



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

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

**Wednesday May 25, 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.

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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 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?:**

6. **MTHCD Reports:**

**A. President’s Report:**.....Ms. Reed

- Association of California Health Care Districts (ACHD):
  - ACHD May. 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

- Strategic Planning – Matrix:
- 
- District Projects Matrix – Monthly Report:

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- Grant 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

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

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

- Quality – April 2022:
- MedStatix – April 2022:

**7. Committee Reports:**

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

- CA Class Investment Option: Public Comment – **Action**.....Ms. Hack / Mr. Randolph
- Financial Statements – April 2022: Public Comment – **Action**.....Ms. Hack
- Budget Development Progress 2022-2023:.....Dr. Smart

**B. Ad Hoc Policy Committee:** .....Ms. Sellick / Ms. Hack

- Policy # 30 - Fixed Asset Capitalization: (30-day Review)
- Policy # 32 - Debt Management: (30-day Review)
- **Resolution 2022 – 11: To Approve Policies # 15, 16, & 28:** Public Comment – **Action**
  - Policy No. 15: Director Compensation & Travel Reimbursement:
  - Policy No. 16: Membership in Associations:
  - Policy No. 28: Finance Committee Community Member:

**C. Ad Hoc Personnel Committee:** .....Ms. Reed / Ms. Minkler

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

**E. Ad Hoc Grants Community:**.....Ms. Sellick / Ms. Reed

**F. Consideration of Name Change for the District:**  
Public Comment / Discussion Only:.....Mr. Randolph

**8. Board Comment and Request for Future Agenda Items:**

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

- The Barger Golf Outing – June 12, 2022:
- Angels-Murphys Rotary – Shrimp & Pasta Feed:

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**9. Next Meeting:**

A. The next MTHCD Board Meeting will be Wed. June 22, 2022, at 9am.

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

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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

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Dial by your location

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+1 346 248 7799 US (Houston)

+1 253 215 8782 US (Tacoma)

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

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

**9:00am Wednesday April 20, 2022**

**Participation: Zoom - Invite information is at the End of the  
Agenda Or Participate 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:**

The meeting was called to order by Ms. Hack, Treasurer at 9:05am

**2. Roll Call:**

Present for Roll Call – Ms. Hack & Mr. Randolph.

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

Public Comment: Hearing None

Motion: Mr. Randolph moved to push the Class Presentation to be presented after 9:30am.

Second: Ms. Hack

Vote: 2-0 in favor.

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

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Minutes – April 20, 2022 MTHCD Finance Committee Meeting

Hearing None:

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

**A. Resolution 2022 – 06:**

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

**B. Un-Approved Minutes:**

- Finance Committee Meeting Minutes for March 16, 2022:

Public Comment: Hearing None

Motion: Mr. Randolph moved to approve the Consent Agenda

Second: Ms. Hack

Vote: 2-0 In Favor

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

- **VSHWC Medical Cost Report (2021):**

Dr. Smart: The Cost Report was filed requesting \$379 per visit. Currently the Clinic receives approx. \$200 per visit.

- **Budget:**

Dr. Smart: All the different departments turned in their draft budgets on time. The department budgets will be compiled for the Committee to review at the May 18th meeting.

- COVID Revenue: Public Comment - Action

Mr. Wood: Recommended to recognize the COVID Relief funds of \$347k in the 4th quarter of the current fiscal year.

Public Comment: Hearing None

Motion: Mr. Randolph moved to approve.

Second: Ms. Hack

Vote: 2-0 In Favor

- JPA New Investment Firm - Information:



Mr. Wood introduced Tom Tight and Brent Turner who presented the California Cooperative Liquid Assets Securities System (CLASS) to the Committee for review (pkt. pgs. 11-61).

**7. Real Estate Review:**

Mr. Randolph: Nothing new to report

**8. Accountant's Report:**

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

Mr. Wood: Explained how depreciation is realized.

Public Comment: Hearing None:

Motion: Mr. Randolph moved to approve the financial including the investment report

Second: Ms. Hack:

Vote: 2-0 In favor.

**9. Treasurer's Report:**

Ms. Hack: Nothing new to report:

**10. Comments and Future Agenda Items:**

**11. Next Meeting:**

- Next Finance Committee Meeting will be May 18, 2022. The start time will be 7:30am

**12. Adjournment: - Public Comment – Action**

Public Comment: Hearing None:

Motion: Mr. Randolph moved to adjourn.

Second: Ms. Hack:

Vote: 2-0 In favor.

Time: 10:59am

**Peggy Stout is inviting you to a scheduled Zoom meeting.**

**Topic: MTHCD Finance Committee Mtg April 20, 2022**

**Time: Apr 20, 2022 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/83985967040?pwd=MkdTVjRKSGFtMWF3dU5uMEZOWGRDQT09>**

**Meeting ID: 839 8596 7040**

**Passcode: 010949**

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**Meeting ID: 839 8596 7040**

**Passcode: 010949**

**Find your local number: <https://us02web.zoom.us/j/kc3tomeNaX>**

**Effective - Mar 17, 2020.**

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**Meeting of the Board of Directors  
 Mark Twain Medical Center Classroom 5  
 768 Mountain Ranch Rd,  
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**Wednesday April 27, 2022 9:00 am  
 Participation: Zoom - Invite information is at the End of the Agenda  
 Or In Person**

**Un- Approved Minutes**

Mark Twain Health Care District Mission Statement

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**1. Call to order with Flag Salute:**

By: Linda Reed, President  
 Time: 9:01am

**2. Roll Call:**

Board Member	In Person	Zoom	Arrival Time
Ms. Reed	X		
Ms. Sellick	X		
Ms. Hack		X	
Mr. Randolph	X		

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

Motion: Mr. Randolph

Second: Ms. Minkler  
Vote: 5-0 in Favor:

**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 Mar. 16, 2022
- Un-Approved Board Meeting Minutes for Mar. 23, 2022:

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

- **Resolution 2022 - 06** Authorizing Remote - Extended Time To Teleconference Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of April 2022.
- **Resolution 2022 - 07** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of May. 2022.

Motion: Mr. Randolph  
Second: Ms. Minkler  
Vote: 5-0 in Favor:

**6. MTHCD Reports:**

**A. President's Report:**

- Association of California Health Care Districts (ACHD):

Ms. Reed: Amber King has left ACHD and there will be some reorganization. Staff will send ACHD updated Board Members contact information.

- ACHD Apr. 2022 Advocate: (pkt. pgs. 24-27)
- California Advancing & Innovating Medi-Cal Program (CalAIM):.....Ms. Hack

Nothing New to Report:

- **Meetings with MTHCD CEO:**

Ms. Reed: ACHD is requiring Board members to have Sexual Harassment Training.

**B. MTMC Community Board Report:**

Ms. Sellick: The Community Board will take Safety Culture training (4hr): Lloyd Dean will be retiring in June: Nurses will be honored the week of May 9<sup>th</sup> with different activities including a BBQ.

**C. MTMC Board of Directors:**

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

Dr. Smart: He and Mr. Randolph attended the Chamber Sponsored On the Right Track-Career Day for BH Students on April 25<sup>th</sup>. CHS will be on May 12<sup>th</sup>.

- **Notice of General District Election on Nov. 8, 2022:** (pkt. pgs. 28-29)
  - **Resolution 2022 – 08** Calling General District Election: Public Comment **Action**

Motion: Ms. Hack  
Second: Mr. Randolph  
Vote: 5-0 in Favor

- VS H&W Center – Policies and Forms: Public Comment – **Action** (pkt. pgs. 30-97)
  - **Policies for Apr. 2022 - Valley Springs Health & Wellness Center: Revised**
    - Audiogram – 19
    - Instrument Cleaning for Sterilization – 93
    - Radiology Safety – 149
    - Radiology Department Safety Guidelines - 150
    - Vaccine Administration- 196
    - Waived Testing Quality Assurance – 210
    - Waived Testing - RSV Rapid Test - 211
    - Waived Testing - Urine Pregnancy Testing – 214

**Bi-Annual Review**

- Standardized Procedure for Glucose Check for Diabetic Patients – 165
- Standardized Procedure for Hemoglobin Assessment – 166
- Standardized Procedure for Physical Examinations - 168
- Standardized Procedure for Pregnancy Testing of Patients on Contraception – 169

Standardized Procedure for Pulse Oximeter – 170  
 Standardized Procedure for Strep A - Rapid – 171  
 Standardized Procedure for Urinalysis – 172  
 Standardized Procedure for Urinalysis on Pregnant Patients – 173  
 Standardized Procedure for Visual Acuity Testing – 174  
 Temperature All Modalities - 186  
 Transfer Of Patient – Chart Information – 188  
 Urinary Catheterization – 192  
 Urine Collection-Clean Catch Female - 193  
 Urine Collection-Clean Catch Male - 194  
 Use of Gloves - 195  
 Vendor Visitor Management - 197  
 Venipuncture – 198  
 Visual Acuity - 200  
 Waived Testing – COVID-19 Rapid Test – 211  
 Waived Testing - Strep A Direct Rapid Testing - 212  
 Waived Testing - Urinalysis Using Siemens Analyzer – 213  
 Well Child Examinations - 216  
 Withdrawal Of Care - 217  
 X-Ray Orders – 218

Motion: Mr. Randolph  
 Second: Ms. Minkler  
 Vote: 5-0 in Favor

- **Strategic Planning – Matrix:**

Dr. Smart: The Calaveras High School Career Technical Education student is working out well. She is learning many areas of the Clinic in addition to X-Ray which is her goal: The Board will be seeing more website changes in addition to a more on social media.

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

Dr. Smart: A dental hygienist will start mid May. Barger Golfing Event will be on the May agenda.

- **Grant Report:**

Dr. Smart: In addition to the Grant Summary (pkt. pg 101) he applied for a \$118,000 HealthNet Grant.

- LAFCo Ballot-Special Dist. 2022 Member: Public Comment – **Action** (pkt. pgs. 102-104)

Motion: Ms. Sellick to nominate Mr. Randolph  
 Second: Ms. Minkler

Vote: 4-0 in Favor. Mr. Randolph recused himself.

- **Program Manager: Ms. Stanek was not available.**

**E. VSHWC Quality Reports:**

- **Quality – Mar. 2022:**
- **MedStatix – Mar. 2022:**

Ms. Terradista: (Reference pkt. pgs.105-109) and events which will be broken down into categories i.e.: no-shows, a universal trend, by provider, dept and insurance type.

**7. Committee Reports:**

**A. Finance Committee:**

- **CA Class Investment Option** (pkt pgs. 110-152)

Ms. Hack by Zoom handed off to Mr. Wood: He referenced the presentation that Tom Tigt and Brent Turner did at the Finance Committee Mtg. He and CSDA plan to invest in the new option and suggested the District consider diversifying funds into the Class Investment Option as well.

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

Ms. Hack: The District is recognizing depreciation (pkt. pg.153) and will book the COVID Relief Funds (\$347K) equally into the final quarter of this year which will help the bottom line.

Motion: Including Investment Report: Ms. Minkler

Second: Mr. Randolph

Vote: 5-0 in Favor

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

Dr. Smart: Each of the departments submitted their portion of the budget timely. A draft budget will go to the May Finance Committee with a recommendation to go to the Board. The Board will see a final budget recommendation for action at the June Board meeting.

- **Financial Report Format:** Public Comment – **Action**

Motion: Ms. Hack with a change of terminology from “delta” to “difference”.

Second: Mr. Randolph

Vote: 4 in Favor and 1 opposed:

**B. Ad Hoc Policy Committee:**

- Policy No. 15: Director Compensation & Travel Reimbursement- (30-Day Review)
- Policy No. 16: Membership in Associations – (30-Day Review)
- Policy No. 28: Finance Committee Community Member – (30-Day Review)
- **Resolution 2022 – 09: To Approve Policy 22 - Investments:** Public Comment – **Action**

Motion: Ms. Minkler

Second: Mr. Randolph

Vote 5-0 in Favor

**C. Ad Hoc Personnel Committee:**

Nothing new to report.

**D. Ad Hoc Grants Committee:**

Nothing new to report.

**E. Ad Hoc MTMC Utility Committee:** Public Comment - **Action**

Ms. Reed, President recused herself turning the proceedings over to Ms. Sellick, Secretary.

Dr. Smart: He and Ms. Minkler met with Doug Archer, MTMC, Pres and CEO who will talk to the MTMC Foundation on ideas to conserve utility usage/costs. The Utility Committee will meet again in June.

Motion: Ms. Hack

Second: Ms. Sellick

Vote 4 in Favor with 1 recused:

**8. Board Comment and Request for Future Agenda Items:**

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

- On the Right Track Career Day for CHS is May 12, 2022. Mr. Randolph plans to attend.
- The Barger Golf Outing – June 12, 2022
- For Agenda – Consideration of Name Change for MTHCD.



**9. Next Meeting:**

A. The next MTHCD Board Meeting will be Wed. May 25, 2022, at 9am.

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

Motion: Mr. Randolph

Second: Ms. Minkler

Vote 5-0 in Favor

Time: 11:39am

**Peggy Stout is inviting you to a scheduled Zoom meeting.**

**Topic: MTHCD Board of Directors Mtg - April 27, 2022**

**Time: Apr 27, 2022 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/83005325452?pwd=YnkzOVNQUUpsU1lBdlkvTi9zKzcyZz09>**

**Meeting ID: 830 0532 5452**

**Passcode: 619270**

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**Find your local number: <https://us02web.zoom.us/u/kd2CQdSTfq>**

- Effective - Mar 17, 2020.

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**Resolution No. 2022 - 07**  
**Authorizing Remote Teleconference Meetings**  
**for the Board of Directors & Finance Committee Meetings**  
**for the month of May 2022**

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**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 27th day of April 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 – 07 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 May 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: \_\_\_\_\_

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**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

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 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: \_\_\_\_\_

Mark Twain Health Care District Mission Statement

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# Will Virtual Public Meetings Continue Even After the Pandemic?

## Two New Bills Could Ease California's Teleconferencing Restrictions for the Long-Term

*April 26, 2022-* As a result of the COVID-19 pandemic, the California Legislature previously passed AB 361 to allow for streamlined teleconferencing under the Brown Act during times of local emergency. Over time, public agencies and the general public have become more comfortable with fewer teleconferencing rules and restrictions. There are now two new bills that, if signed into law, would provide agencies with greater ease and streamlining in teleconferencing for the foreseeable future.

### **AB 1944 – Simple Approach Allowing For Broader and More Flexible Teleconferencing**

AB 1944 would provide continued privacy to members of legislative bodies who are teleconferencing from private locations. The following requirements would apply:

- Legislative bodies must provide the public with virtual access when teleconferencing.
- Agendas must identify the members of the legislative body who will participate remotely.
- Legislative bodies must update agendas if members make last-minute decisions to teleconference.
- Legislative bodies must provide the public with a live video stream and an option to submit virtual public comments.
- A quorum must participate from within the agency's boundaries when teleconferencing, except under limited circumstances.

AB 1944 would authorize the legislative body

to exempt itself by majority vote from the requirements that each teleconference location must be accessible to the public, and that their teleconference address be publicly identified in the notice and agenda. However, these exemptions would only apply when members of the legislative body teleconference from a non-public location (e.g. their home, a hotel, a hospital, etc.).

AB 1944 contains a Jan. 1, 2030 sunset for these provisions.



### **AB 2449 – More Complex Approach Allowing For Limited Teleconferencing**

AB 2449 presents a more detailed approach to provide for similar goals as AB 1944. Generally, it only allows for relaxed teleconference rules “when a quorum of members participate in the meeting from a single public location,” meaning

(continued from page 1)

relaxed teleconferencing is only available to some members of the legislative body. So far, this bill has been less active than AB 1944.

AB 2449 would authorize relaxed teleconferencing procedures (meaning there would be no need to identify each teleconference location, post agendas at all teleconference locations, or allow the public to access the teleconference locations) if at least a quorum of the legislative body participates in-person at a single location identified on the agenda that is open to the public, and the legislative body follows certain requirements, including:

- Giving regular notice of the meeting and posting agendas as otherwise required by the Brown Act
- Teleconferencing members must use both audio and visual technology
- Allowing the public to access the meeting and provide comments, including by teleconference, and including teleconference instructions in all notifications and agendas for the meeting on how the public can attend and provide comment
- Pausing the meeting when there is any teleconference disruption
- Allowing for real-time public comments and not requiring submission of comments in advance of the meeting
- Creating and implementing a procedure for receiving and swiftly resolving requests for reasonable accommodations for individuals with disabilities, and giving notice of this procedure in notifications and agendas for the meeting

AB 1944 and AB 2449 remain active as of publication of this Legal Alert, and have potential to become law. Best Best & Krieger will continue to track the progress of these bills and provide updates as appropriate.

*Disclaimer: BB&K Legal Alerts are not intended as legal advice. Additional facts, facts specific to your situation or future developments may affect subjects contained herein. Seek the advice of an attorney before acting or relying upon any information herein. ■*



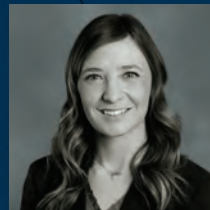
**Michael J. Maurer**

PARTNER

☎ (213) 787-2557

✉ MICHAEL.MAURER@BBKLAW.COM

📍 LOS ANGELES, CA



**Anne Branham**

ASSOCIATE

☎ (925) 378-5903

✉ ANNE.BRANHAM@BBKLAW.COM

📍 WALNUT CREEK, CA



**William C. Shepherd IV**

ASSOCIATE

☎ (619) 525-1389

✉ WILLIAM.SHEPHERD@BBKLAW.COM

📍 SAN DIEGO, CA





**ACHD**  
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

## ACHD Advocate May 2022

### What's New This Month:

- **ACHD Returns to the Capitol**
- Advocacy Update: [Support ACHD's Budget Proposal](#)
- Webinar: [2022 Legislative Highlights](#)

### CEO MESSAGE

On April 27, members of the **ACHD Advocacy Committee gathered in Sacramento** for an advocacy meetings that included visits with 17 legislators and other key staff. During the visits, ACHD members emphasized the unique role that healthcare districts play in their communities. **Districts also reminded policy makers that because they are public entities**, health care districts are significantly limited when it comes to raising capital to address issues such as seismic mandate compliance. Members stressed the need for solutions that address the need for funding to support health care districts' ability to comply and remain serving their communities into the future. Other priority messages focused on the need to address both short- and long-term workforce shortages, as well as support for [ACHD's sponsored budget ask](#) to fund Insure the Uninsured Project's broadband data collection and reporting efforts. Thank you to our members for taking time to travel to the Capitol to share your stories and advocate on our top legislative priorities, it is your voices that make the biggest impact here in Sacramento.



Cathy Martin  
Chief Executive Officer

**A bit of good news:** a deal has been struck regarding the ACHD opposed **Fairness for Injured Patients Act (FIPA) initiative**. The deal is housed in [AB 35](#) (Reyes and Umberg) and must be approved by June 28 to meet the deadline to remove the measure from the November ballot. The historic agreement adjusts the non-economic damages cap beginning January 1, 2023 with a ramp up over a ten-year period.

