



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

**Meeting of the Board of Directors
Wednesday Nov. 28, 2018
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:

2. Roll Call:

3. Approval of Agenda: 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.

5. Consent Agenda: 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.

This Institution is an Equal Opportunity Provider and Employer

Agenda – Nov. 28, 2018 MTHCD Board Meeting

A. Correspondence:

- Calaveras County Seniors’ Center, Inc – San Andreas
- Care Giver Conf – Evaluation and Thank you:

B. Un-Approved Minutes

- Un-Approved Finance Committee Meeting Minutes for Oct. 10, 2018
- Un-Approved Board Meeting Minutes Oct. 24, 2018

C. Draft Policies: Admitting:

- **Memorandum to Board Re: VS H&W Center Policies:**
 - Appointment Notification:
 - Appointment Scheduling:
 - Appointment Rescheduling:
 - Blue Shield Eligibility Verification:
 - Cash on Hand Management:
 - Emergency Ambulance Transfer:
 - Flat Rate Fee Program:
 - Management of Referral Requests:
 - MediCal Eligibility Verification:
 - Registration Established Patient:
 - Registration of New Patient:
 - Sliding Fee Scale:

6. Grant Recipients – Update:.....Ms. Radford / Ms. Sellick

7. MTHCD Reports:

A. Presidents Report:Ms. Reed

- Association of California Health Care Districts (ACHD):

B. Executive Director Report:.....Dr. Smart

- New Hire – Bookkeeper: **Action**
- Strategic Plan Matrix (Last Updated 11-23-2018):
- Children’s Advocacy Center – Tenant Improvements:
- San Andreas Sanitation District Settlement:

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Agenda – Nov. 28, 2018 MTHCD Board Meeting

- ACHD Recertification: **Action**
- AB-2257 Web Site Requirements:

C. Corp. Board Report:Ms. Reed / Ms. Atkinson

D. Stay Vertical Calaveras:.....Steve Shetzline

8. Committee Reports:

A. Finance Committee:.....Ms. Atkinson / Ms. Radford

- Financial Update:.....Mr. Krieg / Mr. Wood
- Recommendation-Approval of Oct. 2018 Financial Statements: **Action**.....Ms. Atkinson
- Annual Audit - Update:.....Ms. Atkinson
- Investment Activities:.....Mr. Wood
- Credit Card:.....Dr. Smart

B. Ad Hoc Lease Review Committee:.....Ms. Reed / Ms Atkinson

- Common Spirit Health:.....Dr. Smart

C. Ad Hoc Policy Committee:.....Ms. Atkinson / Ms Al-Rafiq

- Policy No: 15 - Director Compensation and Travel Reimbursement: **Action**

D. Ad Hoc Real Estate:Ms. Reed / Ms Al-Rafiq

- **Update on the Valley Springs Health & Wellness Center:**.....Dr. Smart
 - Project Manager:.....Pat Van Lieshout
- **Update on Valley Springs Property - Phase II:**..... Al-Rafiq / Ms. Reed

E. Ad Hoc Community Grant:.....Ms. Radford / Ms. Sellick

- Grants Calendar:.....Dr. Smart
- Grants - AB2019:.....Ms. Radford / Dr. Smart

9. Board Comment and Request for Future Agenda Items:

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Agenda – Nov. 28, 2018 MTHCD Board Meeting

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

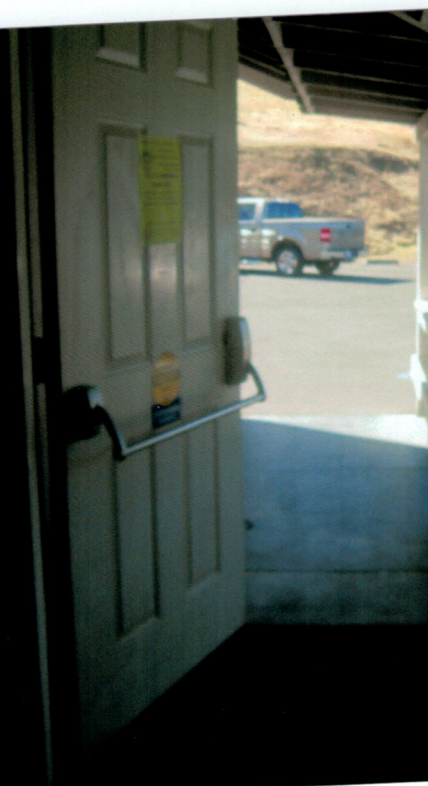
10. Next Meeting:

A. Because of the holidays the December meeting will be Wed. December 19, 2018 (Special Board Meeting)

11. Adjournment: Action:

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Agenda – Nov. 28, 2018 MTHCD Board Meeting



Caraveras County Seniors' Center, Inc.
San Andreas, CA 10-24-2018



November 8, 2018

Mark Twain Health Care District
768 Mountain Ranch Rd
San Andreas, CA 95249

Dear Board Members:

The Calaveras Senior Network Providers would like to thank you for your recent sponsorship of our "Caring for the Caregiver Conference".

Thirty-five people attended the conference – according to the evaluations, (see attached) they were very pleased with the information presented, the socialization, and the comradery. During one of our caregiver's speeches, there was not a dry eye in the room. Many caregiver's exchanged phone numbers so they would have a support system in time of need.

It is our hope that we will be able to plan another Caregiver Conference within the next year since it is apparent there is a real interest in additional training.

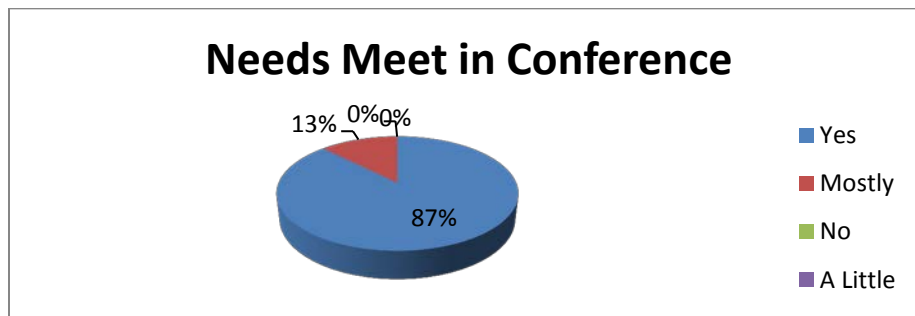
Thank you again for your support.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kathi Toepel".

Kathi Toepel
Senior Network Provider Member

Evaluation Results for the Caring for the Caregiver Conference



Topics that need be covered in future:

- Medical updates on latest research for Alzheimer's
- Nutrition
- Suggestions on what works
- Information on caring for someone that doesn't have Alzheimer's
- Process of grieving when loved one is slowly declining
- Caring for children with autism
- Literature on available

Improvements:

- Introductions of each table of who they care for (formal meet and greet)
- Better methods of letting know the conference is available
- Meet more "at home caregivers"
- Guided role play
- Kleenex on table
- Cover hospice options

Comments and Concerns:

"Enjoyed the speaker's enthusiasm" "I loved every minute of it and learned a lot"

"Super helpful, loved all 3 speakers" "So much is available but it is difficult to find"

"Very good. Very Helpful, Nice to be able to get away"

"Still need more resources of available relief to call on when needed"



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Finance Committee Meeting
Wednesday October 10, 2018
9:00 am
Mark Twain Medical Center Education Center - Classroom 5
San Andreas, CA

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:

The Meeting was called to order by Susan Atkinson, Treasurer at 9:01am

2. Roll Call:

Present for roll call was Susan Atkinson, MSW, Ann Radford, FNP and Mark Smith, Community Member.

3. Approval of Agenda: Action

Ms. Radford moved to approve the agenda. The motion passed 3-0 after Mr. Smith provided his second.

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

Ms. Mills: Has taken two of the Tai Chi classes being sponsored by the District’s Stay Vertical Calaveras program.

Mr. Oskey: Provided some information regarding, cash, T-Bill and money markets for the District to consider as they move forward with their investments.

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Minutes – October 10, 2018 MTHCD Special Finance Committee Meeting

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Un-Approved Special Finance Committee Meeting Minutes for September 19, 2018:

B. Bank and Investment Statements:

- Bank of Stockton Statement:

Dr. Smart: The Bank of Stockton statement (pkt. pg. 7) shows the first draw from USDA but does not show the second draw that was received yesterday in the amount of \$507.6k.

- Umpqua Bank Statement:

C. County Auditor / Controller's June Report:

Ms. Radford moved to approve the Consent Agenda. Mr. Smith provided his second and the motion passed 3.0.

6. Controller's Report: Action

- Financial Status, Trends, Long-Term Views and Cashflow:
- September Financials Will Be Presented to The Committee:

Mr. Krieg: Total revenues will be up about 5% from the prior year based on anticipated tax revenues; Operational Consulting Fees is mostly Consultant, Gary Hicks; Insurance costs are up, and he is anticipating a decline in the MTMC Minority Interest for this month.

Dr. Smart: The Operational Consulting Fees for Gary Hicks will be winding down as the USDA loan is in place and Gary Hicks will be doing less. The law firm of Archer Norris has dissolved, and Colin Coffey is now with Best Best & Krieger LLP Attorneys at Law (BB&k). The insurance costs are up to meet the USDA requirements for the loan.

Mr. Wood: Likes to use a 5-yr ratio to see trends and days-cash-on-hand figures.

- **Annual Audit – Update:**

Mr. Krieg: His department has provided all the requested data to the auditor, Jeremy Ware, and anticipates he will be on-site for a day maybe two to gather the rest of the information he needs to complete the annual audit.

Mr. Malcoun: The cloud-based Quick Books program has been uploaded and data migration has taken place. It is ready for the Nov. trial run.

7. Executive Director's Report:

- **USDA Loan Draws:**

Dr. Smart: The second USDA Loan Draw in the amount of \$507.6k came in yesterday; additional draws will be smaller and coming from Diede Construction (+/-) Oct 25th. Four approvals are required before the check is written. He and Mr. Wood will be preparing an investment proposal to bring to the Board.

- **Credit Card – Update:**

Ms. Stout: We have received word the District's new Umpqua credit card account has been approved and we will be receiving a confirming email anyway.

8. Treasurer's Report:

- **Investments Policy No. 22: Action**

Ms. Atkinson: After months of research by staff, input from the public and Mr. Wood the Investment Policy is ready for the Finance Committee to review and hopefully can be taken to the full Board on Oct. 24th.

Mr. Wood: Yes, the District can invest reserve funds.

Ms. Radford moved to approve the Investment Policy. Mr. Smith provided his second and the motion passed 3-0.

- **AB 2329 Directors Compensation (signed into law 8-20-2018):**

Public Comment: Recommends the District's policy define what constitutes a meeting.

Dr. Smart: This item will be referred to the Policy Committee which meets on Oct. 23rd. It was suggested the policy include an opt-out clause.

9. Comment and Future Agenda Items:

Ms. Atkinson: Invited Mr. Wood to join the Finance Committee at the table at future meetings.

10. Next Meeting:

- The next meeting will be November 14, 2018

Dr. Smart: Has invited Mr. Ware to be at the November meeting to present the auditors report to the Finance Committee.

11. Adjournment: Action

Ms. Radford moved to adjourn the meeting at 10:21am. Mr. Smith provided his second and the motion passed 3-0.

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Minutes – October 10, 2018 MTHCD Special Finance Committee Meeting



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Wednesday Oct. 24, 2018
7:30 am
Mark Twain Medical Center Classroom 2
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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:

The meeting was called to order by President, Lin Reed at 7:31am

2. Roll Call:

Present for roll call was Lin Reed, MBA OTR/L; Susan Atkinson, MSW; Debbie Sellick CMP and Talibah Al-Rafiq. Absent (and excused) was Ann Radford, FNP.

3. Approval of Agenda: Action

Dr. Smart: Requested item 7 D be after item 6. D.

Ms. Atkinson moved to approve the agenda. Ms. Al-Rafiq provided her second and the motion passed 4-0.

4. Public Comment on matters not listed on the Agenda:

Mr. Ken McInturf, San Andreas Senior Center: Thanked the Board for their Golden Health donation. He presented pictures of the newly installed handicap door at the back entrance of the Center.

5. Consent Agenda: Action

A. Un-Approved Minutes:

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Minutes - Oct. 24, 2018 MTHCD Board Meeting

- Un-Approved Special Finance Committee Meeting Minutes for Sept. 19, 2018
- Un-Approved Special Board Meeting Minutes for Sept. 20, 2018
- Un-Approved Board Meeting Minutes Sept. 26, 2018

Ms. Al-Rafiq moved to approve the Consent Agenda. Ms. Atkinson provided her second and the motion passed 4-0.

6. MTHCD Reports:

A. Presidents Report:

- **Association of California Health Care Districts (ACHD):**

Ms. Reed: Referenced the ACHD pkt information (pages 17-29). In years past she would attend the annual meetings alone so was pleased fellow Board members and Dr. Smart were able to attend the annual meeting this year. She is on the Education committee and the committee does review the surveys on how to improve; ACHD has a new improved web page.

Dr. Smart: Mentioned the ACHD newsletter (pkt. pgs. 27 and 28) wherein our District was recognized for the Children's Advocacy Center Program and assistance and the District's Stay Vertical Calaveras Program.

B. Executive Director Report:

- **Strategic Plan Matrix:**

Dr. Smart: Will be updating the Matrix and bringing it back to the Board.

- **Children's Advocacy Center Grand Opening - Nov 7th**

Dr. Smart: The Children's Advocacy Center will have their Grand Opening on Nov. 7th from noon - 4pm.

- **ACHD Recertification:**

Dr. Smart: The District's recertification with ACHD is due April 2019. He has a list of the requirements in addition to AB 2019's requirements. Since much of the recertification has to do with policy maybe the Policy Committee would consider taking it on. He will add to the November agenda.

Ms. Reed: Recertification can be done on line and other Districts can be researched to see what policies they use.

C. Corp. Board Report:

Ms. Reed: The Corp. Board will be meeting next week; Thurs. Nov. 1st will be the Grand Opening for the SA Family Medical Clinic from 2-4 pm.

Ms. Atkinson: The final signature was received for the Angels Camp Clinic to begin construction.

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Minutes - Oct. 24, 2018 MTHCD Board Meeting

Mr. Roberts: The contract was signed so the City of Angels can issue the permit. Construction should begin in the next week or two.

