

## JOHN CHIANG California State Controller

September 2, 2011

Paula Higashi, Executive Director Commission on State Mandates 980 Ninth Street, Suite 300 Sacramento, CA 95814 Keith Petersen SixTen and Associates P.O. Box 340430 Sacramento, CA 95834-0430

## Re: Consolidated Incorrect Reduction Claims

*Health Fee Elimination* (09-4206-I-19, 09-4206-I-20, 09-4206-I-23, 09-4206-I-26, 09-4206-I-27, 09-4206-I-28, and 09-4206-I-30) Education Code Section 76355 Statutes 1984, 2nd E.S., Chapter 1; Statutes 1987, Chapter 1118

Claimants:

Citrus Community College District (FYs 2002-03 to 2006-07) Cerritos Community College District (FYs 2002-03 to 2006-07) Los Rios Community College District (FYs 2005-06 to 2007-08) Redwood Community College District (FYs 2002-03 to 2008-09) Allan Hancock Joint Community College District (FYs 2002-03 to 2006-07) Rancho Santiago Community College District (FYs 2005-06 to 2008-09) Pasadena Community College District (FYs 2004-05 and 2005-06)

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

In the case of Citrus Community College District, a document from El Camino Community College was erroneously included in the IRC package, making it appear as though physical examinations were provided to athletes in FY 2002-03, when they were not (Tab 3 of Audits Response). In addition, the DSA concludes that physical exams for athletes claimed by Rancho Santiago Community College District for fiscal years 2007-08 and 2008-09 were reimbursable. However, Rancho Santiago did not provide physical September 2, 2011 Page 2

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

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

Sincerely,

hamp. Liles

SHAWN D. SILVA Senior Staff Counsel

SDS/ac

Attachment

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

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

## **Table of Contents**

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# Tab 1

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1	OFFICE OF THE STATE CONTROLLER				
2	300 Capitol Mall, Suite 1850 Sacramento, CA 95814				
3	Telephone No.: (916) 445-6854				
4	BEFOR	RE THE			
5	COMMISSION ON S	STATE MANDATES			
6					
7	STATE OF C	ZALIFORNIA			
8	COMMISSION ON STATE MANDATES'				
9	DRAFT STAFF ANALYSIS OF INCORRECT REDUCTION CLAIMS ON:	Nos.: CSM 09-4206-I-19; CSM			
10	Health Fee Elimination Program	09-4206-I-20; CSM 09-4206-I-23; CSM 09-4206-I-26; CSM 09-4206-I-27; CSM			
11	Chapter 1, Statutes of 1984, 2 <sup>nd</sup> Extraordinary	09-4206-I-28; and CSM 09-4206-I-30			
12	Session; and Chapter 1118, Statutes of 1987				
13	CITRUS COMMUNITY COLLEGE DISTRICT; CERRITOS COMMUNITY	AFFIDAVIT OF BUREAU CHIEF			
14	COLLEGE DISTRICT; LOS RIOS COMMUNITY COLLEGE DISTRICT;				
15	REDWOODS COMMUNITY COLLEGE DISTRICT; ALLAN HANCOCK JOINT				
16	COMMUNITY COLLEGE DISTRICT; RANCHO SANTIAGO COMMUNITY				
17	COLLEGE DISTRICT; AND PASADENA AREA COMMUNITY COLLEGE DISTRICT,				
18	Claimants				
19					
20	I, Jim L. Spano, make the following declarations:				
21	1) I am an employee of the State Controller's Office and am over the age of 18 years.				
22	<ol> <li>I am currently employed as a Bureau Chief, and have been so since April 21, 2000. Before that, I was employed as an audit manager for two years and three months.</li> </ol>				
23	3) I am a California Certified Public Account	ntant (CPA).			
24	4) I reviewed the work performed by the Sta	ate Controller's Office (SCO) auditor.			
25		1			

