OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2003-18

IMMUNIZATION RECORDS: HEPATITIS B

OCTOBER 6, 2003

In accordance with Government Code (GC) Section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for the Immunization Records: Hepatitis B program. These claiming instructions are issued subsequent to adoption of the program's parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

On August 24, 2000, the COSM, determined that 325/78, 435/79, 472/82, 984/91, 1300/92, 1172/94, 291/95, 415/95, and 1023/96, established costs mandated by the State according to the provisions listed in the P's & G's. For your reference, the P's and G's are included as an integral part of the claiming instructions.

Eligible Claimants

Any school district, as defined in GC Section 17519, except for community colleges, that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

Filing Deadlines

Initial Claims

Reimbursement claims must be filed within 120 days from the issuance date of claiming instructions. Costs incurred in implementing the provisions of 325/78, 435/79, 472/82, 984/91, 1300/92, 1172/94, 291/95, 415/95, and 1023/96, are reimbursable for fiscal years 1997 through 2002-03. Costs incurred in compliance with 855/97 are reimbursable for fiscal years 1998-99 through 2002-03. Costs incurred in compliance with 882/97 are reimbursable for fiscal years 1999-00 through 2002-03, and must be filed with the SCO and be delivered or postmarked on or before **February 3, 2004**. An estimated claim for fiscal year 2003-04 may be filed by **February 3, 2004**. Claims filed after the deadline will be reduced by a late penalty of 10%.

In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. **Claims filed more than one year after the deadline will not be accepted.**

Minimum Claim Cost

GC Section 17564(a) provides that no claim shall be filed pursuant to Sections 17551 and 17561, unless such a claim exceeds one thousand dollars ($1,000), provided that a county superintendent of schools may submit a combined claim on behalf of school districts within their county if the combined claim exceeds $1,000, even if the individual school district's claim does not each exceed $1,000. The county superintendent of schools shall determine if the submission of the combined claim is economically feasible and shall be responsible for disbursing the funds to each school district. These combined claims may be filed only when the county superintendent of schools is the fiscal agent for the districts. A combined claim must show the individual claim

costs for each eligible school district. All subsequent claims based upon the same mandate shall only be filed in the combined form unless a school district provides a written notice of its intent to file a separate claim to the county superintendent of schools and to the SCO at least 180 days prior to the deadline for filing the claim.

Reimbursement of Claims

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, employee time records or time logs, sign-in sheets, invoices, and receipts.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), purchase orders, contracts, agendas, training packets, and declarations. Declarations must include a certification or declaration stating, “I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct,” and must further comply with the requirements of Code of Civil Procedure Section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

Audit of Costs

All claims submitted to the SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and if the claim was prepared in accordance with the SCO’s claiming instructions and the P’s & G’s adopted by the COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment" specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

Pursuant to GC Section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a claimant is subject to audit by the State Controller no later than three years after the date the actual reimbursement claim was filed or last amended, whichever is later. However, if no funds were appropriated or no payment was made to a claimant for the program for the fiscal year for which the claim was filed, the time for the Controller to initiate an audit shall commence to run from the date of initial payment of the claim. All documents used to support the reimbursable activities must be retained during the period subject to audit. If an audit has been initiated by the Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

On-site audits will be conducted by the SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of three years after the end of the calendar year in which the reimbursement claim was filed or last amended regardless of the year of costs incurred. When no funds were appropriated for initial claims at the time the claim was filed, supporting documents must be retained for three years from the date of initial payment of the claim. Therefore, all documentation to support actual costs claimed must be retained for the same period, and shall be made available to the SCO on request.

Retention of Claiming Instructions

The claiming instructions and forms in this package should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at **www.sco.ca.gov/ard/local/locreim/index.shtml.**

Address for Filing Claims

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:

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

If delivered by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

Adopted: July 31, 2003

PARAMETERS AND GUIDELINES

Education Code Section 48216
Health and Safety Code Sections 120325, 120335, 120340, and 120375

Statutes 1978, Chapter 325
Statutes 1979, Chapter 435
Statutes 1982, Chapter 472
Statutes 1991, Chapter 984
Statutes 1992, Chapter 1300
Statutes 1994, Chapter 1172
Statutes 1995, Chapters 291 and 415
Statutes 1996, Chapter 1023
Statutes 1997, Chapters 855 and 882

