

**RESPONSE BY THE STATE CONTROLLER'S OFFICE
TO THE INCORRECT REDUCTION CLAIM (IRC) BY
REDWOODS COMMUNITY COLLEGE DISTRICT
Health Fee Elimination Program**

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Tab 1

1 **OFFICE OF THE STATE CONTROLLER**

2 300 Capitol Mall, Suite 1850

3 Sacramento, CA 94250

4 Telephone No.: (916) 445-6854

5 BEFORE THE

6 COMMISSION ON STATE MANDATES

7 STATE OF CALIFORNIA

8
9
10 INCORRECT REDUCTION CLAIM ON:

11 *Health Fee Elimination Program*

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

14 REDWOODS COMMUNITY
15 COLLEGE DISTRICT, Claimant

No.: CSM 09-4206-I-26

AFFIDAVIT OF BUREAU CHIEF

16 I, Jim L. Spano, make the following declarations:

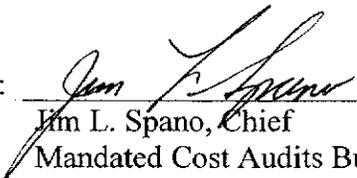
- 17 1) I am an employee of the State Controller's Office and am over the age of 18 years.
- 18 2) I am currently employed as a Bureau Chief, and have been so since April 21, 2000.
19 Before that, I was employed as an audit manager for two years and three months.
- 20 3) I am a California Certified Public Accountant (CPA).
- 21 4) I reviewed the work performed by the State Controller's Office (SCO) auditor.
- 22 5) Any attached copies of records are true copies of records, as provided by the Redwoods
23 Community College District or retained at our place of business.
- 24 6) The records include claims for reimbursement, along with any attached supporting
25 documentation, explanatory letters, or other documents relating to the above-entitled
Incorrect Reduction Claim.

1 7) A review of the claims for fiscal year (FY) 2002-03, FY 2003-04, FY 2004-05, FY
2 2005-06, and FY 2006-07 was completed on June 24, 2009.

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

6 Date: June 15, 2010

7 OFFICE OF THE STATE CONTROLLER

8
9 By: 

10 Jim L. Spano, Chief
11 Mandated Cost Audits Bureau
12 Division of Audits
13 State Controller's Office
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Tab 2

**STATE CONTROLLER'S OFFICE ANALYSIS AND RESPONSE
TO THE INCORRECT REDUCTION CLAIM BY
REDWOODS COMMUNITY COLLEGE DISTRICT**
For Fiscal Year (FY) 2002-03, FY 2003-04, FY 2004-05, FY 2005-06, and FY 2006-07

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

SUMMARY

The following is the State Controller's Office's (SCO) response to the Incorrect Reduction Claim that the Redwoods Community College District submitted on September 30, 2009. The SCO reviewed the district's claims for costs of the legislatively mandated Health Fee Elimination Program for the period of July 1, 2002, through June 30, 2007. The SCO issued claim adjustment letters on July 2, and July 9, 2009 (Exhibit A).

The district submitted reimbursement claims totaling \$439,666 (\$440,666 less a \$1,000 penalty for filing a late claim)—\$25,487 for FY 2002-03, \$90,339 for FY 2003-04 (\$91,339 less a \$1,000 penalty for filing a late claim), \$124,369 for FY 2004-05, \$98,801 for FY 2005-06, and \$100,670 for FY 2006-07. The SCO reviewed the district's claims and determined that \$263,986 is unallowable for FY 2002-03 through FY 2006-07. The costs are unallowable because the district understated authorized health service fees. The following table summarizes the review results:

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 100,169	\$ 100,169	\$ —
Indirect costs	20,655	20,655	—
Total direct and indirect costs	120,824	120,824	—
Less authorized health service fees	(95,337)	(123,882)	(28,545)
Subtotal	25,487	(3,058)	(28,545)
Review adjustments that exceed costs claimed	—	3,058	3,058
Total program costs	<u>\$ 25,487</u>	—	<u>\$ (25,487)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 119,346	\$ 119,346	\$ —
Indirect costs	46,115	46,115	—
Total direct and indirect costs	165,461	165,461	—
Less authorized health service fees	(74,122)	(97,110)	(22,988)
Less late filing penalty	(1,000)	(1,000)	—
Total program costs	<u>\$ 90,339</u>	67,351	<u>\$ (22,988)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 67,351</u>	

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 138,975	\$ 138,975	\$ —
Indirect costs	52,671	52,671	—
Total direct and indirect costs	191,646	191,646	—
Less authorized health service fees	(65,471)	(98,532)	(33,061)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Total program costs	<u>\$ 124,369</u>	91,308	<u>\$ (33,061)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 91,308</u>	
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 114,499	\$ 114,499	\$ —
Indirect costs	42,880	42,880	—
Total direct and indirect costs	157,379	157,379	—
Less authorized health service fees	(58,578)	(140,358)	(81,780)
Total program costs	<u>\$ 98,801</u>	17,021	<u>\$ (81,780)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 17,021</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 110,340	\$ 110,340	\$ —
Indirect costs	43,695	43,695	—
Total direct and indirect costs	154,035	154,035	—
Less authorized health service fees	(53,365)	(187,239)	(133,874)
Subtotal	100,670	(33,204)	(133,874)
Review adjustments that exceed costs claimed	—	33,204	33,204
Total program costs	<u>\$ 100,670</u>	—	<u>\$ (100,670)</u>
Less amount paid by the State ¹		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ —</u>	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 583,329	\$ 583,329	\$ —
Indirect costs	206,016	206,016	—
Total direct and indirect costs	789,345	789,345	—
Less authorized health service fees	(346,873)	(647,121)	(300,248)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Less late filing penalty	(1,000)	(1,000)	—

<u>Cost Elements</u>	<u>Actual Costs Claimed</u>	<u>Allowable per Review</u>	<u>Review Adjustment</u>
<u>Summary: July 1, 2002, through June 30, 2007 (continued)</u>			
Subtotal	439,666	139,418	(300,248)
Review adjustments that exceed costs claimed	—	36,262	36,262
Total program costs	<u>\$ 439,666</u>	175,680	<u>\$ (263,986)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 175,680</u>	

¹ Payment information current as of June 14, 2010.

The district believes that it is required to report only actual health service fees collected.

I. HEALTH FEE ELIMINATION PROGRAM CRITERIA

Parameters and Guidelines – May 25, 1989

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

Section VIII. defines offsetting savings and other reimbursements as follows:

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

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

SCO Claiming Instructions

The SCO annually issues mandated costs claiming instructions, which contain filing instructions for mandated cost programs. For the purpose of this Incorrect Reduction Claim, the September 2003 claiming instructions (**Exhibit E**) are substantially similar to the version extant at the time the district filed the subject claims.

II. DISTRICT UNDERSTATED AUTHORIZED HEALTH SERVICE FEES

Issue

For the period of July 1, 2002, through June 30, 2007, the district understated authorized health service fees by \$300,248. The district believes that it is appropriate to report actual health service fees received rather than authorized health service fees.

SCO Analysis:

The parameters and guidelines require districts to deduct authorized health fees from costs claimed. For the period of July 1, 2002, through December 31, 2005, Education Code section 76355, subdivision (c), authorizes health fees for all students except those who: (1) depend exclusively on prayer for healing; (2) attend a community college under an approved apprenticeship training

program; or (3) demonstrate financial need. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. Effective with the Summer 2004, Summer 2005, and Summer 2006 sessions, Education Code section 76355, subdivision (a), authorized a \$1.00 increase to health service fees.

Government Code section 17514 defines "costs mandated by the state" as any increased costs that a school district is required to incur. To the extent community college districts can charge a fee, they are not required to incur a cost. In addition, Government Code section 17556 states that the CSM shall not find costs mandated by the State if the school district has the authority to levy fees to pay for the mandated program or increased level of service.

District's Response

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

EDUCATION CODE SECTION 76355

Education Code Section 76355, subdivision (a)(1), in relevant part, provides: "[t]he governing board of a district maintaining a community college *may require* community college students to pay a fee . . . for health supervision and services. . . ." (Emphasis added.) There is no requirement that community colleges levy these fees. The permissive nature of the provision is further illustrated in subdivision (b) which states "*If*, pursuant to this section, a fee is required, the governing board of the district shall decide the amount of the fee, *if any*, that a part-time student is required to pay. *The governing board may decide whether the fee shall be mandatory or optional.*" (Emphasis added.)

PARAMETERS AND GUIDELINES

The parameters and guidelines state:

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

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

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

2. The District correctly filed the annual reimbursement claims

The District reported its actual reimbursable costs in the manner required by the parameters and guidelines and on the forms provided for by the Controller's claiming instructions for this program. The Controller has not stated how the claim documentation was insufficient for purposes of adjudicating the claims. The Controller has not sent any documentation in support of its action to the District. . . .

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

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

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

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

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

The Controller's actions also deny the District the opportunity to comprehensively contest the adjustments through this Incorrect Reduction Claim. . . .

4. The reason for the rejection was contrary to statute

The annual reimbursement claim was not rejected because the costs claimed were excessive or unreasonable. The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561 (d)(2)). It would therefore appear that the entire findings are based upon the wrong standard of review, or no standard of review. If the Controller wishes to enforce other audit standards for mandated cost reimbursement, the Controller should comply with the Administrative Procedure Act.

5. No audit was conducted

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

Statute of Limitations

January 13, 2004	FY 2002-03 annual claim filed by the District
January 12, 2006	FY 2003-04 annual claim filed by the District
January 13, 2007	FY 2002-03 statute of limitations for audit expires
January 12, 2009	FY 2003-04 statute of limitations for audit expires
July 1, 2008	Desk audit initiated for FY 2004-05 through FY 2006-07
July 2, 2009	Adjustment letters issued for FY 2002-03 and FY 2003-04

This is not an audit finding. The District asserts that the adjustments of the FY 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time limitation for audit had passed. The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague. Therefore, the only specific and enforceable time limitation for audit and adjustment of these claims is three years from the date of filing.

Applicable Time Limitation for Audit

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

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

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

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

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

Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003 amended Section 17558.5 to state:

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

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

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

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

- (a) A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a

claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. In any case, an audit shall be completed not later than two years after the date that the audit is commenced.

The annual reimbursement claim for FY 2003-04 is subject to the three-year statute of limitations established by Chapter 890, Statutes of 2004, which requires the audit to be "initiated" within three years of the date the actual claim is filed and the audit must be completed within two years of its commencement. However, since this fiscal year was not included in the July 1, 2008 letter, no audit was ever "initiated" prior to the expiration of the three-year period.

Vagueness

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

Therefore, the only specific and enforceable time limitation to commence an audit is three years from the date the claim was filed, and the annual reimbursement claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2004-05 through FY 2006-07 desk audit commenced on July 1, 2008, and when the results of review letters were issued on July 2, 2009. Therefore, all adjustments to the FY 2002-03 and FY 2003-04 claims are void and should be withdrawn.

SCO's Comment

Education Code Section 76355

We agree that community college districts may choose not to levy a health service fee or to levy a fee less than the authorized amount. Regardless of the district's decision to levy or not levy the authorized health service fee, Education Code section 76355, subdivision (a), provides districts the *authority* to levy the fee.

Parameters and Guidelines

We disagree with the district's interpretation of the parameters and guidelines' requirement regarding authorized health service fees. The CSM clearly recognized the *availability* of another funding source by including the fees as offsetting savings in the parameters and guidelines. The CSM's staff analysis of May 25, 1989 (**Tab 3**), states the following regarding the proposed parameters and guidelines amendments that the CSM adopted that day:

Staff amended Item "VIII. Offsetting Savings and Other Reimbursements" to reflect the reinstatement of [the] fee authority.

In response to that amendment, the [Department of Finance (DOF)] has proposed the addition of the following language to Item VIII. to clarify the impact of the fee authority on claimants' reimbursable costs:

"If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied."

Staff concurs with the DOF proposed language which does not substantively change the scope of Item VIII [emphasis added].

Thus, it is clear that the CSM intended that claimants deduct authorized health service fees from mandate-reimbursable costs claimed. Furthermore, the staff analysis included an attached letter from the California Community Colleges Chancellor's Office (CCCCO) dated April 3, 1989. In that letter, the CCCCCO concurred with the DOF and the CSM regarding authorized health service fees.

The district believes that the CSM "declined" to add the sentence proposed by the DOF. We disagree. The CSM did not revise the proposed parameters and guidelines amendments further, as the CSM's staff concluded that the DOF's proposed language did not substantively change the scope of staff's proposed language. The CSM, DOF, and CCCCCO all agreed with the intent to offset authorized health service fees. The CSM's meeting minutes of May 25, 1989 (Tab 4), show that the CSM adopted the proposed parameters and guidelines on consent. The Health Fee Elimination Program amended parameters and guidelines were Item 6 on the meeting agenda. The meeting minutes state, "There being no discussion or appearances on Items 2, 3, 4, 5, 6, 7, 10, and 12, Member Buenrostro *moved adoption of the staff recommendation on these items* [emphasis added] on the consent calendar. . . . The motion carried." Therefore, no community college districts objected and there was no change to the CSM's interpretation regarding authorized health service fees.

Annual Reimbursement Claims

The district states that it reported "actual reimbursable costs." We disagree. Government Code section 17514 states, "Costs mandated by the state' means any increased costs which a local agency or school district is *required* [emphasis added] to incur. . . ." If the district has authority to collect fees attributable to health services expenses, then it is not *required* to incur a cost. Therefore, "actual reimbursable costs" do not include those health service expenses that may be paid by authorized fees. The district's failure to collect authorized fees does not create mandate-reimbursable costs. The district failed to report "actual reimbursable costs" because it did not deduct authorized health service fees.

Explanation of Claim Adjustments

The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5). The district may file an amended Incorrect Reduction Claim pursuant to Title 2, California Code of Regulations (CCR), section 1185.

Statutory Criteria for Claim Adjustments

The district states, "The Controller does not assert that the claimed costs were excessive or unreasonable, which is the only mandated cost audit standard in statute (Government Code Section 17561(d)(2))." We disagree. Government Code section 17558.5 requires the district to file a reimbursement claim for actual mandate-related costs. Government Code section 17561, subdivision (d)(2), allows the SCO to audit the district's records to verify actual mandate-related costs *and* reduce any claim that the SCO determines is excessive or unreasonable. In addition, Government Code section 12410 states, "The Controller shall audit all claims against the state, and may audit the disbursement of any state money, for correctness, legality, and for sufficient provisions of law for payment."

The SCO did in fact conclude that the district's claim was excessive. Excessive is defined as "Exceeding what is usual, *proper, necessary*, [emphasis added] or normal."³ The district's mandated cost claims exceeded the proper amount based on the reimbursable costs allowed by statutory language and the program's parameters and guidelines. Therefore, the district's comments regarding the Administrative Procedure Act are irrelevant.

Audit Results

The district states, "... no audit of the District's reimbursement claims was conducted. Therefore, the Controller has no factual basis to make a conclusion that the costs claimed were excessive or unreasonable. . . ." We disagree. The SCO reviewed the district's claims and concluded that the district did not properly report authorized health service fees. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5).

Statute of Limitations

The district discusses statutory language effective prior to January 1, 2003; however, statutory language prior to January 1, 2003, is irrelevant to the claims that are the subject of this Incorrect Reduction Claim.

Regarding relevant statutory language, the district states, "The clause in Government Code Section 17558.5 that delays the commencement of the time for the Controller to audit to the date of initial payment is void because it is impermissibly vague." We disagree. The district has no authority to adjudicate statutory language. Title 2, CCR, section 1185, subdivision (e)(3) states, "If the narrative describing the alleged incorrect reduction(s) involves more than discussion of statutes or regulations or legal argument and utilizes assertions or representations of fact, such assertions or representations shall be supported by testimonial or documentary evidence and shall be submitted with the claim." The district presented no evidence to support its assertion that existing statutory language is "void."

Government Code section 17558.5, subdivision (a), states:

A reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter is subject to the initiation of an audit by the Controller no later than three years after the date that the actual reimbursement claim is filed or last amended, whichever is later. However, if no funds are appropriated or no payment is made to a claimant for the program for the fiscal year for which the claim is filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim [emphasis added].

For its FY 2002-03 claim, the district first received payment on October 25, 2006. The district has not received a payment for its FY 2003-04 claim. The SCO provided the district a detailed analysis of all claim reductions on October 20, 2009 (Tab 5). Therefore, the SCO met the requirements of Government Code section 17558.5, subdivision (a).

The district also states, "... it is possible for the Controller to unilaterally extend the audit period by withholding payment or directing appropriated funds only to those claims that have already been audited." The district's allegation contradicts statutory language. Government Code section 17567 prohibits the SCO from directing funds to selected claims. It states:

In the event that the amount appropriated for reimbursement purposes pursuant to Section 17561 is not sufficient to pay all of the claims approved by the Controller, the Controller shall prorate claims in proportion to the dollar amount of approved claims timely filed and on hand at the time of proration [emphasis added]. . . .

In addition, Government Code section 17561, subdivision (d), prohibits the SCO from withholding payment. It states:

The Controller shall pay any eligible claim pursuant to this section by October 15 or 60 days after the date the appropriation for the claim is effective, whichever is later. . . .

