



P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
(209) 754-2537 Fax

**Meeting of the Board of Directors
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Wednesday February 22, 2023
9:00 am**

**Participation: In Person or by
Zoom - Invite information is at the End of the Agenda**

Agenda

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. **Call to order with Flag Salute:**
2. **Roll Call:**
3. **Approval of Agenda:** Public Comment - **Action**
4. **Public Comment On Matters Not Listed On The Agenda:**

The purpose of this section of the agenda is to allow comments and input from the public on matters within the jurisdiction of the Mark Twain Health Care District not listed on the Agenda. (The public may also comment on any item listed on the Agenda prior to Board action on such item.) **Limit of 3 minutes per speaker.** The Board appreciates your comments however it will not discuss and cannot act on items not on the agenda.

This Institution is an Equal Opportunity Provider and Employer
Agenda Feb. 22, 2023 MTHCD Board Meeting

5. Consent Agenda: Public Comment - **Action**

All Consent items are considered routine and may be approved by the District Board without any discussion by a single roll-call vote. Any Board Member or member of the public may remove any item from the Consent list. If an item is removed, it will be discussed separately following approval of the remainder of the Consent items.

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting for January 17, 2023:
- Un-Approved Board Meeting for January 25, 2023.

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) (AB 361 Expires Feb. 28, 2023):

- ◆ **Resolution 2023 - 02** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of Feb. 2023. **AB 361 Expires Feb. 28, 2023**

C. Correspondence

- Anthem – CA Medicaid Health Plan – Les Ybarra, Pres. Letter 2-6-2023.
- Blue Mountain Coalition for Youth & Families. Letter 2-2-2023.

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- **Association of California Health Care Districts (ACHD) Feb. 2023 Advocate:**
- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (CalAim):.....Ms. Hack**

B. MTMC Community Board Report:.....Ms. Sellick

C. MTMC Board of Directors:.....Ms. Reed

D. Chief Executive Officer’s Report:.....Dr. Smart

- **General Comments:**
- **Utilities - MTMC:**
- **Strategic Planning & Projects Matrix:**
 - **Strategic Plan Meeting Agenda – March 10, 2023**

- **Hospital Deed Clarification:**
- **BHCIP – Update (Clinic Expansion):**
 - Construction Budget – (Attachment)
- **VSH&W Center – Policies and Forms:** Public Comment – **Action**
 - Policies for February 2023 Valley Springs Health & Wellness Center:

New Policies

Dental Local Anesthesia Policy
 Dental Fluoride Varnish Policy

Revised Policies

Billing Personnel - Organization
 Cardiopulmonary Resuscitation/Basic Life Support
 Disaster – Fire
 Employee Health
 Infection Control
 Intramuscular Injections
 Medi-Cal Eligibility Verification
 Medical Records Release
 Medication Administration
 Medication Management
 Response to Power Failure

Bi-Annual Review Policies (no changes to policy content)

Annual Review of Contracts
 Billing Practices
 Bomb Scare
 Child Abuse Reporting
 Disaster - Water Contamination
 Disruption of Electrical Services
 Domestic Violence Reporting Suspicious Injury Reporting
 Drug Samples
 Elder Or Dependent Adult Abuse Reporting
 External Hazmat Incident
 Extreme Temperatures
 Fire Safety
 Lapses Of Consciousness – DMV Reporting
 Mass Casualty Response
 Mission Statement

Motor Vehicle Accident Reporting
 Operation During Internal Disaster
 Patient Medical Record Content
 Sensitive Services
 Follow Up of Patients
 Handwashing
 Hazardous Waste
 HIV Testing
 Infection Control – Overview
 Litigation (Potential)
 Look-Alike Sound-Alike Medications
 LVN Scope of Practice
 Marketing
 Medical Assistant Scope of Practice
 Medical Records Forms And Fees
 Security And Retention Of Medical Records
 Medical Record Transfer
 Medication Reconciliation
 Medication Waste Stream
 Medication, Supply, And Equipment Recalls/Warnings
 Monitoring Inspection of Medication Inventory

- **Grant Report:**
- **District Foundation (Calaveras Wellness Foundation):**
- **Program Manager:**.....Ms. Stanek

- E. VSHWC Quality Reports:**.....Ms. Terradista
- Quality – Jan. 2023:
 - MedStatix – Jan. 2023:

7. Committee Reports:

- A. Finance Committee:**.....Ms. Hack / Mr. Wood
- New Recommendation for Community Member: Public Comment – **Action**
 - Ms. Patricia Bettinger – Resume:

- Financial Statements – Dec. 2022: Public Comment – **Action**
- Financial Statements – Jan. 2023: Public Comment - **Action**

B. Ad Hoc Policy Committee:Ms. Hack / Ms. Vermeltfoort

- MTHCD Policies Presented for 30-day Review on Jan. 25, 2023:
 - ◆ **Resolution 2023 - 03** To approve Listed Policies: Public Comment - **Action**
 1. MTHCD Policy 02 - Basis of Authority: Role of the Board of Directors:
 2. MTHCD Policy 17 - Authority & Responsibility of CEO Contracts & Bidding:
 3. MTHCD Policy 24 - Website Content & Social Media:
 4. MTHCD Policy 25 – Reserve Policy:

C. Ad Hoc Personnel Committee:.....Ms. Reed / Ms. Vermeltfoort

D. Ad Hoc Community Grants:.....Ms. Sellick / Ms. Reed

E. Ad Hoc Community Engagement Committee:.....Ms. Reed

F. Ad Hoc Real Estate:.....Mr. Randolph

- Review MOB Lease for 704:

8. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

9. Next Meeting:

- The next MTHCD Board Meeting will be Friday March 10, 2023 at 8am.
- The next MTHCD Board Meeting will be Wed. March 22, 2023 at 9am.

10. Adjournment: Public Comment – **Action:**

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: February 22, 2023 MTHCD Board Meeting

Time: Feb 22, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88958445849?pwd=VzdHOGsyNTloWGdHTzhwTkx0Mm9XUT09>

Meeting ID: 889 5844 5849

Passcode: 596813

One tap mobile

+16694449171,,88958445849#,,,,*596813# US

+16699006833,,88958445849#,,,,*596813# US (San Jose)

Dial by your location

+1 669 444 9171 US

+1 669 900 6833 US (San Jose)

+1 719 359 4580 US

+1 253 205 0468 US

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

Meeting ID: 889 5844 5849

Passcode: 596813

Find your local number: <https://us02web.zoom.us/u/kczWdcDiCj>

Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued [Executive Order \(N-29-20\)](#), which, in part, supersedes Paragraph 11 of Executive Order (N-25-20) issued on Thursday. The new Executive Order excuses a legislative body, under the Ralph M. Brown Act, from providing a physical location for the public to observe and comment if certain conditions are met. A physical location does not need to be provided if the legislative body:

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;”
2. Implements a procedure for receiving and “swiftly resolving” requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.
3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e., 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.



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**Special Finance Committee Meeting
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Road
 San Andreas, CA 95249**

**9:00am
 Tues. January 17, 2023**

**Participation: Zoom - Invite information is at the End of the
 Agenda or in person**

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:03am

2. Roll Call:

Member	In Person	Viz Zoom/Phone	Time of Arrival	Absent
Lori Hack	X			
Richard Randolph	X			

Quorum YES

3. Approval of Agenda: Public Comment - Action:

Motion to approve Agenda by Mr. Randolph
Second: Ms. Hack
Vote: 2

4. Public Comment On Matters Not Listed On The Agenda:

Hearing none

5. Consent Agenda: Public Comment - Action

A. Resolution 2022 – 22: - AB 361 Expires Feb. 28, 2023:

- Authorizing Remote Teleconference Meetings of the Board of Directors Finance Committee (AB 361) for the month of January 2023. (Informational Only).

B. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Nov. 30, 2022:

Motion to approve Consent agenda & Nov 30, 2022 Minutes by Mr. Randolph
Second: Ms. Hack
Vote: 2

6. Chief Executive Officer's Report:

- Hospital Lease – Electric Utilities:

The district is working with MTMC on the window project to conserve electricity. Looking in to \$30,000 grant from CPPA for electric usage.

- Telecom Billings by Faircloth Assoc.:

Ms. Faircloth has worked hard to research and get refunded the overpayment to taxes on our phone bills.

- Private Donor / Health Care District Foundation:

Must create a foundation in order to accept monies from private donor for the Clinic Expansion Project.

- BHCIP Applications:

Application 1 – Clinic Expansion Project- we have received 4 letters of support and are expecting 3 more.

Application 2 – New Construction of modern environment for Behavior Health – With the County’s grant application approved for \$26 mil. To build a Behavior Health Center in San Andreas, the District is reconsidering our grant application.

FYI- Storm damage to Children’s Advocacy Center was minor
MTMC had a large tree fall taking out a railing, landing on a shed. MTHCD had the tree removed. 2 trees still need to be removed. Foundation Building has a minor leak.

2. Chief Executive Officer's Report:

- Hospital Lease – Electric Utilities:

The district is working with MTMC on the window project to conserve electricity. Looking in to \$30,000 grant from CPPA for electric usage.

- Telecom Billings by Faircloth Assoc.:

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FYI- Storm damage to Children's Advocacy Center was minor
MTMC had a large tree fall taking out a railing, landing on a shed. MTHCD had the tree removed. 2 trees still need to be removed. Foundation Building has a minor leak.

3. Real Estate Review:

Mr. Randolph: MTMC accounting is questioning the 704 CAM2 charges. The district has sent the back up for them as requested. All leases are current.

4. Accountant's Report:

- Nov. & Dec. 2022 Financials Will Be Presented: Public Comment – **Action**

Mr. Wood: November looked really solid for the District. Utilities increases are still a huge part of expenses. The District received the first Property Tax installment of \$733,460.

Motion to approve Nov 2022 Financials with I&R report by Mr. Randolph

Second: Ms. Hack

Vote: 2

Motion to Table Dec 2022 Financials with I&R report by Mr. Randolph

Second: Ms. Hack

Vote: 2

5. Treasurer's Report:

- MTHCD Policy # 17: Authority & Responsibility of the CEO: Public Comment – **Action**

Motion to approve revised Reserve Policy #17 with updated changes by Ms. Hack

Second: Mr. Randolph

Vote: 2

- MTHCD Policy # 25: Reserve Policy: Public Comment – **Action**

Motion to approve revised Reserve Policy #25 as is by Ms. Hack

Second: Mr. Randolph

Vote: 2

- MTHCD Finance Committee – Volunteer Resume – Patricia Bettinger:
- Committee would like to schedule interview with Ms. Bettinger.
- Mr. Randolph to Review MOB Lease for 704:
Covered in Real Estate Report

10. Comments and Future Agenda Items:

Hearing none

11. Next Meeting:

Next Finance Committee Meeting will be Feb. 15, 2023 at 9:00am

12. Adjournment: - Public Comment – Action

Motion to adjourn by Mr. Randolph

Second: Ms. Hack

Vote: 2

Time: 10:57am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD January 17, 2022 Special Finance Committee Meeting

Time: Jan 17, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86118803921?pwd=ZmdodWpFS2VCSUt0NTQ3NDNIbHlVZz09>

Meeting ID: 861 1880 3921

Passcode: 434759

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+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 931 3860 US
+1 689 278 1000 US
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US
+1 309 205 3325 US
+1 312 626 6799 US (Chicago)

Meeting ID: 861 1880 3921

Passcode: 434759

Find your local number: <https://us02web.zoom.us/j/kcbAgr547n>

Effective - Mar 17, 2020.

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1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;”
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**Meeting of the Board of Directors
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Rd,
 San Andreas, CA**

**Wednesday January 25, 2023
 9:00 am**

**Participation: In Person or by
 Zoom - Invite information is at the End of the Agenda**

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:00am

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum Yes

3. Swearing In MTHCD Board of Directors:

- Linda Reed

- Debbra Sellick
- Richard Randolph
- Johanna Vermeltfoort

Dr. Smart swears in above named Board Members.

◆ **Resolution 2023 - 01 Certification of Nov. 8, 2022 Election:**

- Election of Officers: Public Comment: **Action**

Mr. Randolph nominates Linda Reed as Board President
Second by Ms. Vermeltfoort
All in favor

Mr. Randolph nominates Debbra Sellick as Board Secretary
Second by Ms. Vermeltfoort
All in favor

Mr. Randolph nominates Lori Hack as Board Treasurer
Second by Ms. Vermeltfoort
All in favor

Motion to approve election results by Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 5
Noes: 0

4. **Approval of Agenda:** Public Comment - **Action**

Motion to approve agenda by Ms. Hack
Second: Mr. Randolph
Ayes: 5
Noes: 0

5. **Public Comment On Matters Not Listed On The Agenda:**

Hearing None

6. **Consent Agenda:** Public Comment - **Action**

A. Un-Approved Minutes:

- Un-Approved Special Finance Committee Meeting for Nov. 30, 2022:
- Un-Approved Special Board Meeting for Nov. 30, 2022.

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) (AB 361 Expires Feb. 28, 2023):

- ◆ **Resolution 2022 - 22** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Jan. 2023**. (Informational Only)
- ◆ **Resolution 2023 - 02** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Feb. 2023**. **AB 361 Expires Feb. 28, 2023**

Dr. Smart reminds the Board of the expiration of AB 361

C. Correspondence

- Calaveras County Senior Center – Thank you 12-23-2022:
- Nicki Stevens – Thank you 1-13-2023

Motion to approve Consent Agenda by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Noes: 0

7. MTHCD Reports:

A. President's Report:

- **Association of California Health Care Districts (ACHD) Jan. 2023 Advocate:**

ACHD has been hiring new staff. The Strategic Planning process is moving forward.

- **Meetings With MTHCD CEO:**

Topics discussed with the CEO were Strategic Planning, District Foundation creation, Finance/Revenue and Behavior Health.

- **California Advancing & Innovating Medi-Cal Program (CalAim):**

The RFP Process has been cancelled and the members involved have been reassigned. Grant opportunities available for entities without funding for Interface capabilities. Potentially \$50,000 for Clinics and \$100,000 for Hospitals.

B. MTMC Community Board Report:

CJ Singh is starting a Podcast to be advertised on the Dignity Facebook page. A wound care specialist may come on board. Welcomed Dr. Tapia as a credentialed physician.

C. MTMC Board of Directors:

No Report. Meeting on Fri. Jan 27, 2022

D. Chief Executive Officer's Report:

- **General Comments:**

Storm Damage Report: Several trees fell down on the hospital campus. The District removed 4 trees from the property. Minor leaks in the hospital. Potential for Disaster Relief Funding to help with the costs of removing trees.

Seismic Update: In a meeting last week we were informed that the hospital building must meet seismic requirements by 2030. The District would likely have to have to pay approx. \$20 mil to reach compliance.

Windows Project: meeting with CPPA Rep. Emily today to measure windows. Attempting to apply for \$30,000 grant.

Solar Farm: Still in process. Doug Archer to gather more information for proposal.

- **Utilities - MTMC:**

MTHCD sent over the first Electricity overage fee invoice yesterday. The Lease states any electric charges over the \$28,000 base rate can be invoiced to MTMC to pay back to the District.

- **Strategic Planning & Projects Matrix:**

Strategic Planning Session is scheduled for March 10, 2023. Dr. Smart to facilitate. RoboDoc has added 1 new school to the program. Calls are coming in weekly from all locations.

- **BHCIP – Update (Clinic Expansion):** Public Comment – **Action**

Dr. Smart looking to withdraw the application for Phase 2- the construction of a stand-alone Behavior Health building in lieu of the County of Calaveras receiving \$22mil in grant money to build a Behavior Health facility in San Andreas. He would like approval to continue application for grant to expand the existing clinic in Valley Springs to add on more Behavior Health space.

Motion to approve BHCIP plan to continue with Phase 1 application by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Noes: 0

- **Grant Report:**

Still looking for future grant opportunities.

- **District Foundation (Proposed Calaveras Wellness Foundation):**

The District would like to establish a Foundation so private donors may be able to donate funds at their discretion.

- **Program Manager:**

E. VSHWC Quality Reports:

- Quality – Dec. 2023:

Patient appointments are up from last month. With the addition of 2 FT Nurse Practitioners, the clinic has seen up to 123 appointments in 1 day.

- MedStatix – Dec. 2023:

Patient satisfaction is at 95% for the month of December.

8. Committee Reports:

A. Finance Committee:

- Financial Statements – Nov. 2022: Public Comment – **Action**

December financial were tabled by the Finance Committee for research on the revenue reported. November Financials are looking strong. The District received its first Property Tax check for over \$733,000. Investment income is excellent.

Motion to approve November Financials with I&R Report by Ms. Vermeltfoort

Second: Ms. Reed

Ayes: 5

Noes: 0

B. Ad Hoc Policy Committee:

- MTHCD Policies Presented for 30-day Review:
 1. MTHCD Policy 02 - Basis of Authority: Roll of the Board of Directors:
 2. MTHCD Policy 17 - Authority & Responsibility of CEO Contracts & Bidding:
 3. MTHCD Policy 24 - Website Content & Social Media:
 4. MTHCD Policy 25 – Reserve Policy:

MTHCD Policy 02 needs word Roll replaced by Role.

MTHCD Policy 17 Finance Committee to discuss budget at Feb meeting.

C. Ad Hoc Personnel Committee:

No Meeting. To schedule meeting for Feb or March

D. Ad Hoc Community Grants:

No Activity.

E. Ad Hoc Community Engagement Committee:

Schedule meeting for Feb 7th @ 2pm

9. Board Comment and Request for Future Agenda Items:

A. Announcements of Interest to the Board or the Public:

Hearing none

10. Next Meeting:

- The next MTHCD Board Meeting will be Wed. February 22, 2023 at 9am.

11. Adjournment: Public Comment – **Action:**

Motion to adjourn by Ms. Hack

Second: Ms. Sellick

Ayes: 5

Noes: 0

Time: 11:12am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: Jan. 25, 2022 MTHCD Board Meeting

Time: Jan 25, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83022987969?pwd=T0JmVUZLcDhiOUxINnNDZnZzeVZ3Zz09>

Meeting ID: 830 2298 7969

Passcode: 140182

One tap mobile

+16694449171,,83022987969#,,,,*140182# US

+16699006833,,83022987969#,,,,*140182# US (San Jose)

Dial by your location

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+1 719 359 4580 US

+1 253 205 0468 US

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+1 346 248 7799 US (Houston)

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US
+1 386 347 5053 US
+1 507 473 4847 US
+1 564 217 2000 US
+1 646 931 3860 US
+1 689 278 1000 US
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 305 224 1968 US

Meeting ID: 830 2298 7969

Passcode: 140182

Find your local number: <https://us02web.zoom.us/j/83022987969>

Effective - Mar 17, 2020.

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Resolution No. 2023 - 02
Authorizing Remote Teleconference Meetings
for the Board of Directors & Finance Committee Meetings
for the month of Feb. 2023 (AB 361 Expires Feb. 28, 2023)

Whereas, the Mark Twain Health Care District is committed to preserving and nurturing public access and participation in meetings of the Board of Directors; and

WHEREAS, all meetings of the Mark Twain Health Care District's legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code 54950 – 54963), so that any member of the public may attend, participate, and watch the District's Board conduct its business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions; and

WHEREAS, a required condition is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558; and

WHEREAS, it is further required that state or local officials have imposed or recommended measures to promote social distancing; and

WHEREAS, such conditions now exist in the District, specifically, the Governor proclaimed a State of Emergency on March 4, 2020 due to COVID-19; and

WHEREAS, on June 11, 2021, the State Public Health Officer ordered all individuals to follow the state guidance on face coverings and its website recommends physical distancing; and

WHEREAS, as a consequence of the state of emergency and the state and local public health guidance, the Board of Directors does hereby find that the Mark Twain Health Care District shall conduct its meetings without compliance with paragraph (3) of subdivision (b) of Government Code section 54953, as authorized by subdivision (e) of section 54953, and shall comply with the requirements to provide the public with access to the meetings as prescribed in paragraph (2) of subdivision (e) of section 54953; and

WHEREAS, members of the public will be able to participate remotely through the digital means listed on the meeting agenda.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

Section 1. Recitals. The Recitals set forth above are true and correct and are incorporated into this Resolution by this reference.

Section 2. Remote Teleconference Meetings. The Chief Executive Officer is hereby authorized and directed to take all actions necessary to carry out the intent and purpose of this Resolution including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Section 3. Effective Date of Resolution. This Resolution shall take effect immediately upon its adoption and shall be effective for 30 days, or such time the Board of Directors adopts a subsequent resolution in accordance with Government Code section 54953(e)(3) to extend the time during which the District may continue to teleconference without compliance with paragraph (3) of subdivision (b) of section 54953.

Section 4: Certification. The Clerk of the Board shall certify to the passage and adoption of this Resolution and cause it to be maintained in the records of the District.

Adopted, Signed, and Approved this 25th day of January 2023.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 – 2023-02 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of January 2023 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: _____



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San Andreas, CA 95249
(209) 754-4468 Telephone
(209) 754-2537 Fax

February 6, 2023

Les Ybarra
President,
CA Medicaid Health Plan at Anthem Blue Cross

Mr. Ybarra:

I wanted to take the opportunity to thank you and your team for the support Anthem provides for the Medi-Cal population of Calaveras County. I am the CEO of the Mark Twain Health Care District and our mission and passion is to provide healthcare access to the underserved throughout the county. Every day we strive to fill gaps, prevent illness, and help the sick and suffering.

Four years ago, we established a new regional primary care center, the Valley Springs Health & Wellness Center for the west half of Calaveras County. We immediately started working with Anthem Managed Medi-Cal representatives to provide services to Anthem patients. That partnership started out great and has continued to flourish to this date. Your staff were knowledgeable, accessible, creative, and willing. In particular I would like to mention Jared Martin, who really brings our organizations together. Jared has been instrumental in working through programmatic challenges and problem solving, sharing mutual vision, informing me of potential Anthem grant opportunities, and is a great listener!

In 2020, in response to the Covid-19 pandemic our District launched "Robo-Doc". This is a program that provides students in schools, via the school nurse office, with immediate virtual access to a medical provider for minor illnesses or injuries. The program has rapidly expanded such that our Robo-Doc team is taking calls every day from several campuses. We don't bill or charge anyone for this service, it's complimentary. I also want to mention Ms. Kerina Mendoza, Program Manager, Anthem Blue Cross - CA Medicaid. Ms. Mendoza and I connected on an Anthem update call. She introduced me to the Anthem Remote Care program. The resources associated

Mark Twain Health Care District Mission Statement

"Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care".

This Institution is an Equal Opportunity Provider and Employer

with Remote Care, TytoCare, have been deployed and used at school sites in Calaveras County and have been fundamental in facilitating real-time care for students who now stay in school, and their parents are able to stay at work.

These programs facilitated by our public-private partnership have added healthcare to our county not seen before. Please express my appreciation to your staff and organization for these great accomplishments. I look forward to meeting you some day and continuing with our work together.

Sincerely,



Randy Smart MD
CEO, Mark Twain Health Care District

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer



PO Box 41: 364 Main Street:
West Point, Ca 95255
(209) 293 4500

BMCYF Board of Directors

Jim Casey
President

Alan Willard
VP

Linda Toren
Secretary

Denise Taylor
Treasurer

Catherine Lambie

Diana Inslee

Sarah Berweger

Justin Catalano

**Terra Easton
Forgette**
Executive Director

February 1st, 2023

Thank you so much for supporting the Blue Mountain Coalition for Youth and Families! Your contributions enable us to continue providing services and positive activities to our community.

BMCYF offers a warm welcome, home-cooked meals, creative opportunities and positive activities to everyone who visits our center on Main Street in West Point.

I have enclosed our 2022 Annual Report to show you what your support makes possible in our community!

I would be honored to tell you more about our organization, answer and questions you have, or give you a tour of our facilities. Please feel free to contact me anytime.

With sincerest thanks and wishes for a very happy new year,

A handwritten signature in blue ink, appearing to read "Terra Forgette", with a long horizontal flourish extending to the right.

Terra Forgette
Executive Director

terra.bmcyf@gmail.com
(209) 304 3282

Blue Mountain Coalition for Youth and Families
501c3 # 68- 0286016



5000 Free Community Dinners Served



495 In-Person
Community Participants

80 DAYS
of After School Activities

300 HOURS
of Teen Leadership



Follow us on
[Facebook.com/bmcyf](https://www.facebook.com/bmcyf)
for activities and special events!

3000 Online Engagements



Over 5000 Meals Served

In 2022, our cook Melissa Pfalzgraf and our dedicated volunteers served more than 5000 healthy meals prepared with love using produce from our West Point Community Garden and local farms.

80 Days of After School Activities

Our Blue Mountain Center hosts After School Art and Activities for K-6 kids every Wednesday and Friday afternoon. Every session includes: a healthy snack, outdoor athletic activities, art projects and interactive games. These activities are overseen by our youth coordinator, our young adult "Youth Leaders" and local artists and volunteers.

