



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

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

**Wednesday June 29, 2022
9:00 am**

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

Agenda

Mark Twain Health Care District Mission Statement

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

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

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

This Institution is an Equal Opportunity Provider and Employer

Agenda June 29, 2022 MTHCD Special Board Meeting

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

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for May 18, 2022
- Un-Approved Board Meeting Minutes for May 25, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3):

- **Resolution 2022 – 10** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **June 2022.** (Informational Only)
- **Resolution 2022 – 12** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **July 2022.**

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

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

- ACHD June 2022 Advocate:
- California Advancing & Innovating Medi-Cal Program (CalAIM):.....Ms. Hack

• **Meetings with MTHCD CEO:**

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

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

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

• **ACHD Re-Certification May 26, 2022 - Presentation:**

• **LAFCo Ballot – Election: Public Comment – **Action****

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Agenda June 29, 2022 MTHCD Special Board Meeting

- **Nancy Minkler, Board Member – Resignation - Eff 6-22-2022:**
- **Board Vacancy Interviews: Public Comment – Action by Roll Call**
 1. David Tanner:
 2. Johanna Vermeltoort:
- **Strategic Planning – Matrix:**
- **District Projects Matrix – Monthly Report:**
- **Grant Report:**
- **VS H&W Center – Policies and Forms: Public Comment – Action**
 - Policies for June 2022 - Valley Springs Health & Wellness Center:

New Policy

Drug Free Workplace

Revised Policies

Late Arriving Unscheduled Patients

List of Services

Management of Referral Requests

No Show

Bi-Annual Review

Laboratory Electrical Safety

Laundry and Linen

Medical Director Direction of Practitioners in the Clinic

Medication Management - Storage of Multi-Use

Non-Discrimination

Organization of Nursing Personnel

Patient with Urgent Complaint or Distress

Processing X-Ray Requisitions

Registering Patient Complaints

Staff Meetings

Sterile Field

Storage, Handling and Delivery of Medications

Threatening or Hostile Patient

Transfer Of Patient To A Hospital

Volunteer Deployment

VSHWC Recruitment and Retention

Waived Testing Blood Glucose

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Agenda June 29, 2022 MTHCD Special Board Meeting

Waived Testing Coagu Check XS PT
Waived Testing - Fecal Occult Stool
Waived Testing Hemoglobin
Waived Testing Hemoglobin A1C
Influenza A and B Test - Waived
Waived Testing – Lead Care II

- **Program Manager:**.....Ms. Stanek

E. VSHWC Quality Reports:.....Ms. Terradista

- Quality – May 2022:
- MedStatix – May 2022:

7. Committee Reports:

A. President Ad Hoc Committee Appointment: Public Comment – **Action**.....Ms. Reed

B. Finance Committee:.....Ms. Hack / Mr. Wood

- 401k Program: Public Comment – **Action**Dr. Smart
- Financial Statements – May 2022: Public Comment – **Action**.....Ms. Hack
- Budget 2022-2023: Public Comment – **Action**.....Dr. Smart

C. Ad Hoc Policy Committee:Ms. Sellick / Ms. Hack

- **Resolution 2022 – 13: To Approve Policies # 30 & 32:** Public Comment – **Action**
 - Policy # 30 - Fixed Asset Capitalization: (On Review Since May 25, 2022)
 - Policy # 32 - Debt Management: (On Review Since May 25, 2022)

D. Ad Hoc Personnel Committee:Ms. Reed / Dr. Smart

E. Ad Hoc MTMC Utility Committee Update:Dr. Smart

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

- MTHCD Policy # 1 – Mission, Core, Values:
 - CalaverasGrown – Market Bucks:
 - Dana Nichols – Inner Wellness:

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Agenda June 29, 2022 MTHCD Special Board Meeting

8. Board Comment and Request for Future Agenda Items:

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

- Angels-Murphys Rotary – Shrimp & Pasta Feed - August 20, 2022:
- MTMC Health & Community Resources Festival – Sept 17, 2022:

9. Next Meeting:

A. The next MTHCD Board Meeting will be Wed. July 27, 2022, at 9am.

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

This Institution is an Equal Opportunity Provider and Employer

Agenda June 29, 2022 MTHCD Special Board Meeting

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Special Board Meeting June 29, 2022

Time: Jun 29, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82405000488?pwd=OH3JAF6Yg0-JAga4gzA7DEZd6LfU9A.1>

Meeting ID: 824 0500 0488

Passcode: 480146

One tap mobile

+16699006833,,82405000488#,,,,*480146# US (San Jose)

+12532158782,,82405000488#,,,,*480146# US (Tacoma)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 824 0500 0488

Passcode: 480146

Find your local number: <https://us02web.zoom.us/u/kexYww5tK>

- Effective - Mar 17, 2020.

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

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

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Agenda June 29, 2022 MTHCD Special Board Meeting



P. O. Box 95
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 2537 Fax

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

7:30 am

Wednesday May 18, 2022

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

By: Ms. Hack, Treasurer

Time: 7:33am

2. Roll Call:

Board Member	Present in Person	Present by Zoom	Arrival Time
Ms. Hack		X	
Mr. Randolph	X		

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Minutes – May 18, 2022 MTHCD Special Finance Committee Meeting

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

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 2-0

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

Hearing None:

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

A. Resolution 2022 – 07 Informational Only:

- Authorizing Remote Teleconference Meetings of the Board of Directors Finance Committee (AB 361) for the month of May 2022.

B. Un-Approved Minutes:

- Finance Committee Meeting Minutes for April 20, 2022:

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 2-0

6. **Chief Executive Officer's Report**:

- Budget 2022-2023 (Draft):

Dr. Smart: Led discussion regarding building the budget based on the patient per visit rate. Mr. Hohenbrink is confident the appointment payment rate will be at least \$300 per visit.

- **Policy # 30 – Fixed Asset Capitalization**: Public Comment – **Action**

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 2-0

- **Policy # 32 – Debt Management**: Public Comment – **Action**

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 2-0

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Minutes – May 18, 2022 MTHCD Special Finance Committee Meeting

7. Real Estate Review:

Nothing New to Report

8. Accountant's Report:

- April 2022 Financials Will Be Presented to The Committee: Public Comment – Action

Mr. Wood: Plans to close April by Friday; Property tax check (\$500,597.) was received from Calaveras County; the true-up check from the County should arrive late July or early Aug.

No Action was taken:

9. Treasurer's Report:

- California Cooperative Liquid Assets Securities System (CLASS): Public Comment – Action

Mr. Wood: Always recommends investment diversification. Two trustees have been appointed to CLASS.

Mr. Randolph: The options available to the Committee on how to proceed with CLASS are; do nothing; move 100% of the funds to CLASS or split the funds between Cal Trust, CLASS and LAIF. The options are regulated in such a way the difference would likely be management costs.

10. Comments and Future Agenda Items:

The ad has been posted for a community member for the Finance Committee.

11. Next Meeting:

- Next Finance Committee Meeting will be June 15, 2022. The start time will be 9:00am

12. Adjournment: - Public Comment – Action

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 2-0
Time: 8:47am

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Minutes – May 18, 2022 MTHCD Special Finance Committee Meeting

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Mtg. May 18, 2022

Time: May 18, 2022 07:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85150351143?pwd=OVA3S3cxRHVDY3VPaTd1dGZ3OGV4dz09>

Meeting ID: 851 5035 1143

Passcode: 106866

One tap mobile

+16699006833,,85150351143#,,,,*106866# US (San Jose)

+13462487799,,85150351143#,,,,*106866# US (Houston)

Dial by your location

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Passcode: 106866

Find your local number: <https://us02web.zoom.us/u/kbd95VXcCG>

Effective - Mar 17, 2020.

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

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3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

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Minutes – May 18, 2022 MTHCD Special Finance Committee Meeting



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

**Wednesday May 25, 2022
 9:00 am**

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

By: Ms. Reed, President

Time: 9:01am

2. Roll Call:

Board Member	Present In Person	Present by Zoom	Arrival Time
Ms. Reed	X		
Ms. Sellick	X		
Ms. Hack	X		9:06am
Mr. Randolph	X		
Ms. Minkler	X		

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

Motion: Mr. Randolph

Second: Ms. Sellick

Vote in Favor: 4-0

4. **Public Comment On Matters Not Listed On The Agenda:** Hearing None:

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for April 20, 2022
- Un-Approved Board Meeting Minutes for April 27, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3):

- **Resolution 2022 – 07 Informational Only** Authorizing Remote Teleconference Meetings of the Board of Directors Finance Committee (AB 361) for the month of **May 2022.**
- **Resolution 2022 – 10** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **June 2022.**

C. BBK: LA - Will Virtual Public Mtgs Continue Even After Pandemic?:

Motion: Ms. Minkler

Second: Mr. Randolph

Vote in Favor: 4-0

6. **MTHCD Reports:**

A. President's Report:

- Association of California Health Care Districts (ACHD):
 - ACHD May. 2022 Advocate:
 - California Advancing & Innovating Medi-Cal Program (CalAIM):

Ms. Hack: There seems to be some RFP issues; United pulled out of CA MediCal and Kaiser got a waiver.

- Meetings with MTHCD CEO: Refer to agenda.

B. MTMC Community Board Report:

Mr. Randolph: MTMC has experienced a drop in visits and are restructuring workday / hours per union vote.

C. MTMC Board of Directors:

Ms. Reed: They haven't met; per the last meeting MTMC is restructuring work day/hours in hopes of adding Sat. service.

D. Chief Executive Officer's Report:

- **Strategic Planning – Matrix:**

Dr. Smart: Asked for a moment of silence for the death of the 19 children (5-8yr old) and 2 teachers in Uvalde TX: progressing with LED installation at MTMC which will promote District programs and awareness: additional landscaping was installed at the Clinic. Seismic retrofit is in the news.

- **District Projects Matrix – Monthly Report:**

Dr. Smart: A Clinical Psychologist was hired; MTMC is moving to more dry-scaping;.

- Grant Report: Nothing new to report.
- VS H&W Center – Policies and Forms: Public Comment – **Action**
 - Policies for May 2022 - Valley Springs Health & Wellness Center:

New Policy

Drug Free Workplace

Revised

- After Hours Telephone Management
- Alternate Communication in an Emergency
- Answering a Phone Call
- Co-Signature of Mid-Level Practitioner
- Critical Alert Value Notification
- Holter Monitor Testing
- Telephone Request for Medical Advice

Bi-Annual Review

- Abnormal Vital Signs
- Accounts Payable
- Adverse Medication Reaction

Appointment Scheduling
 Bioterrorism Threat
 Communication with Persons with Limited English Proficiency
 Conflict of Interest
 Credit Card on File
 Demonstrated Competency
 Earthquake or Weather Emergency
 Emergency Ambulance Transfer
 Equipment Management
 Exam Table and Exam Room Cleaning
 Expediated Partner Therapy for STDs
 Exposure Control Plan
 Fluoride Varnish for Pediatric Patients
 Formulary
 Informed Consent
 Initial Patient Contact and Medical Emergencies

Motion: Ms. Hack Moved to approve minus Drug Free Workplace

Second: Mr. Randolph

Vote in Favor: 5-0

- **Program Manager:**

Ms. Stanek: Robo-Doc is starting to get more calls; will soon be adding Albert Michelson Elementary; SVC has 5 instructors doing each session (18 classes); as newsletter has bene added featuring a CEO message; flyers will be ordered and distributed.

E. VSHWC Quality Reports:

Quality – April 2022: Ms. Terradista was not available.

- MedStatix – April 2022:

7. Committee Reports:

A. Finance Committee:.....Ms. Hack / Mr. Wood

- CA Class Investment Option: Public Comment – **Action**.....Ms. Hack / Mr. Randolph

Mr. Randolph: The Finance Committee recommends: (1) do nothing differently with investment funds (2) allow the CEO to diversify the investment funds (3) transfer 1/3 amounts into the following LAIF, Cal Trust and CA Class with Finance Committee reviews.

Mr. Wood: Supports diversity and a 3-6 month review of investments.

Motion: Mr. Randolph moved to allow CEO the ability to use all 3 investment options with Finance Committee monitoring each 3- 6 months. District Pres. will be included in final discussion.

Second: Ms. Hack

Vote in Favor: 5-0

- **Financial Statements – April 2022:** Public Comment – Action

Mr. Wood: Recapped April financials are complete and start on pkt. pg. 103; COVID funds will be recorded; the balance sheet is solid; property tax was receive just over \$500k; draft budget numbers are available.

Motion: To approve including investment report: Mr. Randolph

Second: Ms. Minkler

Vote in Favor: 5-0

- **Budget Development Progress 2022-2023:**

Dr. Smart: The final draft budget will be presented at the June Finance Committee Meeting to add their recommendation before presenting it at the June Board Meeting; plans for next year is to derive assumptions then mirror the budget to those assumptions.

B. Ad Hoc Policy Committee:

- Policy # 30 - Fixed Asset Capitalization: (30-day Review)
- Policy # 32 - Debt Management: (30-day Review)

Ms. Hack: Policies 30 & 32 were reviewed by the CFO and Finance Committee and are here for a 30-day review with the next step to be on the June Board Meeting Agenda.

- **Resolution 2022 – 11: To Approve Policies # 15, 16, & 28:** Public Comment – Action
(On Review Since April 27, 2022)
 - Policy No. 15: Director Compensation & Travel Reimbursement:
 - Policy No. 16: Membership in Associations:
 - Policy No. 28: Finance Committee Community Member:

Motion: Mr. Randolph

Second: Ms. Sellick

Vote in Favor: 5-0

C. Ad Hoc Personnel Committee: Nothing new to report

D. Ad Hoc MTMC Utility Committee: Public Comment - Action.....Ms. Minkler / Mr. Randolph

Ms. Reed Recused herself.

Dr. Smart: With Ms. Minkler met with the MTMC CEO/President regarding utilities; Ms. Faircloth is the District’s consultant; she is working on reducing or eliminating some utility costs for the District and MTMC; she can retro savings 2 years. MTMC is working on ways to dry-scape the campus.

No action taken

E. Ad Hoc Grants Community:

Ms. Sellick: The Committee will be meeting to consider two requests.

F. Consideration of Name Change for the District:

Public Comment / Discussion Only:.....Mr. Randolph

Mr. Randolph: The District covers all of Calaveras County and the name doesn’t reflect that; Mark Twain was only in the County 80 days.

Ms. Sellick: The District has been in existence for 75 years; Mark Twain is a historical name to all of Calaveras County.

Dr. Smart: During the MTMC Lease negotiations (we visited each community twice) Calaveras County was adamant about keeping the Mark Twain name.

8. Board Comment and Request for Future Agenda Items:

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

- Sponsors of the MTMC Foundation - The Barger Golf Outing – June 12, 2022
- Angels-Murphys Rotary – Shrimp & Pasta Feed:

Ms. Reed & Mr. Randolph attended the Copper Clinic Event which had a good turnout.

Ms. Minkler, Board Member regrets to announce she will be submitting a letter of resignation.

9. Next Meeting:

A. The next MTHCD Board Meeting will be Wed. June 22, at 9am.

10. Adjournment: Public Comment – Action:

Motion: Mr. Randolph
Second: Ms. Hack
Vote in Favor: 5-0
Time: 12:03pm

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: May 25, 2022 MTHCD BOD Meeting

Time: May 25, 2022 09:00 AM Pacific Time (US and Canada)

Local Phone Number is (209) 754-2665

Join Zoom Meeting

<https://us02web.zoom.us/j/84855127731?pwd=N3M5Uml0cGtYZXozVkh6WGhrQINtUT09>

Meeting ID: 848 5512 7731

Passcode: 496440

One tap mobile

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+13462487799,,84855127731#,,,,*496440# US (Houston)

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+1 929 205 6099 US (New York)

Meeting ID: 848 5512 7731

Passcode: 496440

Find your local number: <https://us02web.zoom.us/j/84855127731?pwd=N3M5Uml0cGtYZXozVkh6WGhrQINtUT09>

- Effective - Mar 17, 2020.

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**Resolution No. 2022 - 10
Authorizing Remote Teleconference Meetings
for the Board of Directors & Finance Committee Meetings
for the month of June 2022**

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

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

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

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

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

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

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

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

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

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

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

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

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

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

Adopted, Signed, and Approved this 25th day of May 2022.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 – 10 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of June 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: _____

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Resolution No. 2022 - 12
Authorizing Remote Teleconference Meetings
for the Board of Directors & Finance Committee Meetings
for the month of July 2022

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

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

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

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

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

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

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

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

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

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

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

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

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

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

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

Adopted, Signed, and Approved this 29th day of June 2022.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 – 12 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of July 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: _____

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ACHD Advocate

June 2022

What's New This Month:

- Join us for our **70th Anniversary Celebration**
- Advocacy Update: 2022-23 State Budget
- Webinar: FEMA will present with a focus on grant programs for preparedness and post-disaster

CEO MESSAGE

ACHD is excited to announce that, after two years of meeting virtually, we will once again be gathering in person for our **70th Annual Meeting**. Join us at the Hyatt Orange County, September 14-16, as we mark our Platinum Anniversary by "[Celebrating 70 Years Together!](#)" The event promises to bring you engaging content, high-caliber speakers, and maybe even a little magic! Be on the lookout for our announcement with links to registration and the agenda in mid-June.



Cathy Martin
Chief Executive Officer

In other exciting news, ACHD has added two new members to our team! **Bianca De La Torre** has joined ACHD as the **Education and Member Services Manager**. Bianca will be supporting the association's educational offerings, including planning for Annual Meeting, as well as managing the ACHD Certification Program. Bianca was previously with the California Parent Teachers Association where she was in the role of School Smarts Program Manager.

Jared Maas has also joined ACHD in the role of **Government Affairs Coordinator**. Jared studied Political Science at the University of Arizona, Tucson, and will be supporting Sarah Bridge in our advocacy efforts.

Here in Sacramento, June has already been very busy, if not somewhat chaotic, in the legislature. I want to thank all of those who took the time to support Assemblymember [Eduardo Garcia's budget ask](#) for \$1B, for California district hospital seismic compliance. The letter putting the ask forward can be found [here](#). While not included in the Assembly and Senate budget package to the Governor, advocacy on this issue will continue. As the legislative session unfolds, please don't hesitate to contact [Sarah Bridge](#) with any questions or issues you would like to discuss.

In closing, I have been visiting districts in person for the last three consecutive weeks and I can say it has been such a privilege to witness your efforts to serve your communities. I'm truly honored to serve ACHD and its members.

LEGISLATIVE UPDATE



Some interesting news out of the Capitol from the last couple of weeks. Assemblymember Robert Rivas made a play to succeed Assemblymember Anthony Rendon as Speaker of the Assembly. In a [press release](#), Assemblymember Rivas announced he had secured the necessary caucus votes and that a transition would be smooth but imminent. However, the following week in a [joint press release](#), Assembly Speaker Rendon announced a transition would not take place this session.

Budget:

Following the Assembly speaker debacle, the Senate and Assembly jointly [released their budget agreement](#), details of which can be read [here](#). As a reminder, the legislature has until midnight June 15, to pass a balanced budget. While details continue to be forthcoming on the legislature's agreement, what remains clear is that subsequent smaller budget packages and trailer bills will take place well into August as negotiations continue.

Introduced late last week, but not included in the budget was the [\\$1B district hospital seismic infrastructure proposal](#) authored by Assemblymember Eduardo Garcia. Though the proposal was not included in the larger package, however, there is funding reserved in the budget (approximately \$3B) for legislative proposals so while unlikely, the proposal remains in the mix.

The Legislature's budget also carried over the Governor's proposed hospital and skilled nursing facility retention pay. The Governor's proposal allows employees to get \$1,000 from the state, with an additional \$500 match available. The Legislature's budget confirms the Governor's \$933M appropriation but delays the details to be worked out in later budget bill language. ACHD alongside other stakeholders, continues to have concerns about the ability to administer these funds and will continue to work to ensure healthcare districts are not negatively impacted by the rollout of the proposals.

Bills:

- [AB 2080 \(Wood\)](#): ACHD's high-priority oppose bill did move off the Assembly floor where it will now be heard in Senate Health Committee.
- [AB 1882\(Rivas\)](#): The bill that required hospitals to report seismic compliance, moved out of Assembly Health Committee with a number of amendments that address the California Hospital Association's concerns.

- [AB 2449 \(B. Rubio\)](#): One of the brown act bills this session, took a number of amendments from the opposition that now create unnecessary guardrails on meeting participation. Based on these amendments ACHD has moved to an oppose unless amended, [read our letter here](#). ACHD is still in support of [AB 1944 \(Lee\)](#), which takes a different approach to the same issue.

SPONSOR INSIGHTS

New Website Accessibility Guidance: A Welcomed Tool for Businesses and Agencies



DOJ Has Declared Enforcement of Website Accessibility is Priority

The U.S. Justice Department (DOJ) has [issued web accessibility guidance](#) under the Americans with Disabilities Act (ADA). While many courts have historically held that business and public agency websites are required to be accessible under respective provisions of the ADA, there are no enforceable standards on website accessibility, as there are under Section 508 for federal government websites. Because the DOJ has noted that enforcement of website accessibility is a priority, businesses and public agencies should immediately become familiar with this new guidance and ensure that all components of their websites are in compliance.

