28, 2006

Claim Prepared by:
Keith B. Petersen
SixTen and Associates
5252 Balboa Avenue, Suite 807
San Diego, California 92117
Voice: (858) 514-8605
Fax: (858) 514-8645

BEFORE THE

COMMISSION ON STATE MANDATES

STATE OF CALIFORNIA

INCORRECT REDUCTION CLAIM OF:	No. CSM _____
PASADENA AREA Community College District,	Chapter 1, Statutes of 1984, 2nd E.S. Chapter 1118, Statutes of 1987 Education Code Section 76355
Claimant.	**Health Fee Elimination**
	Annual Reimbursement Claims: Fiscal Year 1999-00 Fiscal Year 2000-01 Fiscal Year 2001-02

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 " . . . 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." Pasadena Area Community College District

(hereafter "District") is a school district as defined in Government Code Section 17519. Title 2, CCR, Section 1185 (a), requires the claimant to file an incorrect reduction claim with the Commission.

This incorrect reduction claim is timely filed. Title 2, CCR, Section 1185 (b), requires incorrect reduction claims to be filed no later than three years following the date of the Controller's remittance advice notifying the claimant of a reduction. A Controller's audit report dated March 17, 2004, has been issued. The audit report constitutes a demand for repayment and adjudication of the claims. On July 20, 2004, the Controller issued "results of review letters" reporting the audit results for the FY 1999-00, FY 2000-01 and FY 2001-02 claims, and demanding payment of amounts due to the state.

There is no alternative dispute resolution process available from the Controller's office. In response to an audit issued March 10, 2004, Foothill-De Anza Community College attempted to utilize the informal audit review process established by the Controller to resolve factual disputes. Foothill-De Anza was notified by the Controller's legal counsel by letter of July 15, 2004 (attached as Exhibit "A"), that the Controller's informal audit review process was not available for mandate audits and that the proper forum was the Commission on State Mandates.

PART II. SUMMARY OF THE CLAIM

The Controller conducted a field audit of the District's annual reimbursement claims for the costs of complying with 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, 1999 through June 30, 2002. As a result of the audit, the Controller determined that $375,941 of the claimed costs are unallowable:

Fiscal Year	Amount Claimed	Audit Adjustment	SCO Payments	Amount Due <State> District
1999-00	$83,464	$83,464	$83,464	<83,464>
2000-01	$275, 418	$107,550	$19,270	$148,598
2001-02	$319,578	$184,927	$46,709	$87,942
Totals	$678,460	$375,941	$149,443	$153,067

Since the District has been paid $149,443 for these claims, the audit report concludes that a remaining amount of $153,067 will be paid by the State. The July 20, 2004 results and review letters state that "the balance due will be forthcoming when additional funds are made available."

PART III. PREVIOUS INCORRECT REDUCTION CLAIMS

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

PART IV. BASIS FOR REIMBURSEMENT

1. Mandate Legislation

Chapter 1, Statutes of 1984, 2nd Extraordinary Session, repealed Education

Code Section 72246 which had authorized community college districts to charge a student health services fee for the purpose of providing student health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. This statute also required the scope of student health services for which a community college district charged a fee during the 1983-84 fiscal year be maintained at that level 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 1986-87 to maintain student health services at that level each fiscal year thereafter.

Chapter 8, Statutes of 1993, Section 29, repealed Education Code Section 72246, effective April 15, 1993. Chapter 8, Statutes of 1993, Section 34, added Education Code Section 76355[1], containing substantially the same provisions as former

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[1] 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

1 Section 72246, effective April 15, 1993.

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 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."

reasonableness of the costs allocation assumptions made for the method used.

Unreasonable or Excessive

Government Code Section 17561(d)(2) requires the Controller to pay claims, provided that the Controller may audit the records of any school district to verify the actual amount of the mandated costs, and may reduce any claim that the Controller determines is excessive or unreasonable. The Controller is authorized to reduce a claim only if it determines the claim to be excessive or unreasonable. Here, the District has computed its indirect cost rate utilizing cost accounting principles from the Office of Management and Budget Circular A-21, and the Controller has disallowed it without a determination of whether the product of the District's calculation would, or would not, be excessive, unreasonable, or inconsistent with cost accounting principles. The OMB A-21 cost accounting methods are not the intellectual property of the federal government and can be competently utilized by claimants to generate a reasonable indirect cost rate without the need for federal approval.

Neither state law nor the parameters and guidelines made compliance with the Controller's claiming instructions a condition of reimbursement. The District has followed the parameters and guidelines. The burden of proof is on the Controller to prove that the District's calculation is unreasonable, not to recalculate the rate according to its unenforceable ministerial preferences. Therefore, the Controller made no determination as to whether the method used by the District was unreasonable, but, merely substituted its FAM-29C method for the method reported by the District. The

substitution of the FAM-29C method is an arbitrary choice of the Controller, not a "finding" enforceable either by fact or law. The Controller's adjustment of the District's indirect cost rate should be withdrawn, since no legal or factual basis has been shown to disallow the indirect cost rate calculation used by the District.

Finding 2: Offsetting health fees understated

The Controller adjusted the reported enrollment and number of students subject to payment of the health services fee which resulted in a total adjustment of $287,865 for the three fiscal years.

Education Code Section 76355

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

Parameters and Guidelines

This Controller states that the "*Parameters and Guidelines* specifies that any offsetting savings or reimbursements received must be identified and deducted." The parameters and guidelines actually state:

> "Any offsetting savings that the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., federal, state, etc., shall be identified and deducted from this claim. This shall include the amount of [student fees] as authorized by Education Code Section 72246(a)[2]."