California Code of Regulations, Title 17
Sections 6020, 6035, 6040, 6055, 6065, 6070, and 6075

Immunization Records – Hepatitis B

I. SUMMARY OF THE MANDATE

Statutes 1977, chapter 1176, required persons under 18 years of age to be immunized against poliomyelitis (polio); measles; and diphtheria, pertussis, and tetanus (DPT) prior to unconditional first admission to a public or private elementary or secondary school, child care center, day nursery, nursery school, or development center. The law required school districts to maintain records of immunization of all school age children and report periodically to the state on the immunization status of all new entrants into the schools. On June 20, 1979, the Board of Control (predecessor to the Commission) adopted the Statement of Decision for the *Immunization Records* test claim, finding that Statutes 1977, chapter 1176 imposed a reimbursable state-mandated program. On July 28, 1988, the Commission determined that costs incurred for compliance with Statutes 1977, chapter 1176 would be reimbursed through the State Mandates Apportionment System (SMAS), which was enacted by the Legislature to allow certain ongoing state-mandated programs to be funded automatically through the State Budget process, without the need for local governments to file annual claims for those costs with the State Controller.

On August 24, 2000, the Commission on State Mandates (Commission) adopted the Statement of Decision for the *Immunization Records: Hepatitis B* test claim, finding that Statutes 1978, chapter 325; Statutes 1979, chapter 435; Statutes 1982, chapter 472; Statutes 1991, chapter 984; Statutes 1992, chapter 1300; Statutes 1994, chapter 1172; Statutes 1995, chapters 291 and 415; Statutes 1996, chapter 1023; Statutes 1997, chapters 855 and 882; and California Code of Regulations, title 17, sections 6020, 6035, 6040, 6055, 6065, 6070, and 6075, imposed a new program or higher level of service within an existing program upon school districts within the meaning of article XIII B, section 6 of the California Constitution and costs mandated by the state pursuant to Government Code section 17514 for the following activities:

- Request and review lawful exemption or proof of immunization against mumps, rubella and hepatitis B from each pupil seeking admission to school in the state for the first time.
- Record each pupil's immunization for, or exemption from, mumps, rubella, and hepatitis B on an immunization record and maintain the form in the pupil's permanent record.
- Request and review lawful exemption or proof of immunization against hepatitis B from each pupil advancing to the seventh grade.
- Conditionally admit any pupil who has not been fully immunized for mumps, rubella and hepatitis B.
- Periodically review the pupil's immunization record until the pupil is fully immunized.
- Document vaccine doses on the pupil's immunization record as they are administered.
- Notify parents or guardians of the requirement to exclude the pupil from school if written evidence of the required immunizations are not timely presented.
- Refer the parents or guardians to a physician, nurse, or county health department for review of immunization records and provision of required immunizations.
- Exclude pupils from school attendance when written evidence of additional doses is not presented within ten days of parental notification.
- Collect data and prepare reports annually on immunization status for the Department of Health Services, and prepare follow-up or additional reports upon request by county health departments and the state.

II. ELIGIBLE CLAIMANTS

Any school district, as defined in Government Code section 17519, except for community colleges, that incurs increased costs as a result of this mandate is eligible to claim reimbursement.

III. PERIOD OF REIMBURSEMENT

Government Code section 17557, prior to its amendment by Statutes 1998, chapter 681 (effective September 22, 1998), provided that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that fiscal year.

The test claim for *Immunization Records: Hepatitis B* was submitted on August 17, 1998. Therefore all mandated costs incurred on or after July 1, 1997 for compliance with Statutes 1978, chapter 325, Statutes 1979, chapter 435, Statutes 1982, chapter 472, Statutes 1991, chapter 984, Statutes 1992, chapter 1300, Statutes 1994, chapter 1172, Statutes 1995, chapters 291 and 415, and Statutes 1996, chapter 1023 are eligible for reimbursement.

Statutes 1997, chapter 855 had a delayed operative date of July 1, 1998. Therefore, costs incurred on or after July 1, 1998, for compliance with Statutes 1997, chapter 855, are eligible for reimbursement.

Statutes 1997, chapter 882 was operative January 1, 1998. However, no activity was required until on or after July 1, 1999. Therefore, costs incurred on or after July 1, 1999, for compliance with Statutes 1997, chapter 882, are eligible for reimbursement.