The new guidance explains how state and local governments (entities covered by ADA Title II) and businesses open to the public (entities covered by ADA Title III) can make sure their websites are accessible to people with disabilities in compliance with ADA. *Continue reading [here](#).*

UPCOMING EVENTS

[Disaster Preparedness: Pre and Post Disaster](#)

[This webinar will discuss FEMA assistance and interagency coordination following a disaster as well as mitigation programs and how they help communities build resilience.](#)

June 29, 2022 | 10am-11am PST

ACHD Members: Free
Non-Member Price: \$90

ACHD Education Webinar Series

Disaster Preparedness:
Pre or Post Disaster

Wednesday
June 29, 2022
10:00am -11:00am



Brought to you by:

FEMA



Michelle Beaseley,
Recovery Specialist



Thomas Berry,
Mitigation Specialist



[Register Here](#)

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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



Calaveras Local Agency Formation Commission

****Official Ballot****
Independent Special District Election

June 8, 2022

Instructions to Voters (**District Presiding Officers or Chair**)

Indicate the **name of your district** in the space provided below:

Name of the Board of Director's Presiding Officer (or) Chair:

Name: _____ Date: _____

Signature: _____ Phone #: _____

EMAIL address: _____

Place an **X** on the line before the name of the nominee you want to represent Independent Special Districts on the Local Agency Formation Commission: **Vote for one.**

_____ Jon Dashner Ebbetts Pass Fire Protection District

_____ Richard Randolph Mark Twain Healthcare District

Ballot must be received by 5:00 pm **July 8, 2022**. Mail to:

Calaveras Local Agency Formation Commission
c/o John Benoit
P.O. Box 2694
Granite Bay, CA 95746

Or by Email: at j.benoit4@icloud.com

***** BALLOTS MUST BE RECEIVED BY 5:00 PM July 8, 2022*****
ANY BALLOT RECEIVED LATE OR UNSIGNED WILL NOT BE COUNTED.

From: Nancy Park Minkler <nminkler@astralegal.com>
To: Randy Smart <rwsmart@pacbell.net>; Linda Reed <linda.reed@rmcare.com>
Sent: Wednesday, May 25, 2022, 04:08:55 PM PDT
Subject: Resignation Eff June 22, 2022

Dear Lin and Dr. Smart,

After much deliberation, I have decided to resign from the Board. My resignation will take effect at the June 22, 2022 board meeting. Thank you for the opportunity to serve. I have enjoyed my time on the board and have learned much about our community's health care system and needs.

I wish you and the district much luck.

Nancy Minkler

The Mark Twain Health Care District Board has 60 days from the date the Board is notified of the vacancy or the effective date of the vacancy, whichever is later, to fill the vacancy by appointment or call a special election. Gov. Code § 1780.

Notice of Vacancy

**Interested persons are hereby notified
that pursuant to Government Code § 1780 there is a Vacancy on the**

Mark Twain Health Care District Board of Directors

Candidates must be a registered voter residing in the District.

The position is a short-term position.

The appointed person will serve until the next general election,
and will run for the seat at that time.

Please Send Letter of Interest and Resume to:

Peggy Stout, Executive Assistant

Mark Twain Health Care District

P O Box 95

768 Mt. Ranch Rd.

San Andreas, CA 96249

(209) 754-4468

pstout@mthcd.org

Website: mthcd.org

Applications are due by: 4:00 pm June 15, 2022

Pursuant to Government Code § 1780, This Notice Will Be Posted For 15 Days In 3 Or More
Conspicuous Locations in The District From May 27, 2022

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Mark Twain HealthCare District Mission Statement

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DAVID E TANNER

VALLEY SPRINGS, CA 95252

June 7, 2022

Peggy Stout, Executive Assistant
Mark Twain Health Care District
P O Box 95
San Andreas, CA 95249

Dear Peggy:

I am writing to let you know of my interest in applying for the post of Board member for Mark Twain Health Care District. I was previously a member of this Board of Directors in 2006 and believe I have the experience, community involvement, and understanding needed for this position.

I highly value our community and the work the Mark Twain Health Care District does to offer access to healthcare for our residents. During my tenure with the MT hospital board, I worked to bring state-of-the art imaging equipment to the hospital. I also worked to lay the groundwork for what is now the new medical clinic in Valley Springs.

As a self-employed businessman, I have the flexibility to attend meetings and events whenever needed. I have a strong network of professional contacts and many local ties. Additionally, as a previous board member, I believe I have the experience needed to help deliver the best results possible to the MTHCD staff and to our community.

I have included a resume listing my board experiences and community involvement. I look forward to speaking with you further regarding becoming a board member.

Best regards,



Dave Tanner

Tanner Consulting Group

DAVID E. TANNER

VALLEY SPRINGS, CA 95252

OBJECTIVE: To promote and support community collaboration and access to local health services for our community in the capacity of hospital board member.

WORK EXPERIENCE:

FROM 1985 TO PRESENT

OWNER, TANNER CONSULTING GROUP

Over 35 years of experience in golf course design, golf range design, parks & sports field design and consulting services. Developed a "Golf Ball Trajectory Study" that is utilized by the PGA, the USGA, the FAA, and many transportation districts in the U.S. TCG selected as a "Top Consultant" by Golf Inc. magazine. Project Consultant team for a major renovation that received "Consulting Engineer Project of the Year" for the State of California. Helped to develop site planning and safety for Top Golf facilities.

VOLUNTEER EXPERIENCE:

2006-2010

MARK TWAIN MEDICAL CENTER BOARD OF DIRECTOR

As board member, helped to bring state of the art imaging equipment to the hospital. Worked to establish a system of follow-up after patients were discharged. Helped with the selection and review for options to put a clinic in Valley Springs. Initiated research for local cancer treatment options.

2020-PRESENT

CALAVERAS EAA 484

Board Vice President and Scholarship chairperson. Acquired donations for funding club activities including purchasing a club flight simulator. Responsible for EAA484 receiving the Ray Scholarship to help fund training for future pilots

2008-2018

CALIFORNIA YOUTH SHOOTING SPORTS ASSOCIATION (CYSSA)

Served as Board President for 10 years. Organized and presided over all board meetings. Organized events, fundraisers, and local, state, and national competitions for this 2,000 member youth organization. Developed rules and governance for the organization. Established perpetual scholarship program

2002-2012

GOLD COUNTRY SHOOTERS

Founder and Board President for 6 years. Served as Head Coach and trainer for this youth trap shooting program. Organized events, fundraisers, and local competitions. Established perpetual scholarship program

2003-2011

CALAVERAS HIGH BAND BOOSTERS

Board President for 9 years. Organized fundraisers and parent volunteers to support the CHS Band program. Established perpetual scholarship program.

2007-2010

VALLEY SPRINGS MUSIC BOOSTERS

Founder and Board President. Put on the Valley Springs Music Festival for 3 years.

SKILLS:

- Dedication to improving our community.
- Management and governance experience.
- Leadership and motivation.
- Analytical problem-solving.
- Strong professional network.
- Lived in Calaveras County over 22 years.

REFERENCES AVAILABLE UPON REQUEST

June 13, 2022

Attn: Ms Peggy Stout

Mark Twain Health Care District

P.O. Box 95

San Andreas, CA 95249

Dear Ms. Stout,

As a compassionate and experienced Nurse, I wanted to personally write to you and submit myself for consideration as a candidate for volunteer on Mark Twain Health Care District Board. I have been a Calaveras County resident for over 42 years. I recently retired after 45 years in the nursing profession of which I spent 28 years as a dedicated employee of Mark Twain Medical Center.

I am excited about the possibility of contributing as a Mark Twain Board member volunteer in leading Mark Twain into the future challenges of providing healthcare for our Calaveras County residents.

I would be grateful for the chance to speak with you about how I can support your mission. I can be reached at (209) 609-2643. Thank you in advance for your consideration.

Sincerely,

Johanna Vermeltfoort RN

Johanna C. Vermeltfoort

Valley Springs, CA 95252

Objective

Accomplished recently retired Critical Care Nurse seeking to volunteer as a member of the Board for Mark Twain Health Care District.

Education

- New York University Regents
- Bachelor of Science 1997
- Nursing
- San Joaquin Delta College
- Associate Degree 1983
- Nursing

Experience

June 2012 –October 2020

Charge Nurse Sutter Amador Hospital Jackson, CA

Providing charge nurse duties in support of patients and staff in the ICU and Progressive Care Units including maintaining accountability for productivity, patient and staff satisfaction and acting as lead of the Code Blue, Rapid Response and Sepsis Alert teams.

January 1984-March 2012

Registered Nurse at Mark Twain Hospital, San Andreas, CA

I began my career as a Staff Nurse at Mark Twain and had many opportunities throughout my 28 years working for this organization. I developed the Cardiac and Pulmonary Rehab programs in 1985. I was the Manager of the ICU from 1996-2002, Emergency Department Manager 2004-2012, interim Surgical Services Manager 2011-2012 and interim CNE on several occasions.

Awards & Acknowledgements

- I received the Heros in HealthCare Award for Calaveras County in 1997 after being nominated by ICU Staff.

- I was the recipient of the Values in Action Award in 2009 for all 5 values.
- I received recognition for my part in starting the SART(Sexual Assault Response Team) Program along with the Calaveras County Sheriff's Department in 2012.

**Mark Twain Health Care District
Strategic Matrix 2021-2023**

			Lead	Date	Goals	
I.		Workforce Health and Stability			Goals	Activity
	A.	Prevent Burnout, increase retention, emotional support			Ensure 1:1 employee checkups BH Mindfulness exercises Monitor Overtime Positive rewards	Lunch 23rd March very well received ICE cream social June 22nd
	B.	"Grow Your Own", CCOE CTE			Financial Partnerships Integrate HS CTE education	Physician Asst applicant shadowing in clinic
	C.	Recruiting and Graduate Medical Education Partnerships			Partner with training NP Partner with Tauro/MTMC Explore Stanislaus State NP precepting	Discussing opportunities with NHSC applicant
II.		Relationships, Alignment, Collaboration				
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			Joint Projects/Programs See III, A,B,C	TytoCare and CCOE
	B.	Links on Websites and Social Media			Public Education and Awareness Program Manager to select and implement,	District and Clinic Websites Active
	C.	"Program of The Month, etc" (billboards, media)			Public Awareness	
III.		District Community Programs				
	A.	Robo-Doc			Kids stay in school Parents can stay at work	Adding Michelson 6/23 Anthem grant for remote services
	B.	Stay Vertical			Identify and recruit seniors who are at risk to fall	Classes started New Meeting with CCOE Transition to New Director

**Mark Twain Health Care District
Strategic Matrix 2021-2023**

	C.	Let's All Smile!			Design program where children get preventive dentistry	awaiting dental infrastructure
	D.	Covid-19 Vaccination Hub			Continue to follow CDC guidance for community	Site closed
IV.		Tele-Health Expansion				
	A.	Remote and Distant Site at VSHWC			Review consultation demand and provide specialty care Provide video care for homebound and feeble	New remote provider
	B.	Tele-Health Kiosks, Senior Centers or Schools			Provide Video primary care for those who are challenged by transportation	Pending
	C.	Tele-Psych: Behavioral Health VSHWC			Recruit and Hire Tele-psych provider	Clinical Psychologist 7/8/22
V.		School Based Clinics				
	A.	Explore and plan			Keep active dialog with CCOE	
	B.	School campus and day care 2024				

MTHCD Project Matrix 06-22-2022

PROGRAM	DESCRIPTION	LEAD	CURRENT STATUS
Calaveras HHS CCMU Grant	Crisis Mobile Units	Dr. Smart	Partnership
RoboDoc	TeleHealth Service for School Nurses	Dr. Smart/ Nancy Minkler	Program is open. Coordinator active: Laurel Stanek Opened West Point
Behavioral Health	VSHWC Service	Susan Deax-Keirns	New CCI Grant Active Hired new clinical psychologist
Dental	DentiCal Service at VSHWC	Dr. Smart	Open 4 days a week. Considering Dental Kids Day once a month. Hired Dental Hygienist Working with CCOE
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete. Colposcopy service started.
Stay Vertical	Fall Prevention Program	Laurel Stanek	Returning to Pre-Covid services Laurel Stanek to Oversee 2022 Classes have started Recruiting instructors Master Class May 22,23
Children's Advocacy Center	Child victims	Peggy Stout	Open
Hospital Lease	District provides facility for hospital care Utility partnership		Stable: 90-day ltr sent Contracted for cost mitigation Foundation to consider dry-scaping
National Health Service Corps Application	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Site is active Qualified applicant from NHSC site
Grant Applications and Awards	See attachment: pg 26 Board Pkt	Total Applied for: \$ 1,063,117 Total Received: \$ 1,051,313	These numbers and activities change daily. See Grant spreadsheet.
Career Technical Education	Calaveras County Office of Education partnership	\$25,000 Exploring student opportunities VSHWC	Preparing for next year (2 students)

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN (RHCCTM)	\$ 100,000.00	\$ 100,000.00	\$ 52,618.56	Last day of every month	Qrtly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/COVID Pay/McKesson
2	CMS, MIPS	HI-TECH (NON-COVID)	\$ 8,500.00	\$ 8,500.00	N/A	9/15/2021	DONE	FINISHED	NO	\$8,500 = Robbins
3	FEMA #1	COVID VACCINATION CLINIC	\$ 37,995.00	\$ 37,995.00	\$ 38,104.59	Use Funds by 3/31/2022 6/30/22	Monthly	FUNDS USED	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	9/30/2021	DONE	UNDER FINAL REVIEW a/o 11/16/21	YES	2020 Expenses
5	HRSA	COVID TESTING (RHCCT)	\$ 49,461.42	\$ 49,461.42	\$ 49,541.65	3/31/2022	DONE	FINISHED	POSSIBLE	McKesson
6	CARES (HRSA)	PROVIDER RELIEF (PRF) (Unreimbursed Expenses)	\$ 103,253.23	\$ 103,253.23	\$ 269,398.68	Use Funds by 12/31/21 3/31/2022	DONE	FINISHED	YES	21% 1099/utilities/Lost Revenue --- \$165,145.45 left unreimbursed
7	HRSA	COVID PR (Tony Jones)	\$ 49,529.00	\$ 29,659.20	\$ 44,202.32	Use Funds by 6/30/22 10/31/22	Qrtly starting 10/31/21	PORTION DRAWN	POSSIBLE	Vaccination confidence USED 50% MTMC LED SIGN
8	CHC	RURAL INTERNET (NON-COVID)	\$ 15,000.00	\$ 15,020.16	\$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$3,004.20
9	ANTHEM	LIST BELOW	\$ 181,500.00	\$ 140,918.30	\$ 89,958.59		Maybe	PORTION RECEIVED	NO	8 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 25,877.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	COVID Testing	\$ 14,000.00	\$ -	\$ 3,844.27			PENDING		McKesson
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ -			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	\$ 27,476.09	\$ 27,476.09	\$ 86,548.60		9/29/2021	Requesting Recalculation		Lost Revenue SS
		ARP (Part 2)		\$49,193.31						
12	CA. COVID RELIEF	(CSDA)	\$ 347,687.00	\$ 347,687.00	\$ 347,687.00	11/5/2021	12/1/2021	RECEIVED		ID# 373

TOTALS \$1,063,117.74 \$975,413.71 \$1,060,796.15

Last Updated 4/12/2022
11:41 AM

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

POLICY: Drug Free Workplace	REVIEWED: 5/12/22
SECTION: District	REVISED:
EFFECTIVE: 5/25/22	MEDICAL DIRECTOR: Dr. Randall Smart

Subject: 3001 DRUG AND ALCOHOL ABUSE

Objective:

It is the intent of the DISTRICT to maintain a workplace that is free of drugs and alcohol and to discourage drug and alcohol abuse by its employees. Employees who are under the influence of a drug or alcohol on the job comprise the DISTRICT’s interests and endanger their own health and safety and the health and safety of others. Substance abuse in the workplace can also cause a number of other work-related problems, including absenteeism and tardiness, substandard job performance, increased workloads for co-workers, behavior that disrupts other employees, and inferior quality in service.

Response Rating: Mandatory

Required Equipment:

Procedure:

PROHIBITION OF DRUGS AND ALCOHOL

All employees are prohibited from manufacturing, cultivating, dispensing, selling, arranging for the sale, purchasing, distributing, possessing, or using illegal drugs, alcohol, or other unauthorized or intoxicating substances any time an employee is: (1) on DISTRICT property (including parking areas and grounds); (2) conducting or performing DISTRICT business (regardless of location); (3) operating or responsible for the operation, custody or care of DISTRICT equipment or other property; or (4) responsible for the safety of others in connection with, or while performing, DISTRICT-related business.

Included within this prohibition are lawful controlled substances that have been illegally or improperly obtained. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken in accordance with the prescription, except when it poses a safety concern. Please see below for more information.

DEFINITIONS

1. Drugs

Any chemical substance which produces physical, mental, emotional, or behavioral changes in the user. For proposed of this policy, the word “Drugs” includes, but is not limited to: Alcohol, Marijuana metabolites

(whether prescribed or not), Cocaine metabolites, Amphetamines (amphetamine, methamphetamine, MDMA, MDA), Opioids (codeine, heroin, morphine, oxycodone, oxymorphone, hydrocodone, hydromorphone), Phencyclidine (PCP), and prescription medications (among other things).

2. Alcohol

Alcohol is a drug. It is a central nervous system depressant. Alcohol is the major intoxicating ingredient in beer, wine, and distilled liquor.

3. Illegal Drugs

Any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes as well as other substances as indicated under Section A (Drugs). Marijuana, including all forms thereof, is an illegal drug regardless of its legal status in California, as it remains an illegal drug under federal law.

4. Intoxicating Substance

Any substance which produces physical, mental, emotional, or behavioral changes in the user, including, but not limited to, glue, paint thinner, aerosols, chemical substances used in manufacturing, look-alikes, or designer drugs.

5. Reasonable Suspicion

Reasonable suspicion includes a suspicion that is based on specific personal observations such as an employee's manner, disposition, muscular movement, appearance, behavior, speech, or breath odor; information provided to management by an employee, by law enforcement officials, by a security service, or by other persons believed to be reliable; or a suspicion that is based on other surrounding circumstances.

PROCEDURES

PRE-EMPLOYMENT TESTING

The DISTRICT will test all job applicants as part of the pre-employment process, in order to identify those applicants whose current use of intoxicating substances could interfere with their prospective job performance. All applications for employment will contain a statement to prospective applicants advising them that the selection procedure includes taking and passing a pre-employment urine drug screening which includes testing for the presence of drugs or other intoxicating substances, which will be administered after an offer of employment has been made. However, the offer of employment is conditioned on taking and passing the pre-employment drug screening.

1. Applicants who are referred for a pre-employment urine drug screening will be required to sign consent forms authorizing the testing for intoxicating substances

and the release of the test results to the DISTRICT.

2. Any applicant who refuses to sign the consent form(s) or to submit to testing will be treated the same way as an applicant who failed to pass testing and will have their conditional offer of employment rescinded.
3. Test results are confidential and will not be released except to appropriate DISTRICT personnel, the applicant upon written request, or pursuant to Court Order.
4. Testing will be conducted by a clinical laboratory licensed by the State Department of Health Services, or a public health laboratory certified by the State.
5. Applicants whose test result are negative for drugs will be deemed to have passed that portion of their pre-employment process.
6. Test results indicating a presence of an intoxicating substance will automatically require a re-analysis of the original sample.
7. If the re-analysis reflects a negative indication, the applicant will be deemed to have passed that portion of the pre-employment process.
8. If the re-analysis results in a second indication of the presence of an intoxicating substance, the applicant will not be considered for employment by the DISTRICT for at least a period of six (6) months after the date of the test results, at which time applicant will need to submit a new application.
9. Applicants who are taking medication prescribed by a physician will have so indicated on the examination form, and any positive indications related to the presence of that medication will not prohibit employment, provided the applicant can perform the essential functions of the position sought with or without reasonable accommodations, on a case-by-case basis. A medical evaluation may be requested.

REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

Any employee may be required to submit to a physical examination and/or urine, blood, breath, or other designated medical or chemical tests for evidence of drug and/or alcohol use. This testing shall be mandatory if any two of the following has a reasonable suspicion that the employee is working in an impaired condition or otherwise engaging in conduct that violates this policy:

1. CEO; or
2. Human Resources Manager; or
3. Clinic Manager; or

4. Manager or Designated Manager.

Whenever a member of the DISTRICT management develops a reasonable suspicion that a DISTRICT employee is in violation of any provision of this Policy, said manager shall immediately provide a written report summarizing the basis for his or her reasonable suspicion to the Human Resources Manager or CEO.

The employee will be asked about the observed behavior and offered an opportunity to give a reasonable explanation. If the employee is unable to reasonably explain the behavior, he or she will be asked to take a drug test in accordance with the procedures outlined herein. If the employee refuses to cooperate with the administration of the drug test, the refusal will be handled in the same manner as if the employee failed to pass the test. Immediate suspension can be considered.

The employee suspected of such violation shall be transported to the testing facility and tested at the DISTRICT's expense, then transported home. The DISTRICT in its sole discretion, shall determine when the employee may resume his or her duties.