In order for a district to "experience" these "offsetting savings" a district must actually have collected these fees. Student health services fees actually collected must be used to offset costs, but not student fees that could have been collected and were not. The use of the term "*any* offsetting savings" further illustrates the permissive nature of the fees.

Government Code Section 17514

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

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

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

[2] Former Education Code Section 72246 was repealed by Chapter 8, Statutes of 1993, Section 29, and was replaced by Education Code Section 76355.

legal effect of fees collected.

Government Code Section 17556

Nor can the Controller rely upon Government Code Section 17556 for the conclusion that there are no claimable costs mandated by the State where the claimants have the authority to collect a service fee. Government Code Section 17556 as last amended by Chapter 589, Statutes of 1989 states:

> "The commission shall not find costs mandated by the state, as defined in Section 17514, in any claim submitted by a local agency or school district, if after a hearing, the commission finds that: . . .
> (d) The local agency or school district has the authority to levy service charges, fees, or assessments sufficient to pay for the mandated program or increased level of service. ..."

Government Code Section 17556 prohibits the Commission on State Mandates from finding costs subject to reimbursement, that is, approving a test claim activity for reimbursement, where there is authority to levy fees in an amount sufficient to offset the entire mandated costs. Here, the Commission has already approved the test claim and made a finding of a new program or higher level of service for which the claimants do not have the ability to levy a fee in an amount sufficient to offset the entire mandated costs.

Fees Collected vs. Fees Collectible

This issue is one of student health fees revenue actually received, rather than student health fees which might be collected. Student fees not collected are student fees not "experienced" and as such should not reduce reimbursement. Further, the

amount "collectible" will never equal actual revenues collected due to changes in student BOGG eligibility, bad debt accounts, and refunds.

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

Enrollment and Exempted Student Statistics

It is our understanding that the Controller adjusted the reported total student enrollment and reported number of exempt students based on data available from the office of the Chancellor of the Community Colleges. The information obtained from the Chancellor's office is based on information originally provided to the Chancellor by the District in the normal course of business. The Controller has not provided any factual basis why the Chancellor's data, subject to review and revision after the fact for several years, is preferable to the data reported by the District which was available at the time the claims were prepared. The Controller does not indicate how and why its determination of "actual" student counts is any more "actual" than the amount reported on the claims.

Amounts Paid By The State

This issue was not an audit finding. The payment received from the state is an integral part of the reimbursement calculation. The Controller changed the FY 1999-00 and FY 2000-01 claim payment amount received from the state without a finding in the audit report.

	Fiscal Year of Claim		
Amount Paid by the State	1999-00	2000-01	2001-02
As Claimed	$0	$0	$ 46,709
As Audited	$83,464	$19,270	$ 46,709

The propriety of these adjustments cannot be determined until the Controller states the reason for the change.

Statute of Limitations for Audit

This issue is not a finding of the Controller. The District asserts that the FY 1999-00 and FY 2000-01 claims are beyond the statute of limitations for audit when the Controller issued its audit report on March 17, 2004.

Chronology of Claim Action Dates

January 10, 2001	FY 1999-00 claim filed by the District
December 20, 2001	FY 2000-01 claim filed by the District
December 31, 2003	FY 1999-00 and FY 2000-01 statute of limitations for audit expires
March 17, 2004	Controller's final audit report issued

The District's FY 1999-00 claim was mailed to the Controller on January 10, 2001. The District's FY 2000-01 claim was mailed to the Controller on December 20, 2001. According to Government Code Section 17558.5 these claims are subject to audit no later than December 31, 2003. The Audit report was issued March 17, 2004. Therefore the audit adjustments for FY 1999-00 and FY 2000-01 are barred by the statue of limitations.

Statutory History

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 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."

The FY 1999-00 and FY 2000-01 annual claims are subject to the two-year statute of limitations established by Chapter 945, Statutes of 1995. Since funds were appropriated for the program for all the fiscal years which are the subject of the audit, the alternative measurement date is not applicable, and the potential factual issue of when the audit is initiated is not relevant. The FY 1999-00 and FY 2000-01 claims were no longer subject to audit when the audit report was issued on March 17, 2004.

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 FY 2001-2002 claim is subject to this amended version of Section 17558.5, and was still subject to audit at the time the audit report was released. The amendment is pertinent since it indicates this is the first time that the factual issues of the date the audit is "initiated" for mandate programs for which funds are appropriated is introduced. This also means that at the time the claim is filed, it is impossible for the claimant to

know when the statute of limitations will expire, which is 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."

None of the fiscal period claims which are the subject of the audit are subject to this amended version of Section 17558.5. The amendment is pertinent since it indicates this is the first time that the Controller audits may be completed at a time other than the stated period of limitations.

Clearly, the Controller did not complete the audit of FY 1999-00 and FY 2000-01 within the statutory time period allowed. The audit findings and reductions are therefore void for those two years.

PART VIII. RELIEF REQUESTED

The District filed its annual reimbursement claims within the time limits prescribed by the Government Code. The amounts claimed by the District for reimbursement of the costs of implementing the program imposed by Chapter 1, Statutes of 1984, 2nd E.S., Chapter 1118, Statutes of 1987, and Education Code

Section 76355 represent the actual costs incurred by the District to carry out this program. These costs were properly claimed pursuant to the Commission's parameters and guidelines. Reimbursement of these costs is required under Article XIIIB, Section 6 of the California Constitution. The Controller denied reimbursement without any basis in law or fact. The District has met its burden of going forward on this claim by complying with the requirements of Section 1185, Title 2, California Code of Regulations. Because the Controller has enforced and is seeking to enforce these adjustments without benefit of statute or regulation, the burden of proof is now upon the Controller to establish a legal basis for its actions.