300 Hours of Teen Leadership Time

Our new LEAD UP program, funded by a grant from the Sierra Health Foundation and Elevate Youth California, provides a safe, supportive group for local teens. Participants meet three days per week to learn life skills, participate in mentoring activities and play games with their peers.

Hired Our First Youth Leader

From our Lead Up program, we hired our first Youth Leader, Arabelle Jones, to oversee the growing number of kids participating in our activities. Arabelle works directly with our Youth Coordinator, Jessica Lindahl, to plan activities for the after school program, and to mentor teens as she learns job skills.

The West Point Community Garden

Our West Point Community Garden continues to grow and thrive. Our dedicated volunteers grow tomatoes, squash, peppers, potatoes, corn, beans, greens and other tasty produce used in our community meals and distributed around town. The West Point Community Garden also hosts our annual Bocce Ball Tournament, Art Path Party and other community events.

Installation and Opening of the West Point Art Path

With support from the California Arts Council, we worked with a team of local artists to create a series of permanent outdoor art pieces to highlight our community spaces. The West Point Art Path includes seven public art pieces, an original poem written by the Calaveras County Poet Laureate, a series of stone path markers, including three "poem stones" which have lines from the poem, a monument to the history of local Miwuk families, two creative sign posts, a large student mural and two painted crosswalks.

***"We are so blessed by all the beauty and enrichment
BMCYF brings to the community!"***



ACHD Advocate

February 2023

What's New This Month:

- Welcome, Jeanne Utterback and Jean Turner to the ACHD Board
- Bill introduction deadline quickly approaching
- ACHD Board to meet in person for strategic planning session

CEO MESSAGE

On behalf of the ACHD Board of Directors and the ACHD team, I am pleased to welcome **Jeanne Utterback**, Trustee, Mayers Memorial Healthcare District and **Jean Turner**, Trustee, Northern Inyo Healthcare District as the newest members to the ACHD Board.



Cathy Martin
Chief Executive Officer

Jeanne Utterback was elected to the [Mayers Memorial Healthcare District](#) in December 2018. Before her retirement, she served as Athletic Director and Vice Principal at Fall River High School. Ms. Utterback stays active serving various committees including the FFA Advisory Committee, the Northern California Interscholastic Federation Executive Committee, and the Burney Fall River Education Foundation Board of Directors.

Jean Turner was elected to the [Northern Inyo Healthcare District](#) Board of Directors in December 2017 and previously served on their Governance Committee and several other Ad Hoc Committees. Before retiring in 2017, Ms. Turner was the Director of Inyo County Health and Human Services. As Director, she represented Inyo County Health and Human Services on various task forces and committees, addressing local impacts of state and federal legislation. Ms. Turner has also previously served on ACHD's Education and Advocacy Committees.

Thank you, **Jeanne and Jean**, for your willingness to serve on the **ACHD Board of Directors**. The ACHD team looks forward to working with you.

With the February 17th bill introduction deadline looming, the ACHD advocacy team is busy reviewing bill proposals and determining our positions. Be sure to

review [Sarah Bridge's](#) Legislative Update below for a summary of what we are watching closely.

In closing, the **ACHD Board of Directors** will be meeting next week in Sacramento for the annual ACHD Board Strategic Planning Meeting. The two-day event brings the Board together to review the strategic plan, make course-corrections where necessary, and add relevant initiatives to the plan. Last year, the Board set in motion an ambitious strategic direction for the next three years and we are making ample progress toward achieving our goals and objectives. With so many newly elected trustees representing healthcare districts, please feel free to [reach out](#) if you would like to learn more about ACHD's strategic initiatives. We are happy to meet with you or present to your district, either in person or virtually.



LEGISLATIVE UPDATE

The Legislature is back and in full swing. As they near the bill introduction deadline of February 17th, we expect to see an influx of bills introduced. Below is a highlight of some high-priority issues we expect to see introduced come next week.

Physician Employment:

Assemblymember Wood has introduced [AB 242](#) which will eliminate the sunset on the pilot program allowing critical access hospitals to employ physicians. Currently, the program is operative only until January 1, 2024. This bill deletes the provision making the program permanent. ACHD will be in strong support of this measure.

Worker's Compensation Bill Revival:

Assemblymember Mia Bonta is expected to introduce the hospital employee workers' compensation presumption bill, similar to last session's [SB 213](#) by Senator Cortese. The bill, sponsored by the California Nurses Association (CNA), has typically defined "injury" for a hospital employee who provides direct patient care in an acute care hospital, to include cancer, musculoskeletal injuries, PTSD, infectious diseases, and respiratory diseases (including COVID-19). This bill would create the rebuttable presumption that these injuries, that develop in a hospital employee, arose out of their employment. Once introduced, ACHD will look to oppose this measure.

Healthcare Worker Minimum Wage Bill:

It is rumored that SEIU has secured an author for their healthcare worker minimum wage proposal. It is anticipated the bill may be announced via a press conference next week. While details are forthcoming, it is expected to be a flat rate of \$25 and includes all healthcare workers and all settings, including contracted workers.

ITUP 27th Annual Conference: Healthcare district highlight:

[Insure the Uninsured Project \(ITUP\)](#) had its annual conference on February 6-7, 2023 where California's health leaders and stakeholders shared their insights on creating a more equitable health system. We'd like to highlight Shawn McKenzie, M.P.A., CEO of [Seneca Healthcare District](#), for participating on a keynote panel, on Broadband Connectivity and Health Equity with Assemblymember Jim Wood.



Panel from left to right: Sunne Wright McPeak, CEO, CETF; Shawn Mckenzie, CEO, Seneca HCD; Selwyn Hollins, Director, ISD County of LA; Jim Wood, Assemblymember; Amy Tong, Secretary, Government Operations Agency



Assemblymember Jim Wood



Shawn Mckenzie, CEO, Seneca District Hospital

MARK YOUR CALENDAR



ACHD 2023 Annual Meeting Palisades Tahoe

September 13 - 15, 2023

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 76 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



RECORDING REQUESTED BY:

Barton L. Gertsch
Parr Brown Gee & Loveless
101 South 200 East, Suite 700
Salt Lake City, Utah 84111

(ABOVE SPACE FOR RECORDER'S USE)

CLARIFICATION NOTICE

This CLARIFICATION NOTICE (this "*Notice*"), dated as of February 14, 2023, is made by the COUNTY OF CALAVERAS, a political subdivision of the State of California (the "*County*"), having a principal place of business at 891 Mountain Ranch Road, San Andreas, CA 95249, in favor of Avalon Realty – San Andreas, L.L.C., a Utah limited liability company ("*Owner*").

BACKGROUND INFORMATION

A. Pursuant to that certain Deed and Conveyance, dated July 6, 1948 (the "*Deed*") and recorded August 2, 1948 in Book 51 at Page 101 of the official records of the Calaveras County Recorder, State of California (the "*Official Records*"), the County conveyed certain real property located in Calaveras County, California (as more particularly defined in the Deed, the "*District Property*"), to the Mark Twain Hospital District (the "*District*").

B. The Deed contains the following restriction (the "*Existing Use Restriction*"):

[The District Property] will be held, used and occupied for the purpose of constructing, maintaining and operating a hospital thereon for the inhabitants of Calaveras County and other persons as provided by law and particularly as provided under and by "The Local Hospital District Law", Division 23 of the Health and Safety Code of California, and amendments thereof.

C. Pursuant to that Grant Deed, recorded November 3, 2005 in the Official Records as Entry No. 2005-25372, Owner acquired a portion of the District Property (the "*Owner Property*") on which a skilled nursing facility had been constructed. The Owner Property is more particularly described on Exhibit A attached hereto and incorporated herein by this reference.

D. The Owner Property continues to be used as a skilled nursing facility.

Attachment: Clarification Notice - Permitted Use (San Andreas) [Revision 1] (7143 : Avalon deed clarification notice)

CLARIFICATION

1. County hereby confirms and clarifies, for the benefit of Owner and its successors and assigns, that (a) the term "hospital," as used in the Existing Use Restriction, includes, without limitation, a skilled nursing facility; (b) the use of the Owner Property as a skilled nursing facility is in compliance with, does not violate, and will not violate the Existing Use Restriction; and (c) no breach of the Existing Use Restriction has occurred and, therefore, the right of re-entry set forth in paragraph 2 of the Deed has not arisen as of the date of this Notice.

2. In the event of any conflict between the provisions of the Deed and the provisions of this Notice, the provisions of this Notice shall control.

[Signature Page Follows]

Form 2: Budget Template

Applicant Instructions:

Please fill out as much of the budget template as possible. It has been divided into the phases of development

This template should be completed with specific input from your professional development team (e.g., arch

Please use actual bid costs and/or **professional estimates** from your development team.

Please fill in yellow highlighted cells with as much accurate detail as possible. This budget is the basis of you

Not all sections may apply to your project. Please use exact budget estimates or real bid amounts to show a

Contingencies and owner's admin fees are automatically calculated.

Estimates must comply with federal guidelines as stipulated in <https://home.treasury.gov/system/files/136>

Estimates and employment practices must comply with state guidelines as stipulated by <https://www.dir.ca>

Labor cost estimates **MUST include current prevailing wage rates** in your region for all trades during constr

Employment practices must comply with State Guidelines for Public Works and Prevailing Wages, as stipula

Please review the Glossary of Terms for further clarification.

Lead Authorized Representative Name and Contact Information:	Randy Smart, email: randy.smart@mthcd.org
County or Tribal Nation:	Calaveras County MACT (Miwuk)
Name of Entity Applying:	Mark Twain Health Care District
Name of Proposed Project:	Crisis and Wellness Center
Projected Start Date:	2/28/2024
Project Director (if different than the Lead Authorized Representative) Contact Name, Email, & Phone:	
Proposed Project Address:	51 Wellness Way Valley Springs, CA 95252
Assessor Parcel Number(s) (APN):	073-049-013

BHCIP ROUND 5: Crisis and Behavioral Health Continuum

Project Development Costs by Phase

Development Phase	Funded by Grant	Funded by Match
PHASE 1: PLANNING AND PRE-DEVELOPMENT		
Owner Administration (10% autofill)	\$0	
Legal (Contracts and Due Diligence)		
Architect (Concept Planning)		
Consultants (Specify)		
Civil Engineer		
Construction Manager/Owner's Representative		
Site Investigation Report (SIR)		
Site Surveys (Soils & Enviro)		

Other Feasibility/Due Diligence Costs		
Other Feasibility/Due Diligence Costs		
Contingency (10% autofill)	\$0	
Total Feasibility Costs	\$0	\$0

Development Phase	Funded by Grant	Funded by Match
PHASE 2: DESIGN DEVELOPMENT (SDs and DDs)		
Owner Administration (10% autofill)	\$7,600	
Legal (Contracts)		
Architect Schematic Drawings (SDs)	\$15,000	
Architect & Engineers Design Drawings (DDs)	\$6,000	
Construction Manager/Owner's Rep		
Civil Engineer	\$20,000	
MEP Engineer		
Structural Engineer		
Consultants Site Soils Survey	\$10,000	
Consultants (Specify)		
Consultants (Specify)	\$17,000	
Other Dev Planning Costs (Specify)	\$8,000	
Other Dev Planning Costs (Specify)		
Other Dev Planning Costs (Specify)		
Contingency (10% autofill)	\$8,360	
Total Design Development Costs	\$91,960	\$0

Development Phase	Funded by Grant	Funded by Match
PHASE 3: SHOVEL READY - Construction Drawings		
Owner Administration (10% autofill)	\$22,928	
Legal (Contracting, Due Diligence, GMAX)	\$4,000	
Architect Construction Drawings (CDs)	\$68,583	
Construction Manager/Owner's Rep		
Civil Engineer	\$45,000	
MEP Engineer	\$24,500	
Structural Engineer	\$14,700	
Consultants (Specify) Spec Writer	\$10,000	
Consultants (Specify) Construction Administration AOR-8 month duration	\$34,000	
Consultants (Specify) Bidding Services for GC	\$9,000	
Other Dev Planning Costs Business	\$12,000	
Other Dev Planning Costs Landscape Arch	\$7,500	
Other Dev Planning Costs (Specify)		
Contingency (10% autofill)	\$25,221	
Total Design Construction Drawings	\$277,432	\$0

Development Phase	Funded by Grant	Funded by Match
PHASE 3: SHOVEL READY - Permits and Fees		
Owner Administration (10% autofill)	\$12,100	
Bond Premium or Subcontractor Default Insurance (SDI)	\$0	
Builders Risk Insurance (Total Build Schedule)	\$30,000	

Title and Recording		
Plan Check & Permit Fees	\$70,000	
Local Development Impact Fees	\$12,500	
Employment Reporting	\$8,500	
Other Const. Permits & Fees (Specify)		
Other Const. Permits & Fees (Specify)		
Other Const. Permits & Fees (Specify)		
Owner's Contingency (10% autofill)	\$13,310	
Total Permits and Fees Costs	\$146,410	\$0

Development Phase	Funded by Grant	Funded by Match
LAND COSTS/ACQUISITION		
Owner Administration (2% autofill)	\$3,410	
Land Cost or Value		
Demolition	\$165,000	
Legal	\$4,000	
Broker Fee	\$0	
Appraisal Fee	\$1,500	
Construction Manager	\$0	
Closing Costs	\$0	
Land Lease Rent Prepayment	\$0	
Other Acquisition Costs (Specify)	\$0	
Contingency (5% autofill)	\$8,696	
Total Land Costs	\$182,606	\$0
Existing Improvements Value (for Match)		
Off-Site Improvements		
Total Acquisition Costs	\$182,606	\$0

Development Phase	Funded by Grant	Funded by Match
REHABILITATION		
Owner Administration (5% autofill)	\$0	
Legal		
Construction Manager/Owner's Rep		
Physical Needs Assessment (PNA)		
Site Work (Materials and Labor)		
Structures (Materials and Labor)		
General Conditions/Requirements		
Contractor Overhead		
Contractor Profit		
Prevailing Wages Administration		
General Liability Insurance		
Project Inspection		
Signage		
Fixtures/Equipment		
Urban Greening/Landscaping		
Other Rehabilitation: (Specify)		
Other Rehabilitation: (Specify)		

Other Rehabilitation: (Specify)		
Owner's Contingency (20% autofill)	\$0	
Total Rehabilitation Costs	\$0	\$0

Development Phase	Funded by Grant	Funded by Match
FINAL PHASE: CONSTRUCTION		
Owner Administration (5% autofill)	\$103,464	
Legal		
Construction Manager/Owner's Rep	\$65,000	
Site Work (Materials and Labor)	\$350,000	
Hard Costs (Materials and Labor)	\$885,000	
General Conditions/Requirements	\$111,000	
Contractor Profit	\$253,703	
Prevailing Wages Administration	\$169,000	
General Liability Insurance	\$120,000	
Project Inspection	\$29,575	
Fixtures/Equipment	\$50,000	
Signage	\$5,000	
Urban Greening/Landscaping	\$6,000	
Other New Construction:		
Other New Construction:		
Other New Construction: (Specify)	\$25,000	
Other New Construction: (Specify)		
Other New Construction: (Specify)		
Owner's Contingency (20% autofill)	\$434,548	
Total New Construction Costs	\$2,607,290	\$0

Development Phase	Funded by Grant	Funded by Match
OTHER PROJECT COSTS		
Post-Construction Commissioning		
Accounting/Reimbursable	\$15,000	
Other Costs: (Specify)		
Other Costs: (Specify)		
Other Costs: (Specify)		
Other Costs: (Specify)		
Owner's Contingency (10% autofill)	\$1,500	
Total Other Project Costs	\$16,500	\$0

Development Phase	Funded by Grant	Funded by Match
DEVELOPER COSTS		
Developer Overhead		
Consultants/Processing Agents		
Project Administration		
Other Developer Costs: (Specify)		
Total Developer Costs	\$0	\$0
MATCH Amount Required (Cash)		
TOTAL PROJECT COSTS	\$3,322,198	\$332,220

Totals Dollar Amounts Total Match Percentages

Match \$ Amount and % of Total Costs	\$332,220	12%
Total Contingency	\$469,718	14.14%
Total Administration	\$127,164	3.83%

20. Services Payors

Describe how the behavioral health services to be delivered at this project site will be paid for and sustained once project construction is complete.

The Mark Twain Health Care District (MTHCD) facility expansion will help serve all patients but specifically focus on racial and economic disparities, homelessness, Medi-Cal, and Tribal patients. The proposed 1,600-square-foot clinic expansion will meet demands across six of the eight Core Continuum of Care services and will stand in complete alignment with the California 2021 report “Assessing the Continuum of Care for Behavioral Health Services in California.” This project will expand the behavioral health space at the Valley Springs Health & Wellness Center by 1,600 square feet, providing 3 renovated and 7 new behavioral health clinical rooms.

MTHCD engaged an independent public accounting firm to provide the enclosed 5-year pro forma financial statements. These financial statements provide an overview and outlook of the financial viability of the proposed facility expansion. As evidenced in the pro forma, financial assistance via the Behavioral Health Continuum Infrastructure Program (BHCIP) is essential to make this behavioral health project expansion possible and MTHCD and CCMH cannot move forward without it. MTHCD is anticipating using the funds received via the BHCIP to cover the budgeted construction costs incurred for the facility expansion as shown in the Form 2 budget provided. The facility expansion project is expected to be completed the end of fiscal year 2024; thus, the break-even point is projected to take place in 2025 which will be the first year the additional behavioral health rooms will be operational.

Following the successful completion of the expansion, the behavioral health division will be primarily paid for and sustained via growing patient visits as a result of the 7 additional clinic rooms, additional behavioral health providers will be added to support the expanded clinic rooms and patient demands, and an increase in patient revenues per visit due to the projected increase in encounter rates. Demand for behavioral health crisis intervention in Calaveras is at an all-time high and is escalating daily. Every regional and local Community Needs Assessment for the last 10 years has identified this as our highest priority issue. Calaveras County is a federally recognized Mental Health Shortage area, and what little is here to serve those patients tends to be fragmented and insufficient. MTHCD has already put a lot of time, resources, and effort towards this facility expansion initiative and is committed to sustaining and supporting the community’s behavioral health needs.

Mark Twain Health Care District
Valley Springs Health & Wellness Center- Behavior Health Division Only
 Pro Forma Statements of Revenues and Expenses
 Under the Hypothetical Assumptions in Note A For the Years Ended June 30

	FORECAST PERIOD				
	2023	2024	2025	2026	2027
ACTUALS					
2022					
Net patient service revenues	\$ 163,095	\$ 490,900	\$ 1,227,300	\$ 1,534,100	\$ 1,917,700
Net patient service revenues	\$ 163,095	\$ 396,200	\$ 490,900	\$ 1,227,300	\$ 1,534,100
BHCHIP grant revenues	-	184,000	184,000	184,000	184,000
Other grant revenues	116,250	119,700	127,000	130,800	134,700
Support revenues	380	390	410	420	430
Other operating revenues	380	741,398	307,300	311,000	314,800
Other operating revenues	380	390	400	420	430
TOTAL OPERATING REVENUES	\$ 279,775	\$ 798,600	\$ 1,538,710	\$ 1,849,320	\$ 2,236,830
<i>% annual growth (patient revenues only)</i>		<i>143%</i>	<i>150%</i>	<i>25%</i>	<i>25%</i>
OPERATING EXPENSES					
Professional staff salaries - behavior health	\$ 171,996	\$ 517,300	\$ 619,600	\$ 644,384	\$ 670,159
Professional staff salaries	\$ 171,996	\$ 323,300	\$ 517,300	\$ 619,600	\$ 644,384
Insurance benefits (employer portion)	20,639	62,100	74,400	77,300	80,400
Payroll taxes	12,040	36,200	43,400	45,100	46,900
Other (licensing, uniforms, education, etc.)	3,440	10,300	12,400	12,900	13,400
Professional staff employee benefits	36,119	67,900	108,600	130,200	140,700
Administrative staff salaries	14,549	15,131	15,737	17,021	17,702
Administrative Staff benefits	490	505	536	552	568
Administrative staff salaries & benefits	7,299	15,636	16,257	17,573	18,270
Insurance	7,299	7,500	7,700	8,100	8,300
Expansion project expenses	0	7,500	7,900	8,100	8,300
Depreciation and amortization - expansion project	0	568,498	568,498	568,498	568,498
Building & equipment - expansion project	0	184,000	184,000	184,000	184,000
Repairs & maintenance - overhead	1,346	621,698	184,000	184,000	184,000
Depreciation and amortization - overhead	54,930	1,390	1,430	1,510	1,560
Utilities & Phone	50,938	54,930	54,930	54,930	54,930
Building, utilities & equipment - overhead	107,213	52,500	54,100	57,400	59,100
Behavior health materials & supplies	2,050	108,820	110,460	112,100	115,590
Other clinical & office supplies	23,555	3,960	4,910	12,270	15,340
Supplies	25,604	24,300	25,000	26,600	27,400
Professional fees	70,557	28,260	29,910	38,070	41,940
Other operating expenses	9,471	72,700	74,900	77,100	81,800
Other operating expenses	9,471	9,800	10,100	10,700	11,000
TOTAL OPERATING EXPENSES	\$ 428,260	\$ 1,059,227	\$ 1,196,272	\$ 1,235,236	\$ 1,276,399
<i>% of operating revenue</i>		<i>110%</i>	<i>78%</i>	<i>67%</i>	<i>57%</i>
INCREASE (DECREASE) IN NET POSITION	\$ (148,535)	\$ (260,627)	\$ (342,438)	\$ (614,084)	\$ (960,431)

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Dental Local Anesthesia Policy	REVIEWED: 2/02/23
SECTION: Dental - Patient Care	REVISED:
EFFECTIVE: 2/22/23	MEDICAL DIRECTOR: Dr. Randall Smart

Subject: Administering Local Anesthetic

Objective: Patient comfort and safety

Response Rating:

Required Equipment:

Procedure: Equipment Needed:

- Dental syringe
- A 25, 27, or 30 gauge, short or long dental needle, depending on the anesthetic technique
- Local anesthetic solution
- Topical anesthesia

The patient’s medical history, including any medical conditions, medications, and allergies, should be reviewed as this can affect the choice of the anesthetic agent. The patient’s weight should be known to avoid exceeding the safe dose of anesthetic solution. The dental syringe is assembled by the operator or dental assistant, confirming the anesthetic agent to be utilized and its expiration date. Under good lighting, local anesthesia is administered with the patient in the dental chair in a supine or semi-supine position. Anatomical landmarks are observed before administering the local anesthesia. Furthermore, the application of topical anesthesia is placed before injection to reduce discomfort.

The ASA (American Society of Anesthesiologists) Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. Definition Examples, including but not limited to:

- ASA I - A normal healthy patient Healthy, non-smoking, no or minimal alcohol use.
- ASA II - A patient with mild systemic disease Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity ($30 < \text{BMI} < 40$), well-controlled DM/HTN, mild lung disease
- ASA III - A patient with severe systemic disease Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity ($\text{BMI} \geq 40$), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, *ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
- ASA IV - A patient with severe systemic disease that is a constant threat to life Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or *ESRD not undergoing regularly scheduled dialysis
- ASA V - A moribund patient who is not expected to survive without the operation Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/ system dysfunction
- ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes

The Dentist or the Registered Dental Hygienist will only administer the local anesthetic. The patient needs to be cooperative during delivery of local anesthetic for safety reasons.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Dental Fluoride Varnish Policy	REVIEWED: 2/02/23
SECTION: Dental - Patient Care	REVISED:
EFFECTIVE: 2/22/23	MEDICAL DIRECTOR: Dr. Randall Smart

Subject: Fluoride varnish use for patients

Objective: To define the appropriate use and application of oral fluoride varnish for patients.

Response Rating:

Required Equipment: Single use fluoride varnish packets, gloves, basic instruments, prophylaxis cup and prophylaxis angle handpiece, prophylaxis paste, and floss.

Procedure for Dental Clinic

Reasons for fluoride varnish:

- Sensitivity that does not resolve with an over-the-counter desensitizer.
- Moderate to high caries risk individuals with a medical or cognitive impairment.
- Individuals in active orthodontic treatment.
- The Remineralization of incipient or white spot enamel carious lesions.

1. Fluoride varnish application

- The dentist will do an oral exam to determine if the patient needs fluoride and how often.
- The providers and Clinic staff will be trained in the application of fluoride varnish and that training will be documented prior to the implementation of the fluoride varnish program.
- Polishing of the teeth with a prophylaxis angle, cup and paste, then flossing, to remove plaque.
- Apply the varnish according to the manufacturer’s guidelines.

2. Post-application guidance for patients

- The patient may drink water after application of fluoride varnish.
- The patient should not eat any foods that are hard, crunchy, or chewy for 4-6 hours.
- The patient cannot have hot beverages or alcohol for 4-6 hours.