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

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

Date: July 28, 2011

#### OFFICE OF THE STATE CONTROLLER

By: Spano, Chief

Mandated Cost Audits Bureau Division of Audits State Controller's Office

# Tab 2

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

## Health Fee Elimination Program Chapter 1, Statutes of 1984, 2<sup>nd</sup> Extraordinary Session; and Chapter 1118, Statutes of 1987

### RESPONSE

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

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

## **Citrus Community College District**

### The DSA states:

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

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

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

### Rancho Santiago Community College District

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

#### CERTIFICATION

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

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

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

# Tab 3

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### Van Zee, Steve

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

Hello Jim,

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

## Carlos É. Garcia

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

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

Hi Carlos,

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

Sheryll Antonio SixTen and Associates (858) 514-8605

In a message dated 7/25/2011 3:33:46 P.M. Pacific Daylight Time, Kbpsixten@aol.com writes:

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

Hello Keith,

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

Carlos E. Garcia

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

Carlos

We will get on this tommorrow

Keith B. Petersen, President SixTen and Associates www.sixtenandassociates.com

SAN DIEGO OFFICE: 5252 Balboa Avenue, Suite 900 San Diego, CA 92117 Voice: 858-514-8605 Fax: 858-514-8645

SACRAMENTO OFFICE: P.O. Box 340430 Sacramento, CA 95834-0430 Voice: 916-419-7093 Fax: 916-263-9701

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tate of California		School Mandated (	Cont Manual	Mandates
Program.	MANDATED COSTS		Old	
	HEALTH FEE ELIMINATION	F	ORM	
029	COMPONENT/ACTIVITY COST DETAIL	HF	E-2.1	
and the second second				
01) Claimant		Fisca	al Year	
itrus Community College District		2002	-2003	÷
2) Bloop on "Y" in column (a) one	/or (b), as applicable, to indicate which health			
	ent health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim	
Accident Reports		X	X	
Appointments				
College Physician, surgeo	n	X	X	
Dermatology, Family pract		X	X	
Internal Medicine		X	X	
Outside Physician				
Dental Services				
Outside Labs, (X-ray, etc.,	)	X	X	
Psychologist, full services	· · · ·	X	X	
Cancel/Change Appointm	ents	X	X	
Registered Nurse		X	X	
Check Appointments		×	х	
Assessment, Intervention and	Counseling			
Birth Control	·	X	X	
Lab Reports		X		
Nutrition		X	X	
Test Results, office		X	X	
Venereal Disease		X		
Communicable Disease		X	X	
Upper Respiratory Infectio	ń	X	x	
Eyes, Nose and Throat		X	X	
Eye/Vision		X	X	
Dermatology/Allergy		X	X	
Gynecology/Pregnancy Se	rvice	X	x	
Neuralgic		X	x	
Orthopedic		X	x	
Genito/Urinary		X	x	
Dental		X	x	
Gastro-Intestinal		X	x I	
Stress Counseling		X	X	
Crisis Intervention		X	x	
Child Abuse Reporting and	Counseling	X	x	
Substance Abuse Identifica		x	x	
Eating Disorders		x	x	
Weight Control		x	x	
Personal Hygiene			x	
Burnout				
Other Medical Problems, li	st			
Examinations, minor illnesses				
Recheck Minor Injury				
reconcert withor frightly		X	X	
Health Talks or Fairs, Informati	0.D		1	
Sexually Transmitted Disea				
Drugs		X	X	
Acquired Immune Deficient	av Syndrome	X	X	
			X	

ate of California	School Mandate	d Cost Manua	Co St
Pregram MANDATED COSTS HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DE	TAIL		DRM E-2.1
) Claimant	·····	Físca	al Year
rus Community College District		2002	-2003
Place an "X" in column (a) and/or (b), as applicable, to indicate which heat Service was provided by student health service fees for the indicated fisca		(a) FY 1986/87	(b) FY of Claim
Birth Control/Family Planning		x	x
Stop Smoking Library, Videos and Cassettes		X X	X X
First Aid, Major Emergencies First Aid, Minor Emergencies First Aid Kits, Filled		x	×
Immunizations Diphtheria/Tetanus Measles/Rubella Influenza		x x x	× × ×
Information		x	x
Insurance On Campus Accident Voluntary Insurance Inquiry/Claim Administration		x x x	X X X
Laboratory Tests Done Inquiry/Interpretation Pap Smears		X X	X X
Physical Examinations Employees Students Athletes			
Medications Antacids Antidiarrheal Aspirin, Tylenol, etc., Skin Rash Preparations Eye Drops Ear Drops Toothache, oil cloves		× × × × × × ×	X X X X X X X
Stingkill Midol, Menstrual Cramps Other, list		X X X	X X X
Parking Cards/Elevator Keys Tokens Return Card/Key Parking Inquiry Elevator Passes Temporary Handicapped Parking Permits			