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

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PART IX. 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 28 2006, at Pasadena, California, by

Peter Hardash, 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: pjhardash@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.

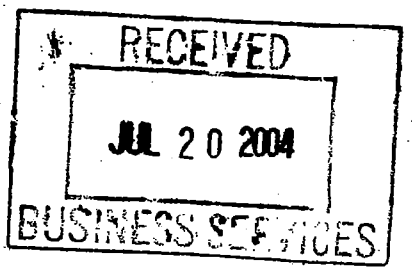
Peter Hardash, Vice-President
Pasadena Area Community College District

6/28/06
Date

Attachments:

Exhibit "A"	SCO Legal Counsel's Letter of June 15, 2004
Exhibit "B"	Parameters and Guidelines as amended May 25, 1989
Exhibit "C"	Controller's Claiming Instructions September 1997
Exhibit "D"	SCO Audit Report date March 17, 2004

Exhibit A



STEVE WESTLY
California State Controller

July 15, 2004

Mike Brandy, Vice Chancellor
Foothill-De Anza Community College District
12345 El Monte Road
Los Altos, CA 94022

Re: Foothill-De Anza Community College District Audit

Dear Mr. Brandy:

This is in response to your letter to me dated May 13, 2004, concerning the Controller's Audit of the Health Fee claim.

The Controller's informal audit review process was established to resolve factual disputes where no other forum for resolution, other than a judicial proceeding, is available.

The proper forum for resolving issues involving mandated cost programs is through the incorrect reduction process through the Commission on State Mandates. As such, this office will not be scheduling an informal conference for this matter.

However, in light of the concerns expressed in your letter concerning the auditors assigned and the validity of the findings, I am forwarding your letter to Vince Brown, Chief Operating Officer, for his review and response.

If you have any questions you may contact Mr. Vince Brown at (916) 445-2038.

Very truly yours,

RICHARD J. CHIVARO
Chief Counsel

RJC/st

cc: Vincent P. Brown, Chief Operating Officer, State Controller's Office
Jeff Brownfield, Chief, Division of Audits, State Controller's Office

Exhibit B

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 & 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
- Diptheria/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
Bandaids
Booklets/Pamphlets
Dressing Change
Rest
Suture Removal
Temperature
Weigh
Misc.
Information
Report/Form
Wart Removal

COMMITTEES
Safety
Environmental
Disaster Planning

SAFETY DATA SHEETS
Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

BODY FAT MEASUREMENTS

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

WORKSHOPS
Test Anxiety
Stress Management
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.

0350d

Exhibit C

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.

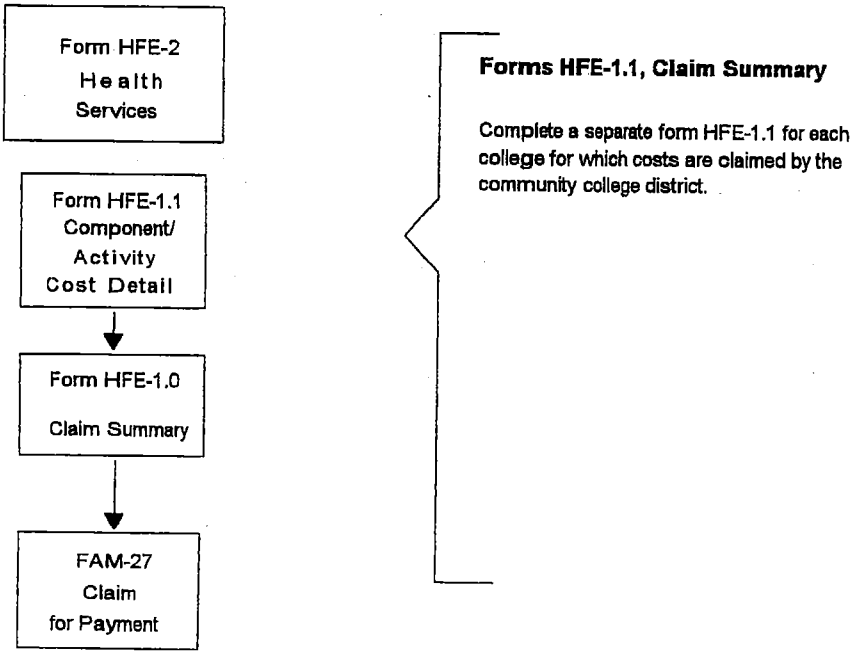
C. Form HFE-1.0, Claim Summary

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

(19) Program Number 00029

(20) Date Filed ____/____/____

(21) LRS Input ____/____/____

Program 029

LABEL HERE

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box Suite

City State Zip Code

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 to Claimant	(08)	(17)
Due to State		(18)

Reimbursement Claim Data	
(22) HFE-1.0,(04)(b)	
(23)	
(24)	
(25)	
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	

(37) 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

Type or Print Name Title

(38) Name of Contact Person for Claim Telephone Number ( ) - Ext.

E-Mail Address

Program 029	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27

(01) Leave blank.

(02) A set of mailing labels with the claimant's I.D. number and address was enclosed with the letter regarding the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.

(03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.

(04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.

(05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.

(06) Enter the fiscal year in which costs are to be incurred.

(07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form HFE-1.0 and enter the amount from line (04)(b).

(08) Enter the same amount as shown on line (07).

(09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.

(10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.