³ Merriam-Webster's Collegiate Dictionary, Tenth Edition, © 2001.

III. CONCLUSION

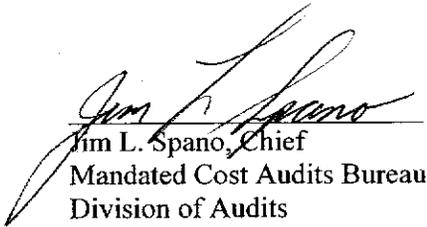
The State Controller's Office reviewed Redwoods Community College District's claims for costs of the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session; and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. The district claimed unallowable costs totaling \$263,986. The costs are unallowable because the district understated authorized health services fees.

In conclusion, the Commission on State Mandates should find that: (1) the SCO reviewed the district's FY 2002-03 and FY 2003-04 claims within the timeframe permitted by Government Code section 17558.5, subdivision (a); (2) the SCO correctly reduced the district's FY 2002-03 claim by \$25,487; (3) the SCO correctly reduced the district's FY 2003-04 claim by \$22,988; (4) the SCO correctly reduced the district's FY 2004-05 claim by \$33,061; (5) the SCO correctly reduced the district's FY 2005-06 claim by \$81,780; and (6) the SCO correctly reduced the district's FY 2006-07 claim by \$100,670.

IV. CERTIFICATION

I hereby certify by my signature below that the statements made in this document are true and correct of my own knowledge, or, as to all other matters, I believe them to be true and correct based upon information and belief.

Executed on June 15, 2010, at Sacramento, California, by:


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

Tab 3

Hearing: 5/25/89
File Number: CSM-4206
Staff: Deborah Fraga-Decker
WP 0366d

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

Executive Summary

At its hearing of November 20, 1986, the Commission on State Mandates found that Chapter 1, Statutes of 1984, 2nd E.S., imposed state mandated costs upon local community college districts by (1) requiring those community college districts which provided health services for which it was authorized to and did charge a fee to maintain such health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter and (2) repealing the district's authority to charge a health fee. The requirements of this statute would repeal on December 31, 1987, unless subsequent legislation was enacted.

Chapter 1118, Statutes of 1987, was enacted September 24, 1987, and became effective January 1, 1988. Chapter 1118/87 modified the requirements contained in Chapter 1/84, 2nd E.S., to require those community college districts which provided health services in fiscal year 1986-87 to maintain such health services in the 1987-88 fiscal year and each fiscal year thereafter. Additionally, the language contained in Chapter 1/84, 2nd E.S., which repealed the districts' authority to charge a health fee to cover the costs of the health services program was allowed to sunset, thereby reinstating the districts' authority to charge a fee as specified. Parameters and guidelines amendments are appropriate to address the changes contained in Chapter 1118/87 because this statute amended the same Education Code sections previously enacted by Chapter 1/84, 2nd E.S., and found to contain a mandate.

Commission staff included the Department of Finance suggested non-substantive amendment to the staff's proposed parameters and guidelines amendments. The Chancellor's Office, the State Controller's Office, and the claimant are in agreement with these amendments. Therefore, staff recommends that the Commission adopt the parameters and guidelines amendments as requested by the Chancellor's Office and as developed by staff.

Claimant

Rio Hondo Community College District

Requesting Party

California Community Colleges Chancellor's Office

Chronology

12/2/85 Test Claim filed with Commission on State Mandates.
7/24/86 Test Claim continued at claimant's request.
11/20/86 Commission approved mandate.
1/22/87 Commission adopted Statement of Decision.
4/9/87 Claimant submitted proposed parameters and guidelines.
8/27/87 Commission adopted parameters and guidelines
10/22/87 Commission adopted cost estimate
9/28/88 Mandate funded in Commission's Claims Bill, Chapter 1425/88

Summary of Mandate

Chapter 1/84, 2nd E.S., effective July 1, 1984, repealed Education Code (EC) Section 72246 which had authorized community college districts to charge a health fee for the purpose of providing health supervision and services, direct and indirect medical and hospitalization services, and operation of student health centers. The statute also required that any community college district which provided health services for which it was authorized to charge a fee shall maintain health services at the level provided during the 1983-84 fiscal year in the 1984-85 fiscal year and each fiscal year thereafter.

Prior to the passage of Chapter 1/84, 2nd E.S., the implementation of a health services program was at the local community college district's option. If implemented, the respective community college district had the authority to charge a health fee up to \$7.50 per semester for day and evening students, and \$5 per summer session.

Proposed Amendments

The Community Colleges Chancellor's Office (Chancellor's Office) has requested parameters and guidelines amendments be made to address the changes in mandated activities effectuated by Chapter 1118/87. (Attachment G) In order to expedite the process, staff has developed language to accomplish the following: (1) change the eligible claimants to those community college districts which provided a health services program in fiscal year 1986-87; and (2) change the offsetting savings and other reimbursements to include the reinstated authority to charge a health fee. (Attachment B)

Recommendations

The Department of Finance (DOF) proposed one non-substantive amendment to clarify the effect of the fee authority language on the scope of the reimbursable costs. With this amendment, the DOF believes the amendments to the parameters and guidelines are appropriate for this mandate and recommends the Commission adopt them. (Attachment C)

The Chancellor's Office recommends that the Commission approve the amended parameters and guidelines developed by staff with the additional language suggested by the DOF. (Attachment D)

The State Controller's Office (SCO), upon review of the proposed amendments, finds the proposals proper and acceptable. (Attachment E)

The claimant, in its recommendation, states its belief that the revisions are appropriate and concurs with the proposed changes. (Attachment F)

Staff Analysis

Issue 1: Eligible Claimants

The mandate found in Chapter 1/84, 2nd E.S., was for a new program with a required maintenance of effort at the fiscal year 1983-84 level. Chapter 1118/87 superseded that level of service by requiring that community college districts which provided a health services program in fiscal year 1986-87 maintain that level of effort in fiscal year 1987-88 and each subsequent year thereafter. Additionally, this expanded the group of eligible claimants because the requirement is no longer imposed on only those community college districts which had charged a health fee for the program. At the time of enactment of Chapter 1118/87, there were 11 community college districts which provided the health services program but had never charged a health fee for the service.

Therefore, staff has amended the language in Item III. "Eligible Claimants" to reflect this change in the scope of the mandate.

Issue 2: Reimbursement Alternatives

In response to Chapter 1/84, 2nd E.S., Item VI.B. contained two alternatives for claiming reimbursement costs. This gave claimants a choice between claiming actual costs for providing the health services program, or funding the program as was done prior to the mandate when a health fee could be charged.

The first alternative was in Item VI.B.1. and provided for the use of the formula which the eligible claimants were authorized to utilize prior to the implementation of Chapter 1/84, 2nd E.S.--total eligible enrollment multiplied by the health fee charged per student in fiscal year 1983-84. With the sunset of the repeal of the health fee authority as contained in Chapter 1/84, 2nd E.S., claimants can now charge the health fee as was allowed prior to fiscal year 1983-84, thereby funding the program as was done prior to the mandate. Therefore, this alternative is no longer applicable to this mandate and has been deleted by staff.

The second alternative was in Item VI.B.2. and provided for the claiming of actual costs involved in maintaining a health services program at the fiscal year 1983-84 level. This alternative is now the sole method of reimbursement for this mandate. However, it has been amended to reflect that Chapter 1118/87 requires a maintenance of effort at the fiscal year 1986-87 level.

Issue 3: Offsetting Savings and Other Reimbursements

With the sunset of the repeal of the fee authority contained in Chapter 1/84, 2nd E.S., Education Code (EC) section 72246(a) again provides community college districts with the authority to charge a health fee as follows:

"72246.(a) The governing board of a district maintaining a community college may require community college students to pay a fee in the total amount of not more than seven dollars and fifty cents (\$7.50) for each semester, and five dollars (\$5) for summer school, or five dollars (\$5) for each quarter for health supervision and services, including direct or indirect medical and hospitalization services, or the operation of a student health center or centers, authorized by Section 72244, or both."

Staff amended Item "VIII. Offsetting Savings and Other Reimbursements" to reflect the reinstatement of this fee authority.

In response to that amendment, the DOF has proposed the addition of the following language to Item VIII. to clarify the impact of the fee authority on claimants' reimbursable costs:

"If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied."

Staff concurs with the DOF proposed language which does not substantively change the scope of Item VIII.

Issue 4: Editorial Changes

In preparing the proposed parameters and guidelines amendments, it was not necessary for staff to make any of the normal editorial changes as the original parameters and guidelines contained the language usually adopted by the commission.

Staff, the DOF, the Chancellor's Office, the SCO, and the claimant are in agreement with the recommended amendments which are shown in Attachment A with additions indicated by underlining and deletions by strikeout.

Staff Recommendation

Staff recommends the adoption of the staff's proposed parameters and guidelines amendments, which are based on the original parameters and guidelines adopted in response to Chapter 1/84, 2nd E.S., and amended in response to Chapter 1118/87, as well as incorporating the amendment recommended by the DOF. All parties concur with these amendments.

Adopted: 8/27/87

PARAMETERS AND GUIDELINES
 Chapter 1118, Statutes of 1987 ~~11/2nd/1981~~
Health Fee Elimination

I. SUMMARY OF MANDATE

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

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

II. COMMISSION ON STATE MANDATES' DECISION

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

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

III. ELIGIBLE CLAIMANTS

Community college districts which provided health services ~~for 1986~~ 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 ~~with the authority to levy a fee~~. Only services provided ~~for the~~ in 1983-84 ~~1986-87~~ fiscal year may be claimed.

B. Reimbursable Activities

For each eligible claimant, the following cost items are reimbursable to the extent they were provided by the community college district in fiscal year ~~1983/84~~ 1986-87:

ACCIDENT REPORTS

APPOINTMENTS

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

ASSESSMENT, INTERVENTION & COUNSELING

- Birth Control
- Lab Reports
- Nutrition
- Test Results (office)
- VD
- Other Medical Problems
- CD
- URI
- ENT
- Eye/Vision
- Derm./Allergy
- Gyn/Pregnancy Services
- Neuro
- Ortho
- GU
- Dental
- GI
- Stress Counseling
- Crisis Intervention
- Child Abuse Reporting and Counseling
- Substance Abuse Identification and Counseling
- Aids
- Eating Disorders
- Weight Control
- Personal Hygiene
- Burnout

EXAMINATIONS (Minor Illnesses)

- Recheck Minor Injury

HEALTH TALKS OR FAIRS - INFORMATION

- Sexually Transmitted Disease
- Drugs
- Aids
- Child Abuse
- Birth Control/Family Planning
- Stop Smoking
- Etc.
- Library - videos and cassettes

FIRST AID (Major Emergencies)

FIRST AID (Minor Emergencies)

FIRST AID KITS (Filled)

IMMUNIZATIONS

- Diphtheria/Tetanus
- Measles/Rubella
- Influenza
- Information

INSURANCE

- On Campus Accident
- Voluntary
- Insurance Inquiry/Claim Administration

LABORATORY TESTS DONE
Inquiry/Interpretation
Pap Smears

PHYSICALS
Employees
Students
Athletes

MEDICATIONS (dispensed OTC for misc. illnesses)
Antacids
Antidiarrhial
Antihistamines
Aspirin, Tylenol, etc.
Skin rash preparations
Misc.
Eye drops
Ear drops
Toothache - Oil cloves
Stingkill
Midol - Menstrual Cramps

PARKING CARDS/ELEVATOR KEYS
Tokens
Return card/key
Parking inquiry
Elevator passes
Temporary handicapped parking permits

REFERRALS TO OUTSIDE AGENCIES
Private Medical Doctor
Health Department
Clinic
Dental
Counseling Centers
Crisis Centers
Transitional Living Facilities (Battered/Homeless Women)
Family Planning Facilities
Other Health Agencies

TESTS
Blood Pressure
Hearing
Tuberculosis
 Reading
 Information
Vision
Glucometer
Urinalysis
Hemoglobin
E.K.G.
Strep A testing
P.G. testing
Monospot
Hemacult
Misc.

MISCELLANEOUS

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

COMMITTEES

- Safety
- Environmental
- Disaster Planning

SAFETY DATA SHEETS

- Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

BODY FAT MEASUREMENTS

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

WORKSHOPS

- Test Anxiety
- Stress Management
- Communication Skills
- Weight Loss
- Assertiveness Skills

VI. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and set forth a list of each item for which reimbursement is claimed under this mandate. //EYIGYBYE/CYATMANYS/MAY/CYATM/COSTS/UNDER ONE/OF/TWO/DYLETNATYES//LY/VCE/AMOUNT/PREVIOUSLY/COLLECTED/PER STUDENT/AND/ENROLLMENT/NUMBER//OF/YZY/ACTUAL/COSTS/OF/PROGRAM/

A. Description of Activity

1. Show the total number of full-time students enrolled per semester/quarter.
2. Show the total number of full-time students enrolled in the summer program.
3. Show the total number of part-time students enrolled per semester/quarter.
4. Show the total number of part-time students enrolled in the summer program.

B. Claiming/Alternatives

Claimed costs should be supported by the following information:

Alternative/1//Fees/Previously/Collected/In/1983/84/Fiscal/Year/

Y/ Fees/collected/in/the/1983/84/fiscal/year/for/support/the/health/services/program/

2/ Total/number/of/students/under/item/YI/1/1//through/4/above///listing/this/alternative//the/total/amount/claimed/would/be/item/YI/1/1//multiplied/by/item/YI/1/2//with/the/total/amount/reimbursed/increased/by/the/applicable/implied/provide/deduction/

Alternative/2//Actual Costs of Claim Year for Providing 1983-84 Fiscal Year Program Level of Service.

1. Employee Salaries and Benefits

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

2. Services and Supplies

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

3. Allowable Overhead Cost

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

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents and/or worksheets that show evidence of the validity of such costs. This would include documentation for the fiscal year 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) now received from individuals other than students who were not covered by former Education Code Section 72246 for health services.

IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct:

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

and

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

Signature of Authorized Representative

Date

Title

Telephone No.

CHANCELLOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES

1107 NINTH STREET
SACRAMENTO, CALIFORNIA 95814
(916) 445-8732 445-1163



February 22, 1989



Mr. Robert W. Eich
Executive Director
Commission on State Mandates
1130 "K" Street, Suite LL50
Sacramento, CA 95814-3927

Dear Mr. Eich:

As you know, the Commission on August 27, 1987 adopted Parameters and Guidelines for claiming reimbursements of mandated costs related to community college health services. Fees formerly collected by community colleges had been eliminated by Chapter 1, Statutes of 1984, Second Extraordinary Session. Last year's mandate claims bill (AB 2763) included funding to pay all these claims through 1988-89.

The Governor's partial approval of AB 2763 last September included a stipulation that claims for the current year would be paid this fiscal year, but prior-year claims will be paid in equal installments from the next three budget acts. The Governor did not address the fact that the ongoing costs of providing the mandated level of service will continue to exceed the maximum permissible fee of \$7.50 per student per semester.

On behalf of all eligible community college districts, the Chancellor's Office proposes the following changes in the Parameters and Guidelines:

- o Payment of 1988-89 mandated costs in excess of maximum permissible fees. (This amount is payable from AB 2763.)
- o Payment of all prior-year claims in installments over the next three years. (Funds for these payments will be included in the next 3 budget acts.)
- o Payment of future-years mandated costs in excess of the maximum permissible fees. (No funding has yet been provided for these costs.)

Mr. Eich

2

February 22, 1989

If you have any questions regarding this proposal, please contact Patrick Ryan at (916) 445-1163.

Sincerely,

David Mertes

DAVID MERTES
Chancellor

DM:PR:mh

cc: Deborah Fraga-Decker, CSM
Douglas Burris
Joseph Newmyer
Gary Cook

State of California

Memorandum

March 22, 1989

Deborah Fraga-Decker
Program Analyst
Commission on State Mandates

From : Department of Finance

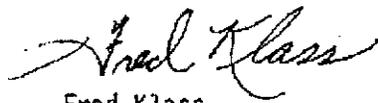
Proposed Amendments to Parameters and Guidelines for Claim No. CSM-4206 -- Chapter 1, Statutes of 1984, 2nd E.S. and Chapter 1118, Statutes of 1987 -- Health Fee Elimination

Pursuant to your request, the Department of Finance has reviewed the proposed amendments to the parameters and guidelines related to community college health services. These amendments, which are requested by the Chancellor's Office, reflect the impact that Chapter 1118/87 has on the original parameters adopted by the Commission for Chapter 1/84 on August 27, 1987. Specifically, Chapter 1118/87:

- (1) requires districts which were providing health services in 1986-87, rather than 1983-84, to continue to provide such services, irrespective of whether or not a fee was charged for the services; and
- (2) allows all districts to again charge a fee of up to \$7.50 per student for the services. In this regard, we would point out that the proposed amendment to "VIII. Offsetting Savings, and Other Reimbursements" could be interpreted to require that, if a district elected not to charge fees it would not have to deduct anything from its claim. We believe that, pursuant to Section 17556 (d) of the Government Code, an amount equal to \$7.50 per student must be deducted whether or not it is actually charged since the district has the authority to levy the fee. We suggest that the following language be added as a second paragraph under "VIII": "If a claimant does not levy the fee authorized by Education Code Section 72246 (a), it shall deduct an amount equal to what it would have received had the fee been levied."