With many legislative priorities in play that impact California's healthcare districts, providing you with up-to-date information is critical. Please be sure to register for [ACHD's May Educational Webinar](#) which will feature our own **Sarah Bridge, Senior Legislative Advocate**, along with our advocacy partners, **Jean Hurst and Kelly Brooks**. Join us as they present a comprehensive update on key bills and the State Budget. The [webinar](#) is scheduled for **May 18, from 10 – 11 am**.

Please know that ACHD is ardently advocating on your behalf, and we are here for you should you have any questions or concerns. Thank you for all that you do to serve your communities and beyond.



## LEGISLATIVE UPDATE

Today marks the final day for bills to make it out of their relevant policy committees in the first house. You can find a complete list of ACHD bills with positions, [here](#).

### **State Budget:**

The Governor is slated to release and present his revised budget plan, also known as the May Revise, next week. We expect the presentation to be Friday, May 13 and available to stream through the Governor's various social media platforms and YouTube. For those who have been tracking the budget, you know that state revenues far exceed the State Appropriations Limit, commonly referred to as the Gann limit.

In other budget news, the Senate released their [updated budget priorities "Putting Wealth to Work"](#), late last week. These priorities serve as a good indication of what the final Senate budget may include as well as signals to the Governor what they'd like to see in his May Revise. It is anticipated that the Senate will begin hearing the Governor's new or adjusted proposals on health and human services on May 17th & 19th.

Much more to come as it relates to the final stretch of the budget process. Be on the lookout for ACHD updates with more details post May Revise.

### **Bills of Note:**

#### [AB 2080 \(Wood\)](#)- **ACHD Oppose**

Among other provisions, requires health facility sales, leases, transfers and mergers over \$5 million to gain approval from the State Attorney General. The

bill has made it through Assembly Health and Judiciary Committee and is now in Appropriations Committee. Please note, the healthcare district specific concern was included in the Assembly Judiciary Committee analysis available, [here](#).

**[SB 1334 \(Bradford\)](#)- ACHD Oppose Unless Amended**

The bill would apply state labor law to public health care providers when a collective bargaining agreement (CBA) is not present. ACHD is working with the sponsors on amendments that will address some of the underlying policy concerns and technical problems with the legislation.

**[AB 35 \(Reyes & Umberg\)](#)- ACHD Support**

Preserves access to care in California by modifying California's Medical Injury Compensation Reform Act of 1975 (MICRA). The bill has cleared the Senate and is now headed to the Assembly. Read ACHD's letter of support, [here](#).



## SPONSOR INSIGHTS

[CNECT](#) is a national group purchasing organization that leverages \$69 billion in purchasing power to give its members access to exclusive savings on the products and services they use every day. Without compromising quality, [CNECT](#) negotiates the lowest possible price to maximize the financial strength of its members, who join completely free of charge. More than 8,000 organizations trust [CNECT](#) to help them not only reduce their costs but also refine their procurement processes and achieve their goals.

[CNECT](#) provides each member with personalized support from a dedicated representative who gets to know their organization intimately and ensures they access the contracts that best suit their needs. Members also have access to resources and webinars that offer invaluable insights and empower them to develop a resilient, cost-efficient supply chain.



## UPCOMING EVENTS

**[2022 Legislative Highlights](#)**

May 18, 2022 | 10:00 - 11:00 am PST

ACHD Members: Free

Non-Member Price: \$90

## 2022 ACHD Legislative Updates

May 18, 2022

10am-11am



Presented by  
ACHD Advocacy Team

Sarah Bridge  
Sr. Legislative Advocate

Jean Hurst  
Partner

Kelly Brooks  
Partner

[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 77 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](http://www.achd.org).

Association of California Healthcare Districts  
[www.achd.org](http://www.achd.org)



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

			Lead	Date	Goals	
I.		<b>Workforce Health and Stability</b>			Goals	Activity
	A.	Prevent Burnout, increase retention, emotional support			Ensure 1:1 employee checkups BH Mindfulness exercises Monitor Overtime Positive rewards	<b>Employee morale is good, environment is positive</b>
	B.	"Grow Your Own", CCOE CTE			Financial Partnerships Integrate HS CTE education	<b>HS Student in clinic Planning for next year :</b>
	C.	Recruiting and Graduate Medical Education Partnerships			Partner with training NP Partner with Tauro/MTMC Explore Stanislaus State NP precepting	<b>MTMC moving forward with St Joseph's program PA applicant will be shadowing</b>
II.		<b>Relationships, Alignment, Collaboration</b>				
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			Joint Projects/Programs See III, A,B,C	<b>Invited to Anthem Central California Advisory com</b>
	B.	Links on Websites and Social Media			Public Education and Awareness	<b>Change in clinic website mgt</b>
	C.	"Program of The Month, etc" (billboards, media)			Program Manager to select and implement, Public Awareness	<b>new FB and instagram for VSHWC</b>
III.		<b>District Community Programs</b>				
	A.	Robo-Doc			Kids stay in school Parents can stay at work	<b>Adding Michelson call volume up</b>
	B.	Stay Vertical			Identify and recruit seniors who are at risk to fall	<b>Classes started Transition to New Director</b>
	C.	Let's All Smile!			Design program where children get preventive dentistry	awaiting dental infrastructure

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

	D.	Covid-19 Vaccination Hub			Continue to follow CDC guidance for community	<b>Site closed</b>
IV.		<b>Tele-Health Expansion</b>				
	A.	Remote and Distant Site at VSHWC			Review consultation demand and provide specialty care Provide video care for homebound and feeble	<b>New remote provider</b>
	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	<b>BH navigator in place Onboarding Clinical Psychologist</b>
V.		<b>School Based Clinics</b>				
	A.	Explore and plan			Keep active dialog with CCOE	
	B.	School campus and day care 2024				

**MTHCD Project Matrix 05-18-2022**

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





**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

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.

- A. 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: After Hours Telephone Management	REVIEWED: 1/2/19; 3/10/20; 5/04/21; <u>5/3/22</u>
SECTION: Operations	REVISED: 3/10/20; <u>5/5/22</u>
EFFECTIVE: <del>5/26/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** After Hours Telephone Management

**Objective:** To ensure after hours calls placed by patients are answered and appropriate guidance is provided to callers, after the end of the business day, the Clinic will activate the after-hours on-call service.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. At the end of the business day, the ~~Clinic Manager or designee will access the~~ phone system is programmed to automatically roll over to an after hours recording and activate call forwarding.
2. At the start of the Clinic day, the ~~Clinic Manager or designee will~~ phone program deactivates the call forwarding so that incoming calls may be answered by Clinic staff with the regular business day message.
3. On a weekday holiday, a holiday greeting message is updated by thr Clinic Manager or designee. The holiday message will be activated on the holiday day as the greeting.
- 2.4. All after hours, alternative and holiday greetings are programmed to automatically forward to the after hours on call service after the message plays.
- 3-5. The practitioner schedule for coverage of the on-call service is managed by the Medical Staff Office and implemented with the approval of the Medical Director.
- If the patient is seen in the practice for dental care and their issue is dental in nature, the practitioner covering the on-call service will contact the dentist after speaking with the patient and provide the patient's demographics, contact information, and information regarding the patient's complaint/concern.

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After Hours Telephone Management  
Policy Number 8

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

POLICY: Alternate Communications in Emergency Situations	DATE: 9/1/19; 2/25/20; 5/21/21; <u>5/3/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20; 5/21/21; <u>5/5/22</u>
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR

**Subject:** Alternate communications in emergency situations

**Objective:** To ensure personnel ~~are able to~~can communicate amongst themselves and with emergency services in the event of a clinic/community telephone/internet failure.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure**

1. Personnel will be provided with a confidential list of personnel (including provider personnel) so as to maintain those contacts in their personal cell phone for access when Clinic telephone service malfunctions. The list will be updated monthly and the content will not be shared with persons not employed or under contract with the Clinic.
2. The personnel list (with phone numbers) will be available in the Clinic at the following locations:
  - a. Manager's Office in the staff schedule binder
  - b. At the receptionist desk
  - c. The nurses' station
  - d. Radiology department workstation
  - e. Incident Command Binder/Emergency Operations Binder
3. The Clinic will purchase and maintain a minimum of the following emergency communications equipment:
  - a. Dual band (VHF/UHF) two way radios
  - b. Active and supplemental batteries for said radios
  - ~~b.~~c. Satellite phone
4. Staff will be oriented to the use of the radios as part of their Emergency Preparedness training.
5. Batteries will be charged and radios tested monthly.
6. Radios, batteries and chargers will be stored in the clinic in an accessible location.



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

POLICY: Answering A Phone Call	REVIEWED: 1/2/19; 2/12/20; 5/04/21; <u>5/3/22</u>
SECTION: Operations	REVISED: 2/12/20
EFFECTIVE: <u>5/26/21</u> <del>5/25/22</del>	MEDICAL DIRECTOR:

**Subject:** Answering a phone call

**Objective:** To provide prompt, excellent customer service

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. All staff members will answer the telephone in the same, approved manner.
2. Answer by stating, “Valley Springs Health and Wellness Center, this is (your name). How may I help you?”
3. Calls should be answered immediately, before the third ring.
4. Answer the caller’s questions courteously. Give accurate answers. If you are unsure of the correct answer, place the caller on hold and seek assistance.
5. If you must place a caller on hold, ask permission to do so (“May I place you on hold for a moment please?”). Wait for the caller’s response before placing them on hold. If there is an extended wait for the caller, go back on the line to inform them that they haven’t been forgotten and that you continue to work on this issue. Offer the patient the opportunity to leave their number so you can complete your research and return their call.
6. If the person the caller is attempting to reach is unavailable, ask if you may take a message or if they would prefer to be transferred to voice mail (where voice mail is available [Clinic Manager, Billing Department]). If the patient’s issue is urgent, contact the Supervisor on duty to assist the caller.
  - a. If the caller is a patient, enter the telephone message in the EMR and forward the message to the appropriate medical practitioner.
7. When transferring a call, advise the patient to whom they are being transferred prior to taking that action.

8. When answering your telephone extension, answer “This is (your name). How may I help you?”

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

POLICY: Co-Signature of Mid-Level Medical Records	REVIEWED: 7/1/19; 2/23/20; 5/04/21; <u>5/3/22</u>
SECTION: Medical Staff	REVISED: 2/23/20; <u>5/5/22</u>
EFFECTIVE: <u>5/26/21</u> <del>5/25/22</del>	MEDICAL DIRECTOR:

**Subject:** Co-Signature of Mid-Level Practitioner Medical Records

**Objective:** To ensure compliance with current State of California regulations regarding the supervision of Nurse Practitioners and Physician Assistants; to ensure compliance with Peer Review standards in the Clinic: clinic notes completed by the mid-level practitioner (nurse practitioner, physician assistant, certified nurse midwife, LCSW) will be reviewed by the Physician Supervisor(s) for the timely review and co-signature of a minimum of ~~105~~ 105% of the mid-level practitioners' clinic notes.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. A randomized list of 5% of the mid-level practitioner's patients treated by each mid-level practitioner will be ~~developed at the end of each clinic month~~forwarded to the reviewer's EHR inbox, monthly.
2. The Supervising Physician(s) will be ~~presented with the list no later than the tenth day of the following month~~able to access and review the randomized charts monthly through the EHR.
3. The Supervising Physician(s) will review the clinic note for a random ~~105~~ 105% of patients listed, ensuring proper care was rendered and that said care was appropriately documented. This review will be documented.
4. Should the Supervising Physician(s) determine that the care rendered to the patient was not appropriate and/or sufficient:
  - a. They will counsel the mid-level practitioner(s) to ensure they contact the patient and supplement their treatment per the direction of the Supervising Physician(s).
  - b. Document on a peer review form that the mid-level practitioner(s) was counseled regarding their patient care.
5. The co-signature logs will be stored digitally, to ensure both HIPAA compliance and privacy relative to any personnel action documented.
6. The co-signature logs will be considered when the performance evaluation of the mid-level practitioner(s) are completed.

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

POLICY: Critical Alert Value Notification	REVIEWED: 2/1/19; 2/23/20; 5/21/21; <u>5/3/22</u>
SECTION: Patient Care	REVISED: 2/23/20; <u>5/5/22</u>
EFFECTIVE: <u>6/16/21</u> <del>5/25/22</del>	MEDICAL DIRECTOR:

**Subject:** Critical alert value notification

**Objective:** To define policy and procedure to identify and report critical and alert test values.

**Response Rating:** Mandatory

**Required Equipment:**

**Definition:**

Critical: potential to be imminently life threatening

Alert: vital to patient management but not imminently life threatening

**Procedure:**

1. All point-of-care (waived) laboratory testing performed in the Clinic will be immediately reviewed by the attending and ordering practitioner at the time of the patient's visit.
  2. All laboratory specimens that are sent to an outside lab will be reported via electronic transmission, with results populating the EMR. The practitioner will review results in the EMR in a timely manner.
  3. If a test is sent out and ~~a~~there are critical lab value results, the outside lab will contact the Clinic directly during business hours and provide results to an an RN or the ProviderManager via telephone to report the critical value. This will be read back and the Clinic Managerreceiving RN -will contact the provider or Medical Director for further orders/action. A provider will take appropriate action.
  4. If the result is reported after hours, the outside lab will call and reach the on call service/provider to report results. The on-call provider will take appropriate action.
54. The Clinic ManagerRN or provider receiving the result will document receipt of the results and their communication with the provider/Medical Director, or the action taken, in a patient case in the EMR.

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

POLICY: Holter Monitor Testing	REVIEWED: 02/10/2020; 5/04/21: <u>5/3/22</u>
SECTION: Patient Care	REVISED: <u>5/5/22</u>
EFFECTIVE: <u>5/26/21</u> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Holter Monitoring, 24 Hr. (Outpatient)

**Objective:** For Advanced (24 Hour) Outpatient monitoring of patient heart rhythms

**Response Rating: Mandatory**

**Indications:** Continuous Non-activated Recorder (e.g. Holter Monitor): 24- to 48-hour continuous external unattended cardiac monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias.

**Required Equipment:** A Holter monitor with case and strap, a Holter monitoring kit which includes: Holter electrodes (5), Battery AAA (1), Patient Diary, Alcohol pad, Skin Prep Scrub, pencil, Gauze pad, access to Vision Express Software Program and a razor, if needed, Patient Acknowledgement Form, Holter Monitor Test Patient Guide.

**Procedure:**

1. Upon receipt of a signed Provider order, Staff will:

- a. ~~\_\_\_\_\_~~ a. Provide the patient with a copy of the Holter Monitor Test Patient Guide and Holter Monitor Patient Acknowledgement Form.
- b. ~~\_\_\_\_\_~~ The patient will be directed to the reception front desk to place a credit or debit card on file for at least the duration f the equipment loan.
- b. ~~\_\_\_\_\_~~ b. The patient will review and sign the Holter Monitor Patient Acknowledgement Form and staff will scan the completed form into the EMR.
- c. ~~\_\_\_\_\_~~ The staff will ensure that the Holter monitor has a legible "if found, please return to" tag attached to the Holter device.
- b-d. ~~\_\_\_\_\_~~ The staff will schedule a follow-up nurse visit appointment for the patient to return for removal of the device after the ordered test duration is complete.
- e-e. ~~\_\_\_\_\_~~ The staff member will initiate placement of the Holter monitor on the same day of the order by:
  - Preparing the Holter for a new patient test
  - Preparing the patient and placing the electrodes and monitor per protocol.
- e-f. ~~\_\_\_\_\_~~ The staff will verify the patient has a complete understanding of the test and instructions.

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Holter Monitor Testing  
Policy Number 225

2. When patient returns for the follow-up nurse visit:
  - a. Staff will remove the Holter monitor from the patient.
  - b. Staff will verify the unit has been returned in good working condition and signed off on the Patient Acknowledgement Form.
  - c. Staff will disinfect the Holter unit.
  - d. Staff will collect the patient diary for Provider review.
  - e. Staff will download the Holter information to the software per protocol.
  - f. Staff will document as needed in the EMR.
  - g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Holter monitoring period to 48 hours. In this event, staff will verify electrode placement security.
3. It is understood that placement of the Holter monitor on a day the patient has been examined by the ordering Provider is preferred.
4. Charges will be entered upon placement of the Holter monitor, but the claim will be held until the device is returned by the patient.

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

POLICY: Telephone Request For Medical Information	REVIEWED: 6/1/19; 2/18/21; <u>5/3/22</u>
SECTION: Patient Care	REVISED: <u>5/5/22</u>
EFFECTIVE: <del>March Board Meeting</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Telephone Request for Medical Information

**Objective:** To facilitate the proper diagnosis and treatment of patients and distribution of patient personal health information, medical advice and/or treatment will not be given over the telephone by the Clinic staff except as a method of follow-up to Delayed Procedure Diagnostic Testing.

**Response Rating:**

**Required Equipment:** None

**Procedure**

1. Patients seeking medical advice over the phone will be informed, courteously, that it is the policy of the Clinic that medical advice is not to be given over the phone.
2. Patients will be informed that if they have questions regarding their results or think they need to be seen by a practitioner they should come in to the Clinic. A phone appointment may also be considered.
3. Follow-up information or treatment due to Delayed Procedure Diagnostic Testing (lab, x-ray) may only be given by those personnel authorized to diagnose and prescribe (physicians, physicians' assistants, nurse practitioners). Normal test/lab values may be provided to the patient by the MA or RN.
4. Results of lab work are not to be given to patients by telephone unless approved by the practitioner, or if the patient has signed permission. If approved by the practitioner, the information will be given to the patient via a designated staff member with a notation in the EMR indicating date, time and name of person giving the information.
5. Confidential results (sexually transmitted diseases, pregnancy, etc.) will never be given over the telephone.
6. When results are given to the patient over the telephone, practitioner, or staff providing the results to the patient, must document date/time and what information given in the EMR.

7. ~~Under no circumstances will r~~Results of any kind (lab- x-ray, treatment) should not be left on answering machines or voice mail, unless the patient has a signed release specifically stating they authorize VSHWC to leave a detailed message on their voice mail.
8. Messages left for patients will be confined to providing the name of the person calling, the name of the clinic, the clinic phone number, and a request that the patient return the call at their soonest convenience.



