



**CSURMA Athletic Injury Medical Expense Committee  
Meeting Agenda  
“This is an Open Public Meeting”**

Meeting Date: November 04, 2013  
Time: 10:30 a.m.

Primary Location: Alliant Insurance Services  
100 Pine St., 11<sup>th</sup> Floor  
San Francisco, CA 94111

Legend: **A** = Action  
**I** = Information

*Pursuant to Government Code Section 11123, members of the public may hear a discussion of this conference at the offices of each teleconference location as listed below. This meeting agenda shall be posted at the address of the teleconference location with access for the public via phone/speaker phone.*

**A. CALL TO ORDER**

**B. PUBLIC COMMENTS**

**C. GENERAL ADMINISTRATION**

- |    |  |   |    |    |
|----|--|---|----|----|
| 1. | <b>Minutes – May 13, 2013</b><br><i>The Committee will review and accept the minutes from their last meeting, making corrections as necessary.</i>   | A | p. | 1  |
| 2. | <b>Report from CSURMA Executive Committee</b><br><i>The Committee will hear a report from the Executive Committee Liaison.</i>   | I | p. | 9  |
| 3. | <b>AIME Financial Statements at September 30, 2013</b><br><i>The Committee will receive the AIME financial report at September 30, 2013.</i>   | I | p. | 10 |
| 4. | <b>AIME Loss Reports and Claim Trends</b><br><i>The Committee will receive a summary of the program’s claims experience and trends.</i>  | I | p. | 13 |
| 5. | <b>Acceptance of AIME Draft Actuarial Report as of June 30, 2013</b><br><i>The Committee will review and be asked to accept the Draft AIME Actuarial Report dated July 29, 2013.</i>                                 | A | p. | 14 |
| 6. | <b>Fiscal Year 2014/2015 AIME Program Deposits</b><br><i>The Committee will review and is asked to approve the draft FY 2013/2014 AIME Program Deposits.</i>   | A | p. | 15 |
| 7. | <b>Estimated Target Reserve Funding Analysis at June 30, 2013</b><br><i>The Committee will review the funding level of the AIME risk pool for adequacy of funds to meet claim obligation and other expenditures.</i> | I | p. | 16 |
| 8. | <b>Committee Nominations and Elections</b><br><i>The Committee will be asked to nominate and elect new members to the Committee for those members who have completed their terms and elect a Chair.</i>              | A | p. | 18 |



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- |           |  |   |       |
|-----------|--|---|-------|
| 9.        | <b>2013/14 Risk Management Training</b><br><i>The Committee will receive a report from the task group as respects training recommendations for FY 2013/2014.</i>                                   | A | p. 20 |
| 10.       | <b>CSU Management of Head Injuries</b><br><i>The Committee will be asked to discuss the Draft CSU Procedures for Management of Head Injuries and implications for Athletic Training resources.</i> | I | p. 21 |
| 11.       | <b>Covered California – CA Health Benefit Exchange (“Obamacare”)</b><br><i>The Committee will be asked to discuss the Health Care Reform plan and coordination of benefits with AIME.</i>          | I | p. 31 |
| 12.       | <b>Review of CSURMA/AIME 2014 Calendar</b><br><i>The Committee will be asked to review the proposed CSURMA meeting calendar and schedule AIME meetings for 2014.</i>                               | A | p. 34 |
| <br>      |  |   |       |
| <b>D.</b> | <b>CLOSED SESSION</b><br><i>No items for discussion.</i>   |   |       |
| <br>      |  |   |       |
| <b>E.</b> | <b>INFORMATION ITEMS</b>   |   |       |
| 1.        | <b>AIME Committee and Staff Directory</b>  | I | p. 37 |
| 2.        | <b>2013 Fitting the Pieces Together Conference</b>   | I | p. 40 |
| 3.        | <b>2014 AoA Conference</b>   | I | p. 41 |
| <br>      |  |   |       |
| <b>F.</b> | <b>ADJOURNMENT</b>   | A |       |

*The AIME Committee is next scheduled TBD (January 2014)  
If you have any questions regarding the agenda packet, please contact  
Stacey Weeks (415) 403-1448 or [sweeks@alliantinsurance.com](mailto:sweeks@alliantinsurance.com)*

**TELECONFERENCE LOCATIONS:**

1. Chancellor’s Office – 401 Golden Shore, 5<sup>th</sup> Floor., Long Beach, CA
2. CSU Chico – 400 West First St., Chico, CA
3. CSU Fresno – 5305 N. Campus Drive, Fresno, CA
4. Cal State Poly University, Pomona – 3801 W. Temple Ave., Bldg 43-142, Pomona, CA
5. San Jose State – Simpkins Admin Bldg., 1393 S. 7<sup>th</sup> St., San Jose, CA
6. Cal Poly SLO – 1 Grand Ave., San Luis Obispo, CA

**Item No. C1.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**APPROVAL OF MINUTES – MAY 13, 2013 MEETING**

**ISSUE:** Acceptance of minutes of the Committee’s meeting on May 13, 2013.

**RECOMMENDATION:** The Committee is asked to review and accept the draft minutes of its May 13, 2013 meeting, making corrections as necessary.

**FISCAL IMPACT:** None.

**BACKGROUND:** The minutes serve to record the items discussed and actions taken during the Committee’s May 13, 2013 meeting.

**ATTACHMENT(S):** Draft minutes of the AIME Committee’s May 13, 2013 meeting.

**MINUTES OF THE CSURMA  
AIME COMMITTEE MEETING  
MAY 13, 2013  
NORTHRIDGE, CALIFORNIA**

**MEMBERS PRESENT**

Dan Collen, Humboldt State University  
Kelli Eberlein, CSU Fresno (Teleconference)  
Ashlie Kite, CSU Northridge  
Ruem Malasarn, CSPU, Pomona (Teleconference)  
Cindy Masner, CSU Long Beach  
Joe Ramos, CSU Sacramento  
Patty Sexton, CSU Fullerton  
Scott Shaw, San Jose State University  
Kristal Slover, CPSU, San Luis Obispo (Teleconference)  
Michael Thorpe, CSU Chico – Executive Committee Liaison (Teleconference)

**MEMBERS ABSENT**

None

**STAFF, GUESTS & CONSULTANTS**

Dan Berry, A-G Administrator  
Robert Leong, Alliant Insurance Services  
Stacey Weeks, Alliant Insurance Services

**A. CALL TO ORDER**

The meeting was called to order at 10:35 a.m. by the Chair, Joe Ramos. Joe explained the teleconference procedure, per Bagley-Keene where roll call voting is required and introductions were made.

**B. PUBLIC COMMENTS**

There were no public comments.

**C. GENERAL ADMINISTRATION**

**1. Approval of Meeting Minutes – January 24, 2013**

A motion was made to accept the meeting minutes of January 24, 2013 as provided at today's meeting with the correction as stated above.

**MOTION:** Ashlie Kite      **SECOND:** Cindy Masner      **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Dan Collen				X
Kelli Eberlein (Telecon)	X			
Ashlie Kite	X			
Cindy Masner	X			
Ruem Malasarn (Telecon)	X			
Joe Ramos	X			
Patty Sexton	X			
Scott Shaw	X			
Kristal Slover (Telecon)	X			

**C2. CSURMA Executive Committee Report**

Mike Thorpe, CSURMA Executive Committee Liaison provided the following information from the Executive Committee’s May 9-10, 2013 meetings:

- Executive Committee reviewed the CSURMA Financial Report
- Campus programs renewals are indicating a decrease of 5.8%
- The Auxiliary Organizations program renewals indicate an increase
- Executive Committee approved a Budget increase for loss control and software programs – discussed as a topic – Safety of minors on campus
- Discussion regarding Risk Control specifically theatre risk management – currently not designed with safety in mind - discussion on consultant evaluate
- Discussion regarding Software products such as IP software to take the place of Workplace answers; Studio Abroad FTIP tracking real time where students are abroad
- Review of policies and procedures based on CSURMA Audit; members roles and responsibilities; professional development conference
- Discussed Member Loans policy – members can borrow as long as used for campus
- Results from the Liability audit conducted by Bickmore where 45 claims were reviewed, resulting in a 96% superior audit
- Reviewed Long Range Planning
- Discussed the CSURMA Website
- Club Sports – broaden to include intramural
- Bicycle / skateboard use on campus

Rob Leong added the Executive Committee discussed the AIME and Liability audit were conducted separately. AIME strategic audit and fieldwork has been completed.