- The patient should not floss or brush until the next following day.
- The patient should not use any fluoride products like fluoride gels mouth rinses, ect on the day of treatment and should not take fluoride tablets for several days.
- Fluoride containing toothpaste can still be used.
- After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed and flossed.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Billing Personnel - Organization	REVIEWED: 11/30/18; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Revenue Cycle	REVISED: <u>2/02/23</u>
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: The Clinic Manager, Billing ~~Supervisor~~Specialist, Practice Management Consultant and/or District CEO will be the liaisons between the EMR vendor and the medical staff. Billing procedures are delivered according to policies and procedures that have been authorized by the Governing Body.

Objective:

1. To clarify administrative and supervisory responsibilities for the billing personnel.
2. To delineate areas of responsibility.
3. To clarify determination of billing staff hours.
4. To determine the evaluation of patient billing.
5. To identify the methods used for patient billing.

Response Rating:

Required Equipment:

Procedure:

1. Billing hours are 8:00am – 5:00pm, Monday through Thursday.
2. Evaluation of billing procedures will be performed. The following methods may be used to determine quality and appropriateness of billing procedures:
 - a. Quality Assurance Program
 - b. Patient needs satisfaction (verbal and/or written)
 - c. Monthly receivable report and monthly accounts payable report
 - d. Collection by Insurances report
 - e. Census reports
3. The Clinic Manager will meet with the Billing ~~Supervisor~~Specialist on at least a monthly basis to discuss mutual concerns.

4. The Billing ~~Specialist Supervisor~~ or their designee is responsible for submitting claims from the EMR using the missing slips, claims on hold, and manager hold “buckets”.
5. The Billing ~~Specialist Supervisor~~ or their designee will work closely with the Medical Director to ensure providers complete medical record documentation timely and completely with the goal of providing an accurate, detailed record of care and proposed follow-up course of care complete with diagnosis and procedure codes as appropriate.
6. The Billing ~~Specialist Supervisor~~ or their designee will ensure timely follow-up of billing related correspondence, including balance due correspondence to self-pay patients with an open balance and will document actions taken within the appropriate data capture fields in the EMR’s billing functionality.
7. The Billing ~~Specialist Supervisor~~ or their designee will work closely with the Director of Clinic Operations, the Clinic Manager and District Accounting Department to identify and audit credit balance accounts and will bring those accounts to the attention of the Clinic Manager and Executive Director for review and follow-up, including the issuance of a refund check via the District Accounting Office or a requested “take back” requested of the insurance payor.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Cardiopulmonary Resuscitation/ Basic Life Support	REVIEWED: 11/19/18; 9/14/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Clinical	REVISED: 9/14/19; 2/18/21; 2/09/22
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Cardiopulmonary Resuscitation/Basic Life Support

- Objective:**
- A. To maintain competence of clinic staff in the performance of cardiopulmonary resuscitation.
 - B. To initiate CPR efficiently and effectively when needed.
 - C. To maintain CPR until advanced cardiac life support of EMS practitioners arrive at the clinic.
 - D. To provide optimum management of “CODE BLUE” incident which insures that the personnel as well as supplies and drugs required to restore circulatory or respiratory action are immediately available and ready for use.

Acuity Rating: Severe

Required Equipment: Crash cart, AED, oxygen, Code Blue report form

Policy: Cardiopulmonary Resuscitation (CPR) should be initiated by the Clinic staff when a person is assessed to have no pulse or is non-breathing. Notify the practitioner immediately, call 911, and announce CODE BLUE. All staff will maintain current certification in pediatric and infant CPR.

Front Office Staff:

1. Responsible for identifying a patient who presents to the Clinic in distress or exhibiting serious symptoms which may require intervention or CPR and to notify the nurse and/or practitioner immediately.
2. Call 911 immediately.
2. Will help maintain calm for the remaining patients.
3. May be called upon for record keeping in the event of cardiac arrest.

Medical Assistants/Nurses:

1. Will have current BLS certification and renew it every two years.
2. Will complete crash cart and AED monthly inspections and document same.

3. RN is responsible for administering medications as directed, obtaining the crash cart and AED for the practitioners.
4. When possible, place the patient on the floor or safe hard surface or use the CPR board. CPR cannot be effectively administered on a standard exam table

Practitioners:

1. All practitioners must have current BLS certification. It is the responsibility of the practitioner to keep this current and to provide the Clinic Manager with a current copy of their certificate.
2. All practitioners will be given an orientation to the emergency procedures of the clinic. Mock code drills will be held to assist in maintaining these skills.
3. The highest level practitioner on duty will be in charge of the “Code” until relieved by the Paramedic team.
4. Unresponsive patients will be assessed and treated according the latest AHA guidelines for ACLSBLS.
5. Ensure a staff member calls 911 immediately, verifying correct address.
6. Document all care rendered in the EMR.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Disaster - Fire	REVIEWED: 7/24/19; 03/10/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/09/22: <u>2/02/23</u>
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Disaster - Fire

Objective: To ensure the safety of patients, personnel, and visitors Clinic personnel shall be prepared to follow a planned course of action in the event of a fire to ensure safety to patients, staff and visitors.

Response Rating:

Required Equipment:

Procedure:

1. In the event of a fire in the facility:
 - a. The first responder will direct a staff member to call 911 to report the fire.
 - b. The first responder will perform an overhead page using Code Red, speaking clearly and stating the location of the fire, repeating 2 times.
 - c. The first responder will use the nearest fire extinguisher to attempt to extinguish the fire, if this can be done safely.
 - d. Patients and visitors will be evacuated as follows:
 1. The front office personnel will direct the patients and visitors from the front waiting area to the outside and away from the building through the nearest clear exit per the posted evacuation plan.
 2. The nursing staff will direct the patients and visitors from the exam and procedure areas to the nearest clear exit per the posted evacuation plan.
 3. Personnel will direct patients and visitors to the paved parking area located at the south end of the Clinic building.
 - e. The Clinic Manager or designee will ensure that the building is evacuated of patients, visitors and staff. They will perform a head count once the building is considered evacuated. The head count will reflect scheduled staff, patients, guests, and vendors present at the time the emergency occurred.
 - f. The Clinic Manager or designee will meet fire personnel when they arrive.

- g. The Clinic Manager or designee will record all actions taken and include that information in their Incident Report.
- h. The Clinic Manager will prepare a thorough incident report and forward that report to the District Chief Executive Officer.
- i. The Office Manager will work with the Maintenance Supervisor to outline the damage to the premises and coordinate arrangements for the repair and replacement of damaged premises and equipment through the District Chief Executive Officer.
- j. The District Chief Executive Officer will notify California Department of Public Health Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continued use, and if not, what alternate arrangements have been made so that care of patients may continue.

REVISIONS

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Employee Health	REVIEWED: 8/8/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Workforce	REVISED: 2/18/21
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Employee Health

Objective: Prior to starting work and annually thereafter, employees and contractors will ensure completion of minimum Employee Health processes to ensure a well workforce.

Response Rating:

Required Equipment:

Procedure:

1. The following minimum procedures will be completed and documented in the confidential health file prior to the employee and/or contractor's first day of work.
 - a. A PPD skin test or chest x-ray if prior PPD was positive or if received a prior vaccine.
 - b. Proof of Hepatitis B vaccinations or laboratory results (titers) to demonstrate immunity.
 - i. If patient is not immune, Clinic will provide Hepatitis B vaccinations at cost to the Clinic or, if the employee wishes to decline the vaccination, they may sign a declination statement.
 - c. Urine drug screen
2. The following minimum procedures will be completed and documented in the confidential health file annually for employees and contractors:
 - a. A PPD skin test or chest x-ray if prior PPD was positive.
3. The Clinic will provide flu shots for employees and contractors which are encouraged but optional.
4. PPD skin test will be repeated annually and documented in the confidential health file.
5. COVID-19 vaccinations, boosters and/or exemptions will be documented and uploaded to the confidential health file at time of hire/onboarding and when any updates occur.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Infection Control	REVIEWED: 3/1/19; 3/30/20; 3/31/20; 11/20/20; 8/25/21; <u>12/18/22</u>
SECTION: Infection Control	REVISED: 3/30/20; 3/31/20; 11/20/20; <u>12/18/22</u>
EFFECTIVE: <u>9/29/21</u> <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Infection Control

Objective: To establish guidelines that will assist staff to prevent the spread of infection, ensure the use of aseptic technique and report communicable diseases.

Response Rating: Mandatory

Required Equipment: Soap, water, sterile gloves, and approved disinfectant.

Key Concepts in This Guidance for COVID-19 Pandemic and similar Respiratory Infections:

- **Limit how germs can enter the facility.** Cancel elective procedures, use [telemedicine](#), when possible, limit points of entry and manage visitors, screen patients for respiratory symptoms, encourage patient respiratory hygiene using alternatives to facemasks (e.g., tissues to cover cough).
- **Isolate symptomatic patients as soon as possible.** Set up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with door closed.
- **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort COVID-19 patients, limit the numbers of staff providing their care, prioritize respirators for aerosol-generating procedures, [implement PPE optimization strategies](#) to extend supplies.

Implementation:

Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient’s visit, and until the patient’s room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from COVID-19 and other transmissible pathogens (e.g. older individuals with comorbid conditions), including HCP who are in a recognized risk category.

- **Before Arrival**
 - When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) on the day they are scheduled to be seen.

- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
 - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).
- **Upon Arrival and During the Visit**
 - Consider limiting points of entry to the facility.
 - Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
 - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
 - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 70-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
 - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
 - Prioritize triage of patients with respiratory symptoms.
 - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
 - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of influenza, COVID-19 or other respiratory infections, or -contact with possible COVID-19 patients.
 - Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
 - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
 - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
 - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.

- Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
 - Learn more about how healthcare facilities can [Prepare for Community Transmission](#)
 - Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
 - Cancel group healthcare activities (e.g., group therapy, recreational activities).
 - Postpone elective procedures and non-urgent outpatient visits.
- **Hand Hygiene**
 - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
 - HCP should perform hand hygiene by using ABHR with 70-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
 - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.

- **Personal Protective Equipment**

Clinic management should select appropriate PPE and provide it to HCP in accordance with [OSHA PPE standards \(29 CFR 1910 Subpart I\) external icon](#). HCP must receive training on and demonstrate an understanding of:

- when to use PPE
- what PPE is necessary
- how to properly don, use, and doff PPE in a manner to prevent self-contamination
- how to properly dispose of or disinfect and maintain PPE
- the limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facility has policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask**

- Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.

- N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure. Disposable respirators and facemasks should be removed and discarded after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.
 - If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- **Eye Protection**
 - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - Remove eye protection before leaving the patient room or care area.
 - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
- **Gloves**
 - Put on clean, non-sterile gloves upon entry into the patient room or care area.
 - Change gloves if they become torn or heavily contaminated.
 - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- **Gowns**
 - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
 - If there are shortages of gowns, they should be prioritized for:
 - aerosol-generating procedures
 - care activities where splashes and sprays are anticipated
 - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - device care or use
 - wound care

3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, [home care](#) is preferable if the individual’s situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.

- Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.
- During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
 - HCP must take care not to touch their eye protection and respirator or facemask.
 - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
- HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Patients should wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use PPE as described above.
- Whenever possible, perform procedures/tests in the patient's room.

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur:
 - HCP proximate to the patient or performing the test should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
 - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
 - Specimen collection should be performed outside or in a normal examination room with the door closed or in the patient's vehicle as dictated by triage and existing protocols.
 - Clean and disinfect procedure room surfaces promptly and allow the room to air out, unutilized, ~~for a minimum of three hours.~~
 - Any test or procedure that will cause aerosolization should be performed outside whenever possible

Generalized NON-Covid Infection Control:

During any identifiable infectious disease every attempt should be made to follow the guidance of CDC, California Department of Public Health, Calaveras County Department of Public Health.

1. Wash hands with soap and water:
 - a. Before coming on duty
 - b. Before and after direct and indirect patient contact.
 - c. Before and after performing any body functions, such as blowing your nose or using the toilet
 - d. After direct or indirect contact with **any** body fluid (urine, blood, sputum)
 - e. Before and after catheter insertions, blood draws, dressing changes and other sterile procedures

- f. Before and after caring for a patient with known or suspected infection
- g. After completing your shift

2. Other guidelines:

- a. Clean under your fingernails with brush before and after working in a high-risk situation
- b. Avoid personal hand creams while working, as it may interfere with antiseptic solutions
- c. Always wash hands before and after wearing sterile gloves
- d. Between patients, it is acceptable use alcohol-based hand sanitizers if your hands are not visibly dirty, however it is understood that handwashing with soap and water for a minimum of 20 seconds is preferred

3. Disinfectant Guidelines:

- a. Utilize manufacture prepared disinfectant solutions or wipes while those products are available.
- b. Make fresh disinfectant solution if needed according to manufacturer directions should manufacturer prepared disinfectant solutions or wipes not be available
- c. Mark disinfectant solution with name and date prepared, your initials and expiration date
- d. Never add fresh disinfectant solution to an already prepared solution

4. Guidelines for medical equipment coming in contact with body fluid

- a. Clean article according to manufacture guidelines.

REFERENCE: CDC Guidelines (on-line), California Department of Public Health, Calaveras County Department of Public Health

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Intramuscular Injections	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>1/03/23</u>
SECTION: Patient Care	REVISED: 11/23/20; <u>1/03/23</u>
EFFECTIVE: <u>9/29/21</u> 1/25/23	MEDICAL DIRECTOR:

Subject: Intramuscular Injections

Objective: To administer medication into a muscle.

Response Rating: Minimal to Severe

Required Equipment: Syringe, proper size and gauge needle, alcohol swab, cotton ball, Band-Aid and gloves.

Procedure

- Remember the five rights: **Patient, Dose, Medication, Route, Time, and check Expiration Date.**
1. Review practitioner’s written order. Verbal orders are not allowed.
 2. If order is unclear, do not give the injection until all information is understood.
 3. Check patient allergies.
 4. Provide patient/guardian with current Vaccine Information Sheet (VIS) if immunizations are being administered. Patient education includes side effects of the medication. Give the patient literature for after-injection care, if necessary.
 5. Have patient review and sign consent, if required.
 6. Prepare medicine - proper size and gauge needle and proper dilutant per manufacturer guidelines.
 7. Change needles, if appropriate.
 8. Choose and prepare site. Upper outer quadrant of buttock, upper deltoid, or lateral thigh are acceptable sites.
 9. Insert needle and slowly give medication, it is no longer recommended to aspirate prior to giving medication.

10. Withdraw needle, immediately engage the needle safety mechanism and **DISPOSE OF NEEDLE AND SYRINGE ASAP IN SHARPS CONTAINER. DO NOT RECAP NEEDLE.**
11. Cover site with Band-Aid if desired.
12. Document EMR with manufacturer, lot number, expiration date, location, medication and dosage, job title and how the patient tolerated the procedure, as well as the last name, first name or initial and title of the person administering the medication. Document distribution of current VIS if immunizations are given.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medi-Cal Eligibility Verification	REVIEWED: 11/12/18; 9/24/20; <u>8/2/21; 1/04/23</u>
SECTION: Admitting	REVISED: <u>1/04/23</u>
EFFECTIVE: <u>10/28/201/25/23</u>	MEDICAL DIRECTOR:

Subject: Medi-Cal Eligibility Verification

Objective: To ensure eligibility for patients covered by Medi-Cal.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Medi-Cal insured via Medi-Cal directly or Managed Medi-Cal plans, must have verification of benefits prior to receiving services.
2. Patients will be identified by showing their health insurance card and/or State of California MediCal card and a photo identification card. All cards will be scanned into the electronic medical record.
3. Use the EMR eligibility checking functionality
 - a. Enter subscriber ID
 - b. Enter date of birth
 - c. Enter patient’s relationship to subscriber
 - d. Select perform eligibility check
3. Alternatively, use the approved online Medi-Cal verification process
 - a. Log in on the Medi-Cal website: medi-cal.ca.gov and/or [Availity](#)
 - b. Enter subscriber ID or social security number
 - c. Enter date of birth
 - d. Enter issue date on Medi-Cal card or current date
 - e. Enter service date (current date)
 - f. Select Submit
 - g. Print eligibility information

4. If a patient arrives at the clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medical Records Release	REVIEWED: 4/1/19; 12/30/20; 9/29/21; <u>1/12/23</u>
SECTION: Medical Records	REVISED: <u>1/12/23</u>
EFFECTIVE: 10/27/21 <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Release of medical records

Objective: To ensure that authorization for release of patient medical information is valid, requirements for patient authorization under the Confidentiality of Medical Information Act will be followed.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. To be valid, authorization for a provider to release patient medical information must be:
 - a. In writing.
 - b. Executed by a signature that serves no purpose other than to execute the authorization.
 - c. Signed and dated by one of the following:
 1. The patient.
 2. The legal representative of the patient, if the patient is a minor.
 3. The legal representative of the patient, if the patient is an adult with a guardian.
 - d. The limitations, if any, on the types of medical information to be disclosed.
 - e. The name of the health care provider that may disclose the medical information.
 - f. The name of the person or entities authorized to receive the medical information.
2. The designated employee will give a medical records release form to the person requesting records.
3. The form must be completed and signed before a witness, who will also sign the document.
4. The signed, completed document will be kept in the medical record and the requested records will be released to persons requesting them or their designee.
5. A copy of the signed, completed request form will accompany the records being sent.

5-6. Any requests for Behavioral Health records, even with a signed release, must be reviewed by the Behavioral Health Provider prior to records being released by the requestor.

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Medical Records Release
Policy Number 111

Medical Records Release
Policy Number 111

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication Administration	REVIEWED: 5/28/19; 10/22/2020; 8/25/21; <u>1/05/23</u>
SECTION: Medication Management	REVISED: 10/22/2020; <u>1/05/23</u>
EFFECTIVE: <u>9/29/21</u> <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Medication administration

Objective: To ensure patient safety in the Clinic during administration of medications, medication will be administered to clinic patients only after the dose has been properly selected, measured, and checked for accuracy against the written and signed physician order.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. All medications are to be checked three times before administration *to verify name, correct medication, and expiration date*
 - a. Before removing container from shelf
 - b. Before pouring or preparing the medication
 - c. Before placing the container back on the shelf
2. Check container to ensure medication is “in date”. Outdated medications will be marked as Out-of-Date and segregated for removal from the Clinic.
3. Check container to confirm it is a single dose vial (SDV). If not, do not remove the multi-use vial from the medication room.
4. All doses given will be double-checked with another licensed person or with the prescribing provider prior to administration.
5. All syringes with medication from a multi-use vial will be labeled prior to leaving the Medication Room and delivering the medication to the patient. Label will include date, time, initials of person who drew up the medication and the name of the medication.

5. Before administering any medications, check for allergies with the patient and/or give skin tests, as required.
6. Check with the prescribing provider regarding any dose that appears too large or any label that is not clear.
7. Do not carry on conversations with providers, co-workers, patients or other individuals while pouring or preparing medications.
8. Do not administer any drug that has undergone physical changes such as cloudy rather than clear, colored instead of clear, etc.
9. Measure all doses carefully.
10. Do not touch any tablets with fingers.
11. Never use medications from an unlabeled container.
12. Pour all medications from the side of the bottle away from the label.
13. Never put medications back into the bottle after they have been removed.
14. *Enter date, time of administration of medication in patient's record, along with route of administration, manufacturer, lot number, expiration date, and any reactions noted at the time the dose was given.*

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication Management Emergency Response to Power Failure	REVIEWED 8/30/19; 11/22/2020; 8/25/21; <u>1/05/23</u>
SECTION: Medication Management	REVISED: <u>1/05/23</u>
EFFECTIVE: <u>9/29/21/25/23</u>	MEDICAL DIRECTOR:

Subject: Medication Management – Emergency Response to Power Failure

Objective: Outline of steps required for the appropriate management of medications during power failure emergencies.

Response Rating:

Required Equipment:

Procedure:

1. Determine the reason for the power failure (circuit breaker failure, generator failure, refrigerator/freezer unplugged, or power outage).
2. Notify Clinic Management
 - a. Clinic Manager
 - b. Medical Director/CEO
3. Short term power outage (1 to 2 hours)
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS.
 - b. The 1 to 2 hour time frame is affected by the room temperature
 1. The hotter the room, the shorter the time the medications may remain in the fridge/freezer
 2. If the room temperature is excessive, plan to remove the medications more quickly
 3. Monitor the data-logger connected to the thermometer in the device and posted on the exterior of the fridge/freezer
4. Long term power outage (greater than 2 hours)
 - a. DO NOT OPEN THE REFRIGERATOR OR FREEZER DOORS until you are ready to remove the contents and move those items to an appropriate location.
 - b. Relocate the medications from the refrigerator and freezer to the designated back up location per vaccine plan

5. Requirement for transporting vaccines:
 - a. Varivax, MMRV: Merck now recommends that Varicella vaccine **NOT** be transported on dry ice. Varicella should be packed directly on ice packs in a separate insulated container (from refrigerated vaccines) with 6 or more **frozen ice packs** to maintain recommended temperatures (5°F to -58°F).
 - b. All other vaccines: These vaccines can be transported to an appropriate cooler with **ice packs**. The refrigerated vaccines should have 2 inches of bubble wrap or other protective barrier separating them from the ice packs. Ice packs should be stored in the freezer for potential use.
6. All Clinic staff are responsible for being familiar with this protocol and for taking appropriate action in the event of a power failure to safeguard vaccines.
7. For any questions concerning degradation of viability of vaccines, contact the vaccine manufacturer for non-VFC medications, for VFC medications, contact a Vaccines for Children Representative at 1(877) 243-8832 (Option 5)

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Annual Review of Contracts	REVIEWED: 7/10/19; 2/18/21; 2/09/22: <u>2/02/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>3/23/22/22/23</u>	MEDICAL DIRECTOR:

Subject: Annual Review of Contracts

Objective: In order to ensure all contracts are current and in the best interest of the Clinic, all Clinic contracts will be reviewed on an annual basis.

Response Rating:

Required Equipment:

Procedure:

1. Contracts for goods and services will be entered into on behalf of the Clinic and in keeping with the Clinic’s needs.
2. Upon entering into a contract, contract information will be entered into a Contract Management matrix.
 - a. Name of entity
 - b. Contact person
 - c. Contact number
 - d. Contact email address
 - e. Purpose of contract
 - f. Contract start date
 - g. Contract end date
 - h. Special conditions
3. On a regular basis and no less than once a year, the Matrix will be reviewed and all contracts due to expire will be reviewed and considered for renewal.

4. Review of contract will be documented in the special conditions section of the Contract Management Matrix.

5. Contracts which require renewal will be forwarded to the Chief Executive Officer for further consideration and negotiation with the contracting entity.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Billing Practices	REVIEWED: 7/1/19; 2/18/21; <u>2/09/22; 2/02/23</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <u>3/23/22/22/23</u>	MEDICAL DIRECTOR:

Subject: Billing practices

Objective: To define Clinic billing practices

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will establish a schedule of fees that are charged for all services rendered, regardless of the payer source.
2. Contractual adjustments, reflective of Clinic agreements with insurance carriers and other third party payers will be applied to patient accounts upon receipt of final payment from the payer.
3. The Clinic will accurately document each patient encounter in the record for the purpose of recording care rendered.
 - a. Regardless of payment methodology (i.e.: fee-for-service, flat rate, prospective payment) billing will reflect the scope and complexity of the patient examination and treatment.
3. The Clinic will accurately document the care rendered, tests/procedures performed and medications/supplies utilized to ensure a complete record of the care rendered and for the purpose of preparing a bill for payment.
 - a. Payer reimbursement methodology does not affect the posting of charges to the patient's account.
3. Unless extraordinary circumstances arise, patient medical records will be completed before the end of the practitioner's work shift.
4. The Medical Director will review for prior day open medical records and ensure practitioners complete any pending entries before the end of the second business day.
5. Practitioners will select the E&M code that most accurately reflects the history of the patient, the physical examination, and the medical decision-making involved in the patient's care and treatment.

6. Practitioners will select CPT codes that most accurately reflect the procedures performed in the course of patient care and will indicate supplies and medications utilized.
 - a. Practitioners will avoid unspecified codes.
7. Claims will be reviewed before submission to ensure accurate capture of procedures, tests, and medications/supplies.
8. Claims that require correction will be pulled from the queue by the designated staff member, revised, and resubmitted within five business days of the date of service.
8. Contractual adjustments will be made to accounts after posting of payer reimbursements.
9. Accounts Receivable Aging reports will be reviewed within five days of the monthly Accounts Receivable report being made available.
10. Credit balance accounts will be identified and promptly audited.
11. Audited credit balance accounts will be refunded to the payor no later than 30 days after being identified.
12. Balance due (remainder balance) statements will be sent to non-Medi-Cal patients after the insurance payor reimbursement has been made and posted and any contractual adjustment made to the account. Open account statements are sent every 28 days. Statements are sent for accounts with balances over \$9.99.
13. If the patient does not make payment (either in full or in part) during the first 120 days after their insurance has paid its portion, the account will be reviewed and considered for transfer to the designated Collection Agency.
14. Past due accounts with balances less than \$10.00 will not be sent to collections, but will be managed by Clinic staff in an effort to collect.
15. Adjustments made to self-pay flat fee accounts will be considered Charity Care and documented accordingly.
16. Administrative adjustments made to outstanding accounts, in consideration of the patient's inability to pay, will be considered Charity Care and documented accordingly.
17. Accounts sent to collections will be written off and documented accordingly. The balance of the account in collection will remain visible to Clinic staff. Should the patient present at the Clinic, staff will require a payment on the balance in collections before the patient can be treated.
18. Accounts identified as Bad Debts will be written off and documented accordingly. The balance of the account in Bad Debt will remain visible to Clinic staff. Should the patient present to the Clinic, staff will require a payment on the bad debt balance before the patient can be treated.
19. "On-the-spot" credits may be issued in the Clinic if the patient has paid their co-pay, deductible, or flat rate fee but decides to not be seen. In this case, the patient's funds are returned and/or their credit or debit card transaction is cancelled.

