

**Fee Category:**  Category IV (Misc. campus fees)  Category V (Self support program fees)

In accordance with the provisions of the California State University (CSU) Executive Order 1102, the President is delegated the authority for the establishment, oversight and adjustment of Category IV and V fees. To facilitate this process, please provide the information requested below.

Required documents for submission of proposal:

- Part 1 - Fee Request Form for appropriate fee category, signed by Requestor, Dean/Director and the divisional Vice President
- Part 2 - Fee Request Narrative
- Part 3 - Financial Data Sheet

RECORDED  
SEP - 7 2018

<b>I.</b>	<b>Request to:</b>	<input checked="" type="checkbox"/> ESTABLISH a Campus Fee	<input type="checkbox"/> ADJUST a Campus Fee
<b>II.</b>	<b>Fee Type:</b> (Check each applicable box)	<input type="checkbox"/> Student Fee	<input checked="" type="checkbox"/> Non-Student Fee
<b>III.</b>	<b>Name of Fee:</b>	Group Balance & Fall Risk Testing	
<b>IV.</b>	<b>Current Fee: \$</b>	per	
	<b>Proposed Fee: \$</b> 15	per	test for community member (group setting)
<b>V.</b>	<b>Proposed Effective Date:</b> Fall 2018		

**Routing Order:**

1. Submitted by:	Justus Ortega	<i>Justus Ortega</i>	9/4/18	X 4274
	Dept. Representative Name	Signature	Date	Phone
2. Approved by:	Manohar Singh	<i>Manohar Singh</i>	SEP 07 2018	3961
	Dean / Director Name	Signature	Date	Phone
3. Approved by:	<b>Dr. Alex Enyedi</b>	<i>Dr. Alex Enyedi</i>	9/19/18	3722
	Vice President Name	Signature	Date	Phone
4. Reviewed By:	Sandra Wieckowski	<i>Sandra Wieckowski</i>	9/24/18	826-4937
	Manager, Student Financial Services	Signature	Date	Phone
5. Approved By:	Lisa A. Rossbacher	<i>Lisa A. Rossbacher</i>	9.24.18	X 3311
	President	Signature	Date	Phone

Fee Approved  Fee Denied

Comments from the President (if needed):

Additional comments from other reviewers:

6. Form with President's signature sent to Manager, Student Financial Services.

1. Clearly list all assumptions used when creating this proposal.

Assume current fee for community members is \$35. Assume new Group Balance & Fall Risk Testing will occur in group setting (~20 clients over two hour period) thus reducing the cost to administer.

2. Clearly state the expenditures that will be funded by this proposed revenue source.

This fee will pay for transportation cost to testing sites (if off campus), a portion of wages of paid graduate student assistant (coordinates testing/scheduling, analyzes data), cost of balance software some office supplies and written educational materials.

3. Clearly state the reason(s) why this fee or fee increase is necessary (include references to executive orders, CA law, etc.)

This fee change is needed in order to make our balance/mobility fall risk assessment more accessible/affordable to senior living on the North Coast. Feedback from senior in the community suggest that many of them can not afford the individual balance testing we currently offer. By offering balance testing in a group setting for \$15, the testing is much more affordable. This price will cover our expenses given that we have redesigned the testing such that it is occurring in a group setting and we have reduced the time need for the testing session.

With this new service (Group Balance & Fall Risk Testing), more senior in the community will be served, and our students who help to provide the services via KINS 487 (Biomechanics Lab Skills), KINS 495 (Directed Field Experience), and KINS 695 (Graduate Directed Field Experience) gain valuable clinical experiences that directly contribute to their future careers.

4. Clearly articulate why the level of fee proposed is the appropriate amount to charge.

Current "Balance Testing" Fee is \$35. This new Group Balance & Fall Risk Testing fee is \$15 because we can provide the service to multiple individual at once (group testing) and we have streamlined the testing in terms of time. This fee amount will still fully cover expenses for transportation cost to testing sites (if off campus), a portion of wages of paid graduate student assistant (coordinates testing/scheduling, analyzes data), cost of balance software some office supplies and written educational materials.