With the amendment described above, we believe the amendments to the parameters and guidelines are appropriate for this mandate and recommend the Commission adopt them at its April 27, 1989, meeting.

Any questions regarding this recommendation should be directed to James M. Apps or Kim Clement of my staff at 324-0043.



Fred Klass
Assistant Program Budget Manager

cc: see second page

cc: Glen Beatie, State Controller's Office
Pat Ryan, Chancellor's Office, Community College
Juliet Musso, Legislative Analyst's Office
Richard Frank, Attorney General

LR:1988-2

GOVERNOR'S OFFICE

GEORGE DEUKMEJIAN, Governor

CALIFORNIA COMMUNITY COLLEGES



1201 NINTH STREET
 SACRAMENTO, CALIFORNIA 95814
 916-8752 445-1163

April 3, 1989



Mr. Robert W. Eich
 Executive Director
 Commission on State Mandates
 1000 K Street, Suite LL50
 Sacramento, CA 95814

Attention: Ms. Deborah Fraga-Decker

Subject: CSM 4206
 Amendments to Parameters and Guidelines
 Chapter 1, Statutes of 1984, 2nd E.S.
 Chapter 118, Statutes of 1987
Health Fee Elimination

Dear Mr. Eich:

In response to your request of March 8, we have reviewed the proposed language changes necessary to amend the existing parameters and guidelines to meet the requirements of Chapter 1118, Statutes of 1987.

The Department of Finance has also provided us a copy of their suggestion to add the following language in part VIII: "If a claimant does not levy the fee authorized by Education Code Section 72246(a), it shall deduct an amount equal to what it would have received had the fee been levied." This office concurs with their suggestion which is consistent with the law and with our request of February 22.

With the additional language suggested by the Department of Finance, the Chancellor's Office recommends approval of the amended parameters and guidelines as drafted for presentation to the Commission on April 27, 1989.

Sincerely,

DAVID MERTES
 Chancellor

DM:PR:mh

cc: Jim Apps, Department of Finance
 Glen Beatie, State Controller's Office
 Richard Frank, Attorney General's Office
 Juliet Muso, Legislative Analyst's Office
 Douglas Burris
 Joseph Newmyer
 Gary Cook



GRAY DAVIS
Controller of the State of California
P.O. BOX 942850
SACRAMENTO, CA 94250-0001

April 3, 1989



Ms. Deborah Fraga-Decker
Program Analyst
Commission on State Mandates
1130 K Street, Suite LL50
Sacramento, CA 95814

Ms. Fraga-Decker:

RE: Proposed Amendments to Parameters and Guidelines: Chapter 1/84, 2nd E.S., and Chapter 1118/87 - Health Fee Elimination

We have reviewed the amendments proposed on the above subject and find the proposals proper and acceptable.

However, the Commission may wish to clarify section "VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS" that the required offset is the amount received or would have received per student in the claim year.

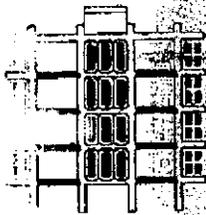
If you have any questions, please call Glen Beatie at 3-8137.

Sincerely,

Glenn Haas, Assistant Chief
Division of Accounting

GH/GB:dvl

SC81822



HRH/EO

RIO HONDO COMMUNITY COLLEGE DISTRICT
8600 Workman Mill Road • Whittier, CA 90608 • Phone (213) 692-0921



March 16, 1989

Ms. Deborah Fraga-Decker
Program Analyst
Commission on State Mandates
1130 K Street, Suite LL50
Sacramento, CA 95814

REFERENCE: CSM-4206
AMENDMENTS TO PARAMETERS AND GUIDELINES
CHAPTER 1, STATUTES OF 1984, 2ND E.S.
CHAPTER 1118, STATUTES OF 1987
HEALTH FEE ELIMINATION

Dear Deborah:

We have reviewed your letter of March 7 to Chancellor David Mertes and the attached amendments to the health fee parameters and guidelines. We believe these revisions to be most appropriate and concur totally with the changes you have proposed.

I would like to thank you again for your expertise and helpfulness throughout this entire process.

Yours very truly,

Timothy M. Wood
Vice President
Administrative Affairs

TMW:hh

Tab 4

MINUTES

COMMISSION ON STATE MANDATES
May 25, 1989
10:00 a.m.
State Capitol, Room 437
Sacramento, California

Present were: Chairperson Russell Gould, Chief Deputy Director, Department of Finance; Fred R. Buenrostro, Representative of the State Treasurer; D. Robert Shuman, Representative of the State Controller; Robert Martinez, Director, Office of Planning and Research; and Robert C. Creighton, Public Member.

There being a quorum present, Chairperson Gould called the meeting to order at 10:02 a.m.

Item 1 Minutes

Chairperson Gould asked if there were any corrections or additions to the minutes of the Commission's hearing of April 27, 1989. There were no corrections or additions.

The minutes were adopted without objection.

Consent Calendar

The following items were on the Commission's consent agenda:

- Item 2 Proposed Statement of Decision
Chapter 406, Statutes of 1988
Special Election - Bridges
- Item 3 Proposed Statement of Decision
Chapter 583, Statutes of 1985
Infectious Waste Enforcement
- Item 4 Proposed Statement of Decision
Chapter 980, Statutes of 1984
Court Audits
- Item 5 Proposed Statement of Decision
Chapter 1286, Statutes of 1985
Homeless Mentally Ill

- Item 6 Proposed Parameters and Guidelines Amendment
Chapter 1, Statutes of 1984, 2nd E.S.
Chapter 1118, Statutes of 1987
Health Fee Elimination
- Item 7 Proposed Parameters and Guidelines Amendment
Chapter 8, Statutes of 1988
Democratic Presidential Delegates
- Item 10 Proposed Statewide Cost Estimate
Chapter 498, Statutes of 1983
Education Code Section 48260.5
Notification of Truancy
- Item 12 Proposed Statewide Cost Estimate
Chapter 1226, Statutes of 1984
Chapter 1526, Statutes of 1985
Investment Reports

There being no discussion or appearances on Items 2, 3, 4, 5, 6, 7, 10, and 12, Member Buenrostro moved adoption of the staff recommendation on these items on the consent calendar. Member Martinez seconded the motion. The vote on the motion was unanimous. The motion carried.

The following items were continued:

- Item 13 Proposed Statewide Cost Estimate
Chapter 1335, Statutes of 1986
Trial Court Delay Reduction Act
- Item 15 Test Claim
Chapter 841, Statutes of 1982
Patients' Rights Advocates
- Item 17 Test Claim
Chapter 921, Statutes of 1987
Countywide Tax Rates

The next item to be heard by the Commission was:

- Item 8 Proposed Parameters and Guidelines Amendment
Chapter 961, Statutes of 1975
Collective Bargaining

The party requesting the proposed amendment, Fountain Valley School District, did not appear at the hearing. Carol Miller, appearing on behalf of the Education Mandated Cost Network, stated that the Network was interested in the issue of reimbursing a school district for the time the district Superintendent spent in, or preparing for, collective bargaining issues.

The Commission then discussed the issue of reimbursing the Superintendent's time as a direct cost to the mandated program or as an indirect cost as required by the federal publications OASC-10, and Federal Management Circular 74-4. Upon conclusion of this discussion, the Commission, staff, and Ms. Miller, agreed that the Commission could deny this proposed amendment by the Fountain Valley School District, and Ms. Miller could assist another district in an attempt to amend the parameters and guidelines to allow reimbursement of the Superintendent's cost relative to collective bargaining matters.

Member Creighton then inquired on the issue of holding collective bargaining sessions outside of normal working hours and the number of teachers the parameters and guidelines reimburse for participating in collective bargaining sessions. Ms. Miller stated that because of the classroom disruption that can result from the use of a substitute teacher, bargaining sessions are sometimes held outside of normal work hours for practical reasons. Ms. Miller also stated that the parameters and guidelines permit reimbursement for five substitute teachers.

Member Martinez moved and Member Buenrostro seconded a motion to adopt the staff recommendation to deny the proposed amendments to the parameters and guidelines. The roll call vote on the motion was unanimous. The motion carried.

Item 9 Proposed Statewide Cost Estimate
Chapter 498, Statutes of 1983
Education Code Section 51225.3
Graduation Requirements

Carol Miller appeared on behalf of the claimant, Santa Barbara Unified School District, Jim Apps and Don Enderton appeared on behalf of the Department of Finance, and Rick Knott appeared on behalf of the San Diego Unified School District.

Carol Miller began the discussion on this matter by stating her objection to the Department of Finance raising issues that were already argued in the parameters and guidelines hearings for this mandate. Based on this objection, Ms. Miller requested that the Commission adopt staff's recommendation and allow the Controller's Office to handle any audit exceptions.

Jim Apps stated that because school districts did not report funds that have been received by them, then the data reported in the survey is suspect. Therefore, the Department of Finance is not convinced that the cost estimate based on the data received by the schools is legitimate.

Discussion continued on the validity of the cost estimate and on the figures presented to the Commission for its consideration.

Member Creighton then made a motion to adopt staff's recommendation. Member Shuman seconded the motion. The vote on the motion was: Member Buenrostro, no; Member Creighton, aye; Member Martinez, no; Member Shuman, aye; and Chairperson Gould, no. The motion failed.

Chairperson Gould made an alternative motion that staff, the Department of Finance, and the school districts, conduct a pre-hearing conference and agree on an estimate to be presented to the Commission at a future hearing. Member Buenrostro seconded the motion. The roll call vote on the motion was unanimous. The motion carried.

Item 11 Statewide Cost Estimate
Chapter 815, Statutes of 1979
Chapter 1327, Statutes of 1984
Chapter 757, Statutes of 1985
Short-Doyle Case Management

Pamela Stone, representing the County of Fresno, stated that the county was in agreement with the staff proposed statewide cost estimate of \$20,000,000 for the 1985-86 through 1989-90 fiscal years, and was opposed to the reduction of the costs estimate being proposed by the Department of Mental Health's late filing.

Lynn Whetstone, representing the Department of Mental Health, stated that the Department agrees with the methodology used by Commission staff to develop the cost estimate, however, the Department questioned the manner in which Commission staff extrapolated its survey figures into a statewide estimate. Ms. Whetstone stated that due to the reasons stated in its late filing, the Department believes that the cost estimate be reduced to \$17,280,000.

Member Shuman moved, and Member Martinez seconded a motion to adopt the staff proposed statewide cost estimate of \$20,000,000 for the 1985-86 through 1989-90 fiscal years. The roll call vote on the motion was unanimous. The motion carried.

Item 14 State Mandates Apportionment System
Request for Review of Base Year Entitlement
Chapter 1242, Statutes of 1977
Senior Citizens' Property Tax Postponement

Leslie Hobson appeared on behalf of the claimant, County of Placer, and stated agreement with the staff analysis.

There were no other appearances and no further discussion.

Member Creighton moved approval of the staff recommendation. Member Shuman seconded the motion. The roll call vote was unanimous. The motion carried.

Item 15 Test Claim
Chapter 670, Statutes of 1987
Assigned Judges

Vicki Wajdak and Pamela Stone appeared on behalf of the claimant, County of Fresno. Beth Mullen appeared on behalf of the Administrative Office of

the Courts. Jim Apps appeared on behalf of the Department of Finance. Allan Burdick appeared on behalf of the County Supervisors Association of California. Pamela Stone restated the claimant's position that the revenue losses due to this statute were actually increased costs because Fresno is now required to compensate its part-time justice court judges for work performed or another county while on assignment. Beth Mullen stated her opposition to this interpretation because Fresno's part-time justice court judge cannot be assigned elsewhere until all work required to be performed for Fresno has been completed; therefore, Fresno is only required to compensate the judge for its own work.

There followed discussion by the parties and the Commission regarding the applicability of the Supreme Court's decisions in County of Los Angeles and Lucia Mar. Chairperson Gould asked Commission Counsel Gary Hori whether this statute imposed a new program and higher level of service as contemplated by these two decisions. Mr. Hori stated that it did meet the definition of new program and higher level of service as contemplated by the Supreme Court.

Member Creighton moved to adopt the staff recommendation to find a mandate on counties whose part-time justice court judge is assigned within the home county. Member Shuman seconded the motion. The roll call vote was unanimous. The motion carried.

Item 18 Test Claim
Chapter 1247, Statutes of 1977
Chapter 797, Statutes of 1980
Chapter 1373, Statutes of 1980
Public Law 99-372
Attorney's Fees - Special Education

Chairperson Gould recused himself from the hearing on this item.

Clayton Parker, representing the Newport-Mesa Unified School District, submitted a late filing on the test claim rebutting the staff analysis. Member Creighton stated that he had not had an opportunity to review the late filing and inquired on whether the claim should be heard at this hearing. Staff informed Member Creighton and Member Buenrostro that in reviewing the filing before this item was called, the filing appeared to be summary of the claimant's position on the staff analysis, and that there appeared to be no reason to continue the item.

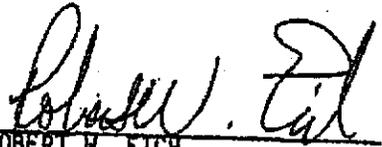
Mr. Parker stated that Commission staff had misstated the events that resulted in the claimant having to pay attorneys' fees to a pupil's guardians, and because of case law, courts do not have any discretion in awarding attorney's fees. Mr. Parker stated that because state legislation has codified the federal Education of the Handicapped Act, school districts are subject to the provisions of Public Law 94-142 and Public Law 99-372. Member Buenrostro then inquired whether staff was comfortable with discussing the issue of a state executive order incorporating federal law.

Minutes
Hearing of May 25, 1989
Page 6

Staff informed the Commission that it was not comfortable discussing this issue, and further noted that it appeared that Mr. Parker was basing his reasoning for finding P.L. 99-372 to be a state mandated program, on the Board of Control's finding that Chapter 1247, Statutes of 1977, and Chapter 797, Statutes of 1980, were a state mandated program. Staff noted that Board of Control's finding is currently the subject of the litigation in Huff v. Commission on State Mandates (Sacramento County Superior Court Case No. 352295).

Member Creighton moved and Member Martinez seconded a motion to continue this item and have legal counsel and staff review the arguments presented by Mr. Parker. The vote on the motion was unanimous. The motion carried.

With no further items on the agenda, Chairperson Gould adjourned the hearing at 11:45 a.m.



ROBERT W. EICH
Executive Director

RWE:GLH:cm:0224g

Tab 5



JOHN CHIANG
California State Controller

October 20, 2009

Board of Trustees
Redwoods Community College District
Humboldt County
7351 Tompkins Hill Road
Eureka, CA 95501

RE: Health Fee Elimination CH 1/84

Dear Claimant:

We reviewed the costs claimed by Redwoods Community College District for the legislatively mandated Health Fee Elimination Program (Chapter 1, Statutes of 1984, 2nd Extraordinary Session, and Chapter 1118, Statutes of 1987) for the period of July 1, 2002, through June 30, 2007. Our review was limited to validating the authorized health service fees that the district reported.

The district claimed \$439,666 (\$440,666 less a \$1,000 penalty for filing late claim) for the mandated program. Our review disclosed that \$175,680 is allowable and \$263,986 is unallowable, as described in the attached Summary of Program Costs and Finding and Recommendation. The costs are unallowable because the district understated authorized health service fees.

For the fiscal year (FY) 2002-03 claim, the State paid the district \$25,487. Our review disclosed that the claimed costs are unallowable. The State will offset \$25,487 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State Controller's Office, Division of Accounting and Reporting, P.O. Box 942850, Sacramento, CA 94250-5875 with a copy of this letter.

For the FY 2003-04 through FY 2005-06 claims, the State made no payment to the district. Our review disclosed that \$175,680 is allowable. The State will pay that amount, contingent upon available appropriations.

For the FY 2006-07 claim, the State paid the district \$62,590. Our review disclosed that the claimed costs are unallowable. The State will offset \$62,590 from other mandated program payments due the district. Alternatively, the district may remit this amount to the State.

If you have any questions, please contact Fran Stuart, Associate Accounting Analyst, at (916) 323-0766 or in writing at the above address.