20. Should a practitioner and/or staff member believe a patient should be refunded their payment and/or their visit charges should be reversed, that individual will complete an Incident Report, as soon as possible, and forward their documentation to the Clinic Manager for review by the Director or their designee. In no instance may a patient refund be made “on-the-spot” after a patient has received care.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Bomb Scare	REVIEWED: 8/30/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR

Subject: Bomb Scare

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions needs to be taken for the safety of patients, staff, and guests.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Keep the caller on the line as long as possible. Ask the caller to repeat the message.
2. Ask the caller:
 - a. Their name
 - b. Where the bomb is located
3. Record/document:
 - a. Every word spoken by the person making the call
 - b. The time the call was received and terminated
 - c. Any identifiable background sounds (i.e. train whistles, traffic noise)
 - d. Any voice identifiers (i.e. accents, stuttering, tone, male or female sounding)
4. Inform the caller that the building is occupied and the detonation of a bomb could result in death or serious injury by many innocent people.
5. If possible, during the call:
 - a. Call law enforcement via 911
 - b. Call clinic leadership, if not present
 - c. Organize staff, patients and guests to evacuate premises upon police or leadership order.
6. Once the police have arrived:
 - a. Keys shall be available so that searchers can inspect all rooms. Employee lockers will be searched. If padlocked, padlock will be cut off.
 - b. If a suspected bomb is located within the building, the responsibility for investigation will be that of the law enforcement officials having jurisdiction over such matters.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Child Abuse-Reporting	REVIEWED: 7/1/19; 2/18/21; 3/10/22; <u>2/02/23</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Child Abuse Reporting

Objective: Mark Twain Health Care District and its Clinics will comply with all state and federal regulations for reporting child abuse. California PC 11165.7 requires all health practitioners, who have knowledge of or observes a child in his/her professional capacity or within the scope of his/her employment who he or she knows or reasonably suspects has been the victim of child abuse and/or neglect to report the known or suspected instance of child abuse to a child protection agency immediately, or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Response Rating: Mandatory

Required Equipment: Suspected Child Abuse Form

Procedure:

Reporting to Child Protective Services:

1. All reasonable suspicion of child abuse and/or neglect will be reported to the appropriate agencies.
2. Child abuse forms will be completed by the licensed nurse and/or provider who is treating the child. These forms must be completed and sent to the appropriate agencies within 36 hours from time of contact with the patient.
3. If it is determined or suspected that the child is in immediate danger, law enforcement will be called immediately.
4. All reports of abuse/neglect will be made verbally, followed by the written report. Calaveras County Department of Human Services (TCDHS) maintains a 24 hour/7 day a week hotline. **DO NOT FAX IN LIEU OF VERBAL REPORT.**
5. The first copy of the written report of Suspected Child Abuse Report (SCAR) can be mailed or faxed to the Calaveras County Children’s Protective Services (CPS).
6. 2nd copy will be mailed or faxed to the Law Enforcement Agency that has jurisdiction.

7. 3rd copy will be mailed to the District Attorney's office.
8. Original copy will be filed at the Clinic. This will be given to the Clinic Manager and will be filed in the Medical Director's office.

CALAVERAS COUNTY DEPARTMENT OF HUMAN SERVICES

**Fax (209) 754-3293 (Reporting Form)
Mandated Reporting (209) 754-6452 or (209) 754-6677 (After Hours)
Toll-free Hotline & After Hours 1 (844) 690-5137**

**CALAVERAS COUNTY SHERIFFS DEPARTMENT
Central Main Dispatch (209) 754-6500
Valley Springs Sub-Station 209-772-1039**

1. REPORTING BY FAX:

Form SS 8572 should be faxed to Child Protective Services immediately upon suspicion of the child abuse or neglect. By faxing the form, both written and verbal notification are completed.

2. REPORTING BY PHONE:

Reports may be made to the CPS Mandated Reporting Line that is available 24 hours a day, 7 (seven) days a week. CPS monitors the phone regularly.

3. REPORTING TO LAW ENFORCEMENT:

If it is suspected that the child is in immediate danger, the appropriate law enforcement agency must be contacted. Possible appropriate law enforcement agencies include the Calaveras County Sheriff's Department.

4. RESPONSIBILITY TO REPORT:

All professional medical personnel, including physicians, physician assistants, nurse practitioners, nurses and all other medical professionals are required by Section 11166 of the Penal Code are to report any case of suspected abuse, neglect, or exploitation of children. Any mandated reporting party knowingly failing to report suspected abuse or neglect may result in criminal or civil prosecution. No health practitioner reporting a suspected instance of child abuse shall be civilly or criminally liable for any report required or authorized by Section 11166 of the Penal Code unless it can be proven that a false report was made, and the person knew or should have known that the report was false.

5. IDENTIFICATION OF VICTIMS:

The following indicators may be cause to report child abuse or neglect:

- a. Any suspicion of physical abuse or non-accidental injury.
- b. Sexual abuse of a minor.
- c. Parental or guardian incapacity (drugs, alcohol, mental or developmental disability)
- d. Abandonment by parent or guardian.
- e. Neglect: failure to provide adequate food, clothing or shelter.
- f. Selling or giving away an infant/child.
- g. Medical neglect that endangers a child.
- h. Emotional or mental abuse.
- i. Parent/guardian threatens to harm or kill the child.

6. HOW TO USE THE CALAVERAS COUNTY CHILD ABUSE AUTOMATED LINE (800) 331-1585.

Using a completed Form SS 8572 as a guide, reporters should provide the following information:

- a. Information regarding the reporter:
 - b. Professional name and title
 - c. Business mailing address, including city and zip code.
 - d. Business phone number including area code.
- e. Information regarding the child:
 - 1. Full name. Spell the last name. Also spell the first name and other names if they have alternate spellings or are uncommon names.
 - 2. Gender, race, language spoken, birthdates if known or approximate age, school or day care facility they attend, and if known social security number, hair and eye color and religion.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Disaster - Water Contamination	DATE: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Disaster – Water contamination

Objective: In the event of a breach of the Clinic’s potable water supply, leadership will ensure a consistent supply of potable water is available to patients, visitors, and Clinic personnel.

Response Rating:

Required Equipment:

Procedure:

1. Upon disruption of potable water service, the Clinic will turn off access to the City’s water supply at all sinks and drinking fountains. Water flow will continue to all toilets unless advised to the contrary by City utilities resources.
2. Clinic staff will post a written notice to advise patients that sinks and drinking fountains are out of service and bottled water will be provided at the patient’s request.
3. The Clinic will store and supply potable drinking water for patients, personnel and visitors from a bottled water supply.
 - a. Bottled water vendor, by delivery
 - b. Bottled water supply via a local, retail resource (e.g. Albertson’s Grocery Store)
4. Store and supply alternative methods of hand washing for staff.
 - c. Use of gallon bottles of water placed at hand-washing sinks
 - d. Use of alcohol-based hand sanitizer
5. Utilize gallon bottles of water when scrubbing implements before sterilization.
6. Call for bottled water from local supplier to supplement inventory and/or replace used inventory.
7. Clinic will obtain sufficient quantities of bottled water to cover a short-term emergency, as necessary.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Disruption of Electrical Services	REVIEWED: 9/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Disruption of Electrical Services

Objective: To ensure maintenance of basic emergency services during a power outage and to ensure the safety of patients, personnel, and visitors during such occurrences.

Response Rating:

Required Equipment:

Procedure

1. In the event of disruption of the electrical service, the generator will automatically start withing a few seconds of the outage. It will power all red outlets and designated lights. The clinic telephones will still be operational.
2. Clinic Manager or designee will report the service disruption to the local electrical supplier and inquire as to when the electricity will be back in service.
3. In the event the clinician is performing a procedure, he/she will turn the equipment off and make the patient comfortable according to acceptable medical protocol until electrical service is restored.
4. The Clinic Manager will maintain a supply of flashlights and fresh batteries in the reception area, nurses' stations, and in the emergency preparedness box (located in the receptionist's area) of the clinic. The receptionist(s) will distribute flashlights to staff members as required.
5. All examination rooms and bathrooms will be checked to ensure patients have sufficient light. Patients who do not have sufficient light will be offered the choice of a flashlight or a seat in the waiting area until electrical service is restored.
6. Should a long-term service outage be anticipated and if the outage occurs after 4pm, staff will reschedule the balance of the day's patients and close the office.

*Refer to Generator Management Policy #154

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Domestic Violence Reporting Suspicious Injury Reporting	REVIEWED: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR: <u>Dr. Randall Smart</u>

Subject: Domestic Violence Reporting-Suspicious Injury Reporting

Objective: To ensure compliance with California Penal Code regarding the reporting of injuries from a deadly weapon and/or assaultive or abusive behavior. This includes suspected spousal/partner or intimate violence.

Policy: Health Care providers, which include but are not limited to physicians, physician assistants, nurse practitioners, nurses and other health care professionals are required to report Domestic Violence/Suspicious Injuries as directed by Penal Code 11160, 11161.9, 11165, 11162.5, 11162.7, 11163, and 11163.2.

Acuity Rating: Mandatory

Applies to: All Personnel and Practitioners

Procedure:

1. California mandates reporting of suspected criminal acts such as the following:
 - a. Any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm, or other deadly weapon.
 - b. Any wound or other physical injury inflicted upon the person where the injury is the result of abusive or assaultive behavior.
 - c. Assaultive or abusive behavior is defined to include a long list of criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.
2. When the health care provider suspects that domestic violence is involved with a patient, the health care provider or designee is required to telephone the appropriate law enforcement agency, complete a Suspicious Injury Report in compliance with Penal Code Section 11160.

Elder/Dependent Adult Abuse

California law mandates that any case of suspected elder/dependent abuse shall be reported to the appropriate law enforcement agency and/or Adult Protective Service.

Child Abuse

California Law manages any case of suspected child abuse, neglect or exploitation of children shall be reported to the appropriate law enforcement agency and to the Child Protective Service of Calaveras County.

Expired Patient

A report must be made even if the person has expired, regardless of whether or not the injury contributed to the death and even if evidence of conduct of the perpetrator was discovered during an autopsy.

APPROPRIATE LAW ENFORCEMENT AGENCIES

Emergency	911
Calaveras County Sheriff's Department	(209) 754-6500
Calaveras County Sheriff's Valley Springs Sub-Station	(209) 772-1039

Patient Referrals

Patient who have suffered domestic violence will be given information and referral to:

Calaveras County Health & Human Services
Toll-Free 1(844) 690-5137

Internal Documentation

A copy of the reporting documentation, incident report and supporting documents, is kept in a secure file in the Manager's office.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Drug Samples	REVIEWED: 9/1/19; 2/18/21; 2/9/22; <u>2/02/23</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: In order to ensure compliance with approved formulary and medication management policy, drug samples are not permitted in the Clinic.

Objective: Mandatory

Response Rating:

Required Equipment:

Definitions:

1. Drug Sample: a unit of a drug, which is not intended to be sold and is intended to promote the sales of the drug.

Procedure

1. Drug samples are not allowed in the Clinic.
2. Medical Director and ClinicManager will ensure no drug samples exist in the Clinic.
3. Drug samples found will be confiscated by Clinic Manager and placed in the medication waste stream, after being removed from their packaging.
4. Drug company sales representatives who present themselves to the Clinic will be advised that they must have an appointment to meet with the Clinic Manager and may leave printed materials, but no drug samples or drug sample vouchers.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Elder Or Dependent Adult Abuse Reporting	REVIEWED: 10/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR

Subject: Elder and Dependent Adult Abuse Reporting

Objective: To comply with California Law, any health care provider, providing services at the Clinic who suspects, observes, or is told of the abuse of an elder or dependent adult must report to the appropriate law enforcement agency and/or Adult Protective Services.

Acuity Rating: Mandatory

Procedure:

1. Definitions:

- a. Elder-any person residing in the State of California, 65 years of age or older. In addition, an individual with physical conditions or limitations such as that of the senior adult target group but is younger than 65 years of age will also be designated as “elderly” for abuse intervention purposes.
- b. Dependent Adult-any person residing in the State of California, between the ages of 18 and 64, who has physical and/or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to person who has physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
- c. Mandated reporters-include care custodians, health practitioners, employees of Adult Protective Services Agencies, and other employees of local law enforcement agencies.

2. Reporting Contacts:

Adult Protective Services

Calaveras County Department of Human Services

1-209-754-6677 or 1-844-690-5137 (after hours call 911)

509 E. St. Charles St., San Andreas 95249 (for SOC 341 to be completed and mailed within two working days or fax 1-209-754-3293

Calaveras County Sheriffs Department

1054 Jeff Tuttle Drive; San Andreas

3. Reporting Requirements:

- a. **Physical or sexual abuse**-mandated reporters are to telephone the appropriate law enforcement agency immediately if physical or sexual abuse is suspected, observed or if they are told of the abuse. A completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate, using the online reporting form.
- b. **Non-physical abuse**-All reports of non-physical abuse should be submitted by telephone and a completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate within two (2) working days using the online reporting form.
- c. **Information regarding abuse from a third party**-The report of Suspected Dependent Adult/Elder Abuse Form should also be used to record information received from a third party through a telephoned report of abuse. The shaded sections on the form are to be completed when a third party telephone report of abuse is received.

4. Failure to Report:

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months

5. Types of Reportable Abuse:

Mandated reporters are required to report the following types of physical/sexual abuse as per the California Welfare and Institutions Code Section 15610.63:

- a. Assault as defined in Section 240 of the Penal Code.
- b. Incest, as defined in Sec 285 of the Penal Code.
- c. Battery as defined in Section 242 of the Penal Code.
- d. Sodomy, as defined in Section 286 of the Penal Code.
- e. Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
- f. Oral copulation as defined in Sec 288a of the Penal Code.
- g. Unreasonable physical restraint or prolonged or continual deprivation of food or water.
- h. Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
- i. Sexual assault, which means any of the following:
 - i. Sexual battery as defined in Sec 243.4 of Penal Code
 - ii. Rape as defined in Sec 261 of the Penal Code.
 - iii. Rape in concert, as defined in Sec 264.1 of the Penal Code.
 - iv. Use of a physical or chemical restraint or psychotropic medication, without authorization, or for a purpose other than that for which it was ordered, including but not limited to, staff or caretaker convenience, for punishment, or for a period beyond that for which it was ordered.

6. Abuse that is Permissible to Report:

Mandated reporter may report the following types of abuse:

- a. Neglect-Negligent failure of any person having the care or custody of an elder or dependent adult to exercise a “reasonable person” degree of care, including failure to:
 - i. Assist in personal hygiene, or in the provision of food, clothing or shelter.
 - ii. Provide medical care for physical and mental health needs (except that a person/victim who voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment shall not be deemed neglected or abused.
 - iii. Prevent malnutrition.
 - iv. Protect from health and safety hazards.
- b. Intimidation-Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment, or other forms of intimidating behavior.
- c. Fiduciary Abuse-A situation in which any person who has care or custody of, or who stands in a position of trust to an elder or suspected adult, takes, secretes, or appropriates money or property to any use or purpose not in the due and lawful execution of his or her trust.
- d. Abandonment-Desertion or willful forsaking of an elder or dependent adult by anyone having care or custody under circumstances in which a reasonable person would continue to provide care and custody.
- e. Isolation - Includes intentional acts committed for the purpose of preventing, and that actually serve to prevent, an elder or dependent adult from receiving mail or telephone calls.
 - i. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller or meet with the visitor where the statement is false or contrary to the wishes of the elder or dependent adult, and is made for the purpose of limiting contact with family, friends, or concerned persons.
 - ii. False imprisonment.
 - iii. Physical restraint for the purpose of preventing the elder of dependent adult from meeting with visitors.

7. Internal Documentation:

A copy of all reporting documents is kept on file in the Clinic-Manager’s office. Do not file reports in patient record.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: External Hazmat Incident	REVIEWED: 8/30/19; 2/18/21; 2/09/22; 2/02/23
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 2/22/23 <u>2/23/22</u>	MEDICAL DIRECTOR:

Subject: External Hazmat Incident

Objective: The following actions may be taken in the event of an outdoor chemical spill/hazmat incident.

Response Rating:

Required Equipment:

Procedure:

1. Notify the patients, guests, and staff that a hazmat incident has occurred.
2. Shut down outside intake ventilation.
3. Close all doors to the outside and close and lock all windows.
4. Turn off all heating systems. Turn off all air conditioners and switch inlets to the “closed” position. Seal any gaps around window type air conditioners with tape and plastic sheeting, wax paper, or aluminum wrap.
5. Turn off all exhaust fans in kitchens and bathrooms.
6. Close as many internal doors as possible in the building.
7. Use take and plastic food wrapping, wax paper, or aluminum wrap to cover and seal bathroom exhaust fan grills, range vents, dryer vents, and other openings to the outside.
8. If the gas or vapor is soluble or partially soluble in water, hold a wet cloth over your nose and mouth if gases start to bother you.
9. If an explosion is possible outdoors, close drapes, curtains, or shades over windows. Stay away from external windows to prevent injury from flying glass.
10. Tune in to the Emergency Broadcasting System on the radio or television for further information and guidance.
11. Call “911” if patient has difficulty breathing or other life threatening condition(s) occur.
12. Notify “911” if evacuation of patients is necessary.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Extreme Temperatures	REVIEWED: 8/30/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE : <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Extreme Temperatures

Objective: To provide precautionary and preventative measures for staff, patients, and guests during the hot summer months. Older adults and children are extremely vulnerable to heat related disorders.

Response Rating:

Required Equipment:

Definitions:

Heat Exhaustion: A disorder resulting from overexposure to heat or to the sun. Early symptoms are headache and a feeling of weakness and dizziness, usually accompanied by nausea and vomiting.

There may also be cramps in the muscles of the arms, legs, or abdomen. The person turns pale and perspires profusely, skin is cool and moist, and pulse and breathing are rapid.

Body temperature remains at a normal level or slightly below or above. The person may seem confused and may find it difficult to coordinate body movements.

Heat Stroke: A profound disturbance of the body’s heat-regulating mechanism, caused by prolonged exposure to excessive heat, particularly when there is little or no circulation of air.

The first symptoms may be headache, dizziness and weakness. Later symptoms are an extremely high fever and absence of perspiration. Heat stroke may cause convulsions and sudden loss of consciousness. In extreme cases it may be fatal.

Precautionary Procedures:

1. Keep the air circulating.
2. Draw all shades, blinds, and curtains in rooms exposed to direct sunlight.
3. Have ample fluids, and provide as many fluids as needed.

4. Turn on fans or air conditioner to increase circulation.
5. Assess patients arriving for services for signs and symptoms.
6. If symptoms of heat illness are experienced by staff, patients, or guests report symptoms to medical staff.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Fire Safety	REVIEWED: 9/1/19; 3/10/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Fire Safety

Objective: To identify potential fire hazards or sources of ignition and establishing procedures that minimizes the risk of workplace fires.

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

1. Potential fire hazards, ignition sources, and their control
 - a. Commonly occurring fire hazards may result from flammable and combustible materials, smoking, open flame heaters, electric space heaters, and electrical systems.
 - b. Fuel sources include:
 1. Paper material – good housekeeping and daily removal of trash should minimize this exposure.
 2. Cleaning solvents – keep ignition sources away from cleaning solvents; clean up spills immediately; soiled rags must be disposed of in a can with a lid.
 - c. Ignition sources include:
 1. Keep fuel sources away from electrical equipment.
 2. Electrical equipment requires keeping 36” clearance and good housekeeping.
 3. Microwave oven, toaster, and coffee maker need cleaning after use and weekly.
 4. Temporary electric extension cords are only used for temporary, one-day jobs and not as a replacement for permanent wiring.
2. Housekeeping
 - a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.

- b. Employees shall ensure that aisles and workspaces remain clear and free of trash.
- c. Suitable clearances (18" or more) shall be maintained below sprinkler heads to storage.
- d. There shall be no accumulation of paper, rags, sweepings, or debris.
- e. Exits and fire door closures shall remain unobstructed and in good working order.

3. Training

a. Fire classes

1. There are three basic fire classes. All fire extinguishers are labeled with standard symbols stating the class of fires they can put out. A red slash through any of the symbols tells you the extinguisher cannot be used on that class of fire. A missing symbol only tells you that the extinguisher has not been tested for a given class of fire.

Class A: ordinary combustibles such as wood, cloth, paper, rubber, and many plastics.

Class B: flammable liquids such as gasoline, oil, grease, oil-based paint, lacquer, and flammable gas.

Class C: Energized electrical equipment including wiring, fuse boxes, circuit breakers, machinery, and appliances.

b. Extinguisher sizes

1. Portable extinguishers are also rated for the size of fire they can handle. This rating is a number from 1 to 40 for Class A fires and 1 to 640 for Class B fires. The rating will appear on the label. The larger the number, the larger the fire the extinguisher can put out. Higher rated models are often heavier. Make sure you can hold and operate the extinguisher before you attempt using it.

c. Installation and maintenance

1. Extinguishers should be installed in plain view above the reach of children, near an escape route, and away from stoves and heating appliances. Consult the local fire department for advise on the best locations.

2. Nothing shall be stored immediately in front of the fire extinguisher that will block or otherwise impede access

2. Extinguishers require routine care. The operator's manual and dealer outline how the extinguisher should be inspected and serviced. Rechargeable models are serviced after use. Disposable fire extinguishers can be only used once; they must be replaced after one use. Following the manufacturer's instructions, check the pressure in the Clinic extinguishers once a month.

d. Remember "P-A-S-S"

1. Stand 6-8 feet away from the fire and follow the four-step P-A-S-S procedure. If the fire does not begin to go out immediately, leave the area at once. Always be sure the fire department inspects the fire site

- **PULL** the pin: this unlocks the operating lever and allows you to discharge the extinguisher. Some extinguishers have another device that prevents accidental operation.
- **AIM** low: point the extinguisher nozzle (or hose) at the base of the fire.
- **SQUEEZE** the lever below the handle: this discharges the extinguishing agent. Releasing the lever will stop the discharge. Note: some extinguishers have a button to press instead of a lever.
- **SWEEP** from side to side: while moving carefully toward the fire, keep the extinguisher aimed at the base of the fire and sweep back and forth until the flames appear to be out. Watch the fire area. If the fire re-ignites, repeat the process.

4. Fighting the fire

a. Before you begin to fight a fire:

1. Make sure the fire is confined to a small area and is not spreading.
2. Make sure you have an unobstructed escape route where the fire will not spread.
3. Make sure that you have read the instructions and that you know how to use the extinguisher.

b. It is reckless to fight a fire under any other circumstances. Instead, close off the area and leave immediately.

c. Fire extinguishers

1. Used properly, a portable fire extinguisher can save lives and property by putting out a small fire or controlling it until the fire department arrives.
2. Portable extinguishers (intended for the home or office), are not designed to fight large or spreading fires. But even against small fires, they are useful only under certain conditions:
 - The operator must know how to use the extinguisher. There is no time to read directions during an emergency.
 - The extinguisher must be within easy reach, fully charged, and in working order.
 - Some models are unsuitable for grease or electrical fires.
3. Choose your extinguisher carefully. A fire extinguisher should have the seal of an independent testing laboratory. It should also have a label stating the type of fire it is intended to extinguish.
4. The extinguisher must be large enough to put out the fire. Most portable extinguishers discharge completely in as few as eight (8) seconds.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Lapses Of Consciousness – DMV Reporting	REVIEWED: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Lapses of consciousness and reporting regulations

Objective: “The regulations amended Section 2500, Title 17 CCR – “Reporting to the Local Health Authority.” The non-communicable diseases or conditions – Alzheimer’s disease (AD) and related conditions and disorders characterized by lapses of consciousness were removed from this section. This action was taken to eliminate any confusion between two different authorizing statutes. The reporting of AD and related conditions, as well as disorders characterized by lapses of consciousness, is now listed in the Sections 2800 through 2812 in the CCR.

The regulations also repealed Section 2572, Title 17, CCR – “Disorders Characterized by Lapses of Consciousness, Alzheimer’s Disease and Related Disorders.” The reporting regulations in this section were not clear and conflicted with the reporting language in Health and Safety Code 103900.