SEARCHES

- A. All DISTRICT premises, property, equipment, vehicles, furniture, and lockers are subject to the control of the District and may be searched at any time if the CEO, Human Resources Manager, Clinic Manager, or any other person authorized by the CEO has a reasonable suspicion that a violation of this policy has occurred. Accordingly, employees have no right to privacy in any DISTRICT property. Because any search of DISTRICT property might result in the discovery of an employee's personal possessions, all employees are encouraged to refrain from bringing into the workplace any item of personal property that they do not wish to reveal to the DISTRICT. Searches of work-related property may be conducted by the following persons:
1. CEO; or
 2. Human Resources Manager; or
 3. Clinic Manager; or
 4. Any investigator hired by the DISTRICT; or
 5. Law enforcement personnel; or
 6. Any other person authorized by the CEO.
- B. All searches, other than a body search, will be conducted in the presence of the following persons:
1. The employee who is authorized to use the property, equipment, or

furniture to be searched or is suspected of violating this policy,

2. One or more of the following: CEO, Human Resources Manager, Clinic Manager, or any other person authorized by the CEO.

- C. Failure to cooperate with a search shall constitute a violation of this policy.

EMPLOYEES' REPORTING REQUIREMENTS – LEGAL DRUGS

For many job positions, an employee's use of a legal drug can pose a significant risk to the safety of the employee, fellow employees, and the public. Any employee who feels that, has been informed that, or reasonably should be aware that their use of a legal drug may endanger the safety of the employee or any other person, pose a risk of significant damage to DISTRICT property or equipment, or substantially interfere with the employee's job performance or the efficient operation of the DISTRICT's business or equipment must report such drug use to his/her manager prior to reporting to work. (The employee is not required to disclose his or her medical condition that necessitates the prescription.) Such disclosures will be treated confidentially and will not be revealed to others unless there is an important work-related reason to do so in order to determine whether it is advisable for the employee to continue working.

Any employee who observes a violation of this policy or has reason to suspect that a violation of this policy has occurred must immediately report said observation or suspicion to DISTRICT management for appropriate action.

DISCIPLINARY ACTION

An employee bringing onto the DISTRICT'S premises or property, including parking lots, having possession of, being under the influence of, or possessing in the employee's body or urine in any detectable amount, or using, consuming, transferring, manufacturing, selling or attempting to sell or transfer any form of illegal drug or other unauthorized or intoxicating substance while on DISTRICT business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, and whether on DISTRICT property or not, is subject to discipline including discharge or suspension without pay from employment, even for the first offense.

An employee who is under the influence of alcoholic beverages at any time while on DISTRICT business or at any time during the hours between the beginning and ending of the employee's workday is subject to discipline including discharge or suspension without pay from employment, even for the first offense.

EFFECT OF CRIMINAL CONVICTION

An employee who is convicted under a criminal drug statute for a violation occurring in the workplace or during any DISTRICT related activity or event will be deemed to have violated this policy. Furthermore, the employee must notify the DISTRICT of any such conviction within five days after any such conviction.

LAW ENFORCEMENT

If deemed necessary or appropriate, the DISTRICT may summon law enforcement personnel for assistance.

EMPLOYEE ASSISTANCE

Employees who have a problem with drugs, alcohol or other personal problems are encouraged to seek voluntary treatment and rehabilitation before a violation of this policy is discovered. Please contact Human Resources for a referral to a confidential assistance to employees who suffer from alcohol, drug abuse and/or other personal or emotional problems.

No employee will be discriminated against based on his/her participation in a program for the treatment of drug and/or alcohol abuse or other personal and/or emotional problem. Volunteering for treatment or rehabilitation will not however, necessarily affect discipline where violation of this policy has been first independently determined.

OTHER WORKING PERSONS

Concerns regarding reasonable suspicion for any other persons working on the Clinic or District premises, who are not employees, including: contractors, vendors, volunteers, students, or independent contractors, are to be referred to the CEO.

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

POLICY: Late Arriving Unscheduled Patients	REVIEWED: 4/28/19; 2/19/20; 5/21/21; <u>5/5/22</u>
SECTION: Operations	REVISED: 3/27/17; 7/10/18; 2/19/20; <u>5/25/22</u>
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Late Arriving Patients

Objective: To ensure effective operation of the Clinic and to reduce unnecessary overtime costs, the Clinic will not schedule patient appointments after 4:30pm and will not register patients for care after 4:30pm unless the patient has a medical emergency. Patients will be expected to arrive at the Clinic promptly relative to their appointment time.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. The Clinic electronic scheduling module will support the scheduling of physical examinations, appointments for acute illness, follow-up, and health maintenance visits.
2. Patients will be expected to arrive promptly for their appointments.
 - a. If a patient arrives more than 10 minutes late for their medical appointment, or 7 minutes late for their Dental appointment, reception may ask the provider if there is time to see the late patient, if not, the late patient will be treated as a — walk-in patient and worked in to the schedulerescheduled.
 - b. Patients will be advised that tardiness will be tracked and, if habitual, will affect the patient’s ability to schedule appointments in the future.
2. Adult and Child comprehensive physical examinations will not be scheduled after 4:00pm. Sports physicals may be performed after 4:00pm with confirmation from the practitioner.
3. Patients arriving at the Clinic without an appointment after 4:30pm with an acute complaint will be assessed by the registered nurse or provider on duty who will:
 - a. Assess chief complaint
 - b. Take and document vitals signs, if indicated.

In absence of a registered nurse or provider, the licensed vocational nurse or medical assistant will document chief complaint and vital signs.

4. The registered nurse, licensed vocational nurse, or medical assistant will consult with the practitioner and present chief complaint and vital signs information.
5. Patients with urgent medical complaints will be triaged/seen by a medical practitioner:
 - a. Acute chest pain
 - b. Acute abdominal pain
 - c. Active labor
 - d. Disabling headache
 - e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
 - f. Uncontrollable vomiting
 - g. Uncontrollable bleeding
 - h. Possible fracture
 - i. Head trauma
 - j. Shortness of breath
 - k. Altered mental status
 - l. Critical values on vital signs
 - m. Dental abscess/pain
6. Patients with urgent dental complaints will be seen by the dentist:
 - a. Dental abscess/pain
 - b. Broken tooth
 - c. Facial swelling
 - d. Facial pain

If the dentist is not present, schedule a same day appointment with a medical practitioner.
7. Patients whose complaints are not deemed medically urgent will be scheduled for an appointment on the following day.
8. Patients requesting medication refills will be scheduled for an appointment on the following day.

9. Patients requesting physician “school notes” will have their medical record researched to determine whether they were seen by a Clinic practitioner during the timeframe in question. If the patient was seen, the previously provided note will be re-printed. If the patient was not seen, the Clinic will decline to provide a “school note”.

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

POLICY: List of Services	REVIEWED: 11/9/18; 2/12/20; 05/04/21; <u>5/6/22</u>
SECTION: Civil Rights	REVISED: 2/12/20; 5/04/21
EFFECTIVE: <u>5/26/216/29/22</u>	MEDICAL DIRECTOR:

Subject: List of Services

Objective: The Clinic is an outpatient service. The clinic is designated and licensed as rural health clinics, offering a variety of patient services.

Response Rating:

Required Equipment:

Procedure

Practice includes:

Internal Medicine (including EKG, Holter Monitor and Ambulatory Blood Pressure monitoring)

Gynecology (non-surgical)

Pediatrics

Geriatrics

Well Baby Visits

Well Child Visits

Immunizations

Minor Surgery

Primary Dental

Certified Diabetic Education/Nutrition Counseling

Licensed Marriage Family Therapist

Licensed Certified Social Worker

Specialty Services available by referral:

Cardiology
Hepatology
Obstetrics
Gastroenterology
Pulmonology
Dermatology
Neurology
Internal Medicine
Surgery
Ophthalmology
Psycho-social
Chiropractic
ENT
Allergy
Dental
Endocrinology

Telemedicine:

As needed, and when available, the Clinic will provide telemedicine services using secure connections and approved practitioners, including but not limited to:

Mental Health Services

Hepatology

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

POLICY: Management Of Referral Requests	REVIEWED: 11/12/18; 2/18/20; 5/21/21; <u>5/6/22</u>
SECTION: Admitting	REVISED: 2/18/20; 5/21/21; <u>5/25/22</u>
EFFECTIVE: 6/16/21 <u>6/29/22</u>	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
 - e. The provider will need to sign and close the chart for the staff to have access to send the needed records with the referral
3. Upon completion of the order, staff will ~~log receipt of the referral and~~ start the authorization and referral process.
4. The Referral Clerk or Medical Assistant assigned 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 referral provider and the patient will work together to schedule the necessary appointment. The referral provider may provide appointment information, or staff will follow-up 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 or barcode labels) 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 will alert to the absence of the report via a reminder in the clinical inbox.
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: No Show	REVIEWED: 1/28/20; 5/04/21; <u>5/6/22</u>
SECTION: Admitting	REVISED: 5/04/21; <u>5/25/22</u>
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR:

Subject: Patient No Show

Objective: Management and minimization of patient “no shows” which are defined as appointments not attended without the patient contacting the Clinic to reschedule or cancel the appointment.

Response Rating:

Required Equipment: None

Procedure:

1. The EMR will contact each patient who is in “no show” status, reminding them they have failed to keep their appointment and directing them to contact the Clinic to reschedule.
2. Dailystaff will identify patients in “no show” status and contact the patient to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, staff will make one additional attempt within seven days, documenting both attempts.
3. A monthly “no show” report will be generated after month end and will be forwarded to the CEO for the purpose of inclusion on the Dashboard Report submitted to the Board of Trustees each month.
4. A historical “no show” report will be generated for the most recent six-month period and will be analyzed for the purpose of identifying all patients who are chronically missing their appointments.
5. Patients who chronically miss their appointments (3 or more “no shows” ~~±~~defined as not attending their appointment without contacting the office to reschedule or cancel~~±~~ over the course of six months) will have a warning letter mailed to the address on file notifying them of the multiple missed appointments.
6. The list will be aggregated and the Clinic Manager or designee will meet with the patient’s practitioner of record to determine whether the “no show” status of the patient should be addressed with the patient or if there are mitigating circumstances that should be considered.
7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.
8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and

advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.

9. If the patient continues to “no show” and reaches a total of 4 “no shows” over the course of seven months, the patient will receive a letter advising that after their next “no show” they will only be allowed to schedule same day appointments. ~~Letter will be sent return receipt requested.~~
10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inability of the practice to manage the patient’s medical diagnoses.

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

POLICY: Laboratory Electrical Safety	REVIEWED: 11/12/18; 2/18/20; 5/21/21; <u>5/5/22</u>
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Laboratory Electrical Safety

Objective: To present an overview of the Laboratory electrical safety policy.

Response Rating: Mandatory

Required Equipment:

Procedure:

All employees will be educated in and follow these guidelines for electrical safety:

- All electrical equipment will be regularly inspected and serviced per the Clinic’s preventive maintenance program.
- All employees will be trained in the proper handling and operation of equipment prior to use.
- All electrical equipment will be inspected prior to use. If any damage is noted to the electrical cords, junction, or casing, do not use.
- Never use electrical equipment on wet surfaces.
- Never yank electrical cords from outlets.
- Never leave electrical cords across walkways or door openings.
- Never use electrical equipment that does not have a grounded plug.
- All laboratory instruments and appliances are adequately grounded and checked for current leakage before initial use, after repair or modification and when a problem is suspected. If a new instrument is installed or initially checked by the manufacturer, the laboratory will have the required check performed at the next preventive maintenance cycle.
- Charging cords will not be left in the outlet with an exposed connector.

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

POLICY: Laundry and Linen	REVIEWED: 11/12/18; 2/18/20; 5/21/21; <u>5/6/22</u>
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Laundry and linen

Objective: To ensure use of sanitary gowns, drapes, and other laundry/linen, wherever possible disposable patient gowns, drapes, and sheets will be utilized.

Response Rating:

Required Equipment:

Procedure

1. Disposable patient gowns will be available in a variety of sizes, consistent with the patients served in the Clinic.
2. Disposable drapes will be available in a variety of sizes, consistent with the procedures performed in the Clinic.
3. Disposable table paper will be utilized to cover examination tables/chairs and will be replaced between patients.
4. Disposable will be utilized to cover any gurney located in the Clinic and will be replaced between patients.
5. Should cloth sheets be utilized, soiled sheets will be placed in a covered soiled laundry bin which will be located in the locked housekeeping closet.

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

POLICY: Medical Director Direction of Practitioners in the Clinic	REVIEWED: 7/1/19; 5/04/21; <u>5/6/22</u>
SECTION: Medical Staff	REVISED: 5/14/21
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR:

Subject: Direction of Practitioners in the Clinic

Objective: The Medical Director agrees to ensure the provision of medical care on a scheduled and non-scheduled basis for the ill and injured patient when he/she or his/her representative requests it. All patients seen with illnesses or injuries requesting medical attention will be seen and receive proper medical evaluation, the necessary treatment and disposition consistent with current standards of medical practice regardless of his/her condition or financial status. Patients with emergency medical conditions or in active labor will be stabilized to the best of the capabilities of the medical staff and transferred to a provider that can render the appropriate level of care. The necessary complement of personnel, facilities, and equipment will be maintained during Clinic operating hours.

Response Rating:

Required Equipment:

Procedure

1. Medical Supervision
 - a. The Medical Director, or the designee, shall handle all problems concerning medical patient management, which are beyond the scope and capabilities of the attending practitioner or support staff.
 - b. The Medical Director, or the designee, has the following responsibilities:
 1. Be on site on a routine basis and receive reports on the patients by Clinic Manager, a medical assistant, nurse and/or the practitioner on duty.
 2. Review and/or co-sign charts as indicated for supervision of appropriate care to Clinic patients.
 3. Be available for consultations regarding patient management
 4. Perform Peer Review and provide feedback to practitioner(s).
 - c. The Medical Director, Nurse Practitioner, and Clinic Manager are responsible for recommending and approving policies and procedures. They will meet on a regular basis through QAPI meetings, but not less than quarterly to discuss any problem areas, review and revise policies

and procedures, review and recommend new equipment, review charts/peer review of selected patients and identify areas to assist in educational activities of clinic for physicians, mid-level practitioners and other staff personnel.

- d. The QAPI Committee is composed of the following:
 - Clinic Manager who shall act as Chairperson
 - Mid-level practitioner: Nurse practitioner or Physician Assistant
 - Medical Director
 - Executive Director or designee

2. Medical Director

- a. The Medical Director and/or their designee shall be responsible for scheduling all physicians and mid-level practitioners so that practitioner coverage is maintained during operating hours.
- b. The Medical Director shall:
 - 1. Direct and be responsible for the professional medical staff.
 - 2. Direct care rendered by the physicians and the mid-level practitioners.
 - 3. Be available for consultation with other members of the staff.
 - 4. Assist in formulating and enforcing policies and objectives.
 - 5. Develop and enforce medical policies and procedures in conjunction with the Clinic Manager and Executive Director.
 - 6. Respond to patient complaints involving medical care.
 - 7. Assist in assuring that the Clinic is in compliance with all state, federal, and accrediting-body standards.
 - 8. Assist in providing and coordinating educational opportunities for the various disciplines within the facility.
 - 9. Ensure the appropriate consultations and referrals are obtained on patients seen in the facility.
 - 10. Act as consultant to staff and all other professional disciplines.
 - 11. Perform as a member of the QAPI Committee and assist in coordinating the Medical Quality Improvement Program at the facility.

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

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19; 5/04/21; <u>5/6/22</u>
SECTION: Medication Management	REVISED: 9/7/19
EFFECTIVE: <u>5/26/216/29/22</u>	MEDICAL DIRECTOR:

Subject: Medication management and storage of multi-use containers

Objective: To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Medications will be stored in their original containers according to manufacturer guidelines.
2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a “vial open” label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state “MDV” to indicate multi-dose vial.
2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer’s expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.
 - a. IPOL polio vaccine shall be labeled with a beyond use date one year after date of opening. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.
3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer’s expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).
4. Single-dose vials (without preservatives) shall be discarded after initial puncture
5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.
7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.
8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.

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

POLICY: Non-Discrimination	REVIEWED: 11/9/18; 5/04/21; <u>5/6/22</u>
SECTION: Civil Rights	REVISED: 5/04/21
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR: Randall Smart MD

Subject: Non-discrimination

Objective: As a recipient of Federal financial assistance, the Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of the individual’s inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the Clinic directly or through a contractor or any other entity with which the Clinic arranges to carry out its programs and activities.

Required Equipment: None
Procedure

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact: Facility Name: Valley Springs Health and Wellness Center

Contact Person/Section 504 Coordinator: Tina Terradista (Clinic Manager)

Telephone number: 209-772-7070

State Relay number:

California Relay Service:
(For Deaf and Hard of Hearing Callers)
TTY/TDD

Dial 711 or

English TTY/TDD (800) 735-2929

Spanish TTY/TDD (800) 855-3000

Voice (800) 735-2922

Non-discrimination
Policy Number 125

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

POLICY: Organization Of Nursing Personnel	REVIEWED: 7/1/19; 5/04/21; <u>5/6/22</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR:

Subject: Organization of nursing personnel

Objective: Under the direction of the Clinic Manager, who functions as the liaison between nursing personnel and the medical staff, nursing care is delivered according to policies and procedures which have been authorized by the Medical Staff and the Governing Body.

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

Response Rating:

Required Equipment:

Procedure:

1. Nursing hours are determined based on the Clinic’s hours of operation. A physician or a nurse practitioner/physician assistant will remain in the Clinic during hours of operation.
2. Nursing staff is organized according to the details outlined in the approved job descriptions, which define staff relationships and details of responsibility for each category of nursing personnel.
3. Nursing Administrative personnel
 - a. The Clinic Manager has 24-hour responsibility for the administration of the Clinic.
 - b. The Manager’s designee shall be appointed to act in the absence of the Manager. The Medical Director and staff will be notified of the designee in the absence of the Manager.
 - c. Staff, licensed nurses, and Medical Assistants are delegated nursing care responsibilities by the physician and the Clinic Manager.

4. Evaluation of Nursing care to determine quality and appropriateness of nursing care will be completed using the following methods
 - a. Review of incident reports
 - b. Quality Assurance Program
 - c. Patient needs satisfaction (verbal and/or written)
 - d. Nursing staff needs satisfaction (verbal and/or written)
 - e. Medical Staff needs satisfaction (verbal and/or written)

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

POLICY: Patient With Urgent Complaint Or Distress	REVIEWED: 7/1/19; 2/14/20; 5/04/21; <u>5/6/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: 5/26/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Patient with Urgent Complaint or Distress

Objective: To assure patients with urgent medical conditions are directed to care as required based on their medical condition.

Response Rating:

Required Equipment:

Procedure:

When a patient presents to the Clinic with an urgent complaint or in distress:

1. Registration personnel will immediately request the nurse and direct the nurse to the patient in question.
2. The nurse will follow the current Initial Patient Contact and Medical Emergency policy.
3. If the patient is accompanied by a friend or family member, ask that individual for patient demographic information so as to complete a registration and open the EMR for use.
4. If the patient is unaccompanied or their companion is unable to provide the requested information, obtain the information from the patient after the practitioner has seen them and they are deemed able to respond to queries.
5. If the patient is unable to complete a sign in sheet, personnel may interview the patient and obtain the information verbally and enter that information into the EMR.
6. If the patient is in extreme distress/duress provide life saving treatment and call 911. Input of demographic information into the EMR becomes a low priority task.

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

POLICY: Processing X-Ray Requisitions	REVIEWED: 2/1/19; 3/1/20; 5/21/21; 5/6/22
SECTION: Patient Care	REVISED: 3/1/20; 5/21/21
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Processing X-Ray Requisitions

Objective: To ensure efficient and timely processing of radiology orders and the subsequent access to newly available images.

Response Rating:

Required Equipment:

Procedure:

1. Confirm that patient has been registered at the registration desk.
2. Confirm and Identify correct patient
3. Upon receipt of any x-ray request/order, -the tech opens the order on the Viztech System computer.
-
4. Take images as ordered then transfer the images to Novarad PACS.
5. For Clinic patients, after images have been taken:
 - a. Track exams in the EMR (click on x-ray check exam complete)
 - b. Notify provider that the x-rays are ready on the patient (specify)
6. All x-ray requests are -located nin the PACS System for radiologist reference.
7. Copy of completed order is given to billing for confirmation purposes.
8. Upon reading, report is -sent from PACS -to the EMR for review by the ordering provider.
-

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

POLICY: Registering Patient Complaints	REVIEWED: 2/1/19; 12/26/19; 2/14/20; 3/5/20; 5/21/21; <u>5/6/22</u>
SECTION: Operations	REVISED: 12/26/19; 2/14/20; 3/5/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Patient complaints

Objective: To give consideration of all complaints and concerns and correct processes that are problematic, all patient complaints and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment: Clinic patient complaint form; patient complaint forms provided by payor groups

Procedure:

1. Patient complaint regarding billing
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will explain the charges and insurance billing procedure.
 - c. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Biller(s) for further breakdown of charges.
 - i. If the Biller(s) is not available, the Clinic Manager will speak with the patient.
 - d. If patient concerns are not resolved to the patient’s satisfaction, the patient will be referred to the Chief Executive Office for problem resolution.

