

Staff's Proposed
Parameters And Guidelines
Health and Safety Code Section 462
Chapter 268, Statutes of 1991
SIDS: Contact by Local Health Officer

I. SUMMARY OF MANDATE

Chapter 268, Statutes of 1991, (Chapter 268/91), amended Section 462 of the Health and Safety Code to specify that upon being informed by the coroner of any case in which sudden infant death syndrome is the presumed cause of death, the local health officer or his/her designated agent, who is an appropriately trained public health professional, as defined, shall immediately contact the person or persons who had custody and control of the infant, for the purposes of providing information, support, referral and follow-up services, as defined, relating to SIDS. If the infant was in child care, the child care provider shall also be contacted immediately. The statute also makes conforming changes to Health and Safety Code Section 10253 relating to notification requirements of the coroner.

Prior law, Chapter 453, Statutes of 1974, added Section 10253 of the Health and Safety Code, which required the coroner to notify the county health officer within 24 hours of a gross autopsy which results in a provisional diagnosis of SIDS. Chapter 453 also added Section 462 to the Health and Safety Code which required the county health officer or his/her designated agent, upon being informed by the coroner of any case in which SIDS was the provisional cause of death, to immediately contact the person(s) who had custody and control of the infant to explain the nature and causes of SIDS.

Chapter 268 of 1991 repealed the provision for reimbursement for contact with custodians of SIDS victims.

II. COMMISSION ON STATE MANDATES DECISION

The Commission on State Mandates at its hearing of April 22, 1993, determined that the provisions of Health and Safety Code Section 462, as amended by Chapter 268, Statutes of 1991, require local agencies to implement a new program or a higher level of service in an existing program, within the meaning of

Government Code Section 17514 and Section 6, Article XIII B of the California Constitution.

III. ELIGIBLE CLAIMANTS

Any county which incurs increased costs as the result of this mandated program is eligible to claim reimbursement of those costs.

IV. PERIOD OF REIMBURSEMENT

Chapter 268/91 became operative on January 1, 1992, Government Code Section 17557 states that a test claim shall be submitted on or before December 31 following a fiscal year in order to establish eligibility for reimbursement for that fiscal year. The test claim for this mandate was filed with the Commission on October 20, 1992, therefore costs incurred on or after January 1, 1992, are eligible for reimbursement.

V. REIMBURSABLE COSTS

A. Scope of Mandate

Prior law, Chapter 453/74, required the county health officer to immediately contact the custodian of the infant who died of SIDS to explain the nature and causes of SIDS. Eligible claimants will be reimbursed for increased costs incurred in conforming with Section 462 of the Health and Safety Code as amended by Chapter 268 of 1991. This section requires the local health officer or, designated agent, as defined, to immediately contact the family, child care provider and/or foster parents upon notification of the SIDS death by the coroner. Contact is defined as a face-to-face visit, a group visit, or a telephone call which provides one or more of the following services: (a) an assessment of the family, the child care provider, or both; (b) crisis intervention and counseling; (c) referral to a community service; (d) a follow-up assessment of the progress of the family, the child care provider or both.

Allowable costs include, but are not limited to, salaries and benefits; necessary interpreter services; services and supplies (including postage and travel expense); overhead and other related costs attributable to local agency compliance with the provisions of Chapter 268/91.

B. Reimbursable Activities of Health and Safety Code Section 462, Chapter 268/91.

1. Provide Direct Information, Support, Referral, and Follow Up Services.
 - a) Within three working days of receiving notice from the coroner or other reporting agent, contact person(s) who had custody and control of the infant. **"Contact"** is a face-to-face visit, a group visit, or a telephone call, as necessary.
 - b) Provide one or more of the following services, as necessary:
 1. Assess the family/foster family, child care provider, or both.
 2. Crisis intervention and counseling in the face-to-face visit, the group visit, or the telephone call.
 3. Referral to community services.
 4. Follow-up assessment of the progress of the family, the child care provider or both.
2. Case Management and Administrative Services, necessary for the preparation, provision, and completion of direct program services.
 - a) Establish and maintain case file, including such documentation as record of visit, response to service, reports and correspondence.
 - b) Participate in training sessions and workshops relating to delivery of services to SIDS families, attend conferences and other educational offerings, as provided only by the State Department of Health Services, per Health and Safety Code section 219.
 - c) Establish and maintain a referral file for community referral sources, medical first responders, etc., as necessary to accomplish the direct program activities defined in Health and Safety Code section 462, Chapter 268/91.

VI. CLAIM PREPARATION AND SUBMISSION

Reimbursement claims should show the actual increased costs incurred by the local agency in complying with this mandate. Actual costs for one fiscal year should be included in each claim. All claims for reimbursement of costs shall be submitted within 120

days of the issuance of the claims and instructions by the State Controller. If the total costs per claimant for a given fiscal year do not exceed \$200, no reimbursement shall be allowed except as otherwise provided by Government Code Section 17564.

Claimed costs should be supported by the following:

- A. Employee Salaries and Benefits
Identify the employee(s) performing mandated activities; specify the classification of each employee identified; describe the mandated activities performed and the actual number of hours devoted to each function by each employee. Specify the productive hourly rate and related benefits for each employee, In lieu of actual hours, the average number of hours devoted to each function may be claimed if supported by a documented time study.
- B. Services and Supplies
Only expenditures which can be identified as a direct cost of the mandated program may be claimed, List cost of materials which have been consumed or expended specifically for this mandated program. Travel expenses incurred relating to required activities are reimbursable and should be documented (see Section VII, Supporting Data). In accordance with Health and Safety Code section 219, the State Department of Health Services provides educational materials and conducts training workshops, conferences, seminars, etc. Therefore claimants will not be reimbursed for purchase of SIDS education materials or for attendance at non-state sponsored training sessions.
- C. Allowable Overhead Costs
Claimants have the option of calculating indirect costs at 10% of direct labor costs or preparing a departmental Indirect Cost Rate Proposal. If the claimant elects to prepare an Indirect Cost Proposal, the Proposal must be prepared in accordance with Office of Management and Budget Circular A-87 (OMB A-87).

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be

traceable to source documents and/or worksheets which show evidence of the validity of such costs. 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 and be made available, upon request, to State Controller staff for review.

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENT

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. Reimbursement received for this mandated program from any source (e.g. federal or state) shall be identified and deducted from the amount claimed.

IX. STATE CONTROLLER'S OFFICE REQUIRED CERTIFICATION

An authorized representative of the claimant will be required to provide a certification of claim, as specified in the State Controller's claiming instructions, for those costs mandated by the state contained herein.