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Di- (	Cabaal Ma	andated Cost Manua		tember 2, 2011
State of California			001	mission on
Program	MANDATED COSTS	E0	Stat RM	e Mandates
	HEALTH FEE ELIMINATION	<b>R</b>	-2.1	
- 029	COMPONENT/ACTIVITY COST DETAIL		-2.1	
(01) Claimant		Fisca	Year	
Citrus Community College Dis	trict	2002	-2003	
(03) Place an "X" in column (a	) and/or (b), as applicable, to indicate which health	(a)	(b)	
Service was provided by	student health service fees for the indicated fiscal year.	FY 1986/87	FY of Claim	
			ur urunt	
Referrals to Outside Age				
Private Medical Doct	or	X	Х	
Health Department		X	X	
Clinic		X	Х	
Dental		X	Х	
Counseling Centers		X	Х	
Crisis Centers		X	Х	
Transitional Living Fa	acilities, battered/homeless women	X	Х	
Family Planning Faci		X	Х	
Other Health Agencie		X	Х	
Tests				
Blood Pressure		X	х	
1		Â	x	
Hearing		x		
Tuberculosis			X	
Reading	a and a second product of all	X	X	
Information		X	X	
Vision		X	Х	
Glucometer		X	Х	
Urinalysis		X	Х	
Hemoglobin		X	Х	
EKG				
Strep A Testing		X	х	
PG Testing		X	Х	
Monospot		X	Х	
Hemacult				
Others, list			-	
Miscellaneous				
Absence Excuses/PE	Maiyar	x	х	
		^	^	
Allergy Injections			v	
Bandaids		X	X	
Booklets/Pamphlets		X	Х	
Dressing Change		X	Х	
Rest		X	Х	
Suture Removal				
Temperature		X	Х	
Weigh		X	Х	
Information		X	Х	
Report/Form		X	Х	
Wart Removal		X	Х	
Others, list				
Committees				
Safety		x	х	
Environmental				
Disaster Planning		X	х	
Skin Rash Preparatio	ns			
Eye Drops				

# Tab 4

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State of California

Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL			FORM 2
(01) Claimant (02) Fiscal Year costs were incurred: Rancho Santiago Community College District 2007-2				
	in column (a) and/or (b), as appli provided by student health servic	cable, to indicate which health the fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Accident Reports				
Appointments			X	X
College Phys	cian, surgeon		X	X
Dermatology,	Family practice		X	Х
Internal Medi	cine	· · · · · · · · · · · · · · · · · · ·	X	X
Outside Phys	ician		·X	Х
Dental Servic	es		X	X
Outside Labs	, (X-ray, etc.,)		X	Х
Psychologist,	full services		X	Х
Cancel/Chan	ge Appointments		X	Х
Registered N	urse	· · · · · · · · · · · · · · · · · · ·	X	X
Check Appointments			X	X
Assessment, Inte	rvention and Counseling			
Birth Control			X	Х
Lab Reports			X	X
Nutrition			Х	Х
Test Results,	office		X	Х
Venereal Dise	2390		X	X
Communicab	e Disease		X	X
Upper Respira	atory Infection		X	Х
Eyes, Nose a	nd Throat		X	X
Eye/Vision			X	X
Dermatology/	Allergy		X	Х
Gynecology/P	regnancy Service		X	Х
Neuralgic		· · · · · · · · · · · · · · · · · · ·	X	X
Orthopedic			X	X
Genito/Urinar	/		X	X
Dental	· · · · · · · · · · · · · · · · · · ·			Х
Gastro-Intesti	nal		X	Х
Stress Couns	əling		X	Х
Crisis Interver	ition		X	Х
Child Abuse F	leporting and Counseling		X	X