(11) If filing an amended or a combined claim on behalf of districts within the county, 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 reimbursement claim from form HFE-1.0, line (04)(b).

(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 either the product of multiplying line (13) by the factor 0.10 (10% penalty) or $1,000, whichever is less.

(15) If filing a reimbursement claim and a 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 in 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, line (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 a signed certification.**

(38) Enter the name, telephone number, and e-mail address of the person whom this office should contact if additional information is required.

SUBMIT A SIGNED, ORIGINAL FORM FAM-27 WITH ALL OTHER FORMS AND SUPPORTING DOCUMENTS (NO COPIES NECESSARY) TO:

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

(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).

MANDATED COSTS
HEALTH FEE ELIMINATION
CLAIM SUMMARY

FORM HFE-1.1

(01) Claimant

(02) Type of Claim

Reimbursement ☐
Estimated ☐

Fiscal Year 19___/19___

(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 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)]			

(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)]	
(10) Sub-total	[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)}]	

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 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. If you are filing an estimated claim and the estimate does not exceed the previous year's actual costs by 10%, do not complete form HFE-1.1. Simply enter the amount of the estimated claim on form FAM-27, line (05), Estimated. 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 the claim.

(04) Compare the level of health 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 expenditures report (individual college's cost of health services as authorized under Education Code § 76355 and included in the district's Community College Annual Financial and Budget Report CCFS-311, EDP Code 6440, column 5). **If the amount of direct costs claimed is different than shown on the expenditures 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 (i.e., utilizing the cost accounting principles from the Office of Management and Budget Circular A-21), or the State Controller's methodology outlined in "Filing a Claim" of the Mandated Cost Manual for Schools.

(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 health services that is 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 amount of health service fees that could have been collected. **Do not include students who are exempt from paying health fees established by the Board of Governors and contained in Section 58620 of Title 5 of the California Code of Regulations.** After 01/01/93, the student fees for health supervision and services were $10.00 per semester, $5.00 for summer school, and $5.00 for each quarter. Beginning with the summer of 1997, the health service fees are: $11.00 per semester and $8.00 for summer school, or $8.00 for each quarter.

(09) Enter the sum of Student Health Fees That Could Have Been Collected, (other than from students who were exempt from paying health fees) [Line (8.1g) + line (8.2g) + line (8.3g) + line (8.4g) + line (8.5g) + line (8.6g)].

(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 schedule of detailed savings with the claim.

(12) Enter the total other reimbursements received from any source, (i.e., federal, other state programs, etc.,). Submit a schedule of detailed 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		
Bandaids		
Booklets/Pamphlets		
Dressing Change		
Rest		
Suture Removal		
Temperature		
Weigh		
Information		
Report/Form		
Wart Removal		
Others, list		
Committees		
Safety		
Environmental		
Disaster Planning		

Exhibit D

PASADENA AREA COMMUNITY COLLEGE DISTRICT

Audit Report

HEALTH FEE ELIMINATION PROGRAM

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

July 1, 1999, through June 30, 2002

RECEIVED
OFFICE OF SUPT. - PRES.
PASADENA CITY COLLEGE
MAR 26 2004
Read By
Fwd. to
Copies to
Master Retained in

STEVE WESTLY
California State Controller

March 2004

STEVE WESTLY
California State Controller

March 17, 2004

James P. Kossler, Ed.D.
Superintendent/President
Pasadena Area Community College District
1570 East Colorado Boulevard
Pasadena, CA 91106

Dear Dr. Kossler:

The State Controller's Office has completed an audit of the claims filed by Pasadena Area Community College District 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, 1999, through June 30, 2002.

The district claimed $678,460 for the mandated program. Our audit disclosed that $302,519 is allowable and $375,941 is unallowable. The unallowable costs occurred because the district claimed unsupported costs and understated claimed revenue offsets. The district was paid $149,443. Allowable costs claimed in excess of the amount paid total $153,076.

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

Sincerely,

Vincent P. Brown

VINCENT P. BROWN
Chief Operating Officer

VPB:jj

cc: (See page 2)

cc: Peter Hardash, Vice President
Administrative Services
Pasadena Area Community College District
Odessa Walker, Director
Fiscal Services
Pasadena Area Community College District
Ed Monroe, Program Assistant
Fiscal Accountability Section
Chancellor's Office
California Community Colleges
Jeannie Oropeza, Program Budget Manager
Education Systems Unit
Department of Finance
Charles Pillsbury
School Apportionment Specialist
Department of Finance

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Audit Report

Summary

The State Controller's Office (SCO) has completed an audit of the claims filed by the Pasadena Area Community College District 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, 1999, through June 30, 2002. The last day of fieldwork was November 21, 2003.

The district claimed $678,460 for the mandated program. The audit disclosed that $302,519 is allowable and $375,941 is unallowable. The unallowable costs occurred because the district claimed unsupported costs and understated claimed revenue offsets. The district was paid $149,443. Allowable costs claimed in excess of the amount paid total $153,076.

Background

Chapter 1, Statutes of 1984, 2nd Extraordinary Session (E.S.) repealed *Education Code* Section 72246, which had authorized community college districts to charge a health fee for 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 fiscal year (FY) 1983-84 had to be maintained at that level in FY 1984-85 and every year thereafter. The provisions of this statute would automatically sunset on December 31, 1987, which would reinstate the community college district's 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 FY 1986-87 to maintain health services at the level provided during that year in FY 1987-88 and each fiscal year thereafter.