October 22, 2009

Sincerely



GINNY BRUMMELS

Manager

GLB:fs

Attachments

cc: Jim L. Spano, Chief
Mandated Cost Audits Bureau
Division of Audits
Steve Van Zee, Audit Manager
Division of Audits

**Attachment 1—
Summary of Program Costs
July 1, 2002, through June 30, 2007**

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2002, through June 30, 2003</u>			
Direct costs	\$ 100,169	\$ 100,169	\$ —
Indirect costs	20,655	20,655	—
Total direct and indirect costs	120,824	120,824	—
Less authorized health service fees	(95,337)	(123,882)	(28,545)
Subtotal	25,487	(3,058)	(28,545)
Review adjustments that exceed costs claimed	—	3,058	3,058
Total program costs	<u>\$ 25,487</u>	—	<u>\$ (25,487)</u>
Less amount paid by the State		(25,487)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (25,487)</u>	
<u>July 1, 2003, through June 30, 2004</u>			
Direct costs	\$ 119,346	\$ 119,346	\$ —
Indirect costs	46,115	46,115	—
Total direct and indirect costs	165,461	165,461	—
Less authorized health service fees	(74,122)	(97,110)	(22,988)
Less late filing penalty	(1,000)	(1,000)	—
Total program costs	<u>\$ 90,339</u>	67,351	<u>\$ (22,988)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 67,351</u>	
<u>July 1, 2004, through June 30, 2005</u>			
Direct costs	\$ 138,975	\$ 138,975	\$ —
Indirect costs	52,671	52,671	—
Total direct and indirect costs	191,646	191,646	—
Less authorized health service fees	(65,471)	(98,532)	(33,061)
Less offsetting savings/reimbursements	(1,806)	(1,806)	—
Total program costs	<u>\$ 124,369</u>	91,308	<u>\$ (33,061)</u>
Less amount paid by the State		—	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 91,308</u>	

Attachment 1 (continued)

Cost Elements	Actual Costs Claimed	Allowable per Review	Review Adjustment ¹
<u>July 1, 2005, through June 30, 2006</u>			
Direct costs	\$ 114,499	\$ 114,499	\$ ---
Indirect costs	42,880	42,880	---
Total direct and indirect costs	157,379	157,379	---
Less authorized health service fees	(58,578)	(140,358)	(81,780)
Total program costs	<u>\$ 98,801</u>	17,021	<u>\$ (81,780)</u>
Less amount paid by the State		---	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 17,021</u>	
<u>July 1, 2006, through June 30, 2007</u>			
Direct costs	\$ 110,340	\$ 110,340	\$ ---
Indirect costs	43,695	43,695	---
Total direct and indirect costs	154,035	154,035	---
Less authorized health service fees	(53,365)	(187,239)	(133,874)
Subtotal	100,670	(33,204)	(133,874)
Review adjustments that exceed costs claimed	---	33,204	33,204
Total program costs	<u>\$ 100,670</u>	---	<u>\$ (100,670)</u>
Less amount paid by the State		(62,590)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ (62,590)</u>	
<u>Summary: July 1, 2002, through June 30, 2007</u>			
Direct costs	\$ 583,329	\$ 583,329	\$ ---
Indirect costs	206,016	206,016	---
Total direct and indirect costs	789,345	789,345	---
Less authorized health service fees	(346,873)	(647,121)	(300,248)
Less offsetting savings/reimbursements	(1,806)	(1,806)	---
Less late filing penalty	(1,000)	(1,000)	---
Subtotal	439,666	139,418	(300,248)
Review adjustments that exceed costs claimed	---	36,262	36,262
Total program costs	<u>\$ 439,666</u>	175,680	<u>\$ (263,986)</u>
Less amount paid by the State		(88,077)	
Allowable costs claimed in excess of (less than) amount paid		<u>\$ 87,603</u>	

¹ See Attachment 2, Finding and Recommendation.

Attachment 2—
Finding and Recommendation
July 1, 2002, through June 30, 2007

FINDING—
Understated authorized
health service fees

The district understated authorized health service fees by \$300,248.

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

For the period of July 1, 2002, through December 31, 2005, Education Code section 76355, subdivision (c), states that health fees are authorized for all students except those who: (1) depend exclusively on prayer for healing; (2) are attending a community college under an approved apprenticeship training program; or (3) demonstrate financial need. Effective January 1, 2006, only subdivisions (c)(1) and (c)(2) are applicable. The California Community Colleges Chancellor's Office (CCCCO) identified the fees authorized by Education Code section 76355, subdivision (a). The following table summarizes the authorized fee per student:

<u>Fiscal Year</u>	<u>Authorized Health Fee Rate</u>	
	<u>Fall and Spring Semesters</u>	<u>Summer Session</u>
2002-03	\$12	\$ 9
2003-04	12	9
2004-05	13	10
2005-06	14	11
2006-07	15	12

We obtained student enrollment, apprenticeship program enrollment, and Board of Governors Grant (BOGG) recipient data from the CCCCCO. The CCCCCO identified enrollment and BOGG recipient data from its management information system (MIS) based on student data that the district reported. CCCCCO identified the district's enrollment based on its MIS data element STD7, codes A through G. Within the student enrollment, CCCCCO identified the number of apprenticeship program enrollees based on its Data Element SB23, Code 1. CCCCCO eliminated any duplicate students based on their social security numbers. From the district enrollment, CCCCCO identified the number of BOGG recipients based on MIS data element SF21, all codes with first letter of B or F.

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

	Semester			Total
	Summer	Fall	Spring	
Fiscal Year 2002-03:				
Number of enrolled students	2,398	7,635	7,390	
Less number of BOGG recipients	—	(3,266)	(3,234)	
Subtotal	2,398	4,369	4,156	
Authorized health fee rate	× \$(9)	× \$(12)	× \$(12)	
Authorized health service fees	\$ (21,582)	\$ (52,428)	\$ (49,872)	\$ (123,882)
Less authorized health service fees claimed				95,337
Review adjustment, FY 2002-03				(28,545)
Fiscal Year 2003-04:				
Number of enrolled students	1,443	6,955	7,009	
Less number of BOGG recipients	(641)	(3,220)	(3,253)	
Subtotal	802	3,735	3,756	
Authorized health fee rate	× \$(9)	× \$(12)	× \$(12)	
Authorized health service fees	\$ (7,218)	\$ (44,820)	\$ (45,072)	(97,110)
Less authorized health service fees claimed				74,122
Review adjustment, FY 2003-04				(22,988)
Fiscal Year 2004-05:				
Number of enrolled students	1,704	6,723	6,737	
Less number of apprenticeship program enrollees	—	—	(14)	
Less number of BOGG recipients	(709)	(3,362)	(3,270)	
Subtotal	995	3,361	3,453	
Authorized health fee rate	× \$(10)	× \$(13)	× \$(13)	
Authorized health service fees	\$ (9,950)	\$ (43,693)	\$ (44,889)	(98,532)
Less authorized health service fees claimed				65,471
Review adjustment, FY 2004-05				(33,061)
Fiscal Year 2005-06:				
Number of enrolled students	1,217	6,558	6,012	
Less number of apprenticeship program enrollees	(22)	(21)	(18)	
Less number of BOGG recipients	(437)	(3,101)	—	
Subtotal	758	3,436	5,994	
Authorized health fee rate	× \$(11)	× \$(14)	× \$(14)	
Authorized health service fees	\$ (8,338)	\$ (48,104)	\$ (83,916)	(140,358)
Less authorized health service fees claimed				58,578
Review adjustment, FY 2005-06				(81,780)
Fiscal Year 2006-07:				
Number of enrolled students	1,122	5,808	5,794	
Less number of apprenticeship program enrollees	(5)	(13)	—	
Subtotal	1,117	5,795	5,794	
Authorized health fee rate	× \$(12)	× \$(15)	× \$(15)	
Authorized health service fees	\$ (13,404)	\$ (86,925)	\$ (86,910)	(187,239)
Less authorized health service fees claimed				53,365
Review adjustment, FY 2006-07				(133,874)
Total review adjustment				\$ (300,248)

Recommendation

We recommend that the district deduct authorized health service fees from mandate-related costs claimed. To properly calculate authorized health service fees, we recommend that the district identify the number of enrolled students based on CCCCCO data element STD7, codes A through G. We also recommend that the district identify the number of apprenticeship program enrollees based on data elements SB 23, code 1, and STD7, codes A through G. The district should eliminate duplicate entries for students who attend more than one of the district's colleges. In addition, we recommend that the district maintain documentation that identifies any students that the district excludes from the health service fee based on Education Code section 76355, subdivision (c)(1). If the district denies health services to any portion of its student population, it should maintain contemporaneous documentation of a district policy that excludes those students and documentation identifying the number of students excluded.

INCORRECT REDUCTION CLAIM
FILED BY REDWOODS COMMUNITY
COLLEGE DISTRICT
SEPTEMBER 30, 2009

HEALTH FEE ELIMINATION PROGRAM
CHAPTER 1, STATUTES OF 1984, 2ND EXTRAORDINARY SESSION;
AND CHAPTER 1118, STATUTES OF 1987

COMMISSION ON STATE MANDATES

980 NINTH STREET, SUITE 300
SACRAMENTO, CA 95814
PHONE: (916) 323-3562
FAX: (916) 445-0278
E-mail: csminfo@csm.ca.gov



November 2, 2009

Mr. Keith B. Petersen, President
SixTen and Associates
3270 Arena Boulevard, Suite 400-363
Sacramento, CA 95834

Ms. Ginny Brummels
Division of Accounting and Reporting
State Controller's Office
3301 C Street, Suite 501
Sacramento, CA 95816

Re: **Incorrect Reduction Claim**
Health Fee Elimination, 09-4206-I-26
Education Code Section 76355
Statutes 1984, 2nd E.S.; Chapter 1; Statutes 1987, Chapter 1118;
Fiscal Years: 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007
Redwoods Community College District, Claimant

Dear Mr. Petersen and Ms. Brummels:

On October 26, 2009, Redwoods Community College District filed an incorrect reduction claim (IRC) with the Commission on State Mandates (Commission) based on the *Health Fee Elimination* mandate for fiscal years 2002-2003, 2003-2004, 2004-2005, 2005-2006 and 2006-2007, for a total of \$263,986. Commission staff determined that the IRC filing is complete.

Government Code section 17551, subdivision (b), requires the Commission to hear and decide upon claims filed by local agencies and school districts that the State Controller's Office (SCO) has incorrectly reduced payments to the local agencies or school districts.

SCO Review and Response. Please file the SCO response and supporting documentation regarding this claim within 90 days of the date of this letter. Please include an explanation of the reason(s) for the reductions and the computation of reimbursements. All documentary evidence must be authenticated by declarations under penalty of perjury signed by persons who are authorized and competent to do so and be based on the declarant's personal knowledge, information or belief. The Commission's regulations also require that the responses (opposition or recommendation) filed with the Commission be simultaneously served on the claimants and their designated representatives, and accompanied by a proof of service (Cal. Code Regs., tit. 2, § 1185.01).

The failure of the SCO to respond within this 90-day timeline shall not cause the Commission to delay consideration of this IRC.

Claimant's Rebuttal. Upon receipt of the SCO response, the claimant and interested parties may file rebuttals. The rebuttals are due 30 days from the service date of the response.

Prehearing Conference. A prehearing conference will be scheduled if requested.

Public Hearing and Staff Analysis. The public hearing on this claim will be scheduled after the record closes. A staff analysis will be issued on the IRC at least eight weeks prior to the public hearing.

SixTen and Associates

Mandate Reimbursement Services

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

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

October 19, 2009

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

RECEIVED

OCT 26 2009

**COMMISSION ON
STATE MANDATES**

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

Dear Ms. Higashi:

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

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

Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501

Thank-you.

Sincerely,



Keith B. Petersen

COMMISSION ON STATE MANDATES

1. INCORRECT REDUCTION CLAIM TITLE

1/84, 1118/87 Health Fee Elimination

2. CLAIMANT INFORMATION

Redwoods Community College District

Ruth Bettenhausen, Vice President
Administrative Services
Redwoods Community College District
7351 Tompkins Hill Road
Eureka, California 95501
Voice: 707-476-4194
Fax: 707-476-4405
E-mail: ruth-bettenhausen@redwoods.edu

3. CLAIMANT REPRESENTATIVE INFORMATION

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

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

Filing Date:

For CSM Use Only

RECEIVED

OCT 26 2009

COMMISSION ON STATE MANDATES

IRC #: 09-4206-I-20

4. IDENTIFICATION OF STATUTES OR EXECUTIVE ORDERS

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

5. AMOUNT OF INCORRECT REDUCTION

<u>Fiscal Year</u>	<u>Amount of Reduction</u>
2002-03	\$ 25,487
2003-04	\$ 22,988
2004-05	\$ 33,061
2005-06	\$ 81,780
2006-07	\$ 100,670
TOTAL:	\$263,986

6. NOTICE OF NO INTENT TO CONSOLIDATE

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

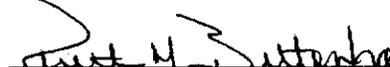
Sections 7-13 are attached as follows:

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

14. CLAIM CERTIFICATION

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

Ruth Bettenhausen, Vice President
Administrative Services


Signature

Oct. 9, 2009
Date

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

10 BEFORE THE

11 COMMISSION ON STATE MANDATES

12 STATE OF CALIFORNIA

13 INCORRECT REDUCTION CLAIM OF:)

No. CSM _____

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

14)
15)
16)
17)
18 **REDWOODS**)
19 **Community College District,**)

Education Code Section 76355

20)
21)
22 **Claimant.**)

Health Fee Elimination

Annual Reimbursement Claims:

23)
24)
25)
26)
27)
28)
29)
30)
31)
31 _____)
Fiscal Year 2002-2003
Fiscal Year 2003-2004
Fiscal Year 2004-2005
Fiscal Year 2005-2006
Fiscal Year 2006-2007

32 INCORRECT REDUCTION CLAIM FILING

33 PART I. AUTHORITY FOR THE CLAIM

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

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

1 (d) of Section 17561.” Redwoods Community College District (hereinafter “District” or
2 “Claimant”) is a school district as defined in Government Code Section 17519.¹ Title 2,
3 California Code of Regulations (CCR), Section 1185(a), requires claimants to file an
4 incorrect reduction claim with the Commission.

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

15 PART II. SUMMARY OF THE CLAIM

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

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

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

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

1 for the period July 1, 2002 through June 30, 2007. As a result of the review, the
2 Controller determined that \$263,986 of the claimed costs were unallowable:

3	Fiscal	Amount	Audit	SCO	Amount Due
4	<u>Year</u>	<u>Claimed</u>	<u>Adjustment</u>	<u>Payments</u>	<u><State> District</u>
5	2002-03	\$25,487	\$25,487	\$25,487	<\$25,487>
6	2003-04	\$90,339 ²	\$22,988	\$0	\$67,351
7	2004-05	\$124,369	\$33,061	\$0	\$91,308
8	2005-06	\$98,801	\$81,780	\$0	\$17,021
9	2006-07	<u>\$100,670</u>	<u>\$100,670</u>	<u>\$62,590</u>	<u><\$62,590></u>
10	Totals	\$439,666	\$263,986	\$88,077	\$87,603

11 Since the District has been paid \$88,077 for these claims, the amount of \$87,603 is still
12 due the District.

13 PART III. CHRONOLOGY OF CLAIM PAYMENT ACTION

14 1. The Controller, by letter dated July 1, 2008, requested that the District provide
15 student enrollment data and student health fee amounts for its FY 2004-05, FY
16 2005-06 and FY 2006-07 reimbursement claims for the Health Fee Elimination
17 mandate. The Controller's letter stated that the claims would be adjusted to zero
18 if the District did not supply the additional information by September 15, 2008. A
19 copy of this letter is attached as Exhibit "B."

² FY 2003-04 amended annual claim amount of \$91,339 less a \$1,000 late filing penalty.

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

- 1 2. SixTen and Associates, on behalf of the Claimant and sixteen³ other community
2 college districts that received similar requests from the Controller, requested an
3 extension of the September 15, 2008, deadline via email due to the workload of
4 the districts.
- 5 3. Virginia Brummels, Manager, Local Reimbursements Section, granted a 60-day
6 extension by email on July 10, 2008, and issued a new deadline of November
7 15, 2008.
- 8 4. SixTen and Associates responded to the Controller's request on behalf of the
9 District, by letter dated September 25, 2008, and provided an HFE 1.1 claim

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

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

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

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

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

- 7 5. As a result of the additional information, the Controller issued three "results of
8 review" letters for FY 2004-05, FY 2005-06 and FY 2006-07, reducing the claims
9 by \$215,511. The District also received two "results of review" letters for FY
10 2002-03 and FY 2003-04, reducing those claims by \$48,475, although no
11 supplemental data had been requested or received by the Controller for those
12 two fiscal years. No reason for the reductions was stated, other than a statement
13 that the costs were "costs not mandated."

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

17 PART IV. PREVIOUS INCORRECT REDUCTION CLAIMS

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

21 /

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

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

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

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

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

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

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

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

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

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

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

Authorized expenditures shall not include, among other things, athletic trainers' salaries,

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

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

4 2. Test Claim

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

10 On November 20, 1986, the Commission on State Mandates determined that
11 Chapter 1, Statutes of 1984, 2nd Extraordinary Session, imposed a new program upon
12 community college districts by requiring any community college district that provided

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

(e) Any community college district that provided health services in the 1986-87 fiscal year shall maintain health services, at the level provided during the 1986-87 fiscal year, and each fiscal year thereafter. If the cost to maintain that level of service exceeds the limits specified in subdivision (a), the excess cost shall be borne by the district.

(f) A district that begins charging a health fee may use funds for startup costs from other district funds, and may recover all or part of those funds from health fees collected within the first five years following the commencement of charging the fee.

(g) The board of governors shall adopt regulations that generally describe the types of health services included in the health service program.