Dr. Smart: Meets every two weeks with Larry Philipps, Interim CEO and Chris Roberts, CFO.

D. Stay Vertical Calaveras:

Mr. Shetzline: Brought attention to the resounding success he is seeing in the Stay Vertical, Calaveras program and appreciates the District's support. So far there are 68 classes and he is still training instructors. Class participation equals 971 visits.

7. Committee Reports:

A. Finance Committee:

Dr. Smart: Mr. Krieg and Mr. Malcoun will be working with Mr. Wood to do the Nov. financials and transitioning to on-line Quick Books. Mr. Wood will be phasing in as Mr. Krieg and Mr. Malcoun phase into the background. A bookkeeper will be hired probably in Nov.

- **Financial Update:**

Mr. Krieg: His department has been setting up the on-line Quick Books for Mr. Wood and the District to use; operating income for Sept. was positive at 55,099 for an year-to-date profit of \$154,283.00

- **Recommendation - Approval of Sept. 2018 Financial Statements: Action**

Ms. Al-Rafiq moved to approve the financials. Ms. Sellick provided her second and the motion passed 4-0.

- **Investment Policy No. 22: Action**

Ms. Atkinson: The investment policy has been condensed with a thank you to Mr. Krieg, Mr. Wood and staff.

Dr. Smart: Investments are stateregulated so the policy mirrors much of the law with few restrictions. Mr. Wood will be doing a cashflow analysis to determine how much to invest.

Ms. Al-Rafiq: Suggested striking item 22.9 as it is a duplicate.

Ms. Al-Rafiq moved to approve the Investment Policy No. 22 as amended. Ms. Atkinson provided her second and the motion passed 4-0.

- **Update on Annual Audit:**

Mr. Krieg: His department sent all the requested documents to Jeremy Ware of JWT and expects Mr. Ware to schedule an on-site visit.

Dr. Smart: Will email Mr. Ware to set the appointment to visit the District.

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Minutes - Oct. 24, 2018 MTHCD Board Meeting

- **Investment Activities:**

Mr. Wood: An account at Fire-Star Bank has been opened and the District will be transferring funds into the account today. As a public entity the district will earn at LAIF rates; the District will also have a Cal Trust Account which allows for longer term investing.

Dr. Smart: Five Star gets the LAIF rates and is protected from the State borrowing from the accounts.

- **B. Ad Hoc Lease Review Committee:**

Ms. Reed: The Committee meets twice a week by conference calls and in person. The District will be meeting with Dignity on Nov. 2nd. She anticipates the lease to be finalized soon.

Dr. Smart: Anticipates the lease to close in Dec. or Jan.

- **C. Ad Hoc Policy Committee:**

Ms. Atkinson: The Committee met yesterday and continues to meet monthly. The Committee is working on the Fixed Asset Policy then will send to Mr. Wood for review.

Dr. Smart: Is working with legal to complete a Board Stipend Policy to bring to the Board in Nov.

- **Policy No. 5- Committees of the Board, Public Info Officer & Auditors: Action**

Ms. Al-Rafiq moved to approve Policy No. 5. Mr. Sellick provided her second and the motion passed 4-0.

- **Policy No. 7 - Attendance at Meetings: Action**

Dr. Smart: Policy No. 7 is new and sets guidelines if Board members are absent and how to handle non-excused absences.

Ms. Sellick moved to approve Policy No. 7. Ms. Al-Rafiq provided her second and the motion passed 4-0.

- **Policy No. 9 - Topics for Discussion / Board Meeting Agenda: Action**

Ms. Atkinson: Suggested the title of General Manager be changed to Executive Director.

Ms. Al-Rafiq moved to approve Policy No. 9. As amended. Ms. Atkinson provided her second and the motion passed 4-0.

- **D. Ad Hoc Real Estate:**

- **Update on the Valley Springs Health & Wellness Center:**

Dr. Smart: The District now has a National Provider Number (NPI) for the VS H&W Center which means the VS H&W Center is wholly owned and operated by the MTHCD. The Board can expect to see (approx.) 140 polices needed to run the clinic per Cheryl Duncan. Likely each agenda will list 7-10 of those policies which will be separate from the District policies.

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Minutes - Oct. 24, 2018 MTHCD Board Meeting

- **Project Manager:**

Mr. Van Lieshout: He has an office on site; the construction portion of the project is going nicely and very typically at this point; the outline for the slab has been laid out; there will be more AB to follow and the surveyor was on site yesterday; the contractor (Diede) wants the slab in and weatherized so they can work all winter; project meetings will be starting soon.

Ms. Reed: Echoed by the other Board members; appreciates the daily progress reports which includes pictures showing the progress.

Dr. Smart: The District will be buying the IT and furniture. He has met with three IT firms and expects their proposals to follow. Cal Net has contacted him about the internet connection and is looking for federal subsidies for the District.

Mr. Morgan: Bob Bliss has retired. They have engaged Matt Ospital PE, a CHS grad, a prior employee and now owner of Weber Ghio and Associates (WGA). The change will not incur any additional cost to the District.

- **Update on Valley Springs Property - Phase II:**

Ms. Al-Rafiq: Had a phone conversation with Dr. Matt Patterson, CEO of WelbeHealth which has 30 sites and 100 programs. Stockton is the most recent project. Modesto will be the next project for the underserved 55+ age group. They have a wraparound program to fit the community. He is excited about the VS H&W project.

Dr. Smart: WelbeHealth is a venture capital organization, well-funded and run by a prior U.S. Navy doctor.

Ms. Reed: Housing and care support is needed instead of a hospital stay and skilled nursing which is too expensive.

E. Ad Hoc Community Grant:

- **Grants Calendar:**

Ms. Radford: Is ok with the timeline:

Dr. Smart: Some future considerations might be to determine if the Grants' Committee vs the full Board will be authorized to award grants and maybe do a workshop to help the community participate. Staff will invite recipients to the Nov. Board meeting to make a (2 min. ea) presentation. The current budget was \$140k however only received applications for \$40k (+/-)

Ms. Reed and Ms. Sellick: Like the workshop idea

- **Grants - AB2019:**

Dr. Smart: Information for the Board is in your pkt (pg. 56) that needs to be added to the Grants Committee meeting. The Grants Committee needs to review and consider making changes to the District's grants policy.

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Minutes - Oct. 24, 2018 MTHCD Board Meeting

8. Board Comment and Request for Future Agenda Items:

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

Dr. Smart: The Sept. 28th VS Health & Wellness Ground Breaking Ceremony was very successful. Ms. Reed couldn't attend. To let her know how much she was missed he presented her with the ground-breaking shovel that was used on her behalf.

Ms. Reed: Graciously accepted the shovel and thanked everyone for all they do.

9. Next Meeting:

A. November 28, 2018 (Regular Board Meeting)

10. Adjournment: Action:

Ms. Atkinson moved to adjourn the meeting at 9:18am. Ms. Sellick provided her second and the motion passed 4-0.

November 20, 2018

Memorandum to Mark Twain Health Care District Board

From: Randy Smart MD, Executive Director

Subject: Valley Springs Health & Wellness Center policies

1. The Valley Springs Health & Wellness Center (Center) is going to be owned and operated by the District as a Rural Health Clinic (RHC). The Center is projected to open in June or July 2019, pending the construction schedule.

2. RHC's have numerous regulatory and third-party contractor requirements. These requirements will be met with the adoption of the Center's policies which will then be implemented and enforced by the Center's management. The District staff and our consultants are working daily to draft these policies. Current projections are that there could be 200 different policies.

3. Although the policies will apply solely to the VSHW Center and its employees, the District Board of Directors has governance and oversight responsibilities and will need to approve these policies. Much of the material within the policies is mandated by regulatory agencies and insurance contractors so any Board edits of content need to be carefully thought-out and cross referenced with state and federal regulations. The policies will also have to be approved or edited by Center's Medical Director and the Nurse practitioner. These policies will then have to be reviewed and approved by the Board every year. So we will need to establish a process where about 10% of the policies are reviewed each month starting on the month the clinic opens.

5. Following discussion with the Board president, it seems the most efficient and realistic approach to Board approval is to add these policies to the consent agenda. Therefore, I will be adding about 40-50 VSHW Center policies to each board packet for the next 4-5 meetings. Even though the policies are on the consent agenda if a Director needs to extract and discuss a policy, that is perfectly acceptable.

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

POLICY: APPOINTMENT NOTIFICATION	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Appointment Notification

Objective: Clinic staff will contact all patients who have a scheduled appointment at least 24 hours prior to the appointment day/time and remind those patients of their scheduled appointment in an effort to reduce no shows, improve communication with the patient, and to most accurately predict the next day's schedule.

Response Rating:

Required Equipment:

Procedure

1. Each day, designated Clinic staff will contact patients with scheduled appointment to provide a reminder of that appointment.
2. Patients will be asked to confirm that the time and date of the scheduled appointment are still convenient for them. In the event the patient would like to reschedule the appointment, they will be prompted to do so during the reminder call.
3. In the event an appointment is canceled, that appointment will be made available for other patients who may need to see the physician or mid-level practitioner.

The practitioner will be notified if the patient has canceled and not rescheduled the appointment, so that appropriate follow-up contact with the patient may be initiated.
4. Notations will be made in the EMR documenting when contact has been made.

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

POLICY: APPOINTMENT SCHEDULING	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Appointment Scheduling

Objective: Patient appointments will be scheduled in an effort to manage/decrease patient waiting time, increase patient satisfaction, and manage clinic workflow.

Response Rating:

Required Equipment: EHR

Procedure:

1. Patients will be encouraged to schedule appointments in order to decrease wait time and improve workflow in the Clinic.
2. Patients will be scheduled in 15-minute intervals, unless otherwise indicated by the practitioner, the visit type, or the patient's acuity.
3. When scheduling an appointment, staff will confirm the patient's address and telephone number as it is recorded in the scheduling system and remind the patient that any co-payment required will be due.
4. If the patient has not been seen in the Clinic previously, staff will capture all patient demographic information, if time permits.
5. If the patient has not been seen in the Clinic previously, and their scheduled appointment is seven (7) or more days in the future, the Clinic will mail the new patient packet to the patient's mailing address with a note asking the patient to complete the enclosures and bring them to their scheduled appointment.
6. New patients will be asked to arrive at the Clinic before their scheduled appointment time, so that their demographic record and signed new patient documents may be entered into the system.
 - a. Patients who will bring completed paperwork with them should be asked to arrive 15 minutes before their scheduled appointment time.
 - b. Patients who will not bring completed paperwork with them should be asked to arrive 30 minutes before their scheduled appointment time.

7. Patients will be pre-registered the day before their appointment.
8. Patients that arrive late for their appointment (15 minutes or more) will be treated as walk-in patients and will be seen as patient volume allows. Patients will be advised of this change from scheduled to walk-in status upon their arrival at the Clinic.

DRAFT

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

POLICY: APPOINTMENT RESCHEDULING	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Appointment Rescheduling

Objective: In order to ensure continuity of care and to mitigate liability, patients will be contacted when they fail to keep their scheduled appointments.

Response Rating:

Required Equipment:

Procedure

1. Staff will contact patients who have missed their scheduled appointment.
2. A list of patients who fail to keep their scheduled appointments will be given to the practitioner with whom the patient had the appointment.
3. The practitioner will review the patient's EMR and indicate how/if they would like the patient to be contacted by staff to reschedule.
3. The patient's EMR will be marked NO SHOW for the missed appointment. The practitioner's instructions for staff follow-up will be noted in the medical record.
4. When directed, the designated staff member will contact the patient by telephone and offer alternate appointment dates and times, explaining why the follow-up is necessary per guidance from the practitioner.
5. When directed, the designated staff member will contact the patient by mail and request they contact the office, either by coming in or calling to reschedule.
6. Results of attempted contact with the patient will be recorded in the EMR.

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

POLICY: BLUE SHIELD ELIGIBILITY VERIFICATION	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Blue Shield Eligibility Verification

Objective: To ensure insurance eligibility for patients covered by Blue Shield.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Blue Shield members must be verified at www.bluesheildca.com/provider/
2. Patients will be identified by showing their health insurance card and a photo identification card. Both cards will be scanned into the electronic medical record.
3. Use the approved Blue Shield verification process
 - a. Log in on the Blue Shield website: www.bluesheildca.com/provider/
 - b. Enter subscriber ID
 - c. Enter date of birth
 - d. Select Submit
 - e. 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: CASH ON HAND MANAGEMENT	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Cash on hand management

Objective: The Clinic will maintain cash drawers with a specific amount of cash on hand for the efficient operation of the Clinic. The cash drawer funds will be provide change for patients who make cash payments either at the time of service or upon receipt of a bill from the Clinic.

Response Rating:

Required Equipment:

Procedure

Cash Drawer

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. The cash drawer/box will be removed from the receptionist area at the end of the business day and placed in the agreed upon secure location.
3. As part of the Clinic Opening Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer funds and confirm the amount of money on hand. Cash on hand will equal the cash drawer fund total. Any funds in excess of the cash drawer fund total will be put aside, as they are payments received from patients and are managed with a unique process outlined below.
4. The amount of cash on hand will be documented in the cash box log in the Starting Balance column. The two staff members will sign the log, attesting to the amount.
5. During the course of the business day, change may be made for patients who make cash payments.
6. As part of the Clinic Closing Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer fund and confirm the amount of money on hand. Cash on hand will equal the Cash Drawer fund total.
7. Should the Starting or Ending Balance not match the total anticipated, the staff members will document their findings on the cash box log and will notify the Clinic Manager immediately.

8. The Clinic Manager or their designee will recount the contents of the cash box. Should it be confirmed that funds are missing, the Clinic Manager will investigate the shortage and document their findings, completing an Incident Report.
 - a. If necessary, staff will be counseled regarding proper cash management and documentation.
 - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.
9. It is the goal of the Clinic that the cash box will accurately reconcile each day. If the funds do not reconcile, the Clinic Manager will request replacement funds from the District Accounting Department.
10. The cash box logs will be maintained as a part of the Clinic's operational records.