Response Rating:

Required Equipment:

Procedure:

§2810. Reporting Requirements. a. Except as provided in Section 2812, a physician and surgeon shall notify the local health officer within seven (7) calendar days of every patient 14 years of age or older, when a physician and surgeon has diagnosed a disorder characterized by lapses of consciousness (as defined in Section 2806) in a patient.

- b. The report prepared pursuant to subsection (a) of this section shall include:
1. The name, address, date of birth, and diagnosis of the patient, and
 2. the name, address, and phone number of the physician and surgeon making report.

§2806. Disorders Characterized by Lapses of Consciousness. a. Disorders characterized by “lapses of consciousness” means those medical conditions that involve:

1. A loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
2. The inability to perform one or more activities of daily living; and
3. The impairment of the sensory motor functions used to operate a motor vehicle.

- b. Examples of medical conditions that do not always, but may progress to the level of functional severity

described in subsection (a) of this section include Alzheimer’s disease and related disorders, seizure disorders, brain tumors, narcolepsy, sleep apnea, and abnormal metabolic states, including hypo- and hyperglycemia associated with diabetes.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2808 Sensory Motor Functions “Sensory motor functions” means the ability to integrate seeing, hearing, smelling, feeling and reacting with physical movement, such as depressing the brake pedal of a car to stop the car from entering an intersection with a green traffic light to avoid hitting a pedestrian crossing the street.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

§2812. Exceptions to Reporting A physician and surgeon shall not be required to notify the local health officer of a patient with a disorder characterized by lapses of consciousness if:

1. The patient’s sensory motor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or
2. The patient states that he or she does not drive and states that he or she never intends to drive, and the physician and surgeon believes these statements made by the patient are true, or
3. The physician and surgeon previously reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle, or
4. There is documentation in the patient’s medical record that another physician and surgeon reported the diagnosis and, since that report, the physician and surgeon believes the patient has not operated a motor vehicle.

NOTE: Authority cited: Sections 100275 and 103900, Health and Safety Code. Reference: Section 103900, Health and Safety Code.

For information on the California Department of Motor Vehicles’ guidelines for physical and mental conditions and licensure options, see [dmv.ca.gov physical and mental evaluation guidelines](http://dmv.ca.gov/physical_and_mental_evaluation_guidelines).

For information on dementia, driving and California state law, see [Family Caregiver Alliance](#).

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Mass Casualty Response	REVIEWED: 8/30/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/09/22
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR

Subject: Mass casualty response

Objective: For the purpose of this policy, Mass Casualty will be defined as any patient care situation that disrupts regular Clinic operations.

Response Rating:

Required Equipment:

Procedure

1. Clinic may be advised of a mass casualty from one of the following sources:
 - a. Law enforcement
 - b. Community member
 - c. County EMS
 - d. Patient surge
 - e. News broadcast (television, radio, internet)

2. In a mass casualty situation, the Clinic will activate the Command Center. The Command Center will be located in one of the following locations commensurate with the situation and weather conditions:
 - a. Clinic lobby
 - b. Clinic parking lot, adjacent to the Clinic
 - c. Clinic parking lot, across the street from the Clinic
 - d. District parking lot, adjacent to the District Office
 - e. District Office

3. Until replaced by District personnel or Clinic leadership, the Incident Commander will be the staff member present with the RN or LVN license. Absent an RN or LVN, the Radiology Technician will function as the Incident Commander. Absent a Radiology Technician, the senior Medical Assistant will function as the Incident Commander.

4. The following supplies will be placed in the Emergency Response bin, which will be stored at the Clinic in the reception desk area:

Incident Command Team t-shirts/vests (incident Commander, Safety Officer, Operations Officer, Logistics Officer), if available

2-way radios, batteries, car chargers,

A copy of the current, approved Emergency Preparedness Plan which contains contact information for personnel, providers, and resources

Flashlights and batteries

Hand Sanitizer

Masks (N-95)/Respirators

PPE (gloves/gowns/masks/eye protection)

Duct tape

Pads and pens

Patient registration forms (downtime)

Patient care forms (downtime)

Incident command forms

a. If care is to be moved outside or if there is an evacuation, Staff will also need to collect:
Emergency Medication Kit: (Nitroglycerine/ASA/Benadryl/Epi/Narcan/Glucose/Albuterol)

Trauma grab bag

BP Cuffs (Manual or portable battery)

Satellite cell phone (if available)

5. Additional supplies, such as Easy-Up temporary shelters, bottled water, etc. will be located at the District storage area.
6. If the building is safe for use, Clinic operations will take place within the confines of the building building.
7. If the Clinic building is not safe for use the parking lot(s) will be established as the alternative patient care site.
8. If neither the Clinic building nor the parking lots are safe for Clinic operations, District and/or Clinic leadership will coordinate with City of Valley Springs resources to determine where Clinic personnel may set up to provide patient care services.
9. It is understood that, based upon the type and severity of the emergency the Clinic may not be able to offer usual and customary Clinic services in the location and manner to which patients are accustomed. Clinic services may be enhanced or reduced based upon provider and staff availability. At no time will Clinic personnel provide service outside their training and/or scope of practice.
10. If forced to move Clinic operations out of the Clinic building:
 - a. Use duct tape on pavement to designate space for command and/or patient intake/assessment
 - b. Move clinic furniture and medical supplies/medications that do not require refrigeration outside to accommodate patient waiting and care, if appropriate

11. Utilize approved forms for documentation.
12. Activate on duty and off duty staff, as required.
13. If not already involved, notify ambulance service and local law enforcement of Clinic status (normal operations, partially operational (define), non-operational).
14. Contact local ambulance service to ensure they have contacted potential receiving hospital(s)
15. RN and/or FNP serve as triage nurse.
16. LVN serves as MA lead and makes assignments. Absent an LVN, the RN/FNP will assign a lead MA.
17. Reception chair #1 will serve as front office lead and will manage registration and the telephone traffic.

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**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Mission Statement	REVIEWED: 7/1/19;2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Mission Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

1. As an entity wholly owned by Mark Twain Health Care District, the Clinic’s Mission is the District’s Mission:

Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality professional and compassionate health care.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Motor Vehicle Accident Reporting	REVIEWED: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: <u>3/22/23</u> / 23/22	MEDICAL DIRECTOR:

Subject: Motor Vehicle Accident Reporting

Objective: To ensure all injuries caused by a motor vehicle accident are reported to appropriate agencies.

Response Rating:

Required Equipment:

Procedure:

1. Upon registration, if patient report they were in any type of Motor Vehicle accident, the following information will be recorded on Motor Vehicle Accident Report form:
 - a. Patient name
 - b. Date of birth
 - c. Type of motor vehicle
 - d. Location of accident
 - e. Who was involved in the accident
 - f. Law Enforcement Agency contacted
2. All motor vehicle accidents will be reported to appropriate law enforcement agency regardless of the patient stating they already reported the accident.
3. If patient sustained injuries from a motor vehicle accident (car, truck, motorcycle, pedestrian), patient will be given a copy of the treatment notes to attach to the DMV Report of Traffic Accident.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Operation During Internal Disaster	REVIEWED: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>3/23/222/02/23</u>	MEDICAL DIRECTOR:

Subject: Operation of the Clinic during an internal disaster

Objective: To ensure continuity of services, as well as patient and staff safety in the event of a facility internal disaster.

Response Rating:

Required Equipment:

Procedure:

1. In the event of an internal disaster (e.g. fire, flood, extended power failure) that renders the Clinic inoperable, Clinic personnel will report to the CEO per their assigned Clinic schedule and receive assignments from the Clinic Manager.
2. The Clinic’s designated contract/facilities maintenance vendor will inspect the Clinic to determine the severity of the issues and estimate costs and timeline to return the facility to operational status.
3. The CEO, Clinic Manager, and Medical Director will meet to discuss current status of the Clinic facility, the contractor’s recommendation(s), and to formulate an operations plan during repair activities.
 - a. Short term solution
 - b. Long term solution, if required
4. If the Clinic will be non-operational for a period to exceed 24 hours, a formal written notice will be sent to the appropriate District Office of the California Department of Public Health to advise the Clinic’s status, including short- and long-term activities that are planned.
5. Clinic Manager will make assignments, including:
 - a. The placement of signs on the building exterior, advising the Clinic’s status and options for patients to receive care elsewhere.
 - b. Revision of the Clinic’s voice mail outgoing message to reflect the Clinic’s status and options for patients to receive care elsewhere.

- c. Direct personnel to locate themselves in a safe and secure location near the Clinic building for the purpose of informing patients who walk-up to the Clinic that the Clinic is not currently operational, the anticipated timeline before the Clinic returns to operation, and options for patients to receive care elsewhere.
 - i. An assessment will be made at the time of the disaster as to what alternative health care resources are available in the community and that information will be made available upon patient inquiry. It is acknowledged that there are sparse alternatives in the community and options for patients may be limited.
- d. Direct personnel to utilize computer resources to access the “cloud-based” electronic medical record software to contact patients with scheduled appointments for the purpose of advising that the Clinic is not operational, the anticipated timeline before the Clinic returns to operation, and options for patients to receive care elsewhere.
- e. In cooperation with Medical Director, ensure that active patient records in the “cloud-based” electronic medical record are reviewed to ensure all incoming consultative reports, laboratory results, and other pertinent content is reviewed and clinical follow-up initiated, (e.g. calls to patients with results, request for referral to specialist practitioners when clinically necessary, etc.) so as to ensure continuity of patient care.
- f. Direct personnel to utilize computer resources to access the “cloud-based” electronic medical record software and District shared folders for the purpose of continuing work on authorizations and referrals in progress and to results tracking logs for mammography, Pap smears, and pathology requests.
- g. Assign one staff member to respond to billing service requests for information to address incomplete and/or denied insurance claims filings.
- h. If safe to do so, assign two or more staff members to report to the Clinic for the purpose of securing and relocating medications (including Vaccine for Children inventory) and oxygen tanks.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Patient Medical Record Content	REVIEWED: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Medical record content

Objective: A medical record shall be maintained on all clinic patients and shall contain the information outlined in this policy. Clinic staff will sign any handwritten entry made legibly with their name and title using ink. The medical record will be completed and filed within 48 hours of the patient encounter and will be available during business hours to members of the Medical Staff.

Response Rating:

Required Equipment:

Procedure:

Information outlined below will be noted in the patient's medical record at the time of the Clinic visit.

1. Specific patient identification
 - a. Name
 - b. Current address
 - c. Age and date of birth
 - d. Gender (sex)
 - e. Date of service
 - f. Signed consent for treatment (authorization for treatment)
 - g. Name of primary care physician (if applicable)
2. Problem list
 - a. Medication list
 - b. Social history
 - c. Family history
 - d. Medical history
3. Patient's vital signs and weight, BMI, growth charts

4. Relevant history of the illness or injury, including duration of symptoms and, on all injuries, date, location, time, and details of occurrence.
5. Appropriate physical examination
6. Diagnostic impression
7. All medications given, including dose, time, site, route and signature of individual who administered the medications
 - a. In the case of immunizations, the lot number and expiration date of vaccine
8. Clinical observations, including results of treatment(s)
9. Reports of procedures, tests, and results
10. Record of last menstrual period on all female patients
11. Immunization record, when last received tetanus toxoid booster, if applicable.
12. History of allergies
 - a. Food
 - b. Medication
 - c. Environmental
13. Referral information to and from outside agencies
14. Diagnostic and therapeutic orders
15. Reconciled listing of routine medications
16. Education provided
17. Provider signatures will consist of a minimum of the staff member's first initial and full last name, followed by the appropriate title (example: MD, DO, FNP, PNP, PA, RN, LVN, CNA, MA or ERT).

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Sensitive Services	REVIEWED: 7/1/19; 2/18/21; 2/09/22; <u>2/02/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/22/23</u> 3/23/22	MEDICAL DIRECTOR:

Subject: Sensitive Services

Objective: The Clinic will implement and maintain procedures to ensure confidentiality and ready access to sensitive services, consistent with services offered, for all patients, including minors. Patients shall be able to access sensitive services promptly, and where applicable, in keeping with the guidelines of their insurance payor.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Sensitive services are defined as services related to:
 - a. Sexual assault
 - b. Drug or alcohol abuse for children 12 years of age or older
 - c. Pregnancy
 - d. Family planning
 - e. Sexually transmitted diseases designated by the State for children 12 years of age or older
 - f. Sexually transmitted diseases for adults
 - g. HIV testing
 - h. Outpatient mental health for children 12 years of age or older who are mature enough to participate intelligently and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or child abuse.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Follow-Up Of Patients	REVIEWED: 2/1/19; 2/14/20; 11/23/20; 8/25/21; 12/17/22
SECTION: Patient Care	REVISED: 2/14/20; 12/20/22
EFFECTIVE: 9/29/21 12/25/23	MEDICAL DIRECTOR:

Subject: Follow-up of patients ~~subsequent to~~ after care rendered in the Clinic

Objective: Patients seen shall be followed up with in a reasonable time.

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. Return visit will occur at the end of the course of antibiotic treatment.
2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten days
3. During the office visit, the practitioner shall instruct the patient regarding when to return for routine follow-up or to return if not improving. Patient advised to return to Clinic ASAP or go to the ER if at any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or increased pain, redness swelling /red streaks around the wound).
4. Results and reports (laboratory, including pap smears, and x-ray) will be available to the practitioner via the EMR Clinic Inbox and the patient notified of the abnormal results and the need for further treatment, if indicated. This communication shall be documented in the patient's EMR.
5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.
6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed to the phone number of record provided by the patient. Should the patient fail to respond to the initial "NO SHOW" contact, at minimum ~~two~~ three additional

Follow-up of Patients
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contacts will be attempted, by **phone**, text and email (if available in the system) through the EHR No Show Campaign. Each attempt at contacting the patient will be documented in the EMR and will be available through the report aggregation process for review and confirmation.

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**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Handwashing	REVIEWED: 3/1/19; 12/30/20; 8/25/21; <u>12/20/22</u>
SECTION: Infection Control	REVISED: 12/30/20
EFFECTIVE: <u>9/29/21</u> / <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Handwashing

Objective: To support Universal Precautions and staff and patient safety, all employees, volunteers, contractors, and medical staff shall wash their hands frequently with soap, friction, and running water to minimize the likelihood of hands serving as vectors for nosocomial infections.

Response Rating: Mandatory

Required Equipment: Soap and water

Handwashing Indications (soap and water):

- Upon arriving at work
- Before and after performing invasive procedures
- Before and after touching wounds
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions, other potentially infectious materials
- After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms
- After handling a patient (or their belongings) who is infected or potentially infected with C-diff (Clostridium Difficile)
- Between contacts with different patients
- After the removal of gloves or any other personal protective equipment (PPE)
- Before eating or drinking, applying cosmetics or lip balm
- After using the restroom

- After blowing one's nose
- After the work shift
- After handling patient equipment
- When hands are visibly soiled or contaminated with proteinaceous material

Procedure:

Handwashing with soap and water

1. Stand near the sink, avoiding direct contact.
2. Turn on the water to a comfortable temperature. Water that is too hot will cause chapped skin.
3. Wet hands/wrists with running water.
4. Obtain handwashing agent (usually 3-5 ml or per manufacturer's recommendations) from the dispenser and apply to hands. Thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, generating friction on all surfaces of the hands, wrists and fingers. Pay particular attention to fingernails and nailbed areas.
6. Rinse hands thoroughly with running water to remove residual soap. Water flow should be from fingertips to wrist.
7. Obtain paper towel and dry hands thoroughly.
8. Discard paper towel.
9. Obtain second paper towel to turn off the faucet.
10. Discard second paper towel.

Handwashing indications (alternative to soap and water with an alcohol-based waterless hand rub)

1. If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations.
2. Decontaminate hands after contact with a patient's intact skin (as in taking a pulse or blood pressure).
3. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, as long as hands are not visibly soiled.
4. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.

5. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
6. Decontaminate hands before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.
7. Decontaminate hands after removing gloves.

Handwashing (hand hygiene) with waterless antiseptic agent such as an alcohol-based handrub

1. Apply product to palm of one hand. (Follow the manufacturer’s recommendations on the volume of the product to use.)
2. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. (If an adequate volume of an alcohol-based ~~handrub~~ hand rub is used, it should take 14-25 seconds for hands to dry.)

Reference:

- “Hand Hygiene in Health-Care Settings”, retrieved on 8/25/21 from [cdc.gov/handhygiene/providers/guideline.html](https://www.cdc.gov/handhygiene/providers/guideline.html).

Page last reviewed: January 30, 2020

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Hazardous Waste	REVIEWED: 3/1/19; 12/30/20; 9/29/21; <u>12/18/23</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>10/27/21</u> <u>1/25/23</u>	MEDICAL DIRECTOR:

Purpose: Hazardous Waste

Objective: The Environmental Protection Agency has grouped certain chemicals and chemical groups into categories which have been classified as toxic. This means that in concentrated form or by accumulating and combining with other chemicals (even the air) these chemicals can be hazardous to human health if exposure occurs.

Policy: The Clinic insists that employees not create hazardous wastes that will contaminate the environment. Whenever possible, employees should choose non-hazardous materials. If an employee uses hazardous materials, he must properly dispose of them. No employee shall knowingly dump any hazardous wastes into the environment at any time. Violation of this policy will result in disciplinary action, including termination of employment.

If any employee suspects that the wastes he may encounter as an employee are hazardous (whether or not they are being created by the Clinic), should inform the supervisor immediately. If any employee does not know how to control or dispose of hazardous wastes and what to do if he is exposed to hazardous wastes, the employee should consult with the provider on duty and refer to the Safety Data Sheets reference book located in the lab.

- Focus on patient and staff safety.
- Be alert to hazardous wastes.
- Wear appropriate personal protective equipment.
- Know how to properly dispose of hazardous wastes.
- Direct any questions to your supervisor.
- Report all exposures immediately.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: HIV Testing	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>12/18/22</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>9/29/21/25/23</u>	MEDICAL DIRECTOR:

Subject: HIV Testing

Objectives: Ensure the confidentiality and testing procedure for the Human Immune Deficiency Virus (HIV) in accordance with State Guidelines.

Response Rating: Minimal

Required Equipment: None

Policy:

HIV/AIDs testing may be offered to patients in a variety of circumstances.

1. Pre-employment testing
2. STD testing, as part of a panel of tests
3. Case finding when a patient presents with symptoms consistent with acute HIV infection or with opportunistic infections.

Procedure:

Individual Testing

1. California law has eliminated the requirement for separate, written consent for HIV testing. H&S Code Section 120990 requires care provider, prior to ordering the HIV test, to:
 - a. Inform the patient that an HIV test is planned
 - b. Provide information
2. HIV test results are especially sensitive with regard to patient privacy and confidentiality.
3. Blood is drawn and sent to the reference lab. Positive screening tests must be confirmed with a Western Blot analysis, prior to informing the patient.

4. Negative tests may be communicated to the patient in person or by phone. In no circumstances should the result be left with another person or on an answering machine. Attempt to obtain the patient's personal cellphone number for this purpose.
5. Before conveying results over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's date of birth and the last four digits of their Social Security number are two acceptable patient identifiers. An alternate identifier is the patient's driver's license number.
6. Positive, confirmed tests must be discussed with patient in person in the office. The patient should then be referred to the health department or an infectious disease specialist.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Infection Control - Overview	REVIEWED: 3/1/19; 11/23/20; 8/25/21; <u>12/18/22</u>
SECTION: Infection Control	REVISED: 1/6/20; 11/23/20
EFFECTIVE: <u>9/29/21</u> / <u>25/23</u>	MEDICAL DIRECTOR:

Subject: Infection Control

Objective: Staff will follow infection control policies ~~in order to~~ protect themselves and others from contaminated materials.

Response Rating: Severe

Required Equipment:

Procedure

1. Hands
 - a. Each examination room will have soap and/or alcohol-based gel hand sanitizer which will to be used before and after the care of each patient.
2. Instruments
 - a. Instruments are to be sent to the sterilization/dirty rom area for sterilization.
 - b. Single use implements are to be properly disposed of after single use. Single use implements will never be sterilized and re-used.
3. Thermometers
 - a. The oral digital thermometer will be marked ORAL and used with disposable plastic covers, orally, only.
 - b. The rectal digital thermometer will be marked RECTAL and used with disposable plastic covers, rectally, only
 - c. The temporal scan thermometer will be sanitized between uses, per manufacturer’s recommendation.
4. Room cleaning
 - a. Routine cleaning is the responsibility of the Housekeeping Service.

- b. The Clinic staff is responsible for the cleaning of examination tables and door handles with a germicidal solution after each patient visit and after any spills or contamination.
 - c. In the event of a pandemic, there will be increased cleaning requirements for the lobby areas
5. Contaminated Materials and Garbage Collection
- a. Contaminated materials shall be red-bagged and transported to the infectious material pick-up area.
 - b. Non-contaminated materials are to be placed in plastic bags to be picked up by Housekeeping Service each day.
6. Biologicals
- a. Biologicals will be stored in the refrigerator located in the medication room or laboratory.
 - b. Dated materials are to be checked once a month and discarded according to the Sterile Shelf Life policy.
7. Syringes and Needles
- a. Syringes and needles shall be of disposable material and discarded in appropriate sharps containers located in each examination room and lab area.
8. Contaminated Wounds
- a. All cases are to be treated as having been possibly contaminated.
 - b. Disposable materials will be wrapped and placed in an infectious waste bag.
 - c. The infectious waste bag shall be disposed of according to the procedure for Contaminated Materials.
9. Airborne Pathogens
- a. Patients who are coughing and/or sneezing will be offered a disposable mask and asked to wear same, in order to reduce exposure of other patients, guests and staff members, and may be seen as an outside car visit

- b. After patient care has been completed and the patient has vacated the examination room, assigned staff will don gloves and clean the room surfaces (door knobs, examination table, guest chairs, counter top).
- c. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, tuberculosis).
- d. Staff will utilize the cleaning products approved by the Infection Control Committee and issued by the Housekeeping Service. After cleaning is completed, the room will be taken out of service (for a minimum of 15 minutes, maximum of 60 minutes), allowing the damp surfaces to air dry.
- e. Where possible, examination room windows will be opened to allow the circulation of fresh air.

10. Hard surfaces

- a. Floors will be swept and mopped daily utilizing approved disinfectant agents which will be mixed/diluted per manufacturer's guidance.
- b. The Clinic will not utilize carpet in Patient Care areas. Carpets found in non-Patient Care areas will be shampooed with approved disinfectant agents as required by traffic and wear, but not less often than every six months, unless the area in question is a low traffic office space.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Litigation (Potential)	REVIEWED: 11/12/18; 9/24/20; 8/2/21 ; 1/04/23
SECTION: Operations	REVISED: 09/24/20
EFFECTIVE: 10/28/201 / 25/23	MEDICAL DIRECTOR:

Subject: Litigation and requested documentation

Objective: All cases involved in litigation or potential litigation cases are viewed by the Medical Director and the District Executive Director.

Response Rating:

Required Equipment:

Procedure:

1. Service of all subpoenas or legal request for medical records with the potential to be used in an action against the District or Clinic will be immediately directed to the Clinic Manager. The request will then be noted and an impound file will be created. Any litigation case is referred to the malpractice carrier of Program BETA.
2. The request will be forwarded to the Clinic Manager and/or the Medical Director for review of the request and the electronic medical records as well as any paper documents will be copied and forwarded to the District office to be retained in the established impound file. The Electronic Health Record will be annotated that such a file exists.
3. The Chief Executive Officer, after review, will ensure records are forwarded to the malpractice carrier.
4. The carrier will determine the need for an attorney to be assigned to the clinic and/or the Medical staff and the Clinic staff.
5. All inquiries regarding the impounded medical records, with the exception of that pertinent as medical history in the assessment and treatment of a current medical problem, will be referred to the Executive Director.
6. At no time will management or Clinic staff speak with the patient, family or any family representative regarding any potential litigation, without the prior written approval of the malpractice carrier, Executive Director, or the Clinic’s legal counsel.
7. The Board President will be notified of potential litigation action.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Look-Alike Sound-Alike Medications	REVIEWED: 4/1/19; 12/30/20; 9/29/21; <u>1/03/23</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: 10/27/21 <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Look-Alike Sound-Alike Medications

Objective: To reduce medication errors, the Clinic will use the ISMP List of Confused Drug Names to indicate and delineate Look-Alike Sound-Alike medications.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Existing policy requires that the Clinic will maintain a formulary that represents the medications to be maintained for use in patient care.
2. The formulary will be compared to the ISMP’s List of Confused Drug Names and any medications found on that list will be renamed on the formulary.
 - a. To reflect the recommended “tall man” lettering.
 - b. If no “tall man” lettering option is available, the medication name will be listed in bold font to indicate its Look-Alike Sound-Alike status.
3. The medication storage system will be labeled using the recommended “tall man” lettering” and/or bold font to indicate its Look-Alike Sound-Alike medications
4. The medication library in the Electronic Medical Record will be prepared utilizing the recommended “tall man” lettering for any Look-Alike Sound-Alike medications.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: LVN Scope of Practice	REVIEWED: 7/1/19;12/30/20; 9/29/21; <u>1/03/23</u>
SECTION: Workforce	REVISED:
EFFECTIVE: 10/27/21 <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: LVN Scope of Practice

Objective: To ensure Licensed Vocational Nurses work within their legal scope of practice, Licensed Vocational Nurses deployed in the Clinic will function within parameters defined by California Board of Vocational Nursing.