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

POLICY: Abnormal Vital Signs	REVIEWED: 11/11/18; 9/14/19; 3/5/20; 5/04/21
SECTION: Clinical	REVISED: 9/14/19; 3/5/20
EFFECTIVE: 5/26/21	MEDICAL DIRECTOR

**Subject:** Abnormal Vital Signs

**Objective:** To assess the patient at risk for severe disease or complications.

**Response Rating:** Minimal to Severe

**Required Equipment:** Gloves.

**Procedure**

1. All patients in the Clinic will have a complete set of vital signs.
2. All children should be evaluated for severe respiratory distress as indicated by rapid breathing, retractions, or cyanosis (blue/purple lips) and brought in immediately for evaluation by the practitioner.
  - a. In children under age 3, pulse, respiratory rate, temperature (oral or temporal artery thermometer), weight and pulse oximetry, if indicated.
  - b. In children (3 years and above) and adults, add blood pressure.
  - c. In children (regardless of age) who present as ill or in distress, ensure all vital signs are taken and recorded in the medical record.
3. For pulse: notify the practitioner if less than 60 or greater than 100 in adults or if the patient shows visible signs of distress. The normal range for children will vary by age, but generally is faster. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
4. For respiration: notify the practitioner if the rate is greater than 24 times per minute, or if there is any difficulty breathing or the patient shows visible signs of distress. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.
5. For blood pressure: in adults, notify the physician if systolic is >160 or less than 90, or if diastolic is over 100 or under 60.
6. For temperature: notify the practitioner if over 102 degrees.
7. For pulse oximetry: notify the practitioner if less than 95%.

8. In all cases, document the vital signs clearly in the medical record and notate if any are abnormal.
9. All abnormal vital signs and oximetry will be addressed by the practitioner during the visit.

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

POLICY: Accounts Payable	REVIEWED: 11/12/18; 8/13/19; 5/04/21
SECTION: Operations	REVISED: 8/13/19
EFFECTIVE: 5/26/21	MEDICAL DIRECTOR:

**Subject:** Accounts Payable

**Objective:** To monitor the Accounts Payable system to insure accuracy, avoid duplication, and maintain an efficient record keeping system.

**Response Rating:**

**Required Equipment:**

**Procedure:**

General Information:

1. Invoices for supplies, equipment, utilities, and all Clinic expenses are paid by the Mark Twain Health Care District.
2. Invoices will be reviewed by the District’s bookkeeper for accuracy and duplicate charges/payments, attached to a purchase order, and entered into the accounting system.
3. Packets will be submitted to the Clinic Manager for review and comment.
3. After review by the Clinic Manager, each invoice packet will be submitted to the Executive Director for review and approval.
4. As required, the bookkeeper will print checks for approved invoices.
5. Checks, with the purchase order and invoice attached, will be presented to Randy Smart, MD designated signer(s).
6. Expenses in excess of \$5,000 are subject to review and approval by the Finance Committee if not budgeted. Unbudgeted expenses of \$5,000 or above will be reviewed and approved by the Finance Committee and reviewed by the Board of Directors.
7. Checks will be released as funds permit, at the discretion of the Executive Director

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

POLICY: Adverse Drug Reaction	REVIEWED: 2/1/19; 3/10/20; 5/04/21
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: 5/25/22	MEDICAL DIRECTOR:

**Subject:** Adverse Drug Reaction

**Objective:** To establish guidelines in the event of an adverse medication reaction

**Acuity Rating:** Mild to Severe

**Procedure:**

1. When a patient reports or a staff member observes signs of a medication reaction, staff will follow clinic protocol for medication reactions. The ordering practitioner will be notified immediately and will give the instructions for the patient regarding the prescribed medication. The patient will be instructed by the practitioner or nursing staff of the plan of care.
  - a. If the patient is a dental patient, call the dentist immediately.
  - b. If the dentist is unavailable, treat the problem as a medical problem.
2. It is the practitioner's responsibility to educate the patient to any expected or potential side effects of any medication being ordered.
3. The practitioner and nurse/medical assistant who is administering the medication will ensure the patient's understanding of the benefits, expected or potential side effects of the medication.
4. The patient will be advised and expected to report any side effects to the practitioner, nurse, or medical assistant.
5. Adverse drug reactions are considered noxious and generally unintended and include undesired effects, allergic reactions, and idiosyncratic reactions.
6. Reactions may be exaggerated but otherwise normal pharmacological action of drug at usual dose. They may be an aberrant effect not expected at usual therapeutic doses.
7. Withhold any further administration of the medication.
8. Notify the practitioner immediately and obtain written orders for treatment.

9. Advise patient and/or family of plan of care.

### **Documentation:**

1. Documentation of all medication reactions/adverse effects will be recorded in the patient's record. For medical only patients, utilize the EMR. For dental only patients, document in Dentrax. For patients who are seen in the practice for both medical and dental issues, document in both systems.
  - a. Symptoms
  - b. Time the practitioner was notified and what orders were given.
  - c. Patient notification and response.
  - d. Any follow up care or instructions given.
  - e. Record allergy in allergy section of patient record
  - f. Refer to clinical questions and guidance as posted in the nurses' station.

### **Reporting:**

1. In the case of adverse reactions to medications, the practitioner or designee will report the data to MedWatch at <https://www.fda.gov/Safety/MedWatch/default.html>.
2. In the case of adverse reactions to vaccinations, the practitioner or designee will report the data to VAERS at VAERS.hhs.gov.

### **Notify Pharmacy**

If patient is reporting a reaction that occurred from a medication that was filled at a pharmacy, the pharmacist at the pharmacy will be notified of the patient's reaction.

### **Medication Administered in the Clinic**

1. If an adverse/reaction of medication occurs from medication given to the patient in the Clinic, the attending staff member will complete an incident report.
2. A copy of the patient's visit note will be attached to the incident report and it will be sent to the Clinic Manager.
3. The Clinic Manager will review the report with the Medical Director and it will be reviewed at the Quality Improvement Meeting and/or with the Medical Staff.

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

POLICY: Appointment Scheduling	REVIEWED: 11/12/18; 2/12/20; 3/5/20; 5/04/21; <u>5/3/22</u>
SECTION: Admitting	REVISED: 2/12/20; 3/5/20
EFFECTIVE: <del>5/26/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Appointment Scheduling

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

**Response Rating:**

**Required Equipment:** EHR

**Procedure:**

1. Patients will be encouraged to schedule appointments in order to decrease wait time and improve workflow in the Clinic.
2. Medical patients will be scheduled in 20-minute intervals, unless otherwise indicated by the practitioner, the visit type, or the patient’s acuity.
3. Dental patients will be scheduled in 30 minutes intervals for emergency/urgent care and 60 minute intervals for other appointment types.
3. When scheduling an appointment, staff will confirm the patient’s address and telephone number as it is recorded in the scheduling system and remind the patient that any co-payment required will be due.
4. If the patient has not been seen in the Clinic previously, staff will capture all patient demographic information, if time permits.
5. New patients will be asked to arrive at the Clinic before their scheduled appointment time, so that their demographic record and signed new patient documents may be entered into the system.
  - a. Patients who will bring completed paperwork with them should be asked to arrive 15 minutes before their scheduled appointment time.
  - b. Patients who will not bring completed paperwork with them should be asked to arrive 30 minutes before their scheduled appointment time.
6. Patients will be pre-registered the day before their appointment.

7. Patients that arrive late for their appointment (10 minutes or more) will be treated as walk-in patients and will be seen as patient volume allows. Patients will be advised of this change from scheduled to walk-in status upon their arrival at the Clinic.

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

POLICY: Bioterrorism Threat	REVIEWED: 8/29/19; 2/25/20; 5/04/21; <u>5/3/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <del>5/26/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Bioterrorism Threat

**Objective:** A bioterrorism threat is the accidental exposure or deliberate release of viruses, bacteria, and/or other agents that cause illness or death in people, animals, or plants. Biological agents can be spread through the air, water, or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents, like smallpox, can spread from person to person. Other agents, such as anthrax, are not spread person to person.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. In the case of a biological threat:
  - a. Notice of a biological event may come from the California Department of Public Health (CDPH) and/or the Calaveras County Public Health Office/Officer.
  - b. Directions may be received from CDPH and/or the County Public Health Office/Officer on how to proceed.
  - c. Patients that present to the Clinic during a bioterrorism threat and who indicate they have a potential exposure will be assessed by Clinic personnel who have donned personal protective equipment. These patients will be segregated and treated in the exam rooms closest to the exit doors with registration occurring in the exam room.
  - d. Patients with symptoms that may be the result of a biological exposure will be reported according to current policy for the reporting of diseases as outlined by the CDC, the State of California, and the County.
  - e. The Clinic may be directed by CDPH and/or the County Public Health Office/Officer to give information to patients regarding the biological event.



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

POLICY: Communication with Persons with Limited English Proficiency	REVIEWED: 11/9/18; 2/12/20; 5/04/21; <u>5/3/22</u>
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: <u>5/26/21</u> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Communication with Persons with Limited English Proficiency

**Objective:** The Clinic will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of The Clinic is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, Language Line Solutions providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The Clinic will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Identifying Limited English Proficiency (LEP) Persons

The Clinic will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or “I speak cards,” available online at [www.lep.gov](http://www.lep.gov)) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

## 2. Obtaining a Qualified Interpreter

Clinic Manager, (209) 772-7070 is responsible for:

- a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff and/or the contact information of the 24-hour interpreter service (provide the list);
- b. Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;
- c. Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. The Clinic has made arrangements with Language Line Solutions to provide qualified interpreter services. Language Line Solutions is available 24 hours a day, 365 days a year. Language Line Solutions contact and access information can be found on the Emergency Contacts list found at all phones in the Clinic.
- d. Where the patient's insurance carrier provides a language line for the patient's use, Clinic staff will access the insurance provider's offered service to the patient.
- e. Where the patient requires a sign language interpreter, Clinic staff will contact the patient's insurance carrier to determine what resources are made available to the insured and will schedule those resources as needed. It is understood that a patient accessing same day care does not allow the Clinic to schedule a sign language interpreter through their insurance carrier as there is no lead time to obtain the assistance. When this occurs, the Clinic will contact Language Line Solutions and utilize their video conferencing technology to access an American Sign Language interpreter.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

Children and other clients/patients will not be used to interpret, in order to ensure confidentiality of information and accurate communication.

## 3. Providing Written Translations

- a. When translation of vital documents is needed, The Clinic will submit documents for translation into frequently-encountered languages to Language Line Solutions. See the Emergency Contacts list located at each telephone for contact and access information. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

- b. Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.
- c. The Clinic will set benchmarks for translation of vital documents into additional languages over time.

4. Providing Notice to LEP Persons

The Clinic will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the waiting room and treatment rooms. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspaper advertisements.

5. Monitoring Language Needs and Implementation

On an ongoing basis, the Clinic will assess changes in demographics, types of services, or other needs that may require reevaluation of this policy and its procedures. In addition, the Clinic will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations.

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

POLICY: Conflict Of Interest	REVIEWED: 8/12/19; 2/24/20; 5/21/21; <u>5/3/22</u>
SECTION: District	REVISED: 2/24/20
EFFECTIVE: <del>6/16/21</del> / <u>25/22</u>	EXECUTIVE DIRECTOR:

**Subject:** Conflict of Interest

**Objective:** The purpose of this policy is to protect Mark Twain Health Care District’s interest when it contemplates entering into a transaction or arrangement that might benefit the private interest of an employee.

This policy is intended to supplement, but not replace, any applicable state or federal laws governing conflicts of interest applicable to nonprofit organizations.

**Response Rating:** Mandatory

**1. Definitions:**

- a. *Conflict of Interest* - occurs when a covered person solicit or accepts gifts, does business with the District and/or engages in prohibited employment or business relationships, accepts unauthorized compensation, misuses their position, or discloses or uses certain information.
- b. *Covered Person* - Any employee.
- c. *Contract* - means and includes any written agreement.
- d. *District* - the Mark Twain Health Care District and its affiliated entities including, but not limited to Valley Springs Health and Wellness Center.
- e. *Exempt Employee* - an employed executive, administrative, professional, computer, or outside sales position and is not subject to the minimum wage and overtime provisions
- f. *Gift* - something which is paid or given by a person or entity to a Covered Person, directly or indirectly. This may include, but not limited to; real property, a preferential rate or terms on a loan, debt, goods or services, food or beverages, membership dues, entrance fees, admission fees, tickets to events, performances, facilities, parking or lodging.
  - i. Gifts may not exceed \$25.00 per gift and/or \$500.00 per year.

## 2. Procedure:

- a. Duty to Disclose- In connection with any actual or possible conflict of Interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the CEO.
- b. Recusal of Self - Any employee may recuse himself or herself at any time for involvement in any decision or discussion in which the employee believes he or she or may have a conflict of interest, without going through the process of determining whether a conflict of interest exists.
- c. Determining Whether a Conflict of Interest Exists - After disclosure of the financial interest and all material facts, and after any discussion with the interested person, he/she shall leave the meeting with the CEO while consideration of a conflict of interest is discussed and determined.
- d. Procedure for addressing the Conflict of Interest - An interested person may make a presentation to the CEO, but after the presentations, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict of interest. The CEO shall, if appropriate, appoint a disinterested person to investigate alternatives to the proposed transaction or arrangement.

## 3. Violations of the Conflict of Interest Policy:

- a. Violations include, but are not limited to: bribery, payments for appointments to offices, willful or corrupt misconduct in office, embezzlement, misuse of public funds, prohibited political activities, conviction of a crime.
- b. If the CEO has reasonable cause to believe an employee has failed to disclose actual or possible conflicts of interest, it shall inform the employee of the basis for such belief and afford the employee an opportunity to explain the alleged failure to disclose.
- c. If after hearing the employee's response, the CEO still determines the employee has failed to disclose an actual or possible conflict of interest, they shall take appropriate disciplinary and corrective action.

### Resources:

<http://www.fppc.ca.gov/Form700.html>

FPPC Form 700 Reference Pamphlet (2015/2016)

Special District Board Member/Trustee Handbook

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

POLICY: Credit Card on File	REVIEWED: 8/15/19; 5/04/21; <u>5/3/22</u>
SECTION: Revenue Cycle	REVISED: 5/04/21
EFFECTIVE: <u>5/26/21</u> <del>5/25/22</del>	MEDICAL DIRECTOR:

**Subject:** Credit Card on File

**Objective:** The Clinic will encourage a patient maintain a credit or debit card on file in support of timely payments on account and/or compliance with payment plans.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. When registering a new patient to the practice, the receptionist will request a credit or debit card to place on file.
  - a. Self-pay patients (no insurance)
  - b. Commercially insured patients (examples include Aetna, Cigna, Blue Shield)
  - c. MediCare only patients (to address the 20% co-pay and any non-covered services)
  - d. MediCare Advantage patients (to address any co-pay)
  - e. MediCal patients with a share of cost confirmed through the eligibility checking process
2. The patient will be offered a One Year Card on File Agreement that will cover any charges incurred within a year.
  - a. The One Year Card on File agreement will have a maximum limit of \$1500
  - b. The patient will indicate the maximum limit they will allow
  - c.
  - d. Patients with a One Year Card on File agreement may make a time-of-service payment (co-pay) or a telephone payment without swiping their card for that payment.
3. Alternatively, a patient may prefer a Single Visit Card on File agreement that would only cover charges for the visit that occurs on the day the agreement is signed.
4. Signed Card on File Agreements must be retained for at least 18 months.
  - a. Scan signed Card on File Agreements to the designed shared folder

- b. Name the Card on File Agreement as follows:
  - i. Patient Last Name, Patient First Name: Date Signed, One Year  
(Jones, Mary: 081519 One Year)
  - ii. Patient Last Name, Patient First Name: Date Signed Single Visit  
(Jones, Mary: 081519 Single Visit)
- 5. If a patient has a One Year Card on File Agreement they may not also have a Single Visit Card on File Agreement.
- 6. A patient may establish a Payment Plan and utilize their existing One Year Card on File Agreement to satisfy that Payment Plan.
- 7. Enter the Card on File agreement details into the EMR following the approved workflow EMR.
- 8. The patient's credit/debit card must be swiped in the office to implement the Card on File agreement.

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

POLICY: Demonstrated Competency	REVIEWED: 3/1/19; 2/23/20; 5/21/21; <u>5/3/22</u>
SECTION: Workforce	REVISED: 2/23/20
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Demonstrated Competency

**Objective:** To ensure personnel are capable of performing the tasks required by their position, competency will be demonstrated at the time of on-boarding and annually thereafter, in accordance with the Demonstrated Competency Checklist(s) in place at the time.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Demonstrated Competency:** The ability to perform a work role or task to a demonstrated defined standard. To meet a competency standard, the activity is performed under specified conditions to the specified standard of performance.

**Procedure:**

1. Prior to assuming duties without direct supervision, all personnel will demonstrate competency according to the Demonstrated Competency Checklist currently approved for their job description.
2. Annually, all personnel will demonstrate competency according to the Demonstrated Competency Checklist currently approved for their job description.
3. Upon addition of new patient care equipment, patient care procedures, and/or waived testing kits in the Clinic, personnel will participate in orientation/education and then demonstrate their competency.
  - a. Training will be documented with educational materials and documentation of personnel participation retained.
  - b. After training is completed, competency will be demonstrated, documented and added to the current Demonstrated Competency Checklist as a “write-in”.
4. Annually, the Demonstrated Competency Checklist will be reviewed to ensure it accurately reflects the processes, equipment, techniques that are pertinent to the Clinic environment with new processes, equipment, and techniques added and unnecessary elements deleted.



5. The Medical Director will complete Demonstrated Competency evaluation and documentation for Nurse Practitioners and Physician Assistants.
6. The Dentist will complete Demonstrated Competency evaluation and documentation for Registered Dental Assistants and Dental Hygienists.
7. A Registered Nurse will complete Demonstrated Competency evaluation and documentation for the Medical Assistants and Licensed Vocational Nurses.
8. Registered Nurse and/or Nurse Practitioners will complete Demonstrated Competency evaluation and documentation for the Registered Nurse(s).
9. The Radiologist will complete Demonstrated Competency evaluation and documentation for the clinic work performed by the Radiology Technicians. The Office Manager or their administrative designee will complete Demonstrated Competency evaluation and documentation for any administrative responsibilities of the -Radiology Technicians.
10. The administrative designee will complete Demonstrated Competency evaluation and documentation for Front Office personnel and any persons assigned responsibilities for billing and coding functions.