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

1 student health services for which it was authorized to charge a fee pursuant to former
2 Section 72246 in the 1983-1984 fiscal year, to maintain student health services at that
3 level in the 1984-1985 fiscal year and each fiscal year thereafter.

4 At a hearing on April 27, 1989, the Commission on State Mandates determined
5 that Chapter 1118, Statutes of 1987, amended this requirement to apply to all
6 community college districts that provided student health services in fiscal year 1986-
7 1987, and required them to maintain that level of student health services in fiscal year
8 1987-1988 and each fiscal year thereafter.

9 3. Parameters and Guidelines

10 On August 27, 1987, the original parameters and guidelines were adopted. On
11 May 25, 1989, those parameters and guidelines were amended. A copy of the May 25,
12 1989, parameters and guidelines is attached as Exhibit "D."

13 4. Claiming Instructions

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

21 \

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

2 (Emphasis added.)

3 PARAMETERS AND GUIDELINES

4 The parameters and guidelines state:

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

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

17 Further, the Department of Finance proposed, as part of the amendments that
18 were adopted on May 25, 1989, that a sentence be added to the offsetting savings
19 section expressly stating that if no health service fee was charged, the claimant would
20 be required to deduct the amount authorized. The Commission declined to add this
21 requirement and adopted the parameters and guidelines without this language.

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

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

1 Therefore, it is evident that the Commission intends the language of the parameters
2 and guidelines to be construed as written, and only those savings that are *experienced*
3 are to be deducted.

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

11 2. The District correctly filed the annual reimbursement claims

12 The District reported its actual reimbursable costs in the manner required by the
13 parameters and guidelines and on the forms provided for by the Controller's claiming
14 instructions for this program. The Controller has not stated how the claim
15 documentation was insufficient for purposes of adjudicating the claims. The Controller
16 has not sent any documentation in support of its action to the District. He has simply
17 reduced the District's reimbursement claim without any explanation. By providing no
18 notice for the basis of its actions, the Controller is creating a standard of general
19 application without the benefit of law or due process of rulemaking.

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

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

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

1 Statutes of 2004, provides:

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

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

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

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

19 The annual reimbursement claim was not rejected because the costs claimed
20 were excessive or unreasonable. The Controller does not assert that the claimed costs
21 were excessive or unreasonable, which is the only mandated cost audit standard in
22 statute (Government Code Section 17561(d)(2)). It would therefore appear that the
23 entire findings are based upon the wrong standard of review, or no standard of review.
24 If the Controller wishes to enforce other audit standards for mandated cost

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

1 reimbursement, the Controller should comply with the Administrative Procedure Act.

2 5. No audit was conducted

3 The only exception to the Controller's duty under Government Code Section
4 17561(d)(2) to pay annual reimbursement claims (other than a finding that the claim is
5 excessive or unreasonable) is a reduction as a result of a properly conducted audit.
6 However, no audit of the District's reimbursement claims was conducted. Therefore, the
7 Controller has no factual basis to make a conclusion that the costs claimed were
8 excessive or unreasonable, as required by Government Code Section 17561(d)(2).

9 **Statute of Limitations**

10 January 13, 2004	FY 2002-03 annual claim filed by the District
11 January 12, 2006	FY 2003-04 annual claim filed by the District
12 January 13, 2007	FY 2002-03 statute of limitations for audit expires
13 January 12, 2009	FY 2003-04 statute of limitations for audit expires
14 July 1, 2008	Desk audit initiated for FY 2004-05 through FY 2006-07
15 July 2, 2009	Adjustment letters issued for FY 2002-03 and FY 2003-04

16 This is not an audit finding. The District asserts that the adjustments of the FY
17 2002-03 and FY 2003-04 annual reimbursement claims occurred after the time
18 limitation for audit had passed. The clause in Government Code Section 17558.5 that
19 delays the commencement of the time for the Controller to audit to the date of initial
20 payment is void because it is impermissibly vague. Therefore, the only specific and
21 enforceable time limitation for audit and adjustment of these claims is three years from
22 the date of filing.

23 \

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

1 Applicable Time Limitation for Audit

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

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

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

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

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

24 Statutes of 2002, Chapter 1128, Section 14.5, operative January 1, 2003
25 amended Section 17558.5 to state:

26 (a) A reimbursement claim for actual costs filed by a local agency or school
27 district pursuant to this chapter is subject to the initiation of an audit by the

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

1 Controller no later than three years after the ~~end of the calendar year in which~~
2 the date that the actual reimbursement claim is filed or last amended, whichever
3 is later. However, if no funds are appropriated or no payment is made to a
4 claimant for the program for the fiscal year for which the claim is made filed, the
5 time for the Controller to initiate an audit shall commence to run from the date of
6 initial payment of the claim.
7

8 The annual reimbursement claim for FY 2002-03 is subject to the three-year statute of
9 limitations established by Chapter 1128, Statutes of 2002 which requires the audit to be
10 “initiated” within three years of the date the actual claim is filed.

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

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

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

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

1 The annual reimbursement claim for FY 2003-04 is subject to the three-year statute of
2 limitations established by Chapter 890, Statutes of 2004, which requires the audit to be
3 "initiated" within three years of the date the actual claim is filed and the audit must be
4 completed within two years of its commencement. However, since this fiscal year was
5 not included in the July 1, 2008 letter, no audit was ever "initiated" prior to the expiration
6 of the three-year period.

7 Vagueness

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

18 Therefore, the only specific and enforceable time limitation to commence an
19 audit is three years from the date the claim was filed, and the annual reimbursement
20 claims for FY 2002-03 and FY 2003-04 were past this time period when the FY 2004-05
21 through FY 2006-07 desk audit commenced on July 1, 2008, and when the results of

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

1 review letters were issued on July 2, 2009. Therefore, all adjustments to the FY 2002-
2 03 and FY 2003-04 claims are void and should be withdrawn.

3 PART VII. RELIEF REQUESTED

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

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

20 \

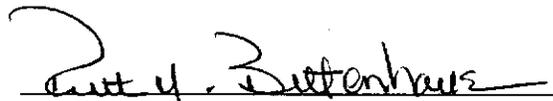
21 \

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

1 PART VIII. CERTIFICATION

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

7 Executed on September 30, 2009, at Eureka, California, by

8 

9 Ruth Bettenhausen, Vice President
10 Administrative Services
11 Redwoods Community College District
12 7351 Tompkins Hill Road
13 Eureka, California 95501
14 Voice: 707-476-4194
15 Fax: 707-476-4405
16 E-mail: ruth-bettenhausen@redwoods.edu

17 APPOINTMENT OF REPRESENTATIVE

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

20 
21 Ruth Bettenhausen, Vice President
22 Redwoods Community College District

Sept. 30, 2009
Date

23 Attachments:

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



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

CC 16195
00254
2009/07/02

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

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

AMOUNT CLAIMED		25,487.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	-	25,487.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)		-25,487.00
AMOUNT DUE STATE	\$	<u>25,487.00</u>

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 25,487.00 WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, PAYABLE TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875 WITH A COPY OF THIS LETTER. FAILURE TO REMIT THE AMOUNT DUE WILL RESULT IN OUR OFFICE PROCEEDING TO OFFSET THE AMOUNT FROM THE NEXT PAYMENTS DUE TO YOUR AGENCY FOR STATE MANDATED COST PROGRAMS.

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

ADJUSTMENT TO CLAIM:			
COST NOT MANDATED	-	25,487.00	
TOTAL ADJUSTMENTS			25,487.00
PRIOR PAYMENTS:			
SCHEDULE NO. MA64136A			
PAID 10-25-2006		-25,487.00	
TOTAL PRIOR PAYMENTS			-25,487.00

RECEIVED
JUL 6 - 2009
PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



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

CC12145
 00234
 2009/07/02

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

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

AMOUNT CLAIMED		91,339.00
ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	-	22,988.00
LATE CLAIM PENALTY	-	1,000.00
TOTAL ADJUSTMENTS	-	<u>23,988.00</u>
AMOUNT DUE CLAIMANT		<u>\$ 67,351.00</u>

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

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Brummels
 GINNY BRUMMELS, MANAGER

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



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

CC12145
 80234
 2009/07/02

BOARD OF TRUSTEES
 REDWOODS COMM COLL DIST
 HUMBOLDT COUNTY
 7351 TOMPKINS HILL RD
 EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

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

AMOUNT CLAIMED		124,369.00
ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	-	33,061.00
TOTAL ADJUSTMENTS	-	<u>33,061.00</u>
AMOUNT DUE CLAIMANT	\$	<u><u>91,308.00</u></u>

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

RECEIVED

JUL 6 - 2009

PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
 GINNY DRUMMELS, MANAGER

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



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

CC 12145
00234
2009/07/02

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

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

AMOUNT CLAIMED		98,801.00
ADJUSTMENT TO CLAIM:		
COST NOT MANDATED	-	81,780.00
TOTAL ADJUSTMENTS		<u>81,780.00</u>
AMOUNT DUE CLAIMANT		<u>\$ 17,021.00</u>

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

RECEIVED
JUL 6 - 2009
PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller
Division of Accounting and Reporting
JULY 9, 2009

CC12145
00234
2009/07/09

BOARD OF TRUSTEES
REDWOODS COMM COLL DIST
HUMBOLDT COUNTY
7351 TOMPKINS HILL RD
EUREKA CA 95501

DEAR CLAIMANT:

RE: HEALTH FEE ELIMINATION (CC)

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

AMOUNT CLAIMED		100,670.00
TOTAL ADJUSTMENTS (DETAILS BELOW)	-	100,670.00
TOTAL PRIOR PAYMENTS (DETAILS BELOW)		-62,590.00
AMOUNT DUE STATE	\$	<u>62,590.00</u>

PLEASE REMIT A WARRANT IN THE AMOUNT OF \$ 62,590.00 WITHIN 30 DAYS FROM THE DATE OF THIS LETTER, PAYABLE TO THE STATE CONTROLLER'S OFFICE, DIVISION OF ACCOUNTING AND REPORTING, P.O. BOX 942850, SACRAMENTO, CA 94250-5875 WITH A COPY OF THIS LETTER. FAILURE TO REMIT THE AMOUNT DUE WILL RESULT IN OUR OFFICE PROCEEDING TO OFFSET THE AMOUNT FROM THE NEXT PAYMENTS DUE TO YOUR AGENCY FOR STATE MANDATED COST PROGRAMS.

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

ADJUSTMENT TO CLAIM: COST NOT MANDATED	-	100,670.00	-	100,670.00
TOTAL ADJUSTMENTS				
PRIOR PAYMENTS: SCHEDULE NO. MA64147E PAID 03-12-2007		-62,590.00		-62,590.00
TOTAL PRIOR PAYMENTS				

RECEIVED
JUL 13 2009
PRESIDENT'S OFFICE

SINCERELY,

Ginny Drummels
GINNY DRUMMELS, MANAGER

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



JOHN CHIANG
California State Controller

July 1, 2008

Mr. Scott Thomason
Vice President, Chief Business Officer
Redwoods Community College District
7351 Tompkins Hill Road
Eureka CA 95501

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

Dear Claimant:

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

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

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

Sincerely,

A handwritten signature in cursive script, reading "Ginny Brummels", is positioned above the printed name.

GINNY BRUMMELS
Manager

Enclosures
cc: SixTen and Associates

Sixteen and Associates Mandate Reimbursement Services

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

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

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

September 25, 2008

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

K B P

Dear Ms. Brummels:

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

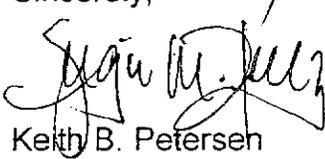
Your letter dated July 1, 2008, requested the District to provide student enrollment data and student health insurance fee amounts by semester on the prescribed Controller claiming forms by September 15, 2008, for the above referenced claims, or those claims would be reduced to zero. Upon our request,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

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

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

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

Sincerely,



for: Keith B. Petersen

C: Ron Cox, Acting Vice President, Administrative Services, Redwoods CCD
Michelle Lopez, Account Clerk III, Redwoods CCD

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

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

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

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code \$76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code \$76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
1. Per Fall Semester	715	2,410		\$ -		\$ -	\$ -
2. Per Spring Semester	597	2,691		\$ -		\$ -	\$ -
3. Per Summer Session	9	1,000		\$ -		\$ -	\$ -
4. Per First Quarter/WINTER	1	339		\$ -		\$ -	\$ -
5. Per Second Quarter				\$ -		\$ -	\$ -
6. Per Third Quarter				\$ -		\$ -	\$ -

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

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

Cost Reduction

11) Less: Offsetting Savings, if applicable

12) Less: Other Reimbursements, if applicable

13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}] \$ -

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use only (19) Program Number 00234 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 234
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(01) Claimant Identification Number: CC 12145	Reimbursement Claim Data	
(02) Claimant Name: Redwoods Community College District	(22) HFE-1.0, (04)(b)	124,369
County of Location: Humboldt	(23)	
Street Address: 7351 Tompkins Hill Road	(24)	
City: Eureka State: CA Zip Code: 95501	(25)	

Type of Claim	Estimated Claim	Reimbursement Claim	
(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)	
(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)	
(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)	
(06) Fiscal Year of Cost: 2005-2006	(12) Fiscal Year of Cost: 2004-2005	(29)	
(07) Total Claimed Amount: \$ 136,000	(13) Total Claimed Amount: \$ 124,369	(30)	
Less: 10% Late Penalty	(14) \$ -	(31)	
Less: Prior Claim Payment Received	(15) \$ -	(32)	
Net Claimed Amount	(16) \$ 124,369	(33)	
(08) Due from State: \$ 136,000	(17) Due from State: \$ 124,369	(34)	
Due to State	(18)	(35)	

as filed

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) _____ Date _____

Scott Thomason Type or Print Name	Vice President, Chief Business Officer Title
(38) Name of Contact Person for Claim: SixTen and Associates	
Telephone Number: (858) 514-8605	
E-mail Address: kbpsixten@aol.com	

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

14) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
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	Direct Cost	Indirect Cost of: 37.90%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
3) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code §76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code §76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ 65,471
) Subtotal	[Line (07) - line (09)]	\$ 126,175

Cost Reduction		
) Less: Offsetting Savings, if applicable		
) Less: Other Reimbursements, if applicable		\$ 1,806.00
) Total Amount Claimed	[Line (10) - (line (11) + line (12))]	\$ 124,369

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

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 37.45%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

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

Collection Period Full-time and Part-time students listed here-in are net of BOG waivers	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code \$76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code \$76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester	779	2,276		\$ -		\$ -	\$ -
Per Spring Semester	602	2,182		\$ -		\$ -	\$ -
Per Summer Session	7	622		\$ -		\$ -	\$ -
Per First Quarter/WINTER		183		\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

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

(0) Subtotal [Line (07) - line (09)]

Cost Reduction

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

CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use only (19) Program Number 00234 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 234
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(01) Claimant Identification Number:	CC 12145
(02) Claimant Name	Redwoods Community College District
County of Location	Humboldt
Street Address	7351 Tompkins Hill Road
City	Eureka
State	CA
Zip Code	95501

Reimbursement Claim Data	
(22) HFE-1.0, (04)(b)	98,801
(23)	
(24)	
(25)	
(26)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)
			(29)
Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)
Total Claimed Amount	(07) \$ 108,000	(13) \$ 98,801	(31)
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)
Less: Prior Claim Payment Received		(15) \$ -	(33)
Net Claimed Amount		(16) \$ 98,801	(34)
Due from State	(08) \$ 108,000	(17) \$ 98,801	(35)
Due to State		(18)	(36)

all filed

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) _____ Date _____

Scott Thomason	Vice President, Chief Business Officer
Type or Print Name	Title

(38) Name of Contact Person for Claim: SixTen and Associates

Telephone Number: (858) 514-8605
E-mail Address: kbpsixten@aol.com

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

4) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 37.45%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code §76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code §76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

9) Total health fee that could have been collected:	The sum of (Line (08))(1)(c) through line (08)(6)(c)	\$ 58,578
10) Subtotal	[Line (07) - line (09)]	\$ 98,801

Cost Reduction

11) Less: Offsetting Savings, if applicable	\$ -
12) Less: Other Reimbursements, if applicable	\$ -
13) Total Amount Claimed	\$ 98,801 [Line (10) - {(line (11) + line (12))}]

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM 1.1
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(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) Name of College: Redwoods Community College

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS <input type="checkbox"/>	SAME <input checked="" type="checkbox"/>	MORE <input type="checkbox"/>
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	Direct Cost	Indirect Cost of: 39.60%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

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

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3) <small>Not applicable after 01/01/06</small>	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
Per Fall Semester	5,327				5,327		
Per Spring Semester	5,319				5,319		
Per Summer Session	1,055				1,055		
Per First Quarter/WINTER	414				414		
Per Second Quarter							
Per Third Quarter							