2. Patient complaint regarding services rendered
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will refer patient and complaint to the Clinic Manager who will review and explain services rendered and attempt to resolve the patient’s complaint.

- c. If the patient is not satisfied with the Clinic Manager's explanation, the patient and their complaint will be referred to the attending physician, dentist, or mid-level provider for review and recommendation for resolution.
 - d. If the patient is not satisfied with this explanation, the patient will be referred to the Executive Director for further discussion.
 - e. All patient complaints are to be routed to the Clinic Manager, regardless of their resolution status, so that the Clinic Manager can review complaints and determine whether changes in clinic operations are required.
 - f. Complaints will be included in the QAPI meeting agenda and addressed in that venue.
3. Patient complaint regarding Section 504 issues
 - a. Refer to Section 504 Grievance policy
 4. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.
 5. Patient grievances will be analyzed and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.
 6. Patients are requested to contact Clinic Manager, the Clinic's accreditation agency should they have a complaint or grievance. Clinic Manager can be reach by telephone at 209-772-7070 or via the internet via <https://www.mthcd.org/valley-springs-health-wellness-center>.

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

POLICY: Staff Meetings	REVIEWED: 2/1/19; 3/5/20; 5/21/21; <u>5/6/22</u>
SECTION: Operations	REVISED: 3/5/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Staff meetings

Objective: To ensure timely communication, knowledge-sharing, and issue resolution amongst all Clinic personnel in a leadership managed setting, mandatory, scheduled, agenda-driven staff meetings will be conducted on a regular basis, with advance notice to staff members, ensuring maximum participation.

Response Rating:

Required Equipment:

Procedure

1. Staff meetings will be scheduled on a routine basis, typically the first Wednesday of each month, at at the same time as the Medical Staff meeting so as not to interrupt the Clinic’s patient care schedule.
2. An agenda will be prepared in advance of each meeting, comprised of old business (not resolved at previous meetings) and new business.
3. Attendance will be taken at each meeting.
 - a. Employees may be absent from a meeting if they are ill, on a leave of absence, or vacation.
 - b. Employees not able to attend for one of the reasons noted above will review meeting minutes and sign-off.
 - c. Employees must attend a minimum of 10 mandatory meetings each year.
4. Minutes will be prepared during each meeting and made available to staff for their reference and for review if the staff member was absent from the meeting.
5. Staff is encouraged to offer agenda items to the Clinic Manager for inclusion on the meeting agenda.
6. Staff is encouraged to actively participate in each meeting, offering insight and recommendations.

7. Meetings may contain educational components relative to Clinic operations, new programs or devices, software, and/or technology.
8. The agenda may include outside speakers/presenters in addition to Clinic personnel.

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

POLICY: Sterile Field	REVIEWED: 2/1/19; 3/10/20; 5/21/21; <u>5/6/22</u>
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Sterile Field

Objective: To provide sterile procedure field in the effort to prevent infection.

Response Rating:

Required Equipment:

Procedure:

1. A sterile drape is to be placed over a Mayo stand.
2. Do not place non-sterile items on the sterile drape sheet.
3. The Nurse, Medical Assistant, or Dental Assistant will consult with the practitioner as to which items are needed.
4. Requested items will be placed in their non-sterile package wrapping on the counter.
5. The practitioner will set up their own sterile field after donning sterile gloves.
6. Staff may be asked to assist with the opening of packages and other ancillary tasks in support of the practitioner.

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

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 7/1/19; 2/18/20; 5/21/21; <u>5/6/22</u>
SECTION: Medication Management	REVISED: 2/18/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All pharmaceuticals are stored according to the manufacturer’s recommendations or, in the absence of such recommendations, according to a pharmacist’s instructions.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
4. Proper consideration is given to the safe storage of poisons and flammable compounds.
5. Internal medications are stored separately from external medications.
6. Non-medications and flammables are not to be stored in medication refrigerators.
7. Room Temperature – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). Medication rooms and drug storage area temperatures will be maintained within this range. A log will be maintained for each medication room to document the temperature daily. Clinic Manager and/or Designee -will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Manager will be consulted to insure proper relocation.

8. Refrigerator Temperature - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.
9. If the temperature is not within the specified range, the Clinic Manager will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented either directly on the Refrigerator Temperature Log.
 - a. Freezer Temperature - Freezer temperature, as it applies to medication storage shall be below -20°C (-4°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, the Clinic Manager and/or Designee will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The manufacturer will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Plant Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -20°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*

11. Each refrigerator/freezer will have a serviceable temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Manager or designee to check and document the temperature twice daily.
 - b. Medication Rooms – Medication room(s) are to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, and Medical Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. Med Dispense – Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The Med Dispense cabinets maintain control and storage of medications and keeps specific documentation of all transactions in regards to distribution and administration.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives **MUST** sign-in with the Clinic Manager and are allowed **ONLY** to the Clinic if approved by the Clinic Manager and/or Medical Director. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without **PRIOR** approval from the Medical Director.

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.
2. Medications are dispensed in ready-to-administer form to the extent possible.
3. For most medications, not more than a 14 days supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved by obtaining use data from the Medication Management System machine and refilling inventory based on use as identified by the Medication Management System report.
4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to insure counts are accurate based upon use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Staff, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts
2. In keeping with Clinic policy, Crash Carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.

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

POLICY: Threatening Or Hostile Patient	REVIEWED: 3/1/19; 2/14/20; 5/04/21; <u>5/6/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: 5/26/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Threatening or Hostile Patient

Objective: To ensure the safety and well-being of patients, visitors, and Clinic staff

Response Rating:

Required Equipment:

Procedure:

If someone in the Clinic displays hostile behavior and/or is threatening you or others:

1. Attempt to defuse the situation by speaking calmly with the person. Do not approach the person or touch them.
2. Call for the Supervisor and or the practitioner, asking for their back-up and support.
3. If the person does not calm down and de-escalate their behavior, request intervention by the Clinic Manager. If the Clinic Manager is not available, tell the person that they must leave the premises.
4. Call 911 if the person does not comply with your request to leave the premises.
5. If escalating:
 - a. Use the overhead page “code gray” and location if the patient is combative.
 - b. Use the overhead page “code silver” If the patient has a weapon and call 911.
 - c. Move other patients and guests from the area. Consider Shelter in Place policy.
6. Call local law enforcement’s non-emergency line to report the hostile person and ask for drive-by observation during the balance of the business day.
7. Complete an Incident Report according to policy and forward to the Clinic Manager, who will ensure the report is also reviewed by both the Medical and Executive Directors.

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

POLICY: Transfer Of Patient To A Hospital	REVIEWED: 3/1/19; 2/25/20; 5/21/21; <u>5/6/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Transfer of the Patient to a Hospital

Objective: To ensure safe transport of a patient to the hospital with copies of all medical documentation.

Response Rating: Severe

Required Equipment: Patient chart, labs, pertinent paperwork, x-rays, Transfer Form, etc.

Policy: Patients requiring transport to the hospital should be informed of this decision by the practitioner. The practitioner will determine the appropriate mode of transportation based on patient condition.

The following guidelines should be followed prior to transport:

1. Call 911 as ordered by the practitioner.
2. All attempts to stabilize the patient prior to transport will be made by the practitioner and staff, in collaboration with EMS.
3. The practitioner will decide if the patient may be transported by private vehicle or ambulance.
4. Patients are to be properly prepared for transport with valuables given to family members or charge member of the ambulance.
5. AMA form will be completed and signed by patient or family member if the patient declines to go to the emergency room via the recommended transport or if they decline to go at all.
6. Copies of all test results and medical records should be made and given to the patient or charge member of the ambulance. If x-ray copying services are available, a copy of the film should be given to the patient. Original films should not be given out.
7. If being transferred by ambulance, the practitioner will provide the transport team with a verbal status report of the patient's condition.

Note: It is against Clinic policy for staff members to transport patients in private vehicles. If transport is non-emergency and all other alternatives for travel exhausted, the patient should be transported to the hospital by a taxi or other commercial mode.

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

POLICY: Volunteer Deployment	REVIEWED: 3/1/19; 5/04/21; <u>5/6/22</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR

Subject: Volunteer Deployment

Objective: To properly manage the use of volunteers in an emergency or other staffing strategies including the process and role for integration of State and Federally designated health care professional to address surge needs during an emergency.

Response Rating: Mandatory

Required Equipment:

Procedure

1. City, County, State, and/or Federal agencies may offer/direct volunteers to the Clinic in the case of an emergency/surge situation. All volunteers will be required to follow Clinic processes before being directed to the Incident Commander for deployment.
2. Volunteer provider and provider support staff will be accepted to serve at the Clinic to assist in meeting patient needs after providing the following minimum information to the Credentialing Specialist or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of license, DEA certificate/furnishing license, and photo identification
 - c. Copy of BLS, ACLS, PALS card(s)
 - d. Signed copy of the Clinic’s HIPAA non-disclosure document
3. Volunteer non-medical staff will be accepted to serve at the Clinic to assist in meeting patient access and Clinic operations needs after providing the following minimum information to the Human Resources Director or their designee who will use available resources to verify credentials and identity.
 - a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
 - b. Copy of BLS, ACLS, PALS card(s), if applicable
 - c. Signed copy of the Clinic’s HIPAA non-disclosure document or BAA
4. Community members, not affiliated with City, County, State, and/or Federal agencies may report to the Clinic for the purpose of volunteering in an emergency/surge situation.

5. Community volunteers will be accepted for service, based upon the Clinic's needs and the volunteers' skill set(s). Volunteers who have medical training (MD, DO, DC, DDS, NP, PA, RN, LVN, RT, PT, MA) will be asked to provide information per item 2 above. Volunteers with no medical office experience will be asked to provide information per item 3 above.
6. Volunteer provider and provider support staff will be paired with current Clinic personnel for orientation to the physical space, equipment, supplies, and documentation resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime medical record forms will be utilized.
7. Volunteer non-medical staff will be paired with current Clinic personnel for orientation to the physical space, telephone equipment, supplies, and registration resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime registration and medical record forms will be utilized.
8. Volunteers will be given assignments by the Incident Commander or their designee commensurate with their licensure and training. Care will be taken to ensure persons are not given assignments that exceed their scope of practice. Example: medical assistants will not be asked/allowed to place or remove urinary or IV catheters
9. A record of all volunteers will be maintained to include:
 - a. Volunteer name, address, and cell phone number
 - b. Agency sending the volunteer or an indication that the volunteer was self-directed from the community
 - c. License/certification information with copies/photos of same
 - d. Time in/time out and assignment
10. If credentials and identity of volunteers were not able to be checked before the volunteers were deployed, Human Resources Director will pursue that verification after the emergency/surge situation has passed.

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

POLICY: VSHWC Recruitment and Retention	REVIEWED: 5/20/21; <u>5/6/22</u>
SECTION: Operations	REVISED:
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: : Recruitment and Retention

Objective: To outline the VSHWC Recruitment and Retention plan such that these processes are optimized. Administration will ensure this plan is referenced periodically and, in all cases, where there is active recruitment and retention. This plan is primarily focused on efforts related to providers, nurses, manager, and ancillary specialists.

Response Rating:

Required Equipment:

Point of Contact: VSHWC Medical Director, VSHWC CEO

Recruitment:

1. Recruitment will be done by a team including HR, CEO, Medical Director, And legal when applicable.
2. Media to be considered are Indeed, Facebook, Website, National Health Service Corps (NHSC), local web and printed media, medical societies, blast email, and other. The recruiting team can also consider recruiting contractors, such as Cross-Country Search, etc.
3. Recruitment team will consider budget, scope of practice, duplication of services, county demographics, and clinic demand.
4. All applicants will be offered a walk-through tour of the Valley Springs Health & Wellness Center.
5. Applicants will undergo security profile investigation prior to hiring.
6. Recruiting team will make every effort to work with the NHSC generated applicants.
7. Acceptance of applications will be at the sole discretion of the VSHWC CEO in consultation with the VSHWC Medical Director.
8. Recruitment and hiring will conform with federal, state and District non-discrimination policies.
9. The recruiting team will be knowledgeable about Stark and Anti-kickback laws.

Retention:

1. The retention of all personnel, but especially those with a higher credentialing profile, will be a priority.
2. Retention is accomplished through timely personal communication.
3. Retention is the responsibility of administration, management, Medical Director, and HR.
4. Administration will track all contracts for independent contractors to assure the re-contracting process starts early enough to prevent delays or frustrations.
5. Re-contracting will be the responsibility of the VSHWC CEO and Medical Director. Information sources to be considered are budget, productivity, patient satisfaction, management's input, claims, and peer review data, and clinic priorities.
6. Any NHSC providers will be treated per NHSC guidelines.
7. The VSHWC CEO will have sole discretion over re-contracting decisions.

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

POLICY: Waived Testing Blood Glucose	REVIEWED: 8/28/19; 2/21/20; 5/21/21; <u>5/6/22</u>
SECTION: Waived Testing	REVISED: 2/21/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Waived Testing using the Quintet AC device

Objective: Testing of blood specimens for the purpose of determining the patient’s blood glucose level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Quintet AC device.

Response Rating: Mandatory

Required Equipment: Quintet AC, test strip, lancet, gloves, cotton ball/gauze 2x2, dot band-aid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s blood glucose level.
 - a. Ensure machine has batteries installed.
 - b. Turn machine on so that you may insert the test strip. Alternatively, machine turns on when the test strip is inserted.
 - c. Don gloves.
 - d. Assemble lancet, test strip (confirm in date), band-aid, cotton ball or gauze.
 - e. Warm patient’s finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient’s fingertip, on the side of the finger.
 - i. Squeeze fingertip to express drop of blood and wipe away first drop of blood before collection.
 - j. Squeeze fingertip to express drop of blood and fill test strip with blood and ensure capture area is full.

- l. Results should appear in 5 seconds.
 - m. Record results in EMR.
 - n. Remove test strip and dispose of in sharps container.
- 2. Alert the ordering practitioner of the patient's results (in between patient encounters) if the test is abnormal (>126mg% fasting, > 140mg% non-fasting).
- 3. To clean machine
 - a. Turn machine off.
 - b. Wipe exterior of machine with germicidal wipe.

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

POLICY: Waived Testing CoaguChek XS PT	REVIEWED: 1/5/20; 5/04/21; <u>5/6/22</u>
SECTION: Waived Testing	REVISED:
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR:

Subject: INR testing using CoaguChek XS PT waived testing kit

Objective: Accurate, timely point-of-care testing to determine quantitative prothrombin time testing for monitoring warfarin therapy using fresh capillary or nonanticoagulated venous whole blood.

Response Rating:

Required Equipment: CoaguChek MS meter, gloves, test strip, test strip code chip, lancet, alcohol swap, dot bandaid

Procedure:

1. Test strips are to be stored in their original container with the cap tightly closed. They may be stored at room temperature or in the refrigerator (2-30 degrees C or 36-86 degrees F).
2. Discard test strips that are past their expiration date.
3. Gather supplies as listed above.
4. If using test strips from a new, unopened box, you must change the test strip code chip. The 3-number code on the test strip container must match the 3-number code on the code chip. Refer to the User Manual to correctly install the Code Chip.
5. Ensure the meter is on a flat surface (counter, table, or hold it in a horizontal position so that it will not vibrate or move during testing).
6. Wipe the patient's finger with alcohol. Allow the patient's finger to dry completely before performing the fingerstick.
7. Take a test strip out of the container and close the container tightly.
8. Insert the test strip as far as you can. The meter will then power on.
9. Confirm that the number displayed matches the number on the test strip container, then press M. If the

numbers are different, make sure you are using the code chip that came with the test strips you are using.

10. An hourglass flashes as the meter warms the test strip, which takes up to 30 seconds.
11. When the test strip is warmed, a flashing test strip and blood drop symbol appear and the meter begins a countdown. You have 180 seconds to apply blood to the test strip.
12. Using the lancet and appropriate technique, obtain a good drop of blood from the patient's fingertip.
13. Apply one (1) drop of blood to the top or side of the target area. You must apply blood to the test strip with 15 seconds of lancing the finger and within 30 seconds when using venous blood. Applying blood later than that may produce an inaccurate result as the coagulation process will have begun.
14. Do not add more blood. Do not touch or remove the test strip when a test is in progress. The flashing blood drop symbol changes to an hourglass symbol when the meter detects sufficient samples. If the meter's beeper is turned on, a beep sounds as well.
15. The result appears in about a minute. Record the result.
16. Properly dispose of the lancet and test strip.
17. Power the meter off.
18. Perform QC per the manufacturer's guidelines.

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

POLICY: Waived Testing - Fecal Occult Stool	REVIEWED: 2/20/20: 5/21/21; <u>5/6/22</u>
SECTION: Clinical	REVISED: 5/21/21
EFFECTIVE: <u>6/16/21</u> 6/29/22	MEDICAL DIRECTOR:

Subject: Occult Stool, waived test

Objective: To ensure accurate waived test processed and resulting

Response Rating:

Required Equipment:

Procedure:

1. Upon receipt of written order from the provider, give the patient the hemocult packet that contains instructions on how to prepare for the test, such as diet and medication to take or not before performing the test, along with the specimen collection tool.
2. If the patient will be taking the kit home to collect the specimen, instruct the patient to bring the card back to the Clinic when specimen collection is completed
3. Once completed, the nurse or medical assistant will don PPE and then place two drops of hemocult developer on the backside (opposite side of the collected specimen) of the card along with one drop on the control dots. A positive result should appear blue/purple in color. Upon seeing this result, the test must be repeated.
4. The result must be read within one minute of applying the developer to the card.
5. The control performance monitor should be read within ten seconds of applying the developer on the control dot.
6. Document the results in the patient’s medical record.
7. When the test is done in the Clinic during the course of a clinic visit, place the stool specimen on the card on the front specimen side.
8. Let the specimen dry on the card for three to five minutes before applying the developer as noted above and record the results in the EMR.
9. Complete the result as noted above.

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

POLICY: Waived Testing Hemoglobin	REVIEWED: 8/28/19; 2/20/20; 5/04/21; <u>5/6/22</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 5/26/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Waived Testing using the Consult Diagnostics Hemoglobin Analyzer

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Consult Diagnostics device.

Response Rating: Mandatory

Required Equipment: Consult Hemoglobin Analyzer, lancet, microcuvette, gloves, cotton ball/gauze 2x2, dot bandaid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin level.
 - a. Ensure machine is plugged into the wall.
 - b. Turn machine on.
 - c. Don gloves.
 - d. Assemble microcuvette (confirm in date), band aid, cotton ball or gauze.
 - e. Warm patient’s finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient’s fingertip, along side of finger. Lancet to sharps container.
 - i. Squeeze fingertip to express drop of blood and wipe specimen 3 times before collection

- j. Squeeze fingertip to express drop of blood and fill microcuvette with blood and ensure capture area is full.
 - k. Wipe excess blood from microcuvette before inserting in machine.
 - l. Look for air bubbles in the filled microcuvette. If present, take a new sample. Small bubbles around the edge can be ignored.
 - m. Insert microcuvette in machine and press down. Result displays within seconds. Remove microcuvette immediately after results are displayed.
 - n. Record results in EMR.
 - o. Dispose of microcuvette in the biohazardous waste container.
2. To clean machine
- a. Turn machine off.
 - b. Wipe exterior of machine with germicidal wipe.
3. If error message EO3 displays on machine it means that the microcuvette has been left in the machine too long or was removed too slowly.
- a. Turn machine off.
 - b. Remove table.
 - c. Using red handled cleaning tool thoroughly wipe inside of machine.
 - d. Wait 15 minutes
 - e. Insert table into machine, click to engage, and close.

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

POLICY: Waived Testing Hemoglobin A1C	REVIEWED: 12/27/19; 2/20/20; 5/21/21; <u>5/6/22</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 6/16/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Waived Testing using the A1C Now Professional for Hemoglobin A1C

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin A1C level will be performed in the Clinic using approved waived testing technologies and techniques, a A1C Now Professional analyzer.

Response Rating: Mandatory

Required Equipment: A1C Now Analyzer, A1C Now Hemoglobin A1C Reagent Kit, lint-free tissue, gloves, cotton ball/gauze 2x2, dot band-aid,

Procedure:

1. Store the kits in temperatures below 122 degrees F in the designated laboratory up to four (4) months prior to use.
 - a. If the temperature label, place on the outside of every kit, is exposed to a temperature in excess of 122 degrees F the dot on the label will turn red and the product should not be used.
 - b. Run the rest with all parts of the test kit at the same temperature within the specified range.
 - c. If the kit has recently been at high temperatures (above 82 degrees F) or in the refrigerator, keep the kit at room temperature for at least one hour before use.
 - d. Avoid running the test in direct sunlight, on hot or cold surfaces, or near sources of heat or cold.
 - e. Quality control materials should be used to confirm the test kit is working properly. Refer to the product insert for information on when to run controls.
 - i. Quality control is run automatically with each test.
 - ii. Completed quality control will show QCOK on the device’s display window.
 - f. Use analyzer only with the materials included in the original kit. The analyzer will expire after the programmed number of tests have been run. If another test cartridge is inserted, the analyzer will display “00TL”.

2. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin A1C level.
 - a. Open plastic shaker pouch by tearing plastic pouch open at the perforation line.

- b. Collect blood using the fingerstick method and available lancets, then utilize the blood collector and fill just to the top of the collection tube.
 - c. Fully insert the blood collector into the shaker body. You may use a twisting motion.
 - d. Mix the specimen by shaking the shaker body vigorously 6-8 times which will mix the blood with the testing solution. Stand the shaker on the counter while preparing the cartridge.
 - e. Open the foil cartridge pouch by tearing at the notches on the sides. DO NOT OPEN the pouch until you are ready to use it immediately. Use within 2 minutes of opening. If the foil pouch is damaged, do not use.
 - f. Insert the cartridge by clicking the test cartridge into place. The analyzer and test cartridge codes must match. If codes do not match, call Customer Service at 1-877-870-5610.
 - g. Prepare the shaker base by removing it from the package. Wait for SMPL to display. This indicates the shaker base is ready for the shaker.
 - h. Dispense the sample into the cartridge. Ensure the analyzer is on a level surface. Push down completely to dispense the diluted sample. Then remove quickly. DO NOT handle the analyzer again until the test is complete.
 - i. Results will display in five (5) minutes. The display counts down. The result cycle remains displayed for 15 minutes or until the next test cartridge is inserted.
 - j. Dispose of the cartridge in an approved biohazard bin.
 - k. Record results in the patient's medical record.
3. Between uses, the analyzer may be sanitized using a Super Sani Wipe.

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

POLICY: Influenza A and B Test - Waived	REVIEWED: 12/27/19; 2/20/20; 5/04/21; <u>5/6/22</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 5/26/21 <u>6/29/22</u>	MEDICAL DIRECTOR:

Subject: Influenza A and B testing using OSOM Ultra Flu A & B waived testing kit

Objective: Accurate, timely point-of-care testing to determine patient’s Influenza A and B status

Response Rating:

Required Equipment: Gloves, Influenza A and B test kit, timer

Procedure:

1. Follow test kit components according to manufacturer requirements
 - a. Store test sticks and extraction reagent at room temperature (59 – 80 degrees F)
 - b. Do not freeze any of the test kit components.
 - c. Do not use test sticks and reagents after expiration date.
 - e. Test sticks that have been outside of the desiccated container for more than 1 hour should be discarded.
2. Don gloves.
3. Collect a specimen.
 - a. Only nasal swabs can be used with this test.
 - b. Insert the test swab into the nostril that appears to have the most secretion. Using a gentle rotation, push the swab until resistance is met at the level of the turbinates (at least one inch into the nostril). Rotate the swab a few times against the nasal wall.
 - c. Use only the swabs supplies in the OSOM Influenza A & B Test kit. Swabs from other suppliers have not been validated for use. Do not use swabs that have cotton, rayon, or polyester or wooden shafts.

- d. Test the swab as soon as possible after collecting the specimen. If swabs cannot be processed immediately, specimens may be held at room temperature for no longer than eight (8) hours. Swabs may also be stored at 36-46 degrees F for up to 24 hours.
 - e. To transport patient samples place swab in clean, dry container such as a plastic or glass tube.
 - f. If a culture result is desired, a separate swab must be collected for the culture.
 - g. The test performance depends on the quality of the sample obtained as well as the handling and transport of the sample. Negative results can occur from inadequate specimen collection and/or handling.
4. Perform the test
- a. Add extraction buffer
 - 1. Tear the top off the Extraction Reagent Capsule and dispense entire contents into the Extraction Well.
 - b. Insert the specimen swab in the Swab Stand
 - 1. Spin swab three (3) times to mix the specimen
 - 2. Let stand one (1) minute
 - 3. Spin swab three (3) times again
 - c. Discard the swab in the biohazardous waste container.
 - 1. Raise the device upright and let stand 1-2 seconds
 - 2. Gently tap device to ensure the liquid flows into the hole
 - 3. Lay the device back down
 - d. Set the timer for ten (10) minutes
 - e. Read results
 - 1. Read the results in 10-15 minutes
 - 2. Confirm negative results at 15 minutes
 - 2. Refer to Result Interpretation Guide or stick diagram in the OSOM literature for help in reading the test stick.
 - 3. Discard used test components in suitable biohazardous waste container.
 - g. Record results in EMR and advise the ordering provider that results are available.
5. In the event the usual OSOM waived testing kit is not available, review and follow the directions provided by the manufacturer.

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

POLICY: Waived Testing - LeadCare II	REVIEWED: 8/29/19; 2/20/20; 5/04/21; <u>5/6/22</u>
SECTION: Waived Testing	REVISED: 3/11/18; 2/20/20
EFFECTIVE: <u>5/26/21</u> 6/29/22	MEDICAL DIRECTOR:

Subject: Waived Testing using the Leadcare II device

Objective: To screen and identify children with elevated BBLs for appropriate treatment, education, and elimination of lead exposure.

Response Rating: Mandatory

Required Equipment: Leadcare II, treatment reagent tube, capillary tube, plunger, lead sensor, dropper, label, powder-free gloves, lancet, cotton ball/gauze 2x2, dot bandaid. Equipment needs to be stored in a clean box with a cover.

Definitions: BBL: Blood Lead Level
Reference Level / Elevated BBL: > 5 ug/dL

Procedure:

Specimen Collection and Testing

1. As a part of the pediatric patient’s physical examination. Risk assessment and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.
 - a. Risk assessment to be performed with appropriate action to follow if positive at 6 months, 9 months, 12 months, 18 months, 24 months, 3 years, 4 years, 5 years, 6 years.
 - b. Screening or risk assessment is to be performed at 12 months and 24 months.
 - c. If the screening or risk assessment is not performed per the recommended periodicity schedule, document in the EMR the reason.

2. Upon receipt of a written order a capillary blood specimen will be collected and tested to determine the patient’s blood lead level.
 - a. Ensure machine is plugged into the wall and/or batteries installed.
 - b. Don gloves.

- c. Label the treatment reagent tube with the patient ID using labels.
 - d. Wash patient's hands with soap and water and let air dry.
 - e. Warm patient's finger and press finger at or below first joint. Use alcohol prep pad to wipe fingertip.
 - f. Allow fingertip to air dry.
 - g. Use lancet to obtain specimen on patient's fingertip, alongside of finger.
 - h. Squeeze fingertip to express one drop of blood 2 or 3 times before collection.
 - i. Squeeze fingertip to express drop of blood and holding capillary tube almost horizontally with green band on top, fill the capillary to the black line.
 - j. Wipe excess blood from capillary tube with a clean wipe or gauze.
 - k. Look for air bubbles in the filled capillary tube. If present, take a new sample. Small bubbles around the edge can be ignored.
 - l. Place the capillary tube into the reagent tube. Insert a plunger into the top of the capillary tube and push down, ensuring entire volume of sample is dispensed into the treatment reagent.
 - m. Replace the reagent tube cap. Invert the tube 8 to 10 times.
 - n. Insert blood lead sensor into machine to turn it on.
 - o. Remove the cap from the reagent tube. Squeeze the walls of the dropper and insert into the sample. Release the pressure to draw some sample into the dropper.
 - p. Touch the dropper tip to the X on the sensor and squeeze to dispense the sample.
 - q. Wait 3 minutes until the test is done.
 - r. Record the test results in the ERM.
 - s. Remove used sensors from the analyzer as soon as the result is recorded.
3. To clean machine
- a. Machine goes off automatically.
 - b. Clean analyzer with a damp cloth and warm, soapy water.
 - c. Disinfect with Cavi Wipes.
 - d. Do not leave any soap film on the analyzer. Do not allow liquid into the sensor connector. Do not wash the inside of the calibration button reader.

Test Result Reporting

1. Report results on CDPH site <https://eblr.cdph.ca.gov> using the assigned clinic identifier and password.
2. The reportable range of the test is 3.3 to 65 µg/dL.
3. Capillary blood samples that generate a lead level of 5 ug/dL should be confirmed with a second test sample from a different site. However, if the result of the second sample is also above 5 µg/dL, the patient should be sent to a laboratory for a confirmation blood draw.
4. In cases where the capillary specimen demonstrates an elevated lead level but the confirmation venous sample does not, it is important to recognize that the child may live in a lead-contaminated environment that resulted in contamination of the fingertip. Efforts should be made to identify and eliminate the source of lead in these cases.
 - “Low” is a blood level less than 3.3 ug/dL -- should be recorded as <3.3 ug/dL
 - “High” in the display windows indicates a blood lead test result greater than 65 µg/dL. When this occurs, report the blood lead result as greater than (>) 65 µg/dL. “High” results on LeadCare II should be followed up immediately as an emergency laboratory test and Reported.
 - Blood lead results ≥ 9.5 µg/dL must be electronically reported within 3 working days from the date of analysis.
 - Blood lead results < 9.4 µg/dL must be electronically reported within 30 calendar days from the date of analysis.

5. State Reporting

- Abnormal high results must be reported to the state and the receipt scanned into medical record the same day as performed.
- Normal results must be reported to the state at the end of each month.
- Results reported to the state electronically are given an Accession Reporting Number consisting of the Kit Lot# followed by test# (ex: 1234-1, 1234-2 etc). not using any public health information identifier.

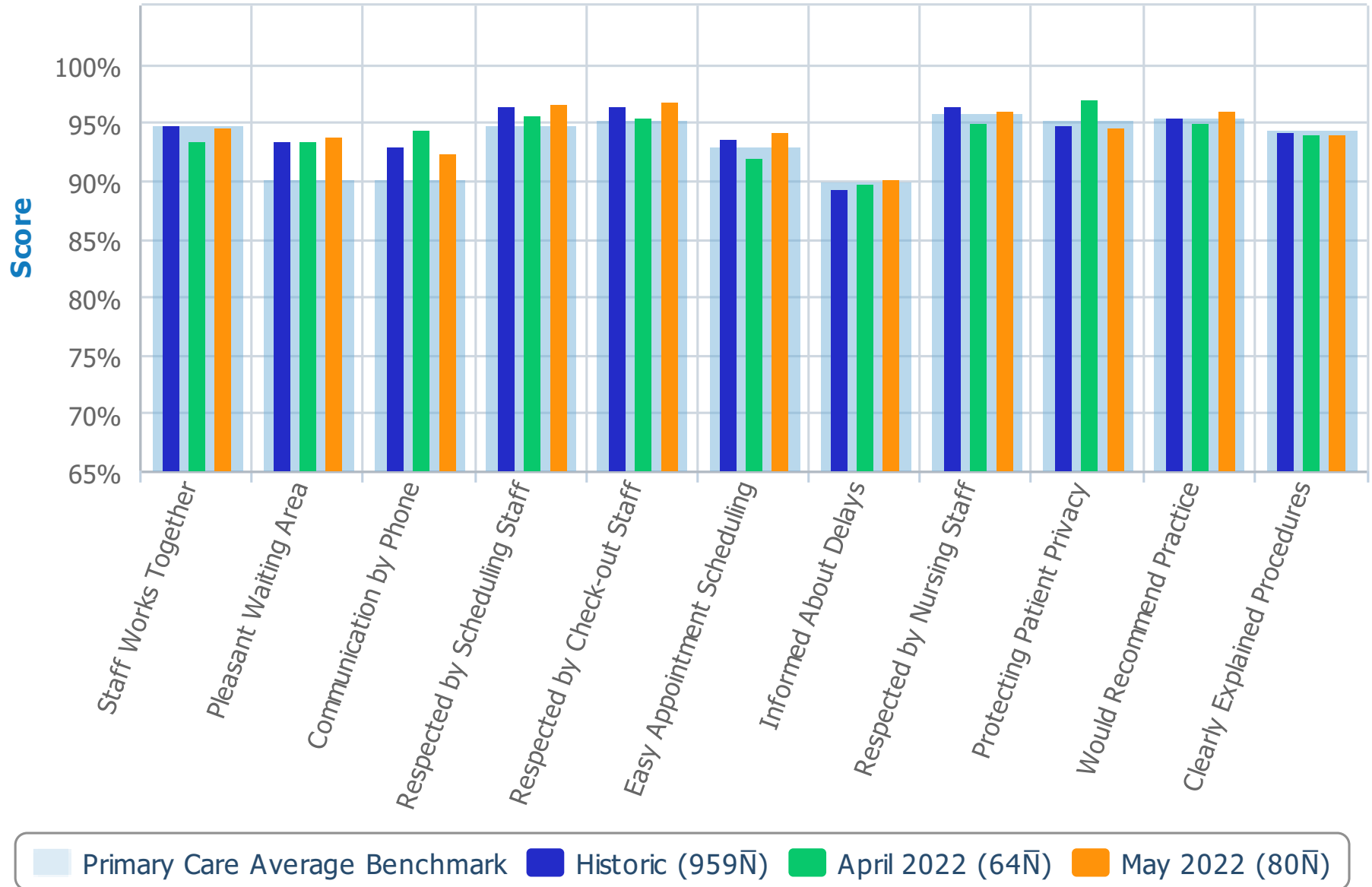
6. Repeat Testing Guidelines

If blood lead level	Childs Age	Perform capillary re-test within
< 5 ug/dL	< 12 months	3 – 6 months
< 5 ug/dL	1 – 5 years	6 – 12 months

If blood lead level	Childs Age	Perform capillary re-test within
5 – 14 ug/dL	1 – 5 years	1 - 3 months
If blood lead level	Childs Age	Perform capillary re-test within
15 -44 ug/dL	1 – 5 years	1 – 4 weeks
➤ 44 ug/dL	1 – 5 years	48 hours

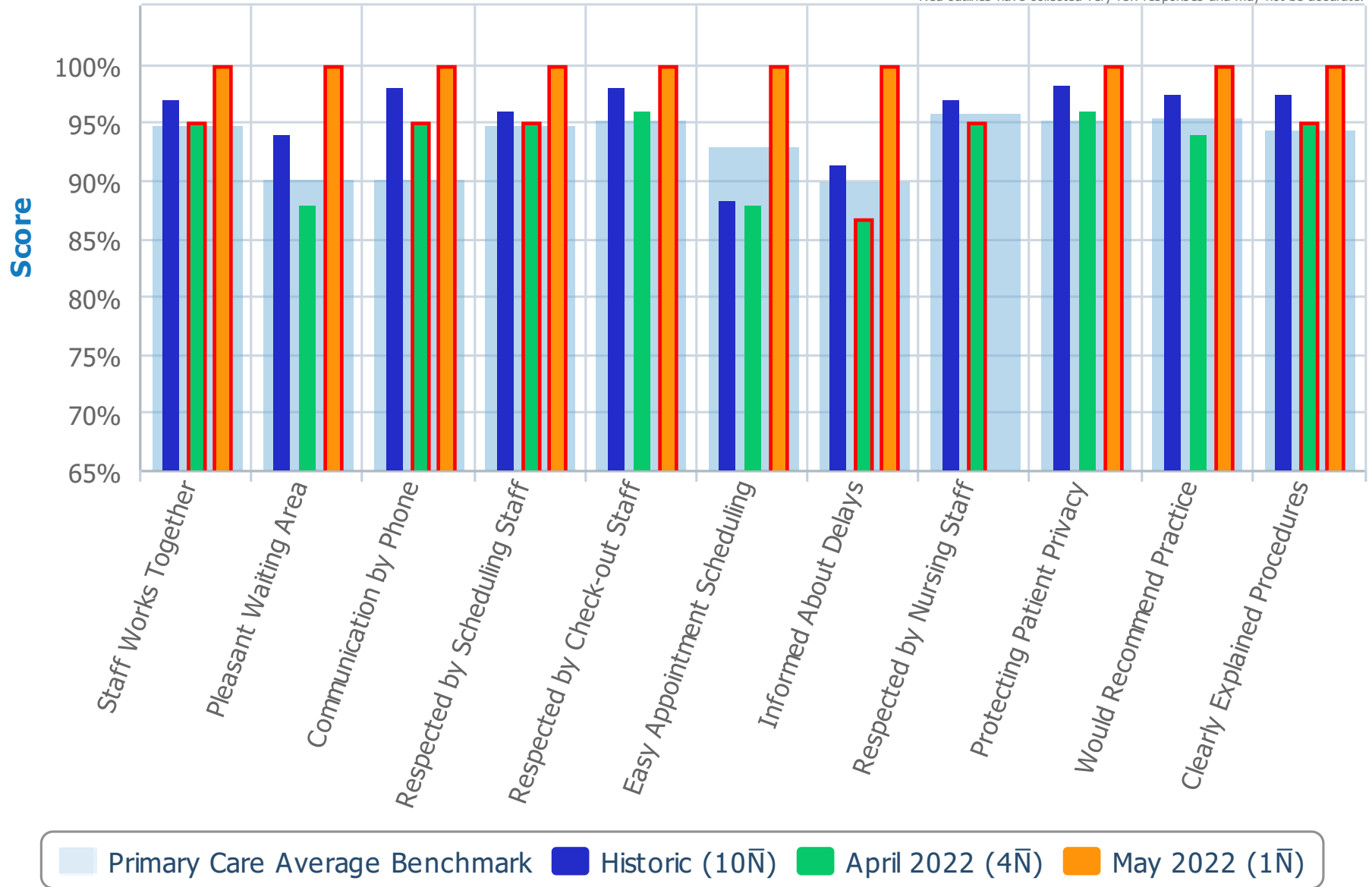
Quality Metric ¹	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22 Total	Census Fiscal YTD	MTD Payor Mix	Fiscal YTD Payor Mix	Historical Payor Mix (Payor Mix 10/16/19 to present)
Patient Visits Total	1531	1516	1297	1149	1186	1073	1223	1228	1556	1344	1476	14579	14579			
Medi-Cal	682	683	573	535	583	491	567	604	814	707	799	7038	7038	53%	48%	48%
Medicare	408	369	362	319	303	286	358	318	404	337	366	3830	3830	25%	26%	26%
Cash Pay	23	28	25	23	13	10	10	21	20	20	26	219	219	1%	2%	2%
Other	418	436	337	272	287	286	288	285	318	280	285	3492	3492	21%	24%	24%
Total Empanelled Patients	3563	3806	3932	4051	4104	4142	4207	4256	4352	4432	4515					
Total New Patients SEEN	210	176	121	136	91	98	65	70	111	113	99					
Total New Pt's REGISTERED(new category)	225	223	162	149	132	105	112	89	146	114	99					
Incident Reports		1		tbd				2	1	2	3					
Patient Satisfaction		95%		93%	96%		98%	97%	96%	98%	96%					
Peer Review/Fallouts		0		3	3		2 NA		3	5	3					
Wait time for appointments		1-2 wks		2-3 wks	2-3 wks		1-2 wks	2-3 wks	3-4 wks	3 weeks	2-3 weeks					
Patient No-shows	130	130	162	138	131	120	155	97	107	144	166					
Employee Satisfaction		8.50%		10.60%	11.40%		14.40%	0.079	0.087	0.107	11.20%					