Actual costs for one fiscal year shall be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Government Code section 17561, subdivision (d)(1), all claims for reimbursement of initial years' costs shall be submitted within 120 days of the issuance of the State Controller's claiming instructions.

If the total costs for a given fiscal year do not exceed $1000, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

To be eligible for mandated cost reimbursement for any fiscal year, only actual costs may be claimed. Actual costs are those costs actually incurred to implement the mandated activities and shall be claimed based on the uniform cost allowance adopted by the Commission. Actual costs must be traceable and supported by source documents that show the validity of such costs, when they were incurred, and their relationship to the reimbursable activities. A source document is a document created at or near the same time the actual cost was incurred for the event or activity in question. Source documents may include, but are not limited to, district attendance and enrollment data.

Evidence corroborating the source documents may include, but is not limited to, worksheets, cost allocation reports (system generated), and declarations. Declarations must include a certification or declaration stating, "I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct," and must further comply with the requirements of Code of Civil Procedure section 2015.5. Evidence corroborating the source documents may include data relevant to the reimbursable activities otherwise in compliance with local, state, and federal government requirements. However, corroborating documents cannot be substituted for source documents.

The claimant is only allowed to claim and be reimbursed for increased costs for reimbursable activities identified below. Increased cost is limited to the cost of an activity that the claimant is required to incur as a result of the mandate.

For each eligible claimant, the following activities are eligible for reimbursement:

A. <u>Proof of Immunizations for New Entrants: Kindergarteners and/or Out-of-State Transfers</u>
(Reimbursement period begins: July 1, 1997.)

1. Request and review lawful exemption from, or proof of, immunization against mumps and rubella from each pupil seeking admission to school in the state for the first time. (Health & Saf. Code, §§ 120325, 120335, subd. (b), 120375, subd. (a); Cal. Code Regs., tit. 17, §§ 6020, 6065, subd. (b).)[1]

[1] The addition of mumps and rubella to the list of diseases an entering student must be immunized against prior to first admission into a school should create *no incremental workload*, since in California, one vaccine is given for measles, mumps, and rubella (MMR), and measles is part of the original *Immunization Records* Parameters and Guidelines.

2. Request and review lawful exemption from, or proof of, immunization against hepatitis B from each pupil entering specified institutions in the state for the first time at the kindergarten level after August 1, 1997. (Health & Saf. Code, §§ 120325, 120335, subd. (b), 120375, subd. (a); Cal. Code Regs., tit. 17, §§ 6020, 6065, subd. (b).)

B. Proof of Hepatitis B Immunizations for Students Entering Seventh Grade on or after July 1, 1999 *(Reimbursement Period begins: July 1, 1999.)*

1. Request and review lawful exemption from, or proof of, immunization against hepatitis B from each pupil advancing to the seventh grade on or after July 1, 1999. (Health & Saf. Code, §§ 120325, 120335, subd. (c); Cal. Code Regs., tit. 17, §§ 6020, 6065, subd. (b).)

C. Conditional Admission of Pupils and Parent Notification Requirements *(Reimbursement Period begins: July 1, 1997.)*

1. Conditionally admit any pupil who has not been fully immunized for mumps, rubella, and hepatitis B by notifying parents or guardians of the date by which the pupil must complete the required immunizations. (Health & Saf. Code, §§ 120325, 120340; Cal. Code Regs., tit. 17, § 6035.)

2. Review the immunization record of each pupil admitted conditionally every thirty days until the pupil has been fully immunized. (Health & Saf. Code, §§ 120325, 120375, subd. (a); Cal. Code Regs., tit. 17, § 6070, subd. (e).)

D. Mandatory Pupil Exclusion and Parent Notification Requirements *(Reimbursement Period begins: July 1, 1998.)*

1. Notify parents or guardians of the requirement to exclude the pupil from school if written evidence either that the pupil has been properly immunized or qualified for an exemption is not presented within 10 school days after notification. (Ed. Code, § 48216, subd. (b); Health & Saf. Code, § 120325; Cal. Code Regs., tit. 17, § 6040.)

2. Refer the parents or guardians to a physician, nurse, or county health department for review of immunization records and provision of required immunizations, or notify them that the immunizations will be administered at a school of the district. (Ed. Code, § 48216, subd. (c); Health & Saf. Code, § 120325; Cal. Code Regs., tit. 17, § 6065, subd. (c).)