Response Rating:

Required Equipment:

Procedure

1. A Licensed Vocational Nurse (LVN) **may not perform** the following functions:
 - a. Diagnose or treat a condition or illness;
 - b. Perform any invasive task (except injections and skin tests as noted below);
 - c. Assess the patient's condition;
 - d. Interpret results of skin tests (but may measure and describe the test reaction and make a record in the patient's chart);
 - e. Place the needle for the starting of, or disconnect infusion tube of, an IV unless certified to do so;
 - f. Administer medications that are injected into an IV line;
 - g. Administer medications that are injected into the vein;
 - h. Chart pupillary responses;

- i. Independently perform telephone triage;
 - j. Inject collagen;
 - k. Use lasers to remove hair, wrinkles, scars, moles, or other blemishes;
 - l. Administer chemotherapy;
 - m. Enter medication orders into the EMR.
2. Technical support services may not be rendered by the LVN unless they have received a written order, signed and dated by the physician/nurse practitioner/physician assistant.
2. Under the Direction of a Physician (MD, DO), Nurse Practitioner, and/or Physician Assistant who are members of the Clinic Medical Center Medical Staff, LVNs may perform technical support services, limited to:
- a. Administration of medications by intradermal, subcutaneous, and/or intramuscular injection;
 - b. Performance of skin tests;
 - c. Application and removal of bandages;
 - d. Removal of sutures;
 - e. Performance of ear lavage;
 - f. Preparing patient for examination;
 - g. Shaving and disinfecting treatment sites;
 - h. Handing properly labeled, pre-packaged medications to the patient (except for controlled substances);
 - i. Apply soft splints and ace wraps under the supervision of the practitioner.

3. In addition to approved technical support services, LVNs may perform administrative and clerical functions as directed by Clinic Leadership.
4. The responsibility for the appropriate use of a LVN in the Clinic rests with the Physician.
5. If asked to perform tasks that exceed their legal scope of practice, LVNs will respectfully decline and advise Clinic Leadership.

CROSS REFERENCE:

- Vocational Nursing Practice Act, July 31, 2015

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Marketing	REVIEWED: 1/12/18; 9/24/20; <u>8/2/21; 1/03/23</u>
SECTION: District	REVISED: 9/24/20
EFFECTIVE: <u>10/28/201/25/23</u>	MEDICAL DIRECTOR:

Subject: Marketing and Community Outreach

Objective: Develop and implement a successful marketing and community outreach plan consistent with the organization’s mission. Plan will be developed by the Leadership Team and under the supervision of the CEO.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain an active Marketing and Community Outreach Program that will include, but not be limited to:
 - a. Signage (temporary and permanent), including billboards
 - b. Website
 - c. Direct mail pieces focused on clinic services and operations
 - d. Social media, including Facebook, Twitter, Instagram
 - e. Community outreach and service projects, such as:
 - i. Health fairs
 - ii. School and Recreation Department sports physicals
 - iii. Employer-based flu shot clinics
 - iv. Service group and church-based health-related functions
 - v. District developed and managed wellness programs
 - f. Bulletin boards and “of-the moment” postings at the Clinic

2. Marketing and Community Outreach plans will be developed by the Leadership Team with input and participation from Clinic personnel. The Plan(s) will be submitted to the Board of Directors for input and approval.
3. The website will be maintained by the District's designee under supervision of CEO.
4. The official Facebook page and other social media outlets will be maintained by District personnel under supervision of the District.
5. Clinic medical staff and personnel will be encouraged to submit content for the website and social media sites.
6. Advertising materials will focus on Clinic services, Clinic personnel, and health and wellness topics. Advertising materials will not compare Clinic services to other community service providers and will not disparage or demean other medical care providers.
7. Should advertising materials include photographs of patients or community members, photo releases will be obtained and kept on file to demonstrate that permission was obtained before the images were utilized.
8. Where appropriate, the Clinic will partner with the health department, service organizations, insurance plans and area physicians to develop additional outreach opportunities in an effort to improve the health and wellness of community members.
9. Where appropriate, budgets will be developed and program progress tracked/reported.
10. With the approval of the Executive Director and Medical Director, the Clinic may utilize posters, flyers, brochures and other third party developed materials to enhance existing Marketing efforts, including but not limited to, materials developed by nationally recognized organizations such as:
 - a. American Cancer Society
 - b. American Heart Association
 - c. Arthritis National Research Foundation
 - d. American Lung Foundation
 - e. Susan G. Komen Foundation
 - f. American Stroke Association
 - g. National Institutes of Health
 - h. Juvenile Diabetes Foundation
 - i. American Diabetes Association

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medical Assistant Scope of Practice	REVIEWED: 3/1/19;12/31/20; 9/29/21; <u>1/04/23</u>
SECTION: Workforce	REVISED:
EFFECTIVE: 10/27/21 <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Medical Assistant Scope of Practice

Objective: To ensure Medical Assistants work within their legal scope of practice, Medical Assistants deployed in the Clinic will function within parameters defined by California Business and Professional Code.

Response Rating:

Required Equipment:

Procedure

1. A Medical Assistant **may not perform** the following functions:
 - a. Diagnose or treat a condition or illness;
 - b. Perform any invasive task (except injections and skin tests as noted);
 - c. Assess the patient’s condition;
 - d. Interpret results of skin tests (but may measure and describe the test reaction and make a record in the patient’s chart);
 - e. Place the needle for the starting of, or disconnect infusion tube of, an IV;
 - f. Administer medications that are injected into an IV line;
 - g. Administer medications that are injected into the vein;
 - h. Chart pupillary responses;

- i. Insert urine catheter;
 - j. Independently perform telephone triage;
 - k. Inject collagen;
 - l. Use lasers to remove hair, wrinkles, scars, moles, or other blemishes;
 - m. Administer chemotherapy;
 - n. Draw up or administer numbing agents, alone or as a component of any medication administration.
 - o. Enter medication orders into the EMR.
 - p. Independently apply splints.
2. Technical support services may not be rendered by the Medical Assistant unless they have received a written order, signed and dated by the physician/nurse practitioner/physician assistant.
2. Under the Direction of a Physician (MD, DO), Nurse Practitioner, and/or Physician Assistant who are members of the Clinic Medical Center Medical Staff, Medical Assistants may perform technical support services, limited to:
- a. Administration of medications by intradermal, subcutaneous, and/or intramuscular injection;
 - b. Performance of skin tests;
 - c. Application and removal of bandages;
 - d. Removal of sutures;
 - e. Performance of ear lavage;
 - f. Preparing patient for examination;

- g. Shaving and disinfecting treatment sites;
 - h. Handing properly labeled, pre-packaged medications to the patient (except for controlled substances).
3. In addition to approved technical support services, Medical Assistants may perform administrative and clerical functions as directed by Clinic Leadership.
 4. The responsibility for the appropriate use of a Medical Assistant in the Clinic rests with the Physician.
 5. If asked to perform tasks that exceed their legal scope of practice, Medical Assistants will respectfully decline and advise Clinic Leadership.

CROSS REFERENCE:

- California Business and Professions Code 2069-2071
- California Business and Professions Code 2544

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medical Records Forms And Fees	REVIEWED: 4/1/19; 3/8/20; 5/4/20; 8/2/21; <u>1/04/23</u>
SECTION: Medical Records	REVISED: 3/8/20; 5/4/20
EFFECTIVE: <u>August Board Meeting 1/25/23</u>	MEDICAL DIRECTOR:

Subject: Medical Records Forms and Fees

Objective: To cover the costs of document production and printing, in some instances fees will be assessed to complete forms on behalf of the patient and to provide copies of some documents.

Response Rating:

Required Equipment:

Procedure:

1. The following forms will be completed at the patient's request during the office visit
 - a. Personal disability insurance forms (income, mortgage, credit)
 - b. Supplemental forms related to State or Federal disability insurance
 1. Initial forms will be completed without charge
 2. Supplemental or secondary forms will be completed at a cost of \$10 per form, due and payable at the time the form is brought to the Clinic.

2. Completed forms will be scanned into the patient's medical record

3. Patients requesting copies of their medical record may be charged for those copies unless those copies are requested and transmitted via the Patient Portal:
 - a. Copies of current laboratory results will be provided at no charge.
 - b. Copies of the medical record being sent to a referral physician will be sent at no charge.
 - c. Copies of the medical record being sent when the patient is moving their care to another practice will be sent at no charge.
 - d. Copies of the patient's immunization card will be provided at a cost of \$5, due and payable at the time the copy is made.
 - e. Copies of the patient's medical record, for the patient's use and not for transfer to another physician, will be provided at a cost of \$0.25 per page but not to exceed \$25.00, due and payable at the time the copy is made.
 - f. A current signed medical records release form must be submitted at the time of the request and payment.

4. Subpoenas will be managed as follows:
 - a. Subpoena received Clinic or District Office
 1. If received at the District Office, subpoena is forwarded to the Clinic via fax to 209-772-1011
 - b. Clinic Manager takes possession of the subpoena via the Clinical Inbox
 - c. Clinic Manager will CEO advise of subpoena
 - d. Clinic Manager will advise Medical Director of subpoena (when/if the Medical Director isn't the CEO)
 - e. Medical Director reviews the medical record as soon as possible and advises Clinic Manager that the review has been completed, which authorizes the release process to proceed
 - f. Clinic Manager responds to the subpoena using athenaNet chart export functionality (secure faxing)
 - g. Clinic Manager documents that subpoena has been responded to and notifies CEO/Medical Director of same
5. A fee of \$35.00, payable in advance, will be collected for each subpoenaed record and will be logged upon receipt and deposited into the Clinic's bank account per policy.
6. Patient requests for medical records will be forwarded to the medical records office and responded to by the Medical Records Clerk.
 - a. Exceptions will be processed in the Clinic
 - b. Exceptions will be limited to: immunization card, most recent lab results, most recent physical examination report, most recent discharge/visit summary
7. A medical records release form will be required for each request.
8. All requests will be logged upon receipt and all records sent, released, or mailed will be logged when leaving the Clinic.
9. Funds collected for records copies will be logged upon receipt and deposited into the Clinic's bank account per policy.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Security And Retention Of Medical Records	REVIEWED: 7/1/19; 7/1/20; 8/2/21; <u>1/04/23</u>
SECTION: Medical Records	REVISED: 7/1/20
EFFECTIVE: August Board Meeting <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Security and retention of medical records

Objective: Patient medical records will be maintained in an Electronic Medical Record application (EMR). Should downtime processes be required, all paper medical records in the Clinic shall be kept in a secure locked location until they can be scanned into the EMR.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize an Electronic Medical Record (EMR) to record patient demographics, problem list, medication list, and documentation of treatment rendered.
2. Should the EMR be unavailable due to downtime of the system, power failure or other unexpected event, paper forms will be used to document patient demographics, problem list, medication list, and treatment rendered.
3. Any paper records generated will be stored in the secure, locked location (drawer, cabinet, desk) located in the receptionist work area until Clinic staff can scan those paper records into the EMR.
4. After being scanned into the EMR, the paper records will be forwarded to the Administrative Medical Assistant to ensure claims are created for each patient encounter.
5. Medical records may be handled only by providers involved in the care of the patient, designated Clinic employees and employees of copy services who have signed authorizations to duplicate records.
6. Medi-Cal Medical and Dental programs require patient records, including radiographs, must be retained for a minimum of 10 years after the last date of service.

7. Back-up functionality is maintained by the electronic medical record vendor(s) to ensure access to historical medical and dental records.

8. Should the practice disengage from an EMR, a copy of the legacy medical and/or dental records will be obtained, stored on the local server, and made available via the new software for patient care and patient access.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medical Record Transfer	REVIEWED: 4/1/19; 12/31/20; 9/29/21; <u>1/05/23</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>10/27/21</u> 1/25/23	MEDICAL DIRECTOR:

Subject: Transfer of medical records

Objective: A patient or his/her representative is entitled to access to the patient’s health record. Record transfers shall be done upon appropriate request.

Response Rating:

Required Equipment:

Procedure:

1. A release of information form will be signed and dated by the patient or their legal representative.
2. Release of information will include the patient’s name, date of birth, and destination of the records.
3. Confidentiality of records will be stressed to all patients or legal custodians who hand carry records.
4. Records will not be transferred without patient or legal representative signature (telephone requests from medical offices, insurance companies or other parties will not be accepted).
5. At no time will records be transferred or released if there is a question regarding legality and/or legitimacy of the requesting individual.
6. The medical records personnel will be responsible for monitoring the transfer of records.
7. When records are being transferred to an entity other than an affiliated Clinic or recognized health care entity, a charge will be made to the patient. The copied records will not be released until payment has been received.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication Reconciliation	REVIEWED: 4/1/19; 12/31/20; 9/29/21; <u>1/05/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: 10/27/21 <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Medication reconciliation

Objective: In order to maintain and communicate accurate patient medication information, care providers will create an accurate list of a patient’s medications at time of intake to the clinic, reconcile discrepancies, and ensure update with any medication additions/changes made during the encounter. A copy of the list will be available to the patient upon discharge from the clinic.

Response Rating:

Required Equipment:

Definitions:

Medication: for the purposes of this policy, the term medication denotes any of the following:

- Prescription medications
- Sample medications
- Herbal remedies, ~~nutriceuticals~~nutraceuticals, vitamins, and over-the-counter medications
- Diagnostic and contrast agents
- Radioactive medications
- Vaccines
- Respiratory therapy-related medications
- Parenteral nutrition
- Blood derivatives
- Intravenous solutions either plain or with additives
- Any agent classified by the F.D.A. as a drug

Procedure:

1. Patients should be encouraged to bring their medication vials and/or a list from their pharmacy to each clinic visit.
2. During the intake process, which is completed in the examination or procedure room, the Provider will obtain a list of the patient's current medications. This list will include medication name, dose, route, and frequency.
3. Refer to the list above to ensure all medications are included.
4. The medication list will reside in the Electronic Medical Record, if in use. If the clinic utilizes a paper medical record, the medication reconciliation form will be utilized. Two patient identifiers will be placed on the paper form.
4. The physician will review the list, include any changes to current medications and medications added to the patient's regimen as a result of the current examination/treatment. The list will be signed and dated by the physician.
5. The patient will be offered a copy of the current medication reconciliation upon discharge from the clinic.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication Waste Stream	REVIEWED: 4/1/19; 12/31/20; 9/29/21; <u>1/05/23</u>
SECTION: Medication Management	REVISED: 12/31/20; 9/29/21
EFFECTIVE: <u>10/27/21</u> / <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Management of medication waste stream

Objective: The secure management of medication waste, including outdates and less than full dose amounts.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Non-scheduled drugs are placed in the medication disposal bucket that can be found in the Medication Room.
 - a. Outdated medications or less than one dose quantities.
 - b. Waste is documented by the Clinic Manager, or designee, on the current Medication and Supply Waste Documentation form. The completed form is submitted to the Medical Director for inclusion in the QAPI review.
 - c. The non-scheduled drug waste stream vendor is MedPro.
 - d. When the bucket is full, follow directions provided by the vendor for the return of the bucket.
 - e. Upon receipt of the full bucket, the vendor will return a new, replacement bucket to the Clinic.
 - f. Under no circumstances are outdated or less than one dose medications diverted from the approved waste stream.

2. Scheduled drugs are placed in the secure lock box, which can be found in the Medication Room. Scheduled medication waste must be witnessed as demonstrated by a co-signature in the manual system under the patient's name.
 - a. Outdated medication or less than one dose quantities
 - b. The controlled substance waste stream vendor is McKesson product RX Destroyer.
 - b. Waste is documented by the Clinic Manager, or designee, on the current Medication and Supply Waste Documentation form. The completed form is submitted to the Medical Director for inclusion in the QAPI review.

- c. Scheduled drugs I-V are documented on the DEA Controlled Substances for Destruction Form (container inventory). All required fields, including NDC number (if available) and specific quantity will be submitted.
 - d. Once the container is full, the Clinic Manager or designee will ensure a copy of the DEA Controlled Substances for Destruction Form (container inventory) is retained for record keeping and a copy will be sent to the Medical Director for inclusion in the QAPI meeting.
 - e. A new secure medication disposal bucket will be ordered by the Clinic Manager or designee and placed in the Medication Room to accommodate new wasted medication destruction once the lock box becomes full.
 - f. Under no circumstances are outdated or less than one dose medications diverted from the approved waste stream.
3. Wasted injectable schedule medications cannot be placed in the secure medication disposal bucket.
- a. With a witness present, draw up amount to be wasted into a syringe.
 - b. Discharge the medication from the syringe into the sink drain and run tap water down the drain.
 - c. Dispose of the used syringe in the sharps container.
 - d. This medication waste must be witnessed demonstrated by a co-signature in the Access Center system under the patient's name

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Medication, Supply, And Equipment Recalls/Warnings	REVIEWED: 11/12/18; 10/14/20; 8/2/21; <u>1/05/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>8/29/21</u> <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Medication, Supply, and Equipment Recalls and Warnings

Objective: To ensure patient safety, recall/Blacks Box warnings will be addressed immediately upon receipt, with the items in question removed from patient care areas and inventory. Medical staff and Clinic personnel will be advised of the recalls and warnings (including Black Box warnings) immediately upon issuance and after affected items are removed from service.

Response Rating: Mandatory

Required Equipment:

Definitions:

Black Box warning: The strictest warning put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug.

Recall: A recall is a method of removing or correcting products that are in violation of laws administered by the Food and Drug Administration (FDA). Recall is a voluntary action that takes place because manufacturers and distributors carry out their responsibility to protect the public health and well-being from products that present a risk of injury or gross deception or are otherwise defective. [21 CFR 7](#) provides guidance so that responsible firms may conduct an effective recall.

Medical device recalls are usually conducted voluntarily by the manufacturer under [21 CFR 7](#). In rare instances, where the manufacturer or importer fails to voluntarily recall a device that is a risk to health, FDA may issue a recall order to the manufacturer under [21 CFR 810](#), Medical Device Recall Authority. [21 CFR 810](#) describes the procedures the FDA will follow in exercising its medical device recall authority under section 518(e) of the Federal Food, Drug, and Cosmetic Act (Act).

Procedure: Medication Black Box Warnings

1. Black box warnings will be transmitted to the Clinic’s designated contact(s) by the pharmacy vendor using US Mail and email transmission. Designated contacts include but are not limited to Clinic Manager and Health Care District Office Manager.

2. Immediately upon notice from the pharmacy vendor, the Clinic Manager will review the Clinic Formulary to confirm whether the medication in question is on the Formulary List.
3. If the medications are on the Formulary List, the Clinic Director will follow the Removal of Recalled Medications protocol and segregate the medication in question and remove it from the active inventory.
4. The Clinic Manager will document on the written Black Box Warning notice that the Clinic Formulary has been reviewed, indicate the actions taken, and will date that entry.
5. The Clinic Manager will print a copy of the written Black Box Warning notice for each Clinic practitioner and ensure each practitioner receives that notice.
6. Distribution of notice to practitioners will be documented on the Clinic Manager copy of the Black Box Warning.
7. The documented notice will be placed in the file titled Recall/Black Box Warning (Year).
 - a. Medication Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not be deleted.
8. The Clinic Manager will update the Clinic Formulary List.
 - a. Note on the current list the date of the Black Box warning next to the name of the affected medication.
 - b. Save the Clinic Formulary List by renaming the file with the current date, replacing the former date.
 - c. Remove the affected medication from the Clinic Formulary list.
9. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

Product (supply, medication, equipment) Recall

1. Supply, medication, and equipment recalls are conducted by a company's own initiative, by FDA request, or by FDA order under statutory authority.
2. Upon notification from the manufacturer, supplier, or the FDA on the recall of a supply, medication, or patient care equipment item, the Clinic will initiate removal of items from the patient care area.
 - a. After printing the Notice of Recall, review Supply Listing, Clinic Formulary List, and/or Equipment Inventory List to determine whether recalled item is being utilized in the Clinic.
 - b. If the medication is not found, document on the printed recall notice that the list was reviewed and the item was not found. Date the notice.
 1. The documented printed recall notice will be placed in an online file titled Recall (Year).

2. Medication Recall (Year) files will be retained in the Clinic's permanent files and not removed to off-site storage.
3. If the item is found, remove the item from the Clinic appropriate inventory. If a supply or medication, place it in a zip-top plastic bag with a copy of the recall notice. Document on the printed recall notice that the list was reviewed, the item found and removed from inventory. Date the documentation.
 - a. The documented printed recall notice will be placed in a file titled Recall/Black Box Warning (Year).
 - b. Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not deleted.
 - c. Place recalled, packaged medications in the DO NOT USE box. Contents of the box will be removed and destroyed.
4. Upon notification from the manufacturer, supplier, or the FDA on the recall of a drug product, the Clinic will initiate review of patient medical records to determine whether patients were given prescriptions for the recalled medications.
 - a. Utilizing the Clinic's Electronic Medical Record, the Clinic Manager or designee will generate a drug utilization report, requesting a list of all patients to whom the medication was prescribed.
 - b. Based upon the type of recall action necessary, individual patients will be contacted by telephone, e-mail or letter. The content and method of notification will be determined after consultation with the Medical Director.
 - c. The report listing the patients affected, along with a copy of the correspondence sent to those patients will be filed with the recall notice and retained in the Recall/Black Box Warning (Year) file.
 - d. The Electronic Medical Record of all patients contacted regarding recalled medications will be noted with the date of recall, medication name, type of recall, and type of contact initiated to notify the patient.
 1. If correspondence advising the patient of the recall is returned as undeliverable, this information will also be entered into the patient's Medical Record.
 2. Patient will be given the recall information during their next Clinic visit.
5. The Clinic Manager will update the Clinic Supply List, Clinic Formulary List and Clinic Equipment Inventory List should any items be removed due to recall.

1. Note on the current list the date of the recall notice next to the name of the affected medication.
 2. Save the appropriate Clinic List by renaming the file with the current date, replacing the former date.
 3. Remove the affected medication from the appropriate Clinic list.
6. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

**MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES**

POLICY: Monitoring Inspection of Medication Inventory	REVIEWED: 4/1/19; 12/31/20; 9/29/21; <u>1/12/23</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: 10/27/21 <u>1/25/23</u>	MEDICAL DIRECTOR:

Subject: Monitoring inspection of Clinic medication inventory

Objective: To ensure that medications are properly stored throughout the Clinic, the designated staff member shall inspect every nursing station, medication room, cart or other area where medications are stored, at least once each month, document their findings and share those findings with Clinic Manager, Medical Director and/or designee.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

The designated person shall:

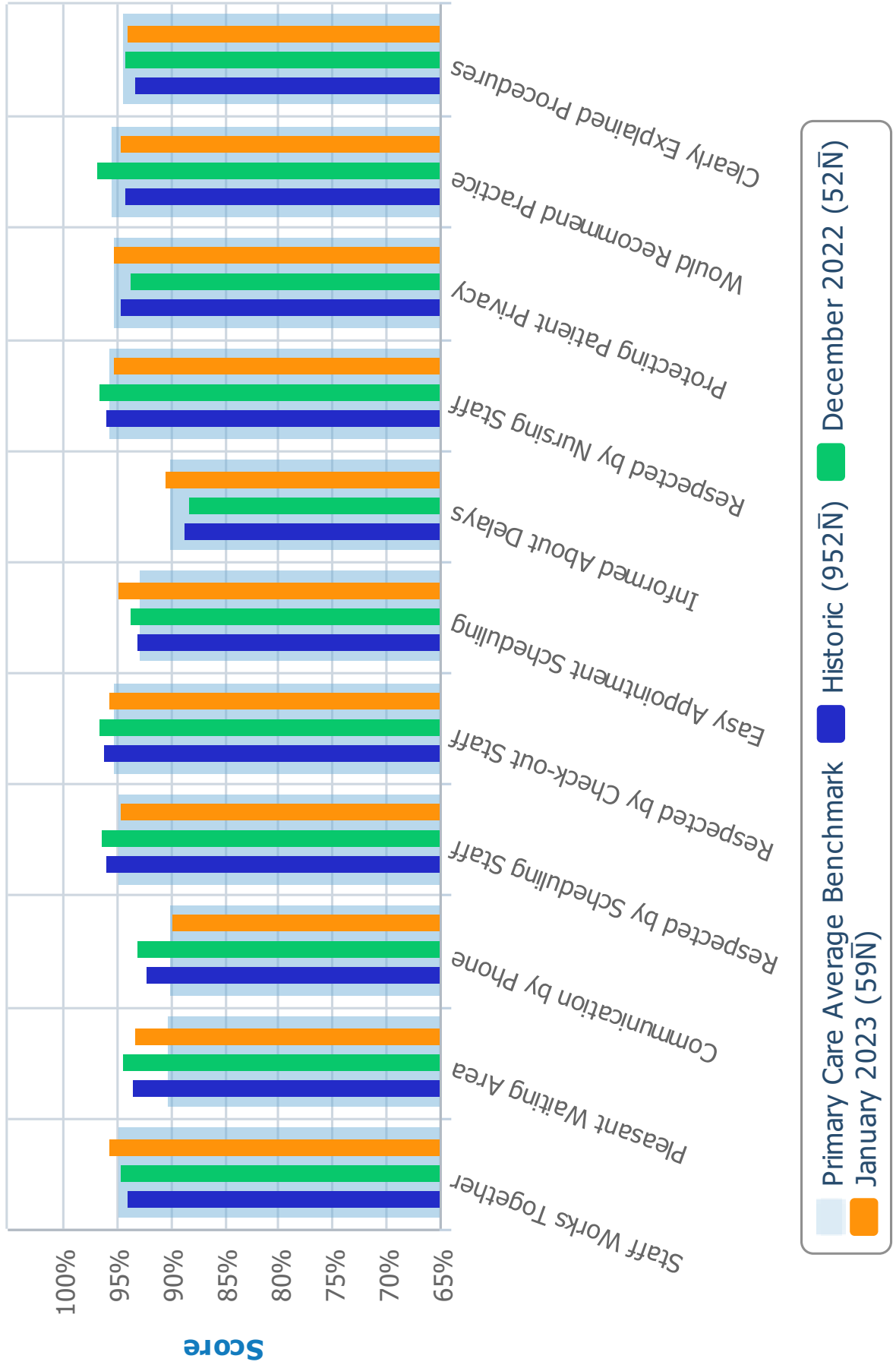
1. ~~Insure~~Ensure that antiseptics or other drugs for external use, and disinfectants, are stored separately from medications intended for internal or injectable use.
2. ~~Insure~~Ensure that special storage conditions are met when necessary to assure stability.
3. Identify outdated medications and remove them from the Clinic inventory to prevent inadvertent administration.
4. Check the supply of emergency medications for correctness and remove outdated medications.
5. Check that metric and apothecary conversion charts are posted.
6. Review and document refrigerator, freezer, and medication room temperatures and submit that information as a part of the ongoing Quality Assurance/Performance Improvement program.
7. Review each area where medication is stored for cleanliness, presence of non-stock medications and samples, adequate security and other conditions deemed necessary by the District and Medical Staff and submit documentation of the review as a part of the ongoing Quality Assurance/Performance Improvement program.
8. Areas out of compliance will be reviewed and corrected by the Clinic Manager.