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Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL			
(01) Claimant Rancho Santiago (	(02) Fiscal Year costs were incur Community College District		-2008	
-	n column (a) and/or (b), as applicable, to indicate which health	(a)	(b)	
	provided by student health service fees for the indicated fiscal year.	FY 1986/87	FY of Claim	
Assessment, Inter-	vention and Counseling (continued)			
Substance Abu	use Identification and Counseling	<u> </u>	X	
Acquired Immu	une Deficiency Syndrome		X	
Eating Disorde	rs	X	X	
Weight Contro		X	X	
Personal Hygie	ene	X	Х	
Burnout		X	X	
Other Medical	Problems, list	X	Х	
Examinations, min	or Illnesses		Х	
Recheck Minor	r Injury	X	X	
Health Talks or Fa	irs, Information		X	
Sexually Trans	mitted Disease	X	X	
Drugs		X	Х	
Acquired Immu	Ine Deficiency Syndrome		X	
Child Abuse		X	Х	
Birth Control/Fa	amily Planning	X	Х	
Stop Smoking		X	Х	
	and Cassettes	X	Х	
First Aid, Major Em		X	Х	
First Aid, Minor Em			Х	
First Aid Kits, Filled		X	Х	
Immunizations		X	Х	
Diptheria/Tetan	NUS		X	
Measels/Rubel		11	х	
Influenza			Х	
Information		X	X	
Insurance		X	X	
On Campus Ac	cident	X	Х	
Voluntary		X	х	
	iry/Claim Administration	X	Х	
Laboratory Tests D			X	
Inquiry/Interpret		X	X	
Pap Smears		X	X	
Physical Examination	ons		X	
Employees		1		

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Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL			FORM
(01) Claimant Rancho Santiago	Community College District	(02) Fiscal Year costs were incurre		-2008
Service was	in column (a) and/or (b), as applica provided by student health service	ble, to indicate which health fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
	ations (Continued)			
Students				X
Athletes	····	·····	_ <u></u>	X
Medications				
Antacids			X	<u> </u>
Antidiarrheal		······································	X	<u> </u>
Aspirin, Tylen		· · · · · · · · · · · · · · · · · · ·		X
Skin Rash Pro	eparations	······································	X	<u> </u>
Eye Drops	· · · · · · · · · · · · · · · · · · ·		X X	<u> </u>
Ear Drops	1 - 1			X
Toothache, oi	l cloves			X X
Stingkill				x
Midol, Menstr	ual cramps		X	X
Other, list->			+	<u>^</u>
Parking Cards/Ele Tokens	evalor Reys			· · · · · · ·
		· · · · · · · · · · · · · · · · · · ·		
Return Card/				
Parking Inquir Elevator Pass				X
	andicapped Parking Permits			
Referrals to Outsi		· · · · · · · · · · · · · · · · · · ·	+	X
Private Medic			x	X
Health Depart		· · · · · · · · · · · · · · · · · · ·	x	X
Clinic	JINGIN	· · · · · · · · · · · · · · · · · · ·	X	<u> </u>
Dental		· · · · · · · · · · · · · · · · · · ·		X
Counseling Co	enters		X	X
Crisis Centers			X	X
	ving Facilities, battered/homeless w	10meri	X	X
Family Planni	<u> </u>		X	X
Other Health Agencies X			X	
Tests				
Blood Pressur	·e	······································	X	X
Hearing		· · · · · · · · · · · · · · · · · · ·	X	x
Tuberculosis			X	X
Reading X			X	