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

POLICY: Earthquake Or Weather Emergency	REVIEWED: 8/30/19; 2/25/20; 5/21/21; <u>5/3/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Earthquake or weather emergency response/management

**Objective:** To ensure the safety of patient, personnel, and visitors in the event of an earthquake or weather-related disaster.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

In the event of a fire or weather-related disaster:

1. Patients and visitors will be moved to the safest location(s) within the Clinic, as follows:
  - A. Earthquake
    - i. Structurally strong interior spaces, excluding doorways.
    - ii. Away from objects on shelves that may fall and cause injury
    - iii. Exterior areas which are not under trees, near power poles, or other tall structures (parking lot, as designated in Emergency Preparedness Plan)
  - B. Weather-related disaster
    - i. In the case of a high wind storm/tornado, persons will be moved to interior rooms without windows. (See Shelter in Place Policy)
    - ii. In the case of a rainstorm causing flooding, persons will be moved to rooms that are dry and/or have furniture that will allow the person to be up and away from the water.
    - iii. The Clinic Manager or designee will ensure that a census of the patients and visitors is developed, with any special needs noted (requirement for oxygen, medication, additional supervision, aided support) and addressed as quickly as possible and documented in a medical record.
    - iv. If required, utilities will be terminated at the source:

<b>Service Type</b>	<b>Source Location</b>
Natural gas	Exterior of building
Electrical service	Electrical panel
Water	Exterior of building

- v. Clinic Manager or designee will contact 911 if assistance is required to evacuate or render care to patients, visitors and/or personnel.
  - vi. Clinic Manager or designee will contact the Administrator to advise emergency situation and request support, if required.
  - vii. Clinic Manager or designee will meet emergency personnel when they arrive.
  - viii. Clinic Manager or designee will record all actions taken and include that information in their Incident Report.
  - ix. Clinic Manager will prepare a thorough incident report and forward that report to the Administrator.
  - x. Clinic Manager will contact the Chief Executive Officer for assistance in identifying damage to the premises and to coordinate arrangements for the repair and replacement of damaged facilities and equipment.
  - xi. The Chief Executive Officer will notify Licensing and Certification, as well as any other appropriate agencies. Notification will specifically indicate whether the Clinic is safe for continue use, and if not, what alternate arrangements have been made so that care of the patients may continue.
2. Clinic staff should prepare to receive additional patients that may result from the situation.

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

POLICY: Emergency Ambulance Transfer	REVIEWED: 9/11/19; 2/23/20; 5/21/21; <u>5/3/22</u>
SECTION: Patient Care	REVISED: 2/23/20
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Emergency Ambulance Transfer documentation preparation

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. When notified that a patient will be transferred to a higher level of care, the Medical Assistant will assist by printing two sets of insurance cards, patient demographic sheets and the Patient Care Summary from the EMR..
2. One set of the copies will be sent with the medics.
3. The second set of copies will be provided to the responding medics for use by the ambulance company.
4. Both sets of copies will be given to the nurse or medical assistant, who will be responsible for giving them to the ambulance team.
5. The provider or nurse will provide the documents and report to the medic(s).
6. The practitioner will document the medical record by selecting procedure code "MISCOUT AMB". This code will ensure the patient's departure by ambulance will be captured for reporting purposes.
7. For minor patients, the practitioner should speak with the parent(s)/caregiver(s) regarding:
  - i. The reason for the transfer
  - ii. Location of transfer
  - iii. Directors to the transfer location
8. The provider should call the receiving facility emergency department to provide a report to the provider at that location.

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

POLICY: Equipment Management	REVIEWED: 11/12/18; 2/18/20; 5/21/21; <u>5/3/22</u>
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Equipment Management

**Objective:** Designated equipment in service for the care and treatment of patients will be inspected, tagged, and in good working order. The Clinic will maintain a current inventory of all equipment and will interface with an appropriate biomedical vendor to provide a Preventative Maintenance program that will ensure all equipment used in the diagnosis, treatment, and therapy of patients is properly maintained and will meet the standards required by Title 22 and community standards.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. All equipment in the Clinic will be evaluated for inclusion in a Preventative Maintenance program that will:
  - a. Prolong the life or improve the operation of the device.
  - b. Identify a failure or discrepancy not readily apparent to the normal user.
  - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
  - d. Provide management reporting of equipment history reports and failure modes.
2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available and updated when new equipment is delivered and used equipment is retired.
3. New equipment delivered to the Clinic may not be placed until it has received a Bio-Medical Inspection and sticker and is cleared for use. Where required, staff will be trained and competency documented before the equipment is placed into use.
4. Preventative Maintenance will be performed for all patient care equipment that is available to the Clinic. Inspections will be performed consistent with manufacturer recommended specifications. If no manufacturer recommendations are made, inspections will occur annually.
4. All equipment service will be documented.

- a. A copy of all service work paperwork will be kept in the Clinic in the Manager's office.
  - b. A summary of service history will be provided periodically to help identify failure trends.
  - c. Repairs that may affect the calibration, operation, or electrical integrity of any device will have an inspection completed after the repair, and such will be documented.
5. Inspection and repair of equipment is the responsibility of the Clinic Manager and/or designee.
- a. Defective equipment discovered by personnel is to be marked defective, removed from use and reported to the Clinic Manager.
  - b. A maintenance request form will be completed for each instance of equipment removed from use for malfunction. The maintenance form will be returned to the Clinic Manager upon completion of the repair with the completed form retained to demonstrate compliance with policy and procedure.
  - c. Equipment requiring service or repair will be assigned to personnel or vendor(s) with appropriate training and necessary credentials.

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

POLICY: Exam Table And Exam Room Cleaning And Disinfection	REVIEWED: 3/1/19; 3/5/20; 5/21/21; <u>5/3/22</u>
SECTION: Infection Control	REVISED: 3/5/20
EFFECTIVE: <u>6/16/21</u> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Exam Table and Exam Room Cleaning and Disinfection

**Objective:** To reduce nosocomial infections to patients and staff, ALL non-autoclavable materials and surfaces will be sanitized and cleansed with approved agents that are used according to manufacturers' instructions.

**Acuity Rating:** Mandatory

**Procedure:**

1. Exam tables, dental treatment chairs, guest chairs, gurneys, and wheelchairs shall be cleaned between patients.
2. All table paper, pillow covers and dental equipment sleeves and shields will be changed between patients.
3. All exam tables will be wiped with approved sanitizing wipes between patients and allowed to air dry.
4. Surfaces coming into direct contact with a patient or used during a treatment or procedure, will be wiped with sanitizing wipes and allowed to air dry.
5. Blood and body fluids must be thoroughly cleaned from all surfaces prior to disinfecting.
6. For large amounts of blood and/or body fluids, an approved spill kit will be used.
7. Allow moisture left on surface from cleaning products to air dry. DO NOT WIPE SURFACES TO DRY.
8. Wipes can be used once gross contamination is removed.
9. Disposable gloves and personal protective equipment (PPE) are to be used while cleaning and to prevent direct contact with blood, body fluids and any surface that may be contaminated by an infectious source.
10. When cleanup is finished, remove gloves and PPE and wash hands.

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

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 2/1/20; 5/04/21; <u>5/3/22</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>5/26/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Expedited Partner Therapy for Sexually Transmitted Diseases

**Objective:** The Clinic will provide Expedited Partner Therapy (EPT) in the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner*.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. Clinic patients will be screened for sexually transmitted diseases.
  - a. Yearly at physical examinations
  - b. During the course of well woman examinations for patients above the age of 21
  - c. Earlier than age 21 for patients that participate in risky behavior
  - d. More frequently than once a year for patients that participate in risky behavior
  - e. Upon patient presentation to the Clinic with symptoms consistent with recognized sexually transmitted diseases.
2. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).
3. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

**Reference:**

California Health & Safety Code § 120582.

<https://www.cdc.gov/std/ept/default.html> (referenced 1/11/19) Page last reviewed: April 13, 2021



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

POLICY: Exposure Control Plan	REVIEWED: 3/1/19; 2/18/20; 5/21/21; <u>5/3/22</u>
SECTION: Infection Control	REVISED: 2/18/20; 5/21/21
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Exposure control plan

**Objective:** To ensure compliance with OSHA and FOSHA blood borne pathogen and universal precaution standards.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Exposure determination
  - a. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The job classifications in this category are nurse practitioners, physician assistants, registered nurses, licensed vocational nurses, medical assistants, radiology technicians.
2. Tasks and procedures that may expose employees to blood borne pathogens
  - a. The scope of occupational tasks and procedures that may expose Clinic employees to blood borne pathogens is rapidly changing. This is intended to be a general guideline against which all tasks can be measured.
  - b. Any tasks and procedures that could be reasonably anticipated to provide contact with the employee’s skin, eye, mucous membrane, or blood with potential infectious materials are included. Potentially infectious material means:

The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial (joint) fluid, pleural (chest cavity) fluid, peritoneal (abdominal cavity) fluids, amniotic fluid,

saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV or HCV-containing culture medium.

### 3. Compliance methods

#### a. Universal precautions

- i. Universal precautions shall be observed in order to prevent contact with blood or other potentially infectious materials. See universal precautions policy.
- ii. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

#### b. Engineering and work practice controls

- i. Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees.
- ii. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized.
- iii. The following engineering controls shall be utilized:
  - Disposable sharps waste containers
- iv. The above controls shall be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:
  - Sharps containers shall be checked with each use and changed when three-quarters (3/4) full or every 90 days, whichever comes first.

#### c. Hand washing facilities

- i. See hand washing and glove use policies.
- ii. Hand washing facilities or hand sanitizers are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure and are located in each patient care area.

- d. Eyewash station
  - i. The eyewash station will be easily accessible and unobstructed for ease of use to employees who are performing those tasks that may result in splashes of hazardous chemicals to the eye.
  - ii. The employee will be able to access the eyewash station within 10 seconds of exposure. The eyewash station will operate with a one-hand movement to initiate water flow. Hot water will not be available to the station. Once water flow has been initiated, the station will operate hands free with water flowing from both sides to the face and with sufficient force for the water to meet in the middle.
  - iii. The employee will flush eyes for 15 minutes holding both eyelids open.
  - iv. The eyewash station will be inspected weekly for ease of access, one hand movement water flow initiation, and hands free operation. The inspection will last no less than 3 minutes.
- e. Needles
  - i. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared, or purposely broken. They shall be immediately discarded into a labeled sharps container easily accessible to personnel and close to the area of their use. The containers shall comply with OSHA regulations.
  - ii. OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
- f. Containers for reusable sharps
  - i. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate, hard-sided containers for the purpose of moving the item(s) from the patient care area to the designated sterilization area.
  - ii. Those containers should be sealable, puncture resistant, labeled with a biohazard label, and leak proof. The containers shall comply with OSHA regulations.
- g. Work area restrictions
  - i. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, handle contact lenses. Food and beverages are not to be kept in

refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

- ii. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
  - iii. All procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
- h. Specimens
- i. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.
  - ii. The container used for this purpose shall be labeled or color-coded in accordance with the requirements of the OSHA universal precautions.
  - iii. Primary containers that contain specimens which could puncture the container or are contaminated shall be placed within a secondary container which is puncture resistant and prevents leakage during the handling, processing, storage, transport, or shipping.
  - iv. Refrigerators or other storage areas where specimens are kept shall not contain food or drink. They shall be labeled in compliance with the OSHA universal precautions.
- i. Contaminated equipment
- i. Equipment that has been contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping.
  - ii. Decontamination shall be performed as necessary unless the decontamination of the equipment is not feasible.
- j. Personal protective equipment
- i. All personal protective equipment used at this facility shall be provided without cost to employees.
  - ii. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of time, which the protective equipment shall be used.

- iii. Protective clothing shall be provided to employees within the work area where exposure is reasonably expected to potentially infectious materials.
  - iv. All personal protective equipment shall be cleaned, laundered, and disposed by of by the employer at no cost to employees. The employer at no cost to employees shall make all repairs and replacements.
  - v. All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area.
  - vi. Gloves shall be worn where it is reasonably anticipated that employees shall have contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves shall be available in every patient care area. Specialized gloves, powderless or hypoallergenic gloves shall be made available to any employee requesting them. They shall be kept in an area central to the employee's workspace.
  - vii. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
  - viii. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye/nose, or mouth contamination can reasonably be anticipated. This shall include work procedures that require pouring of potentially infectious liquids.
  - ix. Appropriate protective clothing, such as gowns, aprons, or similar outer garments that are impervious to liquids are to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be generated and skin or clothing contamination can be reasonably anticipated.
- k. Contaminated work surfaces, containers, and glass
- i. All contaminated work surfaces shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as at the end of the day if the surface may have become contaminated since the last cleaning.
  - ii. All bins, pails, can, and similar receptacles shall be inspected and decontaminated monthly and as needed when there is evidence of leakage of waste onto the surface of the container. The Clinic staff shall assume responsibility and documentation of this shall be maintained.

- iii. Any broken glassware, which may be contaminated, shall not be picked up directly with their hands. Broken glass clean up shall be accomplished using a broom and dustpan.
- I. Regulated waste disposal
  - i. All contaminated sharps shall be discarded as soon as feasible in a sharps container. Sharps containers are located in each area in which sharps are used with potentially infectious materials.
- m. Waste handling
  - i. Waste that contains blood or other potentially infectious materials shall be placed in bags that confirm to the OSHA universal precautions in construction and color coding or labeling. They shall not be compressed and shall be collected and disposed in a manner consistent with the hazardous waste regulations of the state and federal government.
- n. Hepatitis B vaccine
  - i. All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.
  - ii. The vaccine shall be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- o. Employee tuberculosis protocol
  - i. Employee training
    - a. Upon employment all employees will be trained about TB transmission, symptoms, medical surveillance, and therapy.
  - ii. Employee surveillance
    - a. Upon employment, the Clinic offers PPD skin test at no charge to employees
      - o The PPD skin test is also immediately offered to any employee who is exposed to known or suspected TB patients.
      - o The PPD skin test is administered to any employee that presents with TB symptoms.
      - o The PPD skin tests are administered once as an initial baseline screen, annually for all employees, every six months for workers with known exposure.

- The physician/nurse practitioner will promptly evaluate any employee who has a positive PPD test.
  - Any employee that has active TB will be placed under the care of a physician, local health department or physician of employee's choice (as circumstances dictate). The medical director will remain informed of the employee's TB status through frequent updates provided by the selected healthcare provider.
  - Document exposures on the OSHA form 300, 300A, and 301.
- b. Unless under the care of a providing physician, all TB test results should be CONFIDENTIALLY returned to the Clinic Manager

#### 4. Post-exposure evaluation and follow-up

##### A. Post-exposure evaluation

1. When the employee incurs an exposure incident, it shall be reported to the physician who shall ensure that a personal accident/incident form and OSHA forms 300, 301A, and 301 are completed and that the physician or nurse practitioner sees the employee immediately. The following information must be included on the OSHA forms:
  - Name and SSN of employee
  - Date and description of incident
  - Type of PPE worn (or not worn)
2. All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standards.
3. Testing should occur as soon as possible. The employee will be tested for HBV, HCV, HIV/AIDS. If the employee declines to be tested they must sign a statement indicating their refusal to be tested and their serum should be saved for 90 days.

##### B. Interaction with health care professionals

1. The physician shall provide a written opinion for the following post-exposure instances:
  - When the employee is sent to obtain the Hepatitis B vaccine.
  - Whenever the employee is sent to a health care professional following an exposure incident.
2. The written opinion shall be limited to:
  - a. Documentation of the incident;
  - b. Identification and documentation of the source, unless prohibited by law;

- c. Determination of need for the employee to receive the Hepatitis B vaccine and if the employee has received the vaccine;
  - d. That the employee has been informed of the results of the evaluation; and
  - e. Instruction that should be given to the employee regarding any medical conditions that could result from exposure to blood and/or other potentially infectious materials.
3. The employee shall be provided a copy of this written opinion within 15 days of the completion of the evaluation.

#### C. Training

1. Training for all employee shall be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.
2. Training shall include the following explanation of:
  - The OSHA universal precautions for blood borne pathogens
  - Epidemiology and symptomology of blood borne diseases
  - Modes of transmission of blood borne pathogens
  - This exposure control plan
  - Procedures that might cause exposure to blood or other potentially infectious materials at the Clinic
  - Personal protective equipment available at the Clinic
  - Who should be contacted, and follow-up procedures concerning an exposure incident; post-exposure evaluation
  - Signs and labels used at the facility
  - Hepatitis B vaccine program at the Clinic
3. The training shall provide an opportunity for interactive questions and answers by a person knowledgeable in the subject matter.

#### D. Record keeping

1. Medical records
  - a. Shall contain requirements for documentation of incidents.
  - b. Records cannot be disclosed without consent.
  - c. Records must be maintained throughout employment plus thirty (30) years.
2. Training
  - a. Dates, attendance, and SSN of attendees shall be documented.



- b. Records shall be maintained for a minimum of three (3) years.

5. Needlestick safety and prevention act

- A. Annually, the Clinic will review the Exposure Control Plan to ensure that it reflects changes in technology that will help eliminate or reduce exposure to blood borne pathogens.
- B. The Clinic will involve non-managerial workers in evaluating and selecting safety engineered devices-, in the event of a safety issue or change of device.
  - 1. Sharps evaluation procedure
    - a. The Medical Director will:
      - i. Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.) Employees chosen for the sharps evaluation procedure should currently use a similar category of product in the Clinic.
      - ii. Provide visual instructions and demonstrate the proper use of each device. Be sure testers can evaluate products in a simulated patient environment.
      - iii. Review the instructions and rating system with each evaluator.
      - iv. Require each evaluator to complete an evaluation form.
      - v. Review responses on evaluation forms; make conclusions, and recommendations.
    - b. The evaluators will:
      - i. Re-enact all steps of intended or possible procedures performed with the device.
      - ii. Attempt to misuse the device and circumvent or disable the safety feature.
      - iii. Answer each question on the evaluation form including any short answer sections at the end. If you do not understand a question, the evaluator will write their comments directly on the sheets.

- C. The Clinic will maintain a sharps injury log that ensures employee privacy and contain, at a minimum, the type and brand of device involved in the incident, if known; the location of the incident; and a description of the incident.

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

POLICY: Fluoride Varnish for Medical Pediatric Patients	REVIEWED: 7/8/19; 3/5/20; 5/21/21; <del>5/3/22</del>
SECTION: Patient Care	REVISED: 3/5/20
EFFECTIVE: <del>6/16/21</del> 5/25/22	MEDICAL DIRECTOR

**Subject:** Fluoride varnish use for pediatric patients

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

**Response Rating:**

**Required Equipment:** Single use fluoride varnish packets, gloves

**Procedure for Medical Clinic**

1. Screening requirements for patients – infants through age 5
  - a. An inspection of the mouth, teeth, and gums must be performed at every health assessment visit. Dental caries are classified according to treatment needs, from routine dental referrals to referrals for emergency (immediate) treatment.
  - b. Document findings as required by the California PM 160 Dental Guide.
  - c. Assess risk for dental caries in accordance with relevant, reliable resources such as:
    - American Academy of Pediatrics - [Preventive Oral Health Intervention for Pediatricians](#)
    - American Academy of Pediatrics - [Oral Health Risk Assessment Tool](#)
    - National Maternal & Child Oral Health Resource Center – Bright Futures in Practice: [Oral Health--Pocket Guide](#) 2nd edition
  - d. Provide anticipatory guidance.
    - i. For prevention of caries and gum disease, key topics to emphasize include establishing a dental home, parents’/caregivers’ oral health, transmissibility of caries-causing bacteria, proper oral hygiene practices, fluorides, and dental sealants.
    - ii. Other important areas to stress include dental injuries (especially related to sports), tobacco use and oral cancer, eating disorders, and oral piercing. See [Table 2 Anticipatory Guidance for Oral Health](#), which contains age specific messages.
  
2. Fluoride varnish application
  - a. Practitioners and Clinic staff will be trained in the application of fluoride varnish and that

training will be documented prior to the implementation of the fluoride varnish program.