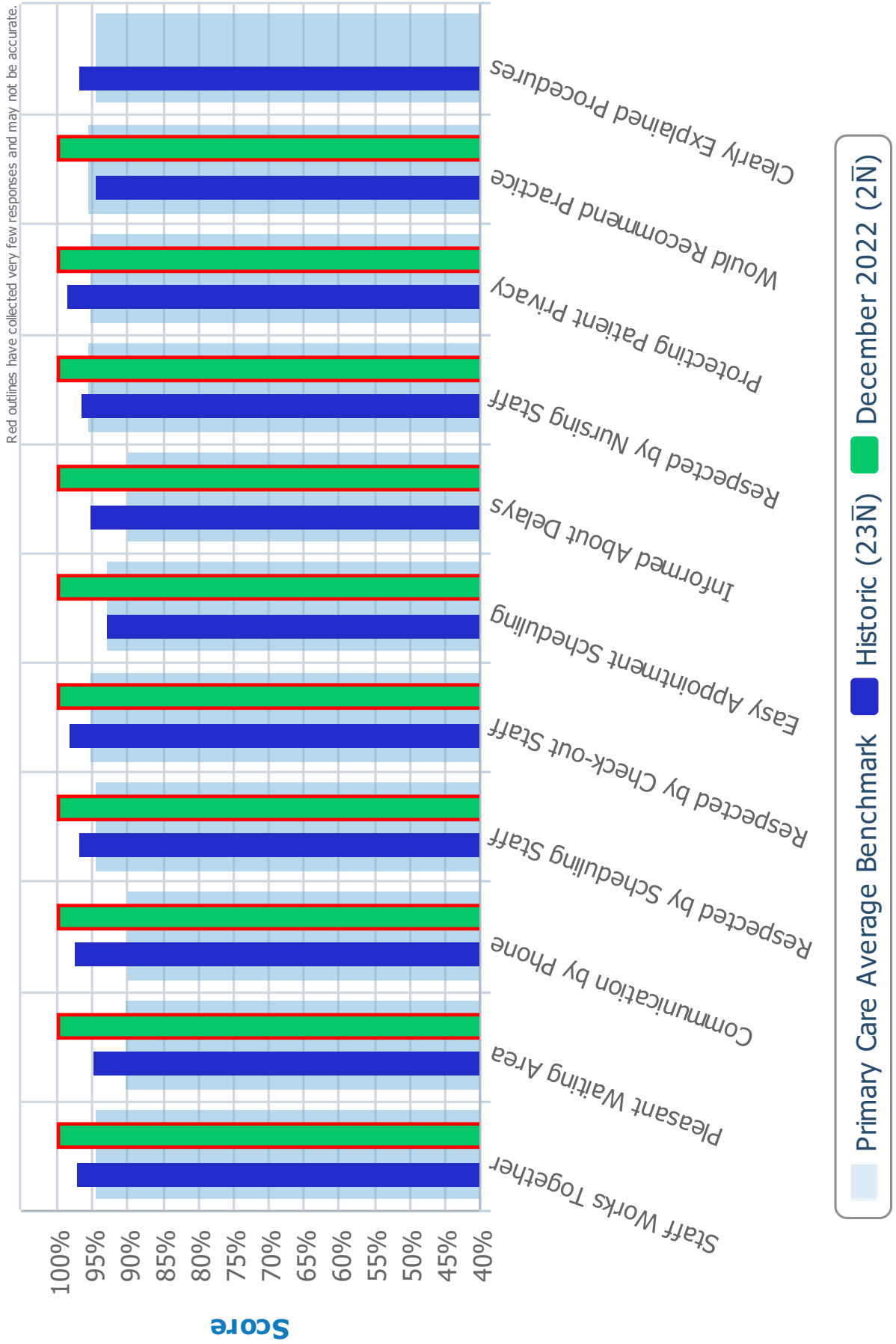
GRANT SUMMARY

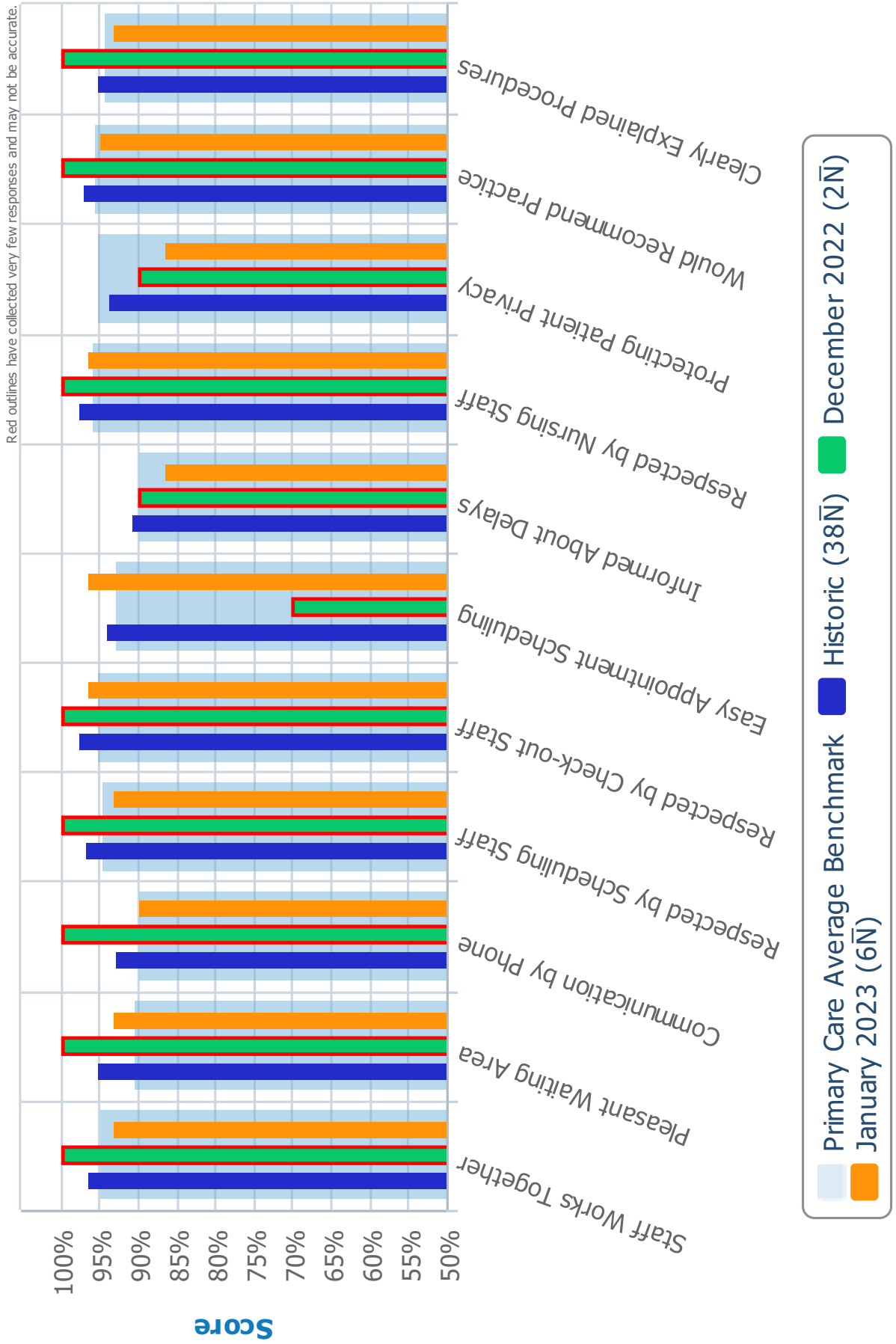
GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN (RHCCTM)	\$ 100,000.00	\$ 100,000.00	\$ 100,002.34	Last day of every month	DONE	DONE	POSSIBLE	COVID 19 testing/mitigation/COVID Pay/Mickesson
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	1/31/2023	DONE	UNDER FINAL REVIEW a/o 10/12/22	YES	2020 Expenses
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 15,020.16	\$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$5,630.48
9	ANTHEM (NON-COVID)	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 104,563.14		Some	PORTION RECEIVED	NO	9 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 28,877.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	ConferMed	\$ 15,000.00	\$ 15,000.00	\$ -			RECEIVED		Online Referrals
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ 15,448.82		12/31/2023	RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -		9/20/2021	PORTION RECEIVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	\$ 27,476.09	\$ 27,476.09	\$ 86,548.60			Requested		Lost Revenue SS
		ARP (Part 2)	\$ 49,193.31	\$ 49,193.31	See Above		3/31/2023	Recalculation Below		
13	ANTHEM - Tyto Care	Remote Care - 4 Stations	\$ 12,077.80	\$ 12,077.80	\$ 12,077.80		N/A	SPENT		(Laurel) RoboDoc
14	HEALTHNET	Back to School	\$ 6,000.00	\$ 6,000.00	\$ -			RECEIVED		RoboDoc - T. Cook hrs.
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -			Approved	Possible	#SG2111 - Centene
16	HEALTHNET	RoboDoc/Let's All Smile	\$ 15,000.00	\$ 15,000.00	\$ -			RECEIVED		to support Community programs - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 126,636.30	\$ 28,405.35			RECEIVED		Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
19	CPPA	Energy	\$ 30,000.00	\$ -	\$ -			Pending		
20			\$ -	\$ -	\$ -					

TOTALS \$1,415,326.26 \$1,219,997.61 \$1,207,216.53

Last Updated 2/10/2023
2:30 PM









Patricia A. Bettinger
Valley Springs, Ca 95252

Goal:

To serve my community, Valley Springs and the larger community of Calaveras County

Education:

Bachelor of Arts, College of Notre Dame, Belmont, CA

Numerous on-job and continuing education classes, including Ethics in Business/Management, Duke University's Budget and Financials for Business and Economics Majors, many engineering and budget related courses, plus various computer coding classes

Employment History:

Nearly 30 years with the AT&T/SBC family of companies. Positions held ranged from Customer Facing to various Engineer/Project Manager/Budget and Financials roles. For 2 years during this time, I was also a part-time Domestic Violence Facilitator.

Upon retirement and moving to Calaveras County, I was an independent Notary Public/Certified Loan Signing Agent for 12 years. During this time, I also served a term as a Citizen Member of Calaveras Council of Governments.

For 2 years I was a Library Branch Assistant, working in 6 of the 8 branches of the Calaveras County Library System.

Currently, I am a part-time and occasional assistant manager at Toyon Smart Storage

Current Volunteer Work:

Secretary, West Calaveras Rotary

Monthly USDA Commodities Program distributor in Valley Springs

Strengths:

Responsible, reliable, trustworthy, very computer literate

Weakness:

I have always struggled to remember names.

Available on request:

References

Proof of citizenship

Employment history detail

College degree

	12/31/22	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	3,194,665	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	3,194,665	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(3,487,926)	(8,125,814)	(6,429,672)	(1,123,758)	(35,000)	(537,384)
Total Expenses	(3,487,926)	(8,125,814)	(6,429,672)	(1,123,758)	(35,000)	(537,384)
Surplus(Deficit)	(293,261)	464,116	(526,528)	213,028	(35,000)	812,616
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		12/31/22									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget	
9260.01	Rent Hospital Asset amortized	89,870	89,891	21	100.02%	539,219	539,939	720	100.13%	1078438	
Rent Revenues		89,870	89,891	21	100.02%	539,219	539,939	720	100.13%	1,078,438	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(95,896)	(32,563)	151.42%	(380,000)	(545,292)	(165,292)	143.50%	(760,000)	
9520.85	Telephone & Communications	(3,750)	(319)	3,431	8.51%	(22,500)	(4,235)	18,265	18.82%	(45,000)	
9520.72	Depreciation	(8,777)	(8,798)	(21)	100.24%	(52,661)	(53,381)	(720)	101.37%	(105,322)	
9520.82	Insurance										
Total Costs		(75,860)	(105,013)	(29,153)	138.43%	(455,161)	(602,909)	(147,748)	132.46%	(910,322)	
Net		14,010	(15,123)	(29,132)	-107.94%	84,058	(62,970)	(147,028)	-74.91%	168,116	
9260.02	MOB Rents Revenue	18,905	17,973	(932)	95.07%	113,430	107,837	(5,593)	95.07%	226,859	
9521.75	MOB rent expenses	(21,336)	(20,814)	523	97.55%	(128,018)	(124,950)	3,068	97.60%	(256,036)	
Net		(2,431)	(2,841)	(409)	116.84%	(14,589)	(17,113)	(2,525)	117.31%	(29,177)	
9260.03	Child Advocacy Rent revenue	770	773	2	100.31%	4,621	4,635	15	100.31%	9,241	
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(1,200)	0	1,200	0.00%	(2,400)	
Net		570	773	202	135.51%	3,421	4,635	1,215	135.51%	6,841	
9260.04	Sunrise Pharmacy Revenue	1,854	1,836	(18)	99.03%	0	11,016	11,016	0.00%	22,248	
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(1,200)	0	0	0.00%	(2,400)	
Total Revenues		111,399	110,472	(927)	99.17%	657,269	663,427	6,158	100.94%	1,336,786	
Total Expenses		(97,597)	(125,827)	(28,230)	128.93%	(585,579)	(727,859)	(142,280)	124.30%	(1,171,158)	
Summary Net		13,802	(15,355)	(29,157)	-111.25%	71,690	(64,432)	(136,122)	-89.88%	165,628	

Mark Twain Health Care District										
Projects, Grants and Support										
		12/31/2022								
			2019/2020	2020/2021	2021/2022	2022/2023	Month to-Date	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(42,500)	(2,108)	(10,669)	12.55%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)					
8890.00	Veterans Support			0	0		0		0	
8890.00	Mens Health			0	0		0		0	
8890.00	Steps to Kick Cancer - October			0	0		0		0	
8890.00	Ken McInturf Laptops			(2,571)						
8890.00	Doris Barger Golf			0	0		0			
8890.00	Stay Vertical			(14,000)	(14,000)	(35,000)	(17,500)	(2,108)	(10,669)	30.48%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	Project grants and support		(465,163)	(20,325)	(667,000)	(85,000)	(17,500)	(2,108)	(10,669)	12.55%

Mark Twain Health Care District										
General Administration Financial Projections										
12/31/22										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
9060.00	Income, Gains and losses from investments	8,333	29,490	21,157	353.88%	50,000	118,890	68,890	237.78%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	625,000	625,000	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9205.03	Miscellaneous Income (1% Minority Interest)		(3,871)			0	(19,987)			
	Summary Revenues	112,500	129,787	17,287	115.37%	675,000	723,904	48,904	107.24%	1,350,000
8610.09	Other salaries and wages	(21,644)	(29,924)	(8,280)	138.25%	(129,866)	(117,596)	12,270	90.55%	(259,732)
8610.10	Payroll taxes	(1,661)	(1,469)	192	88.43%	(9,967)	(5,551)	4,416	55.69%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(7,792)	0	7,792	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(6,054)	0	6,054	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	(195)	671	22.49%	(5,195)	(1,859)	3,336	35.78%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(1,299)	0	1,299	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(1,664)	3,387	32.94%	(30,306)	(7,410)	22,896	24.45%	(60,611)
	Labor Costs	(26,695)	(31,587)	(4,892)	118.33%	(160,172)	(125,005)	35,166	78.04%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(282)	3,884	6.78%	(25,000)	(1,343)	23,657	5.37%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(2,500)	(368)	2,132	14.72%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(1,049)	2,284	31.47%	(20,000)	(36,060)	(16,060)	180.30%	(40,000)
8610.05	Marketing	(667)	(687)	(20)	102.98%	(4,000)	(19,877)	(15,877)	496.93%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(1,000)	0	1,000	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(266)	567	31.91%	(5,000)	(3,928)	1,072	78.55%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(2,500)	0	2,500	0.00%	(5,000)
8610.69	Other- IT Services	(833)	(1,023)	(190)	122.75%	(5,000)	(5,501)	(501)	110.01%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(6,021)	0	6,021	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(30,000)	(39,278)	(9,278)	130.93%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(450)	217	67.50%	(4,000)	(15,305)	(11,305)	382.63%	(8,000)
8610.87	Outside Trainings	(417)	540	957	-129.60%	(2,500)	(8,574)	(6,074)	342.95%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		0	(666)	(666)		
8610.90	Other Direct Expenses	(833)	0	833	0.00%	(5,000)	(2,400)	2,600	48.00%	(10,000)
8610.95	Other Misc. Expenses	-	0			0	0			
	Non-Labor costs	(18,753)	(3,217)	15,537	17.15%	(112,521)	(133,299)	(20,778)	118.47%	(225,041)
	Total Costs	(45,449)	(34,804)	10,645	76.58%	(272,692)	(258,304)	14,388	94.72%	(545,384)
	Net	67,051	94,982	27,931	141.66%	402,308	465,600	63,292	115.73%	804,616

**Investment & Reserves Report
31-Dec-22**

Annual

Reserve Funds	Minimum Target	6/30/2022 Balance	2022/2023 Allocated	2022/2023 Interest	12/31/2022 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	9,782	899,595	
Capital Improvement Fund	12,000,000	2,436,516	0	25,334	2,461,850	
Technology Reserve Fund	1,000,000	1,003,323	0	10,196	1,013,519	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	33,570	2,441,546	
Loan Reserve Fund	2,000,000	2,006,647	0	27,955	2,034,602	
Reserves & Contingencies	19,600,000	8,744,275	0	106,837	8,851,112	0

Reserves	2022-2023	
	12/31/2022	Interest Earned
Valley Springs HWC - Operational Reserve Fund	899,595	9,782
Total Cal-Trust Reserve Funds	899,595	9,782
Lease & Contract Reserve Fund	2,441,546	33,570
Loan Reserve Fund	2,034,602	27,955
Capital Improvement Fund	2,461,850	25,334
Technology Reserve Fund	1,013,519	10,196
Total Cal-CLASS Reserve Funds	7,951,517	97,055

Five Star		
General Operating Fund	81,786	211
Money Market Account	294,299	3,173
Valley Springs - Checking	86,491	58
Valley Springs - Payroll	13,995	33
Total Five Star	476,572	3,474

Umpqua Bank		
Checking	151,492	0
Money Market Account	6,445	0.32
Investments	0	0
Total Savings & CD's	157,937	0.32
Bank of Stockton	79,229	20

Total in interest earning accounts	8,665,256	110,332
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Beta Dividends 1	3,138
CSDA Training Scholarship	1,200
Anthem Rebate	4,230
Total Without Unrealized Loss	118,900

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Mark Twain Health Care District
Balance Sheet
As of December 31, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	151,492
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	79,229
1001.40 Five Star Bank - MTHCD Checking	989,188
1001.50 Five Star Bank - Money Market	294,299
1001.60 Five Star Bank - VSHWC Checking	86,491
1001.65 Five Star Bank - VSHWC Payroll	211,073
1001.90 US Bank - VSHWC	5,639
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,824,258
Accounts Receivable	
1201.00 Accounts Receivable	-8,634
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	503,826
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	399,577
1004.10 CLASS Lease & Contract Reserve Fund	2,441,538
1004.20 CLASS Loan Reserve Fund	2,034,631
1004.30 CLASS Capital Improvement Reserve Fund	2,461,850
1004.40 CLASS Technology Reserve Fund	1,014,706
1150.05 Due from Calaveras County	516,360
1150.60 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	242,783
Total Other Current Assets	9,283,918
Total Current Assets	11,612,003
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildings	5,875,622
1220.20 VSHWC - Equipment	981,196
1221.00 Pharmacy Construction	48,536

1521.20 CIP Buildings	9,000
1600.00 Accumulated Depreciation	-7,809,205
Total Fixed Assets	7,420,468
Other Assets	
1710.10 Minority Interest in MTMC - NEW	375,495
1810.60 Capitalized Lease Negotiations	314,858
1810.65 Capitalized Costs Amortization	5,959
Total Intangible Assets	320,818
2219.00 Capital Lease	5,993,627
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,531,714
TOTAL ASSETS	26,564,184
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	151,608
Total 200.00 Accts Payable & Accrued Expenses	151,608
2001.00 Other Accounts Payable (Credit Card)	45,938
Total 200.00 Accts Payable & Accrued Expenses	45,938
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	52,767
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	-12,585
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	450,301
Total Current Liabilities	647,848
Long-Term Liabilities	
2128.01 Deferred Capital Lease	601,377
2128.02 Deferred Utilities Reimbursement	1,096,403
2129.00 Other Third Party Reimbursement - Calaveras County	625,000
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,719,951
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	9,909,001
Total Liabilities	10,556,849
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,068,192
Net Income	-293,261
Total Equity	16,007,335
TOTAL LIABILITIES AND EQUITY	26,564,184



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Agenda Item: Financial Reports for January 2023

Item Type: Action

Submitted By: Rick Wood, Accountant

Presented By: Rick Wood, Accountant

BACKGROUND:

The January 2023 financial reports are attached for your review and approval.

- After a conversation with Kelly Hohenbrink, we have restated the December Clinic revenue.
- The new process to record the clinic revenue will take into account the fiscal year to date information, to always keep our numbers as current as possible.
- Traci and I still have some research to do on a couple accounts, including the clinic loans and respective amortization schedules in order to break out the principal and interest on an ongoing basis.
- Utilities are now being reconciled to the new agreement with the hospital.
- Our investment income is looking significantly better as the higher interest rates are impacting our interest income. This will be realized very quickly with our investment in the California CLASS program. We have already exceeded our annual budgeted revenue.