**C3. AIME Loss Reports and Claim Trends**

Dan Beery reported on the Loss History reports, where A-G continues to assist each campus keep expenses under control. The current claim reduction is at 39%; 40% in 2010; 45% 2011; and 39% for 2012. Dan explained the claim reductions are because the primary providers expect answers; increase in the request for pre-approvals; no coverage where there has been coverage in the past; high deductible plans; etc. The CSU discounts are discounts campuses receive and the discount is different for each campus. Dan discussed concerns moving forward as the program is seeing an increase in reimbursements to the athletes and parents, where at time false information is submitted. An additional concern is with respect to HSA accounts, were a parent requests a reimbursement from the program rather than their HSA plan. Dan Beery reported on the audit and the positive experience received. The Committee discussed how the providers have smaller windows of time for bill pay. With the short time to pay the bill, more students are facing collection issues that go against the student's credit rating. Rob Leong confirmed the payment process includes AG reviewing each bill, negotiating pricing and discounts with the provider. Rob reported the audit report addresses the payment process. The audit report should be in the Alliant Office mid June 2013. The Committee discussed and recommended a procedure where the campus is notified by AG of where the claim is in the process. The Committee discussed the lack of notification of where the claim is in AG's process. Dan reported AG is investigating an on-line reporter and this process will not be a security or technology issues.

Dan Collen arrived at 11:25 a.m.

**C4. AIME Financial Statements at March 31, 2013**

Rob Leong reviewed the financial statement at March 31, 2013 with the Committee, explaining the "new look" and the consolidation of reports. The balance sheet, 5<sup>th</sup> column provides for \$3.6 million as AIME total assets. Total liability is under \$2.8 million. Rob reported that the Club Sports program has been separated out and no longer under the review of the AIME Committee. Overall AIME is on track and will not see any over/under expenditure. The AIME program is funded at a 70% confidence level and this is the minimum requirement for funding established by the Committee and the actuary. Expenditures and Income are running at a positive.

**C5. Renewal of Travel Accident Insurance**

Stacey Weeks discussed the proposal the renewal of the Travel Accident Insurance effective July 1, 2012 – June 30, 2014 provides for a decrease in premium due to the decrease in the number of athletes in the program. No changes to the coverage parts of the policy. Rob Leong reported the CSURMA Travel Accident policy's deductible of \$15,000 rather than the historical \$10,000 deductible and recommended the AIME Travel Accident Insurance program conform to the CSURMA program (\$15,000 deductible). The Committee directed Staff to seek a \$15,000 deductible to conform to the CSURMA Travel Accident policy. Stacey recommended the Committee delegate authority to the

Chair/Vice Chair to approve and renew the Travel Accident insurance, so as to not have a lapse in coverage. Staff was directed to obtain clarification of how the NCAA deductible of \$90,000 applies to the Travel Accident policy with the \$10,000/\$15,000 deductible applies

A motion was made to delegate authority to the Chair and Vice Chair to approve and renew the Travel Accident policy in the amount of \$25,000.

**MOTION:** Patty Sexton      **SECOND:** Dan Collen      **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Dan Collen	X			
Kelli Eberlein (Telecon)	X			
Ashlie Kite	X			
Cindy Masner	X			
Ruem Malasarn (Telecon)	X			
Joe Ramos	X			
Patty Sexton	X			
Scott Shaw	X			
Kristal Slover (Telecon)	X			

Broke for lunch and reconvene at 12:45

**C6. Service Provider Performance Evaluation**

Rob Leong reported on the Service Provider Performance Evaluation responses this year and thanked all in the AIME program who responded. The Committee discussed last year’s response where only one or two members responded. This year 27 responses were received. The responses are highlighted on page 24 of the agenda and reflect very good comments for all AIME Service Providers. AG’s response is located on page 39 or the agenda packet and Alliant’s response on page 40-41. Joe Ramos thanked the two AIME Service Providers for providing outstanding service for the AIME program.

**C7. 2013 Risk Management Training**

Kellie Eberlein and Kristal Slover discussed with the Committee as to whether or not bring an expert to discuss concussions, catastrophic injuries, etc. to the campus would be good risk management training. The Committee discussed the pros and cons of having experts come to the campus rather than selecting one or two campuses for a day’s training. Another suggestion was for a “lawyer” to discuss and specifically address how concussion cases are handled, what is seen in suits filed and how to deal with catastrophic events. The Committee nominated Ruem Malasarn to assist Kellie and Kristal on the Committee and recommend training sessions. The Committee discussed venues for the training sessions and discussed the pros and cons of webinars. The Committee agreed August or September would be the best time to conduct a training session. The

Committee was directed to keep Joe Ramos in the loop regarding the session topic and speaker.

**C8. Committee Nominations and Elections**

Stacey Weeks discussed there are four Committee seats up for election to serve two-year terms beginning July 1, 2013. The current Chair’s term ends June 30, 2014 and the Committee is asked to review the Terms of Office and discuss nominations to fill the vacant seats effective July 1, 2013. At the Committee’s January 2013 meeting, individuals were directed to contact members of the AIME program and confirm whether or not they would like to sit on the Committee and are as follows:

- Stacey Weeks – the SFSU prospect recommended by AG, is a UCSF employee
- Rob Leong – Patrick Guillian is not able to participate at this time
- Michael Thorpe – CSU Chico’s AD is not able to seat on the Committee at this time and expressed an interest for the future
- Dan Beery – recommended Bruce at SFSU
- Patty Sexton – recommend Julie Max and she will contact Julie to confirm whether or not there is an interest

The Committee reviewed and discussed the position held for the individuals who would not be returning to the Committee beginning July 1, 2013. The Committee the importance of having an AD and Administrator seat on the Committee. Rob Leong will contact CSU East Bay to solicit new members for the Committee. Staff will review the directory and contact new ADs, seeking interested Committee members.

A motion was made to approve the reappointment of Scott Shaw and Ashlie Kite to the Committee, and serve two-year terms beginning July 1, 2013.

**MOTION:** Cindy Masner    **SECOND:** Patty Sexton    **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Dan Collen	X			
Kelli Eberlein (Telecon)	X			
Ashlie Kite	X			
Cindy Masner	X			
Ruem Malasarn (Telecon)	X			
Joe Ramos	X			
Patty Sexton	X			
Scott Shaw	X			
Kristal Slover (Telecon)	X			

A motion was made to re-elect Joe Ramos as Chair and Scott Shaw as Vice Chair, for a one-year term effective July 1, 2013.

**MOTION:** Patty Sexton    **SECOND:** Dan Collen    **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Dan Collen	X			
Kelli Eberlein (Telecon)	X			
Ashlie Kite	X			
Cindy Masner	X			
Ruem Malasarn (Telecon)	X			
Joe Ramos	X			
Patty Sexton	X			
Scott Shaw	X			
Kristal Slover (Telecon)	X			

**C9. Resolution Recognizing the Contributions of Dan Collen and Patty Sexton**

The Committee expressed appreciation for all the work the Dan Collen and Patty Sexton have done as being a part of the Committee. Their experience has helped the Committee in its growth and development of the program. Rob Leong discussed the process of formally adopting the Resolutions honoring and acknowledging the expertise of Dan Collect for the past six years, from an Executive’s perspective. Rob also acknowledged the refreshing attitude and Administrator experience to the Committee, and bringing the concept of “what’s good for Fullerton is good for CSU Systemwide”. Rob read the Resolutions for Dan Collen and Patty Sexton.

Dan Collen thanked the Committee and explained how initially his interest for sitting on the Committee was to obtain knowledge of the cost of insurance and from his experience he would encourage all ADs to sit on the Committee to better understand how the pool works.

Patty Sexton thanked everyone for allowing her to serve on the Committee. Patty expressed how wonderful it has been to pick people’s minds and determine what’s best at Fullerton is best for CSU Systemwide. Patty discussed how Fullerton has benefited from her sitting on the Committee and all the great friends she has made. Patty expressed her appreciation in being able to work with Rob Leong, Stacey Weeks and the team at AG Administrators, and she will miss not participating and not receiving invaluable information.

A motion was made to adopt Resolution Nos. 01-13 and 01-14 recognizing the contributions of Dan Collen and Patty Sexton. Revise Patty’s taking off “him” third to the last paragraph.

**DRAFT**

**MOTION:** Cindy Masner    **SECOND:** Ashlie Kite    **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Dan Collen	X			
Kelli Eberlein (Telecon)	X			
Ashlie Kite	X			
Cindy Masner	X			
Ruem Malasarn (Telecon)	X			
Joe Ramos	X			
Patty Sexton	X			
Scott Shaw	X			
Kristal Slover (Telecon)	X			

**D. CLOSED SESSION**

No items to discuss.

**E. INFORMATION ITEMS**

**E1. 2013 CSURMA Meeting Calendar**

The next scheduled Committee meeting is set for November 4, 2013 in San Francisco at the Alliant office.

**E2. AIME Committee and Staff Directory**

Please provide revisions and updates to Stacey Weeks.

**G. Adjournment**

A motion was made to adjourn the meeting.

**MOTION:** Scott Shaw    **SECOND:** Cindy Masner    **MOTION CARRIED**

NAME	AYES	ABSTAIN	NAYS	ABSENT
Dan Collen	X			
Kelli Eberlein (Telecon)	X			
Ashlie Kite	X			
Cindy Masner	X			
Ruem Malasarn (Telecon)	X			
Joe Ramos	X			
Patty Sexton	X			
Scott Shaw	X			
Kristal Slover (Telecon)	X			

The meeting was adjourned at 1:30 p.m.