- b. Practitioners will provide a written order for the application of fluoride varnish, where it is determined such a service is appropriate for the pediatric patient. (Patients age 5 and less, no more than four times per year)
- c. Apply the varnish according to the manufacturer's guidelines.

3. Post-application guidance for parents

- a. Child may drink water after application of fluoride varnish
- b. Child should not eat any foods that are hard, crunchy, or chewy for the rest of the day
- c. Do not brush or floss the child's teeth today or tonight
- d. Brush and floss teeth beginning the next day
- e. After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed.

Resources:

California Department of Health Care Services, Systems of Care Division  
Child Health and Disability Prevention Program, Health Assessment Guidelines  
March 2016

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

POLICY: Formulary	REVIEWED: 4/1/19; 3/2/20; 5/21/21; <u>5/3/22</u>
SECTION: Medication Management	REVISED: 3/2/20; 5/21/21
EFFECTIVE: <del>6/16/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Formulary

**Objective:** A formulary for the Clinics will be developed, followed and updated.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. A Clinic formulary will be developed, followed and updated after consultation with the Medical Director, Dental Director, Clinic practitioners, and other appropriate personnel, as required.
2. Additions, deletions, revisions to the formulary will be managed through the use of a chargemaster management form, as required by policy. At a minimum, the form will document who requested the change, item details, CPT code, charges, addition to chargemaster, staff training.
3. Clinic formulary will be approved by the Medical Director.
4. Strengths of medications will be limited to the smallest number of variations required to appropriately address patient needs.
5. Additions, deletions, and other changes to the Formulary will be discussed at the QAPI meeting(s), and must be approved by the Medical Director.
6. A copy of the current formulary will be available in the Clinic for review by practitioners, at their request.
7. A copy of the current formulary will be available in the Clinic in the medication management area.
8. Monthly Medication Management surveys of the Clinic will include inventory review using the Formulary as a resource.

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

POLICY: Informed Consent	REVIEWED: 2/1/19; 3/2/20; 5/29/21; <u>5/3/22</u>
SECTION: Patient Care	REVISED: 3/2/20; 5/29/21
EFFECTIVE: <del>7/28/21</del> <u>5/25/22</u>	MEDICAL DIRECTOR:

**Subject:** Consents

**Objective:** To assure that patients have a full understanding of recommended invasive procedures and give full consent for Clinic physicians/nurse practitioners/physician assistants and staff to perform them.

**Response Rating:** Mandatory

**Required Equipment:** Consent Form

**Applies to:** All Personnel and All Practitioners

**Procedure:**

1. Procedure consents will be used for **ALL** invasive procedures to include but not limited to:
  - a. Biopsies
  - b. Suture Repair
  - c. Incision and drainage of an abscess or mass
  - d. Mole removal
  - e. Growth removal
  - f. Nail trimming and/or removal
  - g. Reductions
  - h. Steroid injections (joints)
  - i. Immunizations
  - j. Tooth extraction
  - k. Any other procedure considered invasive
2. Consents will be provided to patients receiving flu shots.
3. A consent must include the procedure spelled out with no abbreviations, the location including left or right side and must include risks of the procedure.
4. Physician/dentist/nurse practitioner/physician assistant will explain the procedure, risks, and options to the patient. This cannot be performed by the MA, RN, or other staff.
5. Physician/dentist or designee will have the patient or guardian sign the consent form.

6. Any questions posed by the patient regarding the procedure will be answered by the physician/dentist/nurse practitioner/physician assistant only.
7. Consents will be signed prior to any medication being administered to the patient.
8. Consents will be scanned into the patient record.

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

POLICY: Initial Patient Contact and Medical Emergencies	REVIEWED: 2/1/19; 2/14/20; 5/04/21; <u>5/3/22</u>
SECTION: Patient Care	REVISED: 2/14/20; 5/04/21
EFFECTIVE: <u>5/26/21</u> <del>5/25/22</del>	MEDICAL DIRECTOR:

**Subject:** Medical Emergency Routine

**Policy:** Patients will be acknowledged upon arrival at the Clinic and will be interviewed to determine their reason for coming to the Clinic. Patients with a need for immediate care will be prioritized and seen before other patients, regardless of their order of arrival.

**Objectives:** To provide medical care according to immediate need.

**Response Rating:** Severe

**Required Equipment:** This will vary according to patient condition.

**Applies to:** All Personnel and Practitioners

**Policy:**

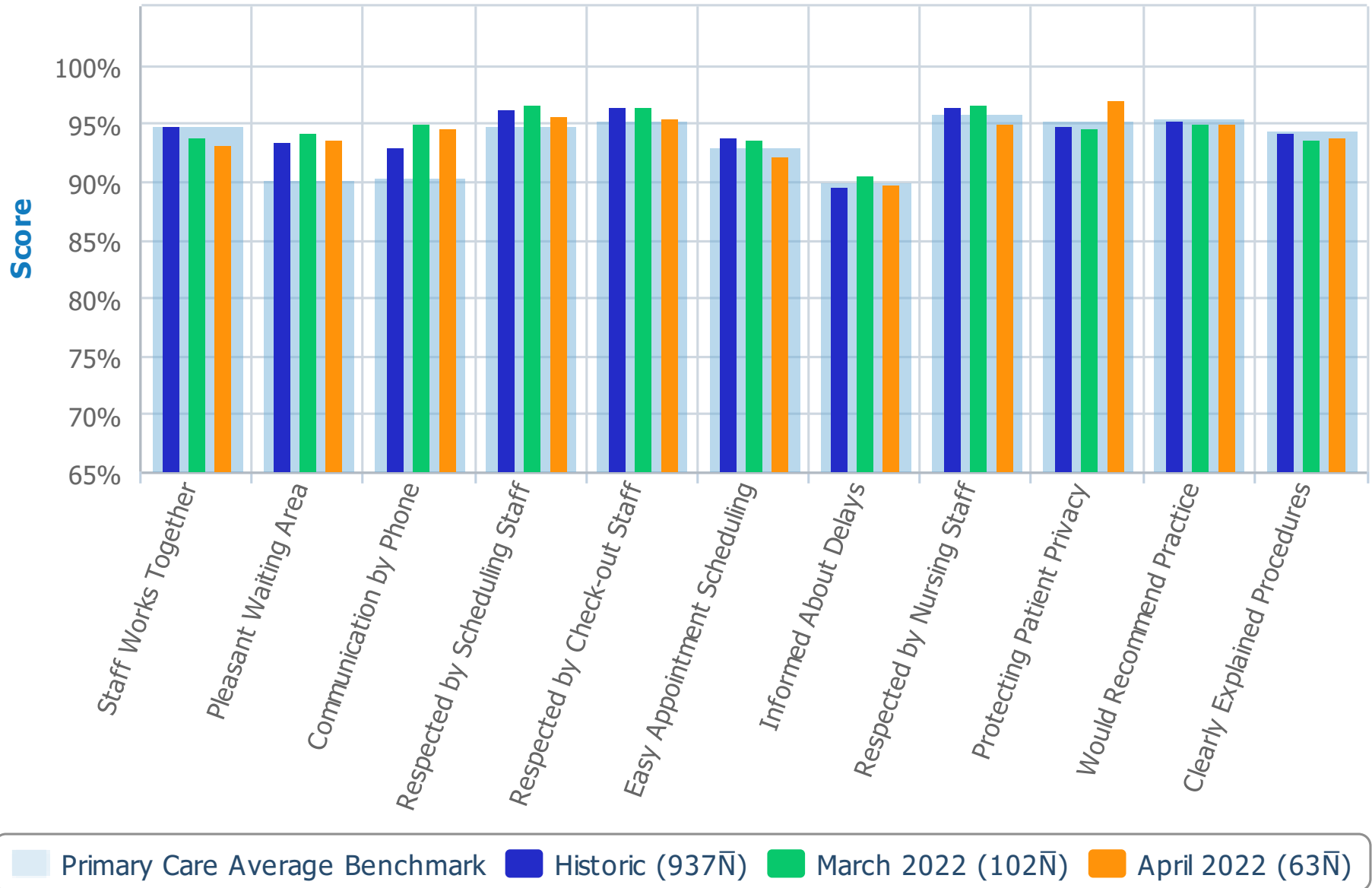
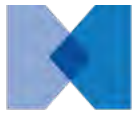
1. If a patient presents with symptoms that may require **immediate care**, the nurse and/or a provider will be called to the front to assess the patient's condition immediately.
2. Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.
3. If an emergency condition arises the following protocol will be followed:
  - a. Obtain the patient's vital signs and a brief history.
  - b. Notify the physician of the patient's condition.
  - c. If the physician feels there is an emergency situation an EMS squad is to be called immediately. Dial 911.
  - d. If the patient is unstable or unconscious, bring the emergency medication kit and automatic defibrillator to the patient bedside.

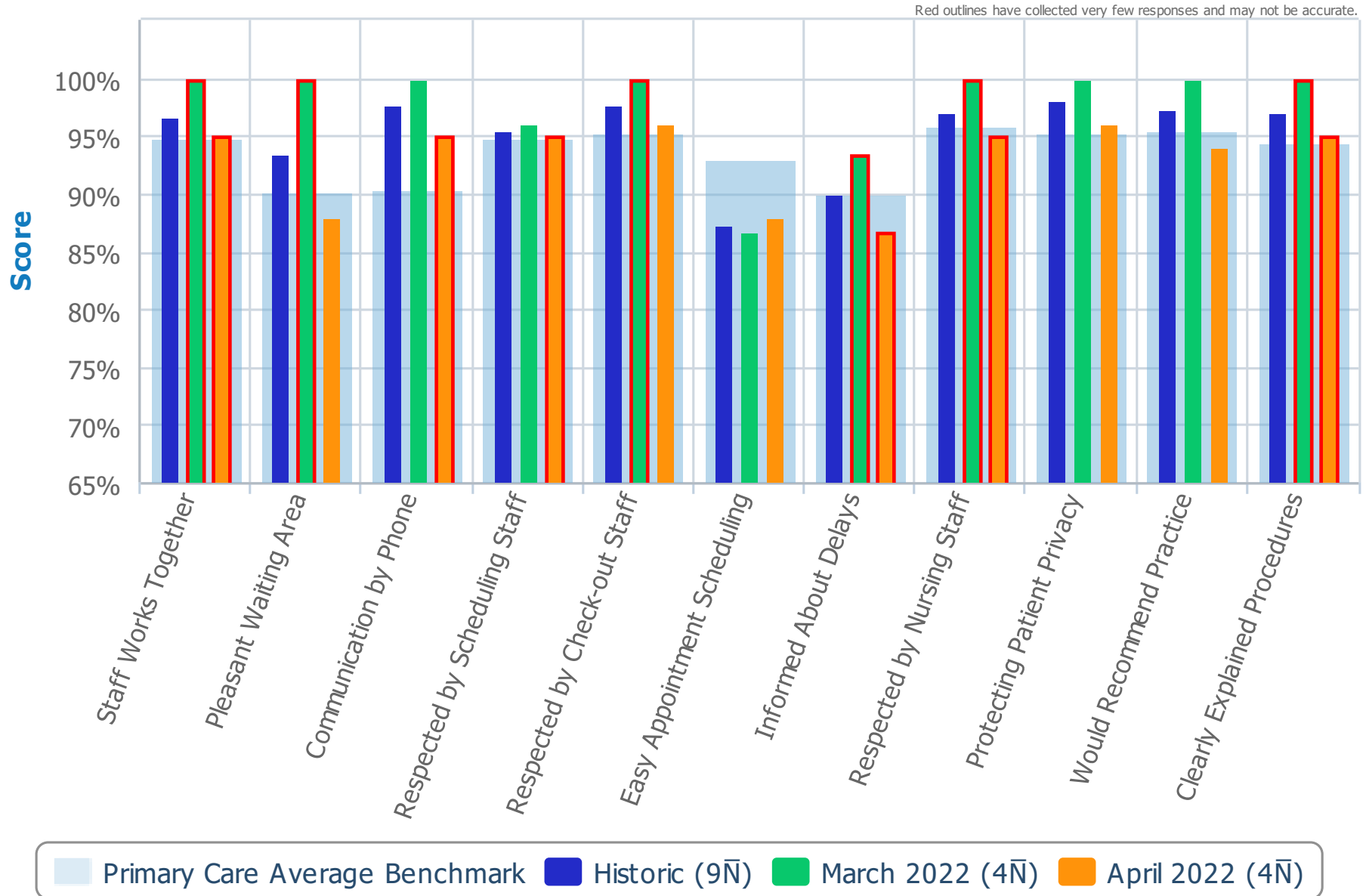
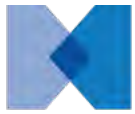


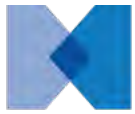
- e. Copies of all test results and medical records are to be copied and sent with the patient if transferred.
- f. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

Quality Metric <sup>1</sup>	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		13103	13103			
Medi-Cal	682	683	573	535	583	491	567	604	814	707		6239	6239	53%	48%	48%
Medicare	408	369	362	319	303	286	358	318	404	337		3464	3464	25%	26%	26%
Cash Pay	23	28	25	23	13	10	10	21	20	20		193	193	1%	1%	1%
Other	418	436	337	272	287	286	288	285	318	280		3207	3207	21%	24%	24%
Total Empanelled Patients	3563	3806	3932	4051	4104	4142	4207	4256	4352	4432						
Total New Patients SEEN	210	176	121	136	91	98	65	70	111	113						
Total New Pt's REGISTERED(new category)	225	223	162	149	132	105	112	89	146	114						
Incident Reports		1		tbd				2	1	2						
Patient Satisfaction		95%		93%	96%		98%	97%	96%	98%						
Peer Review/Fallouts		0		3	3		2 NA		3	5						
Wait time for appointments (Weeks)		1-2 wks		2-3 wks	2-3 wks		1-2 wks	2-3 wks	3-4 wks	2-Jan						
Patient No-shows	130	130	162	138	131	120	155	97	107	144						
		8.50%		10.60%	11.40%		14.40%	0.079	0.087	10.70%						

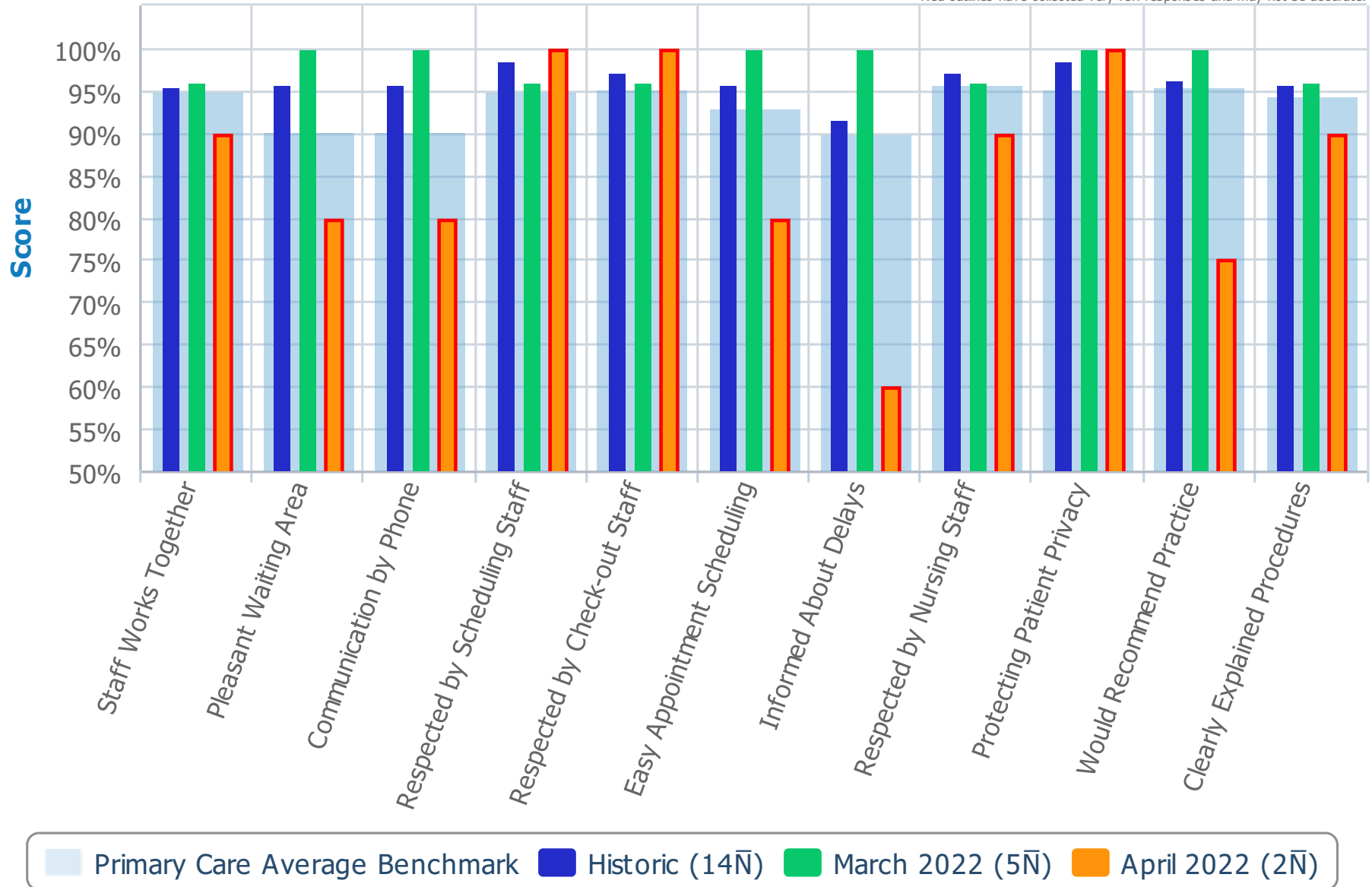
<sup>1</sup>=All Financial data in Finance Report