Patient Payments

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. During the course of the business day, change may be made for patients who make cash payments.
3. As part of Clinic Closing procedure, each person who logged into the EMR who functioned as a receptionist must close their daily batch and print a receipt. The cash drawer will be counted per the process outlined above. The cash total for each drawer should equal the total of patient payments collected by that receptionist plus the cash drawer fund amount.
4. On a daily basis, the Front Office Coordinator or their designee and a second staff member will count the deposit and confirm that the amount equals the patient payment receipts. These receipts will be signed by both employees and will be dropped in the lock box along with the money collected that day.
8. Should the starting or ending balance not match the total anticipated, the staff members will document their findings on the receipt paperwork and notify the Clinic Manager and District Accounting office immediately.
9. The Clinic Manager, designee, or District Accounting office personnel will recount the deposit. Should it be confirmed that funds are missing, the Clinic Manager, designee and/or District Accounting office personnel will investigate the shortage and document their findings, completing an Incident Report.
 - a. If necessary, staff will be counseled regarding proper cash management and documentation.
 - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.

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

POLICY: EMERGENCY AMBULANCE TRANSFER	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Emergency Ambulance Transfer documentation preparation

Objective: To assist the Clinic staff in the transfer of a patient, via ambulance, to a higher level of care.

Response Rating:

Required Equipment:

Procedure:

1. When notified that a patient will be transferred to a higher level of care, front desk staff will assist by printing two sets of insurance cards and patient demographic sheets.
2. One set of the copies will be placed in a manila envelope and marked for the receiving facility.
3. The second set of copies will be placed in a white envelope for use by the ambulance company.
4. Both envelopes will be given to the nurse or medical assistant, who will be responsible for giving them to the ambulance team.
5. The practitioner will document the medical record by selecting procedure code "MISCOUT AMB". This code will ensure the patient's departure by ambulance will be captured for reporting purposes.

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

POLICY: FLAT RATE FEE PROGRAM	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Flat Rate Fee Program

Objective: To provide cash pay, uninsured patients with a fixed fee-for-service

Response Rating:

Required Equipment:

Procedure:

1. The Flat Rate Fee Program is a pre-determined flat, all inclusive fee for uninsured, cash pay patients.
2. The flat fee is based upon the anticipated MediCal Prospective Reimbursement rate of \$XXX.00 per patient encounter.
3. The flat fee must be paid in full before the patient who has been assessed and is a non-emergency patient is seen by a provider, with any additional charges collected at the end of the visit prior to the patient leaving the Clinic
 - a. Flat fee includes:
 - Physical examination by provider
 - 2-view x-ray (*additional charges apply if more than 2 views are taken*)
 - Point-of-care lab testing
 - Specimen collection for transfer of specimen to outside laboratory
 - Tetanus and/or flu shot; antibiotic and/or ketorolac injection; (*vaccines other than tetanus or flu are additional*)

-One follow-up for dressing change, suture removal, or follow-up for chief complaint; and a second antibiotic injection.

4. If more than one follow-up visit for dressing change or follow-up of chief complaint is required, the patient will be charged a \$40 fee which will cover up to two dressing change visits and the required supplies or one follow-up visit to evaluate status of chief complaint.
5. Flat Rate Fee Program was approved by the District Board of Trustees on XXX for implementation on XXX.
6. Each patient utilizing the Flat Rate Fee Program will be asked to review and sign a form titled Flat Rate Fee Schedule Acceptance Form (available in both English and Spanish). This form outlines the flat rate fee program benefits and limitations for the patient. The signed form will be scanned into the EMR and the original returned to the patient for their records.

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

POLICY: MANAGEMENT OF REFERRAL REQUESTS	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Management of referral requests

Objective: To ensure prompt attention is paid to referral orders and to ensure the process is completed timely.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A system is set-up to track and manage the referral process.
2. Upon determining that a referral is required, the provider will document same in the medical record and will provide the necessary details in the form of an order:
 - a. Service type (consultation, imaging study, etc.)
 - b. Provider preferred (if appropriate)
 - c. Purpose of referral
 - d. Time frame (number of days/weeks/months) before reminder will appear
3. Upon completion of the order, staff will log receipt of the referral and start the authorization and referral process.
4. The Referral Clerk will have primary responsibility for obtaining authorization for referral services and will follow through with the insurance carriers to obtain authorization and will document same in the medical record.
5. Delays in obtaining authorization will be documented in the medical record and communicated to the provider and the patient.

6. If the authorization is denied, the denial will be documented in the EMR and the provider will follow-up with the patient.
7. If the authorization is given, the designated staff member will work with the referral provider and the patient to schedule the necessary appointment and will document appointment details in the EMR.
 - a. Should the patient prefer to schedule their own appointment directly with the referral provider, they will be empowered to do so.
 - b. Staff will function relative to the patient's preference and will document same in the EMR.
8. The referral provider's report will be received at the Clinic and will be scanned into the EMR.
 - a. If the document is sent via USPS, it will be faxed (use Athena Net front and back fax pages) for inclusion in the patient's EMR.
 - b. If the document is sent via fax, it will be "intercepted" by Athena Net and included in the patient's EMR.
9. Should there be a delay in receipt of the report, designated staff member will follow up with phone calls to the referral provider's office. EMR flags will alert to the absence of the report.
10. A task will appear on the provider's worklist to indicate the referral report has been received. After the provider has reviewed the report and documented next steps, the task will appear as complete.
11. Staff will be notified, via the EMR tasks functionality, if the provider wishes the patient to return to the Clinic to discuss the referral appointment/report.
12. If no appointment is necessary and communication via telephone or patient portal is sufficient, provider will complete that/those tasks and document same in the EMR.
12. The EMR tickler system will notify both provider and staff if the processing of an authorization, scheduling of an appointment, or completion by the patient of the appointment is not completed by the previously designed time frame.

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

POLICY: MEDI-CAL ELIGIBILITY VERIFICATION	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Medi-Cal Eligibility Verification

Objective: To ensure eligibility for patients covered by MediCal.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as MediCal insured via MediCal directly or Managed MediCal 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 under XXXX
 - 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 MediCal verification process
 - a. Log in on the MediCal website: medi-cal.ca.gov
 - b. Enter subscriber ID or social security number
 - c. Enter date of birth
 - d. Enter issue date on MediCal 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: REGISTRATION OF ESTABLISHED PATIENT	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Registration of established patient

Objective: To register the patient quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner. If other patients are ahead of them, ask the patient to sign in on the sign-in sheet. If there are no other patients waiting, ask the patient for their name and date of birth, locating them in the EMR for registration purposes.
2. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily, if they have completed the sign in sheet.
4. Using the information provided on the sign in sheet or as a result of information received directly from the patient, search patient's date of birth and name
5. Select the correct patient.
6. If a walk-in patient, add to the schedule for the time of arrival by clicking time slot on schedule and adding name.
7. Verify patient's insurance eligibility.
8. Verify correct information is entered in the patient's demographics in EMR.
7. Verify the patient's emergency contact name and phone number.
 - a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"

- b. If the patient denies an emergency contact state “declined” and enter “000-000-0000” for the emergency contact number.
- 9 Scan the patient’s insurance cards and photo identification into the EMR.
 11. Ask the patient to sign any required admitting forms after confirming the patient’s PCP and entering same in the EMR.
 12. Scan the signed forms into the EMR.
 13. Collect any required co-payments. Provide the patient with a receipt for their payment.
 14. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient’s insurance or arrival time.

DRAFT

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

POLICY: REGISTRATION OF NEW PATIENT	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Registration of a new patient

Objective: To register patients quickly, efficiently, and accurately

Response Rating:

Required Equipment:

Procedure:

1. Greet the patient in a friendly and professional manner, asking them to sign in on the sign-in sheet.
2. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient.
3. Ask the patient to be seated and indicate you will be with them momentarily.
4. Using the information provided on the sign in sheet, search patient's date of birth in the Electronic Medical Record (EMR) using the search function, then check for a patient with the same name and date of birth.
5. If patient is not found in the EMR, this indicates the patient is new to the Clinic.
6. Add the patient's demographic information.
7. Add the patient's emergency contact name and phone number.
 - a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"
 - b. If the patient denies an emergency contact state "declined" and enter "000-000-0000" for the emergency contact number.
7. Verify patient's insurance eligibility or enter employer information if this is an Occupational Medicine patient.
 - a. Patient's who present for Occupational Medicine services must present an employer's

authorization for treatment.

- b. Employers may send written documentation with the patient, may fax the documentation to the clinic, or may call the Clinic with permission.
 - c. Urine drug screens, physical examinations, and first aid care are billed to the employer. Work injuries not categorized by the provider as first aid will be billed to the employer's current Workers' Compensation Insurance carrier.
8. Scan the patient's insurance cards and photo identification into the EMR.
 9. Ask the patient to sign the required admitting forms, after confirming the patient's PCP and entering same in the EMR.
 10. Scan the signed forms into the EMR.
 11. Collect any required co-payments. Provide the patient with a receipt for their payment.
 12. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient's insurance or arrival time.

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

POLICY: SLIDING FEE SCALE	REVIEWED: 11/12/18
SECTION: ADMITTING	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Sliding Fee Scale

Objective: To appropriately adjust the cost of medical care for patients who are uninsured and whose income is near, at, or below the Federal Poverty Line, the Clinic will maintain a Sliding Fee Scale and associated processes that will be offered to patients without insurance.

Response Rating:

Required Equipment: None

Procedure:

1. If during the registration process a patient indicates they do not have insurance coverage, they will be offered the opportunity to complete a Sliding Fee Scale worksheet to determine their eligibility for reduced fees.
2. The patient will complete the worksheet, with help from a staff member, if required.
3. The patient will be required to provide documentation in support of their application to participate in the Sliding Fee Scale program.
 - a. Verification of income (one of the following)
 - i. One month's worth of paycheck stubs
 - ii. One month's worth of disability or unemployment check stubs
 - iii. W-2 forms from the most current calendar year
 - iv. A letter from the employer, on company letterhead, indicating the patient's gross earnings for the month
 - b. Verification of address (one of the following)
 - i. Current utility bill
 - ii. Current rent receipt
 - iii. Mortgage payment statement
 - c. Identification (one of the following)
 - i. Driver's license
 - ii. State issued identification card
 - iii. Voter registration card
 - d. Medi-Cal denial letter
 - i. If the patient has applied for and been denied participation in MediCal

4. The patient will be required to re-apply for the Sliding Fee Scale program every six months.
5. The Sliding Fee Scale rate calculated based upon information provided by the patient will be the rate applied to all patients who reside in the patient's household and who are not covered by a form of health care insurance.
6. The patient will be asked to make payment, in full, at the time service is rendered.
7. The Prompt Pay Discount will be applied to the patient's account if their payment is received within the time period allowed by the Prompt Pay Discount policy.

DRAFT

ACHD Advocate

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From the Desk of Ken Cohen, Chief Executive Officer

The November 6th election is behind us. But for many of our Trustees and Healthcare Districts the work is just beginning as you may be welcoming new members to your Boards in the coming weeks. As you all are getting up to speed and looking ahead to what health care improvements you want to bring to your communities, be sure to share with your new colleagues - and veteran ones too - our next webinar "[So you were just elected to your Board: Now what?](#)" on November 15.



Please also mark your calendars for [ACHD 2019 Leadership Academy](#), January 24-25th, in Sacramento. The goal of the ACHD Leadership Academy is to help newly elected Healthcare District Trustees as they begin their new roles and gain an understanding of Trustee "Best Practices" related to transparency, accountability, ethics, finance and high-performing Boards. Newly elected Trustees, returning Trustees and District CEOs have all commented on the value of the many educational and networking opportunities available to them at Leadership Academy.

Speaking of planning ahead, I'm pleased to share that the ACHD Board of Directors approved our 2018-19 Strategic Plan. This will guide ACHD's leadership team and staff on priorities in all facets of our work ahead - from legislation to education to member outreach. Of note, several key initiatives were adopted from the Board's Strategic Planning meetings, including: implementation of a corporate sponsorship program,

establishment of an affiliate member program; completion of a comprehensive member survey to better identify strengths, weakness, needs, opportunities and priorities to enhance the value of the Association; implementation of educational relationships with Stanford, CSDA and others. For more information, contact info@achd.org.

Finally, a special thank you to outgoing ACHD Board Member Dara Czerwonka of Palomar Health who served on our Board for the past year. Dara has served as an officer and two terms as board chair for the board of directors of the Palomar Health, and did not seek re-election this November. We are grateful for her leadership and will continue to benefit from her insights.

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Legislative Update

On Tuesday, California voters decided several key statewide offices, including the next Governor. In addition, votes were cast for 11 statewide ballot propositions, three of which ACHD adopted formal positions on. Results on these measures include:

Prop 4 Passed: The measure will authorize \$1.5 billion in bonds toward the funding and construction of hospitals providing children's health care. ACHD had a support position on this measure.

Prop 5 Failed: The measure would have allowed homeowners who are over 55 years old or severely disabled to transfer their current property tax base to a replacement residence of any value, in any county, as many times as they wish. The Legislative Analyst's Office estimated, in its [fiscal analysis](#), the annual property tax losses for schools, cities, counties, and special districts would have been \$150 million in the near term and grow up to \$1 billion or more per year if the measure had passed. ACHD had an oppose position on this measure.

Prop 8 Failed: The measure would have limited the amount outpatient kidney dialysis clinics may charge for patient care and imposes penalties for excessive charges. ACHD had an opposed position on this measure.

Gubernatorial Election: Gavin Newsom, the current Lieutenant Governor of California, will become California's 40th Governor. This election signals significant changes in the Administration, as Newsom will be replacing the renowned Jerry Brown who held the office for the past eight years. ACHD's Advocacy Team will be monitoring Newsom's key appointments in the coming months and will be scheduling meet and greets with his staff. Newsom will take office on January 7th, 2019.

The 2019-2020 Legislature will convene on December 3, 2018 for purposes of swearing-in newly elected Legislators. Regular session will reconvene on January 3, 2019 for the first year of the new two-year session.

Please contact [Amber King](#) with questions.

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Trustee Spotlight: MC Hubbard, Trustee, Northern Inyo Healthcare District



MC Hubbard, Trustee, Northern Inyo Healthcare District

In an effort to show our appreciation to Healthcare District Leaders, ACHD highlights the invaluable contributions of Trustees in their communities. We recognize that the work and passion of our Trustees often go unrecognized and it is our goal is to share the positive impacts Trustees make in their communities.

What inspired you to run for a seat on the Healthcare District Board?

In 2006, I was approached to submit a Letter of Interest requesting to fill the remaining term of Northern Inyo Healthcare District's Zone 5 vacancy. Since then, every four years I continue to be inspired to run for the Board as I am so very proud of the wonderful progress the District is making and want to remain a part of the successful growth we are seeing.