3. Exclude pupils from school attendance when written evidence of additional doses is not presented within ten days of parental notification. (Ed. Code, § 48216, subd. (a); Health & Saf. Code, §§ 120325, 120375, subd. (b); Cal. Code Regs., tit. 17, § 6055.)

E. Documentation and Reporting Requirements for Immunizations *(Reimbursement Period begins: July 1, 1997.)*

1. Record each pupil's immunization for, or exemption from mumps, rubella, and hepatitis B on an immunization record and maintain the document in each pupil's permanent record. (Health & Saf. Code, §§ 120325, 120335, subd. (b), 120375, subd. (a); Cal. Code Regs., tit. 17, § 6070.)

2. Document additional vaccine doses on the pupil's immunization record as they are administered.[2] (Health & Saf. Code, §§ 120325, 120375, subd. (a); Cal. Code Regs., tit. 17, § 6070.)
3. Collect data and prepare reports annually on immunization status for the Department of Health Services. (Health & Saf. Code, §§ 120325, 120375, subd. (c); Cal. Code Regs., tit. 17, § 6075.)
4. Prepare follow-up or additional reports upon request by county health departments and the state. (Health & Saf. Code, §§ 120325, 120375, subd. (c); Cal. Code Regs., tit. 17, § 6075.)

V. CLAIM PREPARATION AND SUBMISSION

Actual costs shall be claimed based on the uniform cost allowances adopted by the Commission pursuant to Government Code section 17557. The uniform cost allowances shall be adjusted each subsequent year by the Implicit Price Deflator referenced in Government Code section 17523.

The uniform cost allowances cover all the direct and indirect costs of performing the activities described in section IV. Direct costs are those costs incurred specifically for the reimbursable activities. Indirect costs are costs that are incurred for a common or joint purpose, benefiting more than one program, and are not directly assignable to a particular department or program without efforts disproportionate to the result achieved. Indirect costs may include both (1) overhead costs of the unit performing the mandate; and (2) the costs of the central government services distributed to the other departments based on a systematic and rational basis through a cost allocation plan.

A. Uniform Cost Allowance for New Entrants

Fiscal Year	Uniform Cost Allowance
1997-1998	$ 2.12
1998-1999	5.87
1999-2000	6.14
2000-2001	6.38
2001-2002	6.48
2002-2003 (estimated)	6.59

Activities that are reimbursable under the uniform cost allowance for "New Entrants" are as follows:

- Section IV. A, C, and E – new activities for the hepatitis B immunization.
- Section IV. D – new activities for the DPT, polio, MMR, and hepatitis B immunizations.

Reimbursement is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the number of "New Entrants." A "New Entrant" includes kindergarteners and out-of-state transfers.

[2] This activity is only for *documenting* additional vaccine doses on the pupil's immunization record. The test claim legislation does not mandate school districts to administer vaccines.

B. Uniform Cost Allowance for Seventh Grade Pupils (for Fiscal Year 1999-2000 through 2003-2004).

Fiscal Year	Uniform Cost Allowance
1999-2000	$ 3.23
2000-2001	3.36
2001-2002	3.41
2002-2003 (estimated)	3.47

Activities that are reimbursable under the uniform cost allowance for "Seventh Grade Pupils" are as follows:

- Section IV. B, C, D, and E – new activities for the hepatitis B immunization.

Reimbursement is determined by multiplying the uniform cost allowance for the appropriate fiscal year by the number of "Seventh Grade Pupils." A "Seventh Grade Pupil" is any pupil advancing to the seventh grade, other than "New Entrants."

Note: Beginning with the 2004-2005 school year, the uniform cost allowance should be calculated as follows:

> ***Uniform Cost Allowance*** **= [cost per activity per immunization] x 5,**
> where the "cost per activity per immunization" is calculated as
> [the current fiscal year SMAS Rate for *Immunization Records*] ÷ 15,
> and 5 equals the number of activities required for seventh grade pupils.[3]

The Commission has not identified any circumstances that would cause an eligible claimant to incur additional costs to perform the reimbursable activities listed in section IV. of these parameters and guidelines, which have not already been incorporated in the uniform allowance. Eligible claimants incurring any such costs within the scope of the reimbursable activities may submit a request to amend the parameters and guidelines to the Commission for such costs to be approved for reimbursement, subject to the provisions of California Code of Regulations, title 2, section 1183.2.