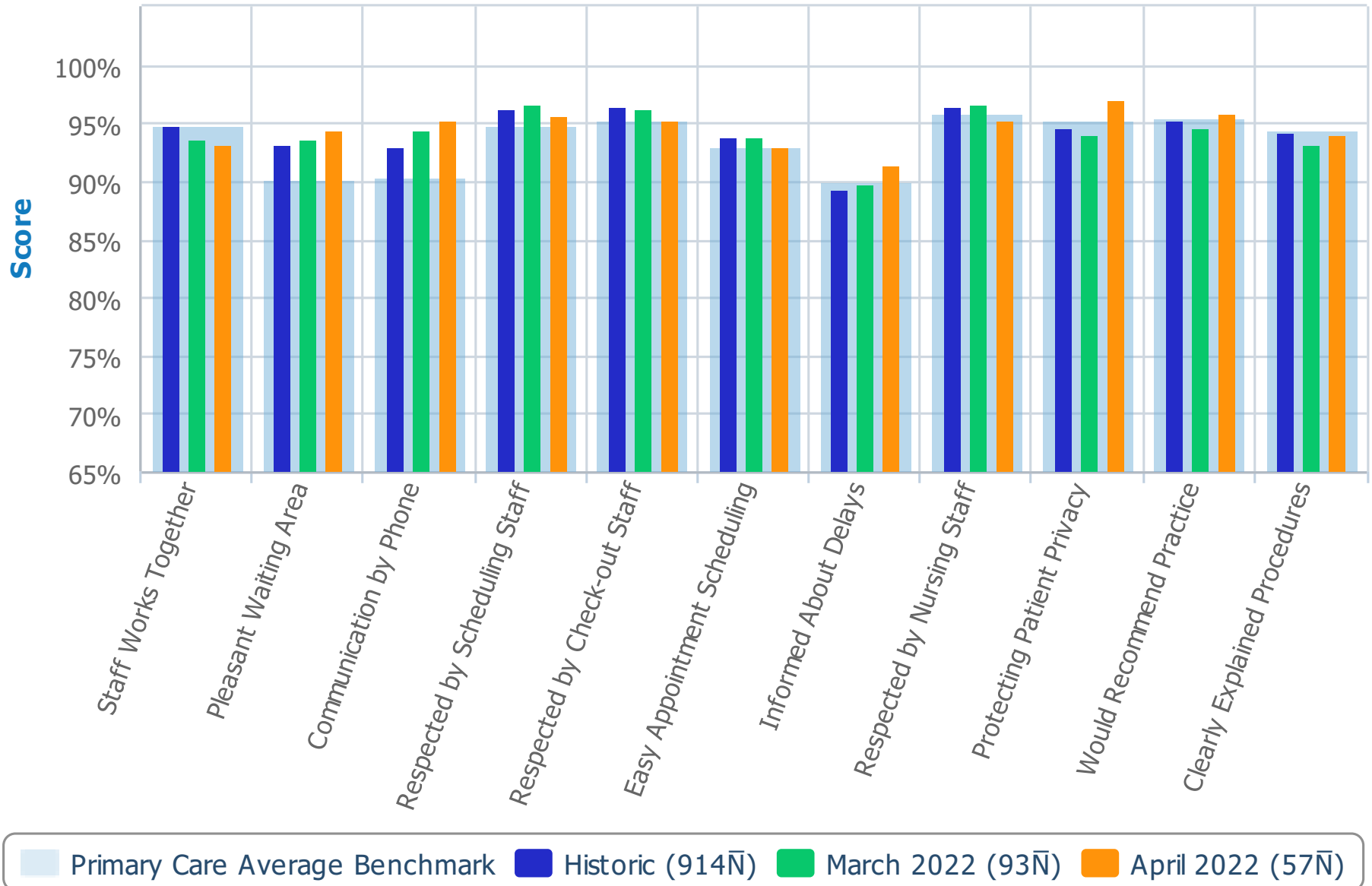
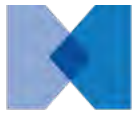






Red outlines have collected very few responses and may not be accurate.







## California Cooperative Liquid Assets Securities System

### What is California CLASS?

California Cooperative Liquid Assets Securities System (California CLASS) is a joint exercise of powers entity authorized under Section 6509.7, California Government Code. California CLASS is a pooled investment option that was created via a joint exercise of powers agreement by and among California public agencies. California CLASS offers California public agencies a convenient method for investing in highly liquid, investment-grade securities carefully selected to optimize interest earnings while maximizing safety and liquidity. The California CLASS Prime and Enhanced Cash funds offer public agencies the opportunity to strengthen and diversify their cash management programs in accordance with the safety, liquidity, and yield hierarchy that provides the framework for the investment of public funds.

### Who oversees and manages California CLASS?

California CLASS is overseen and governed by a Board of Trustees. The Board is made up of public agency finance professionals who participate in California CLASS and are members of the Joint Powers Authority (JPA). The Board of Trustees has entered into an Investment Advisor and Administrator Agreement with Public Trust Advisors, LLC. Public Trust is responsible to the Board for all program investment and administrative activities as well as many of the services provided on behalf of the Participants.

### How can you participate in California CLASS?

Enrolling in California CLASS is simple. Membership in the JPA is not a requirement to actively participate in California CLASS; public agencies may become Participants simply by passing a resolution authorizing them participate in the program and by filling out the Participant Registration Form that can be found in the document center on the California CLASS website. Public agencies may submit the completed registration packet to California CLASS Client Services for processing at [clientservices@californiaclass.com](mailto:clientservices@californiaclass.com). To obtain account forms and fund documents, visit [www.californiaclass.com/document-center/](http://www.californiaclass.com/document-center/).

\*You may incur fees associated with wires and/or ACH transactions by your bank, but there will be no fees charged from California CLASS for such transactions. \*\*External audits may not catch all instances of accounting errors and do not provide an absolute guarantee of accuracy.

### California CLASS Participants benefit from the following:

- Same-day availability of funds ( 11:00 a.m. PT cut-off)
- Deposits by wire or ACH
- Intended Ratings of 'AAAm' & 'AAAf/S1'
- Secure online access for transactions and account statements
- No withdrawal notices for Prime Fund
- Participant-to-Participant transactions
- Interest accrues daily and pays monthly
- Competitive daily yields
- Unlimited subaccounts
- No minimum balance requirements
- No transaction fees\*
- Annual audit conducted by independent auditing firm\*\*
- Direct deposit of state and Federal payments
- Dedicated client service representatives available via phone or email on any business day



## What are the objectives of California CLASS?

### Safety

The primary investment objective of California CLASS Prime fund is preservation of principal. California CLASS portfolios are managed by a team of investment professionals who are solely focused on the management of public funds nationwide. The custodian for all California CLASS investment holdings is U.S. Bank, N.A.

### Liquidity

When you invest with California CLASS, you have access to your funds on any business day. You must notify California CLASS of your funds transaction requests by 11:00 a.m. PT via the Internet or phone. There are no withdrawal notices for the California CLASS Prime fund, which offers daily liquidity.

### Ease of Use

To make cash management streamlined and efficient, California CLASS includes many features that make it easy to access account information and simplify record keeping. Participants can transact on any business day using the California CLASS phone number (877) 930-5213, fax number (877) 930-5214, email [clientservices@californiaclass.com](mailto:clientservices@californiaclass.com) or via the California CLASS Online Transaction Portal at [www.californiaclass.com](http://www.californiaclass.com).

### Flexibility

You may establish multiple California CLASS subaccounts. You will receive comprehensive monthly statements that show all of your transaction activity, interest accruals, and rate summaries. These statements have been specifically designed to facilitate public sector fund accounting and to establish a clear accounting and audit trail for your investment records.

### Competitive Returns

California CLASS strives to provide competitive returns while steadfastly adhering to the objectives of safety and liquidity. Participants benefit from the investment expertise and institutional knowledge provided by the team of Public Trust professionals. Portfolio performance is strengthened by the extensive knowledge of California public agency cash flows that the Public Trust team possesses.

### Legality

California CLASS only invests in securities permitted by California State Code Section 53601; permitted investments are further restricted to those approved by the Board of Trustees as set forth in the California CLASS Investment Policies. Both California CLASS Prime and California CLASS Enhanced Cash comply with maturity and credit limits set forth by S&P Global Ratings and FitchRatings, respectively.

**Have Questions?** Contact us or visit [www.californiaclass.com](http://www.californiaclass.com) for more information.



**Tom Tight**  
Managing Director  
[tom.tight@californiaclass.com](mailto:tom.tight@californiaclass.com)  
(407) 588-9391



**Laura Glenn**  
Director, Investment Advisory  
[laura.glenn@californiaclass.com](mailto:laura.glenn@californiaclass.com)  
(404) 822-8287



**Brent Turner**  
Regional Director, Strategy  
[brent.turner@californiaclass.com](mailto:brent.turner@californiaclass.com)  
(303) 999-8190

Any financial and/or investment decision should be made only after considerable research, consideration, and involvement with an experienced professional engaged for the specific purpose. **Past performance is not an indication of future performance. Any financial and/or investment decision may incur losses.** Please see the Information Statement for further details on the fee calculation and other key aspects about California CLASS. California CLASS Prime will be rated 'AAAm' by S&P Global Ratings. A 'AAAm' rating by S&P Global Ratings is obtained after S&P evaluates a number of factors including credit quality, market price exposure, and management. For a full description on rating methodology, please visit [www.spglobal.com](http://www.spglobal.com). California CLASS Enhanced Cash will be rated by 'AAAF/S1' by FitchRatings. The 'AAAF' rating is Fitch's opinion on the overall credit profile within a fixed-income fund/portfolio and indicates the highest underlying credit quality of the pool's investments. The 'S1' volatility rating is Fitch's opinion on the relative sensitivity of a portfolio's total return and/or net asset value to assumed changes in credit spreads and interest rates. The 'S1' volatility rating indicates that the fund possesses a low sensitivity to market risks. For a full description on rating methodology, please visit [www.fitchratings.com](http://www.fitchratings.com). Ratings are subject to change and do not remove credit risk.





## California CLASS FAQs

### **Q: What is California CLASS?**

**A:** The California Cooperative Liquid Assets Securities System (California CLASS) is a joint exercise of powers entity that will be formed pursuant to Section 6509.7 of the Joint Powers Act. As a local government investment pool (LGIP), California CLASS will allow participating public agencies to invest funds in a professionally managed pooled investment program that complies with the requirements of California law, specifically California Government Code Section 53601. California CLASS will be a public agency and entity separate and apart from the Founding Participants.

California CLASS will offer two funds: Prime and Enhanced Cash. Prime is a stable \$1.00 Net Asset Value fund that offers daily liquidity, whereas Enhanced Cash is a variable Net Asset Value fund that offers next-day liquidity and affords Participants the opportunity to gain exposure to longer maturity securities. California CLASS will manage Prime in a manner consistent with the AAAM rating guidelines by S&P Global Ratings, while Enhanced Cash will be managed in a manner consistent with the AAf/S1 rating guidelines by FitchRatings.

### **Q: What are the benefits to the District of participating in California CLASS?**

**A:** The Investment Advisor and Administrator to California CLASS will be Public Trust Advisors (Public Trust). Public Trust brings over a decade of LGIP administration and investment advisory experience and expertise to California public agencies. The primary business focus at Public Trust is LGIPs, and with this focus comes a deep commitment to the business domains upon which successful LGIP investment programs are built: fund administration; investment advisory services; fund accounting and transfer agency technologies; transaction portal development and improvement; marketing and distribution; client services; and, reporting and transparency. Public Trust's dedication to the LGIP market has resulted in increased operational efficiencies that facilitate a lower cost structure; these cost savings are ultimately passed on to the investor in the form of additional interest income.

### **Q: Why do California special districts need California CLASS?**

While there are undoubtedly excellent cash management options in California, additional diversification is always a positive development for any given set of public funds investors. Choice implies flexibility for the end-user, and competition creates cost savings for public agencies with respect to investment alternatives. Below are some of the key features of California CLASS that special districts will benefit from learning more about:

- Interest income accrues daily and pays monthly




- No withdrawal notices for Prime Fund
- No ACH or wire fees and no minimum balances
- User-friendly Participant portal for transactions
- Participant-to-Participant transfers
- Unlimited subaccounts, transactions, and future-dated transactions up to one year
- Managed by special district peers

**Q: What makes California CLASS different from CalTRUST and CAMP?**

**A:** Blackrock and Public Financial Management are outstanding investment advisory firms with not only a global and national presence, respectively, but also a variety of business lines and sources of revenue. Public Trust is a privately-held firm that is dedicated to LGIP administration and investment advisory. LGIPs such as California CLASS always have been and will remain the core business focus of Public Trust. The accrued institutional knowledge and deep experience with public funds investors that Public Trust possesses results in LGIP services that clients around the country depend upon for safe, transparent, and convenient liquidity management.

**Q: What are the differences between the Prime Fund and the Enhanced Cash Fund that California CLASS will offer public agencies?**

**A:** The Prime Fund is a Stable \$1.00 Net Asset Value fund that offers daily liquidity and is suitable for operating dollars. The Enhanced Cash Fund is a variable \$10.00 Net Asset Value fund that offers next-day liquidity and is suitable for non-operating dollars and strategic reserves that a district would not anticipate withdrawing for 12-18 months. Both funds are marked-to-market daily in accordance with the fair value hierarchy. Utilized in tandem, the Prime and Enhanced Cash Funds constitute a holistic cash management product suite for the optimal core and reserve liquidity solution.

	California CLASS Prime	California CLASS Enhanced Cash
<b>Portfolio Type</b>	Prime-Style	Enhanced Cash
<b>Purpose</b>	Short-Term Liquidity	Investment Horizon of 9-12 Months
<b>Rating</b>	'AAAm'	'AAAf/S1'
<b>Liquidity Offered</b>	Daily	Next Day
<b>Minimum Investment</b>	None	None
<b>Withdrawals</b>	Unlimited	Unlimited
<b>Accounts</b>	Unlimited	Unlimited
<b>Rate</b>	Calculated Daily	Calculated Daily



**Q: What are the three key factors in Public Trust’s administration and investment advisory services for LGIPs?**

1. **Commitment to the Client:** At every point along the LGIP “value chain,” Public Trust prioritizes the interests, considerations, and convenience of the public funds investor. How so? By investing heavily in the user experience. This entails everything from fund accounting and transfer agency technologies to the transaction Portal where Participants execute redemptions and withdrawals, download statements, and manage their subaccounts.
2. **Institutional Knowledge:** The professional portfolio management of a LGIP requires a deep understanding of money market asset classes and clients’ cash flow cycles in order to maximize return without sacrificing liquidity. Additionally, the combined 100+ years of combined public funds management experience by the Public Trust managing partners translates directly to an extensive broker-dealer network that facilitates best-price execution. This knowledge directly contributes to a unique ability to establish, maintain, and grow LGIP programs.
3. **Transparency:** Public Trust strives to manage LGIPs in a manner that facilitates 360-degree visibility of its administrative and investment advisory services. In its interaction with Boards of Trustees, its reporting and audit practices, and even its commitment to the mark-to-market valuation methodology for its portfolios’ securities, Public Trust is committed to the ability of public agencies to readily obtain a clear and comprehensive understanding of programs such as California CLASS.

**Q: Why is Public Trust establishing a LGIP in California?**

**A:** Public Trust is both proud and excited to bring its proven LGIP service model into the state of California. The state of California is widely considered to be the leader in best practices for public funds management, and we believe that this commitment to and understanding of the fundamental principles of safety, liquidity, and yield will result in an appreciation of and demand for the value proposition that California CLASS will offer to public agencies.

**Q: What is it like to serve on the Board of Trustees of a LGIP such as California CLASS?**

**A:** The Board of Trustees governs the management of the Joint Powers Authority created by the Joint Powers Agreement. This Joint Powers Authority is referred to as California CLASS. The responsibilities of the Board are critical to the operation of the program and include the supervision of California CLASS and its affairs and acts. Additionally, the Board acts as the primary liaison between the Participants, the Custodian, the Administrator, the Investment Advisor and all service providers.



The Board will meet quarterly to review the management of the investment program and to be updated by Public Trust on the administration and investment advisory services provided to California CLASS. Serving on the Board of a LGIP such as California CLASS affords Trustees the opportunity to receive regular updates on the economy and markets that can be shared with their peer network, the ability to play a direct and meaningful role in the management of an investment program that serves public agencies throughout California, and the chance to deeply engage with the broader government finance community. There are Trustees who have served and have been serving on Public Trust LGIPs for more than two decades because they find it to be a highly informative and rewarding form of service.



# A New Pooled Investment Solution for California Public Agencies

## Built to Serve the California Marketplace

Public Trust Advisors, LLC (Public Trust) is proud and excited to introduce its local government investment pool (LGIP) services to California public agencies. California CLASS Participants will enjoy the exceptional service, outstanding user experience, and competitive market returns that define Public Trust-managed LGIPs across the country.

From the user-friendly Participant portal Public Trust has developed to the Client Services team that is dedicated to California CLASS, our high-quality and cost-effective liquidity management solution will save public agencies' time, expand their resources, and provide them with a LGIP partner they can count on and trust.

## Your Partner in the Pooled Investment Services Industry

Public Trust brings a dedication to and institutional knowledge of managing LGIPs that Participants can depend upon. With a singular business focus of managing public funds, Public Trust is uniquely positioned to establish and maintain a LGIP dedicated solely to serving the safety, liquidity, and yield needs and requirements of California public agencies' funds.

Dedicated to LGIP Investment Advisory and Administration



Fund Administration	Investment Advisory
<ul style="list-style-type: none"> <li>✓ <b>Cybersecurity</b> Network and endpoint security controls, multi-factor authentication, routinely-tested disaster recovery plan</li> <li>✓ <b>Funds Rated by NRSROs</b> Weekly rating agency oversight for 'AAAm' rated funds and 'AAAf/S1' funds facilitates full transparency</li> <li>✓ <b>Client Services</b> Provides transactional support and new account creation assistance</li> <li>✓ <b>Reporting &amp; Statements</b> Participant and portfolio level reporting, account &amp; subaccount reports generated monthly, &amp; transaction confirmations</li> </ul>	<ul style="list-style-type: none"> <li>✓ <b>Portfolio Management</b> Steadfast commitment to the public funds' investment hierarchy of safety, liquidity, and yield</li> <li>✓ <b>Demonstrated Track Record</b> Investment advisor and/or administrator for 16 LGIPs across the country</li> <li>✓ <b>Credit Research</b> Manage counterparty risk via fundamental and technical analysis that aims to stay ahead of downward ratings migration</li> <li>✓ <b>Institutional Knowledge and Expertise</b> Over 100+ combined years of stable and variable net asset value fund investment advisory experience</li> </ul>

## Who We Serve

Public Trust has over a decade of experience in creating and managing LGIPs around the country. We understand that the effective operation of the myriad components of a well-run LGIP - Board of Trustee relations; fund accounting and transfer agency functions; portfolio management and credit research; and marketing and distribution - require a steadfast commitment to not only LGIP programs but also to the public funds space itself. Public Trust maintains no business lines to anything other than the public sector.

LGIP CLIENT	STATE	SERVICES PROVIDED	INVESTMENT STYLE
COLOTRUST	Colorado	Administration & Investment Advisory	Government, Prime, & Enhanced Cash
FLCLASS	Florida	Administration & Investment Advisory	Prime & Enhanced Cash
LAMP	Louisiana	Administration	Prime
Michigan CLASS	Michigan	Administration & Investment Advisory	Prime & Enhanced Cash
NYCLASS	New York	Administration & Investment Advisory	Prime & Government
STAR Ohio	Ohio	Consulting Services	Prime
Texas CLASS	Texas	Administration & Investment Advisory	Prime & Government
TrustIndiana	Indiana	Administration & Investment Advisory	Prime
VIP	Virginia	Co-Administration and Investment Advisory	Prime & Enhanced Cash
Wyoming CLASS	Wyoming	Administration & Investment Advisory	Prime

## Why We Exist

Public Trust was founded with one explicit objective: to become the industry leader in providing LGIP investment advisory and administration services. The investments we have made in back-office technologies create efficiencies that Participants can experience in the transaction portal and see on their monthly statement. The commitment we make to hiring outstanding team members translates directly to effective and friendly client service.