	01/31/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	4,065,615	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	4,065,615	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(4,369,663)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Total Expenses	(4,369,663)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Surplus(Deficit)	(304,048)	463,237	(526,528)	213,028	(35,000)	811,737
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)

Mark Twain Health Care District									
Direct Clinic Financial Projections									
VSHWC									
1/31/2023									
2022-2023									
	2019/2020	2020/2021	2021/2022	2022/2023	Month	Actual	Actual	Actual	
	Actual	Actual	Actual	Budget	to-date	Month	Y-T-D	vs Budget	
					Budget				
4083.49	Urgent care Gross Revenues	1,170,321	2,789,431	3,604,071	5,903,144	3,443,501	492,090	2,293,251	38.85%
4083.60	Contractual Adjustments	(953,773)	(1,383,628)	(1,006,672)	(1,531,379)	(893,304)	(216,682)	(575,944)	
	Net Patient revenue	216,548	1,405,804	2,597,399	4,371,765	2,550,196	275,408	1,717,307	39.28%
					0	0			
4083.90	Flu shot, Lab income, physicals				0	0			0.00%
4083.91	Medical Records copy fees				0	0			0.00%
9108.00	Other - Plan Incentives & COVID Relief				0	0	-	180	0.00%
			0		0	0	0	180	0.00%
	Total Other Revenue	216,548	1,405,804	2,597,399	4,371,765	2,550,196	275,408	1,717,487	39.29%
7083.09	Other salaries and wages	(648,607)	(954,884)	(1,398,808)	(1,552,769)	(905,782)	(132,629)	(842,187)	54.24%
7083.10	Payroll taxes	(53,339)	(83,696)	(99,489)	(119,175)	(69,519)	(14,797)	(65,382)	54.86%
7083.12	Vacation, Holiday and Sick Leave				(93,166)	(54,347)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(166,865)	(167,920)	(97,953)	(13,300)	(104,734)	62.37%
7083.14	Group Life Insurance					0			
7083.15	Pension and Retirement		(1,403)	(1,709)	(62,111)	(36,231)			0.00%
7083.16	Workers Compensation insurance	(13,597)	(16,697)		(15,528)	(9,058)			0.00%
7083.18	Other payroll related benefits					0			
	Total taxes and benefits	(98,100)	(234,521)	(268,064)	(457,900)	(267,108)	(28,097)	(170,116)	37.15%
	Labor related costs	(746,706)	(1,189,405)	(1,666,872)	(2,010,669)	(1,172,890)	(160,726)	(1,012,304)	50.35%
7083.05	Marketing	(7,096)	(2,469)	(38,900)	(4,000)		(1,541)	(7,368)	
7083.20.01	Medical - Physicians	(607,191)	(844,648)	(631,488)	(1,052,155)	(613,757)	(56,213)	(339,651)	32.28%
7083.20.02	Dental- Providers			(83,666)			(7,700)	(47,988)	
7083.20.03	Behavior Health - Providers			(2,775)				(13,883)	
7083.22	Consulting and Management fees	(261,571)	(97,365)	(25,413)	(20,900)	(12,192)	(1,439)	(17,238)	82.48%
7083.23	Legal - Clinic	(27,900)	(19,720)	(8,664)	(10,000)			(1,264)	0.00%
7083.25	Registry Nursing personnel					0			
7083.26	Other contracted services	(65,565)	(209,741)	(315,082)	(180,000)	(105,000)	(33,088)	(190,111)	105.62%
7083.29	Other Professional fees	(11,199)	(11,554)	(16,742)	(17,000)	(9,917)		(24,339)	143.17%
7083.36	Oxygen and Other Medical Gases	(533)	(578)	(343)	(700)	(408)	(49)	(228)	32.51%
7083.38	Pharmaceuticals				(3,500)	(2,042)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(263,109)	(242,845)	(479,000)	(279,417)	(66,126)	(171,612)	35.83%
7083.41.02	Dental Care Materials and Supplies - Clinic		(37,429)	(84,046)			(4,776)	(34,942)	
7083.41.03	Behavior Health Materials		(1,515)	(2,050)			(141)	(2,916)	
7083.44	Linens					0			
7083.48	Instruments and Minor Medical Equipment				(21,050)	(12,279)			0.00%
7083.74	Depreciation - Equipment				(137,349)	(80,120)			
7083.45	Cleaning supplies				(200)	(117)			
7083.62	Repairs and Maintenance Grounds	(1,122)		(565)	(5,000)	(2,917)	(554)	(671)	13.42%
7083.72	Depreciation - Bldgs & Improvements			(769,690)	(345,687)	(201,651)	(63,379)	(443,653)	128.34%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(37,583)	(72,953)	(80,000)	(46,667)	(8,690)	(46,333)	57.92%
8870.00	Interest on Debt Service	(158,161)	(247,955)	(241,772)	(275,495)	(160,705)			0.00%
7083.43	Food	(935)	(1,070)	(2,885)	(1,300)	(758)	(212)	(3,298)	253.72%
7083.46	Office and Administrative supplies	(30,108)	(57,037)	(40,848)	(41,250)	(24,063)	(6,349)	(12,482)	30.26%
7083.69	Other purchased services	(50,362)	(22,248)	(10,827)	(29,246)	(17,060)	(1,104)	(6,954)	23.78%
7083.81	Insurance - Malpractice	(8,814)			(38,000)	(22,167)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(46,530)	(63,371)	(31,728)	(18,508)	(3,757)	(47,309)	0.00%
7083.83	Licenses & Taxes				(5,300)	(3,092)			
7083.85	Telephone and Communications	(5,253)	(66,112)	(28,399)	(28,000)	(16,333)	(3,602)	(19,983)	71.37%
7083.86	Dues, Subscriptions & Fees	(19,274)	(7,669)	(9,412)	(2,000)	(1,167)	(5,686)	(19,089)	954.47%
7083.87	Outside Training	(199)	(31,537)	(952)	(9,400)	(5,483)	(59)	(29,576)	314.64%
7083.88	Travel costs	(3,704)	(1,498)	(5,636)	(6,010)	(3,506)	(2,488)	(7,176)	119.41%
7083.89	Recruiting	(25,209)	(4,475)	(57,418)	(55,000)	(32,083)	0	(59,196)	107.63%
8895.00	RoboDoc		0		(12,354)	(7,207)			
	Non labor expenses	(1,502,306)	(2,011,843)	(2,756,742)	(2,891,624)	(1,678,614)	(266,952)	(1,547,260)	53.51%
	Total Expenses	(2,249,012)	(3,201,247)	(4,423,614)	(4,902,293)	(2,851,504)	(427,678)	(2,559,564)	52.21%
	Net Expenses over Revenues	(2,032,464)	(1,795,444)	(1,826,215)	(530,528)	(301,308)	(152,271)	(842,077)	158.72%

Mark Twain Health Care District									
Rental Financial Projections				Rental					
									1/31/2023
		2019/2020	2020/2021	2021/2022	2022/2023	Month to-date	Actual	Actual	Actual
		Actual	Actual	Actual	Budget	Budget	Month	Y-T-D	vs Budlet
9260.01	Rent Hospital Asset amortized	1,095,293	1,090,174	1,084,806	1078438	629,089	89,851	629,790	58.40%
	Rent Revenues	1,095,293	1,090,174	1,084,806	1,078,438	629,089	89,851	629,790	58.40%
9520.62	Repairs and Maintenance Grounds	(6,079)							
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(658,014)	(677,222)	(760,000)	(443,333)	(145,489)	(690,781)	90.89%
9520.85	Telephone & Communications		(45,185)	(43,003)	(45,000)	(26,250)	(177)	(4,413)	
9520.72	Depreciation	(673,891)	(770,925)	(101,799)	(105,322)	(61,438)	(8,758)	(62,139)	59.00%
9520.82	Insurance								
	Total Costs	(1,331,134)	(1,474,124)	(822,024)	(910,322)	(531,021)	(154,424)	(757,333)	83.19%
	Net	(235,841)	(383,950)	262,782	168,116	98,068	(64,573)	(127,543)	141.59%
9260.02	MOB Rents Revenue	220,296	208,946	215,042	226,859	132,334	17,973	125,810	55.46%
9521.75	MOB rent expenses	(240,514)	(263,451)	(248,382)	(256,036)	(149,354)	(22,279)	(147,229)	57.50%
	Net	(20,218)	(54,504)	(33,341)	(29,177)	(17,020)	(4,306)	(21,420)	73.41%
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,068	9,241	5,391	773	5,408	58.52%
9522.75	Child Advocacy Expenses	(297)	(5,436)	(195)	(2,400)	(1,400)			0.00%
	Net	8,703	3,564	8,873	6,841	3,991	773	5,408	79.05%
9260.04	Sunrise Pharmacy Revenue		14,400	21,816	22,248		1,872	12,888	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	0	(2,400)	(1,400)			
	Total Revenues	1,324,589	1,322,520	1,330,731	1,336,786	766,814	110,468	773,895	57.89%
	Total Expenses	(1,574,119)	(1,746,796)	(1,070,601)	(1,171,158)	(683,176)	(176,703)	(904,562)	77.24%
	Summary Net	(249,530)	(424,276)	260,130	165,628	83,638	(66,235)	(130,667)	-78.89%

Mark Twain Health Care District										
Projects, Grants and Support										
		1/31/2023								
			2019/2020	2020/2021	2021/2022	2022/2023	Month to-Date	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(49,583)	(287)	(10,956)	12.89%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)					
8890.00	Veterans Support			0	0		0		0	
8890.00	Mens Health			0	0		0		0	
8890.00	Steps to Kick Cancer - October			0	0		0		0	
8890.00	Ken McInturf Laptops			(2,571)						
8890.00	Doris Barger Golf			0	0		0			
8890.00	Stay Vertical			(14,000)	(14,000)	(35,000)	(20,417)	(287)	(10,956)	31.30%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	Project grants and support		(465,163)	(20,325)	(667,000)	(85,000)	(20,417)	(287)	(10,956)	12.89%

Mark Twain Health Care District									
General Administration Financial Projections									
			Admin						1/31/2023
		2019/2020	2020/2021	2021/2022	2022/2023	Month To-date	Actual	Actual	Actual
		Actual	Actual	Actual	Budget	Budget	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	390,802	39,321	21,936	100,000	58,333	34,131	153,021	153.02%
9160.00	Property Tax Revenues	1,126,504	1,233,836	1,253,632	1,250,000	729,167	104,167	729,167	58.33%
9010.00	Gain on Sale of Asset								
9400.00	Miscellaneous Income		19,978.41	6,122.50			3,459	9,451	
5801.00	Rebates, Sponsorships, Refunds on Expenses		236,723.76	1,000.00					
5990.00	Other Miscellaneous Income								
9108.00	Other Non-Operating Revenue-GRANTS						126,636	126,816	
9205.03	Miscellaneous Income (1% Minority Interest)	(43,680)	(23,789)	(44,257)		0		(19,987)	
	Summary Revenues	1,473,626	1,506,070	1,238,434	1,350,000	787,500	268,392	998,468	73.96%
8610.09	Other salaries and wages	(133,415)	(273,071)	(243,983)	(259,732)	(151,510)	(19,687)	(137,283)	52.86%
8610.10	Payroll taxes	(14,875)	(10,079)	(11,174)	(19,934)	(11,628)	511	(5,040)	25.28%
8610.12	Vacation, Holiday and Sick Leave				(15,584)	(9,091)			0.00%
8610.13	Group Health & Welfare Insurance	(12,383)			(12,107)	(7,062)			0.00%
8610.14	Group Life Insurance					0			
8610.15	Pension and Retirement	(1,905)	(3,736)	(4,008)	(10,389)	(6,060)	(1,560)	(3,419)	32.91%
8610.16	Workers Compensation insurance	(1,226)	924	(924)	(2,597)	(1,515)			0.00%
8610.18	Other payroll related benefits		(800)			0			0.00%
	Benefits and taxes	(30,390)	(13,691)	(16,106)	(60,611)	(35,356)	(1,049)	(8,459)	13.96%
	Labor Costs	(163,804)	(286,762)	(260,089)	(320,343)	(186,867)	(20,737)	(145,742)	45.50%
8610.22	Consulting and Management Fees	(14,109)	(4,548)	(7,244)	(50,000)	(29,167)	(22,515)	(23,858)	47.72%
8610.23	Legal	(15,069)	(4,528)	(1,874)	(5,000)	(2,917)		(368)	7.36%
8610.24	Accounting /Audit Fees	(59,232)	(62,977)	41,962	(40,000)	(23,333)	(1,544)	(37,604)	94.01%
8610.05	Marketing		(2,031)	(8,984)	(8,000)	(4,667)	(37)	(19,914)	
8610.43	Food	(868)			(2,000)	(1,167)			0.00%
8610.46	Office and Administrative Supplies	(19,595)	(8,306)	(6,895)	(10,000)	(5,833)	(819)	(4,746)	47.46%
8610.62	Repairs and Maintenance Grounds	0	0	(1,250)	(5,000)	(2,917)	(11,372)	(11,372)	227.44%
8610.69	Other- IT Services	(12,877)	(11,066)	(9,063)	(10,000)	(5,833)	(1,363)	(6,864)	
8610.74	Depreciation - Equipment				(12,041)	(7,024)			
8610.75	Rental/lease equipment					0			
8610.80	Utilities	(420)				0			
8610.82	Insurance	(17,747)	4,257	(54,354)	(60,000)	(35,000)		(39,278)	65.46%
8610.83	Licenses and Taxes	0							
8610.85	Telephone and communications	0							
8610.86	Dues, Subscriptions & Fees	(12,529)	(9,648)	(21,422)	(8,000)	(4,667)	(508)	(15,813)	197.66%
8610.87	Outside Trainings	380	(585)	(1,556)	(5,000)	(2,917)	(60)	(8,634)	172.68%
8610.88	Travel	(4,447)				0			0.00%
8610.89	Recruiting	(2,368)	(2,812)	(912)		0		(666)	0.00%
8610.90	Other Direct Expenses	(62,312)	(90,083)	(7,575)	(10,000)	(5,833)	(500)	(2,900)	29.00%
8610.95	Other Misc. Expenses	(4,844)					(879)	(879)	
	Non-Labor costs	(226,037)	(192,327)	(79,167)	(225,041)	(131,274)	(39,596)	(172,895)	76.83%
	Total Costs	(389,841)	(479,090)	(339,256)	(545,384)	(318,141)	(60,333)	(318,637)	58.42%
	Net	1,083,785	1,026,980	899,178	804,616	469,359	208,059	679,832	84.49%

**Investment & Reserves Report
31-Jan-23**

Annual

Reserve Funds	Minimum Target	6/30/2022 Balance	2022/2023 Allocated	2022/2023 Interest	1/31/2023 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	12,346	902,159	
Capital Improvement Fund	12,000,000	2,436,516	0	34,774	2,471,290	
Technology Reserve Fund	1,000,000	1,003,323	0	14,087	1,017,410	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	42,933	2,450,909	
Loan Reserve Fund	2,000,000	2,006,647	0	35,757	2,042,404	
Reserves & Contingencies	19,600,000	8,744,275	0	139,897	8,884,172	0

Reserves	2022-2023	
	1/31/2023	Interest Earned
Valley Springs HWC - Operational Reserve Fund	902,159	12,346
Total Cal-Trust Reserve Funds	902,159	12,346
Lease & Contract Reserve Fund	2,450,909	42,933
Loan Reserve Fund	2,042,404	35,757
Capital Improvement Fund	2,471,290	34,774
Technology Reserve Fund	1,017,410	14,087
Total Cal-CLASS Reserve Funds	7,982,013	127,551

Five Star		
General Operating Fund	279,097	244
Money Market Account	595,320	4,194
Valley Springs - Checking	64,938	64
Valley Springs - Payroll	44,163	40
Total Five Star	983,518	4,542

Umpqua Bank		
Checking	167,678	0
Money Market Account	6,445	0.37
Investments	0	0
Total Savings & CD's	174,123	0.37

Bank of Stockton	79,215	24
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Total in interest earning accounts	10,121,029	144,463
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Beta Dividends 1	3,138
CSDA Training Scholarship	1,200
Anthem Rebate	4,230

Total Without Unrealized Loss	153,031
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Mark Twain Health Care District
Balance Sheet
January 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	167,678
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	79,215
1001.40 Five Star Bank - MTHCD Checking	382,705
1001.50 Five Star Bank - Money Market	895,320
1001.60 Five Star Bank - VSHWC Checking	64,938
1001.65 Five Star Bank - VSHWC Payroll	43,263
1001.90 US Bank - VSHWC	47,237
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,687,202
Accounts Receivable	
1201.00 Accounts Receivable	11,011
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	523,471
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	402,141
1004.10 CLASS Lease & Contract Reserve Fund	2,450,901
1004.20 CLASS Loan Reserve Fund	2,042,433
1004.30 CLASS Capital Improvement Reserve Fund	2,471,290
1004.40 CLASS Technology Reserve Fund	1,018,597
1150.05 Due from Calaveras County	516,360
1150.60 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	337,026
Total Other Current Assets	9,411,221
Total Current Assets	11,621,894
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildings	5,875,622
1220.20 VSHWC - Equipment	986,366
1221.00 Pharmacy Construction	48,536

1521.10 CIP Land	1,996
1521.20 CIP Buildings	13,273
1600.00 Accumulated Depreciation	-7,872,584
Total Fixed Assets	7,368,528
Other Assets	
1710.10 Minority Interest in MTMC - NEW	375,495
1810.60 Capitalized Lease Negotiations	314,858
1810.65 Capitalized Costs Amortization	5,959
Total Intangible Assets	320,818
2219.00 Capital Lease	5,974,720
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,512,807
TOTAL ASSETS	26,503,228
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	277,512
Total 200.00 Accts Payable & Accrued Expenses	277,512
2001.00 Other Accounts Payable (Credit Card)	71,911
Total 200.00 Accts Payable & Accrued Expenses	71,911
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	52,767
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	-10,463
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	452,423
Total Current Liabilities	801,846
Long-Term Liabilities	
2128.01 Deferred Capital Lease	565,871
2128.02 Deferred Utilities Reimbursement	1,031,909
2129.00 Other Third Party Reimbursement - Calaveras County	520,833
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,719,951
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	9,704,834
Total Liabilities	10,506,681
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,068,192
Net Income	-304,048
Total Equity	15,996,548



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Resolution 2023 – 03

**A RESOLUTION OF THE BOARD OF DIRECTORS
OF THE MARK TWAIN HEALTH CARE DISTRICT**

Change in MTHCD Board Policies

WHEREAS: The Mark Twain Health Care District's policy is to utilize the resolution process to change policy, and to present proposed policy changes to the public at least 30 days prior to Board action: and

WHEREAS: The District has an *ad hoc* policy committee that is reviewing District policies, and:

WHEREAS: The *ad hoc* policy committee has reviewed policies No. 2, 17, 24 & 25 and have recommended changes in those policies, and presented changes to the public at the January 25, 2023, Board of Directors Meeting.

NOW, THEREFORE, the Board of Directors of the Mark Twain Health Care District does order and resolve as follows:

RESOLVED: That policies Number 2, 17, 24 & 25 be amended as published in the January 25, 2023, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on February 22, 2023, by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

“Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care”.

This Institution is an Equal Opportunity Provider and Employer

Basis of Authority; ~~Roll~~ Role of the Board of Directors:

2.1 The Board of Directors shall have and exercise all the powers of a health care district as set forth in the Local Health Care District Act. Specifically, the Board of Directors shall be empowered as follows:

A. To control and be responsible for the management of all operations and affairs including financial management of the District, including its rights and responsibilities as lessor under the 2019 hospital lease with the Mark Twain Medical Center as amended.

~~B. To make and enforce all rules and regulations necessary for the administration, government, protection, and maintenance of hospitals and other facilities under District jurisdiction.~~

C. To retain a Chief Executive Officer and to define the powers and duties of such appointee.

D. To delegate certain powers to affiliated or subordinate organizations in accordance with their respective bylaws or policies.

E. To approve or disapprove all policies including amendments thereof, of all affiliated or subordinate organizations.

F. To adopt resolutions and ordinances establishing policies or rules for the operation of this District and any of its facilities. Such resolutions and ordinances policies shall be kept in a separate book or file and shall be available for inspection at all times. Such resolutions and ordinances shall be considered to be a part of these Policies.

G. To designate by policy, persons who shall sign checks drawn on the funds of the District.

H. To designate person(s) who negotiate or enter into agreement with independent contractors, including physicians and paramedical personnel.

2.2. BOARD OF DIRECTORS; NUMBERS AND QUALIFICATIONS. The Board of Directors shall consist of five (5) members, each of whom shall be a registered voter residing in the District. The Board shall conduct a biennial self-assessment of its effectiveness.

Authority and Responsibility of The Chief Executive Officer (CEO) Contracts and Bidding:

17.1 AUTHORITY AND RESPONSIBILITY OF THE CHIEF EXECUTIVE OFFICER (CEO). The Board of Directors shall employ or contract for the services of an Chief Executive Officer (CEO) who, subject to such policies as may be adopted, and such orders as may be issued by the Board of Directors, or by any of its committees to which it has delegated power for such action, shall have the responsibility, as well as the authority, to function as the chief executive officer of the District, translating the Board of Directors' policies into actual operation. The Chief Executive Officer (CEO) shall report to the Board and serve at its pleasure.

The Chief Executive Officer (CEO) shall have the authority to approve non-capital expenditures of up to ~~\$5,000~~ **\$100,000**, without prior Board approval, in conformance with the District Board's approved **annual** budget allocations.

17.2 CONTRACTS AND BIDDING. The District's procurement of goods and services shall comply with the bidding requirements under Health and Safety Code Section 32132. The CEO can execute all contracts up to ~~\$400K~~ **\$300,000**.without Board approval provided all contracts are listed in the following Board Meeting packet and are **in conformance with the District Board's approved annual budget allocations**. Contracts exceeding ~~\$400k~~ **\$300,000**. will need Board approval.

17.3 Capital Expenditures: All Capital Expenditures exceeding \$250,000 require Board approval **in conformance with the District Board's approved annual budget allocations**.

24.1 WEBSITE CONTENT. In order to increase public awareness of the District's role and promote transparency, the District's website must include the following information: District's contact information; the District's governance including biographies and contact information for the Board of Directors; a map of the District's boundaries; agendas and notices of upcoming District Board meetings; staff reports or other backup material for upcoming Board of Directors meetings; the District's annual report, audit, and operating budget; the lease between the Mark Twain Medical Center and The Mark Twain Health Care District as well as other information deemed appropriate by the District Board.

24.2 SOCIAL MEDIA. Any and all social media accounts maintained on behalf of the District by the District's staff, and/or Directors **and/or designee** shall promote the District's Mission Statement, Vision, and Strategic Plan.

24.3 The District. **websites and social media are not intended to be a portal or venue for individual patient care or concerns.**

Reserve Policy:

1. Purpose:

The Mark Twain Health Care District (the District) shall maintain reserve funds from existing unrestricted funds as designated by the District's Reserve Policy. The Reserve Policy is modeled after the California Special Districts Association: **Special District Reserve Guidelines**. (2nd edition). This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a. Fund replacement and major repairs for the District's physical assets
- b. Fund regular replacement of computer/technology hardware and software
- c. Fund designated conservation projects/programs or other special uses not otherwise funded by grants or requiring additional monetary support. (\$3 million)
- d. Fund Capital improvements
- e. Maintain Minimal operational sustainability in periods of economic uncertainty
- f. Fund long term Debt and contract obligations for 2-3 years ongoing

The District shall account for reserves as required by Governmental Accounting Standards Board Statement No. 54, which distinguishes reserves as among these classes: non-spendable, restricted, committed, assigned and unassigned. The reserves stated by this policy, unless otherwise required by law, contract or District policy shall be deemed "assigned" reserves.

2. Policy:

Use of District Reserves is limited to available "Unrestricted" Funds (not obligated by law, contract or agreement), including donations, interest earned, fees for service or other non-grant earnings. All special use funds will be designated by formal action of the Board of Directors.

- a. **Technology Reserve Fund:**
Technology Reserves will accumulate from existing unrestricted funds. The minimum target amount of Technology Reserves will be \$1,000,000.
- b. **Valley Springs Health & Wellness Center; Operational Reserve Fund:**
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of \$2,200,000. The Reserve amount will be determined on each annual review and be based on the projected and historical expense of the Center. This fund will provide for 180 days of operational expenses.
- c. **Lease and Contract Reserve Fund:**
Financial obligations related to long-term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease.

- d. Capital Improvement Reserve Fund:
Capital Improvements Reserve will accumulate from existing unrestricted funds with a minimum target amount of \$12,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements and hospital lease termination etc.).
- e. Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payment on an ongoing basis. This fund will have a minimum target amount of \$1,300,000.

3. Using Reserve Funds:

- a. Technology Reserve:
Technology Reserves will be used to purchase hardware and software in support of District operations, with the intent of maintaining modern technology for employees and patients. This fund can also be used for technology dependent equipment such as radiology or electrocardiography.
- b. Valley Springs Health & Wellness Center; Operational Reserve Fund can be used to support operations at the center, including all line items listed on the Valley Springs Health & Wellness Center operations budget.
- c. Lease and Contract Reserve Fund can be used to meet lease and contract long-term obligations such as MTMC utility payments.
- d. Capital Improvements Reserve:
Capital Improvements Reserves shall be limited to cost related to making changes to improve or maintain capital assets, increase their useful life, or add to the value of these assets.
- e. Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payments on an ongoing basis. This fund is designated primarily, but not exclusively, to the USDA 30-yr construction loan.

4. Monitoring Reserve Levels:

The Chief Executive Officer in collaboration with the District Accountant or CFO, shall perform a reserve status analysis annually, to be provided to the Board of Directors for annual deliberation / approval of Budget and Reserve Funds.

Additional information may be provided to the Board of Directors upon the occurrence of the following events:

- a. When a major change in conditions threatens the reserve, levels established by this policy or calls into question the effectiveness of this policy;

b. Upon Chief Executive Officer and/or Board request.

Reference: Special District Reserve Guidelines, California Special Districts Association, 2nd edition.