VI. RECORD RETENTION

Pursuant to Government Code section 17558.5, subdivision (a), a reimbursement claim for actual costs filed by a local agency or school district pursuant to this chapter[4] 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. All documents used to support the reimbursable activities, as described in Section IV, must be retained during the period subject to audit. If an audit has been initiated by the

[3] Kindergarteners beginning in the 1997-1998 school year will become seventh graders by the 2004-2005 school year and their immunization records would have already been reviewed for hepatitis B.

[4] This refers to Title 2, division 4, part 7, chapter 4 of the Government Code.

Controller during the period subject to audit, the retention period is extended until the ultimate resolution of any audit findings.

VII. OFFSETTING SAVINGS AND REIMBURSEMENTS

Any offsetting savings the claimant experiences in the same program as a result of the same statutes or executive orders found to contain the mandate shall be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, including but not limited to, service fees collected, federal funds, and other state funds, shall be identified and deducted from this claim.

VIII. STATE CONTROLLER'S CLAIMING INSTRUCTIONS

Pursuant to Government Code section 17558, subdivision (b), the Controller shall issue claiming instructions for each mandate that requires state reimbursement not later than 60 days after receiving the adopted parameters and guidelines from the Commission, to assist local agencies and school districts in claiming costs to be reimbursed. The claiming instructions shall be derived from the statute or executive order creating the mandate and the parameters and guidelines adopted by the Commission.

Pursuant to Government Code section 17561, subdivision (d)(1), issuance of the claiming instructions shall constitute a notice of the right of the local agencies and school districts to file reimbursement claims, based upon parameters and guidelines adopted by the Commission.

IX. REMEDIES BEFORE THE COMMISSION

Upon request of a local agency or school district, the Commission shall review the claiming instructions issued by the State Controller or any other authorized state agency for reimbursement of mandated costs pursuant to Government Code section 17571. If the Commission determines that the claiming instructions do not conform to the parameters and guidelines, the Commission shall direct the Controller to modify the claiming instructions and the Controller shall modify the claiming instructions to conform to the parameters and guidelines as directed by the Commission.

In addition, requests may be made to amend parameters and guidelines pursuant to Government Code section 17557, subdivision (a), and California Code of Regulations, title 2, section 1183.2.

X. INCLUSION IN STATE MANDATES APPORTIONMENT SYTEM

The Department of Finance, State Controller, local agencies, or school districts may request that the Commission review any mandated cost programs, for which appropriations have been made by the State to local agencies and school districts for any three consecutive years, to determine if those programs are eligible for inclusion in SMAS. The requesting agency is required to file a "request for inclusion" with the Commission. When considering the request for inclusion, the Commission must determine if the program has a history of stable costs for most claimants, if the program has been recently modified, and if inclusion would accurately reflect the costs of the program.[5]

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[5] See Government Code section 17615 et seq. and California Code of Regulations, title 2, section 1184.5 et seq.

CLAIM FOR PAYMENT
Pursuant to Government Code Section 17561
IMMUNIZATION RECORDS: HEPATITIS B

For State Controller Use Only
(19) Program Number 00230
(20) Date Filed ____/____/____
(21) LRS Input ____/____/____

Program **230**

LABEL HERE

(01) Claimant Identification Number

(02) Claimant Name

County of Location

Street Address or P.O. Box | Suite

City | State | Zip Code

Reimbursement Claim Data	
(22) IRHB-1, (04)(b)	
(23) IRHB-1, (04)(c)	
(24) IRHB-1, (05)	
(25) IRHB-1, (07)	
(26) IRHB-1, (08)	
(27)	
(28)	
(29)	
(30)	
(31)	
(32)	
(33)	
(34)	
(35)	
(36)	

Type of Claim	Estimated Claim	Reimbursement Claim
	(03) Estimated ☐	(09) Reimbursement ☐
	(04) Combined ☐	(10) Combined ☐
	(05) Amended ☐	(11) Amended ☐
Fiscal Year of Cost	(06) ____/ ____	(12) ____/ ____
Total Claimed Amount	(07)	(13)
Less: **10% Late Penalty**		(14)
Less: **Prior Claim Payment Received**		(15)
Net Claimed Amount		(16)
Due from State	(08)	(17)
Due to State		(18)

(37) CERTIFICATION OF CLAIM

In accordance with the provisions of Government Code Section 17561, I certify that I am the officer authorized by the school 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 230	IMMUNIZATION RECORDS: HEPATITIS B Certification Claim Form Instructions	FORM FAM-27

(01) Enter the payee number assigned by the State Controller's Office.