Public Trust LGIP Participants know that they are more than just a name on a client list. The entirety of our firm's resources are dedicated to public agencies, their communities, and their taxpayers. From our LGIP system architecture to our institutional investment advisory knowledge, Public Trust is designed to serve the people to whom we owe our existence: the public funds investor.

Client Service and  
Transparency Distinguish  
Our LGIPs

Source: Public Trust Advisors® \*Data is as of 12/31/2021. Total assets under management include 5435 local government investment pool participants at \$41 billion and 68 SMA clients at \$10.5 billion. Data unaudited. All comments and discussion presented are purely based on opinion and assumptions, not fact. These assumptions may or may not be correct based on foreseen and unforeseen events. The information above is not a recommendation to buy, sell, implement, or change any securities or investment strategy, function, or process. Any financial and/or investment decision should be made only after considerable research, consideration, and involvement with an experienced professional engaged for the specific purpose. Many factors affect performance including changes in market conditions and interest rates and in response to other economic, political, or financial developments. Investment returns fluctuate due to changes in market conditions. Investment involves risk including the possible loss of principal. No assurance can be given that the performance objectives of a given strategy will be achieved. Past performance is not an indication of future performance. Any financial and/or investment decision may incur losses. A 'AAAm' rating by S&P Global Ratings is obtained after S&P evaluates a number of factors including credit quality, market price exposure, and management. For a full description on rating methodology, please visit [www.spglobal.com](http://www.spglobal.com). The 'AAAF' rating is Fitch's opinion on the overall credit profile within a fixed-income fund/portfolio and indicates the highest underlying credit quality of the pool's investments. The 'S1' volatility rating is Fitch's opinion on the relative sensitivity of a portfolio's total return and/or net asset value to assumed changes in credit spreads and interest rates. The 'S1' volatility rating indicates that the fund possesses a low sensitivity to market risks. For a full description on rating methodology, please visit [www.fitchratings.com](http://www.fitchratings.com). Ratings are subject to change and do not remove credit risk.



**MARK TWAIN  
HEALTH CARE DISTRICT**

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

**Agenda Item:** Financial Reports (as of April, 2022)  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

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**BACKGROUND:**

The April, 2022 Profit & Loss statement is attached for your review and approval.

- The April 2022 financial reports are attached for your review.
- April is the first of three months where we will be recording the COVID relief money that has been sitting on the Balance Sheet.
- Some great news, our 2<sup>nd</sup> property tax installment has arrived and is just over \$500,000. With the “true-up” amount we will receive in late July or early August, we should exceed our budgeted amount by around \$50K.
- Draft budget numbers have been gathered and will be available at the May Board meeting.

Mark Twain Health Care District						
Annual Budget Recap						
	04/30/22	2021 - 2022 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	4,951,211	5,865,872	3,191,007	1,374,865	0	1,300,000
Total Revenue	4,951,211	5,865,872	3,191,007	1,374,865	0	1,300,000
Expenses	(6,210,782)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Total Expenses	(6,210,782)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Surplus(Deficit)	(1,259,572)	(633,235)	(1,127,128)	209,608	(667,000)	951,285
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)		
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22



Mark Twain Health Care District									
Direct Clinic Financial Projections									
						VSHWC			4/30/2022
		2019/2020	2020/2021	2020/2021	2021/2022	Month	2021 - 2022		
		Actual	Actual	Budget	Budget	to-Date	Actual	Actual	Actual
							Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	1,170,321	2,789,431	4,674,075	5,013,050	4,177,541	292,022	2,762,550	55.11%
4083.60	Contractual Adjustments	(953,773)	(1,383,628)	(1,087,124)	(1,848,793)	(1,540,661)	(144,377)	(1,293,722)	
	Net Patient revenue	216,548	1,405,804	3,586,951	3,164,257	2,636,881	147,645	1,468,828	46.42%
						0			
4083.90	Flu shot, Lab income, physicals			1,000	1,000	833			0.00%
4083.91	Medical Records copy fees			750	750	625			0.00%
4083.92	Other - Plan Incentives & COVID Relief			30,000	25,000	20,833	115,896	115,896	463.58%
			0	31,750	26,750	22,292	115,896	115,896	433.25%
	<b>Total Other Revenue</b>	<b>216,548</b>	<b>1,405,804</b>	<b>3,618,701</b>	<b>3,191,007</b>	<b>2,659,172</b>	<b>263,541</b>	<b>1,584,723</b>	<b>49.66%</b>
7083.09	Other salaries and wages	(648,607)	(954,884)	(1,008,540)	(1,503,975)	(1,253,313)	(115,740)	(1,093,666)	72.72%
7083.10	Payroll taxes	(53,339)	(83,696)	(78,666)	(108,979)	(90,816)	(9,464)	(88,462)	81.17%
7083.12	Vacation, Holiday and Sick Leave			(9,077)	(90,239)	(75,199)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(49,982)	(169,346)	(141,122)	(16,506)	(138,408)	81.73%
7083.14	Group Life Insurance			(1,614)		0			
7083.15	Pension and Retirement		(1,403)	(25,214)	(1,987)	(1,656)			0.00%
7083.16	Workers Compensation insurance	(13,597)	(16,697)	(10,085)	(15,040)	(12,533)			0.00%
7083.18	Other payroll related benefits			(1,513)	(376)	(313)			0.00%
	Total taxes and benefits	(98,100)	(234,521)	(176,151)	(385,967)	(321,639)	(25,970)	(226,870)	58.78%
	<b>Labor related costs</b>	<b>(746,706)</b>	<b>(1,189,405)</b>	<b>(1,184,691)</b>	<b>(1,889,942)</b>	<b>(1,574,952)</b>	<b>(141,710)</b>	<b>(1,320,536)</b>	<b>69.87%</b>
7083.05	Marketing	(7,096)	(2,469)		(1,500)		(2,592)	(33,452)	
7083.20	Medical - Physicians	(607,191)	(844,648)	(905,244)	(970,115)	(808,429)	(44,953)	(623,398)	64.26%
7083.22	Consulting and Management fees	(261,571)	(97,365)	(75,000)	(35,000)	(29,167)	(967)	(18,516)	52.90%
7083.23	Legal - Clinic	(27,900)	(19,720)	0	(15,000)		(154)	(4,999)	0.00%
7083.25	Registry Nursing personnel			(3,000)	0	0			
7083.26	Other contracted services	(65,565)	(209,741)	(126,907)	(100,000)	(83,333)	(61,192)	(262,764)	262.76%
7083.29	Other Professional fees	(11,199)	(11,554)	(80,932)	(10,000)	(8,333)	(3,216)	(16,231)	162.31%
7083.36	Oxygen and Other Medical Gases	(533)	(578)	(3,703)	(1,200)	(1,000)	(70)	(316)	26.30%
7083.38	Pharmaceuticals			(139,504)	(40,000)	(33,333)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(263,109)	(25,714)	(95,000)	(79,167)	(7,686)	(213,284)	224.51%
7083.41.02	Dental Care Materials and Supplies - Clinic		(37,429)				(5,855)	(66,158)	
7083.41.03	Behavior Health Materials		(1,515)					(2,015)	
7083.44	Linens			(1,200)	0	0			
7083.48	Instruments and Minor Medical Equipment			(24,248)	(20,000)	(16,667)			0.00%
7083.74	Depreciation - Equipment			(150,476)	0	0			
7083.45	Cleaning supplies			(47,578)	0	0			
7083.62	Repairs and Maintenance Grounds	(1,122)		(8,104)	(5,000)	(4,167)	(489)	(489)	9.77%
7083.72	Depreciation - Bldgs & Improvements			(311,017)	(560,000)	(466,667)	(63,379)	(642,941)	114.81%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(37,583)	(95,083)	(80,000)	(66,667)	(4,163)	(61,061)	76.33%
8870.00	Interest on Debt Service	(158,161)	(247,955)	(257,355)	(190,000)	(158,333)			0.00%
7083.43	Food	(935)	(1,070)	(2,000)	(2,000)	(1,667)	(77)	(2,352)	117.59%
7083.46	Office and Administrative supplies	(30,108)	(57,037)	(15,428)	(15,000)	(12,500)	(3,117)	(37,854)	252.36%
7083.69	Other purchased services	(50,362)	(22,248)	(232,076)	(229,727)	(191,440)	(1,006)	(9,287)	4.04%
7083.81	Insurance - Malpractice	(8,814)		(16,854)	(25,000)	(20,833)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(46,530)	(31,102)	(1,050)	(875)	(3,776)	(55,819)	0.00%
7083.83	Licenses & Taxes			(1,500)	(1,500)	(1,250)			
7083.85	Telephone and Communications	(5,253)	(66,112)	(20,903)	(5,100)	(4,250)	(2,103)	(24,194)	474.38%
7083.86	Dues, Subscriptions & Fees	(19,274)	(7,669)	(1,500)	(5,000)	(4,167)	(1,118)	(8,833)	176.67%
7083.87	Outside Training	(199)	(31,537)	(15,000)	(10,000)	(8,333)			0.00%
7083.88	Travel costs	(3,704)	(1,498)	(4,000)	(2,500)	(2,083)	(760)	(4,194)	167.76%
7083.89	Recruiting	(25,209)	(4,475)	(40,000)	(10,000)	(8,333)	(12,798)	(57,211)	572.11%
8895.00	RoboDoc		0	(60,000)	0	0			
	Non labor expenses	(1,502,306)	(2,011,843)	(2,695,428)	(2,429,692)	(2,024,744)	(219,470)	(2,145,367)	88.30%
	Total Expenses	(2,249,012)	(3,201,247)	(3,880,119)	(4,319,635)	(3,599,696)	(361,180)	(3,465,903)	80.24%
	<b>Net Expenses over Revenues</b>	<b>(2,032,464)</b>	<b>(1,795,444)</b>	<b>(261,418)</b>	<b>(1,128,628)</b>	<b>(940,523)</b>	<b>(97,639)</b>	<b>(1,881,179)</b>	<b>166.68%</b>

Mark Twain Health Care District									
Rental Financial Projections					Rental				
									4/30/2022
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Bud/Het
9260.01	Rent Hospital Asset amortized	1,095,293	1,090,174	1,092,672	1,092,672	910,560	90,205	903,772	82.71%
				0	0				
	<b>Rent Revenues</b>	<b>1,095,293</b>	<b>1,090,174</b>	<b>1,092,672</b>	<b>1,092,672</b>	<b>910,560</b>	<b>90,205</b>	<b>903,772</b>	<b>82.71%</b>
9520.62	Repairs and Maintenance Grounds	(6,079)		0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(658,014)	(758,483)	(758,483)	(632,069)	(51,545)	(572,977)	75.54%
9520.85	Telephone & Communications		(45,185)				(4,944)	(37,268)	
9520.72	Depreciation	(673,891)	(770,925)	(148,679)	(148,679)	(123,899)	(9,112)	(83,691)	56.29%
9520.82	Insurance								
	<b>Total Costs</b>	<b>(1,331,134)</b>	<b>(1,474,124)</b>	<b>(907,162)</b>	<b>(907,162)</b>	<b>(755,968)</b>	<b>(65,602)</b>	<b>(693,937)</b>	<b>76.50%</b>
	<b>Net</b>	<b>(235,841)</b>	<b>(383,950)</b>	<b>185,510</b>	<b>185,510</b>	<b>154,592</b>	<b>24,603</b>	<b>209,835</b>	<b>159.21%</b>
9260.02	MOB Rents Revenue	220,296	208,946	251,016	251,593	209,661	17,544	177,636	70.60%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(205,913)	850	(186,169)	75.34%
	<b>Net</b>	<b>(20,218)</b>	<b>(54,504)</b>	<b>(10,000)</b>	<b>4,498</b>	<b>3,748</b>	<b>18,394</b>	<b>(8,533)</b>	<b>-189.71%</b>
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	7,500	773	7,523	83.58%
9522.75	Child Advocacy Expenses	(297)	(5,436)	(11,000)	(11,000)	(9,167)	(195)	(195)	1.77%
	<b>Net</b>	<b>8,703</b>	<b>3,564</b>	<b>(2,000)</b>	<b>(2,000)</b>	<b>(1,667)</b>	<b>578</b>	<b>7,328</b>	<b>-366.38%</b>
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1,836	18,144	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,322,520	1,352,688	1,374,865	1,145,721	110,357	1,107,074	80.52%
		(1,574,119)	(1,746,796)	(1,181,428)	(1,165,257)	(971,048)	(64,947)	(880,300)	75.55%
	<b>Summary Net</b>	<b>(249,530)</b>	<b>(424,276)</b>	<b>171,260</b>	<b>209,608</b>	<b>174,673</b>	<b>45,411</b>	<b>226,774</b>	<b>108.19%</b>

Mark Twain Health Care District										
Projects, Grants and Support										
		4/30/2022								
			2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(31,000)	(667,000)	(555,833)	(1,071)	(359,516)	53.90%
8890.00	Community (COVID) Masks			(3,754)						
8890.00	Friends of the Calaveras County Fair							(1,000)	(1,000)	
8890.00	Foundation		(465,163)			(628,000)			(328,000)	
8890.00	Veterans Support			0	(5,000)	0	0		0	
8890.00	Mens Health			0	(5,000)	0	0		0	
8890.00	Steps to Kick Cancer - October			0	(5,000)	0	0		0	
8890.00	Ken McInturf Laptops			(2,571)					(2,436)	
8890.00	Doris Barger Golf			0	(2,000)	0	0		0	
8890.00	Stay Vertical			(14,000)	(14,000)	(14,000)	(11,667)	(71)	(80)	0.57%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals								(3,000)	
8890.00	High school ROP (CTE) program					(25,000)			(25,000)	
	<b>Project grants and support</b>		<b>(465,163)</b>	<b>(20,325)</b>	<b>(31,000)</b>	<b>(667,000)</b>	<b>(11,667)</b>	<b>(1,071)</b>	<b>(359,516)</b>	<b>53.90%</b>

Mark Twain Health Care District								
General Administration Financial Projections				Admin			4/30/2022	
		2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Actual	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	390,802	39,321	100,000	83,333	2,960	10,945	10.95%
9160.00	Property Tax Revenues	1,126,504	1,233,836	1,200,000	1,000,000	100,000	1,000,000	83.33%
9010.00	Gain on Sale of Asset							
9400.00	Miscellaneous Income		19,978.41			0	6,316	
5801.00	Rebates, Sponsorships, Refunds on Expenses		236,723.76			0	150,548	
9205.03	Miscellaneous Income (1% Minority Interest)	(43,680)	(23,789)		0	(21,560)	(51,570)	
	<b>Summary Revenues</b>	<b>1,473,626</b>	<b>1,506,070</b>	<b>1,300,000</b>	<b>1,083,333</b>	<b>81,400</b>	<b>1,116,238</b>	<b>85.86%</b>
8610.09	Other salaries and wages	(133,415)	(273,071)	(137,592)	(114,660)	(19,093)	(201,476)	146.43%
8610.10	Payroll taxes	(14,875)	(10,079)	(10,526)	(8,771)	(914)	(9,249)	87.87%
8610.12	Vacation, Holiday and Sick Leave			(8,256)	(6,880)			0.00%
8610.13	Group Health & Welfare Insurance	(12,383)		(11,827)	(9,856)			0.00%
8610.14	Group Life Insurance			0	0			
8610.15	Pension and Retirement	(1,905)	(3,736)	(703)	(586)		(1,896)	269.57%
8610.16	Workers Compensation insurance	(1,226)	924	(1,376)	(1,147)		(924)	67.16%
8610.18	Other payroll related benefits		(800)	(34)	(29)			0.00%
	Benefits and taxes	(30,390)	(13,691)	(32,723)	(27,269)	(914)	(12,069)	36.88%
	<b>Labor Costs</b>	<b>(163,804)</b>	<b>(286,762)</b>	<b>(170,315)</b>	<b>(141,929)</b>	<b>(20,007)</b>	<b>(213,545)</b>	<b>125.38%</b>
8610.22	Consulting and Management Fees	(14,109)	(4,548)	(3,000)	(2,500)	(242)	(6,491)	216.36%
8610.23	Legal	(15,069)	(4,528)	(10,000)	(8,333)	(3,089)	(1,874)	18.74%
8610.24	Accounting /Audit Fees	(59,232)	(62,977)	(40,000)	(33,333)	(2,539)	(34,022)	85.05%
8610.05	Marketing		(2,031)			(1,671)	(7,696)	
8610.43	Food	(868)		(1,500)	(1,250)			0.00%
8610.46	Office and Administrative Supplies	(19,595)	(8,306)	(15,000)	(12,500)	(720)	(6,596)	43.98%
8610.62	Repairs and Maintenance Grounds	0	0	(5,000)	(4,167)		(1,250)	25.00%
8610.69	Other- IT Services	(12,877)	(11,066)	0	0	(1,138)	(8,050)	
8610.74	Depreciation - Equipment			0	0			
8610.75	Rental/lease equipment			0	0			
8610.80	Utilities	(420)		0	0			
8610.82	Insurance	(17,747)	4,257	(41,900)	(34,917)		(54,354)	129.72%
8610.83	Licenses and Taxes	0		0				
8610.85	Telephone and communications	0		(2,500)				
8610.86	Dues, Subscriptions & Fees	(12,529)	(9,648)	(15,000)	(12,500)	(10)	(21,060)	140.40%
8610.87	Outside Trainings	380	(585)	(15,000)	(12,500)		(581)	3.87%
8610.88	Travel	(4,447)		(7,500)	(6,250)			0.00%
8610.89	Recruiting	(2,368)	(2,812)	(2,000)	(1,667)		(209)	10.45%
8610.90	Other Direct Expenses	(62,312)	(90,083)	(20,000)	(16,667)	(500)	(6,160)	30.80%
8610.95	Other Misc. Expenses	(4,844)						
	Non-Labor costs	(226,037)	(192,327)	(178,400)	(146,583)	(9,908)	(148,344)	83.15%
	Total Costs	(389,841)	(479,090)	(348,715)	(288,512)	(29,915)	(361,888)	103.78%
	<b>Net</b>	<b>1,083,785</b>	<b>1,026,980</b>	<b>951,285</b>	<b>794,821</b>	<b>51,485</b>	<b>754,350</b>	<b>79.30%</b>