On November 20, 1986, the Commission on State Mandates (COSM) determined that Chapter 1, Statutes of 1984, 2nd E.S., imposed a "new program" upon community college districts by requiring any community college district that provided health services for which it was authorized to charge a fee pursuant to former *Education Code* Section 72246 in FY 1983-84 to maintain health services at the level provided during that year in FY 1984-85 and each fiscal year thereafter. This maintenance-of-effort requirement applies to all community college districts that levied a health services fee in FY 1983-84, regardless of the extent to which the health services fees collected offset the actual costs of providing health services at the FY 1983-84 level. On April 27, 1989, the COSM determined that Chapter 1118, Statutes of 1987, amended this maintenance of effort requirement to apply to all community college districts that provided health services in FY 1986-87 and required them to maintain that level in FY 1987-88 and each fiscal year thereafter.

Parameters and Guidelines, adopted by the COSM, establishes the state mandate and defines criteria for reimbursement. In compliance with *Government Code* Section 17558, the SCO issues claiming instructions for each mandate requiring state reimbursement to assist school districts and local agencies in claiming reimbursable costs.

Objective, Scope, and Methodology

The audit objective was to determine whether costs claimed are increased costs incurred as a result of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd E.S., and Chapter 1118, Statutes of 1987) for the period of July 1, 1999, through June 30, 2002.

The auditor performed the following procedures:

- Reviewed the costs claimed to determine if they were increased costs resulting from the mandated program;
- Traced the costs claimed to the supporting documentation to determine whether the costs were properly supported;
- Confirmed that the costs claimed were not funded by another source; and
- Reviewed the costs claimed to determine that the costs were not unreasonable and/or excessive.

The SCO conducted the audit in accordance with *Government Auditing Standards*, issued by the Comptroller General of the United States. The SCO did not audit the district's financial statements. The scope was limited to planning and performing audit procedures necessary to obtain reasonable assurance concerning the allowability of expenditures claimed for reimbursement. Accordingly, transactions were examined, on a test basis, to determine whether the amounts claimed for reimbursement were supported.

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

Conclusion

The 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 Pasadena Area Community College District claimed $678,460 for costs of the legislatively mandated Health Fee Elimination Program. The audit disclosed that $302,519 is allowable and $375,941 is unallowable.

For FY 1999-2000, the district was paid $83,464 by the State. The audit disclosed that none of the costs claimed is allowable. The amount paid in excess of allowable costs claimed, totaling $83,464, should be returned to the State.

For FY 2000-01, the district was paid $19,270 by the State. The audit disclosed that $167,868 is allowable. Allowable costs claimed in excess of the amount paid, totaling $148,598, will be paid by the State based on available appropriations.

For FY 2001-02, the district was paid $46,709 by the State. The audit disclosed that $134,651 is allowable. Allowable costs claimed in excess of the amount paid, totaling $87,942, will be paid by the State based on available appropriations.

Views of Responsible Officials

The SCO issued a draft audit report on January 21, 2004. The SCO auditor contacted Odessa Walker, Director, Fiscal Services, on February 17, 2004, for a response to the draft report. Ms. Walker stated that the district accepts the report and will not be providing a written response.

Restricted Use

This report is solely for the information and use of the Pasadena Area Community College District, 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.

JEFFREY V. BROWNFIELD
Chief, Division of Audits

Schedule 1—
Summary of Program Costs
July 1, 1999, through June 30, 2002

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustments	Reference [1]
July 1, 1999, through June 30, 2000				
Health services costs	$ 545,579	$ 545,579	$ —	
Less cost of services in excess of FY 1986-87 services	(140,275)	(140,275)	—	
Subtotals	405,304	405,304	—	
Less authorized health fees	(321,840)	(474,501)	(152,661)	Finding 2
Subtotals	83,464	(69,197)	(152,661)	
Adjustment for authorized fees exceeding health services costs	—	69,197	69,197	
Total costs	$ 83,464	—	$ (83,464)	
Less amount paid by the State		(83,464)		
Allowable costs claimed in excess of (less than) amount paid		$ (83,464)		
July 1, 2000, through June 30, 2001				
Health services costs	$ 711,352	$ 635,868	$ (75,484)	Finding 1
Less cost of services in excess of FY 1986-87 services	—	—	—	
Subtotals	711,352	635,868	(75,484)	
Less authorized health fees	(435,934)	(468,000)	(32,066)	Finding 2
Subtotals	275,418	167,868	(107,550)	
Adjustment for authorized fees exceeding health services costs	—	—	—	
Total costs	$ 275,418	167,868	$ (107,550)	
Less amount paid by the State		(19,270)		
Allowable costs claimed in excess of (less than) amount paid		$ 148,598		
July 1, 2001, through June 30, 2002				
Health services costs	$ 750,555	$ 668,766	$ (81,789)	Finding 1
Less cost of services in excess of FY 1986-87 services	—	—	—	
Subtotals	750,555	668,766	(81,789)	
Less authorized health fees	(430,977)	(534,115)	(103,138)	Finding 2
Subtotals	319,578	134,651	(184,927)	
Adjustment for authorized fees exceeding health services costs	—	—	—	
Total costs	$ 319,578	134,651	$ (184,927)	
Less amount paid by the State		(46,709)		
Allowable costs claimed in excess of (less than) amount paid		$ 87,942		

Schedule 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Audit	Audit Adjustments	Reference [1]
Summary: July 1, 1999, through June 30, 2002				
Health services costs	$ 2,007,486	$ 1,850,213	$ (157,273)	Finding 1
Less cost of services in excess of FY 1986-87 services	(140,275)	(140,275)	—	
Subtotals	1,867,211	1,709,938	(157,273)	
Less authorized health fees	(1,188,751)	(1,476,616)	(287,865)	Finding 2
Subtotals	678,460	233,322	(445,138)	
Adjustment for authorized fees exceeding health services costs	—	69,197	69,197	
Total costs	$ 678,460	302,519	$ (375,941)	
Less amount paid by the State		(149,443)		
Allowable costs claimed in excess of (less than) amount paid		$ 153,076		

[1] See the Findings and Recommendations section.