**Item No. C2.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**CSURMA EXECUTIVE COMMITTEE REPORT**

**ISSUE:** The AIME Committee will hear a report from the CSURMA Executive Committee Liaison regarding the Executive Committee's last meetings on May 9, 2013; June 25, 2013 and September 13, 2013.

**RECOMMENDATION:** No action is required on this item at today's meeting.

**FISCAL IMPACT:** None.

**BACKGROUND:** Michael Thorpe, CSU Chico, is the Executive Committee Liaison for AIME.

**ATTACHMENT(S):** None.

**Item No. C3.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**AIME FINANCIAL STATEMENTS AT SEPTEMBER 30, 2013**

**ISSUE:** The Financial Statements at September 30, 2013 (unaudited) is attached for information purposes.

**RECOMMENDATION:** No Action required; this item is presented as Information only.

**FISCAL IMPACT:** None.

**BACKGROUND:** Accounting records are managed by the CSU Office of the Chancellor. Periodic statements are prepared by the Accountants to express the financial status of CSURMA's coverage programs.

**ATTACHMENT(S):** AIME Financial Statements at September 30, 2013.

# California State University Risk Management Authority

## Balance Sheet - Campus Programs as of 9/30/2013

(Unaudited)

	Liability	Workers' Compensation	IDL/NDI/UI	Property	AIME	Auto Liability	Total Campus Programs as of 9/30/2013
<b>Assets:</b>							
Cash and Investments	22,913,756	40,002,108	6,977,661	3,359,379	1,818,243	648,727	75,719,873
Other long-term investments	35,503,912	61,924,658	10,785,965	5,187,203	2,811,685	0	116,213,424
Accounts receivable	520,337	0	0	2,229	0	0	522,566
Loan receivable	0	0	0	0	0	0	0
Accrued interest receivable	1,400	2,443	426	205	111	0	4,584
Prepaid insurance	2,774,857	1,361,840	1,735	6,349,947	21,379	0	10,509,758
Prepaid expense	104,470	2,135,184	4,009	271,454	1,184	0	2,516,301
Fixed asset	3,138	7,404	2,209	2,767	644	0	16,162
Accumulated Depreciation	(1,177)	(2,777)	(828)	(1,038)	(241)	0	(6,061)
<b>Total assets:</b>	<b>61,820,694</b>	<b>105,430,861</b>	<b>17,771,176</b>	<b>15,172,146</b>	<b>4,653,004</b>	<b>648,727</b>	<b>205,496,608</b>
<b>Liabilities:</b>							
Accounts payable	41,931	877,174	4,960,751	11,088	3,418	162,182	6,056,544
Unearned revenue	10,134,450	22,086,700	10,125,000	7,663,886	2,199,367	486,545	52,695,948
SELF assessment liability	0	13,632,062	0	0	0	0	13,632,062
Reported claims	8,105,014	36,703,615	0	0	143,450	0	44,952,079
Claims incurred but not reported	9,938,159	17,863,429	0	0	1,912,662	0	29,714,250
<b>Total liabilities:</b>	<b>28,219,554</b>	<b>91,162,980</b>	<b>15,085,751</b>	<b>7,674,974</b>	<b>4,258,897</b>	<b>648,727</b>	<b>147,050,883</b>
Fund balance	33,601,141	14,267,881	2,685,425	7,497,171	394,107	0	58,445,725
<b>Total liabilities and fund balance</b>	<b>61,820,694</b>	<b>105,430,861</b>	<b>17,771,176</b>	<b>15,172,146</b>	<b>4,653,004</b>	<b>648,727</b>	<b>205,496,608</b>

# California State University Risk Management Authority

## Income Statement - Campus Programs as of 9/30/2013

(Unaudited)

	Liability	Workers' Compensation	IDL/NDI/UI	Property	AIME	Auto Liability	Total Campus Programs
<b>OPERATING REVENUES:</b>							
Contributions	3,422,900	7,362,233	3,375,000	2,554,629	733,122	162,182	17,610,066
Reinsurance premiums	(41,250)	0	0	0	0	0	(41,250)
<b>Total operating revenues:</b>	<b>3,381,650</b>	<b>7,362,233</b>	<b>3,375,000</b>	<b>2,554,629</b>	<b>733,122</b>	<b>162,182</b>	<b>17,568,816</b>
<b>OPERATING EXPENSES:</b>							
<b>DIRECT PROGRAM EXPENSES:</b>							
Claims payment & legal expenses	645,557	4,990,812	2,483,000	0	892,735	0	9,012,104
Deductible recoveries	(520,337)	0	0	0	0	0	(520,337)
Claims administrators	20,477	908,377	15,568	0	31,250	0	975,672
Claims management information system	7,702	0	0	0	0	0	7,702
Program administrator	48,583	98,849	41,670	49,536	2,409	0	241,047
Brokerage commissions	78,464	68,903	138	119,470	219	0	267,194
Insurance premiums	930,276	710,093	0	2,144,925	2,071	162,182	3,949,547
Actuarial services	4,750	5,250	0	0	2,750	0	12,750
Claims audit	2,250	0	0	0	0	0	2,250
Miscellaneous program services	817	697	0	0	0	0	1,515
Workshops/training	3,800	5,646	1,537	1,304	308	0	12,595
Loss control	19,050	750	0	0	0	0	19,800
Reinsurance recovery	(227,264)	(2,003,819)	0	0	0	0	(2,231,083)
Program committee	0	0	0	0	0	0	0
Dividend distributions	0	0	0	0	0	0	0
<b>Total direct program expenses:</b>	<b>1,014,126</b>	<b>4,785,558</b>	<b>2,541,912</b>	<b>2,315,235</b>	<b>931,742</b>	<b>162,182</b>	<b>11,750,755</b>
<b>GENERAL &amp; ADMINISTRATIVE EXPENSES:</b>							
Financial audit	7,248	15,634	7,166	5,045	1,555	0	36,648
Executive committee & board expenses	582	1,255	575	405	125	0	2,941
JPA insurance	621	1,336	610	163	133	0	2,862
Memberships, associations & dues	65	0	0	0	0	0	65
Chancellor's office accounting services	12,269	26,463	12,131	8,539	2,633	0	62,034
Risk management expenses	52,779	113,834	52,181	36,733	11,324	0	266,851
Miscellaneous indirect services	364	771	305	281	74	0	1,796
<b>Total general &amp; administrative expenses:</b>	<b>73,928</b>	<b>159,293</b>	<b>72,968</b>	<b>51,166</b>	<b>15,843</b>	<b>0</b>	<b>373,198</b>
<b>Total operating expenses:</b>	<b>1,088,054</b>	<b>4,944,851</b>	<b>2,614,880</b>	<b>2,366,401</b>	<b>947,585</b>	<b>162,182</b>	<b>12,123,952</b>
<b>NON-OPERATING REVENUES:</b>							
Investment income	191,786	333,189	56,496	28,073	14,971	0	624,515
<b>Total non-operating revenues:</b>	<b>191,786</b>	<b>333,189</b>	<b>56,496</b>	<b>28,073</b>	<b>14,971</b>	<b>0</b>	<b>624,515</b>
<b>BEGINNING RETAINED EARNINGS</b>	<b>31,115,759</b>	<b>11,517,309</b>	<b>1,868,809</b>	<b>7,280,870</b>	<b>593,599</b>	<b>0</b>	<b>52,376,346</b>
<b>NET SURPLUS/(DEFICIT)</b>	<b>2,485,382</b>	<b>2,750,571</b>	<b>816,616</b>	<b>216,301</b>	<b>(199,491)</b>	<b>0</b>	<b>6,069,379</b>
<b>ENDING RETAINED EARNINGS</b>	<b>33,601,141</b>	<b>14,267,881</b>	<b>2,685,425</b>	<b>7,497,171</b>	<b>394,107</b>	<b>0</b>	<b>58,445,725</b>

**LOSS REPORTS AND CLAIM TRENDS**

**ISSUE:** The Committee will hear a report from the Claims Administrator on loss reports and claim trends.

**RECOMMENDATION:** No action is requested.

**FISCAL IMPACT:** Information Item only.

**BACKGROUND:** Dixon Gillis from A-G Administrators provides third party claims administration.

**ATTACHMENT(S):** 1. Claims Paid & Savings Report September 30, 2013 (*Handout*)  
2. Claims and Loss Summary Report – September 30, 2013 (*Handout*)

**Item No. C5.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**ACCEPTANCE OF AIME DRAFT ACTUARIAL REPORT**  
**JUNE 30, 2013**

**ISSUE:** CSURMA's retains the services of an independent actuary to perform an actuarial study and develop loss costs for the program. The actuary's recommendations are used to determine AIME's claim liabilities. The Program Administrators then applies the actuary's recommendation to develop minimum funding requirements for FY 2014/15. The Draft Actuarial Study is included in the agenda packet. Staff will review the actuarial study at today's meeting.