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

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

Cost Reduction

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

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

LABEL HERE	(01) Claimant Identification Number: CC 12145		Reimbursement Claim Data	
	(02) Claimant Name Redwoods Community College District		(22) HFE-1.0, (04)(b)	100,670
	County of Location Humboldt		(23)	
	Street Address 7351 Tompkins Hill Road		(24)	
	City	State	Zip Code	(25)
	Eureka	CA	95501	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
Fiscal Year of Cost	(06) 2007-2008	(12) 2006-2007	(30)	
Total Claimed Amount	(07) \$ 110,000	(13) \$ 100,670	(31)	
Less: 10% Late Penalty, not to exceed \$10,000	(14) \$	(14) \$	(32)	
Less: Prior Claim Payment Received	(15) \$	(15) \$ 62,590	(33)	
Net Claimed Amount	(16) \$	(16) \$ 38,080	(34)	
Due from State	(08) \$ 110,000	(17) \$ 38,080	(35)	
Due to State	(18) \$	(18) \$	(36)	

AS FILED

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) _____ Date _____

Scott Thomason Type or Print Name	Vice President, Chief Business Officer Title
--------------------------------------	---

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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3) Name of College: Redwoods Community College

14) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 39.60%	Total
5) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code §76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code §76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

8) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 53,365
9) Subtotal	[Line (07) - line (09)]	\$ 100,670

Cost Reduction

10) Less: Offsetting Savings, if applicable	
11) Less: Other Reimbursements, if applicable	
12) Total Amount Claimed	[Line (10) - (line (11) + line (12))]
	\$ 100,670

Adopted: 8/27/87
Amended: 5/25/89

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

I. SUMMARY OF MANDATE

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

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

II. COMMISSION ON STATE MANDATES DECISION

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

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

III. ELIGIBLE CLAIMANTS

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

IV. PERIOD OF REIMBURSEMENT

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

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

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

V. REIMBURSABLE COSTS

A. Scope of Mandate

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

B. Reimbursable Activities

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

ACCIDENT REPORTS

APPOINTMENTS

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

ASSESSMENT, INTERVENTION 81 COUNSELING

Birth Control
Lab Reports
Nutrition
Test Results (office)
VD
Other Medical Problems
CD
URI
ENT
Eye/Vision
Derm./Allergy
Gyn/Pregnancy Services
Neuro
Ortho
GU
Dental
GI
Stress Counseling
Crisis Intervention
Child Abuse Reporting and Counseling
Substance Abuse Identification and Counseling
Aids
Eating Disorders
Weight Control
Personal Hygiene
Burnout

EXAMINATIONS (Minor Illnesses)

Recheck Minor Injury

HEALTH TALKS OR FAIRS - INFORMATION

Sexually Transmitted Disease
Drugs
Aids
Child Abuse
Birth Control/Family Planning
Stop Smoking
Etc.
Library - videos and cassettes

FIRST AID (Major Emergencies)

FIRST AID (Minor Emergencies)

FIRST AID KITS (Filled)

IMMUNIZATIONS

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

INSURANCE

On Campus Accident
Voluntary
Insurance Inquiry/Claim Administration

LABORATORY TESTS DONE

Inquiry/Interpretation
Pap Smears

PHYSICALS

Employees
Students
Athletes

MEDICATIONS (dispensed OTC for misc. illnesses)

Antacids
Antidiarrhial
Antihistamines
Aspirin, Tylenol, etc.
Skin rash preparations
Misc.
Eye drops
Ear drops
Toothache - Oil cloves
Stingkill
Midol - Menstrual Cramps

PARKING CARDS/ELEVATOR KEYS

Tokens
Return card/key
Parking inquiry
Elevator passes
Temporary handicapped parking permits

REFERRALS TO OUTSIDE AGENCIES

Private Medical Doctor
Health Department
Clinic
Dental
Counseling Centers
Crisis Centers
Transitional Living Facilities (Battered/Homeless Women)
Family Planning Facilities
Other Health Agencies

TESTS

Blood Pressure
Hearing
Tuberculosis
Reading
Information
Vision
Glucometer
Urinalysis

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

MISCELLANEOUS

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

COMMITTEES

Safety
Environmental
Disaster Planning

SAFETY DATA SHEETS

Central file

X-RAY SERVICES

COMMUNICABLE DISEASE CONTROL

BODY FAT MEASUREMENTS

MINOR SURGERIES

SELF-ESTEEM GROUPS

MENTAL HEALTH CRISIS

AA GROUP

ADULT CHILDREN OF ALCOHOLICS GROUP

WORKSHOPS

Test Anxiety
Stress Management
Communication Skills
Weight Loss
Assertiveness Skills

VI. CLAIM PREPARATION

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

A. Description of Activity

1. Show the total number of full-time students enrolled per semester/quarter.
2. Show the total number of full-time students enrolled in the summer program.
3. Show the total number of part-time students enrolled per semester/quarter.
4. Show the total number of part-time students enrolled in the summer program.

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

Claimed costs should be supported by the following information:

1. Employee Salaries and Benefits

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

2. Services and Supplies

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

3. Allowable Overhead Cost

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

VII. SUPPORTING DATA

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

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

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

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

IX. REQUIRED CERTIFICATION

The following certification must accompany the claim:

I DO HEREBY CERTIFY under penalty of perjury:

THAT the foregoing is true and correct:

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

and

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

Signature of Authorized Representative

Date

Title

Telephone No.

HEALTH FEE ELIMINATION

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

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

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

2. Eligible Claimants

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

3. Appropriations

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

4. Types of Claims

A. Reimbursement and Estimated Claims

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

B. Minimum Claim

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

5. Filing Deadline

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

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

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

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

6. Reimbursable Components

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

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

\$10.00 per semester

\$5.00 for summer school

\$5.00 for each quarter

Beginning with the summer of 1997, the fees are:

\$11.00 per semester

\$8.00 for summer school or

\$8.00 for each quarter

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

7. Reimbursement Limitations

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

8. Claiming Forms and Instructions

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

A. Form HFE-2, Health Services

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

B. Form HFE-1.1, Claim Summary

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

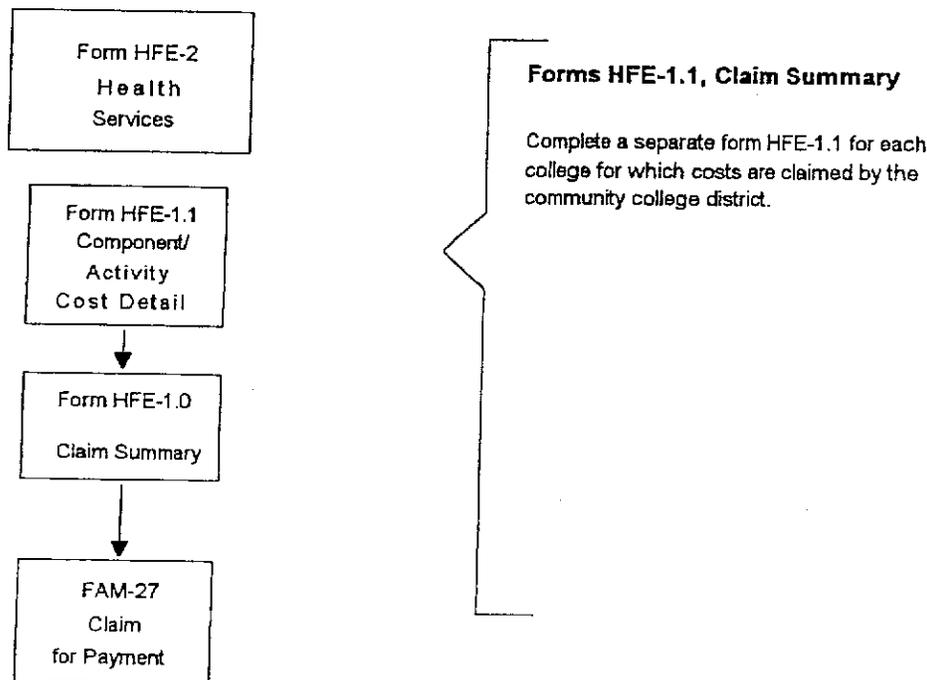
C. Form HFE-1.0, Claim Summary

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

D. Form FAM-27, Claim for Payment

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

Illustration of Claim Forms



CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 HEALTH FEE ELIMINATION	For State Controller Use Only (19) Program Number 00234 (20) Date Filed ___/___/___ (21) LRS Input ___/___/___	Program 234
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L A B E L H E R E	(01) Claimant Identification Number	Reimbursement Claim Data	
	(02) Claimant Name	(22) HFE-1.0, (04)(b)	
	County of Location	(23)	
	Street Address or P.O. Box Suite	(24)	
	City State Zip Code	(25)	

Type of Claim	Estimated Claim	Reimbursement Claim	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(26)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)
			(29)
Fiscal Year of Cost	(06) 20___/20___	(12) 20___/20___	(30)
Total Claimed Amount	(07)	(13)	(31)
Less: 10% Late Penalty, not to exceed \$1,000		(14)	(32)
Less: Prior Claim Payment Received		(15)	(33)
Net Claimed Amount		(16)	(34)
Due from State	(08)	(17)	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer _____ Date _____

 Type or Print Name _____ Title _____

(38) Name of Contact Person for Claim _____ Telephone Number () - Ext. _____
 E-Mail Address _____

Program 234	HEALTH FEE ELIMINATION Certification Claim Form Instructions	FORM FAM-27
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- (01) Enter the payee number assigned by the State Controller's Office.
- (02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.
- (03) If filing an estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) Leave blank.
- (05) If filing an amended estimated claim, enter an "X" in the box on line (05) Amended.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of the estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form HFE-1.1 and enter the amount from line (13).
- (08) Enter the same amount as shown on line (07).
- (09) If filing a reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) Leave blank.
- (11) If filing an amended reimbursement claim, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of the reimbursement claim from form HFE-1.1, line (13). The total claimed amount must exceed \$1,000.
- (14) Reimbursement claims must be filed by January 15 of the following fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter zero if the claim was timely filed, otherwise, enter the product of multiplying line (13) by the factor 0.10 (10% penalty), or \$1,000, whichever is less.
- (15) If filing an actual reimbursement claim and an estimated claim was previously filed for the same fiscal year, enter the amount received for the claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16), Net Claimed Amount, is positive, enter that amount on line (17), Due from State.
- (18) If line (16), Net Claimed Amount, is negative, enter that amount on line (18), Due to State.
- (19) to (21) Leave blank.
- (22) to (36) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (36) for the reimbursement claim, e.g., HFE-1.0, (04)(b), means the information is located on form HFE-1.0, block (04), column (b). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, i.e., no cents. Indirect costs percentage should be shown as a whole number and without the percent symbol, i.e., 7.548% should be shown as 8. **Completion of this data block will expedite the payment process.**
- (37) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer, and must include the person's name and title, typed or printed. **Claims cannot be paid unless accompanied by an original signed certification. (To expedite the payment process, please sign the form FAM-27 with blue ink, and attach a copy of the form FAM-27 to the top of the claim package.)**
- (38) Enter the name, telephone number, and e-mail address of the person whom this office should contact if additional information is required.

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

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

OFFICE OF THE STATE CONTROLLER
 ATTN: Local Reimbursements Section
 Division of Accounting and Reporting
 P.O. Box 942850
 Sacramento, CA 94250

Address, if delivered by other delivery service:

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

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.0
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 19__/19__
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(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	

(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]
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<p style="text-align: center;">HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions</p>	<p style="text-align: center;">FORM HFE-1.0</p>
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- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office on behalf of its colleges.
- (02) Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year for which the expenses were/are to be incurred. A separate claim must be filed for each fiscal year.

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

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

Program <b style="font-size: 24pt;">234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(01) Claimant	(02) Type of Claim Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 20__/20__
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(03) Name of College

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986-87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

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

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim			
(06) Cost of providing current fiscal year health services in excess of 1986-87			
(07) Cost of providing current fiscal year health services at 1986-87 level [Line (05) - line (06)]			
(08) Complete columns (a) through (g) to provide detail data for health fees			

Collection Period	(a) Number of Students Enrolled	(b) Students Exempt per EC 76355(c)(1)	(c) Students Exempt per EC 76355(c)(2)	(d) Students Exempt per EC 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost Per Student Per EC 76355	(g) Student Health Fees (e) x (f)
1. Per Fall Semester							
2. Per Spring Semester							
3. Per Summer Session							
4. Per First Quarter							
5. Per Second Quarter							
6. Per third Quarter							

(09) Total health fee that could have been collected: The sum of (Line (08)(1)(c) through line (08)(6)(c))	
(10) Subtotal [Line (07) - line (09)]	
Cost Reduction	
(11) Less: Offsetting Savings	
(12) Less: Other Reimbursements	
(13) Total Claimed Amount [Line (10) - ((line (11) + line (12)))]	

Program 234	HEALTH FEE ELIMINATION CLAIM SUMMARY Instructions	FORM HFE-1.1
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- (01) Enter the name of the claimant. Only a community college district may file a claim with the State Controller's Office (SCO) on behalf of its colleges.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form HFE-1.1 must be filed for a reimbursement claim. Do not complete form HFE-1.1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form HFE-1.1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the name of the college or community college district that provided student health services in the 1986-87 fiscal year and continue to provide the same services during the fiscal year of claim.
- (04) Compare the level of services provided during the fiscal year of reimbursement to the 1986-87 fiscal year and indicate the result by marking a check in the appropriate box. If the "Less" box is checked, STOP and do not complete the remaining part of this claim form. No reimbursement is forthcoming.
- (05) Enter the direct cost, indirect cost, and total cost of health services for the fiscal year of claim on line (05). Direct cost of health services is identified on the college expenditure report authorized by Education Code §76355 and included in the Community College Annual Financial and Budget Report CCFS-311, EDP Code 6440, column 5. If the amount of direct costs claimed is different than that shown on the expenditure report, provide a schedule listing those community college costs that are in addition to, or a reduction to expenditures shown on the report. For claiming indirect costs, college districts have the option of using a federally approved rate from the Office of Management and Budget Circular A-21, form FAM-29C, or a 7% indirect cost rate.
- (06) Enter the direct cost, indirect cost, and total cost of health services that are in excess of the level provided in the 1986-87 fiscal year.
- (07) Enter the difference of the cost of health services for the fiscal year of claim, line (05) and the cost of providing current fiscal year services that are in excess of the level provided in the 1986-87 fiscal year line (06).
- (08) Complete columns (a) through (g) to provide details on the number of students enrolled, the number of students exempt per EC Section 76355(c)(1), (2), and (3), and the amount of health service fees that could have been collected. After 05/01/01, the student fees for health supervision and services are \$12.00 per semester, \$9.00 for summer school, and \$9 for each quarter.
- (09) Enter the sum of student health fees that could have been collected, other than exempt students.
- (10) Enter the difference of the cost of providing health services at the 1986-87 level, line (07) and the total health fee that could have been collected, line (09). If line (09) is greater than line (07), no claim shall be filed.
- (11) Enter the total savings experienced by the school identified in line (03) as a direct cost of this mandate. Submit a detailed schedule of savings with the claim.
- (12) Enter the total of other reimbursements received from any source, (i.e., federal, other state programs, etc.) Submit a detailed schedule of reimbursements with the claim.
- (13) Subtract the sum of Offsetting Savings, line (11), and Other Reimbursements, line (12), from Total 1986-87 Health Service Cost excluding Student Health Fees.