**Mark Twain Health Care District**  
**Balance Sheet**  
As of April 30, 2022

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	55,546
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	202,705
1001.40 Five Star Bank - MTHCD Checking	454,977
1001.50 Five Star Bank - Money Market	570,310
1001.60 Five Star Bank - VSHWC Checking	95,683
1001.65 Five Star Bank - VSHWC Payroll	90,262
1001.90 US Bank - VSHWC	187,759
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,664,087</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	8,882
<b>Total Accounts Receivable</b>	<b>8,882</b>
<b>Other Current Assets</b>	
1003.30 CalTRUST	8,811,774
115.05 Due from Calaveras County	522,950
1202.00 Prior Year Grant Revenue	0
1205.50 Allowance for Uncollectable Clinic Receivables	-179,561
130.30 Prepaid VSHWC	415
<b>Total Other Current Assets</b>	<b>9,155,578</b>
<b>Total Current Assets</b>	<b>10,828,547</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	706,628
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildings	5,875,622
1220.20 VSHWC - Equipment	932,552
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-7,302,173
<b>Total Fixed Assets</b>	<b>7,860,720</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	388,167
180.60 Capitalized Lease Negotiations	322,804

180.65 Capitalized Costs Amortization	9,932
<b>Total Intangible Assets</b>	<b>332,736</b>
2219 Capital Lease	6,144,883
<b>Total Other Assets</b>	<b>6,865,787</b>
<b>TOTAL ASSETS</b>	<b>25,555,054</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000 Accounts Payable	42,648
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>42,648</b>
2001 Other Accounts Payable	21,142
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>21,142</b>
2010.00 USDA Loan Accrued Interest Payable	91,034
2021 Accrued Payroll - Clinic	47,981
2022.00 Accrued Leave Liability	34,464
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	52,126
227 Deferred Revenue	348,163
<b>Total Other Current Liabilities</b>	<b>577,043</b>
<b>Total Current Liabilities</b>	<b>640,832</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	886,175
2128.02 Deferred Utilities Reimbursement	1,612,345
2129 Other Third Party Reimbursement - Calaveras County	200,000
2210 USDA Loan - VS Clinic	6,691,454
<b>Total Long-Term Liabilities</b>	<b>9,389,974</b>
<b>Total Liabilities</b>	<b>10,030,807</b>
<b>Equity</b>	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-3,584,968
Net Income	-1,259,572
<b>Total Equity</b>	<b>15,524,247</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,555,054</b>

Wednesday, May 13, 2020 05:33:00 PM GMT-7 - Accrual Basis

**Investment & Reserves Report  
30-Apr-22**

Annual

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2021 Balance</b>	<b>2021/2022 Allocated</b>	<b>2021/2022 Interest</b>	<b>4/30/2022 Balance</b>	<b>Funding Goal</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	1,250,000	913	957,312	
Capital Improvement Fund	12,000,000	2,935,435	500,000	1,081	2,436,516	
Technology Reserve Fund	1,000,000	1,002,908	0	415	1,003,323	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	997	2,407,976	
Loan Reserve Fund	2,000,000	2,005,816	0	830	2,006,647	
<b>Reserves &amp; Contingencies</b>	<b>19,600,000</b>	<b>10,557,538</b>	<b>1,750,000</b>	<b>4,236</b>	<b>8,811,774</b>	<b>0</b>

**2021 - 2022**

<b>CalTRUST</b>	<b>4/30/2022</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve Fund	957,312	913
Capital Improvement Fund	2,436,516	1,081
Technology Reserve Fund	1,003,323	415
Lease & Contract Reserve Fund	2,407,976	997
Loan Reserve Fund	2,006,647	830
<b>Total CalTRUST</b>	<b>8,811,774</b>	<b>4,236</b>

**Five Star**

General Operating Fund	454,977	241
Money Market Account	570,310	3,499
Valley Springs - Checking	95,683	58
Valley Springs - Payroll	90,262	61
<b>Total Five Star</b>	<b>1,211,232</b>	<b>3,858</b>

**Umpqua Bank**

Checking	55,546	0
Money Market Account	6,445	0
Investments	0	
<b>Total Savings &amp; CD's</b>	<b>61,990</b>	<b>0</b>

<b>Bank of Stockton</b>	<b>202,705</b>	<b>17</b>
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<b>Total in interest earning accounts</b>	<b>10,287,702</b>	<b>8,113</b>
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<b>Beta Dividends 1&amp;2</b>	<b>2,709</b>
<b>One Time Pay</b>	<b>24</b>
<b>Anthem Incentive</b>	<b>100</b>

<b>Total Without Unrealized Loss</b>	<b>10,945</b>
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

	A	B	C	D	E	F	G	H	I	J	
1	<b>Mark Twain Health Care District</b>										
2	<b>Annual Budget Recap</b>										
3											
4			<b>02/28/22</b>	<b>2021 - 2022 Annual Budget</b>							
5			<b>Actual</b>	<b>Total</b>							
6			<b>Y-T-D</b>	<b>District</b>	<b>Clinic</b>	<b>Rental</b>	<b>Projects</b>	<b>Admin</b>			
7											
8											
9	Revenues		3,999,149	7,056,151	4,371,766	1,334,386	0	1,350,000			
10	Total Revenue		3,999,149	7,056,151	4,371,766	1,334,386	0	1,350,000			
11											
12											
13	Expenses		(4,666,781)	(6,651,436)	(4,862,293)	(1,168,758)	(35,000)	(585,385)			
14	Total Expenses		(4,666,781)	(6,651,436)	(4,862,293)	(1,168,758)	(35,000)	(585,385)			
15											
16	Surplus(Deficit)		(667,632)	404,716	(490,528)	165,628	(35,000)	764,615			
17											



	A	B	I	J	L	AA	AC
1		<b>Mark Twain Health Care District</b>					
2		<b>Direct Clinic Financial Projections</b>					
3							
4					<b>VSHWC</b>		
5						<b>2021 - 2022</b>	
6			<b>2019/2020</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>2022/2023</b>
7			<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Y-T-D</b>	<b>Budget</b>
26	4083.49	Urgent care Gross Revenues	1,170,321	2,789,431	5,013,050	2,164,202	5,903,144
27	4083.60	Contractual Adjustments	(953,773)	(1,383,628)	(1,848,793)	(999,715)	(1,531,379)
33		Net Patient revenue	216,548	1,405,804	3,164,257	1,164,487	4,371,766
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		<b>Total Other Revenue</b>	<b>216,548</b>	<b>1,405,804</b>	<b>3,191,007</b>	<b>1,164,487</b>	<b>4,371,766</b>
40							
41	7083.09	Other salaries and wages	(648,607)	(954,884)	(1,503,975)	(868,150)	(1,552,769)
42							
43	7083.10	Payroll taxes	(53,339)	(83,696)	(108,979)	(69,753)	(119,175)
44	7083.12	Vacation, Holiday and Sick Leave			(90,239)		(93,166)
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	(62,111)
48	7083.16	Workers Compensation insurance	(13,597)	(16,697)	(15,040)	0	(15,528)
49	7083.18	Other payroll related benefits			(376)		
50		Total taxes and benefits	(98,100)	(234,520)	(385,967)	(176,516)	(457,899)
51		<b>Labor related costs</b>	<b>(746,706)</b>	<b>(1,189,404)</b>	<b>(1,889,942)</b>	<b>(1,044,666)</b>	<b>(2,010,669)</b>
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)	(1,052,155)
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)	(700)
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)	(479,000)
64	7083.44	Linens		(37,429)	0		0
65	7083.48	Instruments and Minor Medical Equipment		(1,515)	(20,000)		(21,050)
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)	(28,000)
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)	(2,851,624)
85		Total Expenses	(2,249,012)	(3,201,246)	(4,319,634)	(2,270,244)	(4,862,293)
86		<b>Net Expenses over Revenues</b>	<b>(2,032,464)</b>	<b>(1,795,442)</b>	<b>(1,128,627)</b>	<b>(1,105,757)</b>	<b>(490,528)</b>

	A	B	E	G	H	K	M
1		<b>Mark Twain Health Care District</b>					
2		<b>Rental Financial Projections</b>			<b>Rental</b>		
3							
4							
5			<b>2019/2020</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>2022/2023</b>
6			<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Y-T-D</b>	<b>Budget</b>
7	9260.01	Rent Hospital Asset amortized	1,095,293	1,090,174	1,092,672	723,323	1,078,438
8					0		
9		<b>Rent Revenues</b>	<b>1,095,293</b>	<b>1,090,174</b>	<b>1,092,672</b>	<b>723,323</b>	<b>1,078,438</b>
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)	(760,000)
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)	(910,322)
17							
18		<b>Net</b>	<b>(235,841)</b>	<b>(383,950)</b>	<b>185,510</b>	<b>155,874</b>	<b>168,116</b>
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		<b>Net</b>	<b>(20,218)</b>	<b>(54,505)</b>	<b>4,498</b>	<b>(24,128)</b>	<b>(29,177)</b>
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		<b>Net</b>	<b>8,703</b>	<b>3,564</b>	<b>(2,000)</b>	<b>6,000</b>	<b>6,841</b>
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)	(1,171,158)
39							
40		<b>Summary Net</b>	<b>(249,530)</b>	<b>(424,276)</b>	<b>209,608</b>	<b>152,218</b>	<b>165,628</b>

	A	B	C	D	E	F	G	J	R
1	<b>Mark Twain Health Care District</b>								
2	<b>Projects, Grants and Support</b>								
3			<b>2/28/2022</b>						
4							<b>Projects</b>		
5									
6			<b>2019/2020</b>	<b>2020/2021</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>2022/2023</b>	
7			<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>	<b>Y-T-D</b>	<b>Budget</b>	
8		<b>Project grants and support</b>	(465,163)	(20,325)	(31,000)	(667,000)	(358,445)	(35,000)	
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)		
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		<b>Project grants and support</b>	<b>(465,163)</b>	<b>(20,325)</b>	<b>(31,000)</b>	<b>(667,000)</b>	<b>(358,445)</b>	<b>(35,000)</b>	

	A	B	I	J	K	L	O	Q
1		<b>Mark Twain Health Care District</b>						
2		<b>General Administration Financial Projections</b>				<b>Admin</b>	<b>2/28/2022</b>	
3								
4						<b>BUDGET</b>	<b>2021/2022</b>	
5			<b>2019/2020</b>	<b>2020/2021</b>	<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>2022/2023</b>
6			<b>Actual</b>	<b>Actual</b>	<b>Budget</b>	<b>Budget</b>	<b>Y-T-D</b>	<b>Budget</b>
7	9060.00	Income, Gains and losses from investments	390,802	39,321	100,000	100,000	7,740	100,000
8	9160.00	Property Tax Revenues	1,126,504	1,233,836	1,100,000	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		<b>Summary Revenues</b>	<b>1,473,626</b>	<b>1,506,070</b>	<b>1,200,000</b>	<b>1,300,000</b>	<b>943,137</b>	<b>1,350,000</b>
14								
15								
16	8610.09	Other salaries and wages	(133,415)	(273,071)	(352,591)	(137,592)	(163,753)	(259,732)
17								
18	8610.10	Payroll taxes	(14,875)	(10,079)	(23,244)	(10,526)	(7,457)	(19,934)
19	8610.12	Vacation, Holiday and Sick Leave			(3,173)	(8,256)		(15,584)
20	8610.13	Group Health & Welfare Insurance	(12,383)		(17,474)	(11,827)		(12,107)
21	8610.14	Group Life Insurance			(564)	0		
22	8610.15	Pension and Retirement	(1,905)	(3,736)	(8,815)	(703)	(1,704)	(10,389)
23	8610.16	Workers Compensation insurance	(1,226)	924	(3,526)	(1,376)	(924)	(2,597)
24	8610.18	Other payroll related benefits		(800)	(529)	(34)		
25		Benefits and taxes	(30,390)	(13,691)	(57,325)	(32,722)	(10,084)	(60,612)
26		<b>Labor Costs</b>	<b>(163,804)</b>	<b>(286,762)</b>	<b>(409,916)</b>	<b>(170,314)</b>	<b>(173,837)</b>	<b>(320,344)</b>
27								
28	8610.22	Consulting and Management Fees	(14,109)	(4,548)	(61,500)	(3,000)	(5,999)	(50,000)
29	8610.23	Legal	(15,069)	(4,528)	(30,000)	(10,000)	1,562	(5,000)
30	8610.24	Accounting /Audit Fees	(59,232)	(62,977)	(125,000)	(40,000)	(29,165)	(40,000)
31	8610.05	Marketing		(2,031)			(4,868)	(8,000)
32	8610.43	Food	(868)		(2,000)	(1,500)		(2,000)
33	8610.46	Office and Administrative Supplies	(19,595)	(8,306)	(18,000)	(15,000)	(5,079)	(10,000)
34	8610.62	Repairs and Maintenance Grounds			0	(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			(2,500)	0		(12,041)
37	8610.75	Rental/lease equipment			(9,200)	0		
38	8610.80	Utilities	(420)		(1,000)	0		
39	8610.82	Insurance	(17,747)	4,257	(25,000)	(41,900)	(54,354)	(60,000)
40	8610.83	Licenses and Taxes			0	0		
41	8610.85	Telephone and communications			0	(2,500)		
42	8610.86	Dues, Subscriptions & Fees	(12,529)	(9,648)	(20,000)	(15,000)	(20,079)	(8,000)
43	8610.87	Outside Trainings	380	(585)	(15,000)	(15,000)	(581)	(5,000)
44	8610.88	Travel	(4,447)		(15,000)	(7,500)		
45	8610.89	Recruiting	(2,368)	(2,812)	(2,000)	(2,000)	(209)	(40,000)
46	8610.90	Other Direct Expenses	(62,312)	(90,083)	(32,000)	(20,000)	(5,160)	(10,000)
47	8610.95	Other Misc. Expenses	(4,844)					
48		Non-Labor costs	(226,036)	(192,327)	(358,200)	(178,400)	(131,264)	(265,041)
49		Total Costs	(389,841)	(479,089)	(768,116)	(348,714)	(305,101)	(585,385)
50		<b>Net</b>	<b>1,083,786</b>	<b>1,026,981</b>	<b>431,884</b>	<b>951,286</b>	<b>638,036</b>	<b>764,615</b>

**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.



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

**Resolution 2022 – 11**

**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. 15, 16, & 28 and have recommended changes in those policies, and presented changes to the public at the April 27, 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 15, 16 & 28 be amended as published in the April 27, 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 May 25, 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

## Director Compensation and Travel Reimbursement

### PURPOSE:

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

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

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

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

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

### POLICY:

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

## **ALLOWABLE EXPENSES:**

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

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

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

### **Allowable expenses include:**

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

## EXPENSE LIMITATIONS AND RESTRICTIONS:

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

## BUDGET

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

## PRIOR AUTHORIZATION

All conference expenses that are paid for by the District will be submitted to the ~~Board~~ **Chief Executive Officer** for prior authorization if a single expenditure is expected to be greater than \$200. ~~\$2,500~~. The ~~Executive Director~~ **Chief Executive Officer** or Board President may approve authorizations of ~~\$200~~ **\$2,500** or lower without prior Board approval unless it is for their own expense, in which case it should be the treasurer, or when the prior authorization is later determined by the ~~Executive Director~~ **Chief Executive Officer** or Board President to be time sensitive.

## REIMBURSEMENT

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

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



2. Timely Filing:

- a. All requests for reimbursement should be completed within four weeks after the expense was incurred.
- b. Reimbursement requests should be submitted monthly by month's end, and no later than quarterly.
- c. Expense requests not submitted by fiscal year end will not be reimbursed unless the travel occurs in the last month of the fiscal year in which case requests must be received within 30 days.
- d. Authorized reimbursement will be completed within thirty days.

3. Record Keeping:

MTHCD administrative staff will maintain reimbursement records for a minimum of 7 years after payment or as required by law § 60201(d).

4. Exceptions:

In the event that an individual eligible for reimbursement under this policy, cannot afford to fund necessary expenses, as described in this policy, the ~~Board President or Executive Director~~ **Chief Executive Officer** may make an exception to policy and provide the necessary projected reimbursement in advance.

**California Law:**

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

**Code 53232.3** (d) Members of a legislative body shall provide brief reports on meetings attended at the expense of the local agency at the next regular meeting of the legislative body.

(e) All documents related to reimbursable agency expenditures are public records subject to disclosure under the California Public Records Act (Chapter 3.5 (commencing with Section 6250) of Division 7 of title 1).



**MARK TWAIN  
HEALTH CARE DISTRICT**

P. O. Box 95  
San Andreas, CA 95249  
(209) 754-4468 Telephone  
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Mark Twain Health Care District Mission Statement

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

**Travel Expense Statement  
Request for Reimbursement**

Name: \_\_\_\_\_

Mail to: \_\_\_\_\_

Position: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Destination (City & State): \_\_\_\_\_

Function: \_\_\_\_\_

Dates: \_\_\_\_\_

Date	Description	Hotel	Air	Miles	Meals	Phone	Entertain	Other	Total	
Date:		Submitted by:					Sub Total			
Date:		Reviewed by:								
Date:		Approved & Paid: <input type="checkbox"/> Referred to the MTHCD Board					Total			

Notes: Mileage is Reimbursed at Current IRS Rate:

**Membership In Associations:**

**16.1 MEMBERSHIP IN ASSOCIATIONS.** The Board may authorize the payment of fees and dues to obtain membership in any local, state or national group or association organized and operated for the promotion of the public health and welfare or special district and public agency advocacy organizations.

**Finance Committee Community Member:**

**PURPOSE:**

The Board of Directors shall define the role and qualifications of a volunteer community member (delegate) to be appointed to participate as a voting member of the Finance Committee for the Mark Twain Health Care District.

**POLICY:**

**Role:** As a voting member of the Finance Committee the community member shall collaborate and assist the MTHCD Finance Committee and staff with financial evaluations and decisions. The community member will require approval by the Board of Directors.

**Qualifications:** The Finance Committee community member must be a Calaveras County resident ~~or willing to relocate to Calaveras County before assuming appointment.~~ He/she must have a minimum of a BA degree, Masters preferred, in business, finance or an accounting related field; no current or potential conflicts of interest; be available to attend regular monthly meetings, relevant closed session meetings and special Finance Committee meetings; be able to work cohesively with a team; be computer literate and have extensive experience with accounting programs such as excel spreadsheets, QuickBooks, etc.; have smartphone capability and good written and verbal communication skills. The applicant will be required to sign a ~~non-disclosure~~ **Conflict of Interest** agreement regarding all discussions held in closed sessions.

**Recruitment:** The District shall advertise for this position through social media, newspaper ads, MTHCD website and through hiring internet and media connections. Resumes and references will be required and checked by District staff. The top candidates will be interviewed in-person by the Finance Committee. The Finance Committee will then nominate an applicant and submit the nomination to the full District Board for approval and appointment.

**Benefits:** This is not a paid position. No benefits will be offered. Reimbursement for District work related expenses will follow the Board reimbursement policy.

**Term Limit:** The community member will serve at the discretion of the Finance Committee after appointment by a majority vote of the Board of Directors. This position will have a 3-year term with option for re-appointed to a second term.

**Evaluation:** The community member will be evaluated annually by the MTHCD Finance Committee Chair and ~~Executive Director.~~ **Chief Executive Officer.**

**Removal of Appointee:** The appointed community member will serve at the pleasure of the District Board and may be removed at any time with or without cause by majority vote of the District Board.