**RECOMMENDATION:** It is recommended that the Committee review and accept the actuarial study.

**FISCAL IMPACT:** None.

**BACKGROUND:** The complete actuarial study includes a discussion on the methodology used by the actuary to establish the financial projections for each program. Staff will be present at today's meeting to review and comment on the findings in the reports.

**ATTACHMENT(S):** Draft AIME Actuarial Study at June 30, 2013 (the complete report at June 30, 2012 is provided as a separate electronic attachment).

**Item No.: C6.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

## **FISCAL YEAR 2014/2015 AIME PROGRAM DEPOSITS**

**ISSUE:** Upon approval of the AIME Committee, the Executive Committee recommends to the Board of Directors the adoption of funding and program deposits for the upcoming fiscal year. Staff has calculated AIME program deposits for FY 2014/15 using the draft actuarial report dated July 29, 2013.

**RECOMMENDATION:** The AIME Committee is asked to review the Draft FY 2014/15 Program Deposits and make a recommendation to the Executive Committee and Board of Directors.

**FISCAL IMPACT:** Program Deposits determine total program contribution for FY 2014/15.

**BACKGROUND:** Program Deposits have been calculated per the rating plan adopted by the AIME Committee and in consideration of the actuary's loss projection and funding recommendation for FY 2014/15.

The AIME Committee appointed a Rating Plan Task Group per CSURMA's operating practice to periodically review the rating plan. The task group recommended refinements to the rating plan while maintaining AIME's goals of fairness in rates and budget stability. Upon the task group's recommendation, changes to the rating plan were reviewed and adopted by the AIME Committee, which became effective beginning FY 2012/13.

**ATTACHMENT(S):** Draft FY 2014/15 AIME Program Funding Cost Summary (*Hand-out*)

**Item No.: C7.**  
**CSURMA AIME Committee**  
**Meeting Date: November 14, 2013**

**ESTIMATED TARGET RESERVE FUNDING ANALYSIS**  
**AT JUNE 30, 2013**

**ISSUE:** The Committee adopted Target Reserve Funding goals to assure the long-term financial strength of the AIME risk pool which includes an element of self-insurance. Target Reserve Funding aids the Committee to review its funding goals, assess possible impacts on future rates, and determine a dividend from reserve funds or an assessment to fund deficits. Staff has calculated the Target Reserve Funding position as of June 30, 2013 for the Committee's review at today's meeting.

**RECOMMENDATION:** The Committee is asked to review the Target Reserve Funding calculation.

**FISCAL IMPACT:** This is an information item.

**BACKGROUND:** To assure the long term financial strength of the Campus Risk Pool Programs, and in recognition of the high degree of uncertainty in actuarial estimates due to the possibility of occasional catastrophic claims and inconsistent or inaccurate case reserving, a Target Reserve Funding Goal was established to guide the Executive Committee in making annual funding decisions for the Programs.

Upon the delegation of authority from the Executive Committee to the AIME Committee, the information provided in this item informs the AIME Committee to declare dividends or assessments.

**ATTACHMENT(S):** Target Reserve Funding Analysis at June 30, 2013

## AIME Coverage Fund

### Target Surplus Funding Analysis at \$90,000 SIR

Gross Premium (FY 14/15):	\$3,582,582
Maximum Retention:	\$90,000 <i>each Claim</i>
O/S Claims Liability at 6/30/13	\$1,882,986 <i>Expected, Discounted</i>
O/S Claims Liability at 6/30/13	\$2,071,285 <i>at 70% Confidence</i>
Fund Balance at 6/30/13	\$2,650,942
Funded Loss & ULAE at 6/30/13	\$2,056,112 <i>at 70% Confidence</i>
Funding above 70% Conf Level:	\$594,830

Ratio	Target	Indicated Minimum Surplus	Projected Ratio
Premium to Surplus	< 6:1	\$597,097	6.02
Surplus to Retention	> 5:1	\$450,000	6.61
O/S Reserve to Surplus	≤ 5:1	\$376,597	3.17

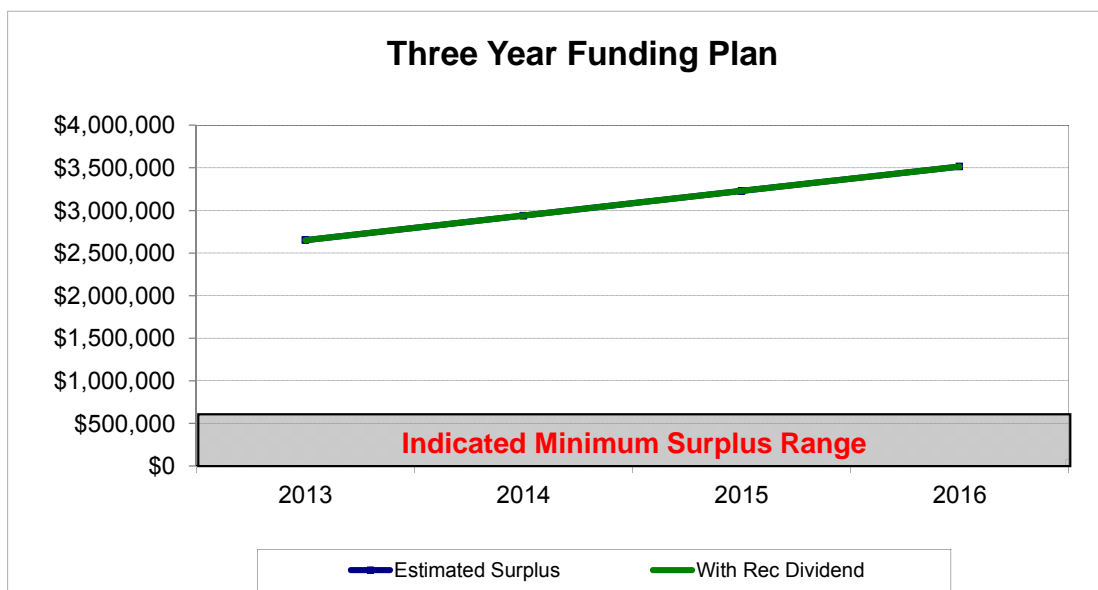
Maximum Dividend Available:	\$0
Recommended Dividend 50%:	\$0

#### 2014/15 Pool Funding Options

Confidence Levels	Factor	Pool Premium	Surplus
Expected	1.000	\$2,885,000	-
70%	1.100	\$3,173,500	\$288,500

#### Three Year Funding Plan

	Amount to Add To Surplus	Est. Surplus Balance	With Rec Dividend
Estimated Balance at 6/30/13	N/A	\$2,650,942	\$2,650,942
2013/15 - Collection @ 70% CL	\$288,500	\$2,939,442	\$2,939,442
2014/16 - Collection @ 70% CL	\$288,500	\$3,227,942	\$3,227,942
2015/17 - Collection @ 70% CL	\$288,500	\$3,516,442	\$3,516,442



**Item No. C8.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

## **COMMITTEE NOMINATIONS AND ELECTIONS**

**ISSUE:** Four Committee seats were up for election to serve two-year terms beginning July 1, 2013 and two of the four seats have been filled. The Committee will be asked to review the Terms of Office and discuss nominations to fill the vacant seats effective immediately. At its last meeting, the Committee discussed and directed Staff and Committee Members to contact possible candidates to fill vacant seats. The Committee will receive a report at today's meeting.

**RECOMMENDATION:** The Committee is asked to propose a slate of candidates for nominations to elect four new Committee members to serve a two-year term effective July 1, 2013 - June 30, 2015.

**FISCAL IMPACT:** None

**BACKGROUND:** AIME Committee members serve two-year terms. The goal of staggering the seat elections is to maintain continuity, so that AIME benefits from the expertise Committee members develop during their terms. The AIME Committee Chair serves a two-year term.