Findings and Recommendations

FINDING 1—Overstated indirect costs claimed

For FY 2000-01 and FY 2001-02, the district overclaimed indirect costs by $157,273. The district claimed indirect costs based on indirect cost rates of 47.3% for FY 2000-01 and 47.8% for FY 2001-02. However, for those years the district had a federally approved indirect cost rate of 30%. Consequently, the district overstated the indirect costs rate by 17.3% for FY 2000-01 and 17.8% for FY 2001-02. The district correctly claimed indirect costs in FY 1999-2000 using the 30% federally approved indirect cost rate.

A summary of the adjustment to indirect costs is as follows:

	Fiscal Year		
	2000-01	2001-02	Total
Audit adjustment	$ (75,484)	$ (81,789)	$ (157,273)

Parameters and Guidelines states that indirect costs may be claimed in the manner described by the State Controller in the claiming instructions.

The SCO's claiming instructions state that community colleges have the option of using a federally approved rate prepared in accordance with OMB Circular A-21 or the alternate methodology using Form FAM-29C. The district did not calculate the indirect cost rate under the SCO's alternative methodology using Form FAM-29C.

Recommendation

The district should ensure that indirect costs claimed are computed using a federally approved rate prepared in accordance with OMB Circular A-21, or the SCO's alternate methodology using Form FAM-29C.

FINDING 2—Offsetting health fees understated

The district understated health fees credited against the costs of health services by $287,865 for the audit period.

The district was unable to locate the student attendance data used to calculate the health fee revenues reported in the reimbursement claims for the audit period. As a result, the auditors used the district's GLD144-02 printouts to identify offsetting health fees for each year. The understated offsetting health fees are as follows:

	Fiscal Year			
	1999-2000	2000-01	2001-02	Total
Offsetting health fees per audit	$ (474,501)	$ (468,000)	$ (534,115)	$(1,476,616)
Less health fees claimed	321,840	435,934	430,977	1,188,751
Audit adjustment	$ (152,661)	$ (32,066)	$ (103,138)	$ (287,865)

Parameters and Guidelines specifies that any offsetting savings or reimbursements received by the district from any source as a result of the mandate must be identified and deducted so that only net district health services costs are claimed.

Recommendation

The district should ensure that all applicable fees are offset on its claims against the mandated program costs.

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

http://www.sco.ca.gov

C03-MCC-010

S19335

STEVE WE LY
California State Controller
Division of Accounting and Reporting
JULY 20, 2004

BOARD OF TRUSTEES
PASADENA AREA COMM COL DIST
LOS ANGELES COUNTY
1570 E COLORADO BLVD
PASADENA CA 91106

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION CH 1/84

WE HAVE REVIEWED YOUR 1999/2000 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		83,464.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	-	83,464.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)		-83,464.00
AMOUNT DUE STATE	$	83,464.00

PLEASE REMIT A WARRANT IN THE AMOUNT OF $ 83,464.00 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	-	83,464.00	
TOTAL ADJUSTMENTS			- 83,464.00
PRIOR PAYMENTS:			
SCHEDULE NO. MA10501A			
PAID 08-01-2001		-57,365.00	
SCHEDULE NO. MA90516E			
PAID 03-09-2000		-26,099.00	
TOTAL PRIOR PAYMENTS			-83,464.00

RECEIVED
JUL 23 2004
OFFICE OF THE PRESIDENT
PASADENA CITY COLLEGE

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER

LOCAL REIMBURSEMENT SECTION

S19335

STEVE W. ...TLY
California State Controller
Division of Accounting and Reporting
JULY 20, 2004

BOARD OF TRUSTEES
PASADENA AREA COMM COL DIST
LOS ANGELES COUNTY
1570 E COLORADO BLVD
PASADENA CA 91106

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION CH 1/84

WE HAVE REVIEWED YOUR 2000/2001 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		275,418.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	- 107,550.00	
TOTAL ADJUSTMENTS		- 107,550.00
LESS PRIOR PAYMENT: SCHEDULE NO. MA00514E PAID 03-08-2001		19,270.00
AMOUNT DUE CLAIMANT		$ 148,598.00

WAS PAID.

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 23 2004
OFFICE OF THE PRESIDENT
PASADENA CITY COLLEGE

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER
LOCAL REIMBURSEMENT SECTION

S19335

STEVE WE. LY
California State Controller
Division of Accounting and Reporting
JULY 20, 2004

BOARD OF TRUSTEES
PASADENA AREA COMM COL DIST
LOS ANGELES COUNTY
1570 E COLORADO BLVD
PASADENA CA 91106

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION CH 1/84

WE HAVE REVIEWED YOUR 2001/2002 FISCAL YEAR REIMBURSEMENT CLAIM FOR THE MANDATED COST PROGRAM REFERENCED ABOVE. THE RESULTS OF OUR REVIEW ARE AS FOLLOWS:

AMOUNT CLAIMED		319,578.00
ADJUSTMENT TO CLAIM:		
FIELD AUDIT FINDINGS	- 184,927.00	
TOTAL ADJUSTMENTS		- 184,927.00
LESS PRIOR PAYMENT: SCHEDULE NO. MA11392E PAID 03-06-2002		46,709.00
AMOUNT DUE CLAIMANT		$ 87,942.00