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tate of California Community College Mandated Cost Man			Cost Manual
Program MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL			FORM 2
(01) Claimant	(02) Fiscal Year costs were incurre		
Rancho Santlago Community College District		2007	-2008
(03) Place an "X" in column (a) and/or (b), as applica		(a)	(b)
Service was provided by student health service	fees for the indicated fiscal year.	FY	FY
		1986/87	of Claim
Tests (continued)	<b></b>		
Information		<u>X</u>	<u> </u>
Vision		X	<u>X</u>
Glucometer	······································	ļ	X
Urinalysis	·····		X
Hemoglobin			X
EKG		· · · ·	<u> </u>
Strep A Testing			<u> </u>
PG Testing			X
Monospot			
Hemacult			
Others, list		<b> </b>	
Miscellaneous			
Absence Excuses/PE Waiver		X	X
Allergy Injections		<u> </u>	<u> </u>
Bandaids			X
Booklets/Pamphlets		X	X
Dressing Change		X	<u>x</u>
Rest		X	<u> </u>
Suture Removal		X	<u> </u>
Temperature		X	<u> </u>
Weigh		Х	<u> </u>
Information		X	X
Report/Form		X	<u> </u>
Wart Removal		X	<u> </u>
Others, list Ear Inigation for Wax	_		<u> </u>
Committees			
Safety		X	X
Environmental		Х	X
Disaster Planning		X	X
·····			

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State of California Community College Mandated Cos		
Program MANDATED COSTS 1/84 HEALTH FEE ELIMINATION 234 COMPONENT/ACTIVITY COST DETAIL		FORM 2
(01) Claimant (02) Fiscal Year costs were incurre Rancho Santiago Community College District		-2009
(03) Place an "X" in column (a) and/or (b), as applicable, to indicate which health Service was provided by student health service fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim
Accident Reports		
Appointments	<u>x</u>	X
College Physician, surgeon	X	X
Dermatology, Family practice	<u> </u>	<u>x</u>
Internal Medicine	X	X
Outside Physician	X	X
Dental Services	X	<u>x</u>
Outside Labs, (X-ray, etc.,)	X	X
Psychologist, full services	Х	X
Cancel/Change Appointments	X	X
Registered Nurse	X	X
Check Appointments	X	Х
Assessment, Intervention and Counseling		
Birth Control	Х	X
Lab Reports	X	Х
Nutrition	X	Х
Test Results, office	Х	Х
Venereal Disease	X	Х
Communicable Disease	X	х
Upper Respiratory Infection	X	X
Eyes, Nose and Throat	Х	X
Eye/Vision	X	X
Dermatology/Allergy	X	X
Gynecology/Pregnancy Service	X	Х
Neuralgic	X	X
Orthopedic	X	X
Genito/Urinary	X	Х
Dental		х
Gastro-Intestinal	х	X
Stress Counseling	X	X
Crisis Intervention	X	X
Child Abuse Reporting and Counseling	X	X

Revised 09/06

State of California

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Community College Mandated Cost Manual

Program 234			FORM 2	
(01) Claimant Rancho Santiago	Community College District	(02) Fiscal Year costs were incurre		-2009
	<i>,</i> -	Le te indicate schieb hooldb		(b)
(03) Place an "X" Service was	n column (a) and/or (b), as applicat provided by student health service f	ees for the indicated fiscal year.	(a) FY	FY of Claim
			1986/87	
protection and a second s	vention and Counseling (continued)		x	x
	use Identification and Counseling		<u> </u>	x
	une Deficiency Syndrome			x
Eating Disorde			X	x
Weight Contro		· · · · · · · · · · · · · · · · · · ·	X	x
Personal Hygi	ene		X	x
Burnout		······································	X	
Other Medical			X	<u> </u>
Examinations, min				X
Recheck Mino			X	<u> </u>
Health Talks or Fa				<u> </u>
	mitted Disease	<u> </u>	X	X
Drugs	·		X	<u> </u>
	ine Deficiency Syndrome			<u> </u>
Child Abuse			X	<u>X</u>
	amily Planning		X	<u>X</u>
Stop Smoking			X	<u> </u>
	and Cassettes		X	<u>X</u>
First Aid, Major En			X	<u>X</u>
First Aid, Minor En	nergencies			X
First Aid Kits, Fille	t		X	X
Immunizations		······	X	X
Diptheria/Teta	1US		ļ	<u>X</u>
Measels/Rube	la	······		<u> </u>
Influenza		· ·	X	<u>X</u>
Information		· · · · · · · · · · · · · · · · · · ·	X	X
Insurance	·		X	<u>X</u>
On Campus A	cident		X	X
Voluntary X			X	
Insurance Inqu	Insurance Inquiry/Claim Administration X			<u> </u>
Laboratory Tests [	Done			<u> </u>
Inquiry/Interpre	tation		X	Х
Pap Smears			X	<u> </u>
Physical Examinat	ions			Х
Employees				