**ATTACHMENT(S):** AIME Committee Terms of Office

# CSURMA

## AIME TERMS OF OFFICE at July 2013

Position	1/31/06 - 7/1/06	7/1/06 - 7/1/07	7/1/07 - 7/1/08	7/1/08 - 7/1/09	7/1/09 - 7/1/10	7/1/10 - 7/1/11	7/1/11 - 7/1/12	7/1/12 - 7/1/13	7/1/13 - 7/1/14
Member - Chair	Burns (San Jose)	Burns (San Jose) 11/2006	Ramos (Sacramento) 01/2007	Ramos (Sacramento) (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007	Ramos (Sacramento) 01/2007
Member	Fusco (Sonoma)	Fusco (Sonoma)	Fusco (Sonoma)	Kelli Eberlein (Fresno) 6/2008	Kelli Eberlein (Fresno) 6/2008	Eberlein (Fresno) 6/2008	Eberlein (Fresno) 6/2008	Eberlein (Fresno) 6/2008	Eberlein (Fresno) 06/2008
Member	Masner (Long Beach)	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006	Masner (Long Beach) 11/2006
Member	Ramos (Sacramento)	Ramos (Sacramento)	Cuarenta (Dominguez Hills)	Cuarenta (Dominguez Hills)	Sexton (Fullerton) 10/2009	Sexton (Fullerton) 10/2009	Sexton (Fullerton) 10/2009	Sexton (Fullerton) 10/2009	<b>TBD</b>
Member	Shaw (Northridge)	Shaw (Northridge)	Shaw (San Jose)	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006	Shaw (San Jose) 01/2006
Member	Trumbo (Monterey Bay)	Vacant	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	Collen (Humboldt) 07/2007	<b>TBD</b>
Member	Nishimori (Bakersfield)	Nishimori (Bakersfield) 11/2006	Nishimori (Bakersfield) 11/2006	Nishimori (Bakersfield) 11/2006	Nishimori (Bakersfield) 11/2006	Nishimori (Bakersfield) 11/2006	Kite (Northridge) 07/2011	Kite (Northridge) 07/2013	Kite (Northridge) 07/2013
Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Malasarn (Pomona) 7/2012	Malasarn (Pomona) 7/2012
Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Slover (SLO) 7/2012	Slover (SLO) 7/2012
EC Liason	Risser (SLO)	Risser (SLO)	Risser (SLO)	Risser (SLO)	Wight (Monterey Bay)	Wight (Monterey Bay)	Wight (Monterey Bay)	Thorpe (Chico)	Thorpe (Chico)

**Item No. C9.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

## **2013-2014 RISK MANAGEMENT TRAINING**

**ISSUE:** The Committee appointed a Risk Management Training Task Group, appointing Kelli Eberlein as the Chair and Kristal Slover as Co-Chair. The Committee will receive a report at today's meeting from the Task Group.

**RECOMMENDATION:** No action is requested on this item at today's meeting. This item is provided as information only.

**FISCAL IMPACT:** AIME budgeted \$20,000 for training for FY 2012-13.

**BACKGROUND:** At its January 23, 2012 meeting, the Committee elected to include a budget to provide loss control training relating to sport injuries. Topics of interest include Treatment of Mental Health Conditions/Liabilities, Sickle Cell Trait, and others. At its May 7, 2012 the Committee appointed a Task Group to research possible risk management training topics, training providers, and the delivery of said training.

**ATTACHMENT(S):** None.

## **CSU MANAGEMENT OF HEAD INJURIES**

**ISSUE:** The knowledge of head injuries has increased and treatment protocol has changed in the last few years based on new research. The California State University (CSU) seeks to provide a safe return to activity for all students after injury, particularly after a head injury. The Committee will receive and be asked to discuss the CSU Procedures for Management of Head Injuries at today's meeting.

**RECOMMENDATION:** No action is requested on this item at today's meeting. This item is provided as information only.

**FISCAL IMPACT:** None.

**BACKGROUND:** The California State University (CSU) seeks to provide a safe return to activity for all students after injury, particularly after a head injury. In order to effectively and consistently manage head injuries, the CSU campuses Athletics Departments are asked to abide by procedures that have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up care during the school day, including academic assistance, and are fully recovered prior to returning to activity. The CSU has drafted a Concussion Management Plan Minimum Requirements Template that provides minimum requirements of procedures for all CSU Athletic Departments to follow abide in managing head injuries. In addition, all Athletics Department staff should attend a yearly in-service meeting during which procedures for managing sports-related concussion will be discussed.

**ATTACHMENT(S):** CSU Procedures for Management of Head Injuries

**California State University  
Procedures for Management of Head Injuries**

Our knowledge of head injuries has increased and treatment protocol has changed in the last few years based on new research. Consequently, the management of even mild head injuries has changed dramatically. It is now accepted that all forms of cognitive, physical, and even emotional exertion often increase symptoms and can slow recovery. The following are minimum requirements of procedures for staff to follow in managing head injuries.

The California State University (CSU) seeks to provide a safe return to activity for all students after injury, particularly after a head injury. In order to effectively and consistently manage these injuries, the CSU campuses Athletics Departments must abide by the following procedures that have been developed to aid in insuring that concussed athletes are identified, treated and referred appropriately, receive appropriate follow-up care during the school day, including academic assistance, and are fully recovered prior to returning to activity.

In addition to recent CSU research, three primary documents were consulted in developing this protocol: The "*Consensus Statement on Concussion in Sport: the 4<sup>th</sup> International Conference on Concussion in Sport, Zurich 2012*" (referred to in this document as the Zurich Statement), the "*National Athletic Trainers' Association Position Statement: Management of Sport-Related Concussion*" (referred to in this document as the NATA Statement), and the "*National Collegiate Athletic Association Sports Medicine Handbook 2011-2012*".

All policies and procedures specified in this concussion management plan are in compliance with the aforementioned documents and California State Legislation AB 25 and AB 1451.

This protocol should be reviewed on a yearly basis, by a campus "concussion management team". This can be defined as the Campus Concussion Program Coordinator, Athletic Director, Athletics Team Physician, the supervising certified athletic trainer (ATC), a student affairs representative (may also include community physician, coaches, club sports director, etc.). Any changes or modifications should be reviewed and given to athletic department staff and appropriate university personnel in writing.

In addition, all Athletics Department staff should attend a yearly in-service meeting during which procedures for managing sports-related concussion will be discussed.

**Contents:**

- I. Concussion Education and Baseline testing
- II. Recognition of head injuries
- III. Management and referral guidelines for all staff
- IV. Procedures for the Certified Athletic Trainer (ATC)
- V. Guidelines and procedures for coaches
- VI. Follow-up care during the school day
- VII. Return to play procedures

# I. Concussion Education and Baseline testing

## a. Concussion Education

- i. All CSU coaches, athletic trainers, and other related Athletics Department staff will complete concussion awareness and management training every 2 years.
  1. Certificates of completion will be kept on file in the Athletics Department.
- ii. All CSU coaches, athletic trainers, and other related Athletics Department staff will review the concussion management plan annually. Attendance record for review session will be kept on file in the Athletics Department.
- iii. Concussion awareness education will be provided for all student-athletes (intercollegiate and club sports) at their initial team meeting by applicable staff each year. Information regarding concussion symptom reporting and understanding of risk will be read and signed by student-athletes (see concussion information sheet) as part of their initial physical and prior to participating in practice or games.
  1. Each student athletes' signed concussion information sheet will be kept on file in the Athletics Department or Clubs Sports office.

## b. Baseline Neurocognitive Testing

- i. Using ImPACT (*Immediate Post-Concussion Assessment and Cognitive Testing which is a research based software tool utilized to evaluate recovery after concussion. It was developed at the University of Pittsburgh Medical Center {UPMC}*) or other baseline neurocognitive testing mechanism to evaluate multiple aspects of neurocognitive function, including memory, attention, processing speed, reaction time, and post-concussive symptoms is required.
- ii. Neuropsychological testing is utilized to help determine recovery after concussion.
- iii. All CSU athletes (all sports, intercollegiate and club) will receive baseline neurocognitive testing such as ImPACT, prior to their first year of participation.
  1. All athletes should view a video presentation entitled: "Heads Up: Concussion in University Sports", or other like kind and quality presentation prior to taking the baseline test.
  2. Baseline testing will be administered prior to the first official practice of the year.
  3. All Baseline data will be stored on a password protected account at the appropriate CSU department, i.e. a "Concussion Program office".
- iv. Athletes in collision and contact sports (as defined by the American Academy of Pediatrics classifications) are required to take a baseline test bi-annually as long as they do not sustain a concussion. Athletes who sustain a concussion must take a baseline test again before starting their subsequent season.

M/W Soccer	M/W Basketball	Baseball
Field Hockey	Cheerleading	M/W Lacrosse
Football	Indoor Track	Outdoor Track
Women's Volleyball	(pole vault)	M/W Rugby
Diving	Softball	Men's
Volleyball		

## II. Recognition of Concussion

- a. **These signs and symptoms**—following a witnessed or suspected blow (or repetitive blows) to the head or body—are indicative of probable concussion:

<b>Signs (observed by others):</b>	<b>Symptoms (reported by athlete):</b>
Appears dazed or stunned	Headache
Exhibits confusion	Fatigue
Forgets plays	Nausea or vomiting
Unsure about game, score, opponent	Double vision, blurry vision
Moves clumsily (altered coordination)	Sensitive to light or noise
Balance problems	Feels sluggish
Personality change	Feels “foggy”
Responds slowly to questions	Problems concentrating
Forgets events prior to hit	Problems remembering
Forgets events after the hit	
Loss of consciousness (any duration)	

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion must be removed immediately from competition or practice and will not be allowed to return to play until cleared by an appropriate health care professional.