What is one accomplishment that you and the Board have implemented that you are most proud of?

While there have been many great accomplishments to be proud of over the last few years, I have to say the accomplishment I am most proud of is the completion of a new hospital facility. We are able to provide our communities with the latest state-of-the-art equipment and highest quality care.

What is unique about your District and the constituents you serve?

In geographic size, Inyo County is today the second largest county in California but we have a population of slightly more than 17,000 residents. The county is so big that several eastern states put together would fit neatly within our boundaries. Inyo

County has the highest (Mt. Whitney) and the lowest (Death Valley) points in the contiguous United States. There are two Healthcare Districts serving Inyo County. Northern Inyo Healthcare District serves the greater Bishop area from about 30 miles south of Bishop to just north of Bishop, which constitutes about 10,000 folks. In addition, as we are a remote area, we have folks coming to us from the nearby parts of Nevada as well as folks from closer Mono County communities. We are known as a tourist area so we do see folks from outside of the United States as well.

What is a goal you hope to achieve for your District during your tenure?

Our next big project will be the constructing of a new Rural Health Center Community Building. Long ago, we outgrew our facilities for the RHC, Women's Health Center, and Surgery Center, which are currently housed in modular units. Our Pediatrics, Orthopedics, Internal Medicine providers and our Specialty Clinic are currently placed in another building on the campus. The goal is to have all these services in one building. I am very hopeful this will be achieved during my time of service on the NIHD Board of Directors.

How has being a part of ACHD helped you as a leader, your District, residents and the community?

To me there have been numerous areas of value in being part of ACHD such as the meetings and free webinars that have been available to ACHD members. However, so far for me the greatest value in participating in ACHD has been the Certified Healthcare District program. Going through the process of becoming certified has given myself and the other Board members the understanding of what good governance is and how to develop and abide by Best Practices. Being able to discuss with the community members what the true role of a governing Healthcare District Board is and how it functions has been of great benefit. Additionally, becoming a Certified Healthcare District has allowed the Board to reaffirm its commitment to transparency, which has further strengthened the Board's status in the eye of the public and has truly helped advance the reputation of the Board, the Board members and the District as a whole. This process has also given us the opportunity to enhance the NIHD Mission Statement - "To improve our communities one life at a time; One Team, One Goal, Your Health."

What advice or encouragement would you give someone considering running for the Healthcare District Board?

Lately, due to two of our long-term members retiring from the Board, I have had the opportunity to approach citizens of our community to ask them to consider becoming part of the Board. What I have told folks that while there is a great learning curve that comes with being a NIHD Board member there is such a great reward to knowing you are a part of a fabulous team that takes care of our community residents.

When not serving your community, what do you like to do in your free time?

I have a wonderful family that includes three great grandchildren and a fourth due in mid-November who all live in the Bishop area. We enjoy getting together as often as we can. I also have three beautiful "girls," two Corgis and a Chesapeake Bay Retriever, who my daughter tells me are more spoiled than she ever was.

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Become a Certified Healthcare District, Today!

Before the year's up, be sure to add to your Healthcare District's workplan launching into [ACHD's new and enhanced Certified Healthcare District Program](#). This program designed especially for California's Healthcare Districts promotes accountability and compliance for Districts in key areas of local governance, including transparency, state laws, finance and website requirements but now with the benefit of a [fully web-based process](#).

With the healthcare industry's laser beam focus on quality and standards, there has never been a better time for Healthcare Districts to ensure we are working together to meet the public expectations of high-quality care in all areas of service. The Certified Healthcare District Program helps teams achieve that goal.

ACHD Webinar Education Series



November 15, 2018 at 10:00 AM: "So You Were Just Elected to Your District Board. Now What?"

Join ACHD and Jim A. Rice, the Managing Director of Governance and Leadership for Integrated Healthcare Strategies, as we help you master smart governance principles, practices and policies in your new leadership role.

In this Webinar, new Trustees - and those Trustees who want a refresher - will learn to:

1. Appreciate the essential role and value of Healthcare District Boards
2. Understand how to maximize the time and talent of your fellow Board Members and avoid stumbling blocks that slow down your Board's work

3. Embrace five key strategies to optimize pride in governance in the coming year

Register [here](#).

December 5, 2018 at 10:00 AM: New Laws for 2019

Join ACHD's Advocacy Team for an in-depth look at newly enacted laws impacting Healthcare Districts and what to expect for the new legislative session.

Register [here](#).

As a reminder, all past webinars are available on demand, including October's webinar from the Executive Director of Californians Allied for Patient Protection (CAPP) Lisa Maas, "The Relationship Between MICRA and Access to Health Care." To access past webinar recordings, click [here](#).

Please contact [Sheila Johnston](#) with any questions.

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In Case You Missed It... Healthcare District News from Around the State



[Petaluma Healthcare District launches new programs to support children and schools](#)

An exciting roster of new and first-of-their-kind programs are rolling out in the Petaluma City Schools (PCS) District to tackle some of most pressing challenges schools and students are facing. In close partnership with the Petaluma Health Care District and many community partners involved in funding, oversight or execution, the new programs include: an Alcohol, Tobacco or Other drugs (ATOD) Peer-to-Peer Prevention program run by Community Matters; Still I Rise, a pilot program offered through 10,000 Degrees that targets vulnerable middle schoolers to help them meet academic requirements and graduate high school college-ready; and, Operation Prevention, an opioid education and prevention curriculum, which will launch later this school year.

[Mark Twain Healthcare District breaks ground on 10,000 square feet of pure health care](#)

If construction over the next 300 days goes as planned, a \$9 million state-of-the-art center will soon after begin offering locals one-stop health care services. Recently and officially named the Valley Springs Health & Wellness Center, the official ground-breaking ceremony for the project was held last Friday. Situated by the intersection of Vista Del-Lago and Highway at 51 Wellness Way, it is located on what will be a new

street into the facility. While Mark Twain Health Care District (MTHCD) continues to work under a recently renewed long-term partnership agreement with Dignity Health, which operates Mark Twain Medical Center, the new project constitutes the first time the district has taken on building a facility that it will run independently.

[3D Mammogram Machines help local doctors beat breast cancer at Palomar Health](#)

Palomar Health in North County cut the ribbon on a new 3D mammogram machine Monday. It will help doctors detect breast cancer with more accuracy than ever before. The new 3D breast imaging machine is predicted to be up to 65 percent more accurate at detecting more invasive breast cancers, doctors said.

[Mark Twain Health Care District tackles "falling epidemic"](#)

As life expectancy in the U.S. continues to increase, the medical community is faced with new challenges to overcome. In the '60s it was heart attacks and strokes, in the '80s it was cancer, and now healthcare providers are developing preventative measures to take on what some refer to as an "epidemic of falling." "The disease of the 21st century is falling and breaking a bone," said Dr. Randy Smart, Executive Director of the Mark Twain Health Care District, at the Stay Vertical fall prevention training kickoff on Sept. 22.

[Morongo Basin Healthcare District launches new mobile medical unit](#)

The Morongo Basin Healthcare District officially unveiled its state-of-the-art Mobile Medical Unit at a ribbon cutting ceremony, 5pm on Thursday, October 4, at District offices in Yucca Valley. The 38-foot mobile medical clinic will offer basic medical services including primary care (treatment, health advice) and screenings. The Mobile Medical Unit will be scheduled at sites throughout Morongo Basin beginning early 2019.

[Grossmont Healthcare District donates \\$34,000 to the Burn Institute](#)

The Grossmont Healthcare District is supporting the Burn Institute with a \$34,000 grant. The funds will go toward services for burn survivors and provide fire and burn prevention education programs for more than 13,000 East County residents, particularly focusing on preparedness for children, seniors, Latino, and low-to-moderate income populations. The ultimate goal of the Burn Institute is to reduce the number of burn injuries and deaths.

[Seneca Healthcare District is now a tobacco and smoke-free campus](#)

Seneca Healthcare District is now a tobacco and smoke-free campus, including e-cigarettes (vaping). The new policy covers all buildings, grounds and parking lots across the entire SHD campus.

[CEO of Camarillo Healthcare District honored as General Manager of the Year by California Special Districts Association](#)

Camarillo Health Care District CEO Kara Ralston received the General Manager of the Year Award recently from the California Special Districts Association. The award was presented during the association's annual conference and exhibitor showcase in Indian Wells, where special districts and individuals received awards acknowledging their achievements in various areas including exceptional public outreach, leadership and innovations.

[Grossmont Healthcare District doles out \\$85k for food needs in county](#)

Grossmont Healthcare District, a public agency that oversees Grossmont Hospital in La Mesa, recently gave a total of more than \$85,000 to three organizations that help get food to those in need. The district's five-member board recently OK'd the grant money to nonprofits Jewish Family Service of San Diego, Meals on Wheels and the Jacobs & Cushman San Diego Food Bank.

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About ACHD:

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state. The Association serves the diverse needs of California's Healthcare Districts by enhancing public awareness, training and educating its members and advocating for legislation and regulatory policies that allow Healthcare Districts to deliver the best possible health services to Californians. Learn more at achd.org.

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ACHD, 1215 K Street, Suite 2005, Sacramento, CA, 95814 · www.achd.org

Rosanna Dubon

ACCOUNTS PAYABLE/RECEIVABLE CLERK

Stockton, CA 95209

rosannadubon@hotmail.com

(210)787-0502

Work Experience

ACCOUNTS PAYABLE/RECEIVABLE CLERK II

DOT METAL PRODUCTS

2007 to 2018

Responsible for all AP and AR duties.

- Perform any combination of routine calculating, posting business transactions, processing invoices and verifying financial data use for AP records.
- Process invoices with PO, packing /receiving slips and match invoices for verification of quantity, pricing and setup internal checks and ACH request.
- Determine terms, discounts and correct G/L account numbers.
- Receive and count and maintain cash log and control records and prepare computer input form for processing transaction data.
- Prepare Journal Entries for month end closing.
- Perform daily AR Invoicing, post customer payments by recording cash, check and credit card transactions.
- Update AR accounts, verify validity of account discrepancies by obtaining and investigation information from sales, trade promotions and CS.
- Resolve collection by examining customer payment terms, payment history and credit line.
- Summarized receivables by maintaining invoice accounts; coordinate monthly transfers to accounts receivable; verified totals and prepared reports.
- Update daily updates and/or changes needed by department for all customers.
- Maintained records by scanning invoices, debits and credits in Cabinet NG.

OFFICE MANAGER

DVC & TOSS COMMUNICATIONS CO

2004 to 2007

Responsible for all office administrative tasks.

- Maintain and prepare Accounts Receivable and Accounts Payable, banking and deposits.
- QuickBooks, MS Word MS Excel and Outlook.
- Prepare reports and earnings.
- Data entry and other general administrative tasks.
- Scheduling, Collections, and Banking.
- Customer Service, Answer all incoming calls and filing.

PAYROLL CLERK / OFFICE ASSISTANT

ABM JANITORIAL - Sacramento, CA

2000 to 2004

Pay employees by calculating pay and deductions; issuing checks and pass out checks. Analyzed Information, Data Entry Skills, Attention to Detail, Confidentiality, Thoroughness, General Math Skills, Reporting Skills, Verbal Communication and Organization.

- Maintained payroll information by collecting, calculating, and entering data.
- Update payroll records by entering changes in exemptions.
- Prepare reports by compiling summaries of earnings.
- Resolved payroll discrepancies by collecting and analyzing information.
- Provides payroll information by answering questions and requests.
- Maintain payroll operations by following policies and procedures; reporting needed changes.
- Maintain employee confidence and protects payroll operations by keeping information confidential.
- Contribute to team effort by accomplishing related results as needed.

LOAN DOCUMENT SPECIALIST

THE MONEY STORE - Sacramento, CA
1998 to 2000

Prepared and reviewed legal loan documents, order title reports form title companies, request bid contracts from dealers and shipping of legal documents.

- Audited and reviewed borrower information to assure quality of information.
- Exceeded amount of documents prepared and shipped out in a day.
- Praised for always finding and correcting all errors prior to preparing documents.
- Trained in fraud, mortgage math and appraisals.

TEAM ASSISTANT

Assisted team leader with daily tasks and covered various positions when needed.

- Crossed trained in all funding procedures, such as funding assistant, write-ups, draw and ship loan documents for signing and quality assurance for returned documents from various states for corrections.
- Assisted with all phases of processing/funding for home improvement loans with working knowledge of regulatory loan requirements.

CLERK II

- Performed telephone audits/record all conversations with customers when home improvements are completed, input notes into APPRO program.
- Copied prepared and shipped out blank loan documents for dealers and account executives.
- Translated in Spanish for recorded telephone audits and customer service calls.
- Prepared weekly and monthly statistical reports and loan documents reports for supervisor.

ADMINISTRATIVE ASSISTANT

WEBERSTOWN MALL MANAGEMENT OFFICE - Stockton, CA
1994 to 1998

Prepared monthly operation reports, staff meeting reports and fiscal year reports for director of operations.

- Processed all billing for accounts payable with correct budget coding.
- Assisted office manage in all office procedures.
- Performed collection activities on delinquent accounts, brought merchants account current and established payment plans with promise notes.
- Performed customer service to information booth and incoming customers to management office.
- Assisted merchants with inquiries; received, recorded and deposit money; post receipts.
- Opened and distributed all incoming mail.

- Used bilingual methods for translations in Spanish.

Education

Business Administration

San Joaquin Delta College - Stockton, CA
1987

Woodruff Occupational Center - Stockton, CA
1986

General Education Diploma

Stagg High School - Stockton, CA
1986

Skills

QUICKBOOKS, QUICKBOOKS PRO, EXCEL, OUTLOOK, WORD

Additional Information

30 years experience in all office procedures, accounts payable and accounts receivable, payroll, mortgage and finance, retail management and office services industry. Extensive experience in customer service, preparation and review loan documents, processing loans, posting cash receipts, collections, coding and entering invoices.

TECHNICAL SKILLS

Microsoft Office 2013 Word, Excel and Outlook, Syteline 7 and 8, QuickBooks Pro, Smart Docs, Lotus Notes, Appro, 10-key by touch, ACH, Multi-line phone line, and Internet navigation/research.