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES	FORM HFE-2
--	-----------------------------

(01) Claimant:	(02) Fiscal Year costs were incurred:
----------------	---------------------------------------

(03) Place an "X" in columns (a) and/or (b), as applicable, to indicate which health services were provided by student health service fees for the indicated fiscal years.	(a) FY 1986/87	(b) FY of Claim
Accident Reports		
Appointments College Physician, surgeon Dermatology, family practice Internal Medicine Outside Physician Dental Services Outside Labs, (X-ray, etc.) Psychologist, full services Cancel/Change Appointments Registered Nurse Check Appointments		
Assessment, Intervention and Counseling Birth Control Lab Reports Nutrition Test Results, office Venereal Disease Communicable Disease Upper Respiratory Infection Eyes, Nose and Throat Eye/Vision Dermatology/Allergy Gynecology/Pregnancy Service Neuralgic Orthopedic Genito/Urinary Dental Gastro-Intestinal Stress Counseling Crisis Intervention Child Abuse Reporting and Counseling Substance Abuse Identification and Counseling Acquired Immune Deficiency Syndrome Eating Disorders Weight Control Personal Hygiene Burnout Other Medical Problems, list		
Examinations, minor illnesses Recheck Minor Injury		
Health Talks or Fairs, Information Sexually Transmitted Disease Drugs Acquired Immune Deficiency Syndrome		

**MANDATED COSTS
HEALTH ELIMINATION FEE
HEALTH SERVICES**

**FORM
HFE-2**

(01) Claimant:

(02) Fiscal Year costs were incurred:

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

(a)
FY
1986/87

(b)
FY
of Claim

Child Abuse
Birth Control/Family Planning
Stop Smoking
Library, Videos and Cassettes

First Aid, Major Emergencies

First Aid, Minor Emergencies

First Aid Kits, Filled

Immunizations

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

Insurance

On Campus Accident
Voluntary
Insurance Inquiry/Claim Administration

Laboratory Tests Done

Inquiry/Interpretation
Pap Smears

Physical Examinations

Employees
Students
Athletes

Medications

Antacids
Antidiarrheal
Aspirin, Tylenol, Etc
Skin Rash Preparations
Eye Drops
Ear Drops
Toothache, oil cloves
Stingkill
Midol, Menstrual Cramps
Other, list

Parking Cards/Elevator Keys

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

MANDATED COSTS HEALTH ELIMINATION FEE HEALTH SERVICES	FORM HFE-2
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(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
--	----------------------	-----------------------

<p>Referrals to Outside Agencies</p> <ul style="list-style-type: none"> Private Medical Doctor Health Department Clinic Dental Counseling Centers Crisis Centers Transitional Living Facilities, battered/homeless women Family Planning Facilities Other Health Agencies <p>Tests</p> <ul style="list-style-type: none"> Blood Pressure Hearing Tuberculosis <ul style="list-style-type: none"> Reading Information Vision Glucometer Urinalysis Hemoglobin EKG Strep A testing PG Testing Monospot Hemacult Others, list <p>Miscellaneous</p> <ul style="list-style-type: none"> Absence Excuses/PE Waiver Allergy Injections Bandaids Booklets/Pamphlets Dressing Change Rest Suture Removal Temperature Weigh Information Report/Form Wart Removal Others, list <p>Committees</p> <ul style="list-style-type: none"> Safety Environmental Disaster Planning 		
--	--	--

Fiscal Year

2002 - 2003

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561

Health Fee Elimination

For State Controller Use Only
(1) Program Number 00028
(20) Date Filed ___/___/___
(21) LRS Input ___/___/___

Program
029

(01) Claimant Identification Number S12145		Reimbursement Claim	
(02) Mailing Address		(22) HFE-1.0, (04)(b)	25487
Claimant Name Redwoods CCD		(23)	
County of Location Humboldt		(24)	
Street Address or P.O. Box 7351 Tompkins Hill Road		(25)	
City Eureka	State CA	Zip Code 95501-9300	(26)
Type of Claim	Estimated Claim	Reimbursement Claim	(27)
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(28)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30)
Fiscal Year of Cost of Cost	(06) 2003-2004	(12) 2002-2003	(31)
Total Claimed Amount	(07) \$22,938	(13) \$25,487	(32)
LESS: 10% Late Penalty, but not to exceed \$1,000 (if applicable)		(14)	(33)
LESS: Estimated Claim Payment Received		(15)	(34)
Net Claimed Amount		(16) \$25,487	(35)
Due from State	(08) \$22,938	(17) \$25,487	(36)
Due to State		(18)	(37)

(38) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapter 1, Statutes of 1984 and Chapter 1118, State and certify under the penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 through 1096, inclusive.

I further certify that there were no applications for nor any grants or payments received, other than from the claimant for reimbursement of costs claimed herein; and such costs are for new program or increased level of service of an existing program mandated by Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987

The amount for estimated and/or reimbursement claims are payment of estimated and/or actual costs for the mandated program of Chapter 1, Statutes of 1984 and Chapter 1118, Statutes of 1987 set forth on the attached statements.

Signature of Authorized Representative
Becky Gallup
Becky Gallup

Date
1/13/04
Assistant to the President

Print or type name
Centration, Inc.

Title
(916) 351-1050
Telephone Number

(39) Name of Contact Person for Claim
Form FAM-27 (Revised 9/97)

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

**FORM
HFE-1.0**

(01) C Redwoods CCD

(02) Type of Claim

Fiscal Year

Reimbursement

X

Estimated

2002-2003

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

(a)
Name of College

(b)
Claimed
Amount

1. College of the Redwoods (Eureka Campus)

25,487

2.

3.

4.

5.

6.

9.

10.

11.

12.

13.

14.

15.

16.

17.

18.

19.

20.

(04) Total Amount Claimed

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

25,487

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

**FORM
HFE-1.**

(01) Claimant: Redwoods CCD

(2) Type of Claim

Fiscal Year

Reimbursement

Estimated

2002-2003

(3) Name of College College of the Redwoods (Eureka Campus)

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the 'Less' box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS

SAME

MORE

	Direct Cost	Indirect Cost	Total
(05) Cost of health services for the fiscal year of claim	116,091 100,169	20,655	120,82
(06) Cost of providing current fiscal year health services which are in excess of the level provided in 1986/87			
(07) Cost of providing current fiscal year health services at the 1986/87 level [Line (05) - line (06)]	100,169	20,655	120,82

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

Period for which health fees were collected	(a) Number of Students Enrolled	(b) Students Exempt per ED Code 76355(c)(1)	(c) Students Exempt per ED Code 76355(c)(2)	(d) Students Exempt per ED Code 76355(c)(3)	(e) Number of Students Subject to Health Fee (a)-(b)-(c)-(d)	(f) Unit Cost per Student Per ED Code 76355	(g) Student Health Fees (e) X (f)
1. Per fall semester	5,369			2,029	3,340	\$12.00	40,08
2. Per spring semester	5,223			2,119	3,104	\$12.00	37,24
3. Per summer session	2,156			155	2,001	\$9.00	18,00
4. Per first quarter							
5. Per second quarter							
6. Per third quarter							

(09) Total health fee that could have been collected [Line (8.1g) +(8.6g)] 95,33

(10) Sub-total [Line (07) - line (09)] 25,48

Cost Reduction

(11) Less: Offsetting Savings, if applicable

(12) Less: Other Reimbursements, if applicable

(13) Total Amount Claimed [Line (10) - {(line (11) + line (12))}] 25,48

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

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

2002-2003

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

(a)
FY
1986/87

(b)
FY
of Claim

Accident Reports

X

X

Appointments

- College Physician, surgeon
- Dermatology, Family practice
- Internal Medicine
- Outside Physician
- Dental Services
- Outside Labs, (X-ray, etc.,)
- Psychologist, full service
- Cancel/Change Appointment
- Registered Nurse
- Check Appointments

X

X

X

X

X

X

X

X

Assessment, Intervention and Counseling

- Birth Control
- Lab Reports
- Nutrition
- Test Results, office
- Venereal Disease
- Communicable Disease
- Upper Respiratory Infection
- Eyes, Nose and Throat
- Eve/Vision
- Dermatology/Allergy
- Gynecology/Pregnancy Service
- Neralgic
- Orthopedic
- Genito/Urinary
- Dental
- Gastro-Intestinal
- Stress Counseling
- Crisis Intervention
- Child Abuse Reporting and Counseling
- Substance Abuse Identification and Counseling
- Acquired Immune Deficiency Syndrome
- Eating Disorders
- Weight Control
- Personal Hygiene
- Burnout
- Other Medical Problems, list Allergy, Asthma, Hypertension, Thyroid

X

X

X

X

X

X

X

X

X

X

X

X

X

X

X

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X

X

X

X

X

Examinations, minor illnesses

Recheck Minor Injury

X

X

Health Talks or Fairs, Information

- Sexually Transmitted Disease
- Drugs
- Acquired Immune Deficiency Syndrome
- Child Abuse

X

X

X

X

X

X

X

X

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

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

2002-2003

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

(a)
FY
1986/87

(b)
FY
of Claim

Birth Control/Family Planning
Stop Smoking
Library, Videos and Cassettes

X
X
X

X
X
X

First Aid, Major Emergencies

First Aid, Minor Emergencies

First Aid Kits, Filled

X

X

Immunizations

Diphtheria/Tetanus
Measles/Rubella
Influenza
Information

X
X
X
X

X
X
X
X

Insurance

On Campus Accident
Voluntary
Insurance Inquiry/Claim Administration

X
X

X
X

Laboratory Tests Done

Inquiry/Interpretation
Pap Smears

X

X

Physical Examinations

Employees
Students
Athletes

X
X
X

X
X
X

Medications

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

X
X
X
X
X
X
X
X
X
X

X
X
X
X
X
X
X
X
X
X

Parking Cards/Elevator Keys

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

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

**FORM
HFE-2**

(01) Claimant: Redwoods CCD

(02) Fiscal Year Costs Were Incurred

2002-2003

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

**(a)
FY
1986/87**

**(b)
FY
of Claim**

Referrals to Outside Agencies

Private Medical Doctor

Health Department

Clinic

Dental

Counseling Centers

Crisis Centers

Transitional Living Facilities, battered/homeless women

Family Planning Facilities

Other Health Agencies

Tests

Blood Pressure

Hearing

Tuberculosis

Reading

Information

Vision

Glucometer

Urinalysis

Hemoglobin

EKG

Strep A Testing

PG Testing

Monospot

Hemacult

Others, list - Urine Culture, Cholesterol, Thyroid

Miscellaneous

Absence Excuses/PE Waiver

Allergy Injections

Bandaids

Booklets/Pamphlets

Dressing Change

Rest

Suture Removal

Temperature

Weigh

Information

Report/Form

Wart Removal

Others, list - Classroom Presentations, Optometry

Committees

Safety

Environmental

Disaster Planning

Skin Rash Preparations

Eye Drops

Fiscal Year

2003 - 2004

SixTen and Associates

Mandate Reimbursement Services

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

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

Claim File Copy

January 12, 2006

Certified Mail Number: 7004 2510 0004 4007 0640

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

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

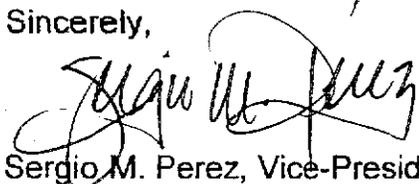
Dear Ms. Brummels:

Enclosed please find a copy of the Health Fee Elimination claim for FY 03/04 which was sent to you on December 30, 2005 with the West Kern CCD Claim for MRP 04/05 (copy of letter attached). The claim was delivered to you on January 4, 2006 via certified mail. I attach copies of our recent e-mails also.

Please place this letter with the Redwoods CCD Health Fee Elimination claim for FY 03/04 in your possession

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

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

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

L
A
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E

(01) Claimant Identification Number: CC 12145		Reimbursement Claim Data	
(02) Claimant Name Redwoods Community College District		(22) HFE-1.0, (04)(b)	91,339
County of Location Humboldt		(23)	
Street Address 7351 Tompkins Hill Road		(24)	
City Eureka	State CA	Zip Code 95501-9300	(25)
Type of Claim	Estimated Claim	Reimbursement Claim	(26)
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(27)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
	(05) Amended <input type="checkbox"/>	(11) Amended <input checked="" type="checkbox"/>	(29)
Fiscal Year of Cost	(06)	(12) 2003-2004	(30)
Total Claimed Amount	(07)	(13) \$ 91,339	(31)
Less: 10% Late Penalty		(14) \$ 1,000	(32)
Less: Prior Claim Payment Received		(15) \$ -	(33)
Net Claimed Amount		(16) \$ 90,339	(34)
Due from State	(08)	(17) \$ 90,339	(35)
Due to State		(18)	(36)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)	Date
	December 16, 2005
Scott Thomason	Vice President, Business Services
Type or Print Name	Title

(38) Name of Contact Person for Claim

SixTen and Associates

Telephone Number: (858) 514-8605

E-mail Address: kbpsixten@aol.com

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

(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
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(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Redwoods Community College	\$ 91,339
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)]	\$ 91,339
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PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

01) Claimant: <p style="text-align: center;">Redwoods Community College District</p>	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2003-2004
---	--	--------------------------

03) Name of College: Redwoods Community College

04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 38.64%	Total
05) Cost of Health Services for the Fiscal year of Claim	\$ 119,346	\$ 46,115	\$ 165,461
06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 119,346	\$ 46,115	\$ 165,461

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code §76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code §76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

09) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 74,122
0) Subtotal	[Line (07) - line (09)]	\$ 91,339

Cost Reduction

1) Less: Offsetting Savings, if applicable	\$ -
2) Less: Other Reimbursements, if applicable	\$ -
3) Total Amount Claimed	\$ 91,339

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL		FORM HFE-2	
(01) Claimant Redwoods Community College District		(02) Fiscal Year costs were incurred: 2003-2004		
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.		(a) FY 1986/87	(b) FY of Claim	
Accident Reports		X	X	
Appointments				
College Physician, surgeon				
Dermatology, Family practice				
Internal Medicine				
Outside Physician		X	X	
Dental Services				
Outside Labs, (X-ray, etc.,)		X	X	
Psychologist, full services				
Cancel/Change Appointments				
Registered Nurse		X	X	
Check Appointments		X	X	
Assessment, Intervention and Counseling				
Birth Control		X	X	
Lab Reports		X	X	
Nutrition		X	X	
Test Results, office		X	X	
Venereal Disease		X	X	
Communicable Disease		X	X	
Upper Respiratory Infection		X	X	
Eyes, Nose and Throat		X	X	
Eye/Vision		X	X	
Dermatology/Allergy		X	X	
Gynecology/Pregnancy Service		X	X	
Neuralgic		X	X	
Orthopedic		X	X	
Genito/Urinary		X	X	
Dental		X	X	
Gastro-Intestinal		X	X	
Stress Counseling		X	X	
Crisis Intervention		X	X	
Child Abuse Reporting and Counseling		X	X	
Substance Abuse Identification and Counseling		X	X	
Eating Disorders		X	X	
Weight Control		X	X	
Personal Hygiene		X	X	
Burnout		X	X	
Other Medical Problems: Allergy, Asthma, Hypertension, Thyroid.		X	X	
Examinations, minor illnesses				
Recheck Minor Injury		X	X	
Health Talks or Fairs, Information				
Sexually Transmitted Disease		X	X	
Drugs		X	X	
Acquired Immune Deficiency Syndrome		X	X	
Child Abuse		X	X	

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2003-2004		
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim	
Birth Control/Family Planning Stop Smoking Library, Videos and Cassettes	X X X	X X X	
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled	X	X	
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information	X X X X	X X X X	
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration	X X	X X	
Laboratory Tests Done Inquiry/Interpretation Pap Smears	X	X	
Physical Examinations Employees Students Athletes	X X X	X X X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other: Antihistamines, Decongestants.	X X X X X X X X X X	X X X X X X X X X X	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2
------------------------------	--	-----------------------------

(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2003-2004
--	--

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Referrals to Outside Agencies		
Private Medical Doctor	X	X
Health Department	X	X
Clinic	X	X
Dental	X	X
Counseling Centers	X	X
Crisis Centers	X	X
Transitional Living Facilities, battered/homeless women	X	X
Family Planning Facilities	X	X
Other Health Agencies	X	X
Tests		
Blood Pressure	X	X
Hearing	X	X
Tuberculosis	X	X
Reading	X	X
Information	X	X
Vision		
Glucometer	X	X
Urinalysis	X	X
Hemoglobin	X	X
EKG		
Strep A Testing	X	X
PG Testing	X	X
Monospot	X	X
Hemacult	X	X
Others, list		
Miscellaneous		
Absence Excuses/PE Waiver		
Allergy Injections		
Band-aids	X	X
Booklets/Pamphlets	X	X
Dressing Change	X	X
Rest		
Suture Removal		
Temperature	X	X
Weigh	X	X
Information	X	X
Report/Form	X	X
Wart Removal		
Others, list		
Committees		
Safety		
Environmental		
Disaster Planning		

Fiscal Year

2004 - 2005

SixTen and Associates

Mandate Reimbursement Services

Claim File Copy

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

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

January 12, 2006

CERTIFIED MAIL # 7004 2510 0004 4007 0664

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

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

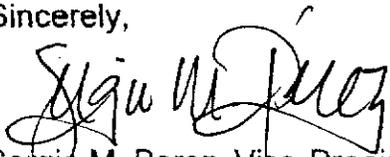
Dear Ms. Brummels:

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

961/75	Collective Bargaining	2004-2005
1/84	Health Fee Elimination	2004-2005
641/86	Open Meetings Act/Brown Act Reform	2003-2004
641/86	Open Meetings Act/Brown Act Reform	2004-2005

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

Sincerely,



Sergio M. Perez, Vice-President
Claims Processing Manager

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

LABEL HERE

(01) Claimant Identification Number: CC 12145			Reimbursement Claim Data	
(02) Claimant Name: Redwoods Community College District			(22) HFE-1.0, (04)(b)	124,369
(03) County of Location: Humboldt			(23)	
(04) Street Address: 7351 Tompkins Hill Road			(24)	
(05) City: Eureka	(05) State: CA	(05) Zip Code: 95501	(25)	
Type of Claim	Estimated Claim	Reimbursement Claim	(26)	
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)	
(06) Fiscal Year of Cost: 2005-2006		(12) 2004-2005	(30)	
(07) Total Claimed Amount: \$ 136,000		(13) \$ 124,369	(31)	
Less: 10% Late Penalty		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
(16) Net Claimed Amount: \$ 124,369		(16) \$ 124,369	(34)	
(08) Due from State: \$ 136,000		(17) \$ 124,369	(35)	
(18) Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) 	Date 1/9/06
Scott Thomason Type or Print Name	Vice President, Chief Business Officer Title
(38) Name of Contact Person for Claim SixTen and Associates	
Telephone Number: (858) 514-8605 E-mail Address: kbpsixten@aol.com	

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

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

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

(a) Name of College	(b) Claimed Amount
1. Redwoods Community College	\$124,369.36
2.	
3.	
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(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 124,369
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PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
------------------------------	--	-------------------------------