## III. Management and Referral Guidelines for All Staff

- a. The following situations indicate a medical emergency and require activation of an Emergency Medical System:
- i. Any athlete with a witnessed loss of consciousness (LOC) of any duration should be spine boarded and transported immediately to nearest emergency department via emergency vehicle.
  - ii. Any athlete who has symptoms of a concussion and who is not stable (i.e., condition is worsening) is to be transported immediately to the nearest emergency department via emergency vehicle.
  - iii. An athlete who exhibits any of the following symptoms should be transported immediately to the nearest emergency department, via emergency vehicle:
    - vomiting
    - pupils that are larger than normal or of unequal sizes
    - deterioration of neurological function
    - decreased level of consciousness
    - seizure activity
    - decrease or irregularity in respiration or changes in breathing pattern
    - any signs or symptoms of associated injuries, spine or skull fracture, or bleeding
    - mental status changes including lethargy or difficulty maintaining arousal
    - behavioral changes including confusion, disorientation or agitation
    - slurred speech or other changes in speech
- b. An athlete who is symptomatic but stable (not worsening), may be transported by his/her emergency contact, parents, or guardian that can monitor the status of the athlete over following 24 hours. The person responsible for the transport and care of the student should be advised to contact the athlete’s team physician, primary care provider, or seek care at the nearest emergency department on the day of the injury.

- i. **ALWAYS** give an athlete the option of emergency transportation, even if you do not feel it is necessary.
- ii. If athlete is under the age of 18 years, his or her parent/guardian should be contacted immediately. The parent/guardian should be advised to contact the Team Physician, or primary care physician, or seek care at the nearest emergency department, on the day of the injury.
- c. An athlete that exhibits sign or symptoms of concussion will be referred to the campus concussion program by their ATC under the directive of the Team Physician within 24-48 hours post-injury. Neurocognitive and motor control function assessments such as ImPACT and balance tests, will be scheduled as soon as possible, based on the severity of the athlete's symptoms.
  - i. The campus Concussion Program will provide results and interpretation of the post-injury motor control function assessments and balance tests (with baseline test comparison, if available) to Team Physician or designee (e.g. supervising ATC).
  - ii. The Team Physician or designee will communicate the result of the motor control function assessments and Balance tests with the injured athlete and coaches.
  - iii. The athlete will continue to be assessed by applicable staff using motor control function assessments and balance tests as needed until neurocognitive and motor control function return to normal baseline values.
- d. Athletes who have not recovered normal neurocognitive and motor control function within 21 days will be referred to a neuropsychologist or other specialist, as determined by team physician, or primary care physician.

#### **IV. Guidelines and Procedures for the Certified Athletic Trainer (ATC) specific to injuries sustained during CSU athletic participation**

##### **Assess the student athlete for injury**

- a. The ATC will assess the injury, or provide guidance to the coach if unable to personally attend to the athlete.
- b. Immediate referral to the athlete's team physician, primary care physician or to the hospital will be made when medically appropriate (see section III).
- c. The ATC will perform serial assessments following recommendations in the NATA Statement, and utilize the SCAT3 (Sport Concussion Assessment Tool) or SAC, as recommended by the Zurich Statement.
- d. The ATC will notify the athlete's primary emergency contact and give written and verbal home and follow-up care instructions.
- e. The ATC will notify the Team Physician of the injury prior to the next school day, and under the direction of the Team Physician, initiate appropriate follow-up immediately upon the athlete's return to campus.
  - i. The ATC will continue to provide coordinated care with the Team Physician for the duration of the injury.

##### **Refer the athlete for medical evaluation**

- a. Within 24 hours of the injury, the ATC will refer the injured athlete to the campus concussion program for follow-up testing.
  - i. Applicable staff (campus concussion program /ATC) is responsible for administering post-concussion motor control function assessments and balance testing.
  - ii. The initial post-concussion test will be administered as soon as possible post-injury based on the

- severity of the athlete's symptoms.
  - iii. Repeat post-injury tests will be given at appropriate intervals, dependent upon clinical presentation.
  - iv. Applicable staff will review post-concussion test data with the ATC.
- b. The ATC will review post-concussion test data with the athlete and, if appropriate, the athlete's parent.
- c. The ATC will forward testing results to the athlete's treating physician (with parental permission if under the age of 18 year) and a signed release of information form.
- d. The ATC will monitor the athlete and keep the Team Physician and coaching staff informed of the individual's symptomatology and neurocognitive status, for the purposes of developing or modifying an appropriate health care plan for the athlete.
- e. The ATC is responsible for monitoring recovery and coordinating the appropriate return to play activity progression.
- f. The ATC will maintain appropriate documentation regarding assessment and management of the injury.

## V. Guidelines and Procedures for Coaches: **RECOGNIZE: REMOVE: REFER**

### **Recognize concussion**

- a. All coaches should become familiar with the signs and symptoms of concussion that are described above.
- b. Annual training will occur for coaches of every sport.

### **Remove from activity**

Any athlete who exhibits signs, symptoms, or behaviors consistent with a concussion (see list above) must be removed immediately from the competition or practice and not allowed to return to play until cleared by an appropriate health care professional (ATC or team physician).

***When in doubt, sit them out!***

### **Refer the athlete for medical evaluation**

- a. The Coach should report all head injuries to the attending ATC, as soon as possible, for medical assessment and management, and for coordination of home instructions and follow-up care.
  - i. The ATC should be available by more than one mechanism, i.e. ATC can be reached by Walkie Talkie or by cell phone.
  - ii. The ATC will be responsible for contacting the athlete's emergency contact if needed and providing follow-up instructions.
  - iii. If there is no attending ATC, the coach should refer the athlete to the Team Physician, primary care physician, or Emergency room for medical evaluation.
- b. The coach should ensure that the ATC performs the initial medical evaluation and notifies the Team Physician and athlete's emergency contact of the injury.
  - i. Along with above signs and symptoms the Athletic Department will utilize the following additional measures to evaluate head injuries sustained during campus athletic activities.
    - ATC may utilize SCAT3 (Sports Concussion Assessment Tool, see attached), SAC, or other standard tool for sideline cognitive testing.
    - Coaches should utilize the basic UPMC cognitive testing form (see attached).
  - ii. Depending on the injury, an emergency vehicle or the emergency contact will transport the athlete from the event.
  - iii. In the event that an athlete's emergency contact cannot be reached and the athlete is able to be sent home (rather than transported directly to a medical facility):
    - The coach and ATC should ensure that the athlete will be with a responsible individual,

who is capable of monitoring the athlete and understanding the home care instructions, before allowing the athlete to leave.

- The coach and ATC should continue efforts to reach an emergency contact.

**Athletes with a suspected head injury should not be permitted to drive home.**

- iv. If there is any question about the athlete being monitored appropriately, a coach or designated adult should accompany the athlete and remain with the athlete until an emergency contact or responsible individual arrives.
- c. If at an away competition, the coach should seek assistance from the host site ATC or team physician to ensure a medical evaluation is performed.

## **VI. FOLLOW-UP CARE OF THE STUDENT DURING THE SCHOOL DAY**

### **Responsibilities of the supervising ATC after notification of student's head injury**

- a. The athlete will be instructed to report to the supervising ATC upon his or her return to school. At that point, the ATC will:
  - i. Re-evaluate the athlete based on signs, symptoms, post-injury motor control function assessments and balance test results.
  - ii. Provide an individualized health care plan based on both the athlete's current condition, and initial injury information provided by the campus Concussion Program and/or treating physician.
  - iii. Notify student affairs of the injury immediately to initiate a "Return to Learn" plan.
  - iv. Notify the athlete's coach immediately if the athlete is restricted from all physical activity until further notice.
  - v. Monitor the student-athlete on a regular basis during the school day.

### **Responsibilities of the Student Affairs Office**

- a. Monitor the student closely and in consultation with student's academic advisor and teachers, recommend appropriate "Return to Learn" academic accommodations for students who are exhibiting persistent symptoms post-concussion.
- b. Communicate with supervising ATC or treating physician and with student's academic advisor and teachers on a regular basis to develop and implement the most effective "Return to Learn" program and assess its effectiveness.

## **VII. Return to Play (RTP) Procedures after Concussion**

### **Returning to participate on the same day of injury**

As previously discussed in this document, an athlete who exhibits signs or symptoms of concussion, or has abnormal cognitive testing (SCAT3/SAC), should not be permitted to return to play on the day of the injury. Any athlete who denies symptoms but has abnormal sideline cognitive testing should be held out of activity..... **"When in doubt, hold them out."**

### **Return to play after concussion**

- a. The athlete must meet all of the following criteria in order to progress to activity:
  - i. Asymptomatic at rest and with exertion (including mental exertion in school) AND:
  - ii. Within normal range of baseline on post-concussion motor control function assessments and Balance testing AND:
  - iii. Have written clearance from Team Physician or designee, or primary care physician or specialist (e.g. neuropsychologist).
- b. Once the above criteria are met, the athlete will be progressed back to full activity following a stepwise process, (as recommended by both the Zurich and NATA Statements), under the supervision of the

ATC and/or athlete's physician.