Mark Twain Health Care District Strategic Matrix

	A	2018	B	C	D
1	Strategic Action Item				
2			Person Responsible	Expected Date	Completed
3					
4	Valley Springs RHC		Real Estate Com		
5	Develop Budget /Operational Plan for VS RHC 12068		Smart		10/2/2018
6	Electronic Medical Records linked to billing & compatible		Smart	12/20/2018	
7	Explore leasing ancillary functions from MTMC		Smart	ongoing	
8	Gantt Chart From Walter		Smart		3/12/2018
9	Physical Address (Pending Name for Access Street)		Stout		6/14/2018
10					
11					
12	MTHCD Public Image and Communication				
13	District Name Change				
14	Public Relations Strategy				
15	In-Kind Funding				
16	Doodle Scheduling On-Line		Stout		4/28/2018
17	Explore Options as District "convener" of County Care				
18					
19	Accounting Service				
20	Plan/Contract for New District Accounting Services		Finance Comm		11/1/2018
21	Written Plan for reserve accounts (ex. Seismic Retrofit		Smart & Krieg		12/20/2018
22	Storage boxes		Smart		1/1/2019
23	Financial Report Dashboard		Wood		TBD
24					
25	District Records				
26	Fine-Tune District Records Disaster Plan		Stout & Computer		TBD
27	Develop Record retention plan (state law) Attorney		Policy Committee		1/1/2019
28	District Records-Back UP		Stout		6/14/2018
29					
30	Committee Structure				
31	Executive Committee				TBD
32	Community Advisory Committee				
33					
34	Phase II Development				
35	Pace Program – Welbe Health - July Open House Set Up		Al-Rafiq		TBD
36	Senior Living Opportunities		Al-Rafiq		ongoing
37					
38	Explore Potential Partnerships in County				
39	Behavioral Health -Proposal to Follow		Sellick & Reed		
40	Veterans - On Hold		Atkinson & Radford		6/5/2018
41	Opioid Coalition		Radford & Dr. Smart		Nov-18
42					
43					
44					

SEWER CAPACITY SETTLEMENT AND RELEASE AGREEMENT

This Settlement and Release Agreement (“Agreement”) is made and entered into on November __, 2018 (“Effective Date”) by and between the MARK TWAIN HEALTHCARE DISTRICT (“MTHD”) on the one hand and SAN ANDREAS SANITARY DISTRICT (“SASD”) on the other hand (collectively, “Parties”) as follows:

RECITALS

A. WHEREAS, SASD has been providing sewer service to MTHD’s property located at 768 Mountain Ranch Road, San Andreas, California (hereinafter “Property”). The Property has been and currently is used as a hospital;

B. WHEREAS, in 1995, SASD granted MTHD’s request for additional sewer capacity increasing the total sewer capacity permitted for the Property to 4,650 gallons per day (“gpd”);

C. WHEREAS, since 1999, the Property has been discharging sewage in excess of its permitted capacity. The additional sewer capacity for the Property has not been permitted since 1995;

D. WHEREAS, in 2017, SASD discovered that the sewer discharge for the Property during the 2016/2017 fiscal year exceeded the permit amount by 18,648 gpd. Upon notification, SASD received an application for a permit for additional sewage capacity for the Property which SASD delayed processing to give the occupant of the Property time to reduce its discharge since the amount seemed excessive for the user of the Property;

E. WHEREAS, after the user of the Property was successful in reducing its discharge, the SASD determined that the additional sewage capacity the Property would need was 7,778 gpd, assuming the discharge remained equal to or below the user of the Property’s successful reduction efforts;

F. WHEREAS, while the SASD current capacity charge is \$57.96 gpd, MTHD contends that had SASD discovered the discharge above capacity in prior years, then a portion of the additional capacity being applied for would have been acquired at prior and lower capacity charge rates. SASD contends that SASD customers are responsible for managing their discharges in accordance with its sewer permit and to apply for additional capacity if they exceed their permit amount. Furthermore, the capacity charge levied is the amount in effect at the time of the application;

G. WHEREAS, the Parties have worked together and negotiated in good faith to determine the amount of additional capacity the Property needs as well as the capacity charge applicable to this unique situation;

H. WHEREAS: The Parties desire to resolve their disputes and forego further dispute resolution options.

For good and valuable consideration which is herein set forth and acknowledged, this Agreement is made by and between the Parties as follows:

TERMS AND CONDITIONS

1. Payments

1.1 MTHD shall pay the sum of \$250,000.00 to SASD, which represents 1) the capacity charge for the additional 7778 gpd of capacity for sewer service from SASD at a one-time settlement rate of \$32.00 gpd, and 2) \$1,104 for SASD's administrative expenses incurred as part of the application process. Payment shall be made by no later than November 30, 2018.

2. Approval of Capacity

2.1 Upon receipt of the payment of \$250,000.00, SASD shall grant MTHD's application for additional sewer capacity for 7,778 gpd for the Property. Thereafter the Property's total and permitted sewer capacity shall be 12,428 gpd (hereinafter "Total Capacity").

2.2 In the event the sewer discharge from the Property exceeds the Total Capacity for the Property at any time in the future, the owner of the Property shall, like all SASD customers, be required to apply for additional sewer capacity in accordance with SASD's Ordinance and pay the capacity charge in effect at that time.

3. Releases

3.1 MTHD, on its own behalf and on behalf of its employees, representatives, agents, board of directors, attorneys, insurers, successors and assigns, hereby forever releases and discharges the SASD, and its board of directors, employees, representatives, agents, principals, attorneys, insurers, successors and assigns, from any and all costs, losses, claims, demands, actions, or causes of action, whether past or present, known or unknown, or contingent or certain, arising out of or related to the allocation and payment of permitted sewer capacity by SASD to the Property as of the Effective Date of this Agreement.

3.2 SASD, on its own behalf and on behalf of its employees, representatives, agents, board of directors, attorneys, insurers, successors and assigns, hereby forever releases and discharges the MTHD, and its board of directors, employees, representatives, agents, principals, attorneys, insurers, successors and assigns, from any and all costs, losses, claims, demands, actions, or causes of action, whether past or present, known or unknown, or contingent or certain, arising out of or related to the allocation and payment of permitted sewer capacity by SASD to the Property as of the Effective Date of this Agreement.

3.3 In giving the foregoing releases, SASD and MTHD expressly waive the provisions of Civil Code § 1542, which states as follows:

A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

SASD and MTHD understand and acknowledge that the significance and consequence of such waiver is that, even if it, he or they should eventually suffer additional damage arising out of the matters being released, none of them will not be permitted to make any claim against the other for those additional damages. Further, SASD and MTHD acknowledge that they intend such consequence even as to claims for damages that may now exist but which they do not know exist and which, if known, would materially affect their decision to execute this Agreement, regardless of whether the lack of knowledge is the result of ignorance, oversight, error, negligence or any other cause.

4. Miscellaneous

4.1 The Parties acknowledge having sufficient opportunity to discuss this Agreement, and its effect, with an attorney of their choosing and enter into this Agreement relying solely on their own judgment and not upon any statement by or advice from any other Party or attorney for any other Party.

4.2 The Parties certify that the execution and delivery of this Agreement has been duly and validly authorized by all necessary public, corporate or other action as appropriate.

4.3 This Agreement contains the entire agreement of the Parties with regard to the settlement of the dispute between them. No other agreement, statement or promise made on or before the Effective Date of this Agreement will be binding on the Parties. This Agreement shall not be modified or amended except by a writing signed by all Parties.

4.4 No term or provision in this Agreement shall be interpreted for or against a Party because that Party or its or his attorney drafted such term or provision.

4.5 If any term or provision of this Agreement shall be illegal, unenforceable or invalid under applicable law, such provision shall be ineffective only to the extent of the illegality, unenforceability or invalidity without affecting the remainder of such provision or any remaining provisions of this Agreement, on the condition that the remainder can be construed in substance to constitute the agreement that the Parties intended to enter into in the first instance.

4.6 This Agreement shall be governed by, construed, and enforced in accordance with the laws of the State of California. Venue in any action brought to enforce this Agreement or any of its terms shall be in Calaveras County, California.

4.7 This Agreement may be executed in one or more counterparts, which when taken together shall constitute one and the same instrument, and facsimiled, photocopied, or scanned signatures have the same force and effect as originals.

Dated: November __, 2018

Mark Twain Healthcare District
By _____, _____

Dated: November ___, 2018

San Andreas Sanitary District
By Hugh Logan, District Manager

Reviewed and approved as to form:

Dated: November ___, 2018

Daniel J. Schroeder, Esq.
General Counsel for San Andreas Sanitary District

Dated: November ___, 2018

_____, Esq.
General Counsel for Mark Twain Healthcare
District

TERM SHEET FOR MTMC FUNDING OF SANITARY DISTRICT SETTLEMENT

The following are the terms of an agreement between The Mark Twain Health Care District (the “District”) and Mark Twain Medical Center (“MTMC”), to be approved by the Boards of both the District and MTMC, regarding the Sewer Capacity Settlement and Release Agreement (“Settlement Agreement”) proposed by the San Andreas Sanitary District (“SASD”) for sewer capacity at the Hospital.

1. Both the District and MTMC approve the settlement terms set forth in SASD’s draft Settlement Agreement.
2. MTMC will fund the entire \$250,000 payment to SASD required under the Settlement Agreement, payable upon the District’s request.
3. The District agrees that the \$250,000 payment will be treated as a capital asset that it must purchase from MTMC upon the termination of the existing Hospital Lease.
4. MTMC agrees that, pursuant to the formula in the new Hospital Lease and related documents, it shall pay increased rent under the new Hospital Lease, equal to the \$250,000 amortized at an annual rate of eight percent (8.0%).
5. Upon MTMC’s funding of the \$250,000 payment to SASD, the District will sign the Settlement Agreement.
6. Each of the District Board’s and MTMC Board’s approval of this agreement shall be conditioned upon (i) SASD Board’s approval of the Settlement Agreement at their November 15th meeting, and (ii) the other Board’s approval (i.e., the approval of the first Board to act won’t be binding unless the other Board also approves the same terms).



Mark Twain Health Care District

768 Mountain Ranch Road
San Andreas, CA 95249
209 754 3521 Telephone

To: Board of Directors
Finance Committee

From: J.R. Krieg, Controller

Subject: October 2018 Financial Results

Date: November 21, 2018

memorandum

MARK TWAIN HEALTH CARE DISTRICT:

For October, the Statement of Revenues and Expenses for the District reported operating income **before** all grants and sponsorships of \$71,932.

It should be noted that the FY2019 budget was based on the assumption that the new lease agreement with Dignity Health would be effective as of July 1, 2018, but at month end the lease was not finalized, therefore the comparison with budget is not applicable for this memo.

Total revenues for the month were 6% above prior year due to higher anticipated tax revenues.

Total expenses for the month were 35% below prior year due to repairs and maintenance on the Valley Springs rental property in that year.

In October, there were no payments made for **Sponsorships** or for **Golden Health Community Grants**.

Operating income for the month **after** all grants and sponsorships was therefore a **profit** of \$71,932, and year-to-date there is a profit of \$225,646.

The Minority Interest in Mark Twain Medical Center Corporation **decreased** by \$119,210.

The District's cash and investments balance as of October 31, 2018 is \$2,230,111 as compared to the unaudited June 30, 2018 yearend balance of \$1,859,306. The increase is due to reimbursements received from the USDA Loan for the Valley Springs clinic construction. The USDA Loan balance was \$892,129 at month end.

Construction in progress for the new Valley Springs clinic incurred \$17,619 of expenses in October.

**MARK TWAIN HEALTH CARE DISTRICT
OCTOBER 2018**

**MARK TWAIN HEALTH CARE DISTRICT
STATEMENT OF REVENUES AND EXPENSES
OCTOBER 2018**

OCTOBER					Year-to-date					
Actual	Budget	Var %	Last Yr	Var %	Line #	Actual	Budget	Var %	Last Yr	Var %
\$26,587	\$56,765	-53%	\$25,837	3%	1	\$106,346	\$274,516	-61%	\$103,346	3%
481	481	0%	481	0%	2	1,926	1,926	0%	1,926	0%
18,882	18,932	0%	18,391	3%	3	74,851	75,727	-1%	73,499	2%
82,667	82,667	0%	77,083	7%	4	342,169	330,667	3%	308,332	11%
0	33,250	-100%	0	0%	5	0	133,211	-100%	0	0%
561	13,333	-96%	373	51%	6	2,855	13,333	-79%	449	537%
0	0	0%	0	0%	7	0	0	0%	0	0%
\$129,178	\$205,428	-37%	\$122,165	6%		\$528,147	\$829,380	-36%	\$487,551	8%
16,492	16,667	-1%	19,352	-15%	8	67,214	66,667	1%	69,906	-4%
1,261	1,160	9%	1,604	-21%	9	5,155	4,641	11%	6,470	-20%
1,250	1,667	-25%	2,286	-45%	10	7,183	6,667	8%	6,036	19%
0	5,000	-100%	872	-100%	11	10,772	20,000	-46%	8,385	28%
39	6,000	-99%	67	-41%	12	270	6,000	-95%	447	-40%
2,912	5,000	-42%	1,800	62%	13	32,540	20,000	63%	8,880	266%
6,055	5,833	4%	6,055	0%	14	24,221	23,333	4%	24,221	0%
0	56,250	-100%	0	0%	15	0	225,000	-100%	0	0%
705	417	69%	12,921	-95%	16	765	1,667	-54%	37,187	-98%
19,332	19,419	0%	18,853	3%	17	77,328	77,675	0%	75,412	3%
2,028	2,833	-28%	2,419	-16%	18	8,112	13,382	-39%	8,828	-8%
0	3,866	-100%	-	0%	19	0	6,240	-100%	0	0%
2,791	1,583	76%	1,138	145%	20	10,516	6,333	66%	4,617	128%
0	500	-100%	0	0%	21	0	2,000	-100%	0	0%
824	2,500	-67%	5,354	-85%	22	11,710	1,000	1071%	10,180	15%
0	1,667	-100%	3,969	-100%	23	0	6,667	-100%	9,183	-100%
3,496	2,500	40%	952	267%	24	8,158	10,000	-18%	5,210	57%
60	417	-86%	10,305	-99%	25	310	1,667	-81%	12,768	-98%
\$57,246	\$133,279	-57%	\$87,947	-35%		\$264,252	\$498,939	-47%	\$287,731	-8%
\$71,932	\$72,149	0%	\$34,219	110%		\$263,896	\$330,441	-20%	\$199,821	32%
0	800	-100%	0	0%	29	0	1,600	-100%	0	0%
0	2,250	-100%	0	0%	30	8,750	9,000	-3%	0	0%
0	200	-100%	0	0%	31	0	800	-100%	0	0%
\$0	\$3,250	-100%	\$0	0%		\$8,750	\$11,400	-23%	\$0	0%
0	0	0%	1,532		32	29,500	0	0%	1,532	
0	3,250	-100%	1,532		33	38,250	11,400		1,532	
\$71,932	\$68,899	4%	\$32,686			\$225,646	\$319,041	-29%	\$198,288	14%
(\$66,190)	(\$2,475)	2575%	(\$747,794)	-91%	34	(\$451,580)	(\$299,781)	51%	(\$2,085,457)	-78%
(\$53,020)	19,102	-378%	60,095	-188%	35	2,198	76,406	-97%	278,484	-99%
(\$119,210)	\$16,627	-817%	(\$687,699)	-83%		(\$449,383)	(\$223,375)	101%	(\$1,806,973)	-75%
(\$47,277)	\$85,526	-155%	(\$655,013)	-93%		(\$223,737)	\$95,666	-334%	(\$1,608,685)	-86%