(02) Enter your Official Name, County of Location, Street or P. O. Box address, City, State, and Zip Code.

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

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

(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 IRHB-1 and enter the amount from line (09).

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

(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 sum of the reimbursement claim from form IRHB-1, line (09), and IRHB-1.1, line (07). The total claimed amount must exceed $1,000.

(14) Reimbursement claims must be filed by **February 3, 2004**, 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% penalty).

(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., IRHB-1, (04)(b), means the information is located on form IRHB-1, 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 to 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

Program 230	MANDATED COSTS IMMUNIZATION RECORDS: HEPATITIS B CLAIM SUMMARY	FORM IRHB-1

(01) Claimant	(02) Type of Claim Reimbursement ☐ Estimated ☐	Fiscal Year ___/ ___

Claim Statistics

(03) Number of new entrants for each school in the district			
(a) Name of School	(b) Kindergarten Entrants	(c) Out-of-State Transfers	(d) Total
(04) Total New Entrants			
(05) New Entrant Reimbursement Rate [See table for actual and estimated rates]			
(06) Total Cost [Line (04)(d) x line (05)]			

Cost Reduction

(07) Less: Offsetting Savings, if applicable	
(08) Less: Other Reimbursements, if applicable	
(09) Total Claimed Amount [Line (06) – {line (07) + line (08)}]	

Program 230	IMMUNIZATION RECORDS: HEPATITIS B CLAIM SUMMARY Instructions	FORM IRHB-1

(01) Enter the name of the claimant.

(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 IRHB-1 must filed for a reimbursement claim. Do not complete form IRHB-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 IRHB-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

(03) Number of new entrants for each school in the district. List in column (a) each school in the district, in column (b) enter the number of kindergarten entrants, and in column (c) enter the number of out-of-state transfers.

(04) Add columns (b) and (c) and enter the total in column (d).

(05) Enter the specified unit rate for the fiscal year of claim as follows:

Fiscal Year	Uniform Cost Allowance
1997-98	$ 2.12
1998-99	5.87
1999-00	6.14
2000-01	6.38
2001-02	6.48
2002-03 (estimated)	6.59

(06) Enter the product of multiplying Total New Entrants, line (04)(d), times the appropriate New Entrant Reimbursement Rate, line (05).

(07) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.

(08) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.,) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.

(09) Subtract the sum of Offsetting Savings, line (06), and Other Reimbursements, line (07), from Total Costs, line (05). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

Program 230	MANDATED COSTS IMMUNIZATION RECORDS: HEPATITIS B CLAIM SUMMARY	FORM IRHB-1.1

(01) Claimant	(02) Type of Claim Reimbursement ☐ Estimated ☐	Fiscal Year ___/ ___

Claim Statistics

(03) Number of new entrants for each school in the district			
(a) Name of School	(b) Number of 7th graders who are not new entrants	(c) Uniform Cost Allowance (See Table)	(d) Total (b) x (c)
(04) Total Cost for 7th Graders			

Cost Reduction

(05) Less: Offsetting Savings, if applicable	
(06) Less: Other Reimbursements, if applicable	
(07) Total Claimed Amount [Line (04) – {line (05) + line (06)}]	

Program 230	IMMUNIZATION RECORDS: HEPATITIS B CLAIM SUMMARY Instructions	FORM IRHB-1.1

(01) Enter the name of the claimant.

(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 IRHB-1 must filed for a reimbursement claim. Do not complete form IRHB-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 IRHB-1 must be completed and a statement attached explaining the increased costs. Without this information the estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.

(03) Enter the name of each school in column (a). Enter the number of seventh graders who are not new entrants for each school in the district in column (b). Enter the uniform cost allowance rate for the fiscal year of claim from the table below.

Fiscal Year	Uniform Cost Allowance
1999-00	$ 3.23
2000-01	3.36
2001-02	3.41
2002-03 (estimated)	3.47

(04) Enter the total from column (04)(d).

(05) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.

(06) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source (i.e., service fees collected, federal funds, other state funds etc.,) which reimbursed any portion of the mandated program. Submit a detailed schedule of the reimbursement sources and amounts.

(07) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (05), and Other Reimbursements, line (06), from Total Cost, line (04). Enter the remainder of this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.