- c. Progression is individualized and will be determined on a case by case basis. Factors that may affect the rate of progression include: previous history of concussion, duration and type of symptoms, age of the athlete, and sport/activity in which the athlete participates. An athlete with a prior history of concussion, one who has had an extended duration of symptoms, or one who is participating in a collision or contact sport may be progressed at a slower rate.
- d. The stepwise progression is described below:

- |  |
|--|
| <p><b>Step 1. Complete cognitive rest.</b> This may include staying home from school or limiting school hours (and studying) for several days. Activities requiring concentration and attention may worsen symptoms and delay recovery.</p> <p><b>Step 2. Return to school full-time.</b></p> <p><b>Step 3. Light exercise.</b> This step cannot begin until the athlete is no longer having concussion symptoms and is cleared by a physician for further activity. At this point the athlete may begin walking or riding an exercise bike. No weight-lifting.</p> <p><b>Step 4. Running in the gym or on the field.</b> No helmet or other equipment.</p> <p><b>Step 5. Non-contact training drills in full equipment.</b> Weight-training can begin.</p> <p><b>Step 6. Full contact practice or training.</b> Must be cleared by an approved health care provider before returning to play.</p> <p><b>Step 7. Play in game.</b></p> |
|--|

Note: The athlete should spend 1 to 2 days at each step before advancing to the next. If post-concussion symptoms occur at any step, the athlete must stop the activity, and the treating physician must be contacted. Depending upon the specific type and severity of the symptoms, the athlete may be told to rest for 24 hours and then resume activity at a level one step below where he or she was when the symptoms occurred.

- e. The ATC and athlete will discuss appropriate activities for the day. The athlete and coach will be given verbal instructions regarding permitted activities. The ATC will keep written documentation of daily instructions.
- f. The athlete should see the ATC daily for re-assessment and instructions until he or she has progressed to unrestricted activity and been given a written report to that effect, from the ATC.

<sup>1</sup> McCrory P, et al. *Br J Sports Med Med* 2013; 47: 250-258.

<sup>2</sup> Guskiewicz KM, et al. *J Athl Train*. 2004;39(3):280-297.

## The Campus Concussion Management Team—Stakeholders

The Campus Concussion Management Team (CMT) should be formed to create and implement a concussion management plan with sound procedures that support a concussed student-athlete. Here are some suggestions for membership:

**Administrator**

Administrative support is needed to change the culture around sports concussion, put systems in place to manage concussions effectively, and provide the programs necessary to return student-athletes to full activity (athletics and academics) safely.

**Athletic Director (AD)**

The Athletic Director's leadership is a crucial component of good concussion management. An AD can support coach/athlete/parent training, promote a culture of awareness, ensure the teaching of safe techniques, ensure proper and well maintained equipment, monitor appropriate incident protocols, promote good officiating, and encourage effective tracking of injuries.

**Certified Athletic Trainer (ATC)**

ATCs are medical experts in preventing, recognizing, managing and rehabilitating injuries that result from physical activity. The ATC works under the direction of a licensed physician and in cooperation with other health care professionals, athletic administrators, coaches, and parents.

**Coaches**

Coaches play a key role in concussion management. They are responsible for pulling an athlete from competition or practice immediately after a concussion. Securing buy-in from the coaching staff is crucial to the success of the return to play protocol. Having a coach serve as the liaison between the CMT and the other coaching staff can help ensure that everyone is on board.

**Student Affairs Office**

The student affairs office is the ideal point of contact to inform teachers and academic advisors of needed learning accommodations while the student is symptomatic. They can provide information needed for making decisions about return to learn or for referring the student to more formalized academic supports.

**Campus Concussion Program, School Psychologist, or Neuropsychologist**

Some schools are fortunate enough to have psychologists or concussion assessment specialists on staff. School psychologists or concussion assessment specialists can help with assessment and test results interpretation. Neuropsychologists have training to interpret more in-depth neurocognitive test results. If not a part of your staff, consider inviting a community resource to your team.

## **Teacher**

Teachers are critical to student success post-concussion. Teachers should be made aware of the potential cognitive, behavioral, emotional, and physical symptoms of a concussion.

## **Student-Athlete**

Empowering students to self-assess symptoms and report may be a challenge. Consider inviting an influential student-athlete to your team. Help create an atmosphere of acceptance for concussion, and encourage athletes to report a fellow athlete's symptoms.

## **Team Physician**

In many universities, the team physician is a volunteer from the community who offers services to the university at no or minimal charge. It's important that the provider your university works with is appropriately trained in the current knowledge about concussion and the recommended assessment tools. Universities may wish to designate their team physician as having the final say for return to play.

## **Hospital Medical Provider**

An effective concussion management plan results from a community-wide effort. It is important that universities and hospital emergency departments build relationships that allow sharing of important information about concussions. Local hospitals may be a source to help universities with funding for computerized neurocognitive baseline assessment programs, such as ImPACT.

## **Community Medical Provider**

Pediatricians, family practitioners, and other community health care providers need to be included in the conversation about community-wide concussion management. A representative from the local medical community can provide guidance to the CMT on how best to improve knowledge about sports related concussion among community health care providers. It is essential that the local health care community is aware of the university's return to play protocol and is committed to working with the university and CMT. This commitment will reduce the likelihood of "doctor shopping" by athletes or parents after a concussion.

**Item No.: C11.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**COVERED CALIFORNIA – CA HEALTH BENEFIT EXCHANGE  
 (“OBAMACARE”)**

**ISSUE:** The Health Care Reform plan is a national health care plan aimed at reforming the American health care system. ObamaCare’s main focus is on providing more Americans with access to affordable health care, improving the quality of health care, regulating the health insurance industry and reducing spending in health care. The AIME Committee will receive information on the Health Care Reform and be asked to discuss the Health Care Reform plan and coordination of benefit with AIME.

**RECOMMENDATION:** No action is requested on this item at today’s meeting. This item is provided as information only.

**FISCAL IMPACT:** None

**BACKGROUND:** The Health Care Reform plan is a national health care plan aimed at reforming the American health care system. ObamaCare’s main focus is on providing more Americans with access to affordable health care, improving the quality of health care, regulating the health insurance industry and reducing spending in health care. Most Americans will have to have health insurance by January 1, 2014 or pay a fee on their year-end taxes. Many Americans will be eligible for subsidized health insurance costing anywhere from 0%-9.5% of their taxable income.

**ATTACHMENT(S):** Information – What is ObamaCare / What is Health Care Reform?

# What is ObamaCare / What is Obama Care?

## What is ObamaCare / What is Health Care Reform?

You've heard of ObamaCare, but what is ObamaCare exactly? ObamaCare (also known as Health Care reform) is a national health care plan aimed at reforming the American health care system. ObamaCare's main focus is on providing more Americans with access to affordable health care, improving the quality of health care, regulating the health insurance industry and reducing spending in health care.

**What is ObamaCare?:** ObamaCare is the unofficial name for The Patient Protection and Affordable Care Act which was signed into law on March 23, 2010. ObamaCare's health care reform does a number of important things including setting up a Health Insurance Marketplace where Americans can purchase Federally regulated and subsidized health insurance.

(What is ObamaCare? President Obama Portrait Public Domain by WhiteHouse.org)

President Obama may have signed the Affordable Care Act into law, but the truth is ObamaCare is the result of decades of ideas from both sides of the aisle. The idea of an individual mandate was first presented by current opponents of the law the Heritage Foundation in 1989. ObamaCare itself was in fact modeled after "Romney Care", which was health care reform implemented in the State of Massachusetts.

## ObamaCare: What is it, and What Does it Mean to American Health Care?

So what is ObamaCare and what does it mean to you? There are really only a few things you need to know about the Affordable Care Act.

- The Affordable Care Act contains over a thousand pages of reforms to the insurance industry and the health care industry in order to cut health care costs and to provide affordable health insurance to all Americans.

- Before the law you could be denied coverage or treatment because you had been sick in the past, be charged more because you were a woman, be dropped mid-treatment for making a simple mistake on your application, and had little or no way to fight insurance company appeals.



- There are around 44 million Americans who currently are unable to get health insurance. One of the major things ObamaCare does is help these individuals to get health insurance through expanding Medicaid and [Medicare](#) and offering cost assistance to Americans who cannot currently afford health care.

- **Most Americans will have to have health insurance by January 1st, 2014 or pay a fee on their year-end taxes.** Many Americans will be eligible for subsidized health insurance costing anywhere from 0% - 9.5% of their taxable income. Subsidized insurance can be purchased through the Health Insurance Marketplace.