5. Time line Information:

Service will be offered as soon as fee is approved.

Name of Fee: Group Balance & Fall Risk Testing

Current Fee	Proposed fee		
	Year 1	Year 2	Year 3
	15	15	15

Current # of participants	Estimated #of participants that will be assessed this fee		
	100	150	150

Fiscal year	Historical Data (for fee increase proposal)	Prospective Data (2 years for fee increase; 3 years for new fee)	
		2018-19	2019-20

Fee Adjustment Proposal: Enter ONE complete year of historical actual revenue and expenditure data and TWO years of prospective data.  
 New Fee Proposal: Enter THREE years of prospective revenue and expenditure data.

**Fee Revenue Type:**

Group Balance & Fall Risk Testing		1,500	2,250	2,250
<b>Total Revenue: \$</b>		<b>1,500</b>	<b>2,250</b>	<b>2,250</b>

**Expenditure Type:** (List typical categories of expenditure costs that the fee proposed will cover - salaries, travel, supplies, rental of meeting room, etc.)

Grad. wages (\$15/hr, 3-4 hr/wk, ~32 wk/yr)		1,200	1,800	1,800
Balance Test (software)		100	150	150
Supplies (office supplies, printing, etc.)		100	150	150
Transportation		100	150	150
<b>Total Expenditures: \$</b>		<b>1500</b>	<b>2250</b>	<b>2250</b>
<b>Net (Revenue minus Expenditures)</b>		<b>0</b>	<b>0</b>	<b>0</b>

Please note below the chartfield string where the existing revenue fee and actual expenditures are recorded for this program.

FUND	DEPT ID	PROGRAM	CLASS	PROJECT
HM500	D20064	RS069		

**FEE REQUEST FORM  
Humboldt State University**

**Appendix 1**

**Group Balance Testing**

**Description:** For the Group Balance Testing, individuals come to one of the HSU Biomechanics Lab prearranged group testing dates/times. The service/test that is administered include the Chair stand test, Timed Up and Go test, Functional Reach test, 4-meter walk-test, and the Modified Clinical Test for Sensory Integration Balance (M-CTSIB) test. These tests serves as a diagnostic tool in the management of fall risk. This service also includes 1) demographics, fall risk assessment survey and applicable health history (~10 minutes) 2) Balance and mobility tests described above (~30 minutes), and 3) education regarding fall risk prevention (~15 min).

**Service Provider:** HSU Biomechanics Lab Fall Prevention Program staff including lab director, graduate and undergraduate kinesiology students.

**Relevant characteristics of services:**

- Clients are not a part of a class.
- Service does not compete with services provided by community businesses
- Service provides direct field experience for undergraduate and graduate students and thus, is directly aligned with the student learning outcomes of the Department of Kinesiology.
- This service is performed in group setting and not as an private appointment

**Justification for Fee: Fee offsets portion of cost of providing the services, including:**

- 1 – 1.5 hours per test of staff time
- Permanent equipment use (ImPACT software license, computers)
- Price for “Group Balance Testing” is cheaper than existing “Balance Testing” because the test is performed on multiple people at a time and thus can be offered at a reduced fee.

***Risk Management***

Prior to participation, all clients will complete a demographics/medical history questionnaire contained within the test to account for previous injuries and current symptoms. In addition, clients will complete a “Release of Liability” form prior to participation (approved by risk management director).

There are no health risks associated with the utilization of this service.

***Revenue Collection***

When a community member makes an appointment for Group Balance Testing, they will be instructed to pay the fee at the Cashier’s Office or CashNet prior to the appointment. The community member will receive a receipt from the Cashier’s Office/CashNet with a validation of the date paid and amount. They will present the receipt to the Program staff at their appointment. If the appointment is such that there is not sufficient time to pay at the Cashiers prior to the test, the client may pay in the lab via CashNet. Otherwise, a Client may pay by check and a receipt will be given, and the payment will be walked immediately to the Cashier’s Office by staff for deposit. If it is after business hours, the payment will be kept in a safe and transported immediately once business hours resume.