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 23 2004
OFFICE OF THE PRESIDENT
PASADENA CITY COLLEGE

SINCERELY,

Ginny Brummels

GINNY BRUMMELS, MANAGER

LOCAL REIMBURSEMENT SECTION

Annual Reimbursement Claims

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

For State Controller Use Only
(19) Program Number 00029
(20) Date Filed ____ / ____ / ____
(21) LRS Input _____

(01) Claimant Identification Number: **S19335**

Reimbursement Claim

(02) Mailing Address

(22 HFE-1.0, (04)(b)) **83,464**

Claimant Name: **Pasadena Area CCD** (23)

County of Location: **Los Angeles** (24)

Street Address or P.O. Box: **1570 East Colorado Blvd.** (25)

City: **Pasadena** State: **CA** Zip Code: **91106-2003** (26)

Type of Claim	Estimated Claim	Reimbursement Claim		
	(03) Estimated [X]	(09) Reimbursement [X]	(27)	
	(04) Combined [ ]	(10) Combined [ ]	(28)	
	(05) Amended [ ]	(11) Amended [ ]	(29)	
			(30)	
Fiscal Year of Cost	(06) 2000-2001	(12) 1999-2000	(31)	
Total Claimed Amount	(07) $66,771	(13) $83,464 ?	(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) $83,464	(35)	
Due from State	(08) $66,771	(17) $83,464	(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, Stat 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 statments.

Signature of Authorized Representative

Date: January 10, 2001

Dr. Robert Matthews
Print or type name

Interim V. P., Administrative Services
Title

Vavrinek, Trine, Day & Co. LLP
(39) Name of Contact Person for Claim

(916) 944-7394
Telephone Number

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-1.0

(01) Claimant: Pasadena Area CCD	(02) Type of Claim		Fiscal Year
	Reimbursement	X	
	Estimated		1999-2000

(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	$83,464
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)]	$83,464

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-1.1

(01) Claimant: Pasadena Area CCD

(2) Type of Claim — Reimbursement: X — Estimated: ____ — Fiscal Year: 1999-2000

(3) 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
	X	

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim	$419,676	$125,903	$545,579
(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87	$133,092	$7,183	$140,275
(07) Cost of providing current fiscal year health services at the 1986/87 level [Line (05) - line (06)]	$286,584	$118,720	$405,304

(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	4,246	4,446	$11.00	$46,706	$11.00	$48,906	$95,612
2. Per spring semester	4,132	9,624	$11.00	$45,452	$11.00	$105,864	$151,316
3. Per summer session	4,868	4,496	$8.00	$38,944	$8.00	$35,968	$74,912
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)]	$321,840
(10) Sub-total [Line (07) - line (09)]	$83,464
Cost Reduction	
(11) Less: Offsetting Savings, if applicable	
(12) Less: Other Reimbursements, if applicable	
(13) Total Amount Claimed [Line (10) - {line (11) + line (12)}]	$83,464

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-2

(01) Claimant: Pasadena Area CCD

(02) Fiscal Year Costs Were Incurred: 1999-2000

(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 service	x	x
Cancel/Change Appointment		
Registered Nurse	x	x
Check Appointments		
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		
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		
Acquired Immune Deficiency Syndrome		
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, Infomation		
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: Pasadena Area CCD

(02) Fiscal Year Costs Were Incurred: 1999-2000

(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		
Diptheria/Tetanus	x	x
Measles/Rubella	x	x
Influenza	x	x
Infomation	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	x	x
Students		
Athletes		
Medications		
Anatacids	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		
Other, list - Antihistamines, Decongestants, etc.	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: Pasadena Area CCD

(02) Fiscal Year Costs Were Incurred: 1999-2000

(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	x	x
Committees		
Safety	x	x
Environmental	x	x
Disaster Planning	x	x
Skin Rash Preparations	x	x
Eye Drops	x	x

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

For State Controller Use Only
(19) Program Number 00029
(20) Date Filed ____/____/____
(21) LRS Input _____

(01) Claimant Identification Number: **S19335**

Reimbursement Claim

(02) Mailing Address

(22) HFE-1.0, (04)(b): **275,418**

Claimant Name: **Pasadena Area CCD**

(23)

County of Location: **Los Angeles**

(24)

Street Address or P.O. Box: **1570 East Colorado Blvd.**

(25)

City: **Pasadena** State: **CA** Zip Code: **91106**

(26)

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated [X]	(09) Reimbursement [X]
	(04) Combined [ ]	(10) Combined [ ]
	(05) Amended [ ]	(11) Amended [ ]

(27)

(28)

(29)

(30)

Fiscal Year of Cost	(06) 2001-2002	(12) 2000-2001	(31)	
Total Claimed Amount	(07) $200,000	(13) $275,418	(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) $275,418	(35)	
Due from State	(08) $200,000	(17) $275,418	(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, Stati 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 statments.