**The following video contains a short description of what [ObamaCare](#) is and what you need to know for 2013:**

**Item No. C12.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

## **CSURMA/AIME 2014 MEETING CALENDAR**

**ISSUE:** Proposed meetings of the AIME Committee have been scheduled for the calendar year 2014. The Committee will be asked to review the 2014 CSURMA Calendar and adopt a schedule for 2014 AIME meetings.

**RECOMMENDATION:** It is recommended that the Committee discuss the scheduling of its 2013 meetings and provide direction to Staff as appropriate.

**FISCAL IMPACT:** None.

**BACKGROUND:** None.

**ATTACHMENT:** CSURMA AIME 2014 Meeting Calendar

## 2014 CSURMA • AORMA MEETING CALENDAR

JANUARY, 2014	FEBRUARY, 2014	MARCH, 2014
12    EC: Sacramento, 3:00 p.m.		20    EC: Newport Beach, 2:30 p.m. 21    EC LRP: Newport Beach, 8:00 a.m.
APRIL, 2014	MAY, 2014	JUNE, 2014
	8    BOD: New Board Member Orientation, Long Beach, 2:00 p.m. 9    EC: Long Beach, 8:30 a.m. 9    BOD: Long Beach, 10:30 a.m.	

AORMA = Auxiliary Organizations Committee  
 BOD = Board of Directors

AORMA LRP = AORMA Long Range Planning Committee  
 EC = Executive Committee

AO-COMP = BOT  
 EC LRP = EC Long Range Planning Committee

## 2014 CSURMA • AORMA MEETING CALENDAR

JULY, 2014	AUGUST, 2014	SEPTEMBER, 2014
		10 AORMA LRP: Long Beach, 10:00 a.m. 11 AORMA: Long Beach, 9:00 a.m. 11 EC Orientation: Long Beach, 4:00 p.m. 12 EC: Long Beach, 8:30 a.m.
OCTOBER, 2014	NOVEMBER, 2014	DECEMBER, 2014
23 BOD: New Board Member Orientation, Long Beach, 2:00 p.m. 24 EC: Long Beach, 9:00 a.m. 24 BOD: Long Beach, 10:30 a.m.		5 EC: Long Beach, 8:30 a.m.

AORMA = Auxiliary Organizations Committee  
 BOD = Board of Directors

AORMA LRP = AORMA Long Range Planning Committee  
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 EC LRP = EC Long Range Planning Committee

**Item No. E1.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**AIME COMMITTEE AND STAFF TELEPHONE, POSTAL ADDRESS  
AND E-MAIL LIST**

**ISSUE:** Attached is the list of phone numbers, e-mail, mailing addresses and terms of office for the Athletic Injury Medical Expense Committee and Staff.

**RECOMMENDATION:** The Committee is asked to review the list at each meeting for accuracy and report any changes or corrections to Staff.

**FISCAL IMPACT:** None.

**BACKGROUND:** An accurate and current list facilitates better communication among the Committee and with Staff.

**ATTACHMENT(S):** AIME Committee and Staff Directory

**CSURMA AIME COMMITTEE LISTING  
NOVEMBER 2013**

<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Organization</u>	<u>Street Address</u>	<u>Phone/Fax/Email</u>	<u>Term of Office Expires</u>
Kelli	Eberlein	Head Athletic Trainer	CSU Fresno	5305 N. Campus Drive NG 27 Fresno, CA 93740	Tel: 559-278-4170 Cell: 559-709-2534 Fax: 559-278-8355 Email: keberlein@csufresno.edu	7/1/2014
Cindy	Masner	Sr. Assoc. Athletic Director/SWA	CSU Long Beach	1250 Bellflower Blvd. Long Beach, CA 90840	Tel: 562-985-8527 Cell: 562-843-0080 Fax: 562-985-8197 Email: cindy.masner@csulb.edu	7/1/2014
Ashlie	Kite	Assoc Director of Athletics, Internal Operations	CSU Northridge	18111 Nordhoff Street Northridge, CA 91330-8276	Tel: 818-677-4839 Cell: 540-908-9088 Fax: 818-677-4762 Email: ashlie.kite@csun.edu	7/1/2015
Ruem	Malasarn	Head Athletic Trainer	CSPU, Pomona	3801 W. Temple Ave, Bldg 43-142 Pomona, CA 91768-2557	Tel: 909-869-2834 Cell: 626-437-1233 Fax: 909-869-2814 Email: rmalasarn@csupomona.edu	7/1/2014
Joe	Ramos	Athletic Trainer	CSU Sacramento (Chair)	6000 J Street Sacramento, CA 95819	Tel: 916-278-6289 Cell: Fax: 916-278-5429 Email: jlramos@saclink.csus.edu	7/1/2014
Scott	Shaw	Director of Sports Medicine	San Jose State University	One Washington Square San Jose, CA 95192-0062	Tel: 408-924-1297 Cell: 408-506-3858 Fax: 408-924-6285 Email: scott.shaw@sjsu.edu	7/1/2015
Kristal	Slover	Head Athletic Trainer	CPSU, San Luis Obispo	1 Grand Ave San Luis Obispo, CA 93407	Tel: 805-756-6065 Cell: 805-801-5177 Fax: 805-756-7058 Email: kemig@calpoly.edu	7/1/2014
Michael	Thorpe	CSURMA Exec Committee Liaison CSU Chico, Risk Manager	CSU Chico	400 West First St Chico, CA 95929-0130	Tel: 530-898-6588 Cell: 530-519-5661 Fax: 530-898-4513 Email: methorpe@csuchico.edu	N/A

**AIME STAFF  
AS OF NOVEMBER 2013**

<u>Organization</u>	<u>First Name</u>	<u>Last Name</u>	<u>Title</u>	<u>Street Address</u>	<u>Phone/Fax/Email</u>
CSU Office of the Chancellor	Charlene	Minnick	Assistant Vice Chancellor of Systemwide Risk Management & Public Safety	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4580 Fax: 562-951-4859 Email: cminnick@calstate.edu
CSU Office of the Chancellor	Zachary	Gifford	Assistant Risk Management Liability	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4568 Fax: 562-951-4859 Email: zgifford@calstate.edu
CSU Office of the Chancellor	Rebecca	Skidmore	Risk Management Administrative Analyst	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4574 Fax: 562-951-4859 Email: rskidmore@calstate.edu
CSU Office of the Chancellor	Leona	Ching	Systemwide Risk Management	401 Golden Shore, 5th Floor Long Beach, CA 90802	Tel: 562-951-4580 Fax: 562-951-4859 Email: lching@calstate.edu
Alliant Insurance Services	Daniel	Howell	Program Director	100 Pine Street, 11th Floor San Francisco, CA 94111	Tel: 415-403-1426 Fax: 415-874-4810 Email: dhowell@alliant.com
Alliant Insurance Services	Robert	Leong	Program Administrator	100 Pine Street, 11th Floor San Francisco, CA 94111	Tel: 415-403-1441 Cell: 510-882-1009 Fax: 415-874-4810 Email: rleong@alliant.com
Alliant Insurance Services	Stacey L.	Weeks	Program Administrator	100 Pine Street, 11th Floor San Francisco, CA 94111	Tel: 415-403-1448 Cell: 415-215-4055 Fax: 415-874-4810 Email: sweeks@alliant.com
Alliant Insurance Services	Van	Rin	Program Administrator	100 Pine Street, 11th Floor San Francisco, CA 94111	Tel: 415-403-1408 Fax: 415-874-4810 Email: vrin@alliant.com
A-G Administrators	Dixon	Gillis	Claims Administrator	P. O. Box 979 Valley Forge, PA 19482	Tel: 610-933-0800 Fax: 610-933-4122 Email: dgillis@agadm.com

**Item No. E2.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

**2013 FITTING THE PIECES CONFERENCE – NOVEMBER 7-8, 2013**

**ISSUE:** The CSU Systemwide Risk Management Authority and Public Safety will sponsor the annual “Fitting The Pieces Together” Risk Management Conference November 7-8, 2013, in Sacramento, California. Registration is open at [calstate.edu/risk\\_management/conference/ftpt/](http://calstate.edu/risk_management/conference/ftpt/).

**RECOMMENDATION:** None.

**FISCAL IMPACT:** Registration fees offset the cost of the conference.

**BACKGROUND:** None.

**ATTACHMENTS:** None.

**Item No. E3.**  
**CSURMA AIME Committee**  
**Meeting Date: November 4, 2013**

## **2014 AOA ANNUAL CONFERENCE UPDATE**

**ISSUE:** The annual Auxiliary Organizations Association (AOA) Conference will be held January 12–15, 2014 in Sacramento, CA, continuing the theme, *Supporting the Educational Mission of California's State Universities*.

**RECOMMENDATION:** No action is requested on this item.

**FISCAL IMPACT:** None.

**BACKGROUND:** The AOA Conference is a great opportunity remind the membership of the many ways they have benefited by joining the program. The conference is also a good venue for providing risk management training to a large number of its members at one time.

**ATTACHMENT(S):** None