MARK TWAIN HEALTH CARE DISTRICT
BALANCE SHEET
OCTOBER 2018

ASSETS	OCTOBER 2018	JUNE 2018	LIABILITIES AND NET ASSETS	OCTOBER 2018	JUNE 2018
<u>CURRENT ASSETS</u>			<u>CURRENT LIABILITIES</u>		
Cash and cash equivalents	\$1,517,973	\$1,149,008	Accounts payable and accrued expenses	\$45,486	\$118,841
Umpqua Investments	712,138	710,298	Deferred Rental Revenue	38,545	38,617
Investments - CDARS	0	0	Security Deposits	3,275	3,275
Due from Calaveras County	330,668	49,415	Due to MTMC Corporation - rental clearing	36,912	47,458
Security Deposit	0	0	Payroll Liabilities	11,732	11,655
Accrued Interest Receivable	0	0			
Accounts Receivable (net)	53,597	76,166	Total Current liabilities	<u>\$135,951</u>	<u>\$219,845</u>
Prepaid expenses and other	10,369	15,369			
Total current assets	<u>\$2,624,744</u>	<u>\$2,000,256</u>			
<u>LONG TERM INVESTMENTS</u>			<u>LONG-TERM LIABILITIES</u>		
Minority Interest in MTMC	<u>\$14,391,052</u>	<u>\$14,839,860</u>	USDA Loan - Valley Springs	<u>\$892,129</u>	0
Total LT Investments	<u>\$14,391,052</u>	<u>\$14,839,860</u>	Total LT Liabilities	<u>\$892,129</u>	<u>\$0</u>
<u>PROPERTY, PLANT AND EQUIPMENT</u>					
Land and land improvements	\$1,339,564	\$1,339,564			
Buildings and improvements	4,568,729	4,568,729			
Construction in Progress (Valley Springs)	1,003,317	601,422			
Equipment	698,156	698,156			
Total gross PPE	\$7,609,766	\$7,207,871			
Accumulated Depreciation	<u>(5,326,635)</u>	<u>(5,318,899)</u>			
Net property, plant and equipment	<u>\$2,283,131</u>	<u>\$1,888,972</u>			
<u>OTHER ASSETS</u>			<u>NET ASSETS (Fund Balances)</u>		
Capitalized Lease Negotiation	356,178	341,143	Fund balance - District	\$4,012,577	\$3,567,543
Payroll Clearing	-	-	Fund balance - Minority Interest in MTMC	14,839,860	15,427,656
Intangible assets	1,675	2,051	Fund balance - District CY	225,646	445,034
Total other assets	<u>\$357,853</u>	<u>\$343,194</u>	Fund balance - Minority Interest CY	<u>(449,383)</u>	<u>(587,796)</u>
Total Assets	<u>\$19,656,779</u>	<u>\$19,072,282</u>	Total net assets	<u>\$18,628,700</u>	<u>\$18,852,437</u>
			Total Liabilities and Net Assets	<u>\$19,656,779</u>	<u>\$19,072,282</u>

Rolling 12 Month Financial Statements Revenue and Expense

	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18
Revenue												
Rental revenue	\$25,837	\$25,837	\$25,837	\$25,837	\$26,587	\$26,587	\$26,587	\$26,587	\$26,587	\$26,587	\$26,587	\$26,587
Land rental revenue	481	481	481	481	481	481	481	481	481	481	481	481
MOB Lease Rent	18,391	18,078	18,178	18,330	18,330	18,330	18,330	18,330	18,656	18,688	18,713	18,882
District Tax Revenue	77,083	77,083	120,146	83,235	83,235	83,235	77,978	77,978	93,805	83,029	82,667	82,667
Interest/Investment Income	163	169	169	264	294	247	229	222	1,108	966	220	561
Other Miscellaneous Income	(705)	3,257	(1,145)	(1,274)	(723)	0	263	5,112	0	0	0	0
Total revenue	\$121,251	\$124,905	\$163,665	\$126,873	\$128,204	\$128,880	\$123,868	\$128,710	\$140,638	\$129,751	\$128,668	\$129,178
Expenses												
Salaries & Benefits	0	0	0	0	0	0	0	0	16,336	17,122	17,264	16,492
Payroll Expense	22,483	20,358	14,416	23,722	20,062	18,710	17,197	17,540	1,257	1,309	1,328	1,261
Insurance	1,250	1,535	1,250	1,250	1,535	1,250	2,500	1,670	1,868	1,250	2,815	1,250
Legal Fees	1,628	0	2,154	933	1,285	0	0	35,794	5,000	3,500	2,272	0
Audit/Accounting Fees	10,009	8,282	50	153	51	86	102	51	0	129	102	39
Operational Consulting Fees	7,454	26,600	62,365	92,730	34,379	5,000	11,284	1,500	12,685	3,500	13,443	2,912
MTMC Administrative Services	6,055	6,055	6,055	6,055	6,055	6,055	6,055	6,055	6,055	6,055	6,055	6,055
Utilities	0	0	0	0	0	0	0	0	0	0	0	0
Valley Springs Repairs/Maintenance - Rental	9,164	7,222	153	1,022	244	(1,053)	(955)	4,609	0	60	0	705
MOB Rent	18,853	18,853	18,853	18,853	18,853	18,853	18,853	18,853	19,332	19,332	19,332	19,332
Depreciation and Amortization	3,560	2,028	2,028	2,028	2,028	2,028	2,028	2,026	2,026	2,026	2,032	2,028
Dues and Subscriptions	3,771	1,163	2,388	1,168	1,164	1,138	(675)	0	7,500	225	0	2,791
Travel, Meals and Lodging	(800)	3,161	1,744	37	1,583	635	1,346	2,507	16	5,284	5,354	824
Community Education & Marketing	0	1,000	0	0	0	0	0	1,200	0	0	0	0
Office Supplies and Expenses	975	2,740	1,492	2,396	2,255	1,854	2,700	1,745	1,156	1,933	1,573	3,556
Total expenses	\$84,402	\$100,997	\$112,948	\$153,847	\$92,994	\$54,556	\$60,436	\$93,550	\$73,231	\$61,725	\$71,570	\$57,245
Operating Income (Loss) Before Programs & Events	\$36,849	\$23,908	\$50,717	(\$26,974)	\$35,210	\$74,324	\$63,433	\$35,160	\$67,407	\$68,026	\$57,099	\$71,933
Grants and Sponsorships:												
Stay Vertical	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$8,750	\$0	\$0	\$0
Chronic Disease Program	0	0	0	0	0	0	0	0	0	0	0	0
High School Scholarship	3,956	0	0	0	0	0	0	0	0	0	0	0
Community Health Programs	0	0	0	0	0	0	0	0	0	0	0	0
Outpatient Telehealth	0	0	0	0	0	0	0	0	0	0	0	0
Total Sponsorships	3,956	0	0	0	0	0	0	0	8,750	0	0	0
Golden Health Community Grants	0	0	0	0	0	41,925	0	0	27,500	0	2,000	0
Total Grants and Sponsorships	3,956	0	0	0	0	41,925	0	0	36,250	0	2,000	0
Operating Income (Loss) After Grants and Sponsorships	\$32,893	\$23,908	\$50,717	(\$26,974)	\$35,210	\$32,399	\$63,433	\$35,160	\$31,157	\$68,026	\$55,099	\$71,933
Other Income/Expense												
Minority Interest in MTMC Operations	(\$505,890)	\$1,421,946	\$95,636	(\$16,292)	\$220,938	(\$420,714)	(\$231,063)	\$463,762	(\$427,287)	\$131,455	(\$89,559)	(\$66,190)
Minority Interest in MTMC Investments	41,557	23,519	97,626	9,833	(34,303)	2,197	13,768	33,713	28,023	19,945	7,249	(53,020)
Total Other Income/Expense	(\$464,333)	\$1,445,465	\$193,262	(\$6,459)	\$186,635	(\$418,517)	(\$217,295)	\$497,475	(\$399,264)	\$151,400	(\$82,310)	(\$119,210)
Net Income (loss)	(\$431,440)	\$1,469,373	\$243,979	(\$33,433)	\$221,845	(\$386,118)	(\$153,862)	\$532,635	(\$368,107)	\$219,427	(\$27,211)	(\$47,277)

Rolling 12 Month Financial Statements Balance Sheet

ASSETS	November 2017	December 2017	January 2018	February 2018	March 2018	April 2018	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018
CURRENT ASSETS												
Cash and cash equivalents	\$852,538	\$742,485	\$1,206,877	\$1,092,996	\$977,959	\$939,515	\$1,241,630	\$1,149,008	\$1,121,705	\$962,748	\$1,000,730	\$1,517,973
Umpqua Investments	704,921	708,177	707,032	705,758	705,035	705,035	705,186	710,298	711,177	711,914	711,959	712,138
Investments - CDARS	0	0	0	0	0	0	0	0	0	0	0	0
Due from Calaveras County	385,415	462,498	33,294	116,529	199,764	282,999	(28,563)	49,415	82,667	165,334	248,001	330,668
Security Deposit	0	0	0	0	0	0	0	0	0	0	0	0
Accrued Interest Receivable	0	0	0	0	0	0	0	0	0	0	0	0
Accounts Receivable (net)	59,132	119,322	117,180	55,601	62,399	54,581	53,266	74,938	56,582	53,911	59,643	53,597
Prepaid expenses and other	13,763	11,375	8,988	6,600	4,213	1,825	1,250	15,369	14,119	12,869	11,619	10,369
Total current assets	\$2,015,768	\$2,043,858	\$2,073,371	\$1,977,484	\$1,949,370	\$1,983,955	\$1,972,770	\$1,999,028	\$1,986,250	\$1,906,776	\$2,031,952	\$2,624,745
Minority Interest in MTMC	\$13,156,350	\$14,601,815	\$14,795,077	\$14,788,618	\$14,975,253	\$14,556,736	\$14,339,441	\$14,836,915	\$14,441,170	\$14,592,571	\$14,510,261	\$14,391,052
PROPERTY, PLANT AND EQUIPMENT												
Land and land improvements	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564	\$1,339,564
Buildings and improvements	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729	4,568,729
Construction in Progress (Valley Springs)	363,628	364,038	364,038	407,134	463,639	467,289	530,967	601,422	601,422	734,314	985,698	1,003,317
Equipment	698,157	698,156	698,156	698,156	698,156	698,156	698,156	698,156	698,156	698,156	698,156	698,156
Total gross PPE	\$6,970,078	\$6,970,487	\$6,970,487	\$7,013,583	\$7,070,088	\$7,073,738	\$7,137,416	\$7,207,871	\$7,207,871	\$7,340,763	\$7,592,147	\$7,609,766
Accumulated Depreciation	(5,296,282)	(5,298,215)	(5,300,149)	(5,302,083)	(5,304,017)	(5,305,951)	(5,307,885)	(5,318,899)	(5,320,831)	(5,322,763)	(5,324,701)	(5,326,636)
Net property, plant and equipment	\$1,673,796	\$1,672,272	\$1,670,338	\$1,711,500	\$1,766,071	\$1,767,787	\$1,829,531	\$1,888,972	\$1,887,040	\$2,018,000	\$2,267,446	\$2,283,130
OTHER ASSETS												
Capitalized Lease Negotiation	277,761	277,761	289,968	318,671	323,587	323,587	326,196	341,143	341,142	341,143	356,178	356,178
Payroll Clearing	-	-	-	-	-	-	-	-	-	-	-	-
Intangible assets	2,709	2,615	2,521	2,427	2,333	2,239	2,145	2,051	1,957	1,862	1,768	1,675
Total other assets	\$280,470	\$280,376	\$292,488	\$321,098	\$325,920	\$325,826	\$328,341	\$343,194	\$343,099	\$343,005	\$357,946	\$357,853
Total assets	\$17,126,384	\$18,598,321	\$18,831,274	\$18,798,701	\$19,016,614	\$18,634,304	\$18,470,083	\$19,068,109	\$18,657,560	\$18,860,352	\$19,167,605	\$19,656,780
LIABILITIES AND NET ASSETS												
CURRENT LIABILITIES												
Accounts payable and accrued expenses	\$27,624	\$33,679	\$27,624	\$27,624	\$27,624	\$33,678	\$27,624	\$117,612	\$74,849	\$60,404	\$51,541	\$45,486
Deferred Rental Revenue	37,986	38,138	38,290	38,290	38,290	38,290	38,290	38,617	38,617	38,697	0	38,545
Deferred Tax Revenue	0	0	0	0	0	0	0	0	0	0	0	0
Security Deposits	3,275	3,275	3,275	3,275	3,275	4,275	3,275	3,275	3,275	3,275	3,275	3,275
Due to MTMC Corporation - rental clearing	65,914	63,278	60,641	58,004	55,368	52,731	50,095	47,458	44,822	42,185	39,548	36,912
Payroll Liabilities	9,182	8,176	5,690	9,185	7,890	7,280	6,613	11,655	11,667	12,033	12,102	11,732
Total current liabilities	\$143,981	\$146,546	\$135,519	\$136,378	\$132,447	\$136,254	\$125,897	\$218,617	\$173,230	\$156,595	\$106,466	\$135,951
LONG-TERM LIABILITIES												
USDA Loan - Valley Springs	0	0	0	0	0	0	0	0	0	0	384,592	892,129
NET ASSETS (Fund Balances)												
Fund balance - District	\$3,604,722	\$3,604,722	\$3,604,722	\$3,604,722	\$3,604,722	\$3,604,722	\$3,604,722	\$3,567,543	\$4,012,577	\$4,012,577	\$4,012,577	\$4,012,577
Fund balance - Minority Interest in MTMC	15,427,656	15,427,656	15,427,656	15,427,656	15,427,656	15,427,656	15,427,656	15,427,656	14,839,860	14,839,860	14,839,860	14,839,860
Fund balance - District CY	221,332	245,239	295,957	268,983	304,193	336,593	400,025	445,034	31,157	99,184	154,283	225,646
Fund balance - Minority Interest CY	(2,271,306)	(825,841)	(632,580)	(639,038)	(452,403)	(870,920)	(1,088,216)	(590,741)	(399,264)	(247,864)	(330,173)	(449,383)
Total net assets	\$16,982,403	\$18,451,775	\$18,695,755	\$18,662,323	\$18,884,167	\$18,498,050	\$18,344,186	\$18,849,492	\$18,484,330	\$18,703,757	\$18,676,547	\$18,628,700
Total Liabilities and net assets	\$17,126,384	\$18,598,321	\$18,831,274	\$18,798,701	\$19,016,614	\$18,634,304	\$18,470,083	\$19,068,109	\$18,657,560	\$18,860,352	\$19,167,605	\$19,656,780