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

(03) Name of College: Redwoods Community College

(04) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 37.90%	Total
(05) Cost of Health Services for the Fiscal year of Claim	\$ 138,975	\$ 52,671	\$ 191,646
(06) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(07) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 138,975	\$ 52,671	\$ 191,646

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code §76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code §76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

(9) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 65,471
(0) Subtotal	[Line (07) - line (09)]	\$ 126,175

Cost Reduction

(1) Less: Offsetting Savings, if applicable		
(2) Less: Other Reimbursements, if applicable		\$ 1,806.00
(3) Total Amount Claimed	[Line (10) - (line (11) + line (12))]	\$ 124,369

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2
------------------------	--	-----------------------

(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005
--	--

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Accident Reports	X	X
Appointments		
College Physician, surgeon		
Dermatology, Family practice		
Internal Medicine		
Outside Physician	X	X
Dental Services		
Outside Labs, (X-ray, etc.,)	X	X
Psychologist, full services		
Cancel/Change Appointments		
Registered Nurse	X	X
Check Appointments	X	X
Assessment, Intervention and Counseling		
Birth Control	X	X
Lab Reports	X	X
Nutrition	X	X
Test Results, office	X	X
Venereal Disease	X	X
Communicable Disease	X	X
Upper Respiratory Infection	X	X
Eyes, Nose and Throat	X	X
Eye/Vision	X	X
Dermatology/Allergy	X	X
Gynecology/Pregnancy Service	X	X
Neuralgic	X	X
Orthopedic	X	X
Genito/Urinary	X	X
Dental	X	X
Gastro-Intestinal	X	X
Stress Counseling	X	X
Crisis Intervention	X	X
Child Abuse Reporting and Counseling	X	X
Substance Abuse Identification and Counseling	X	X
Eating Disorders	X	X
Weight Control	X	X
Personal Hygiene	X	X
Burnout	X	X
Other Medical Problems, list> Allergy, Asthma, Hypertension, Thyroid	X	X
Examinations, minor illnesses	X	X
Recheck Minor Injury	X	X
Health Talks or Fairs, Information	X	X
Sexually Transmitted Disease	X	X
Drugs	X	X
Acquired Immune Deficiency Syndrome	X	X
Child Abuse	X	X

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005		
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim	
Birth Control/Family Planning Stop Smoking Library, Videos and Cassettes	X X X	X X X	
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled	X	X	
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information	X X X X	X X X X	
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration	X X	X X	
Laboratory Tests Done Inquiry/Interpretation Pap Smears	X	X	
Physical Examinations Employees Students Athletes	X X X	X X X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list----> Antihistamines, Decongestants	X X X X X X X X X X	X X X X X X X X X X	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

Program 029	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2
------------------------	--	-----------------------

(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2004-2005
--	--

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Referrals to Outside Agencies		
Private Medical Doctor	X	X
Health Department	X	X
Clinic	X	X
Dental	X	X
Counseling Centers	X	X
Crisis Centers	X	X
Transitional Living Facilities, battered/homeless women	X	X
Family Planning Facilities	X	X
Other Health Agencies	X	X
Tests		
Blood Pressure	X	X
Hearing	X	X
Tuberculosis	X	X
Reading	X	X
Information	X	X
Vision		
Glucometer	X	X
Urinalysis	X	X
Hemoglobin	X	X
EKG		
Strep A Testing	X	X
PG Testing	X	X
Monospot	X	X
Hemacult	X	X
Others, list		
Miscellaneous		
Absence Excuses/PE Waiver		
Allergy Injections		
Band-aids	X	X
Booklets/Pamphlets	X	X
Dressing Change	X	X
Rest		
Suture Removal		
Temperature	X	X
Weigh	X	X
Information	X	X
Report/Form	X	X
Wart Removal		
Others, list		
Committees		
Safety		
Environmental		
Disaster Planning		

Fiscal Year

2005 - 2006

SixTen and Associates Mandate Reimbursement Services

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

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

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

January 16, 2007

CERTIFIED MAIL # 7003 3110 0000 2900 4921

Claim File Copy

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

RE: Annual Reimbursement Claims
Redwoods Community College District CC12145

Dear Ms. Brummels:

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

1/84	Health Fee Elimination	2005-2006
308/95	Enrollment Fee Collection and Waivers	2005-2006
764/99	Integrated Waste Management	2005-2006

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

Sincerely,



for Keith B. Petersen, President

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

LABEL HERE	(01) Claimant Identification Number: CC 12145		Reimbursement Claim Data	
	(02) Claimant Name: Redwoods Community College District		(22) HFE-1.0, (04)(b)	98,801
	County of Location: Humboldt		(23)	
	Street Address: 7351 Tompkins Hill Road		(24)	
	City: Eureka	State: CA	Zip Code: 95501	(25)
	Type of Claim	Estimated Claim	Reimbursement Claim	(26)
		(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(27)
		(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(28)
		(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(29)
	Fiscal Year of Cost	(06) 2006-2007	(12) 2005-2006	(30)
Total Claimed Amount	(07) \$ 108,000	(13) \$ 98,801	(31)	
Less: 10% Late Penalty, not to exceed \$1,000		(14) \$ -	(32)	
Less: Prior Claim Payment Received		(15) \$ -	(33)	
Net Claimed Amount		(16) \$ 98,801	(34)	
Due from State	(08) \$ 108,000	(17) \$ 98,801	(35)	
Due to State		(18)	(36)	

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK)

Date

Scott Thomason

11/05/07

Scott Thomason

Vice President, Chief Business Officer

Type or Print Name

Title

(38) Name of Contact Person for Claim

Telephone Number: (858) 514-8605

SixTen and Associates

E-mail Address: kbpsixten@aol.com

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

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

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

(a) Name of College	(b) Claimed Amount
1. Redwoods Community College	\$ 98,800.88
2.	
3.	
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(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 98,801
----------------------------------	---	-----------

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

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

2) Name of College: Redwoods Community College

4) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is owed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 37.45%	Total
3) Cost of Health Services for the Fiscal year of Claim	\$ 114,499	\$ 42,880	\$ 157,379
4) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
5) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 114,499	\$ 42,880	\$ 157,379

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code \$76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code \$76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

7) Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c))	\$ 58,578
8) Subtotal	[Line (07) - line (09)]	\$ 98,801

Cost Reduction

9) Less: Offsetting Savings, if applicable	\$ -
10) Less: Other Reimbursements, if applicable	\$ -
11) Total Amount Claimed	\$ 98,801

Revised 12/05

Program
234

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

FORM
HFE-2

(01) Claimant
Redwoods Community College District

(02) Fiscal Year costs were incurred:
2005-2006

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Birth Control/Family Planning	X	X
Stop Smoking	X	X
Library, Videos and Cassettes	X	X
First Aid, Major Emergencies		
First Aid, Minor Emergencies	X	X
First Aid Kits, Filled		
Immunizations	X	X
Diphtheria/Tetanus	X	X
Measles/Rubella	X	X
Influenza	X	X
Information	X	X
Insurance	X	X
On Campus Accident	X	X
Voluntary		
Insurance Inquiry/Claim Administration	X	X
Laboratory Tests Done		
Inquiry/Interpretation	X	X
Pap Smears		
Physical Examinations	X	X
Employees	X	X
Students	X	X
Athletes	X	X
Medications	X	X
Antacids	X	X
Antidiarrheal	X	X
Aspirin, Tylenol, etc.,	X	X
Skin Rash Preparations	X	X
Eye Drops	X	X
Ear Drops	X	X
Toothache, oil cloves	X	X
Stingkill	X	X
Midol, Menstrual Cramps	X	X
Other, list--> Antihistamines, Decongestants	X	X
Parking Cards/Elevator Keys		
Tokens		
Return Card/Key		
Parking Inquiry		
Elevator Passes		
Temporary Handicapped Parking Permits		

**Program
234**

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

**FORM
HFE-2**

(01) Claimant
Redwoods Community College District

(02) Fiscal Year costs were incurred:
2005-2006

(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Referrals to Outside Agencies	X	X
Private Medical Doctor	X	X
Health Department	X	X
Clinic	X	X
Dental	X	X
Counseling Centers	X	X
Crisis Centers	X	X
Transitional Living Facilities, battered/homeless women	X	X
Family Planning Facilities	X	X
Other Health Agencies	X	X
Tests	X	X
Blood Pressure	X	X
Hearing	X	X
Tuberculosis	X	X
Reading	X	X
Information	X	X
Vision		
Glucometer	X	X
Urinalysis	X	X
Hemoglobin	X	X
EKG		
Strep A Testing	X	X
PG Testing	X	X
Monospot	X	X
Hemacult	X	X
Others, list		
Miscellaneous		
Absence Excuses/PE Waiver		
Allergy Injections		
Band-aids	X	X
Booklets/Pamphlets	X	X
Dressing Change	X	X
Rest		
Suture Removal		
Temperature	X	X
Weigh	X	X
Information	X	X
Report/Form	X	X
Wart Removal		
Others, list		
Committees		
Safety		
Environmental		
Disaster Planning		

Fiscal Year

2006 - 2007

Six ten and Associates Mandate Reimbursement Services

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

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

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

January 18, 2008

CERTIFIED MAIL #7006 3450 0000 3941 8697

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

RE: Annual Reimbursement Claim
Redwoods Community College District CC12145

Dear Ms. Brummels:

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

961/75	Collective Bargaining	2006-2007
1/84	Health Fee Elimination	2006-2007

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

Sincerely,


for Keith B. Petersen, President

Claim File Copy

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

L A B E L H E R E	(01) Claimant Identification Number: CC 12145	Reimbursement Claim Data	
	(02) Claimant Name: Redwoods Community College District	(22) HFE-1.0, (04)(b)	100,670
	County of Location: Humboldt	(23)	
	Street Address: 7351 Tompkins Hill Road	(24)	
	City: Eureka State: CA Zip Code: 95501	(25)	
	Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated <input checked="" type="checkbox"/>	(09) Reimbursement <input checked="" type="checkbox"/>	(26)
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(27)
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(28)
	(06) Fiscal Year of Cost: 2007-2008	(12) Fiscal Year of Cost: 2006-2007	(29)
	(07) Total Claimed Amount: \$ 110,000	(13) Total Claimed Amount: \$ 100,670	(30)
	Less: 10% Late Penalty, not to exceed \$10,000	(14) \$ -	(31)
	Less: Prior Claim Payment Received	(15) \$ 62,590	(32)
	Net Claimed Amount	(16) \$ 38,080	(33)
	(08) Due from State: \$ 110,000	(17) Due from State: \$ 38,080	(34)
	Due to State	(18)	(35)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the community college district to file mandated cost claims with the State of California for this program, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1098, inclusive.

I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein, and such costs are for a new program or increased level of services of an existing program. All offsetting savings and reimbursements set forth in the Parameters and Guidelines are identified, and all costs claimed are supported by source documentation currently maintained by the claimant.

The amounts for this Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs set forth on the attached statements. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Authorized Officer (USE BLUE INK) Date

Scott Thomason 1-14-08

Scott Thomason Vice President, Chief Business Officer

Type or Print Name Title

(38) Name of Contact Person for Claim Telephone Number: (858) 514-8605

SixTen and Associates E-mail Address: kbpsixten@aol.com

MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.0
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(01) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(03) List all the colleges of the community college district identified in form HFE-1.1, line (03)

(a) Name of College	(b) Claimed Amount
1. Redwoods Community College	\$ 100,670
2.	
3.	
4.	
5.	
6.	
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10.	
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20.	
21.	

(04) Total Amount Claimed	[Line (3.1b) + line (3.2b) + line (3.3b) + ...line (3.21b)]	\$ 100,670
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PROGRAM 234	MANDATED COSTS HEALTH FEE ELIMINATION CLAIM SUMMARY	FORM HFE-1.1
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(1) Claimant: Redwoods Community College District	(02) Type of Claim: Reimbursement <input checked="" type="checkbox"/> Estimated <input type="checkbox"/>	Fiscal Year 2006-2007
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(3) Name of College: Redwoods Community College

(4) Indicate with a check mark, the level at which health services were provided during the fiscal year of reimbursement in comparison to the 1986/87 fiscal year. If the "Less" box is checked, STOP, do not complete the form. No reimbursement is allowed.

LESS SAME MORE

	Direct Cost	Indirect Cost of: 39.60%	Total
(5) Cost of Health Services for the Fiscal year of Claim	\$ 110,340	\$ 43,695	\$ 154,035
(6) Cost of providing current fiscal year health services in excess of 1986/87	\$ -	\$ -	\$ -
(7) Cost of providing current fiscal year health services at 1986/87 level [Line (05) - line (06)]	\$ 110,340	\$ 43,695	\$ 154,035

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

Collection Period	(a) Number of Full-time Students	(b) Number of Part-time Students	(c) Unit Cost for Full-time Student per Educ. Code \$76355	(d) Full-time Student Health Fees (a) x (c)	(e) Unit Cost for Part-time Student per Educ. Code \$76355	(f) Part-time Student Health Fees (b) x (e)	(g) Student Health Fees That Could Have Been Collected (d) + (f)
Per Fall Semester				\$ -		\$ -	\$ -
Per Spring Semester				\$ -		\$ -	\$ -
Per Summer Session				\$ -		\$ -	\$ -
Per First Quarter				\$ -		\$ -	\$ -
Per Second Quarter				\$ -		\$ -	\$ -
Per Third Quarter				\$ -		\$ -	\$ -

Total health fee that could have been collected:	The sum of (Line (08)(1)(c) through line (08)(6)(c)	\$ 53,365
Subtotal	[Line (07) - line (09)]	\$ 100,670

Cost Reduction

Less: Offsetting Savings, if applicable	
Less: Other Reimbursements, if applicable	
Total Amount Claimed	\$ 100,670

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

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim	
Accident Reports	X	X	
Appointments			
College Physician, surgeon			
Dermatology, Family practice			
Internal Medicine			
Outside Physician	X	X	
Dental Services			
Outside Labs, (X-ray, etc.,)	X	X	
Psychologist, full services			
Cancel/Change Appointments			
Registered Nurse	X	X	
Check Appointments	X	X	
Assessment, Intervention and Counseling	X	X	
Birth Control	X	X	
Lab Reports	X	X	
Nutrition	X	X	
Test Results, office	X	X	
Venereal Disease	X	X	
Communicable Disease	X	X	
Upper Respiratory Infection	X	X	
Eyes, Nose and Throat	X	X	
Eye/Vision	X	X	
Dermatology/Allergy	X	X	
Gynecology/Pregnancy Service	X	X	
Neuralgic	X	X	
Orthopedic	X	X	
Genito/Urinary	X	X	
Dental	X	X	
Gastro-Intestinal	X	X	
Stress Counseling	X	X	
Crisis Intervention	X	X	
Child Abuse Reporting and Counseling	X	X	
Substance Abuse Identification and Counseling	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Eating Disorders	X	X	
Weight Control	X	X	
Personal Hygiene	X	X	
Burnout	X	X	
Other Medical Problems, list	X	X	
Examinations, minor illnesses	X	X	
Recheck Minor Injury	X	X	
Health Talks or Fairs, Information	X	X	
Sexually Transmitted Disease	X	X	
Drugs	X	X	
Acquired Immune Deficiency Syndrome	X	X	
Child Abuse	X	X	

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL	FORM HFE-2	
(01) Claimant Redwoods Community College District	(02) Fiscal Year costs were incurred: 2006-2007		
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim	
Birth Control/Family Planning Stop Smoking Library, Videos and Cassettes	X X X	X X X	
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled	X	X	
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza Information	X X X X X	X X X X X	
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration	X X X	X X X	
Laboratory Tests Done Inquiry/Interpretation Pap Smears	X	X	
Physical Examinations Employees Students Athletes	X X X X	X X X X	
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves Stingkill Midol, Menstrual Cramps Other, list-->	X X X X X X X X X X X	X X X X X X X X X X X	
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

(01) Claimant
Redwoods Community College District

(02) Fiscal Year costs were incurred:
2006-2007

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

	(a) FY 1986/87	(b) FY of Claim
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Referrals to Outside Agencies	X	X
Private Medical Doctor	X	X
Health Department	X	X
Clinic	X	X
Dental	X	X
Counseling Centers	X	X
Crisis Centers	X	X
Transitional Living Facilities, battered/homeless women	X	X
Family Planning Facilities	X	X
Other Health Agencies	X	X

Tests	X	X
Blood Pressure	X	X
Hearing	X	X
Tuberculosis	X	X
Reading	X	X
Information	X	X
Vision		
Glucometer	X	X
Urinalysis	X	X
Hemoglobin	X	X
EKG		
Strep A Testing	X	X
PG Testing	X	X
Monospot	X	X
Hemacult	X	X
Others, list		

Miscellaneous		
Absence Excuses/PE Waiver		
Allergy Injections		
Band-aids	X	X
Booklets/Pamphlets	X	X
Dressing Change	X	X
Rest		
Suture Removal		
Temperature	X	X
Weigh	X	X
Information	X	X
Report/Form	X	X
Wart Removal		
Others, list		

Committees		
Safety		
Environmental		
Disaster Planning		