Signature of Authorized Representative

Date 12/28/01

ter Hardash
Print or type name

Vice President, Administrative Services
Title

James L. Robbins (MAXIMUS)
(39) Name of Contact Person for Claim

(949) 440-0845, Ext. 103
Telephone Number

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-1.0

(01) Claimant: Pasadena Area CCD

FIRM

(02) Type of Claim

Reimbursement [X]

Estimated [ ]

Fiscal Year: 2000-2001

(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 Area Community College District	$275,418
2.		
3.		
4.		
5.		
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21.		
(22)	Total Amount Claimed [Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	$275,418

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-1.1

(01) Claimant: Pasadena Area CCD

(2) Type of Claim — Reimbursement: X — Estimated: ____ — Fiscal Year: 2000-2001

(3) 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
	X	

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim	$504,970	$206,382	$711,352
(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)]	$504,970	$206,382	$711,352

(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	7,385	8,756	$11.00	$81,235	$11.00	$96,316	$177,551
2. Per spring semester	7,372	8,945	$11.00	$81,092	$11.00	$98,395	$179,487
3. Per summer session	654	9,208	$8.00	$5,232	$8.00	$73,664	$78,896
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)]	$435,934
(10) Sub-total	[Line (07) - line (09)]	$275,418
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
Total Amount Claimed	[Line (10) - {line (11) + line (12)}]	$275,418

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-2

(01) Claimant: Pasadena Area CCD

(02) Fiscal Year Costs Were Incurred: 2000-2001

(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 service	X	X
Cancel/Change Appointment	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
Neralgic	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		
Acquired Immune Deficiency Syndrome		
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, Infomation		
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:

(02) Fiscal Year Costs Were Incurred: 2000-2001

(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		
Diptheria/Tetanus	X	X
Measles/Rubella	X	X
Influenza	X	X
Infomation	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	X	X
Employees		
Students		
Athletes		
Medications		
Anatacids	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		
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:

(02) Fiscal Year Costs Were Incurred: 2000-2001

(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
Skin Rash Preparations	X	X
Eye Drops	X	X

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

For State Controller Use Only
(19) Program Number 00029
(20) Date Filed ____ / ____ / ____
(21) LRS Input _____

(01) Claimant Identification Number
S19335

Reimbursement Claim

(02) Mailing Address

(22) HFE-1.0, (04)(b) **319,578**

Claimant Name
Pasadena Area CCD

County of Location
Los Angeles

Street Address or P.O. Box
1570 East Colorado Blvd.

City | State | Zip Code
Pasadena | **CA** | **91106**

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated [X]	(09) Reimbursement [X]
	(04) Combined [ ]	(10) Combined [ ]
	(05) Amended [ ]	(11) Amended [ ]

Fiscal Year of Cost of Cost	(06) **2002-2003**	(12) **2001-2002**	(23)
Total Claimed Amount	(07) **$200,000**	(13) **$319,578**	(24)
LESS: 10% Late Penalty, but not to exceed $1,000 (if applicable)		(14)	(25)
LESS: Estimated Claim Payment Received		(15) **$46,709**	(26)
Net Claimed Amount		(16) **$272,869**	(27)
Due from State	(08) **$200,000**	(17) **$272,869**	(28)
Due to State		(18)	(29)
			(30)
			(31)
			(32)
			(33)
			(34)
			(35)
			(36)
			(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, Stat 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 statments.

Signature of Authorized Representative

Date 1/10/03

Peter Hardash
Print or type name

Vice President, Administrative Services
Title

James L. Robbins (MAXIMUS)
(39) Name of Contact Person for Claim

(949) 440-0845, Ext. 103
Telephone Number

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-1.0

(01) Claimant: Pasadena Area CCD

(02) Type of Claim
Reimbursement [X]
Estimated [ ]

Fiscal Year
2001-2002

(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 Area Community College District	$319,578
2.		
3.		
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5.		
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(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	$319,578

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-1.1

(01) Claimant: Pasadena Area CCD

(2) Type of Claim

Reimbursement [X]

Estimated [ ]

Fiscal Year: 2001-2002

(3) 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 [X] MORE [ ]

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim	$530,918	$219,637	$750,555
(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)]	$530,918	$219,637	$750,555

(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	7,814	9,742	$11.00	$85,954	$11.00	$107,162	$193,116
2. Per spring semester	7,779	7,148	$11.00	$85,569	$11.00	$78,628	$164,197
3. Per summer session	654	8,554	$8.00	$5,232	$8.00	$68,432	$73,664
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)]	$430,977
(10) Sub-total	[Line (07) - line (09)]	$319,578
Cost Reduction		
(11) Less: Offsetting Savings, if applicable		
(12) Less: Other Reimbursements, if applicable		
) Total Amount Claimed	[Line (10) - {line (11) + line (12)}]	$319,578

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-2

(01) Claimant: Pasadena Area CCD

(02) Fiscal Year Costs Were Incurred: 2001-2002

(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 service	X	X
Cancel/Change Appointment	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
Neralgic	X	X
Orthopedic	X	X
Genito/Urinary		
Dental		
Gastro-Intestinal		
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		
Weight Control		
Personal Hygiene	X	X
Burnout	X	X
Other Medical Problems, list	X	X
	X	X
Examinations, minor illnesses		
Recheck Minor Injury	X	X
Health Talks or Fairs, Infomation		
Sexually Transmitted Disease		
Drugs	X	X
Acquired Immune Deficiency Syndrome	X	X
Child Abuse	X	X
	X	X

MANDATED COSTS
HEALTH FEE ELIMINATION
COMPONENT / ACTIVITY COST DETAIL

FORM HFE-2

(01) Claimant:

(02) Fiscal Year Costs Were Incurred: 2001-2002

(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		
Diptheria/Tetanus	X	X
Measles/Rubella	X	X
Influenza	X	X
Infomation	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	X	X
Employees		
Students		
Athletes		
Medications		
Anatacids	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		
Parking Cards/Elevator Keys		
Tokens		
Return Card/Key		
Parking Inquiry		
Elevator Passes		
Temporary Handicapped Parking Permits		