MARK TWAIN HEALTH CARE DISTRICT

STATEMENT OF REVENUES & EXPENSES

BUDGET FISCAL YEAR 2019

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	TOTAL
INCOME													
550.10 · Rental Revenue	104,222	56,765	56,765	56,765	56,765	56,765	56,765	56,765	56,765	56,765	56,765	56,765	728,633
550.20 · Land Rental Revenue	481	481	481	481	481	481	481	481	481	481	481	481	5,777
550.30 · MOB Rental Revenue	18,932	18,932	18,932	18,932	18,932	18,932	18,932	18,932	18,932	18,932	18,932	18,932	227,181
560.10 · District Tax Revenue	82,667	82,667	82,667	82,667	82,667	82,667	82,667	82,667	82,667	82,667	82,667	82,667	992,000
570.10 · Interest Income (Investments)	-	-	-	13,333	13,333	13,333	13,333	13,333	13,333	13,333	13,333	13,333	120,000
570.20 · Other Miscellaneous Income	-	-	-	-	-	-	-	-	-	-	-	-	-
570.30 · Lease Interest Income	33,377	33,335	33,293	33,250	33,208	33,165	33,122	33,079	33,036	32,993	32,949	32,905	397,712
TOTAL INCOME	239,678	192,179	192,137	205,428	205,386	205,343	205,300	205,257	205,214	205,171	205,127	205,083	2,471,303
EXPENSE													
66000 · Payroll Expenses	1,160	1,160	1,160	1,160	1,160	1,160	1,281	1,281	1,665	1,665	1,665	1,665	16,184
700.00 · Benefits	-	-	-	-	-	-	-	-	1,325	1,325	1,325	1,325	5,300
705.10 · Salaries	16,667	16,667	16,667	16,667	16,667	16,667	16,667	16,667	21,667	21,667	21,667	21,667	220,000
710.81 · Insurance - D & O	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	20,000
715.23 · Legal Fees	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
715.24 · Audit Fees	-	-	-	6,000	5,500	-	-	-	-	-	-	-	11,500
715.26 · Operational Consulting	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	5,000	60,000
720.64 · Accounting Services	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	5,833	70,000
731.00 · Community Education & Marketing	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	1,667	20,000
732 · Election Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
734.00 · MOB Rent	19,419	19,419	19,419	19,419	19,419	19,419	19,419	19,419	19,419	19,419	19,419	19,419	233,024
735.00 · Depreciation & Amortization	4,884	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,833	2,833	36,045
737.01 · Valley Springs Rental	417	417	417	417	417	417	417	417	417	417	417	417	5,000
740.xx · Board Stipends	500	500	500	500	500	500	500	500	500	500	500	500	6,000
740.86 · Dues & Subscriptions	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,583	1,583	19,000
740.87 · Outside Training/Conferences	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
740.88 · Travel, Meals & Lodging	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	1,250	15,000
740.89 · Office Supplies and Expense	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	30,000
740.90 · Other Miscellaneous Expenses	417	417	417	417	417	417	417	417	417	417	417	417	5,000
FROM: Grants & Sponsorships	2,450	2,450	3,250	3,250	6,450	2,450	2,450	2,450	2,450	102,450	2,450	502,450	635,000
FROM: Valley Springs Clinic	-	-	-	-	-	-	-	-	12,500	12,500	12,500	12,500	50,000
FROM: Utilities	56,250	56,250	56,250	56,250	56,250	56,250	56,250	56,250	56,250	56,250	56,250	56,250	675,000
FROM: Debt Service	-	-	2,374	3,866	5,433	6,925	7,966	9,458	10,950	12,442	13,933	15,425	88,772
TOTAL EXPENSES	127,913	125,862	129,036	136,528	140,795	132,787	133,949	135,441	156,142	257,634	159,125	660,617	2,295,826
NET INCOME / <LOSS>	111,765	66,317	63,101	68,900	64,591	72,556	71,352	69,817	49,072	(52,463)	46,002	(455,533)	175,477

MARK TWAIN HEALTH CARE DISTRICT

BALANCE SHEET

BUDGET FISCAL YEAR 2019

	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	Projected FY2018
ASSETS													
Cash and Cash Equivalents	12,904,649	13,314,073	13,208,033	13,107,835	13,003,369	12,906,912	13,354,893	12,655,781	12,535,969	12,314,665	12,588,669	11,964,382	939,515
Umpqua Investments	705,035	705,035	705,035	705,035	705,035	705,035	705,035	705,035	705,035	705,035	705,035	705,035	705,035
Due from Calaveras County	127,667	165,333	248,000	330,667	413,333	496,000	33,067	115,733	198,400	281,067	(33,067)	49,600	45,000
Accounts Receivable (net)	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000	55,000
Prepaid Expenses	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000	20,000
Total Current Assets	13,812,351	14,259,441	14,236,068	14,218,536	14,196,738	14,182,947	14,167,994	13,551,550	13,514,404	13,375,766	13,335,637	12,794,017	1,764,550
Minority Interest in MTMC	295,900	295,900	295,900	295,900	295,900	295,900	295,900	295,900	295,900	295,900	295,900	295,900	14,795,900
Property Plant & Equipment	6,606,450	6,606,450	6,606,450	6,606,450	6,606,450	6,606,450	6,606,450	7,206,450	7,206,450	7,206,450	7,206,450	7,206,450	6,606,450
Construction in Progress (Valley Springs)	467,289	785,927	1,279,726	1,798,526	2,292,325	2,637,193	3,130,992	3,624,792	4,118,591	4,612,391	5,106,190	5,600,000	467,289
Accumulated Depreciation	(5,311,753)	(5,313,687)	(5,315,621)	(5,317,555)	(5,319,489)	(5,321,423)	(5,323,357)	(5,325,291)	(5,327,225)	(5,329,159)	(5,331,093)	(5,333,027)	(5,309,819)
Net PP&E (Capital Assets)	1,761,986	2,078,690	2,570,555	3,087,421	3,579,286	3,922,220	4,414,085	5,505,951	5,997,816	6,489,682	6,981,547	7,473,423	1,763,920
Capital Leaseback	8,421,391	8,410,741	8,400,048	8,389,313	8,378,535	8,367,715	8,356,852	8,345,946	8,334,996	8,324,004	8,312,968	8,301,888	0
Capitalized Lease Negotiation	322,688	321,789	320,890	319,992	319,093	318,194	317,295	316,396	315,497	314,598	313,700	312,801	323,587
Intangible Assets	0	0	0	0	0	0	0	0	0	0	0	0	2,051
Total Assets	24,614,316	25,366,561	25,823,462	26,311,161	26,769,552	27,086,975	27,552,126	28,015,742	28,458,614	28,799,950	29,239,752	29,178,028	18,650,008
LIABILITIES													
Accounts Payable & Accrued Expenses	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000	34,000
Deferred Rent Revenue	5,938,290	5,838,290	5,738,290	5,638,290	5,538,290	5,438,290	5,338,290	5,238,290	5,138,290	5,038,290	4,938,290	4,838,290	38,290
Security Deposits	4,275	4,275	4,275	4,275	4,275	4,275	4,275	4,275	4,275	4,275	4,275	4,275	4,275
Due to MTMC - Rental Clearing	-	-	-	-	-	-	-	-	-	-	-	-	47,457
Payroll Liabilities	8,500	8,500	8,500	8,500	8,500	8,500	8,500	8,500	8,500	8,500	8,500	8,500	8,500
USDA Construction Loan	-	785,927	1,279,726	1,798,526	2,292,325	2,637,193	3,130,992	3,624,792	4,118,591	4,612,391	5,106,190	5,600,000	0
Total Liabilities	5,985,065	6,670,992	7,064,791	7,483,591	7,877,390	8,122,258	8,516,057	8,909,857	9,303,656	9,697,456	10,091,255	10,485,065	132,522
NET POSITION (FUND BALANCE)													
Designated Fund Reserve	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	7,000,000	8,000,000	8,000,000	8,000,000	8,000,000	8,000,000	8,000,000	-
Debt Service Reserve	2,667	5,334	8,001	10,668	13,335	16,002	18,669	21,336	24,003	26,670	29,337	32,000	-
PP&E Valley Springs Clinic Reserve	600,000	600,000	600,000	600,000	600,000	600,000	600,000	-	-	-	-	-	-
Invested in Capital Assets	10,183,377	9,703,504	9,690,877	9,678,208	9,665,496	9,652,742	9,639,945	10,227,105	10,214,221	10,201,295	10,188,325	10,175,311	1,763,920
Unrestricted Fund Balance	843,207	1,386,731	1,459,792	1,538,695	1,613,330	1,695,974	777,455	857,445	916,733	874,530	930,835	485,652	16,753,566
Total Fund Balance	18,629,251	18,695,569	18,758,670	18,827,571	18,892,162	18,964,718	19,036,069	19,105,886	19,154,958	19,102,495	19,148,497	18,692,963	18,517,486
Total Liabilities and Fund Balance	24,614,316	25,366,561	25,823,462	26,311,161	26,769,552	27,086,975	27,552,126	28,015,742	28,458,614	28,799,950	29,239,752	29,178,028	18,650,008

Mark Twain Healthcare District
Simplified Cash Flow
October 2018

CASH RECEIVED

Mark Twain Medical Center	\$	46,400
Stockton Cardiology		3,392
Mark Twain Medical Center	\$	30,691
Rental Income - Valley Springs		750
Jake Koplen		481
Calaveras County		-
Bank of Stockton		507,536
Umpqua Bank		138
5 Star Bank		245
reimbursement - Insurance		-
reimbursement - SDLF		-
reimbursement - MTMC utilities		55,681
Total Cash Received in Month	\$	<u>645,315</u>

Comment

Pymt-Hospital Lease Agreement - 2 mos.
MOB rental suite 101
Pymt-MOB rental suites 102,103,104,105
1 Month rent - Children's Home
Land Lease - parcel #5
Property Tax Revenue adjustment
2nd draw loan proceeds
Money Market interest/Investments
MMA/Checking Interest
Against Expense
Against Expense
September 2018 Payment

CASH PAID OUT

IRS/EDD - Payroll & Taxes		18,123
Check Register	\$	361,414
Transfer of Funds-ck # 14861	\$	(250,000)
NET CHANGE IN CASH BALANCE	\$	<u>515,778</u>

Umpqua Bank - Checking
See check register for detail
Transfer Between MMA & Checking

Mark Twain Healthcare District
Check Register
October 2018

Type	Date	Num	Name	Memo	Clr	Split	Amount
Check	10/02/2018	14825	CPUD plant maint		√	-SPLIT-	(2,471.11)
Check	10/02/2018	14826	Suburban Propane-Ortho		√	730.78 · Natural Gas	(115.65)
Check	10/02/2018	14827	City of Angels		√	730.79 · Water/Sewer	(170.40)
Check	10/02/2018	14828	San Andreas Sanitary District-plant maint		√	730.79 · Water/Sewer	(7,620.43)
Check	10/02/2018	14829	PG&E 46578486352 VS Clinic # 10		√	730.77 · Electricity	(208.74)
Check	10/02/2018	14830	PG&E 46995152991 VS Clinic # 9		√	730.77 · Electricity	(227.16)
Check	10/02/2018	14831	Randy Smart		√	-SPLIT-	(76.04)
Check	10/02/2018	14832	Kirk Stout		√	737.01 · Valley Springs Rental	(704.69)
Check	10/02/2018	14833	Gretel Tiscornia		√	740.90 · Other Miscellaneous Expenses	(60.00)
Check	10/02/2018	14834	Van Lieshout, Patrick		√	152.92 · CIP - VS Clinc Land Costs	(12,000.00)
Check	10/02/2018	14835	Your Type		√	740.89 · Office Supplies and Expense	(1,042.19)
Check	10/02/2018	14836	Mark-Ease Products		√	740.89 · Office Supplies and Expense	(1,966.00)
Check	10/02/2018	14837	Al-Rafiq, Talibah		√	-SPLIT-	(435.23)
Check	10/02/2018	14838	Arnaudo Bros., L.P.		√	-SPLIT-	(19,331.89)
Check	10/16/2018	14839	Mark Twain Medical Center Healthcare Corp		√	-SPLIT-	(12,110.32)
Check	10/16/2018	14840	Susan Atkinson		√	740.88 · Travel, Meals & Lodging	(328.09)
Check	10/16/2018	14841	Aspen Street Architects		√	152.92 · CIP - VS Clinc Land Costs	(5,312.55)
Check	10/16/2018	14842	Campora Propane	Acct # 502288	√	-SPLIT-	(108.33)
Check	10/16/2018	14843	Condor Earth Technologies, Inc.		√	152.92 · CIP - VS Clinc Land Costs	(705.00)
Check	10/16/2018	14844	AT&T OneNet		√	730.85 · Telephone	(994.64)
Check	10/16/2018	14845	AT&T 0518795579001		√	-SPLIT-	(37.35)
Check	10/16/2018	14846	AT&T 754-9362		√	730.85 · Telephone	(790.85)
Check	10/16/2018	14847	AT&T 457-7		√	730.85 · Telephone	(4.64)
Check	10/16/2018	14848	Calaveras Telephone		√	730.85 · Telephone	(465.02)
Check	10/16/2018	14849	Suburban Propane-Ortho		√	730.78 · Natural Gas	(109.49)
Check	10/16/2018	14850	CPPA Plant Maint		√	730.77 · Electricity	(26,106.28)
Check	10/16/2018	14851	Tribble and Ayala		√	715.22 · Accounting Fees	(39.44)
Check	10/16/2018	14852	J.S. West		√	730.78 · Natural Gas	(18.55)
Check	10/16/2018	14853	Columbia Communications, Inc.		√	730.85 · Telephone	(664.00)
Check	10/16/2018	14854	PG&E 2306121143-1 ortho		√	730.77 · Electricity	(759.73)
Check	10/16/2018	14855	PG&E 39918320076 Cancer		√	-SPLIT-	(276.74)
Check	10/16/2018	14856	PG&E 74021406306 SAFMC		√	730.77 · Electricity	(602.13)
Check	10/16/2018	14857	PG&E 71068388090 Pain Mgmt		√	-SPLIT-	(506.89)
Check	10/16/2018	14858	PG&E 89195984003 Cancer/Infusion		√	-SPLIT-	(612.23)
Check	10/16/2018	14859	PG&E 42630399709 Hospital		√	730.78 · Natural Gas	(6,184.11)
Check	10/16/2018	14860	Mark Twain Medical Center		√	-SPLIT-	(424.00)
Check	10/24/2018	14862	Cal.net-Motherlode			740.89 · Office Supplies and Expense	(49.06)
Check	10/24/2018	14863	CCWD		√	730.79 · Water/Sewer	(792.29)
Check	10/24/2018	14864	The MSZ Resource Group, Inc.			715.26 · Operational Consulting	(2,912.22)
Check	10/24/2018	14865	CSDA		√	740.86 · Dues & Subscriptions	(2,791.00)
Check	10/24/2018	14866	Mosbaugh Properties-Arnold			-SPLIT-	(214.00)