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State	of	California
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Community College Mandated Cost Manual

Program 234	MANDATED COSTS 1/84 HEALTH FEE ELIMINATION COMPONENT/ACTIVITY COST DETAIL			form 2	
(01) Claimant Rancho Santiago Co	mmunity College District	(02) Fiscal Year costs were incurre	cal Year costs were incurred: 2008-		
(03) Place an "X" in c	olumn (a) and/or (b), as applica	l ble, to indicate which health fees for the indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim	
Physical Examination	as (Continued)				
Students				X	
Athletes				Х	
Medications					
Antacids			X	X	
Antidiarrheal			X	X	
Aspirin, Tylenol, e	ntc.,		X	Х	
Skin Rash Prepar	ations		Х	X	
Eye Drops			X	X	
Ear Drops			Х	Х	
Toothache, oil clo	ves		Х	Х	
Stingkill			X	X	
Midol, Menstrual Cramps			Х	Х	
Other, list>			Х	X	
Parking Cards/Elevat	or Keys				
Tokens					
Return Card/Key					
Parking Inquiry					
Elevator Passes				X	
Temporary Handi	capped Parking Permits				
Referrals to Outside A	Agencies			<u>X</u> .	
Private Medical D	octor	-	X	X	
Health Departmen	nt		X	X	
Clinic			X	X	
Dental		· · · · · · · · · · · · · · · · · · ·	X	<u> </u>	
Counseling Cente	rs		X	<u> </u>	
Crisis Centers			X	<u> </u>	
Transitional Living Facilities, battered/homeless women			X	<u> </u>	
Family Planning Facilities			X	X	
Other Health Ager	ncies		X	<u> </u>	
Tests			ļļ		
Blood Pressure			X	<u> </u>	
Hearing			x	X	
Tuberculosis			X	<u> </u>	
Reading				X	

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State of California	Community College Mandated Cost Manua				
Сомра	MANDATED COSTS HEALTH FEE ELIMINATION DNENT/ACTIVITY COST DETAIL		FORM 2		
(01) Claimant Boscho Santiano Community Collago District	(02) Fiscal Year costs were incurre		-2009		
Rancho Santiago Community College District					
(03) Place an "X" in column (a) and/or (b), as a Service was provided by student health se	applicable, to indicate which health ervice fees for the Indicated fiscal year.	(a) FY 1986/87	(b) FY of Claim		
Tests (continued)					
Information		X	Х		
Vision		X	X		
Glucometer			X		
Urinalysis			X		
Hemoglobin			Х		
EKG			Х		
Strep A Testing			Х		
PG Testing			Х		
Monospot					
Hemacult					
Others, list					
Miscellaneous					
Absence Excuses/PE Waiver		X	X		
Allergy injections			X		
Bandaids		X	X		
Booklets/Pamphlets		X	X		
Dressing Change		X	X		
Rest		X	<u> </u>		
Suture Removal		X	<u> </u>		
Temperature		<u> </u>	X		
Weigh		X	X		
Information		X	<u> </u>		
Report/Form	· · · · · · · · · · · · · · · · · · ·	X	<u> </u>		
Wart Removal		X	<u> </u>		
Others, list Ear Irrigation for Wax			<b>X</b>		
Committees					
Safety		X	X		
Environmental		<u>×</u>	X		
Disaster Planning		X	<u> </u>		

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