1=All Financial data in Finance Report



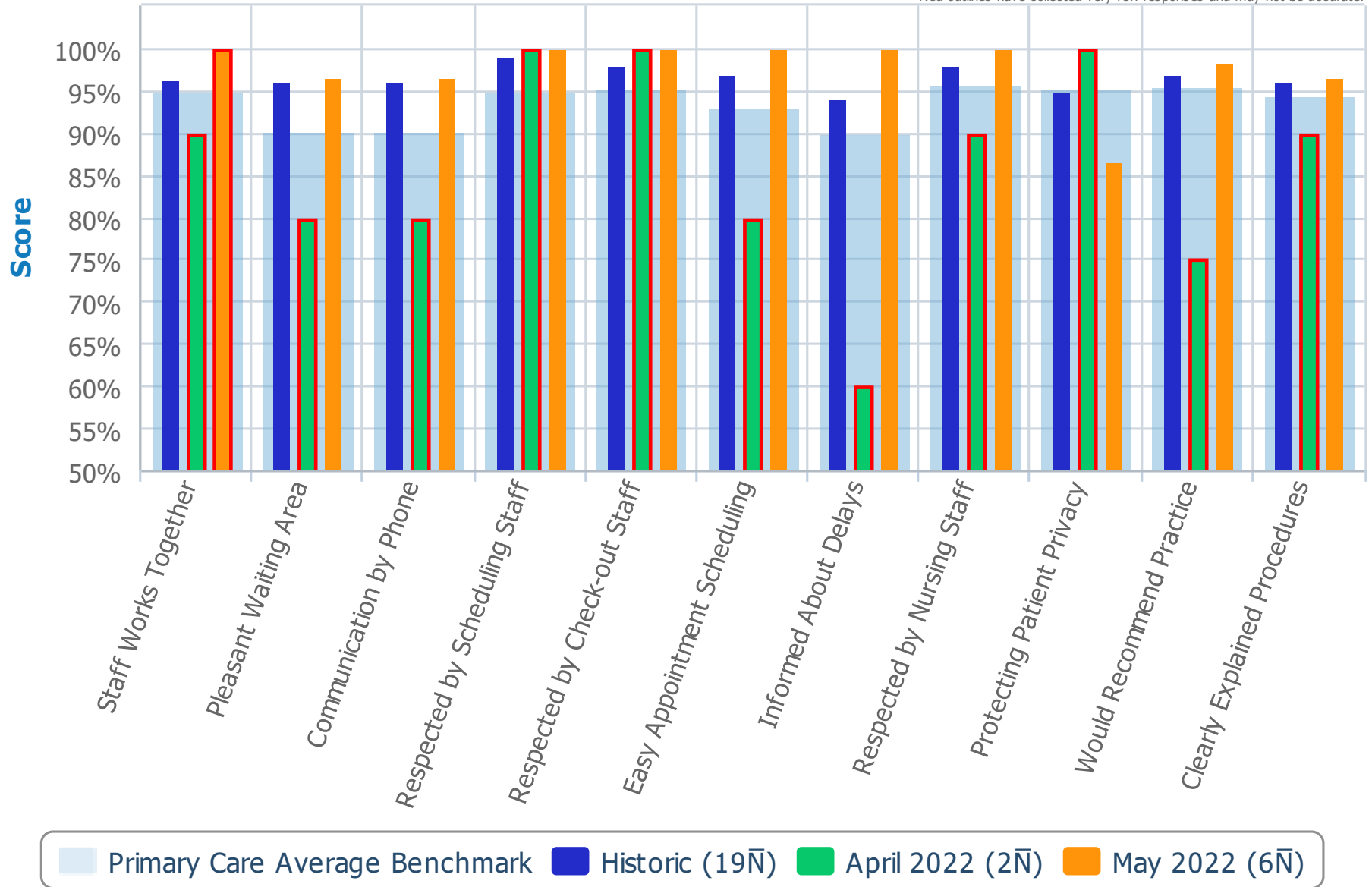


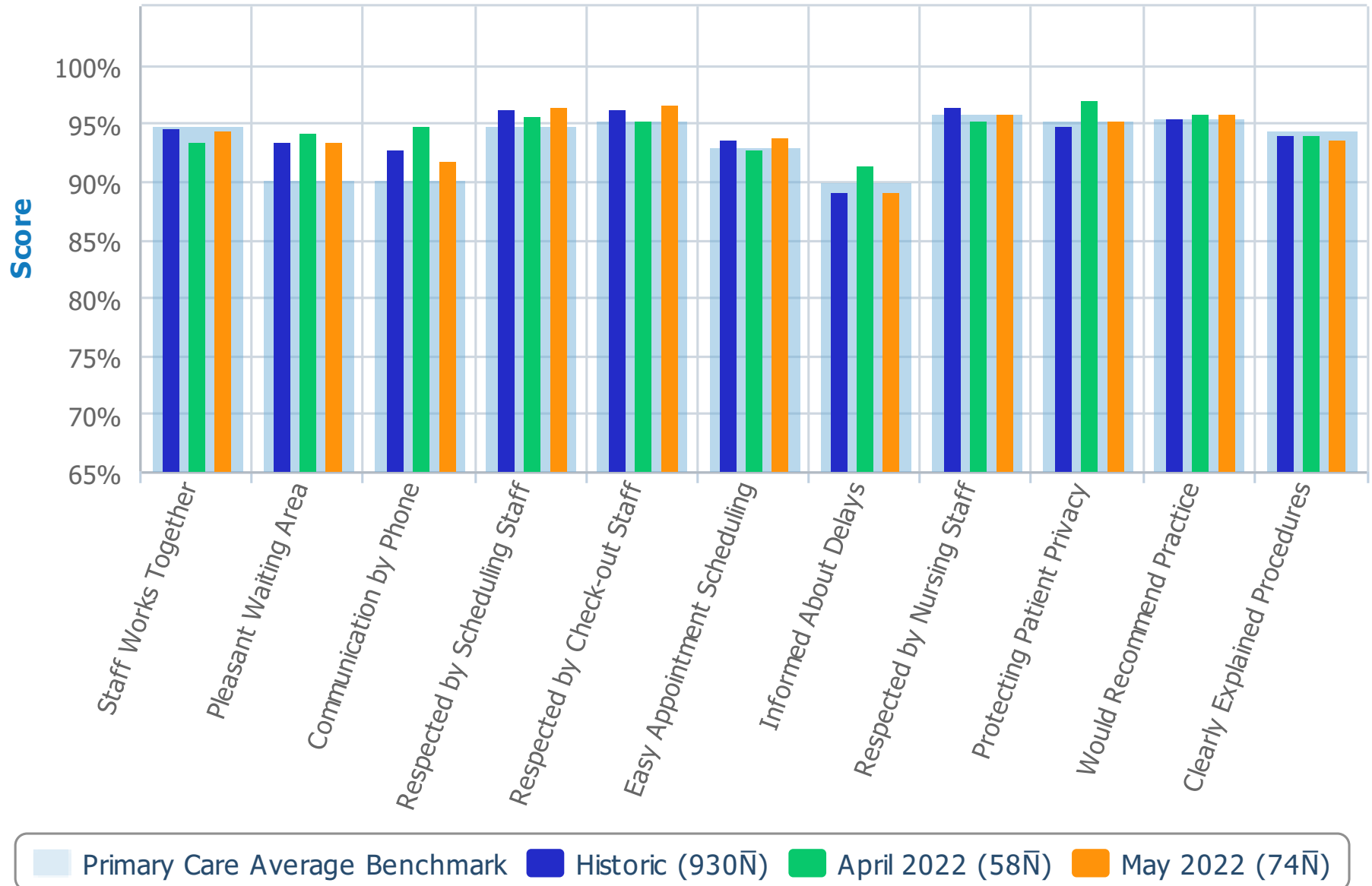
Red outlines have collected very few responses and may not be accurate.





Red outlines have collected very few responses and may not be accurate.





District 401K Contribution

	<u>2019/2020</u>	<u>2020/2021</u>	<u>2021/2022</u>
Employee contribution	10,532.33	45,317.11	55,500.38
District Options:			
3%	315.97	1,359.51	1,665.01
4%	421.29	1,812.68	2,220.02
5%	526.62	2,265.86	2,775.02
6%	631.94	2,719.03	3,330.02

Board Approved in yellow

	A	B	C	D	E	F	G	H	I	J	
1	Mark Twain Health Care District										
2	Annual Budget Recap										
3											
4			02/28/22	2021 - 2022 Annual Budget							
5			Actual	Total							
6			Y-T-D	District	Clinic	Rental	Projects	Admin			
7											
8											
9	Revenues		3,999,149	6,436,727	3,752,341	1,334,386	0	1,350,000			
10	Total Revenue		3,999,149	6,436,727	3,752,341	1,334,386	0	1,350,000			
11											
12											
13	Expenses		(4,666,781)	(6,353,514)	(4,417,492)	(1,270,638)	(85,000)	(580,385)			
14	Total Expenses		(4,666,781)	(6,353,514)	(4,417,492)	(1,270,638)	(85,000)	(580,385)			
15											
16	Surplus(Deficit)		(667,632)	83,213	(665,150)	63,748	(85,000)	769,615			

	A	B	C	D	E	F	G	H	I	J
1	Mark Twain Health Care District									
2	Year-to-Date vs Annual Budget									
3										
4									2022 - 2023 Budget	
5				Budget	Budget	YTD	Budget	Budget	Budget	Budget
6				6/30/2022	6/30/2023	Total	Clinic	Rentals	Projects	Admin
7	4083.49	R	Urgent care Gross Revenues	5,013,050	5,066,758	2,164,202.10	5,066,758			
8	4083.90	R	Flu shot, Lab income, physicals	1,000	0	0.00	0			
9	4083.91	R	Medical Records copy fees	750	0	0.00	0			
10	4083.92	R	Other - Plan Incentives	25,000	0	0.00	0			
11	4083.60	E	Contractual Adjustments	(1,848,793)	(1,314,417)	(999,715.15)	(1,314,417)			
12	7083.05	E	Marketing			(29,762.27)	(4,000)			
13	7083.09	E	Other salaries and wages	(1,503,975)	(1,524,807)	(868,150.08)	(1,524,807)			
14	7083.10	E	Payroll taxes	(108,979)	(117,029)	(69,752.92)	(117,029)			
15	7083.12	E	Vacation, Holiday and Sick Leave	(90,239)	(91,488)	0.00	(91,488)			
16	7083.13	E	Group Health & Welfare Insurance	(169,346)	(167,920)	(106,763.39)	(167,920)			
17	7083.14	E	Group Life Insurance	0	0	0.00	0			
18	7083.15	E	Pension and Retirement	(1,987)	(60,992)	0.00	(60,992)			
19	7083.16	E	Workers Compensation insurance	(15,040)	(15,248)	0.00	(15,248)			
20	7083.18	E	Other payroll related benefits	(376)	0	0.00	0			
21	7083.20	E	Medical - Physicians	(970,115)	(867,288)	(524,567.15)	(867,288)			
22	7083.22	E	Consulting and Management fees	(35,000)	(20,900)	(16,549.88)	(20,900)			
23	7083.23	E	Legal - Clinic	0	0	(4,845.00)	(10,000)			
24	7083.25	E	Registry Nursing personnel	0	0	0.00	0			
25	7083.26	E	Other contracted services	(100,000)	(180,000)	(184,093.14)	(180,000)			
26	7083.29	E	Other Professional fees	(10,000)	(17,000)	(10,569.20)	(17,000)			
27	7083.36	E	Oxygen and Other Medical Gases	(1,200)	0	(245.42)	0			
28	7083.38	E	Pharmaceuticals	(40,000)	(3,500)	0.00	(3,500)			
29	7083.41	E	Other Medical Care Materials and Supplies	(80,000)	(272,000)	(242,618.11)	(272,000)			
30	7083.43	E	Food	(2,000)	(1,300)	(1,769.05)	(1,300)			
31	7083.44	E	Linens	0	0	0.00	0			
32	7083.45	E	Cleaning supplies	0	(200)	0.00	(200)			
33	7083.46	E	Office and Administrative supplies	(15,000)	(41,250)	(32,546.69)	(41,250)			
34	7083.48	E	Instruments and Minor Medical Equipment	(20,000)	(6,000)	0.00	(6,000)			
35	7083.62	E	Repairs and Maintenance Grounds	(5,000)	(5,000)	0.00	(5,000)			
36	7083.69	E	Other purchased services	(229,727)	(29,246)	(7,475.30)	(29,246)			
37	7083.72	E	Depreciation - Bldgs & Improvements	(560,000)	(345,687)	0.00	(345,687)			
38	7083.74	E	Depreciation - Equipment	0	(137,349)	0.00	(137,349)			
39	7083.80	E	Utilities - Electrical, Gas, Water, other	(80,000)	(80,000)	(50,082.17)	(80,000)			
40	7083.81	E	Insurance - Malpractice	(25,000)	(38,000)	0.00	(38,000)			
41	7083.82	E	Other Insurance - Clinic	0	0	(48,266.80)	(31,728)			
42	7083.83	E	Licenses & Taxes	(1,500)	(5,300)		(5,300)			
43	7083.85	E	Telephone and Communications	(5,100)	(24,000)	(18,699.05)	(24,000)			
44	7083.86	E	Dues and Subscriptions	(5,000)	(2,000)	(7,393.32)	(2,000)			
45	7083.87	E	Outside Training	(10,000)	(9,400)	0.00	(9,400)			
46	7083.88	E	Travel costs	(2,500)	(6,010)	(2,681.30)	(6,010)			
47	7083.89	E	Recruiting	(10,000)	(15,000)	(43,413.36)	(15,000)			
48	8610.05	E	Marketing				(4,868.14)			(8,000)
49	8610.09	E	Other salaries and wages	(137,592)	(259,732)	(163,752.61)				(259,732)
50	8610.10	E	Payroll taxes	(10,526)	(19,934)	(7,456.50)				(19,934)
51	8610.12	E	Vacation, Holiday and Sick Leave	(8,256)	(15,584)	0.00				(15,584)
52	8610.13	E	Group Health & Welfare Insurance	(11,827)	(12,107)	0.00				(12,107)
53	8610.14	E	Group Life Insurance	0	0	0.00				0
54	8610.15	E	Pension and Retirement	(703)	(10,389)	(1,703.57)				(10,389)
55	8610.16	E	Workers Compensation insurance	(1,376)	(2,597)	(924.00)				(2,597)
56	8610.18	E	Other payroll related benefits	(34)	0	0.00				0
57	8610.22	E	Consulting and Management Fees	(3,000)	(50,000)	(5,999.10)				(50,000)
58	8610.23	E	Legal	(10,000)	(5,000)	1,561.50				(5,000)
59	8610.24	E	Accounting /Audit Fees	(40,000)	(40,000)	(29,165.45)				(40,000)
60	8610.43	E	Food	(1,500)	(2,000)	0.00				(2,000)
61	8610.46	E	Office and Administrative Supplies	(15,000)	(10,000)	(5,078.86)				(10,000)
62	8610.62	E	Repairs and Maintenance Grounds	(5,000)	(5,000)	(1,250.00)				(5,000)
63	8610.69	E	Other	0	(10,000)	(6,081.68)				(10,000)
64	8610.74	E	Depreciation - Equipment	0	(12,041)	0.00				(12,041)
65	8610.75	E	Rental/lease equipment	0	0	0.00				0
66	8610.80	E	Utilities	0	0	0.00				0
67	8610.82	E	Insurance	(41,900)	(55,000)	(54,354.13)				(55,000)
68	8610.83	E	Licenses and Taxes	0	0	0.00				0
69	8610.85	E	Telephone and communications	(2,500)	0	0.00				0
70	8610.86	E	Dues and Subscriptions	(15,000)	(8,000)	(20,078.56)				(8,000)
71	8610.87	E	Outside Trainings	(15,000)	(5,000)	(581.06)				(5,000)

	A	B	C	D	E	F	G	H	I	J
1	Mark Twain Health Care District									
2	Year-to-Date vs Annual Budget									
3										
4								2022 - 2023 Budget		
5				Budget	Budget	YTD	Budget	Budget	Budget	Budget
6				6/30/2022	6/30/2023	Total	Clinic	Rentals	Projects	Admin
72	8610.88	E	Travel	(7,500)	0	0.00				0
73	8610.89	E	Recruiting	(2,000)	(40,000)	(208.92)				(40,000)
74	8610.90	E	Other Direct Expenses	(20,000)	(10,000)	(5,160.00)				(10,000)
75	7084.41	E	Sunrise Pharmacy Expenses		0	0.00		0		
76	8870.00	E	Interest on Debt Service	(190,000)	(275,495)	0.00	(275,495)			
77	8890.00	E	Foundation	(628,000)	(50,000)	(328,000.00)			(50,000)	
78	8890.00	E	Stay Vertical	(14,000)	(35,000)	(9.40)			(35,000)	
79	8890.00	E	High school ROP (CTE) program	(25,000)	0	0.00			0	
80	8890.00	E	Calaveras Senior Center			(3,000.00)				
81	8890.00	E	Calaveras Office of Education			(25,000.00)				
82	8890.00	E	Ken McInturf Scholarship- Laptops			(2,436.00)				
83	8895.00	E	RoboDoc	(15,000)	(12,354)	0.00	(12,354)			
84	9010.00	R	Gain on Sale of Asset	0	0	0.00				0
85	9060.00	R	Income, Gains and losses from investments	250,000	100,000	7,740.27				100,000
86	9160.00	R	Property Tax Revenues	1,098,672	1,250,000	799,999.96				1,250,000
87	9260.01	R	Rent Hospital Asset amortized	1,200,000	1,078,438	723,322.88		1,078,438		
88	9260.02	R	MOB Rents Revenue	227,181	226,859	141,698.39		226,859		
89	9260.03	R	Child Advocacy Rent revenue	5,777	9,241	6,000.00		9,241		
90	9260.04	R	Sunrise Pharmacy rent		19,848	14,472.00		19,848		
91	9400.00	R	Miscellaneous Income			6,316.10				
92	9205.03	R	Miscellaneous Income- Minority Int.	15,000	0	(16,040.71)				0
93	9520.62	E	Repairs and Maintenance Grounds	0	0	0.00				
94	9520.72	E	Depreciation	(36,045)	(105,322)	(74,578.86)		(105,322)		
95	9520.80	E	Utilities - Electrical, Gas, Water, other	(684,000)	(861,880)	(461,722.36)		(861,880)		
96	9520.82	E	Insurance	(2,000)	0	0.00		0		
97	9520.85	E	Telephone & Communications			(31,148.04)		(45,000)		
98	9521.75	E	MOB rent expenses	(233,024)	(256,036)	(165,826.09)		(256,036)		
99	9522.75	E	Child Advocacy Expenses	(5,000)	(2,400)	0.00		(2,400)		
100	5801.00	R	Rebates, Sponsorships, Refunds on Expenses			151,437.60				
101		R	Revenues	5,865,872	6,436,727	3,999,148.59	3,752,341	1,334,386	0	1,350,000
102		E	Expenses	(6,499,106)	(6,353,514)	(4,666,780.58)	(4,417,492)	(1,270,638)	(85,000)	(580,385)
103				(633,235)	83,213	(667,631.99)	(665,150)	63,748	(85,000)	769,615

	A	B	I	J	L	AA	AC
1		Mark Twain Health Care District					
2		Direct Clinic Financial Projections					
3							
4					VSHWC		
5						2021 - 2022	
6			2019/2020	2020/2021	2021/2022	Actual	2022/2023
7			Actual	Actual	Budget	Y-T-D	Budget
26	4083.49	Urgent care Gross Revenues	1,170,321	2,789,431	5,013,050	2,164,202	5,066,758
27	4083.60	Contractual Adjustments	(953,773)	(1,383,628)	(1,848,793)	(999,715)	(1,314,417)
33		Net Patient revenue	216,548	1,405,804	3,164,257	1,164,487	3,752,341
34							
35	4083.90	Flu shot, Lab income, physicals			1,000		0
36	4083.91	Medical Records copy fees			750		0
37	4083.92	Other - Plan Incentives			25,000		0
38					26,750	0	0
39		Total Other Revenue	216,548	1,405,804	3,191,007	1,164,487	3,752,341
40							
41	7083.09	Other salaries and wages	(648,607)	(954,884)	(1,503,975)	(868,150)	(1,524,807)
42							
43	7083.10	Payroll taxes	(53,339)	(83,696)	(108,979)	(69,753)	(117,029)
44	7083.12	Vacation, Holiday and Sick Leave			(90,239)		(91,488)
45	7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(169,346)	(106,763)	(167,920)
46	7083.14	Group Life Insurance					
47	7083.15	Pension and Retirement		(1,403)	(1,987)	0	(60,992)
48	7083.16	Workers Compensation insurance	(13,597)	(16,697)	(15,040)	0	(15,248)
49	7083.18	Other payroll related benefits			(376)		
50		Total taxes and benefits	(98,100)	(234,520)	(385,967)	(176,516)	(452,677)
51		Labor related costs	(746,706)	(1,189,404)	(1,889,942)	(1,044,666)	(1,977,484)
52							
53							
54	7083.05	Marketing	(7,096)	(2,469)	(1,500)	(29,762)	(4,000)
55	7083.20	Medical - Physicians	(607,191)	(844,648)	(970,115)	(524,567)	(867,288)
56	7083.22	Consulting and Management fees	(261,571)	(97,365)	(35,000)	(16,550)	(20,900)
57	7083.23	Legal - Clinic	(27,900)	(19,720)	(15,000)	(4,845)	(10,000)
58	7083.25	Registry Nursing personnel			0		0
59	7083.26	Other contracted services	(65,565)	(209,741)	(100,000)	(184,093)	(180,000)
60	7083.29	Other Professional fees	(11,199)	(11,554)	(10,000)	(10,569)	(17,000)
61	7083.36	Oxygen and Other Medical Gases	(533)	(578)	(1,200)	(245)	0
62	7083.38	Pharmaceuticals			(40,000)		(3,500)
63	7083.41	Other Medical Care Materials and Supplies	(141,544)	(263,109)	(80,000)	(242,618)	(272,000)
64	7083.44	Linens		(37,429)	0		0
65	7083.48	Instruments and Minor Medical Equipment		(1,515)	(20,000)		(6,000)
66	7083.74	Depreciation - Equipment			0		(137,349)
67	7083.45	Cleaning supplies			0		(200)
68	7083.62	Repairs and Maintenance Grounds	(1,122)		(5,000)		(5,000)
69	7083.72	Depreciation - Bldgs & Improvements			(560,000)		(345,687)
70	7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(37,583)	(80,000)	(50,082)	(80,000)
71	8870.00	Interest on Debt Service	(158,161)	(247,955)	(190,000)	0	(275,495)
72	7083.43	Food	(935)	(1,070)	(2,000)	(1,769)	(1,300)
73	7083.46	Office and Administrative supplies	(30,108)	(57,037)	(15,000)	(32,547)	(41,250)
74	7083.69	Other purchased services	(50,362)	(22,248)	(229,727)	(7,475)	(29,246)
75	7083.81	Insurance - Malpractice	(8,814)		(25,000)		(38,000)
76	7083.82	Other Insurance - Clinic	(23,332)	(46,530)	(1,050)	(48,267)	(31,728)
77	7083.83	Licenses & Taxes			(1,500)		(5,300)
78	7083.85	Telephone and Communications	(5,253)	(66,112)	(5,100)	(18,699)	(24,000)
79	7083.86	Dues, Subscriptions & Fees	(19,274)	(7,669)	(5,000)	(7,393)	(2,000)
80	7083.87	Outside Training	(199)	(31,537)	(10,000)		(9,400)
81	7083.88	Travel costs	(3,704)	(1,498)	(2,500)	(2,681)	(6,010)
82	7083.89	Recruiting	(25,209)	(4,475)	(10,000)	(43,413)	(15,000)
83	8895.00	RoboDoc			(15,000)		(12,354)
84		Non labor expenses	(1,502,306)	(2,011,842)	(2,429,692)	(1,225,577)	(2,440,008)
85		Total Expenses	(2,249,012)	(3,201,246)	(4,319,634)	(2,270,244)	(4,417,492)
86		Net Expenses over Revenues	(2,032,464)	(1,795,442)	(1,128,627)	(1,105,757)	(665,150)

	A	B	E	G	H	K	M
1		Mark Twain Health Care District					
2		Rental Financial Projections			Rental		
3							
4							
5			2019/2020	2020/2021	2021/2022	Actual	2022/2023
6			Actual	Actual	Budget	Y-T-D	Budget
7	9260.01	Rent Hospital Asset amortized	1,095,293	1,090,174	1,092,672	723,323	1,078,438
8					0		
9		Rent Revenues	1,095,293	1,090,174	1,092,672	723,323	1,078,438
10							
11	9520.62	Repairs and Maintenance Grounds	(6,079)		0		
12	9520.80	Utilities - Electrical, Gas, Water, other, Phone	(651,164)	(658,014)	(758,483)	(461,722)	(861,880)
13	9520.85	Telephone & Communications		(45,185)		(31,148)	(45,000)
14	9520.72	Depreciation	(673,891)	(770,925)	(148,679)	(74,579)	(105,322)
15	9520.82	Insurance					
16		Total Costs	(1,331,134)	(1,474,124)	(907,162)	(567,449)	(1,012,202)
17							
18		Net	(235,841)	(383,950)	185,510	155,874	66,236
19							
20							
21	9260.02	MOB Rents Revenue	220,296	208,946	251,593	141,698	226,859
22	9521.75	MOB rent expenses	(240,514)	(263,451)	(247,095)	(165,826)	(256,036)
23							
24		Net	(20,218)	(54,505)	4,498	(24,128)	(29,177)
25							
26							
27	9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	6,000	9,241
28	9522.75	Child Advocacy Expenses	(297)	(5,436)	(11,000)	0	(2,400)
29							
30		Net	8,703	3,564	(2,000)	6,000	6,841
31							
32							
33	9260.04	Sunrise Pharmacy Revenue		14,400	21,600	14,472	22,248
34	7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)		0	(2,400)
35							
36							
37			1,324,589	1,322,520	1,374,865	885,493	1,336,786
38			(1,574,119)	(1,746,796)	(1,165,257)	(733,275)	(1,273,038)
39							
40		Summary Net	(249,530)	(424,276)	209,608	152,218	63,748

	A	B	C	D	E	F	G	J	R
1	Mark Twain Health Care District								
2	Projects, Grants and Support								
3			2/28/2022						
4							Projects		
5									
6			2019/2020	2020/2021	2020/2021	2021/2022	Actual	2022/2023	
7			Actual	Actual	Budget	Budget	Y-T-D	Budget	
8		Project grants and support	(465,163)	(20,325)	(31,000)	(667,000)	(358,445)	(85,000)	
9	8890.00	Friends of the Calaveras County Fair							
10	8890.00	Calaveras County Senior Center					(3,000)		
11	8890.00	Community (COVID) Masks		(3,754)					
12	8890.00	Foundation	(465,163)			(628,000)	(328,000)	(50,000)	
13	8890.00	Veterans Support			(5,000)		0	0	
14	8890.00	Mens Health			(5,000)		0	0	
15	8890.00	Steps to Kick Cancer - October			(5,000)		0	0	
16	8890.00	Ken McInturf Laptops		(2,571)			(2,436)		
17	8890.00	Doris Barger Golf			(2,000)		0	0	
18	8890.00	Stay Vertical		(14,000)	(14,000)	(14,000)	(9)	(35,000)	
19	8890.00	Golden Health Grant Awards							
20	8890.00	High school ROP (CTE) program				(25,000)	(25,000)		
21		Project grants and support	(465,163)	(20,325)	(31,000)	(667,000)	(358,445)	(85,000)	

	A	B	I	J	L	O	Q
1		Mark Twain Health Care District					
2		General Administration Financial Projections			Admin	2/28/2022	
3							
4					BUDGET	2021/2022	
5			2019/2020	2020/2021	2021/2022	Actual	2022/2023
6			Actual	Actual	Budget	Y-T-D	Budget
7	9060.00	Income, Gains and losses from investments	390,802	39,321	100,000	7,740	100,000
8	9160.00	Property Tax Revenues	1,126,504	1,233,836	1,200,000	800,000	1,250,000
9	9010.00	Gain on Sale of Asset					
10	9400.00	Miscellaneous Income		19,978			
11	5801.00	Rebates, Sponsorships, Refunds on Expenses		236,724		151,438	
12	9205.03	Miscellaneous Income (1% Minority Interest)	(43,680)	(23,789)		(16,041)	
13		Summary Revenues	1,473,626	1,506,070	1,300,000	943,137	1,350,000
14							
15							
16	8610.09	Other salaries and wages	(133,415)	(273,071)	(137,592)	(163,753)	(259,732)
17							
18	8610.10	Payroll taxes	(14,875)	(10,079)	(10,526)	(7,457)	(19,934)
19	8610.12	Vacation, Holiday and Sick Leave			(8,256)		(15,584)
20	8610.13	Group Health & Welfare Insurance	(12,383)		(11,827)		(12,107)
21	8610.14	Group Life Insurance			0		
22	8610.15	Pension and Retirement	(1,905)	(3,736)	(703)	(1,704)	(10,389)
23	8610.16	Workers Compensation insurance	(1,226)	924	(1,376)	(924)	(2,597)
24	8610.18	Other payroll related benefits		(800)	(34)		
25		Benefits and taxes	(30,390)	(13,691)	(32,722)	(10,084)	(60,612)
26		Labor Costs	(163,804)	(286,762)	(170,314)	(173,837)	(320,344)
27							
28	8610.22	Consulting and Management Fees	(14,109)	(4,548)	(3,000)	(5,999)	(50,000)
29	8610.23	Legal	(15,069)	(4,528)	(10,000)	1,562	(5,000)
30	8610.24	Accounting /Audit Fees	(59,232)	(62,977)	(40,000)	(29,165)	(40,000)
31	8610.05	Marketing		(2,031)		(4,868)	(8,000)
32	8610.43	Food	(868)		(1,500)		(2,000)
33	8610.46	Office and Administrative Supplies	(19,595)	(8,306)	(15,000)	(5,079)	(10,000)
34	8610.62	Repairs and Maintenance Grounds			(5,000)	(1,250)	(5,000)
35	8610.69	Other- IT Services	(12,877)	(11,066)	0	(6,082)	(10,000)
36	8610.74	Depreciation - Equipment			0		(12,041)
37	8610.75	Rental/lease equipment			0		
38	8610.80	Utilities	(420)		0		
39	8610.82	Insurance	(17,747)	4,257	(41,900)	(54,354)	(55,000)
40	8610.83	Licenses and Taxes			0		
41	8610.85	Telephone and communications			(2,500)		
42	8610.86	Dues, Subscriptions & Fees	(12,529)	(9,648)	(15,000)	(20,079)	(8,000)
43	8610.87	Outside Trainings	380	(585)	(15,000)	(581)	(5,000)
44	8610.88	Travel	(4,447)		(7,500)		
45	8610.89	Recruiting	(2,368)	(2,812)	(2,000)	(209)	(40,000)
46	8610.90	Other Direct Expenses	(62,312)	(90,083)	(20,000)	(5,160)	(10,000)
47	8610.95	Other Misc. Expenses	(4,844)				
48		Non-Labor costs	(226,036)	(192,327)	(178,400)	(131,264)	(260,041)
49		Total Costs	(389,841)	(479,089)	(348,714)	(305,101)	(580,385)
50		Net	1,083,786	1,026,981	951,286	638,036	769,615

Rental Income

	Ground Lease #1 Koplen	Ground Lease #2	SubLease - Stockton Card - Suite 101	SubLease - MTHCC - Suite 102 - 105
July 1, 2022	\$516.55	\$1.00	\$3,654.79	\$13,801.48
August 1, 2022	\$516.55	\$0.00	\$3,654.79	\$13,801.48
September 1, 2022	\$516.55	\$0.00	\$3,747.86	\$13,801.48
October 1, 2022	\$516.55	\$0.00	\$3,747.86	\$13,801.48
November 1, 2022	\$516.55	\$0.00	\$3,747.86	\$13,801.48
December 1, 2022	\$516.55	\$0.00	\$3,747.86	\$13,801.48
January 1, 2023	\$516.55	\$0.00	\$3,747.86	\$13,801.48
February 1, 2023	\$516.55	\$0.00	\$3,747.86	\$13,801.48
March 1, 2023	\$516.55	\$0.00	\$3,747.86	\$13,801.48
April 1, 2023	\$516.55	\$0.00	\$3,747.86	\$13,801.48
May 1, 2023	\$543.38	\$0.00	\$3,747.86	\$13,801.48
June 1, 2023	\$543.38	\$0.00	\$3,747.86	\$13,801.48
	\$6,252.26	\$1.00	\$44,788.18	\$165,617.76

Rental Expense

	704 Mountain Ranch Road / Bldg E, 1st Floor	Type I*	Type II*	SubTotal
July 1, 2022	\$17,962.80	\$934.01	\$2,213.52	\$21,110.33
August 1, 2022	\$17,962.80	\$934.01	\$2,213.52	\$21,110.33
September 1, 2022	\$17,962.80	\$934.01	\$2,213.52	\$21,110.33
October 1, 2022	\$17,962.80	\$934.01	\$2,213.52	\$21,110.33
November 1, 2022	\$17,962.80	\$934.01	\$2,213.52	\$21,110.33
December 1, 2022	\$17,962.80	\$924.01	\$2,213.52	\$21,100.33
January 1, 2023	\$17,962.80	\$962.03	\$2,279.93	\$21,204.76
February 1, 2023	\$17,962.80	\$962.03	\$2,279.93	\$21,204.76
March 1, 2023	\$18,501.68	\$962.03	\$2,279.93	\$21,743.64
April 1, 2023	\$18,501.68	\$962.03	\$2,279.93	\$21,743.64
May 1, 2023	\$18,501.68	\$962.03	\$2,279.93	\$21,743.64
June 1, 2023	\$18,501.68	\$962.03	\$2,279.93	\$21,743.64
				\$256,036.06

SubLease - MTHCC - Suite 102 - 105 Type II Exp*	Sunrise Pharmacy	Sunrise Pharmacy Expenses	Sunrise Pharmacy Net	Resource Connection	Resource Connection Expenses
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\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,836.00	\$200.00	\$1,636.00	\$765.00	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$765.00	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$765.00	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$780.30	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$780.30	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$780.30	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$780.30	\$200.00
\$849.99	\$1,872.00	\$200.00	\$1,672.00	\$780.30	\$200.00
\$10,199.88	\$22,248.00	\$2,400.00	\$19,848.00	\$9,241.20	\$2,400.00

Depreciation	Non - Electric Utilities	Electric	Total Expenses
	\$25,000.00	\$35,800.00	\$81,910.33
	\$25,000.00	\$35,800.00	\$81,910.33
	\$25,000.00	\$35,800.00	\$81,910.33
	\$25,000.00	\$35,800.00	\$81,910.33
	\$25,000.00	\$35,800.00	\$81,910.33
	\$25,000.00	\$35,800.00	\$81,900.33
	\$25,000.00	\$35,800.00	\$82,004.76
	\$25,000.00	\$35,800.00	\$82,004.76
	\$25,000.00	\$35,800.00	\$82,543.64
	\$25,000.00	\$35,800.00	\$82,543.64
	\$25,000.00	\$35,800.00	\$82,543.64
	\$25,000.00	\$35,800.00	\$82,543.64
	\$300,000.00	\$429,600.00	\$985,636.06

Resource Connection Net	MTHCC - Hospital	Total
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\$565.00	\$91,056.00	\$112,080.81	
\$565.00	\$91,056.00	\$112,079.81	
\$565.00	\$91,056.00	\$112,172.88	
\$565.00	\$91,056.00	\$112,172.88	
\$565.00	\$91,056.00	\$112,172.88	
\$565.00	\$91,056.00	\$112,172.88	
\$565.00	\$91,056.00	\$112,208.88	
\$565.00	\$91,056.00	\$112,208.88	
\$580.30	\$91,056.00	\$112,224.18	
\$580.30	\$91,056.00	\$112,224.18	
\$580.30	\$91,056.00	\$112,251.01	
\$580.30	\$91,056.00	\$112,251.01	
\$6,841.20	\$1,092,672.00	\$1,346,220.28	



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Resolution 2022 – 13

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

Change in MTHCD Board Policies

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

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

WHEREAS: The *ad hoc* policy committee has reviewed policies No. 30 & 32 and have recommended changes in those policies, and presented changes to the public at the May 25, 2022, Board of Directors Meeting.

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

RESOLVED: That policies Number 30 & 32 be amended as published in the May 25, 2022, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on June 22, 2022, by the following vote:

Ayes:

Noes:

Absent:

Abstain:

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

Fixed Asset Capitalization:

1. Policy:

The scope of this policy defines the parameters of items that can be included as capital purchases and recorded as assets.

2. Purpose:

This policy defines Mark Twain Health Care District requirements for the capitalization of assets.

3. Definitions:

Capitalization is defined as the process of recording the purchase of a fixed asset or the collection of costs related to an internally produced project as an asset. Examples of capital expenditures include the purchase of land, buildings, machinery, office equipment, leasehold improvements and vehicles. An example of an internally produced project is internally developed software or a construction project.

4. Principally Affected Departments:

Primarily, Finance Committee and Accounting Departments.

5. Procedures:

A. Effective _____ (date) all assets with a useful life of greater than two years and falling into one of the following categories shall be capitalized.

- An individual item with a cost greater than \$2,500 (including personal computers).
- ~~Items purchased in bulk with an individual cost exceeding \$2,500.~~

B. When replacement parts are purchased, or repairs and maintenance are made to an asset for a cost of \$2,500 or more, a decision must be made about capitalizing or expensing the cost.

- If the cost was incurred to restore or maintain the original useful life of the asset, then the cost should be expensed.
- If the cost was incurred to extend the asset's useful life, increase capacity, or improve the efficiency or safety of the property, then the cost would be added to the carrying amount of the related asset and the existing useful life should be extended in accordance with the cost incurred.

C. If the asset has component parts that must be replaced at regular intervals, those parts may be recorded as separate assets because their useful lives are different than the useful life of the asset as a whole. When those parts are replaced, the original component may be written off (and a loss on disposition is recorded, if needed) and a new asset may be recorded for the cost of the replacement part.

D. The cost basis of furniture and equipment assets will include all charges relating to the purchase of the asset including the purchase price, freight charges, sales taxes and installation, if applicable.

E. Leasehold improvements including painting are to be capitalized if they relate to the occupancy of a new office or major renovation of an existing office. Expenditures incurred in connection with maintaining an existing facility in good working order should be expensed as a repair.

F. The cost of buildings should include all expenditures related directly to their acquisition or construction. These costs include materials, labor and overhead incurred during construction and fees, such as attorneys, architects and building permits.

G. The cost of building should also include the amount of retention payable to construction contractors, if applicable. In most construction labor and material contracts, the contractor will request payment each month for labor and materials supplied during that month. However, the contractor will receive payment for only 90 percent or 95 percent of those labor and materials supplied. The remaining 5 percent or 10 percent will not be paid monthly but will be “retained” until the entire project is completed. Retention is usually set up in the construction contract to ensure prompt and thorough completion of the project. Retention will motivate tradesmen working for the contractors to return to the project to complete small unprofitable punch-list items in order to complete the project successfully. Retention provides the owner and general contractor with money to correct defective work if a sub-contractor abandons the project, and provides funds to pay the mechanics lien claims of unpaid suppliers, etc. Retention and retainage are terms both used for the same concept.

H. Start-up costs are to be expensed as incurred (excluding those costs associated with getting fixed assets into a condition whereby they can be placed into service).

I. During construction or development of a capital project. There may be certain costs incurred that should not be capitalized to an asset. Examples of the costs that should not be capitalized as apart of the cost of the asset are as follows;

- General and administrative costs and overhead costs should be charged to expense as incurred. Such costs include rent, depreciation, and other occupancy costs associated with the physical space occupied by employees, and all costs (including payroll and payroll benefit-related costs) of support functions, which may include executive management, corporate accounting, acquisitions, purchasing, corporate legal, office management and administration, marketing, human resources and information systems.
- Costs related to training (learning) in any manner or at any time (e.g., IT system or application) should be charged to expense. Time spent training (learning), even if the tools are “on-the-job”, cannot be considered a future economic benefit (i.e., a

capitalized asset) since the Mark Twain Health Care District has no control over the length of time an employee will stay with the District.

J. The cost of the asset should not be reduced by any amount for salvage value. Typically, salvage values will be nominal or offset by the cost of removing the assets (since the salvage value will not be realized without incurring costs of removal) and, thus, can be ignored.

Debt Management Policy:

This Debt Management Policy (the “Debt Policy”) of the MARK TWAIN HEALTH CARE DISTRICT (the “District”) was approved by the Board of Directors of the District (the “Board”) on November, 2018. The Debt Policy may be amended by the Board as it deems appropriate from time to time in the prudent management of the debt of the District.

This Debt Policy will also apply to any debt issued by any other public agency for which the Board of the District acts as its legislative body.

The Debt Policy has been developed to provide guidance in the issuance and management of debt by the District or its related entities and is intended to comply with Section 8855(i) of the California Government Code effective on January 1, 2017. The main objectives are to establish conditions for the use of debt; to ensure that debt capacity and affordability are adequately considered; to minimize the District’s interest and issuance costs; to maintain the highest possible credit rating; to provide complete financial disclosure and reporting; and to maintain financial flexibility for the District.

Debt, properly issued and managed, is a critical element in any financial management program. It assists in the District’s effort to allocate limited resources to provide the highest quality of service to the public. The District understands that poor debt management can have ripple effects that hurt other areas of the District. On the other hand, a properly managed debt program promotes economic growth and enhances the vitality of the District for its residents and businesses.

1. Findings

This Debt Policy shall govern all debt undertaken by the District.

The District hereby recognizes that a fiscally prudent debt policy is required in order to:

- Maintain the District’s sound financial position.
- Ensure the District has the flexibility to respond to changes in future service priorities, revenue levels and operating expenses.
- Protect the District’s credit-worthiness.
- Ensure that all debt is structured in order to protect both current and future taxpayers, ratepayers and constituents of the District.
- Ensure that the District’s debt is consistent with the District’s planning goals and objectives, capital improvement programs and budgets, as applicable.
- Encourage those that benefit from a facility/improvement to pay the cost of that facility/improvement without the need for the expenditure of limited resources.

2. Policies

A. Purposes for Which Debt May Be Issued

The District will consider the use of debt financing primarily for Capital Improvement Projects (“CIP”) when the project’s useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this CIP driven focus is the issuance of short-term instruments such as tax and revenue anticipation notes or lines of credit, which are to be used for prudent cash management purposes and conduit financing, as described below. Bonded debt should not be issued for projects with minimal public benefit or support, or to finance normal operating expenses.

If a department has any project which is expected to use debt financing, the department director is responsible for expeditiously providing the Executive Director and the Chief Financial Officer/Controller with reasonable cost estimates, including specific revenue accounts that will provide payment for the debt service. This will allow an analysis of the project’s potential impact on the District’s debt capacity and limitations. The department director shall also provide an estimate of any incremental operating and/or additional maintenance costs associated with the project and identify sources of revenue, if any, to pay for such incremental costs.

- (a) Long-Term Debt. Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by the District.
- (b) Long-term debt financings are appropriate when the following conditions exist:
 - When the project to be financed is necessary to provide basic services.
 - When the project to be financed will provide benefit to constituents over multiple years.
 - When total debt does not constitute an unreasonable burden to the District and its taxpayers and patients.
 - When the debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.
- (c) Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.
- (d) The District may use long-term debt financings subject to the following conditions:
 - The project to be financed has been or will be approved by the Board.
 - The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%, unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause the District to violate any covenants to maintain the tax-exempt status of such debt, if applicable.
 - The District estimates that sufficient income or revenues will be available to service the debt through its maturity.

- The District determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
- The District considers the improvement/facility to be a vital, time-sensitive need to the community and there are no plausible alternative financing sources available.

(e) Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refunding will be considered (within federal tax law constraints, if applicable) if and when there is a net economic benefit of the refunding. Refundings which are non-economic may be undertaken to achieve District objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the issuer, or the debt service profile.

Short-term debt. Short-term borrowings may be issued to generate funding for cash flow needs in the form of tax and revenue anticipation notes.

Short-term borrowings, such as tax and revenue anticipation notes, commercial paper, and lines of credit, will be considered as an interim source of funding in anticipation of a long-term borrowing. Short-term debt may be issued for any purpose for which long-term debt may be issued, including capitalized interest and other financing-related costs. Prior to issuance of the short-term debt, a reliable revenue source shall be identified to secure repayment of that debt. The final maturity of the debt issued to finance any project shall be consistent with the economic or useful life of the project and, unless the Board determines that extraordinary circumstances exist, should not exceed seven years.

Short-term debt may also be used to finance short-lived capital projects; for example, the District may undertake lease-purchase financing for equipment, and such equipment leases may be longer than seven years.

Financings on Behalf of Other Entities. The District may also find it beneficial to issue debt on behalf of other governmental agencies or private third parties in order to further the public purposes of the District. In such cases, the District shall take reasonable steps to confirm the financial feasibility of the project to be financed and the financial solvency of any borrower and that the issuance of such debt is consistent with the policies set forth herein. In no event should the District incur any liability or assume any responsibility for payment of debt service on such debt of another entity.

B. Types of Debt

In order to maximize the financing options available to benefit the public, it is the policy of the District to allow for the consideration of issuing all generally accepted types of debt, including, but not exclusive to the following:

- General Obligation Bonds (“GOB”): General Obligation Bonds are suitable for use in the construction or acquisition of improvements to real property that benefit the public at large. All GOB debt shall be authorized by the requisite number of voters in order to receive approval to proceed.
- Revenue Bonds: Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. Generally, no voter approval is required to issue this type of obligation.

- Lease-Backed Debt/Certificates of Participation/Lease Revenue Bonds: Issuance of Lease-backed debt is a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease agreement and where the payments are budgeted in the annual operating budget of the District. Lease-Backed debt does not constitute indebtedness under the state or the District's constitutional debt limit and does not require voter approval.

The District may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, the District will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. The District may choose to issue securities that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue debt in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third party risk analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable-rate debt should be limited to no more than 20% of the District's total debt portfolio.

The District will not employ derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a stock, bond, or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

C. Relationship of Debt to Capital Improvement Program and Budget

The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's capital budget and its capital improvement plan.

The District shall strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. The District shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result of normal wear and tear, unless a specific revenue source has been identified for this purpose.

The District shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of the District's public purposes.

The District shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its general fund.

D. Policy Goals Related to Planning Goals and Objectives

The District is committed to financial planning, maintaining appropriate reserves levels and employing prudent practices in governance, management and budget administration. The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's annual operating budget.

It is a policy goal of the District to protect taxpayers, ratepayers and constituents by utilizing conservative financing methods and techniques so as to obtain the highest practical credit ratings (if applicable) and the lowest practical borrowing costs.

The District will comply with applicable state and federal law as it pertains to the maximum term of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges.

Except as described in Section 2.A., when refinancing debt, it shall be the policy goal of the District to realize, whenever possible, and subject to any overriding non-financial policy considerations minimum net present value debt service savings equal to or greater than 5% of the refunded principal amount.

E. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, the District shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

The District will periodically review the requirements of and will remain in compliance with the following:

- Any continuing disclosure undertakings under SEC Rule 15c2-12.
- Any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues.
- The District's investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and the District will submit written requisitions for such proceeds. The District will submit a requisition only after obtaining the signature of the District Executive Director, Chief Financial Officer, Controller or other authorized officer of the District.

F. Waivers of Debt Policy

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of the District and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by the District in accordance with applicable laws.

Mission and Vision:

Mission:

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

Vision:

The Mark Twain Health Care District (MTHCD), is a public agency which owns the [Mark Twain Medical Center](#) building and grounds and leases its operations to Mark Twain Medical Center Corporation.

The Mark Twain Health Care District is dedicated to the health and wellbeing of the individuals and communities of Calaveras County. Establish and maintain identity of the MTHCD.

Accountability
Communication
Collaboration
Education
Stewardship
Service

The cumulative effect of these values is the focus on **ACCESS** to health care in Calaveras County. To support these values we have developed a series of **Goals** and **Objectives** that will assist the MTHCD board and community in monitoring our process and progress.

Goal #1

Mark Twain Medical Center is a high-quality hospital serving all residents of Calaveras County.

- Partner with [Mark Twain Medical Center](#) and [Dignity Health](#) to optimize provider development through recruitment and retention.
- Review and evaluate the lease agreement with Mark Twain Medical Center Corporation.
- Execute a new lease with MTMC Corporation

Goal #2

Collaborate with the [Mark Twain Medical Center Foundation](#) to establish it as the foundation of choice for health services in Calaveras County.

- Assist Fundraising for the new Angel’s Camp and Valley Springs clinics.
- Identify new capital improvements for the [Mark Twain Medical Center](#).
- Host community health education services.
- Golden Health Awards

Goal #3

Develop with Mark Twain Medical Center and The Dignity Health System decision criteria for the provision of comprehensive Medical/Health services

- Improve and implement the Regional Health needs assessment to identify specific areas of focus Calaveras County.
- Support and expand Telemedicine/Telehealth

Goal #4

Establish the public identity of the Mark Twain Health Care District.

- Publish annual report of the MTHCD for the community.
- Maintain highly functional web site that allows the community we serve to understand our services and meeting process.
- Increase over all visibility of the MTHCD through its activities throughout Calaveras County.
- Maintain Scholarship awards to motivate medical/health careers.

Goal #5

Support Access to Care

- Fund Health Fairs in multiple communities noting programs supported.
- Facilitate discussions about Community Education
- Promote medical clinics in multiple communities.
- Support safety net programs and services.
- Partner with Calaveras County Public Health Programs

Goal #6

Development and completion of Valley Springs Project.

- Complete Valley Springs Medical Center Project
- Assess community needs for development of adjacent properties for future use.
- Establish business plan for management of this project

Goals and Objectives Reviewed June 22, 2015



**MARK TWAIN
HEALTH CARE DISTRICT**

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

**Policy# 23 – Attachment # 1
GOLDEN HEALTH COMMUNITY GRANTS APPLICATION**

Name of Group or Individual: Calaveras GROWN

Address: PO BOX 394 SAN ANDREAS CA 95249

Provide your 501 (c) 3 Number: 76-0707922

Contact Person: ODILE MORRISON

Telephone Number: 209-256-6506 Fax Number: ---

Email Address: odmo@comcast.net Website: calaverasgrown.org

Description of Project, Including Purpose, Date and Target Population: _____

Please see attached

Amount Requested: \$10,000 Total Cost of Project: \$10,000

Please Submit Project Budget: Other Sources of Funding: Volunteer time and expertise to administer the program.

Please describe how this grant will impact the health of the community within the scope of the

MTHCD Health Priorities: Please see attached

Please send your completed application to: MTHCD Golden Health Community Grants, P O Box 95, San Andreas, CA 95249 or email to pstout@mthcd.org

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____

Golden Health Community Grants Application

7 May, 2022

Additional Information from CalaverasGROWN

Please find our full responses to the information requested in the application form below:

Description of Project, Including Purpose, Date and Target Population:

CalaverasGROWN received Golden Health grants in 2019 and 2020 to implement 'Market Bucks', an economic and educational initiative to encourage healthy eating habits in the community, increase awareness of, and access to, locally grown food, and to incentivize economic support for local agricultural producers. In 2021, CalaverasGROWN funded the program and the financial incentive was renamed MotherLode Gold.

In 2022 we are requesting \$10,000 to fund a fourth year of this successful program at the San Andreas Certified Farmers Market, and to expand the program to our online farmers' market, which offers weekly customer pick up in San Andreas, Angels Camp, Mokelumne Hill, Murphys Valley Springs and Jackson.

Since 2015, the CalaverasGROWN Certified Farmers' Market in San Andreas has operated at the Master Gardener Demonstration Garden in San Andreas, weekly from June to October. It provides the community access to buy direct from local agricultural producers, with live music, children's activities and an opportunity to visit the Master Gardener plant sale and enjoy the beautiful demonstration garden.

The online Farmers' Market was started in June 2020 to enable the community to continue to purchase locally grown food as grocery shopping rapidly moved online in response to pandemic restrictions. Each week, shop.calaverasgrown.org offers a wide variety of produce, meats, eggs, cheese, pantry staples, art, home goods, personal care items and more from local farmers, ranchers and artisans throughout the year. Customers simply place their orders online each week and select one of several convenient pick-up locations in Calaveras and Amador counties. The online store operates in the same way as the certified farmers' market, as direct sales between the shopper and vendor, with CalaverasGROWN providing the online platform and payment processing. Our distribution network is a partnership with Calaveras Master Gardeners, Calaveras County Library and Calaveras Connect:

- **Calaveras Master Gardeners** provide the demonstration garden as a distribution hub (vendor drop off, order assembly)
- **Calaveras Library** provides a weekly pickup venue at the libraries in Mokelumne Hill, Angels Camp and Murphys. Local business partners provide pick up venues in Valley Springs and Jackson.
- **Calaveras Connect**, our local bus system, transports orders to library locations each week, as part of the free grocery delivery service they offer to the community.

Operating both these markets enables CalaverasGROWN to offer the community year-round access to a certified farmers' market stocked with wide range of agricultural and artisanal products grown and made in Calaveras county.

Proposal

This initiative proposes to distribute \$10,000 in MotherLode Gold to the public to be used to purchase locally grown and made products such as fruits and vegetables, eggs, meats, cheeses, honey, olive oils, etc.

Distribution of Financial Incentive

We propose to distribute the financial incentive at each venue, as follows:

- ***CalaverasGROWN Certified Farmers Market in San Andreas***
Thursdays 4pm to 6pm, June 16 to October 27, 2022, UC Master Gardener Demo Garden
Shoppers receive a MotherLode Gold token at the gate which they can use to pay vendors directly for any food items at the market, just like regular currency.
- ***CalaverasGROWN Online Farmers' Market***
November 3, 2022 to June 7, 2023- weekly pick up in San Andreas, Angels Camp, Mokelumne Hill, Murphys, Valley Springs, Jackson

Shoppers claim a MotherLode Gold token when they place their order online, which they redeem at checkout as part of the payment for their purchases, just like regular currency.

Redemption by the Vendor

CalaverasGROWN pays vendors the full value of the MotherLode Gold they receive at both the in-place and online markets, less the 3% transaction fee charged by our banking service (Paypal). The program is administered at no cost by CalaverasGROWN board members and the Farmers' Market volunteer team.

Allocation of Funding

CalaverasGROWN will continue to work with local government, Public Health, WIC, MTHCD and other community partners to distribute MotherLode Gold to the public through community health initiatives as follows:

- \$5,500 to Calaveras residents
- \$2,500 to EBT/WIC recipients
- \$2,000 to seniors

Research indicates that seniors and low-income residents are at higher risk for diet-related chronic diseases. CalaverasGROWN Certified Farmers is authorized to accept EBT benefits. We currently have grant funding from the Ecology Center to double EBT benefits for fruits and vegetables up to \$10. This financial incentive would enable us to offer additional financial support to EBT recipients and extend the program to WIC recipients and Seniors.

By encouraging consumption of fresh fruits, vegetables, and other healthy and locally produced foods among the general population and providing extra support for these target populations, this initiative aims to improve community health in Calaveras County.

Educational support illustrating the benefits of eating seasonally and locally will be provided in the form recipes, cooking classes and demonstrations by UC Nutrition Educators, Master Gardeners and Master Food Preservers.

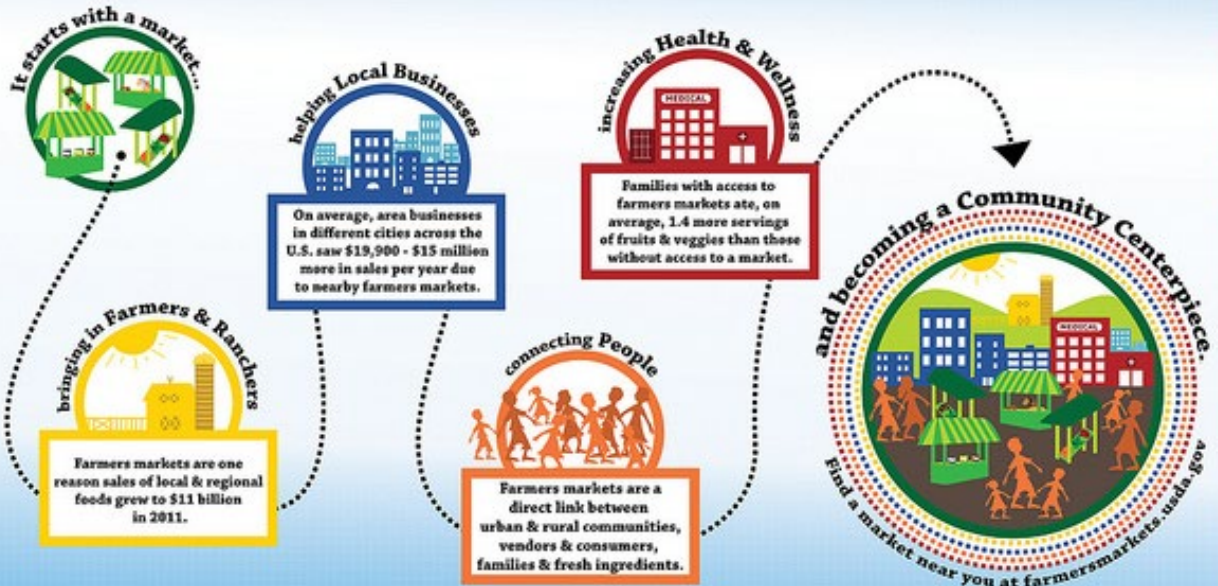
CalaverasGROWN is committed to exploring ways to enable us to continue and expand this program in future years. Possible expansion plans include produce 'prescriptions' through local health centers, wellness policy support for local employers and further increasing the number of access points in partnership with community service organizations, such as Calaveras Connect and Calaveras Libraries.

How this grant will impact the health of the community within the scope of the MTHCD health priorities.

This proposal centers on the CalaverasGROWN Certified Farmers Market in San Andreas and the online mobile market. USDA research indicates that Farmers Markets support healthy communities in many ways. The market is a place to reconnect with the food system that sustains us, and to access information about eating healthy, in season, locally produced food. It strengthens our sense of community by providing a free venue to get to know our neighbors and colleagues. This economic incentive will encourage local residents to shop year-round at the CalaverasGROWN Certified Farmers Markets, in person and online, and enjoy the many health benefits this offers. This strengthens the local food system by improving the sustainability of the markets, increasing vendor participation and therefore the availability of locally produced food. In addition, 100% of this funding will stay in the local economy and go directly to support and improve the viability of local agricultural business operators.

The Food Chain Reaction from a Farmers Market

Farmers markets have become a critical ingredient in local economies, food systems, & communities. Not only are they an economic boost to local farms & businesses, they can also strengthen community ties & promote healthy eating.



USDA
 U.S. Department of Agriculture

2013 Agricultural Marketing Service

SOURCES:
 The Economic Impact of Farmers Markets: A Study of 9 Markets in 3 Major U.S. Cities (www.marketumbrella.org)
 Effect of a Targeted Subsidy on Intake of Fruits and Vegetables among Low-income Women in the Special Supplemental Nutrition Program for Women, Infants, and Children (www.ncbi.nlm.nih.gov/pmc/articles/PMC2156076/)
 Specialty Foods Association (www.specialtyfood.com/news-trends/featured-articles/article/local-food-sales-grow)

USDA is an equal opportunity employer and provider.

DANA M. NICHOLS
P.O. Box 1392 • SAN ANDREAS, CA 95249
209-768-9072

Mark Twain Health Care District Board of Directors
P.O. Box 95
San Andreas, CA 95249

May 16, 2022

Dear Mark Twain Health Care District Directors:

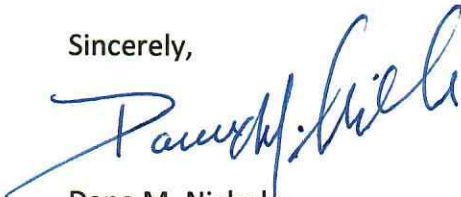
The enclosed proposal is, in part, the result of conversations I've had with several providers at the Health and Wellness Center the district operates in Valley Springs. What they tell me is that many clients are presenting with difficulties such as anxiety, panic attacks, depression and addiction. The providers also say that they hope to offer their clients practical self-help tools in addition to the therapies available at the clinic. For some clients, they say, meditation could be such a tool.

I can testify to the power of meditation. My wife, Ruth Nichols, and I both began meditating more intensively after the Butte Fire shook up our lives in 2015. I believe the fact that I am reasonably happy, still married and deeply engaged in community life is largely due to the stabilizing effect of my meditation practice. I want others to have access to this tool. And I recognize that others may not have the time, resources and inclination to learn it through ten-day silent retreats. That's why I am completing the Mindfulness Meditation Teacher Certification Program. Mindfulness Meditation is designed to offer the benefits of traditional monastic practices in a secular, accessible format. Instead of kneeling or sitting on cushions, for example, class participants sit in chairs. Also, rather than striving to sit for hours at a time, participants are encouraged to find a schedule that works for them, even if it is only 10 or 20 minutes a day. Ample research shows that even a very modest meditation practice can boost self-awareness and life satisfaction.

I taught the Inner Wellness course in the San Andreas Town Hall over six weeks in March and April. A dozen students enrolled and ten of them finished the course and completed evaluation forms. I have included copies of those forms, with the names redacted to preserve student privacy.

In addition to this cover letter and those evaluation forms, please find my proposal to teach up to five Inner Wellness classes a year.

Sincerely,



Dana M. Nichols
Enc.

To: Mark Twain Health Care District Directors

From: Dana M. Nichols, nicholsdana@hotmail.com, 209-768-9072

Re: Inner Wellness, funding request

May 16, 2022

Inner Wellness is a 6-week class for adults wishing to establish a mindfulness meditation practice. Participants learn basic mindfulness meditation techniques as well as techniques for developing greater self-regulation when confronting difficulties such as anxiety, disrupted sleep or depression.

The class meets once a week for 90 minutes. Classes will be scheduled in response to demand, with priority given to those times and locations that allow the greatest participation. Participants can be self-referred or referred by therapists and other health care providers.

Dana M. Nichols, the course instructor, has practiced various forms of meditation since his childhood and has had a rigorous daily mindfulness meditation practice since 2016. Since then, he has completed three 10-day silent retreats. He is in the second year of the two-year Mindfulness Meditation Teacher Certification Program offered jointly by the Greater Good Science Center of the University of California, Berkeley and the Awareness Training Institute.

Program objective: To make high-quality mindfulness meditation instruction accessible to adults in Calaveras County. (ie. No cost for participants, in a safe community setting, and with a secular, health-oriented presentation.)

Course content: Introduction to mindfulness, grounding, mindfulness of breath, mindfulness of body, Mindfulness of thoughts, mindfulness of emotions, RAIN practice (for difficult emotions), loving kindness meditation.

Course structure: Each session will include a welcome and check in with the students, about 25 minutes of meditation instructions and practice, a talk on the new skills being developed that week, and time for discussion and questions. The instructor will also be available before and after each session to answer questions that students may not want to ask in front of the group.

Setting and enrollment: Classes will be capped at 20 students and will be held in spacious facilities such as the San Andreas Town Hall or the Jenny Lind Veterans Memorial District Hall to allow for spacing between seats to minimize virus exposure. If there is sufficient demand and community support, instructor will provide up to five six-week sessions per year at times most likely to allow consistent attendance. (ie. Not during Thanksgiving/Christmas holidays or July vacation period.)

Health District Role: MTHCD providers may refer clients to the course. MTHCD funds the cost to make this an ongoing community resource. MTHCD receives copies of post-class assessments completed by participants. MTHCD will only fund those classes that are completed, invoiced, and for which evaluations are submitted.

NIH Info on meditation: www.nccih.nih.gov/health/meditation-in-depth

JAMA article on mindfulness and sleep quality:

jamanetwork.com/journals/INTEMED/articlepdf/2110998/loi140149.pdf

Harvard Gazette article: <https://news.harvard.edu/gazette/story/2018/04/less-stress-clearer-thoughts-with-mindfulness-meditation/>

Calaveras Community TV Interview: <https://www.youtube.com/watch?v=H8D4mXQC6d8>

Inner Wellness budget

Project Budget for 12-month period from July 1, 2022 to June 30, 2023

- 1) Liability insurance, \$350 (One year general liability policy carried by course instructor)
- 2) Facility cost, \$60/meeting x 6 weeks = \$360 per class, or \$1,800 for five classes*
- 3) Instructor fee: \$1,800 per class, or \$9,000 for five classes per year. Instructor fee includes pre-class prep, presenting class sessions, being present to answer questions for a half hour before and after class sessions, and being available via email to answer meditation related questions from current and former students.

Liability Insurance: \$350

Facility: \$1,800

Instructor fee: \$9,000

Max per year: \$11,150

*Facility cost is based on use of The Jenny Lind Vets Hall. If the San Andreas Town Hall is used for some classes, cost would be slightly less (ie. \$50/meeting.)