Mark Twain Healthcare District
Check Register
October 2018

Check	10/24/2018	14867	Mobile Modular	√	152.92 - CIP - VS Clinic Land Costs	(1,065.84)
Check	10/24/2018	14861	Mark Twain Healthcare District	√	100.60 - Five Star Bank	(250,000.00)
						<u>(361,414.32)</u>

Mark Twain Healthcare District
Miscellaneous Expense
 October 2018

	<u>Type</u>	<u>Date</u>	<u>Num</u>	<u>Name</u>	<u>Memo</u>	<u>Amount</u>	<u>Balance</u>
740.00 - Miscellaneous							
740.86 - Dues & Subscriptions							
	Check	10/24/2018	14865	CSDA	2019 CSDA Membership Renewal - ID 3950	2,791.00	2,791.00
Total 740.86 - Dues & Subscriptions						<u>2,791.00</u>	<u>2,791.00</u>
740.87 - Outside Training/Conferences							
	Check	10/02/2018	14837	Al-Rafiq, Talibah	ACHD Conference	336.64	336.64
Total 740.87 - Outside Training/Conferences						<u>336.64</u>	<u>336.64</u>
740.88 - Travel, Meals & Lodging							
	Check	10/02/2018	14831	Randy Smart	Mileage sept 2018	61.04	61.04
	Check	10/02/2018	14837	Al-Rafiq, Talibah	Mileage Report July - Sept 2018	98.59	159.63
	Check	10/16/2018	14840	Susan Atkinson	Susan Atkinson - Sept 2018 mileage	328.09	487.72
Total 740.88 - Travel, Meals & Lodging						<u>487.72</u>	<u>487.72</u>
740.89 - Office Supplies and Expense							
	Check	10/02/2018	14831	Randy Smart	Notary Fee	15.00	15.00
	Check	10/02/2018	14835	Your Type	Inv 207	1,042.19	1,057.19
	Check	10/02/2018	14836	Mark-Ease Products	Ground Breaking Expense - Panels & Signage	1,966.00	3,023.19
	Check	10/16/2018	14860	Mark Twain Medical Center	district board breakfast - 9/26/18	144.00	3,167.19
	Check	10/16/2018	14860	Mark Twain Medical Center	Ground Breaking - 9/28/18	280.00	3,447.19
	Check	10/24/2018	14862	Cal.net-Motherlode	Email account	49.06	3,496.25
Total 740.89 - Office Supplies and Expense						<u>3,496.25</u>	<u>3,496.25</u>
740.90 - Other Miscellaneous Expenses							
	Check	10/02/2018	14833	Gretel Tiscornia	Chair rental - groundbreaking	60.00	60.00
Total 740.90 - Other Miscellaneous Expenses						<u>60.00</u>	<u>60.00</u>
Total 740.00 - Miscellaneous						<u>7,171.61</u>	<u>7,171.61</u>
						<u>7,171.61</u>	<u>7,171.61</u>

**Mark Twain Health Care District
List of Renters and Leases
October 31, 2018**

11/19/2018

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	expire date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq ft Rate	CAM	Total	Sq Ft.	Comments
							First Floor	704 Mountain Ranch Rd, Building E								
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 10/2018
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 10/2018
San Andreas FMC	7/1/2014	7/1/2014	7/1/2019	CPI	5 years	7/1/2019	103/104	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 10/2018
San Andreas FMC	7/1/2014	7/1/2014	7/1/2019	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 10/2018
Total MOB lease income											\$ 17,136.51		\$ 1,657.50	\$ 18,794.01	6,500	
Valley Springs Rental																
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 Year	3/1/2021	N/A	1934 Highway 26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 10/2018
Hospital Lease Agreement w/ Corporation																
Mark Twain Medical Center	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch	Reimburse	Hospital	\$ 23,200.00		NA	\$ 23,200.00		
Office Lease																
San Andreas Medical and Professional Offices (Arnaudo Bros)	3/1/2007	3/1/2007		3.0	20 years	2/28/2027	First Floor	704 Mountain Ranch Rd, Building E	N	Office	\$ 16,438.50		\$ 2,893.39	\$ 19,331.89	6,500	Rent increases 3% each year.
Land Lease																
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A, B, C	Y	Land	\$ 481.42		NA	\$ 481.42	NA	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.
San Andreas Medical and Professional Offices (Arnaudo Bros.)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$ 1 / Yr		NA	\$ 1 / Yr	NA	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.

* CAM charges included in rent

Director Compensation and Travel Reimbursement

PURPOSE:

A. Director Compensation: Mark Twain Health Care District (MTHCD) recognizes that District Board Directors (members) are frequently asked to provide more work and service than many public agency boards. Tasks include regular and special board meetings, standing and *ad hoc* committee meetings, and one-on-one meetings with contractors, vendors, and consultants. Many of these meetings require considerable preparation from the Board Directors. Many special districts offer director compensation for these duties. The MTHCD recognizes the value of these additional duties and wishes to provide compensation to the Directors.

The Board of Directors shall serve without compensation except that the Board of Directors hereby authorize payment not to exceed one-hundred dollars (\$100) per meeting for attendance by a Board Director of either a Board meeting or Board Committee meeting (*ad hoc* or regular), or other meeting authorized by the Board or President of the board, and not to exceed one meeting so compensated per month, as compensation to each member of the Board of Directors, in accordance with Section 32103 of the California Health and Safety Code, as amended.

The Executive Director of the District will be responsible for monitoring Board Director attendance and will issue compensation at the end of each month. No application for payment will be required.

Board Directors may decline such compensation on an individual basis without explanation.

B. Travel Reimbursement: Mark Twain Health Care District recognizes that District Board members and its employees may be required to travel or incur expenses while conducting District business and to further the mission of the Health Care District. The purpose of this policy is to ensure that (a) adequate cost controls are in place, (b) travel and other expenditures are appropriate, and (c) to provide a uniform and consistent plan for the timely reimbursement of authorized expenses incurred by Board members and employees. It is the policy of the District to reimburse only reasonable and necessary expenses actually incurred.

POLICY:

The District will reimburse Board members, committee members and District employees for all appropriate and authorized District business-related expenses. Reimbursement policies for employees can be found in the MTHCD personnel manual which is not intended to conflict with this policy.

ALLOWABLE EXPENSES:

The District shall reimburse Directors, committee members and employees for actual necessary traveling and incidental expenses incurred in the performance of official District business, subject to the requirements of these Policies and Procedures and the law. Directors, committee members and employees shall make all reasonable efforts to minimize the costs of tuition, meals, lodging and travel related to attending a professional event by making reservations sufficiently in advance, when possible, to obtain discounted tuition, airfares and hotel rates.

The following types of occurrences qualify for reimbursement if attended in the performance of official duties as Directors or employees of the Board, and if prior approval is obtained as set forth in this Policy:

1. Training workshops, seminars and conferences
2. Educational workshops, seminars and conferences
3. Meetings of or sponsored by ACHD (Association of California Health Care Districts), CSDA (California Special Districts Association) and other State or national organizations relevant to the purposes of the District
4. Meetings of local governmental entities and bodies and committees thereof
5. Meetings of local nonprofit organizations
6. Meetings of community or civic groups or organizations
7. Health Care District Board meetings
8. Meetings of advisory groups and committees organized or conducted by District staff
9. Meetings with District consultants, advisors and other professionals
10. Any other activity or expense approved by the Board in advance.

Allowable expenses include:

1. Registration fees
2. Hotel room charges for the necessary number of days
3. Generally, hotel and motel accommodations are made at the conference site for the lowest rate offered to conference attendees. If accommodations are not available at the conference site, every attempt should be made to seek accommodations at a conveniently located alternative site which is comparable in cost to the conference site and as reasonable as possible. Reimbursement will be at the single occupancy regular rate, plus room taxes and related fees, excluding any costs for "extra" services such as, in-room amenities and mini-bar.
4. Reasonable transportation expenses, e.g., the least expensive alternative. In all cases the most reasonable and cost-effective mode of travel should be chosen.
5. Mileage will be paid at the current Internal Revenue Service rate.
6. Domestic air travel will be reimbursed at coach rates, not to exceed the actual amount paid
7. Actual and reasonable expenses for meals will be reimbursed for District business or while in travel status. Tips, to a maximum of 20% are allowed. No claims for alcoholic beverages will be allowed.
8. Other expenses including parking, bridge tolls, fax etc.:

EXPENSE LIMITATIONS AND RESTRICTIONS:

1. No reimbursement will be allowed for alcoholic beverages.
2. No reimbursement will be allowed for family or others accompanying the Board member or employee, including room rates beyond single occupancy.
3. No reimbursement will be allowed for hotel extra services such as, in-room amenities or mini-bar.
4. Travel by an indirect route for the convenience of the Board member or employee, (including when traveling by automobile instead of by available aircraft) that incurs additional transportation, food and/or lodging expenses, will not be reimbursed beyond the normal rates for a single Board member traveling at the most economical rate. Any extra costs shall be borne by the traveler.
5. Reimbursement will be allowed for days going to and from an event but will not include days added on for the benefit of a vacation.
6. A Director, committee member or employee shall not attend a conference or training event for which there is an expense to the District, if the event occurs after the Director or employee has announced his/her pending resignation, or after an election in which it was determined that the Director will not retain his/her seat on the Board.

BUDGET

The Finance Committee will review and anticipate future event, meal and travel expenses annually and recommend a budgeted amount for approval by the Health Care District Board.

PRIOR AUTHORIZATION

All conference expenses that are paid for by the District will be submitted to the Board for prior authorization if a single expenditure is expected to be greater than \$200. The Executive Director or Board President may approve authorizations of \$200 or lower without prior Board approval unless it is for their own expense, in which case it should be the treasurer, or when the prior authorization is later determined by the Executive Director or Board President to be time sensitive.

REIMBURSEMENT

Directors, committee members and employees are to exercise good judgement in incurring District business expenses. Reimbursements will be made for authorized business expenses that are reasonable, necessary and appropriately documented.

1. Documentation:
 - a. All expenses must be supported by receipts, with the exception of mileage which must show miles driven to/from District authorized business activities by date.
 - b. A District Travel Expense Statement must be completed and accompanied by receipts when requesting reimbursement (see attached).
 - c. All requests for reimbursement will be reviewed by the Executive Director, Board President or Board Treasurer for approval prior to payment.

2. Timely Filing:
 - a. All requests for reimbursement should be completed within four weeks after the expense was incurred.

- b. Reimbursement requests should be submitted monthly by month's end, and no later than quarterly.
 - c. Expense requests not submitted by fiscal year end will not be reimbursed unless the travel occurs in the last month of the fiscal year in which case requests must be received within 30 days.
 - d. Authorized reimbursement will be completed within thirty days.
3. Record Keeping:
MTHCD administrative staff will maintain reimbursement records for a minimum of 7 years after payment or as required by law § 60201(d).
4. Exceptions:
In the event that an individual eligible for reimbursement under this policy, cannot afford to fund necessary expenses, as described in this policy, the Board President or Executive Director may make an exception to policy and provide the necessary projected reimbursement in advance.

California Law:

Code 53232.2 (f.) All expenses that do not fall within the adopted travel reimbursement policy or the internal Revenue Service reimbursable rates as provided in subdivision © shall be approved by the governing body, in a public meeting before the expense is incurred, except as provided in subdivision (d). (g) If a member of a legislative body chooses to incur additional costs that are above the rates established pursuant to this section and those costs have not been approved pursuant to subdivision (f), then the member of a legislative body may do so at the his or her own expense.

Code 53232.3 (d) Members of a legislative body shall provide brief reports on meetings attended at the expense of the local agency at the next regular meeting of the legislative body.
(e) All documents related to reimbursable agency expenditures are public records subject to disclosure under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of title 1).

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”.

**Travel Expense Statement
Request for Reimbursement**

Name: _____

Mail to: _____

Position: _____

Purpose of Travel: _____

Destination (City & State): _____

Function: _____

Dates: _____

Date	Description	Hotel	Air	Miles	Meals	Phone	Entertain	Other	Total

Date:	Submitted by:	Sub Total	
Date:	Reviewed by:		
Date:	Approved & Paid: <input type="checkbox"/> Referred to the MTHCD Board	Total	

Notes: Mileage is Reimbursed at Current IRS Rate: