



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

**Meeting of the Board of Directors
Wed. April 22, 2020
9 am
Mark Twain Medical Center Classrooms 5
768 Mountain Ranch Rd,
San Andreas, CA**

**Tele-Conference Meeting
Conference Call Information**

(605) 475-2875

Code 4864697

Agenda

Mark Twain Health Care District Mission Statement

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

1. **Call to order:**
2. **Roll Call:**
3. **Approval of Agenda:** Public Comment - **Action**

This Institution is an Equal Opportunity Provider and Employer

Agenda – Apr 22, 2020 MTHCD Board Meeting

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

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

5. Consent Agenda: 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 Feb. 26, 2020.
- Un-Approved Board Meeting Minutes for Feb 26, 2020.
- Un-Approved Board Meeting Minutes for Mar. 25, 2020.

B. Correspondence:

- VSHWC Recorded Notice of Completion:
- IRS Letter - Name Changed to Mark Twain Health Care District (3-16-2020):

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
- Meetings with MTHCD CEO:

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

- FEMA Disaster Relief:
- **Resolution 2020 - 02** CA Office of Emergency Services: Public Comment: **Action**
 - Designation of Applicant’s Agent Resolution for Non-State Agencies:
- **Resolution 2020-03:** Public Comment: **Action**
 - Declaring State of Emergency.

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- CPPA – Vote for Member Representative: Public Comment: **Action**
 - ___ Bret Harte Union High School District (Mike Chimente)
 - ___ Murphys Sanitary District (Travis Owens)
 - ___ Vallecito Union School District (Gretchen McReynolds)
 - ___ 39th District Agricultural Association (Laurie Giannini)

C. Update on Cloth Mask Project:

D. Valley Springs Health & Wellness Center:.....Dr. Smart

- Quality Report:
- Construction Finance, Pharmacy Project, RHC Application:
- Medical Staff Privileging & Credentialing: Public Comment – **Action**
 - Dr. James Mosson, Internal Medicine
 - Deborah Salom, Family Medicine
 - Heather Allen, FNP
- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
 - Policies - Valley Springs Health & Wellness Center:
 - Punctuation & Grammar Changes – Please Submit to District Office Staff.
 - 1. Draft AED Use and Quality Control (new)
 - 2. New A/R Credit Balance Management (new)
 - 3. Revised Annual Clinic Evaluation (revised)
 - 4. Revised Appointment Notification (revised)
 - 5. Revised Appointment Rescheduling (revised)
 - 6. Revised Aseptic Procedures (revised)
 - 7. New Billing for Services Provided Off-Site (new)
 - 8. Draft BLS and ACLS Certification (new)
 - 9. Revised Cash Collection
 - 10. Revised Cleaning Duties (revised)
 - 11. New Defibrillator (new)
 - 12. New Dental Emergencies (new)
 - 13. Revised Emergency Codes (revised)
 - 14. Revised Emergency Operations Plan (revised)
 - 15. New Generator Management (new)
 - 16. Revised Infection Control (revised)
 - 17. Revised Informed Consent (revised)
 - 18. New Management of Dental Patient Urgent Care Issues (new)
 - 19. Revised Medical Record Forms and Fees (revised)

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- 20. Revised Medical Staff Credentialing and Governance (revised)
- 21. Revised Procedure Time Out (revised)
- 22. New Provider on Site (new)
- 23. Revised Shelter in Place for Patients and Staff (revised)
- 24. Revised Supply Ordering (revised)
- 25. Revised Universal Precautions (revised)
- 26. Revised Visitors and Relatives (revised)
- 27. Revised Animal Bite Reporting 041520
- 28. Revised Autoclave Spore Testing

7. Committee Reports:

A. Finance Committee:.....Ms. Atkinson

- Update on District Finances “COVID-19”.....Dr. Smart
- Donation - MTHCD to MTMC Foundation: Public Comment - **Action**.....Dr. Smart
- Financial Statements (Feb. & Mar. 2020): Public Comment – **Action**.....Mr. Wood
- Budget 20-21 Update:.....Dr. Smart

B. Grants Committee Update:..... Ms. Al-Rafiq

8. Board Comment and Request for Future Agenda Items:

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

B. Community Connection:

- Chamber of Commerce Sponsored:
 - On The Right Track at BH: April 20th – Postponed to Oct.
 - On The Right Track at CHS: April 24th – Postponed to Oct.
- Calaveras County Fair – Frog Jump – Postponed to Oct.

9. Next Meeting:

A. The next meeting will be Wednesday May 27, 2020 starting at 9 am.

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

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Agenda – Apr 22, 2020 MTHCD Board Meeting

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

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Agenda – Apr 22, 2020 MTHCD Board Meeting



P. O. Box 95
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Finance Committee Meeting
Mark Twain Medical Center Education Center – Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249
7:30 am
Wed. Feb. 26, 2020

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: **Ms. Atkinson**

Time: **7:35am**

2. Roll Call:

Committee Member	Present	Absent - Excused
Ms. Atkinson	x	
Ms. Toepel	x	
Ms. Hack	x	

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Minutes – Feb. 26, 2020 MTHCD Finance Committee Meeting

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

Public Comment: **Hearing None**
Motion to approve by: **Ms. Hack**
Second by: **Ms. Toepel**
Vote: **3-0**

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

Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Jan. 16, 2020:

Public Comment **Hearing None**
Motion to approve by: **Ms. Toepel**
Second by: **Ms. Hack**
Vote: **3-0**

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

Dr. Smart:

- VSHWC – Construction Finance: Waiting for pharmacy from architect.
March 1 there will be a debit of \$300k in our Bank of Stockton account for the USDA loan.
- Foundation Grant Request - \$300,000 Copperopolis Clinic:
 - Lease – Haven't received the lease yet.
 - Construction Budget – The final True Up on construction to date is 1.5% cost overrun, which is about \$80k on \$5.5mil.
 - Wastewater at the copper clinic – Ms. Toepel will figure out the pumping situation, water lines are supposed to go to CCWD.
- 2020 – 2021 Budget
Should have rough draft in front of Committee by April.
Should have good draft by May.
Should have Final Budget by June.

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Minutes – Feb. 26, 2020 MTHCD Finance Committee Meeting

7. Accountant's Report: Public Comment **Action**

Mr. Wood:

- Jan. 2020 Financials Will Be Presented to The Committee: Property Tax revenue might be above what was budgeted. Revenue from the clinic is being worked out due to the lack of Medi-Cal billing. We have 400k of claims on hold, we're certified Rural health Clinic (RHC) as of 02/26/2020, probably won't be able to bill Medi-Cal until June.
- Investment & Reserve Accounts: Investment on short term (5-year period) doing well. No impact on 2019/20 investment income. Need to be more conservative for 2020/21 budget. Good investment returns.

Public Comment: **Hearing None**

Motion to approve by: **Ms. hack**

Second by: **Ms. Toepel**

Vote: **3-0**

7. Treasurer's Report:

Ms. Atkinson:

- Reserve Account Allocations: Nothing yet, but closer than before.
- VSHWC – Finance Strategy Call. Might consider delaying community grants to August of 2021.
- Board Member Stipend: Will be added to next meeting agenda

9. Comments and Future Agenda Items:

Board member Stipend
Reserve Account Allocations
Blue Shield Agenda Update
Ambulance Contract

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Minutes – Feb. 26, 2020 MTHCD Finance Committee Meeting

10. Next Meeting:

- The Finance Committee meeting will be held on the same day as the Board meeting starting at 7:30 am. The next meeting will be on Wed. Mar. 25, 2020.

11. Adjournment: Public Comment **Action**

Public Comment: Hearing None

Motion to adjourn by: Ms. Toepel

Second by: Ms. Hack

Vote: 3-0

Time Meeting adjourned: 8:30am

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Minutes – Feb. 26, 2020 MTHCD Finance Committee Meeting



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**Meeting of the Board of Directors
 Wed. Feb 26, 2020
 9am
 Mark Twain Medical Center Classroom 2
 768 Mountain Ranch Rd,
 San Andreas, CA**

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order:

Time: 9:05am

By: Ms. Reed

2. Roll Call:

Board Member	Present	Absent - Excused
Ms. Reed	X	
Ms. Atkinson	x	
Ms. Sellick	x	
Ms. Al-Rafiq		Excused
Ms. Toepel	x	

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Minutes – Feb 26, 2020 MTHCD Board Meeting

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

Public Comment: Hearing None
Motion to approve by: Ms. Sellick
Seconded by: Ms. Atkinson
Vote: 4-0

4. **Public Comment on matters not listed on the Agenda:**
Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for January 16, 2020
- Un-Approved Special Board Meeting Minutes for January 21, 2020

B. Correspondence:

- News Clip: Common Spirit Health co-CEO Kevin Lofton Retiring June 2020

Public Comment: Hearing None
Motion to approve by: Ms. Sellick
Seconded by: Ms. Atkinson
Vote: 4-0

6. **MTHCD Reports:**

A. President's Report

Ms. Reed:

- Association of California Health Care Districts (ACHD):
 - ACHD Leadership Feb. 20-21 in Sacramento: Ms. Al-Rafiq, Ms. Toepel, and Ms. Reed attended. There was a mix of mandatory trainings, board orientation, and self-care. The legislative session was very informative with upcoming bills and elections. There's currently no ACHD CEO.
- Meetings with MTHCD CEO: Weekly meetings have been occurring since the last board meeting. The topics of discussion were Valley Springs Health & Wellness Center new generator is running, Dental Service start up, New grants Committee, and Ambulance Services.

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Minutes – Feb 26, 2020 MTHCD Board Meeting

B. Ambulance Service Update:

Mr. Archer:

MTMC has been working on improving relationships with the EMS in such areas as “wall time” (ambulance to admission); are reaching out to affiliations/companies, put in a snack cabinet as EMS workers work long and hard hours often times missing meals; March oils the deadline for new ambulance proposals to be submitted for Board of Supervisor review and decision; American Legion (current ambulance provider) is trying to get certifications for “critical care” transportation as Calaveras County doesn’t have this service.

C. MTMC Community Board Report:

Mr. Archer:

James Dalton Clinic is now open and seeing patients. Dr. McCoy is leaving around May. Dr. Parsa is working on training for the “Burch procedure” and he would be the second in California to be doing this type of procedure. The “Burch Procedure” is surgical procedure in which the neck of the bladder is suspended from nearby ligaments with sutures. It is performed to treat urinary incontinence, used when the bladder/urethra has fallen out of its normal position.

D. MTMC Board of Directors:

Ms. Reed:

Board of Directors will meet next week.

E. Chief Executive Officer’s Report:

Dr. Smart:

State has finally approved the Rural Health Clinic (RHC) application.

Coronavirus Update – Healthcare organizations all over the country are prepping supplies and procedures for the possible outbreak.

- Strategic Planning Workshop: Upcoming meeting to be determined.
- Donation - MTHCD to MTMC Foundation: Copper Clinic; we are just waiting on the lease and construction budgets.

F. MTMC Community Needs Assessment:

Ms. Stevens wasn’t available.

- https://www.dignityhealth.org/central-california/-/media/Service%20Areas/central-california/Documents/mark_twain_medical_center_2019-CHNA-FINAL%2010-2-19.ashx?la=en&hash=5F2DE31A5D204B9406718E029E063FA97029E123

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Minutes – Feb 26, 2020 MTHCD Board Meeting

G. Stay Vertical Calaveras:

Dr. Smart for Mr. Shetzline:

The program is well, there are no concerns. Want to continue with the same budget for next year. Wants to start a fundraiser for the program on National Fall Prevention Day (Sept 22).

H. Valley Springs Health & Wellness Center:

Dr. Smart:

X-Ray machine is up and running. Diabetes program has been started. Meeting this week with Mind Matters about the ADHD/Autism program.

- Construction Finance: Not active yet, Pharmacy plans are still with the Architect.
- Finance Strategy: Developing a strategy to manage RHC and still have money left over.
- VSHWC “Quality” Report: 1st QTR report was good. New patients went up 50%, Medi-Cal patients went up 112%, total empaneled patients went up 134%. A patient satisfaction survey will be added.
- Pharmacy: No update, still in architectural planning stage.
- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
 - Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

1. Draft List of Services 021220
2. Draft Initial Patient Contact and Medical Emergencies 021420
3. Draft Answering a Phone Call 021220
4. Draft Appointment Notification 021220
5. Draft Appointment Scheduling 021220
6. Draft Cleaning Duties 021420
7. Draft Communication with Persons w/ Limited English Proficiency 021220
8. Draft Expedited Partner Therapy for STDs 020120
9. Draft Follow Up Calls 021420
10. Draft Follow-up of Patients 021420
11. Draft Holter Monitor Testing
12. Draft List of Services 021220
13. Draft Medication Management Storage of Multi-Use Containers 020820
14. Draft Flat Rate Fee Program 021320
15. Draft New Employee Onboarding Policy 020820
16. Draft No Show 012820

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17. Draft Patient with Urgent Complaint or Distress 021420
18. Draft Peer Review 021220
19. Draft Reference Resources 013020
20. Draft Registering Patient Complaints 021420
21. Draft Registration of Established Patient 021420
22. Draft Registration of New Patient 021420
23. Draft Statement of Ownership and Governance 021220
24. Draft Threatening or Hostile Patient 021420

PKT Pg. 29 change “Board of trustees” to “Board of Directors”;
 PKT Pg. Policy 15 needs to be cleaned up with minimum requirements needed.

Public Comment:	Hearing None
Motion to approve as amended by	Ms. Atkinson
Seconded by	Ms. Toepel
Vote:	4-0

I. Ad Hoc Real Estate:

Ms. Reed:

- Update on Valley Springs Property - Phase II: Ms. Reed will talk with Cheryl from Eskaton to set up a visit with the Peninsula Health Care District’s Assisted Living Facility. Dates are to follow.

7. Committee Reports:

A. Finance Committee:

- Financial Statements (Jan. 2020): Public Comment – **Action**

Mr. Wood:

Added Dr. Smart’s footnote regarding clinic revenue. January 2020 financials are closed. State of California property tax will be a little higher than budgeted. Investment accounts doing well.

Motion to approve by:	Ms. Toepel
Seconded by	Ms. Atkinson
Vote:	4-0

B. Ad Hoc Policy Committee:

Ms. Sellick:

Once a month meeting has been scheduled to go over policies starting in April.

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Minutes – Feb 26, 2020 MTHCD Board Meeting

C. Ad Hoc Personnel Committee:

Ms. Reed:

Did not meet and will meet when needed.

D. Ad Hoc Golden Health Community Grants Committee:

Ms. Sellick:

Applications are out and due by **March 9**. Received 3 applications so far.

8. Board Comment and Request for Future Agenda Items:

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

- Board Stipends; to use W-2 or 1099? **ACTION**

B. Community Connection:

Dr. Smart will speak at the Community Town Hall in Mountain Ranch on March 6th at 6pm.

9. Next Meeting:

- A.** The next meeting will be Wednesday March 25, 2020 starting at 9am.

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

Public Comment:	Hearing None
Motion to adjourn by:	Ms. Atkinson
Seconded by	Ms. Reed
Vote:	4-0
Time Meeting Adjourned:	10:55am

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Minutes – Feb 26, 2020 MTHCD Board Meeting



P. O. Box 95
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**Meeting of the Board of Directors
 Wed. March 25, 2020
 9:30 am
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Rd,
 San Andreas, CA**

**Tele-Conference Meeting
 Conference Call Information
 (605) 475-2875
 Code 4864697**

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:

9:32 am by President Lin Reed.

2. Roll Call:

Board Member	Present	Absent	Excused	Time Arrived
Ms. Reed	X			
Ms. Atkinson	X			
Ms. Sellick	X			
Ms. Al-Rafiq	X			
Ms. Toepel	X			
Totals	5-0			

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Minutes – Mar. 25, 2020 MTHCD Board Meeting

3. Approval of Agenda: Public Comment - Action

Dr. Smart: Requested adding a COVID update.

Ms. Al-Rafiq - Motioned as amended:

Ms. Toepel – Second

Motion passed 5-0

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

Hearing None:

5. VS H&W Center – Draft Policies and Forms: Public Comment – Action.....Dr. Smart

- o Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

1. Revised - Abnormal Vital Signs
2. Revised - Adverse Drug Reaction
3. Revised - After Hours Telephone Management
4. Revised - Alternate Communications in an Emergency Situation
5. Revised - Appointment Scheduling
6. Revised - Bioterrorism Threat
7. Revised - Co-Signature of Mid-Level Practitioner Medical Records
8. Revised - Conflict of Interest
9. Revised - Critical Value Notification
10. Revised - Demonstrated Competency
11. Revised - Earthquake or Weather Emergency
12. Revised - EKG
13. Revised - Emergency Ambulance Transfer
14. Revised - Emergency Medications and Supplies
15. Revised - Equipment Management
16. Revised - Exam Table and Exam Room Cleaning and Disinfecting
17. Revised - Exposure Control Plan
18. Revised - Fluoride Varnish for Medical Pediatric Patients
19. Revised - Formulary
20. Revised - Laboratory Electrical Safety
21. Revised - Late Arriving Patients
22. Revised - Laundry and Linen
23. Revised - Liquid Nitrogen
24. Revised - Management of Referral Requests
25. Revised - On Call Program
26. Revised - Processing X-Ray Requests
27. Revised - Radiation Safety and Protection Program
28. Draft - Reference Resources

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29. Revised - Registering Patient Complaints
30. Revised - Staff Meetings
31. Revised - Standardized Procedure for Physical Examination
32. Revised - Sterile Field
33. Revised - Storage, Handling, and Delivery of Medications
34. Revised - Transfer of a Patient to a Hospital
35. Revised - Waived Testing Blood Glucose
36. Draft - Waived Testing Fecal Occult Stool
37. Revised - Waived Testing Hemoglobin
38. Revised - Waived Testing Hemoglobin A1C
39. Revised - Waived Testing Influenza A and B (pending review)
40. Revised - Waived Testing LeadCare II
41. Revised - Waived Testing Urinalysis Using Siemens Analyzer
42. Revised - Incident Reports 021820
43. Revised - Waived Testing Strep A Direct Rapid Testing 022120
44. Revised - Policy Manual Signature Page
45. Organization Chart

Item 7. Revised – Co-Signature of Mid-Level Practitioner Medical Records – Punctuation & Grammar Change.

Item 44. Revised – Policy Manual Signature Page – To be updated and signed by Board, CEO, FNP-C, Mgr. & Consultant.

Public Comment: Hearing None

Ms. Atkinson - Motioned as amended:

Ms. Sellick – Second

Motion passed 5-0

Dr. Smart: Briefed the Board on the latest COVID information.

6. Next Meeting:

- A. The next meeting will be Wednesday April 22, 2020 starting at 9 am.

7. Adjournment: Public Comment – Action

Public Comment – Hearing None:

Ms. Sellick - Motioned to adjourn at 10:02 am:

Ms. Al-Rafiq – Second

Motion passed 5-0

This Institution is an Equal Opportunity Provider and Employer

Minutes – Mar. 25, 2020 MTHCD Board Meeting

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. [H]olds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;”
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3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

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Minutes – Mar. 25, 2020 MTHCD Board Meeting

RECORDING REQUESTED BY AND
WHEN RECORDED MAIL TO:

Mark Twain Health Care District
P.O. Box 95
San Andreas, CA 95249-0095

4-2-2020 at 1:08pm
Recorded at Calaveras County Recorder's Office
Doc: 2020-004191
Allow (+/-) month to receive Hard Copy from
Rebecca Turner, County Clerk-Recorder Office

SPACE ABOVE THIS LINE FOR RECORDER'S USE

NOTICE OF COMPLETION

NOTICE IS HEREBY GIVEN THAT:

1. The undersigned is OWNER or agent of the Owner of the interest or estate stated below in the property hereinafter described.
2. The FULL NAME of the OWNER is Mark Twain Health Care District
3. The FULL ADDRESS of the OWNER is 768 Mountain Ranch Road,
San Andreas, CA 95249
4. The NATURE OF THE INTEREST or ESTATE of the undersigned is: ~~In fee.~~
Purchaser under contract of purchase
(If other than fee, strike "In fee" and insert, for example, "purchaser under contract of purchase", or "lessee".)
5. The FULL NAMES and FULL ADDRESSES of ALL PERSONS, if any, WHO HOLD SUCH INTEREST or ESTATE with the undersigned as JOINT TENANTS or as TENANTS IN COMMON are:
NAMES **NA** ADDRESSES **NA**
6. The full names and full addresses of the predecessors in interest of the undersigned if the property was transferred subsequent to the commencement of the work of improvement herein referred to:
NAMES **NA** ADDRESSES **NA**
7. A work of improvement on the property hereinafter described was COMPLETED 10-16-2019
8. The work of improvement completed is described as follows: 10,000 square foot building (including approximately 8,500 Square feet of finished construction and approximately 1,500 square feet of shell construction).
9. The NAME OF THE ORIGINAL CONTRACTOR, if any, for such work of improvement is Diède Construction, Inc.
10. The street address of said property is 51 Wellness Way, Valley Springs, California 95252
11. The property on which said work of improvement was completed is in the City of Valley Springs, County of Calaveras, State of California, and is described as follows:

APN No.: 073-049-013

Date: 4-2-2020 Signature of owner
or agent of owner _____

Verification for NON-INDIVIDUAL owner: I, the undersigned, declare under penalty of perjury under the laws of the State of California that I am the CEO of the aforesaid interest or estate in the property described "PRESIDENT, PARTNER, MANAGER, AGENT, ETC." in the above notice; that I have read the said notice, that I know and understand the contents thereof, and that the facts stated therein are true and correct.

4-2-2020

Date and Place

(Signature of person signing on behalf of Owner)

In reply refer to: 0443511061
Mar. 16, 2020 LTR 673C 0
94-6003128 201709 01

OGDEN UT 84201-0038

00012150
BODC: TE

MARK TWAIN HEALTH CARE DISTRICT
PO BOX 95
SAN ANDREAS CA 95249-0095

MARK TWAIN HEALTH CARE DISTRICT
PO BOX 95
SAN ANDREAS CA 95249-0095

076711

Sincerely yours,

Taxpayer identification number: 94-6003128
Tax periods: Sep. 30, 2017

Form: 941

Dear Taxpayer:

Thank you for your inquiry of Feb. 11, 2019.

Our records show you filed more than one tax return for the tax period ending Sep. 30, 2017. We combined the returns and determined you owe no additional tax.

Our records indicate the name of your entity has been updated to Mark Twain Health Care District as requested.

You can get any IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, you can call 800-829-0115.

If you prefer, you can write to the address at the top of the first page of this letter.

When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the spaces below.

Telephone Number () _____ Hours _____

Keep a copy of this letter for your records.

Thank you for your cooperation.

0443511061
Mar. 16, 2020 LTR 673C 0
94-6003128 201709 01
00012151

In reply refer to: 0443511061
Mar. 16, 2020 LTR 673C 0
94-6003128 201709 01
00012151

00012151
BODC: TE
MARK TWAIN HEALTH CARE DISTRICT
PO BOX 95
SAN ANDREAS CA 95249-0095

MARK TWAIN HEALTH CARE DISTRICT
PO BOX 95
SAN ANDREAS CA 95249-0095

Sincerely yours,

Taxpayer identification number: 94-6003128
Tax period: Sep. 30, 2017
Sharon Davies
Sharon Davies
Program Manager, AM OPS 2

Enclosures:
Copy of this letter

Dear Taxpayer:
Thank you for your inquiry of Feb. 11, 2019.
Our records show you filed more than one tax return for the tax period ending Sep. 30, 2017. We combined the returns and determined you owe no additional tax.
Our records indicate the name of your entity has been updated to Mark Twain Health Care District as requested.
You can get any IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-5626).
If you have questions, you can call 800-829-0115.
If you prefer, you can write to the address at the top of the first page of this letter.
When you write, include a copy of this letter, and provide your telephone number and the hours we can reach you in the space below.

Telephone Number () _____
Hours _____

Keep a copy of this letter for your records.
Thank you for your cooperation.



ACHD

ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate April 2020

In This Edition:

- A Message from Amber King, Interim CEO
- Legislative Update
- Upcoming Events
- Important Resources

A Message from Amber King, Interim CEO

Thank you for all you are doing to support your communities during this pandemic. And a special thank you to all the health care workers on the front lines, treating patients and saving lives! Due to COVID-19, ACHD is temporarily sending all communications to our full email list, including Non-Member Districts.

Like many of you, ACHD has been working remotely for the last 4 weeks and will continue to do so until further notice. Please be sure to [contact the ACHD Team](#) with any concerns, issues or questions; we are here for you.



ACHD is working to keep you as updated as possible with regular COVID-19 informational emails and is conducting weekly CEO Zoom Roundtables to connect Districts with each other to share challenges, successes and solutions. Please be on the lookout for these emails to stay up to date on COVID-19 related activities and advocacy. We have also compiled [useful resources and information regarding Healthcare District COVID-19 responses](#) on our website.

Lastly, ACHD entered into a formal agreement with [Edelman](#) to assist with COVID-19 related communications. If your District needs assistance with PR or messaging, please let us know.

Legislative Update

ACHD has shifted focus to address COVID-19 related legislative and budget needs for our Members. We will continue to provide updates on specific legislative and regulatory changes in our COVID-19 informational emails.

The Legislature announced last week that it plans to reconvene on May 4, 2020. The primary focus upon their return will be the budget, which constitutionally must be passed by midnight on June 15, 2020. The Governor announced that he will be reworking his budget in its entirety based on the economic needs and changes related to COVID-19. The Assembly Budget Chair Phil Ting provided additional insight into the budget process in a recent memo, [available here](#).

Additionally, please [contact us](#) if your District would like assistance communicating COVID-19 related news, challenges or related issues with your lawmakers.

Upcoming Events



Webinar: The Future of the Legislature amid COVID-19

April 29, 2020, 10:00 - 11:00 a.m.

ACHD Members: Free

Non-Members: \$90

Join Amber King, Kelly Brooks-Lindsey, and Jean Hurst for a discussion on the legislative changes due to COVID-19 and what the future of the legislature may look like for the rest of the 2019-20 session and into the next. This is an opportunity to hear about what's going on in the Capitol including:

- Budget Updates
- Expected legislation

- The future of AB 890
- CalAIM & Office of Affordability Updates
- 2020 Ballot Measures

[Register Here](#)

Important Resources from ACHD's Corporate Sponsors



COVID-19 Care for the Caregiver Webinar by BETA Healthcare Group, in partnership with CHA and HQI

To help healthcare workers during this unique and challenging time, BETA Healthcare Group has partnered with the California Hospital Association (CHA) and the Hospital Quality Institute (HQI) to offer a [Care for the Caregiver Webinar](#) on two dates – **April 14 and 21** – each from 9am to 12pm PT. Using tools and resources from the BETA HEART® program, this webinar will assist you in creating a peer support model, and engaging in empathetic conversation to address the emotional impacts and needs of caregivers, patients and families. Register [here](#).

COVID-19 Financial Relief Impacting Health Care Districts

There is a proliferation of communication regarding the financial impact this pandemic will have on healthcare providers. While the pandemic is frightening and causing disruption, there is some relief provided via recent Federal legislative actions. Wipfli has compiled important information covering: Families First Coronavirus Response Act (FFCRA), CARES Act and Other Programs, including FEMA, Medicare and Medicaid (Medi-Cal). To download information on all those subjects, [please click here](#).



If you desire to receive more information or assistance, please contact Jobelle Vaughan, Director, Healthcare Business Development at jvaughan@wipfli.com or 925-421-1027. This information was prepared as of April 8, 2020.

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 79 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts

2020 - 02

**DESIGNATION OF APPLICANT'S AGENT RESOLUTION
FOR NON-STATE AGENCIES**

BE IT RESOLVED BY THE Board of Directors OF THE MARK TWAIN HEALTH CARE DISTRICT
(Governing Body) (Name of Applicant)

THAT RANDALL SMART, CEO, OR
(Title of Authorized Agent)

LINDA REED, President, OR
(Title of Authorized Agent)

(Title of Authorized Agent)

is hereby authorized to execute for and on behalf of the MARK TWAIN HEALTH CARE DISTRICT, a public entity
(Name of Applicant)
established under the laws of the State of California, this application and to file it with the California Governor's Office of Emergency Services for the purpose of obtaining certain federal financial assistance under Public Law 93-288 as amended by the Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988, and/or state financial assistance under the California Disaster Assistance Act.

THAT the MARK TWAIN HEALTH CARE DISTRICT public entity established under the laws of the State of California,
(Name of Applicant)
hereby authorizes its agent(s) to provide to the Governor's Office of Emergency Services for all matters pertaining to such state disaster assistance the assurances and agreements required.

Please check the appropriate box below:

- This is a universal resolution and is effective for all open and future disasters up to three (3) years following the date of approval below.
- This is a disaster specific resolution and is effective for only disaster number(s) _____

Passed and approved this _____ day of _____, 20_____

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

(Name and Title of Governing Body Representative)

CERTIFICATION

I, Nehra Selick, duly appointed and SECRETARY of
(Name) (Title)

MARK TWAIN HEALTH CARE DISTRICT do hereby certify that the above is a true and correct copy of a
(Name of Applicant)

Resolution passed and approved by the Board of Directors of the MARK TWAIN HEALTH CARE DISTRICT
(Governing Body) (Name of Applicant)

on the _____ day of _____, 20_____.

(Signature)

SECRETARY, BOARD OF DIRECTORS
(Title)

Cal OES Form 130 Instructions

A Designation of Applicant's Agent Resolution for Non-State Agencies is required of all Applicants to be eligible to receive funding. A new resolution must be submitted if a previously submitted Resolution is older than three (3) years from the last date of approval, is invalid or has not been submitted.

When completing the Cal OES Form 130, Applicants should fill in the blanks on page 1. The blanks are to be filled in as follows:

Resolution Section:

Governing Body: This is the group responsible for appointing and approving the Authorized Agents.

Examples include: Board of Directors, City Council, Board of Supervisors, Board of Education, etc.

Name of Applicant: The public entity established under the laws of the State of California. Examples include: School District, Office of Education, City, County or Non-profit agency that has applied for the grant, such as: City of San Diego, Sacramento County, Burbank Unified School District, Napa County Office of Education, University Southern California.

Authorized Agent: These are the individuals that are authorized by the Governing Body to engage with the Federal Emergency Management Agency and the Governor's Office of Emergency Services regarding grants applied for by the Applicant. There are two ways of completing this section:

1. **Titles Only:** If the Governing Body so chooses, the titles of the Authorized Agents would be entered here, not their names. This allows the document to remain valid (for 3 years) if an Authorized Agent leaves the position and is replaced by another individual in the same title. If "Titles Only" is the chosen method, this document must be accompanied by a cover letter naming the Authorized Agents by name and title. This cover letter can be completed by any authorized person within the agency and does not require the Governing Body's signature.
2. **Names and Titles:** If the Governing Body so chooses, the names **and** titles of the Authorized Agents would be listed. A new Cal OES Form 130 will be required if any of the Authorized Agents are replaced, leave the position listed on the document or their title changes.

Governing Body Representative: These are the names and titles of the approving Board Members.

Examples include: Chairman of the Board, Director, Superintendent, etc. The names and titles **cannot** be one of the designated Authorized Agents, and a minimum of two or more approving board members need to be listed.

Certification Section:

Name and Title: This is the individual that was in attendance and recorded the Resolution creation and approval.

Examples include: City Clerk, Secretary to the Board of Directors, County Clerk, etc. This person **cannot** be one of the designated Authorized Agents or Approving Board Member (if a person holds two positions such as City Manager and Secretary to the Board and the City Manager is to be listed as an Authorized Agent, then the same person holding the Secretary position would sign the document as Secretary to the Board (not City Manager) to eliminate "Self Certification.")

RESOLUTION NO. 2020-03

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

WHEREAS, the Mark Twain Health Care District (“District”) is a healthcare district duly formed and operating under the Local Health Care District Law set forth in Health & Safety Code section 32000 et. seq.; and

WHEREAS, Government Code section 8634 allows special district boards, or designated officials to enact rules and regulations to protect life and property during an emergency; and

WHEREAS, conditions of disaster or of extreme peril to the health and safety of persons and property have arisen both internationally and within the United States as a result of the introduction of the novel coronavirus (“COVID-19”), a novel communicable disease which led to California Governor Gavin Newsom, to proclaim a State of Emergency for California on March 4, 2020; and

WHEREAS, currently COVID-19 has spread globally to more than 180 countries, infecting hundreds of thousands of persons and causing fatalities worldwide. Due to the expanding list of countries with widespread transmission of COVID-19, and increasing travel alerts and warnings for countries experiencing sustained or uncontrolled community transmission issued by the Centers for Disease Control and Prevention (“CDC”), COVID-19 has created conditions that are likely to be beyond the control of local resources and require the combined forces of other political subdivisions to combat this virus; and

WHEREAS, a local health emergency was proclaimed by the County of Calaveras Public Health Officer on March 10, 2020, and ratified by the Board of Supervisors on March 10, 2020; and

WHEREAS, a local emergency was proclaimed by the County of Calaveras Board of Supervisors on March 10, 2020; and

WHEREAS, the CDC confirmed person-to-person transmission of COVID-19 in the United States, raising the possibility of community transmission occurring in the general public. This has resulted in a Federal Declaration of National Emergency as declared by President Donald Trump on March 13, 2020; and

WHEREAS, the District’s ability to mobilize local resources, accelerate procurement of vital supplies, use mutual aid, and seek future reimbursement by state and federal governments will be critical to successfully responding to COVID-19; and

WHEREAS, these conditions warrant and necessitate that the District declare the existence of a local emergency; and

WHEREAS, Government Code section 8685 et seq. allows special districts to receive an allocation of funds under the California Disaster Assistance Act;

WHEREAS, Health & Safety Code section 32136 allows healthcare districts to let contracts for work to be done or for materials and supplies to be furnished, sold or leased to the District without following the lowest bid policy, if it first determines that an emergency exists that warrants such an expenditure due to fire, flood, storm, epidemic or other disaster and is necessary to protect public health, safety, welfare or property;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Mark Twain Health Care District as follows:

1. That the Board of Directors of the District hereby declares the existence of a local emergency as a result of COVID-19 and directs the District staff to take the necessary steps for the protection of life, health and safety.
2. During the existence of said local emergency, the powers, functions, and duties of the District shall be those prescribed by state law and by policies and procedures of the District . The District’s Chief Executive Officer, Dr. Randy Smart or his designee (the “Authorized Officer”) is hereby authorized to implement the District’s existing policies and procedures for emergency operations set forth in District policies and the Valley Springs Health & Wellness Center Emergency Operations Plan.
3. To the extent permitted by applicable law, normal goods and service procurement requests and purchase practices [pursuant to the District’s are stayed during this period of emergency. To the extent that there are federal or state government work or procurement policies and procedures that must be complied with to receive reimbursement for emergency expenditures, and the District seeks such reimbursement, the District shall comply with such procedures.
4. The District’s Authorized Officer may commit or expend up to \$ 150,000 of the District’s non-budgeted funds for emergency purposes during this state of emergency and the District’s Authorized Officer shall take all reasonable steps to recover such costs from aid or reimbursement available from all sources, including state and federal agencies.
5. The District’s Authorized Officer may suspend the performance of any District contracts as required to comply with public health orders during this period of emergency.
6. The District’s Authorized Officer is hereby authorized to enact on behalf of the District and the District Board any necessary rules and regulations to protect life and property during the state declared emergency as authorized by Government Code section 8634.
7. The District’s Authorized Officer is hereby authorized to implement on behalf of the District and the District Board any suspension of any existing law or regulation ordered by federal, state or local governments that are ordinarily applicable to District operations or governance.
8. The District shall track costs for staffing, supplies, and equipment related to COVID-19 preparation and prevention and forward that information to the District’s Authorized Officer.

9. The District's Authorized Officer is authorized and directed to take all measures to seek and recover disaster relief funding from all sources, including state and federal agencies.
10. The District shall coordinate District-wide planning, preparedness and response efforts regarding COVID-19 with the Calaveras County Office of Emergency Services.
11. Actions taken by the District's Authorized Officer prior to the effective date of this Resolution in response to threats posed by COVID-19 are hereby ratified.
12. The recitals set forth above are incorporated herein and made an operative part of this Resolution.
13. This Resolution shall take effect immediately.

**SIGNATURE PAGE
TO
RESOLUTION NO. 2020 - 03**

ADOPTED this 22 day of April 2020.

President, Lin Reed

ATTEST:

Secretary, Debbie Sellick

**Mailing Address:
Government Center
891 Mountain Ranch Road
San Andreas, CA 95249-9709**

**Phone: (209) 293-7211
Cell Phone (209) 768-4200
Email: dda@volcano.net**

April 2, 2020

TO: Voting CPPA Member Agency Representatives
FROM: Dennis Dickman
SUBJECT: Voting Instructions

Four Member Agencies were nominated for the At-Large position on the CPPA Board of Directors. Each Agency accepted the nomination.

Enclosed is a ballot with the names of the Member Agencies and their current Representative. Please read the following instructions for marking the ballot and returning it to CPPA.

1. Vote for only one candidate by placing an X by the Member Agency's name on the ballot.
2. Place the ballot in the CPPA self-addressed and stamped envelope and seal the envelope.
3. **SIGN** the outside of the envelope below your name and address (Note: for the ballot to be accepted the signature must be that of the Member Agency Representative).
4. Ballots shall be returned to CPPA no later the May 4, 2020.

Failure to: (1) mark the ballot properly; (2) return the ballot in the CPPA self-addressed envelope; and/or (3) have an unauthorized signature on the envelope, will make the ballot invalid.

Ballot for At-Large CPPA Board of Director Position

Vote for only one of the following:

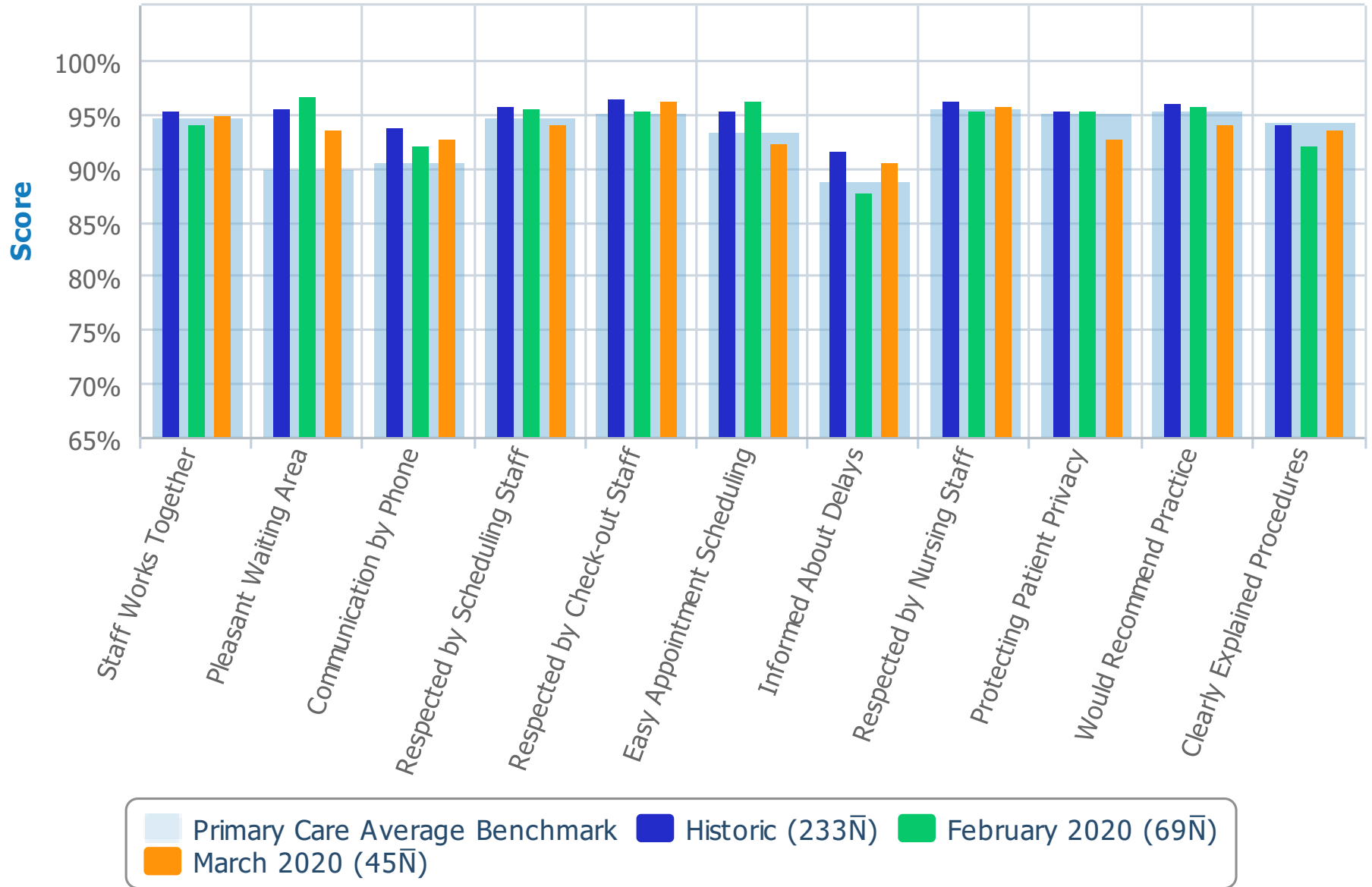
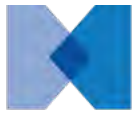
- Bret Harte Union High School District (Michael Chimente)
- Murphys Sanitary District (Travis Owens)
- Vallecito Union School District (Gretchen McReynolds)
- 39th District Agricultural Association ((Laurie Giannini)

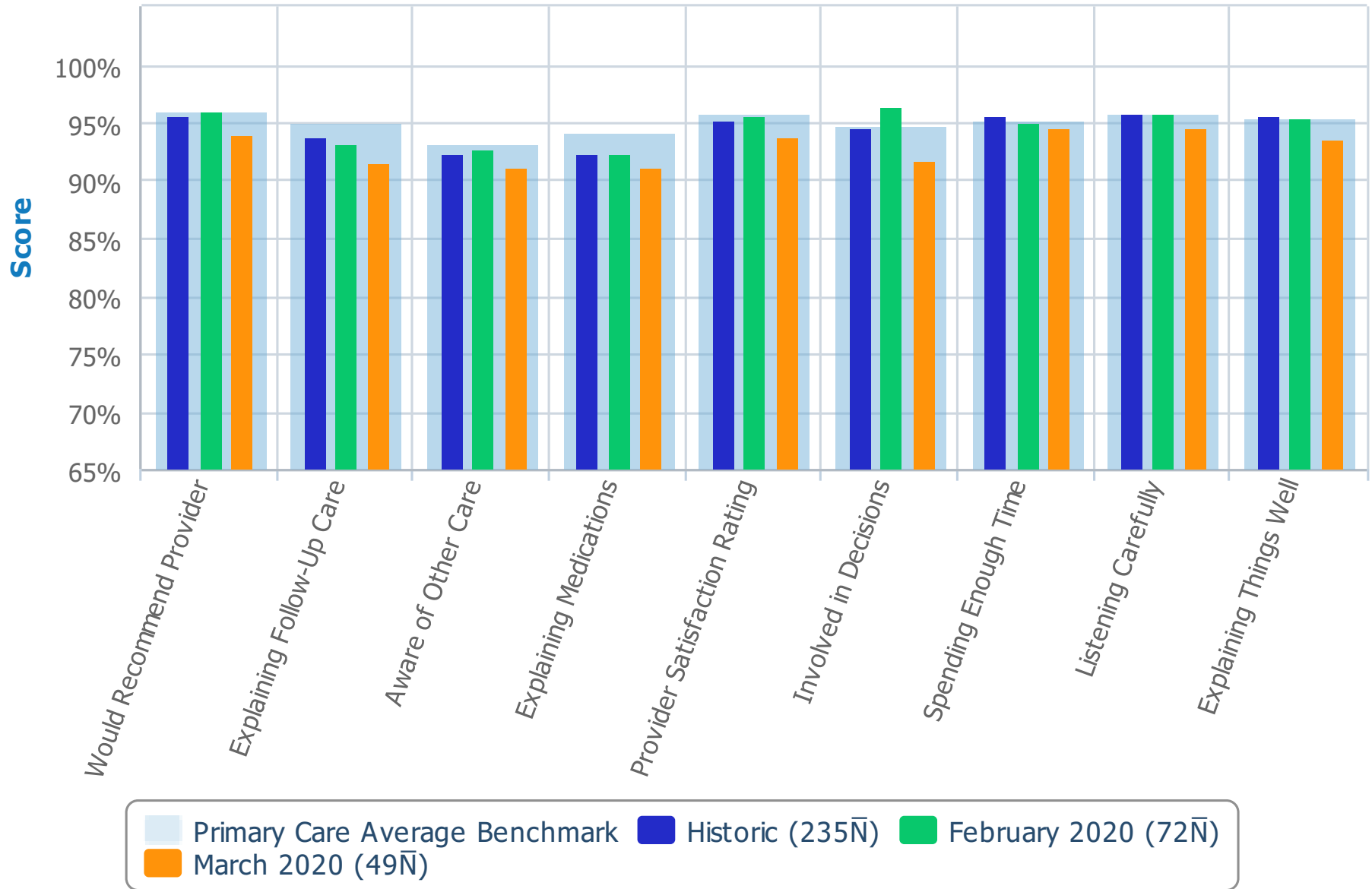
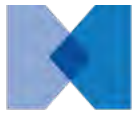
Return Ballot within self-addressed stamped envelope so CPPA receives it by May 4, 2020

Valley Springs Health Wellness Center


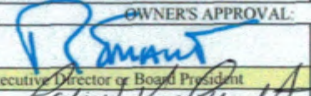
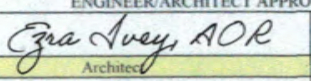
Quality Report

	A	B	C	D	E	F	G	H
1	Quality Metric'	Oct-19		19-Nov	Dec-19	Jan-20	Feb-20	Mar-20
2								
3	Patient Visits Total	383	100%	385	456	576	687	638
4	Medi-Cal	75	20%	76	150	159	186	215
5	Medicare	161	42%	147	132	213	236	193
6	Cash Pay	12	3%	18	19	27	45	16
7	Other	135	35%	144	155	177	220	214
8								
9	Total Empanelled Patients	383		414	620	898	1171	1282
10								
11	Total New Patients	383		152	167	213	241	111
12								
13	Incident Reports	0						2
14								
15	Patient Satisfaction							attached
16								
17	Peer Review/Fallouts							None
18								
19	Employee turnover	1/8	12.50%					8.30%
20								
21	Wait time for appointments	0	0	0	0	0	0	0
22								
23	Patient No-shows	7	1.80%	26	43	45	44	51
24								
25	Employee Satisfaction	No data						
26								
27								
28	1=All Financial data in Finance Report							





OUT LAY REPORT AND REQUEST FOR REIMBURSEMENT

Draw Request Number:	Mark Twain Health Care District			Construction of New Health Clinic				
	768 Mountain Ranch Road, San Andreas, CA 95249			Payment Requested				
#16	Initial Budget	Current Budget	Previous Paid to Date	#16	Paid to Date		Balance Remaining	%
<i>Misc. Soft Costs</i>								
Administrative/Legal	530,075.00	530,075.00	530,237.50		530,237.50		(162.50)	-0.03%
Financing/Cost of issuance	325,000.00	275,000.00	233,124.25		233,124.25		41,875.75	15.23%
Land Acquisition	890,000.00	890,000.00	890,000.00		890,000.00		-	0.00%
Furniture Fixtures/Equipment	350,000.00	350,000.00	350,000.00		350,000.00		-	0.00%
Structured cabling/IT	250,000.00	250,000.00	216,983.69		216,983.69		33,016.31	13.21%
Inspection Fees OVER BUDGET			23,760.86		23,760.86		(23,760.86)	
Non-Construction coverage			-	70,723.78	70,723.78			
Architectural design/other architectural			-		-			
Architect/Engineer fees	433,600.00	480,665.00	520,532.91		520,532.91		(39,867.91)	-8.29%
Other architectural and engineering fees			-		-			
3rd party project management	157,725.00	269,820.00	265,189.24		265,189.24		4,630.76	1.72%
Monument sign		30,000.00	20,012.69		20,012.69		9,987.31	33.29%
<i>Construction w/ sales tax</i>								
			-		-			
			-		-			
			-		-			
Construction Contract	3,587,575.00	5,991,765.00	5,020,169.43	57,419.04	5,077,588.47		914,176.53	15.26%
sidewalks	25,000.00				-			
Contingency (see tab for detail)	713,837.00	634,895.00			-		634,895.00	100.00%
Contingency as a Percent of Total	20.00%	11.00%						
Total	7,262,812.00	9,702,220.00	8,070,010.57	128,142.82	8,198,153.39		1,574,790.39	16.23%
PROJECT FUNDING BREAKDOWN								
Mark Twain Health Care District (applicant)	1,062,812.00	1,205,455.00	1,205,455.00		1,205,455.00		-	0.00%
Mark Twain Health Care District (applicant)	600,000.00	600,000.00	566,983.69	33,016.31	600,000.00		-	0.00%
USDA Loan, Series A	5,600,000.00	6,782,000.00	6,348,161.79	128,142.82	6,476,304.61		305,695.39	4.51%
USDA Subsequent Loan, Series B		678,000.00	34,000.00		34,000.00		644,000.00	94.99%
Total	7,262,812.00	9,265,455.00	8,154,600.48	161,159.13	8,315,759.61		949,695.39	10.25%
FUNDS - DIFFERENCE								
Date of Outlay Report	3/27/2020							
APPROVAL AND SIGNATURE SECTION								
OWNERS APPROVAL:								
	3/27/2020							
Executive Director or Board President	DATE							
ENGINEER/ARCHITECT APPROVAL:								
	04/09/20							
Architect	DATE							
USDA RURAL DEVELOPMENT CONCURRENCE:								
Tonja Galentine	DATE							
OWNER CERTIFICATION: I certify that to the best of my knowledge and belief the billed costs or disbursements are in accordance with the terms of the project and that the reimbursement represents the Federal share due which has not been previously requested and that an inspection has been performed and all work is in accordance with the terms of the award.								
Invoices will be approved by the borrower and their engineer, as appropriate, and submitted to the processing office for concurrence. The review and acceptance of project costs, including construction pay estimates, by USDA Rural Development does not attest to the correctness of the amounts, the quantities shown or that the work has been performed under the terms of the agreements or contracts.								
Notes:								

CURRICULUM VITA

James Darrell Mosson MD

Personal Information

California Medical License: 025381

DEA number: AM5755713

Date of birth: 11/29/1946

Education:

High school: Coronado High School, graduated June 1964

College: University of California San Diego, bachelor of arts degree: June 1968

UC Davis Medical School: July 1968-July 1972

Internship: Los Angeles County/USC Medical Center, straight surgery, July 1972-June 1973

Residency: Los Angeles County-USC Medical Center, internal medicine, July 1973-June 1976

Board certification: Internal medicine

Society memberships: AMA

Honors : Tuolumne County Chamber of Commerce citizen of the year x2.

Publications: Disassociation of calciuretic and natriuretic responses to sodium chloride infusions in adrenalectomized dogs, Metabolism, volume 20, #9, September 1971

Positions:

Senior partner Sierra Internal Medicine 1980-2014. Solo practice internal medicine: 2014- 2018 . Chief of Staff Tuolumne General Hospital about 1984. Member of clinical complications committee, Sonora Community Hospital, 1984-2016. Clinical instructor in internal medicine San Joaquin Medical Center 1976-1977

DEBORAH SALOM, D.O.

EDUCATION

B.S. San Diego State University, San Diego, CA. May, 1996
D.O. Western University of Health Sciences, Pomona, CA. June, 2000

TRAINING

Internship Traditional Rotating Internship, Tempe St Lukes Hospital, Tempe, AZ.
June, 2000 to June, 2001
Residency Family Practice Residency, Tempe St. Lukes Hospital, Tempe, AZ.
July, 2001 to June, 2003
Fellowship Health Policy Fellowship, T.I.P.S., NYCOM/NYIT, Old Westbury, NY.
September 2002 to June 2003

WORK EXPERIENCE

March 2017 – Present Physician. AC Wellness, Apple Wellness Center VG2, Cupertino, CA. Additional roles: Clinical Guidelines and Outcome Committee, Chair; Immigration Health, Program Development and Implementation, Chair; EHR committee
July 2013-March 2017 Physician. Crossover Health, Apple Wellness Center, Cupertino, CA.
May 2003-June 2014 Contract Physician. Naval Hospital Lemoore, Immediate Care Clinic, Lemoore NAS, CA
Sept. 2006-Jan 2007 Per diem Physician, Doctors on Duty, multiple locations, Monterey, CA
Sept 2003-April 2005 Per diem Physician, Kaiser Permanent Medical Group, multiple locations, Pasadena, CA

LICENSURES and CERTIFICATION

2013 Board Certification Renewal, Family Practice and Osteopathic Manipulative Treatment, American Osteopathic Board of Family Physicians.
2004 Board Certified, Family Practice and Osteopathic Manipulative Treatment, American Osteopathic Board of Family Physicians.
2003 California Medical License No. 20A8410
2002 Arizona Medical License No. 3732

HONORS

2010 Ranked among the top five Navy Medicine Providers in patient satisfaction.
2002 Chief Resident, Family Practice Residency, Tempe St. Lukes Hospital, Tempe, AZ. July, 2002 to June, 2003

PUBLICATIONS

May, 2005 *Cardiac Cirrhosis Case Report*, Osteopathic Family Physician News, Volume 5, Number 5.

AFFILIATIONS and ASSOCIATIONS

Professional

2003-Present	Osteopathic Physician and Surgeons of California, member.
2000-Present	American College of Osteopathic Physicians, member.
1996-Present	American Osteopathic Association, member.

Community/Volunteer

2015-Present	Sacred Heart Parish Carnival, ticket sales coordinator.
2011-Present	Robotics Education and Competition. Developed and implemented program at Sacred Heart School in Saratoga, CA. Coordinator and Mentor, 60 participants grade 3 rd -8th. Manage local, state and world level competitions.
2007-Present	Boy Scouts of America, various roles: Den Leader, Committee Chair, Merit Badge Counselor, Advancement Chair.
2014-2017	Sacred Heart School. School Advisory Committee, President.

References available upon request

Resume

Heather Allen
Galt, CA 95632

Employment History:

Associated Family Physicians

8110 Timberlake Way
Sacramento, CA
October 2017 to present
Family practice Nurse Practitioner

Kaiser Permanente South Sacramento

Sacramento, CA
November 2014 to Present
Registered Nurse Emergency Department

Lodi Memorial Hospital - Emergency Department

Lodi, CA 95240
May 2012 to November 2014
Registered Nurse Emergency Department

Dameron Hospital

Stockton, CA
Jan 2009 to May 2012
Registered Nurse Emergency Department

American Medical Response

San Leandro, CA 94578
November 2000 to November 2011
Paramedic

Education History

George Washington University, Masters of Science, Nursing

Washington DC
Date of graduation May 20, 2017

CSU, Chico, Bachelor of Science, Nursing

Chico, CA

Date of Graduation: 12/2007

Major: Nursing

University College at Dublin

Dublin, Ireland

From 06/01/2006 to 06/30/2006

Major: Nursing

Santa Rosa Junior college

Santa Rosa, CA

Date of Graduation: 10/2000

Major: Paramedic

Certifications

Nurse Practitioner License 95007533 Expires: 10/31/2019

NPI: 1447769286

Registered Nurse License 725127 Expires: 10/31/2019

Public Health Nurse Certification PHN 73621

ACLS Expires: 04/31/2019

BLS Expires: 12/10/2018

PALS Expires: 06/10/2020

TNCC Expires: 10/31/2020

References available upon request

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

POLICY: AED Use and Maintenance	REVIEWED: 04/13/20
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: AED

Objective: Proper use and maintenance of the AED

Response Rating: Mandatory

Required Equipment: Semi-Automatic AED Unit, Adult Defibrillator Pads, Pediatric Defibrillator Pads

Procedure:

An Automated External Defibrillator (AED) is used to treat victims who experience sudden cardiac arrest. It is only to be applied to victims, who are unconscious, not breathing normally and showing no signs of circulation such as normal breathing, coughing or movement. The AED will analyze the heart rhythm and advise the operator if a shockable rhythm is detected. If a shockable rhythm is detected, the AED will charge to the appropriate energy level and deliver a shock.

1. The AED will be brought to all medical emergencies. The AED should be used on any person who is at least 8 years of age and displays ALL the symptoms of cardiac arrest. The AED will be placed only after the following symptoms are confirmed:
 - A. Victim is unconscious
 - B. Victim is not breathing
 - C. Victim has no pulse and/or shows no signs of circulation such as normal breathing, coughing or movement
2. The AED is in a **marked** cabinet in the upper right center section at the nursing station.
3. The AED will have one set of adult defibrillation electrode pads connected to the device located in AED case in lid under flap. Attached to the pads is a patient prep kit that includes two pairs of latex-free gloves, one razor, one set of trauma shears, and one facemask barrier device. There is one spare set of adult electrodes in a box next to the AED.
4. There is also one set of pediatric defibrillation pads in a box next to the AED. If performing treatment on a pediatric patient, the adult pads attached **MUST** be unplugged from the device and replaced with the pediatric set. The AED will announce what type of pads are connected to the device.
5. **External Post Event Documentation:** Medical emergencies involving the use of an AED require documentation.
 - A. All patient information generated during the AED use must be documented in EMR, in the patient's chart.
 - B. If the victim being treated is not a current patient and is attended by an acquaintance, register them in the EMR using demographic information provided by the acquaintance.
 - C. If the victim being treated is not a current patient and is unattended by an acquaintance, register them in the EMR using the name Jane or John Doe until more information can be obtained.
 - D. Fill out an incident report, including details regarding who on the staff attended the patient and what tasks

were performed by each person; documentation of interventions and medications administered.

- E. A copy of the AED use information via an incident report, shall be presented to the Manager who will review records within 72 hours of the emergency. At a minimum, event information supplied shall include any recorded data, and all electronic files captured by the AED.
6. **Equipment Maintenance:** All equipment and accessories necessary for support of medical emergency response shall be maintained in a state of readiness. Specific maintenance requirements include:
 - A. The Manager (or designee) shall be informed of changes in availability of emergency medical response equipment (AED). If AED is withdrawn from service, the Manager (or designee) will be informed and then notify staff when the AED is returned to service.
 - B. The Manager will be responsible for informing staff of changes to availability of emergency medical equipment (AED).
 - C. The Manager (or designee) shall be responsible for having regular AED maintenance performed. All maintenance tasks shall be performed according to equipment maintenance procedures as outlined in the operating instructions. Records will be kept.
 - D. Following use of AED, all equipment shall be cleaned and/or decontaminated as required. If contamination includes body fluids, the equipment shall be disinfected according to procedure.
7. **Annual System Assessment:** Once each calendar year, the Manager (or designee) shall conduct and document a system readiness review. This review shall include review of the following elements:
 - A. Training records
 - B. Equipment (AED) operation records and maintenance
8. **Weekly Monitor and System Checks:** Once each week, the Registered Nurse (or designee) shall perform, and document on the weekly log, a system QC check on the AED. These records shall be retained in the same manner as the other Clinic QC logs in the Manager's office. The QC check will determine the current AED battery life and AED operation and status. If there is any malfunction or abnormal result during this test, the Manager will be notified immediately to troubleshoot the issue.

Automated External Defibrillator (AED) Procedure

Upon hearing a call for help or overhead page of Code Blue or Rapid Response

- o Go to the medical emergency location
 - o Assess scene for safety
 - o Determine unresponsiveness
 - o Open Airway (A)
 - o Check for Breathing (B). If not breathing give 2 slow breathes.
 - o Check for signs of Circulation (B), such as pulse, coughing or moving.
 - o If NO PULSE and AED is NOT present, begin CPR until it arrives.
 - o If NO PULSE and AED IS present, turn it on by pressing the LID RELEASE/ONOFF button and follow voice prompts.
 - o Apply electrodes to bare chest. Shave chest hair if needed for good contact of electrodes. If the chest is dirty or wet, wipe the chest dry.
 - o Stand clear of victim while AED analyzes rhythm
 - o Additional team member should record event on an emergency report.
- If shock is advised:**
- o Clear area making sure no one is touching the victim.
 - o Push shock button when prompted to do so.
 - o AED will analyze and shock up to 3 times.
 - o After 3 shocks, AED will prompt to check for pulse & breathing. If absent, start CPR.
 - o AED will count one minute of CPR, then prompt rescuers to stop CPR and get

clear so device can analyze rhythm again.

o Continue cycles of analyses, shocks (if advised) and CPR until EMS arrives and disconnects AED and relieves rescuers.

If no shock advised:

o AED will prompt to check pulse & breathing, check and if absent start CPR.

After Use:

- AED is wiped clean and disinfected according to policy.
- Manufacturer's suggestions for maintenance of AED after incident will be followed.
- Contents of attached resuscitation kit will be replaced as needed.
- Electrodes will be replaced and reconnected to device.
- Batteries **MUST** be replaced after being used on a patient.

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

POLICY: AR Credit Balance Management	REVIEWED: 3/10/20
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Accounts Receivable Credit Balance Management

Objective: To maintain a current, accurate Accounts Receivable, credit balances will be reviewed monthly and adjudicated promptly.

Response Rating:

Required Equipment:

Procedure:

1. For credit balances that are due to patients:
 - a. Run credit balance accounts on a month-end basis
 - i. AthenaNet/Financials/Patient Refund Worklist
Select all Departments
 - b. Generate Refund Worklist
 - c. Audit the accounts
 - d. If not a true refund, document findings and edit the record to accurately reflect what has taken place.
 - e. If a true refund, determine whether or not the patient has another open account against which the overpayment may be posted.
 - i. If another account is available, contact the patient by telephone to request their permission to transfer the credit balance from one account to the open balance account.
 - ii. If the patient does not have an open balance account and the patient paid by credit card contact patient by telephone, ask if they prefer the balance be put back on the credit card or refund check sent to them.
 - iii. if the patient refuses to apply their overpayment to the open balance account: print copy of billing statement, EOB and any other financial transactions that apply to the date of service and complete the Credit Balance Request Form for review and approval by the Chief Executive Officer or their designee no later than the 20th of the month.
 - iv. When refund is approved, forward the packet to the District Accounting office in order to have a check prepared.
 - v. District Accounting Office will retain a copy of the packet for their records and return the packet and check to the Clinic.
 - vi. The Biller will post the refund to the patient's account, scan the refund packet to athenaNet, and send the check with an explanation letter to the patient.

2. For credit balances that are due to insurance
 - a. Check Manager Hold weekly
 - b. Prioritize credit balance review for government payors (MediCare, MediCal, Managed MediCal)
 - c. Audit the accounts
 - d. If not a true refund, document findings and edit the record to accurately reflect what has taken place.
 - e. For Government payors, print a copy of the billing statement, EOB and any other financial transactions that apply to the date of service and complete the Credit Balance Request Form for review and approval by the Chief Executive Officer or their designee for each week's Operations Meeting.
 - f. When refund is approved, forward the packet to the District Accounting office in order to have a check prepared.
 - g. District Accounting Office will retain a copy of the packet for their records and return the packet and check to the Clinic.
 - h. The Biller will post the refund to the patient's account, scan the refund packet to athenaNet, and send the check based on the instructions obtained from the payor as to their preferred process to receive the credit balance

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

POLICY: Annual Clinic Evaluation	REVIEWED: 7/24/19; <u>3/25/20</u>
SECTION: Operations	REVISED: <u>3/25/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 7/31/19

Subject: Annual Clinic Evaluation

Objective: Review of clinic operations will be completed monthly and compiled monthly by the Clinic Manager, in part to develop an Annual Clinic Evaluation Report to be submitted to the District Chief Executive Officer and Board of Directors. Additional reports and review will be completed to address the CMS required topics listed below.

Response Rating:

Required Equipment:

Procedure

1. Annual Evaluation is to determine if:
 - a. Utilization of services is appropriate
 - b. Established policies are followed
 - c. Budgetary goals are being met
 - d. Any amendments or additions to policies, operations, or services are required.
 - e. Quality Assurance/Performance Improvement elements are being performed, documented, and acted upon

2. The annual evaluation includes review of the following:
 - a. Utilization of clinic service, including number of patients served
 - b. A representative sample of clinical records (See QA Policies)
 - c. Clinic policies, processes, forms
 - d. Formulary
 - e. Laboratory processes and procedures, including Quality Control records
 - f. Financial analysis, by location, payment source, and/or service line
 - g. Staffing effectiveness
 - h. Staff development
 - i. Performance Improvement/Quality Assurance
 - j. Guidelines for medical management of health problems.

The evaluation shall be shared and discussed with the staff and Board of Directors, and if necessary, correction action initiated, documented and reviewed.

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

POLICY: Appointment Notification	REVIEWED: 11/12/18; 2/12/20; <u>4/2/20</u>
SECTION: Admitting	REVISED: 2/12/20; <u>4/2/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 2/26/20

Subject: Appointment Notification

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

Response Rating:

Required Equipment:

Procedure

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

The practitioner will be notified if the patient has canceled and not rescheduled the appointment, so that appropriate follow-up contact with the patient may be initiated.
5. If an appointment slot becomes available, designed staff will refer to the dental appointment wait list and will contact the next patient on the list, offering the now available appointment slot. Staff will continue down the list until they identify a patient who wants to utilize the appointment slot.

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Appointment Notification
Policy Number 15

5. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions.

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REVISED

Appointment Notification
Policy Number 15

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

POLICY: Appointment Rescheduling	REVIEWED: 11/12/18; 10/28/19
SECTION: Admitting	REVISED: 10/28/19
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Deleted: 11/19/19

Subject: Appointment Rescheduling

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

Response Rating:

Required Equipment:

Procedure

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

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Appointment Rescheduling
Policy Number 16

7. If the patient does not respond to phone call or letter and the acuity of the patient's condition requires it, a certificated letter will be sent to the patient's last known address outlining the risks associated with missing their appointment.

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8. Results of attempted contact with the patient will be recorded in the EMR. Copies of any letters sent will be scanned into the medical record.

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REVISED

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

POLICY: Aseptic Procedure	REVIEWED: 3/1/19; <u>3/1/20</u>
SECTION: Patient Care	REVISED: <u>3/1/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 3/27/19

Subject: Aseptic Procedures

Objective: To prevent surgical infections in patients undergoing procedures in the Clinic.

Acuity Rating: Mandatory

Required Equipment: Various re-useable instruments that require sterilization or sterile single use disposable instruments.

PURPOSE: Micro-organisms are naturally present in every patient environment. Some may be harmless to most people while others are harmful to many. An important part of providing care is to prevent the patient from acquiring infections by decreasing the spread of micro-organisms. Open wounds, either surgical or traumatic, are especially prone to infection.

Knowledge of sterile technique (surgical asepsis) is important in order to carry out certain procedures with minimal risk of infection. This is a basic skill for all medical assistants and providers.

The principles of surgical asepsis:

1. The sterile object or area becomes contaminated when touched by a non-sterile object.
2. For an infection to occur there must be:
 - a. A sufficient number of organisms strong enough to produce infection.
 - b. A susceptible host. Factors include age, nutrition, stress, exposure to heat or cold, allergies, chronic disease, and amount of rest.
 - c. A means for organisms to reach the host, either directly (e.g. animal bite), indirectly (e.g. contaminated articles) or droplets (e.g. talking, sneezing, coughing).

Implementation:

1. Surgical Asepsis requires the use of sterile:
 - a. Surgical gloves
 - b. Instruments specific to the procedure being performed
 - c. Medications (solutions, anesthetics, ointments)
 - d. Suturing material and needles, as required
 - e. Dressing supplies (i.e. gauze, telfa, etc.), as required

Aseptic Procedures
Policy Number 18

- f. Containers to hold any of above supplies
 - g. Drapes (fenestrated or non-fenestrated)
2. Surgical aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic medical staff.
- a. Suture removal
 - b. Dressing change
 - c. IV insertion
 - d. Venipuncture
 - e. Minor surgical procedures to include (but not limited to):
 - 1. Laceration repair
 - 2. Wart removal
 - 3. Removal of other skin growths/biopsies
 - 4. Excision of ingrown toenail
 - 5. I & D abscess/paronychia
 - 6. Release of subungual hematoma

3. Dental aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic dental staff:

- a. Suture removal
- b. Tooth extraction

Additional information:

See specific procedures for equipment and set-up for procedures such as laceration repair, burn treatment, wart removal, etc.

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

POLICY: Billing for Services Provided Off-Site	REVIEWED: 4/1/20
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Billing for services provided by Clinic Medical staff from a non-Clinic location (i.e. off-site)

Objective: To accurately document patient encounters performed away from the Clinic location so as to ensure accurate billing.

Response Rating: Mandatory

Required Equipment: Electronic Medical Record (EMR); telephone; downtime forms if the EMR is not available

Procedure:

1. During the COVID-19 pandemic response and at other times as may be deemed necessary by CMS, the State of California, the Board of Directors and/or the Medical Director, Medical Staff members may be called upon to work from a location other than the physical Clinic for the purpose of rendering patient care.
 - a. The Provider will ensure they are preserving patient privacy by interacting with patients in a secure location behind a closed door without others in the room with them.
2. Medical staff members will be equipped with Clinic-provided computer equipment and will utilize that equipment to access the Electronic Medical Record for the purpose of documenting patient care rendered via telephone or for the purpose of following up on open patient care items (ex. Clinical Inbox, messaging, patient portal contact).
3. Standard documentation to for patient follow-up (Clinical Inbox, messaging, patient portal contact) will be completed using the same standard and utilized during in-office patient interaction.
4. If a patient is being contacted by telephone for an arranged telephone appointment, the patient will be pre-registered and checked by the registration staff and will be instructed to have their medications at hand for provider review and reconciliation against the EMR.
5. The provider will utilize the standard EMR encounter documentation and will complete the clinical note including:
 - a. Patient acknowledgement and consent to have a telephone encounter with the provider
 - b. Documentation of the total minutes spent on the call with the patient
 - c. Diagnosis code(s)
 - d. CPT code(s)

6. The biller will review the clinic note for completeness and notify the provider if they are missing time or code documentation
7. The biller will ensure the appropriate CPT code(s) are selected.
8. If the EMR is not available, the physician will utilize downtime forms and retain those in a secure location pending their being scanned into the EMR.

NEW POLICY

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

POLICY: BLS and ACLS Certification	REVIEWED: 2/25/20
SECTION: Workforce	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Clinic Medical Staff and Clinic personnel will maintain current Health Care Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification as outlined to ensure readiness in the case of a medical emergency in the Clinic.

Objective: Obtain and retain current Health Care BLS and ACLS certifications

Response Rating: Mandatory

Required Equipment:

Procedure:

Basic Life Saving (BLS)

1. The following positions require a current Health Care BLS certification
 - a. Clinic Manager
 - b. Physicians
 - c. Nurse Practitioner
 - d. Physician Assistant
 - e. Dentist
 - f. Registered Nurse
 - g. Licensed Vocational Nurse
 - h. Phlebotomist
 - i. Medical Assistant
 - j. Dental Assistant
 - k. Dental Hygienist
 - l. Licensed Marriage and Family Therapist
 - m. Certified Diabetic Educator
 - n. Radiology Technician
 - o. Receptionist
 - p. Biller

2. Clinic Manager will ensure individuals are reminded when their Health Care BLS certificate nears expiration.

3. The Clinic Manager will ensure personnel whose Health Care BLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties in order to attend their recertification class.
4. Personnel whose BLS certificates have expired will immediately enroll and attend a certification class or risk a disciplinary action

Advanced Cardiac Life Support (ACLS)

1. The following positions require a current ACLS certification
 - a. Internal Medicine Physician
 - b. Family Medicine Physician
 - c. General Practice Physician
 - d. Nurse Practitioner
 - e. Physician Assistant
 - f. Registered Nurse
2. Clinic Manager will ensure individuals are reminded when their ACLS certificate nears expiration.
3. The Clinic Manager will ensure personnel whose ACLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties in order to attend their recertification class.
4. Personnel whose ACLS certificates have expired will be counseled by the Medical Director.

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

POLICY: Cash Collections	REVIEWED: 7/1/19; <u>2/18/20</u>
SECTION: Revenue Cycle	REVISED: <u>2/18/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 7/31/19

Subject: Collection of cash payments from patients

Objective: To reduce the Accounts Receivable days outstanding and the number of aged, open balance accounts carried and managed by the Clinic.

Response Rating: Mandatory

Required Equipment:

Procedure: At the time of registration, the patient's account will be reviewed and the patient will be asked by staff to address the following financial/payment situations:

Co-pay

Patient co-pays are due at the time of service. Co-pays are accepted in the form of cash, check, debit or credit card. Confirm the patient's co-pay amount by checking their insurance card details and/or their online eligibility. Provide the patient with a receipt for the payment made.

Flat rate fees and/or sliding fees

Patients that participate in the flat rate or sliding fee schedule programs are required to pay their bill, in full, at the time of service. In part, these program rates are established with the assumption that no statements or billing staff follow-up will be required. payments are accepted in the form of cash, check, debit or credit card. Provide the patient with a receipt for the payment made.

Current remainder balance

After a patient's insurance has paid in full, the patient may be responsible for an unpaid, remainder balance. Patients will be sent balance due statements after their insurance payments are received. Additionally, patients should be asked to make a payment toward their current remainder balance when they present to the Clinic for a subsequent encounter. Remainder balance payments are accepted in the form of cash, check, debit or credit card. Provide the patient with a copy of their current account balance and a receipt for any payment made.

Aged remainder balance/payment plan

It is the Clinic's practice to not allow patient account balances to age to the extent that the account is considered for collections or bad debt status. Patients that do not promptly address their remainder balances, will be offered an installment payment plan and will be asked to provide a debit or credit card number to support that agreement. There are a variety of payment plans available.

Patient self-pay balances will be monitored. A maximum balance of \$300 will be allowed. If a patient has an aged self-pay balance at or exceeding \$300 they will be asked to either pay in full or participate in a payment plan. A credit card on file payment plan is the preferred method.

If the patient refuses to agree to a payment plan and/or fails to meet their existing payment plan agreement, the Biller will send the patient a 30 day notice that advises the patient that their care with our practice will cease in 30 days, unless and until, the patient clears their aged outstanding balance.

Should the patient clear their aged outstanding balance and return to the practice, the Biller may recommend to Management that the patient be required to make full payment to avoid a repeat of aged balance status.

Balances in collections

Patient account balances that remain unpaid for 120 days after the date of service may be submitted to a debt collection service. The Clinic is able to collect payments for accounts in collections. Staff will see the patient's "collection service" balance on the patient's registration screen and will ask the patient for a payment toward the old balance. Staff will provide the patient with a receipt for any payment made. After payment is posted in the system, staff will report changes to the patient's balance to the agency. The receipt will indicate that the payment is to be applied toward a collections balance. Recording the payment and related accounting functions will be performed by the Biller.

Bad debt balances

Patient account balances that remain unpaid and are deemed "uncollectable" may be written off as bad debt. Once an account has been written off to bad debt, staff will see the bad debt amount displayed on the patient's registration screen. Staff will ask the patient for a payment toward the bad debt balance and will provide the patient with a receipt for any payment made. The receipt will indicate that the payment is to be applied toward a bad debt balance. Recording the payment and related accounting functions will be performed by the Biller.

Non-sufficient fund (NSF) checks

When a patient's check is returned for non-sufficient funds (NSF), the Accounting Office is responsible for documenting the return of the check and for entering the NSF fund charge in recordkeeping system.

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

POLICY: Cleaning Duties	REVIEWED: 3/1/19; 2/14/20; <u>4/2/20</u>
SECTION: Infection Control	REVISED: 2/14/20; <u>4/2/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 2/26/20

Subject: Cleaning Duties

Objectives: To limit the spread of nosocomial infections by maintaining a hygienic, sanitized environment.

Acuity Rating: Mandatory

Required Equipment: Germicidal solutions, dental equipment sleeves, general cleaning supplies, gloves.

Applies to: All Personnel

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Procedure

1. All surfaces will be cleaned with an approved germicidal solution on a daily basis.
2. Exam tables will be covered with disposable paper covers and cleaned between patients with an approved germicidal solution.
3. All exam tables will be wiped with approved sanitizing wipe or spray at the end of the shift. This includes the underside of the table.
4. Dental equipment will be covered with equipment sleeves and covers as appropriate and sleeves will be replaced between patients.
5. Blood or body fluids spilled will be cleaned up immediately by staff using an approved spill kit.
6. Sinks and door knobs will be cleaned in each examination room and dental operatory, between each patient encounter.
7. Thorough cleaning by a janitorial service will be performed 6 days per week after business hours.

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Daily Cleaning

- a. Exam tables, dental chairs, exam area guest chairs, wheelchairs, and gurneys will be wiped by staff with an approved germicidal wipe after each use.
- b. Clinic supplied toys for patients and guests will be stored in the receptionist work area, offered to patients, then wiped with an approved germicidal wipe after each use and returned to the designated storage area.
- c. Dental operatory cabinetry will be wiped down.
- d. Spot cleaning of floors and walls is done as needed, using approved products only
- e. Front counters and patient chairs and tables will be wiped frequently using sanitizing wipes and/or sprays. (Increased frequency during infectious disease outbreaks ie: flu/viral infections per the

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Cleaning Duties
Policy Number 38

Infection Control policy).

- f. Equipment contaminated with body fluids will be cleaned immediately.
- g. Door handles will be wiped.
- h. Waiting room, and restrooms will be monitored throughout the shift and shall be kept free of debris and remain in clean status.

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Unscheduled non-hazardous spills, non-biohazardous spills, and/or visibly soiled floors

- a. The spill area may be visibly cleaned with a dry or wet mop utilizing an approved product.
- b. In no circumstance is the dry or wet mop to replace the current approved disinfectant product for hazardous or biohazard waste.

Weekly Cleaning

- a. IV stands, vital monitors, cardiac monitors, laboratory equipment, and all medical equipment will be cleaned per manufactures' instructions using approved germicidal and sanitizing products.
- b. Laboratory, exam room, triage, front office, and nursing station counters will be cleaned and free of supplies, papers, notes and etc. and will be dusted behind and around computer equipment.
- c. Medication dispensing machine will be wiped down.
- d. Trashcan surfaces will be wiped down.

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Monthly Duties

- a. All walls, ceilings, lights, vents, windows and doors will be cleaned. Monthly cleaning will be performed by the janitorial service.

Communication with Janitorial Service

A communication log for the janitorial service will be kept at the front desk. Any concerns or non-urgent task that needs to be addressed will be written in the Housekeeping Communication Log. Any issues with the janitorial service will be addressed with the clinical administrator.

Hazardous Conditions/ Broken Equipment/Building Damage

- a. Conditions that have a potential to cause harm/injury to patients and/or staff are to be reported to the Clinic Manager or District Chief Executive Officer immediately. A maintenance form will be completed and faxed following telephonic notification of the hazard. The item will be marked as out of service until repaired.
- b. Areas affected by hazardous conditions will be taken out of service and marked as restricted from use.
- c. Equipment which is broken or functioning outside of approved parameters will be removed from service and marked DO NOT USE, SERVICE/REPLACEMENT PENDING.
- d. Where hazardous conditions, broken equipment, and/or building damage put patients and/or personnel at risk, the Clinical Director, District Executive Director and/or the District Board of Trustees may make the decision to close the clinic to use until the hazardous conditions, damage, etc. are resolved.

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

POLICY: Defibrillator	REVIEWED: 3/26/20
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Defibrillator

Objective: Appropriate use of defibrillator

Response Rating: Mandatory

Required Equipment: Zoll Series M Defibrillator, pads, gel

Procedure:

1. The Zoll Series M defibrillator in the Clinic is a full manual model only. There is no AED feature.
2. Quality assurance will be performed daily for the Zoll defibrillator, with the results being recorded on the appropriate log. Log will be submitted at the end of each month for review by the Clinic Manager and submission to the QAPI Committee as a part of their ongoing surveillance of Clinic operations.
3. In case of emergency wherein the use of a defibrillator is required the following is mandatory:
 - a. The Zoll Series M defibrillator will only be deployed by a Clinic staff member with current ACLS certification

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

POLICY: Dental Emergencies	REVIEWED: 4/9/20
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Defining Dental Emergencies

Objective: During days when dental services are provided in the Clinic, appointment slots will be available for patients presenting with emergency conditions. This policy will identify dental emergencies to ensure proper escalated scheduling of patients where required

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Within the scope of the dental services provided by the Clinic, dental emergencies will be defined as:
 - a. Broken appliance that cannot be removed by the patient or the patient's kin and/or is sharp, causing adjacent tissue damage and/or can be swallowed and/or aspirated (example: broken braces or wires).
 - b. Broken tooth caused either by trauma or decay and/or pain is present..
 - c. Swollen face/alveolar tissues denoting a dental abscess.
 - d. Cut or bitten tongue, lip, or cheek
 - i. Patient will be directed to come to the office to be seen by the dentist
 - ii. If the dentist is not present but the RDA is in the office, the patient will be directed to come to the office to be seen by the RDA
 - iii. If the dentist is not present in the office and/or the RDA is unable to resolve the issue, staff will take a message and contact the after-hours dentist for guidance and/or with information so that the after-hours dentist may contact the patient directly.
 - e. Trauma to the jaw or alveolar tissues
Most cases should be directed to the emergency room as the concern is for brain injury.
 - f. Knocked out tooth
 - i. Patient will be direct to hold the tooth by the crown and rinse off the root of the tooth in water if dirty. Do not scrub or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn't possible, put the tooth in a cup of milk and get to a dentist as quickly as possible, bringing the tooth.
 - ii. If the dentist is not present in the office, staff will take a message and contact the after-hours dentist with information so that the after-hours dentist may contact the patient directly.

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

POLICY: Emergency Codes	REVIEWED: 8/26/19; <u>3/31/20</u>
SECTION: Safety and Emergency Planning	REVISED: <u>3/31/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 9/20/19

Subject: Emergency Codes for Staff Use

Objective: Develop and utilize a uniform set of codes for Clinic emergency and safety purposes

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain a list of uniform codes relative to emergency and safety situations.
2. Code Blue – Dental and Medical Emergency, including cardiac arrest
Refer to policy Cardiovascular Resuscitation – Code Blue
3. Code Red – Fire
Refer to policy Disaster - Fire
4. Code Gray – Combative person
Refer to policy Threatening or Hostile Patient
Refer to policy Shelter in Place for Patients and Staff
5. Code Black – Armed/Active Shooter on site
Refer to policy Shelter in Place for Patients and Staff – RUN-HIDE-FIGHT
6. Code Silver – Person with a Weapon/Hostage
Refer to policy Threatening or Hostile Patient
Refer to policy Shelter in Place for Patients and Staff
Refer to policy Bioterrorism Threat

Deleted: 11

Emergency Codes
Policy Number 221

7. Code Pink – Baby/Child Abduction

- a. Upon hearing a Code Pink called using the paging system or staff member “call out” all available staff will lock, block or watch any exits to the building. 911 will be immediately called by a designated employee who will state location, verify the Center address and that there is a missing baby/child/abduction with a description, if known. Rooms will be searched, including bathrooms and storage rooms. Any person attempting to leave the building, prior to the child being located, will be searched, any child or baby in their company must be properly identified prior to their exit.

8. Code Orange – External Hazardous Material Disaster

Refer to policy External Hazmat Incident

9. Code External Triage -

Refer to policy Mass Casualty Response
Refer to policy Earthquake or Weather Emergency

9. Rapid Response

Refer to policy Cardiovascular Resuscitation – Code Blue

- a. Upon hearing Rapid Response called using the paging system or staff member “call out”, any available staff will respond to assist.
- b. The Crash Cart will be brought to the location at the time of response.
- c. If physical and/or medical emergency assistance is required, the designated RN/NP, Provider and a Medical Assistant should remain to provide any needed assessment, treatments or tasks to resolve the emergency.
- d. Additional employees or resources may participate if need is determined by the assisting Provider or RN/NP. If not requested, additional staff will continue with the daily routine, assisting as requested.
- e. No employee shall provide care out of their normal scope during a Rapid Response.
- f. Refer to policies regarding specific emergency responses.

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10. Code Yellow – Bomb Threat

Refer to policy Bomb Scare



*VALLEY SPRINGS
HEALTH & WELLNESS
CENTER*

**EMERGENCY OPERATIONS
PLAN**

TABLE OF REVIEW AND APPROVAL

Date Reviewed	Date Approved
03/09/2020	3/25/2020
03/28/2020 (COVID-19)	3/30/20

The Emergency Plan (EP) was originally written and approved on 08/29/2019. As of November 15, 2016, it is required by the Centers for Medicare and Medicaid Services (CMS) that the Emergency Plan must be reviewed annually. It should also be reviewed and updated when an event or law indicates that some or all of the EP should be changed.

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 - Facility Lockdown
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I. ORGANIZATION INFORMATION

Facility: Valley Springs Health & Wellness Center

Address: 51 Wellness Way

City: Valley Springs State: CA Zip Code: 95252

Phone Number: 209-772-7070

Primary Contact E-mail Address: Randall Smart, MD CEO
rwsmart@pacbell.net

Administrator/Executive Director/Chief Executive Officer/Manager:

Office Address: 768 Mountain Ranch Road

City: San Andreas State: CA Zip Code: 95249

Phone Number: 209-754-4468

E-mail Address: Randall Smart, MD CEO
rwsmart@pacbell.net

Tina Terradista, RN Center Manager
tina.t@vshwc.org

II. INTRODUCTION TO THE PLAN

In order to provide for changes in demographics, technology, and other emerging issues, this plan will be reviewed and updated annually, during incidents, and after incidents or planned exercises. This Emergency Operation Plan (EOP) is developed to be consistent with the National Incident Management System (NIMS) and the Centers for Medicare and Medicaid Services (CMS) Emergency Preparedness Condition for Coverage, effective November 15, 2016.

Purpose: To describe the actions to be taken in an emergency or exercise to make sure that the patients, staff, and guests of this facility are kept safe from harm. The safety and wellbeing of the patients and staff take first priority over all other considerations. This plan is intended to safely maximize healthcare capacity and efficiency during an emergency or disaster that requires changes to the normal daily operations of the clinic.

Demographics:

- A. This facility is located at 51 Wellness Way, Valley Springs, CA 95252. The cross streets are Vista del Lago and Highway 26. A map showing the location is attached as Tab 1.
- B. The facility has one building(s). There is one floor. There is an access to the roof located at the left rear of the building. A floor plan is attached as Tab 2. The facility management office is located at 768 Mountain Ranch Road, San Andreas, CA 95249.
- C. The building has appropriate placement of exit signs, clearly designated on floor plans.
- D. Oxygen and liquid nitrogen are stored in the clinic. Other than cleaning products, located in the housekeeping closet, there are no hazardous materials on the premises. SDS are maintained on all materials on the premises.
- B. This facility provides primary care, phlebotomy and radiological services to patients that are children, adults, older adults, over 85 years of age. Some patients are non-ambulatory and must use assistive devices to access and move through the Clinic facility.

III. EMERGENCY PLAN

Risk Assessment

- A. This facility does an annual all hazard vulnerability assessment (HVA Worksheet) (Tab 3). This EOP is written based on the risk assessment. Changes or additions to the EOP will be made based on the annual risk assessment, gaps identified during exercises or real events or changes in CMS or licensing requirements. A copy of the annual HVA will be kept with the EOP.
- B. A copy of the EOP will be kept in the Manager's office and the plan will be prominently posted *in the nursing station and in the reception area.*
- C. The major hazards that could affect this facility as determined by the all hazard vulnerability assessment are listed in the Annex portion of this EOP.

Command and Control

- A. The facility shall develop and document an Organizational Chart (Tab 4). The organizational chart will include a Delegation of Authority that will be followed in an emergency. The Delegation of Authority identifies who is authorized to activate the plan and make decisions or act on behalf of the facility if leadership is unavailable during an emergency. When an emergency happens, the person in charge, as listed in the organizational chart, will be informed immediately. In the event that the indicated person by position is not present in the facility or available, the next person in the Delegation of Authority or the lead person's designee will assume the person in charge position.
- B. Depending on the type of emergency, the person in charge will enact the Orders of Succession (Tab 5) for the appropriate emergency policy and procedure. Besides the person in charge, one person will always be assigned to list all patients, guests, and staff that are present in the facility. If the list is originated in electronic form, a printed copy should be made also in the event that electricity is lost or evacuation is required.
- C. The person in charge will determine whether to lockdown the facility, shelter in place, modify patient care operations, or evacuate based on the emergency. In the event that the facility must be evacuated, the temporary location for evacuation and facilities for patient transfer are listed in Receiving Facilities (Tab 6).

- D. Only the person in charge can issue an “all clear” for the facility indicating that the facility is ready to assume normal operations.

Coordination

- A. Depending on the emergency, the facility may need to communicate with outside authorities. For immediate threats, such as fire or threat of violence, call 911. During infectious disease emergencies, such as epidemics or pandemics, the facility will coordinate with the county Office of Emergency Services (OES) and the local Public Health Department. Clinic leadership will make every effort to follow CDC , California, and local public health guidance.
- B. During activation for an incident or exercise, communications with State, County, and City authorities can be made by contacting authorities listed in Tab 7.

IV. POLICIES AND PROCEDURES

Facility Lockdown

- A. Facility Lockdown means that the staff, patients, and guests at the facility will remain in the facilities’ building(s) with all doors and windows locked.
- B. Facility Lockdown can be used in emergencies such as active shooter, escaped prisoners, criminals being chased by police, threat made by a significant other or other unknown person or any other event that threatens the safety of the staff, patients, or visitors.
- C. The facility will remain in Lockdown until the authorities or facility person in charge gives an “all clear”.
- D. Each facility should review this plan carefully and ensure that doors are strong and have the ability to fend off someone that is attempting to gain access to the facility. It is recommended that staff, patients, and guests be secured behind at least two locked doors. (Main entrance door and interior room door.)

Shelter in Place

- A. Shelter in Place means that the staff, patients, and guests will remain in the facility’s building(s). Sheltering can be used due to severe storms, tornados, and violence/terrorism or hazard materials conditions in the area.

- B. Windows and doors will be firmly closed and checked for soundness. Storm shutters, if available, will be closed. If a storm gets very strong, and windows are threatened, staff, patients, and guests will move to interior rooms and hallways.
- C. In the event of a tornado warning, staff, patients, and guests will move to interior hallways.
- D. If sheltering is used in the event of a hazardous chemical incident, windows and doors will be shut and all fans, air conditions and ventilators will be turned off. Cloths will be stuffed around gaps at the bottom of doors.
- E. The facility will staff in Shelter until the authorities give an all clear or the emergency threat has ended as determined by the person in charge.

Evacuation Plan

- A. There are a number of hazards that could cause an evacuation. The most common would be a fire in or near the facilities' building, rising floodwaters or an evacuation order issued by the police, fire department, or other governmental authority.
- B. The facility person in charge will order an evacuation.
- C. If the emergency is limited to a single building or area, staff, patients, and guests will move to a safe distance.
- D. If the entire facility has to be evacuated staff, patients, and guests will move to a predestinated evacuation site listed in Receiving Facilities at Tab 6.
- E. Staff will verify that all staff, patients, and guests are accounted for either at the evacuation site or listing where they went.
- F. Notifications to others, by staff, will be done as needed.
- G. Notification to proper authorities is the responsibility of the person in charge.

Suspension of Services

- A. In the event that the emergency results in the inability of the facility being able to continue providing services at the facility, the facility has a plan for continuity of services.
- B. Patients will be notified that the facility will not be able to provide services.
- C. The facility has pre-identified facilities that can deliver required services. The facilities are listed in Tab 6.

Modified Clinic Operations:

- A. During an emergency or disaster event where normal clinic operations, policies, and procedures need to be modified in real-time to provide optimum patient care and safety, clinic leadership or the person in charge are authorized to take the following actions:
 - a. Activate the Emergency Operations Plan
 - b. Change patient workflow to optimize care and safety
 - c. Modify staff scheduling
 - d. Procure necessary supplies that are not available
 - e. Temporarily suspend rules and policies
 - f. Secure the facility
- B. During an emergency or disaster event that requires additional provider staffing the Clinic CEO or designee may:
 - a. Expedite credentialing of new providers by:
 - i. Verifying current licensure
 - ii. Verifying photo ID of provider
 - iii. Confirming skills and identity through a reference/colleague
 - b. Ensure there is a procedure for rapid orientation
 - c. Ensure new provider performance and competence is monitored
 - d. Ensure new and volunteer providers are identifiable to clinic staff, patients, and guests (arm bands)
- C. During an emergency or disaster event that requires rapid expansion of the clinic workforce the person in charge may:
 - a. Expedite the employee hiring process bypassing procedures that result in unnecessary delay
 - b. Ensure there is a procedure for rapid orientation
 - c. Ensure new employee performance and competence is monitored in real time
 - d. Ensure that employees who are hired through the expedited process above are identifiable to regular clinic staff, patients, and guests (armbands, etc).

- D. After the emergency, the Clinic will return to non-emergency hiring, onboarding, and training practices and will retroactively complete background checks for all persons hired during the emergency and standard steps including background check and documentation of demonstrated competency for any emergency hires who remain on the permanent staff.

Documentation

- A. During an emergency, documentation should continue for all patients in the process of treatment. The person in charge is authorized to transition from electronic medical records to paper records when necessary. All paper records will be organized, collected, and secured for later entry into the electronic format.
- B. During an emergency, evaluation should be made on whether to start treatment for patients at the facility when treatment has not been initiated. Document decision and plan of care based on patient's condition and facility's ability to provide treatment during the emergency.
- C. All rules pertaining to the protection of and access to patient information (HIPAA) remain in effect during an emergency, unless waived by a higher state or federal authority. Patients will be notified on a per case basis, if such waivers are in place and apply to them.
- D. Should the Electronic Medical Record (EMR) not be accessible due to power failure, internet access issues, equipment failure, patient registration and care will be documented on approved downtime forms. Completed forms will be scanned into the patient's EMR when the system has been restored.

Volunteers

- A. Volunteers may be used at this facility consistent with the policy Volunteer Deployment, found in the annex portion of this document. Refer to Modified Clinic Operations above.

V. COMMUNICATIONS

Internal

- A. A list of all employees, including their contact number and emergency contact is located in the reception and nursing station areas of the clinic (in the EOP Binders) and with Human Resources at the District Office. Further, each staff member is

provided a copy of the employee listing and is encouraged to add their colleagues to the contact list in their personal mobile telephones. Emergency hires and volunteers will be added to the list as they are included in Clinic staffing.

- B. In the event of an emergency that requires notification to staff not on duty, physicians, vendors (Tab 8) or to patients expected to arrive at the facility when it is not operational, notification will be given by the person in charge and/or their designee. A list of all physicians and mid-level practitioners (nurse practitioners/physician assistants), including their contact number and emergency contact number is located in the reception and nursing station areas of the clinic (in the EOP Binders) and with Human Resources at the District Office.

A list of vendors and contact numbers that may be needed during an emergency is attached as Tab 7.

- C. In the event that telephone and cell phone services are not available, redundant communications are available. The communication system equipment is listed in Tab 9 with its location. All redundant communication systems are tested monthly.

External

- A. Call “911” for an emergency that threatens the safety or life of staff, patients, or guests.
- B. This EOP contains the name of corporate and/or ownership persons that must be notified on page FACILITY INFORMATION.
- C. This EOP contains a list of all State, County, and City emergency management persons that should be notified in Tab 6.
- D. This EOP contains a listing of contact information for other facilities that can provide required services for patients and a listing of nearby hospitals that can provide emergency services at Tab 5.

Communications with Patients and Guests

- A. During an emergency, the person in charge and/or designee is responsible for notifying patients and guests about the emergency and what actions to take.

Communications with Healthcare Providers

- A. Only the person in charge, or their designee, is authorized to release information on the location or condition of patients. Information may be released to other healthcare providers with consent of the patient and consistent with HIPAA regulations, or emergency state and federal guidelines.

Surge Capacity and Resources

- A. Based on staffing and active cases, this facility may be available to surge to accept patients from other outpatient clinics requiring like services or when a disease, such as influenza or COVID-19, requires a rapid expansion of clinic patient care capacity. A surge situation will be identified by the person in charge and communicated both up and down the chain of command.
- B. As requested by local and regional governmental representatives, the facility will provide excess supplies and/or equipment not needed for their own use. The person in charge will be authorized to make excess supply decisions.

Requesting Assistance

- A. Should the facility need resources to SIP, evacuate or return to service, assistance should be requested as follows:
 - 1. From the corporate, ownership entity
 - 2. From the City, County, and State representatives. These representatives are listed on Tab 7.

VI. TRAINING

- A. The current staff will be trained on the new or updated EOP at the time of its publication.
- B. All new staff will be trained on the EOP in orientation.
- C. Physicians, vendors performing services on site and volunteers must be trained on the EOP.
- D. Emergency Preparedness training will be conducted annually.
- E. Documentation of the training on the EOP and annual emergency preparedness training will be maintained by the Human Resource Department in the iSolved HRM platform.

- F. Knowledge of EOP and emergency preparedness will be shown by return demonstration, if applicable, and participation in the facility Testing Program.

VII. TESTING

- A. The facility will participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based full-scale exercise will be done annually.
- B. In the event that the facility experiences actual natural or man-made emergencies that require activation of the EOP, the facility is exempt from engaging in an individual full-scale exercise for one (1) year following the onset of the actual event.
- C. The facility must conduct a second exercise every year. The second exercise can be another full-scale exercise or a tabletop exercise.
- D. After full-scale exercises, tabletops or actual events, the facility should analyze the response, identify areas for improvement and update the EOP, if required. A template for review is found at Tab 10.

REVISSED

TAB 1

Facility Location Map

REVISSED

TAB 2

Facility Floor Plan

REVISSED

TAB 3

Vulnerability Assessment

TAB 4

Delegations of Authority

Task	Incumbent	Delegated Position	Limitations
Person in Charge	Tina Terradista, RN	Tonia Cook, RN	
Human Resources	Peggy Stout	Teri Smith	Some records may be electronic
Logistics	Janie Willis	Rocio Estrada	
Patient Care Supervision	Brandi Gomez, FNP-C	Heather Allen, FNP-C	
Finance Reporting	Leigha Bennett	Sharon Pearson	Some records may be electronic

*Emergency Operations Plan Template
Organizational Chart
(on next page)*

TAB 5

Orders of succession ensure leadership is maintained throughout the agency during an event when key personnel are unavailable. Succession will follow facility policies for the key agency personnel and leadership.

Key Personnel and Orders of Succession

Essential Function	Primary	Successor 1	Successor 2	Successor 3
District Leadership/Incident Commander	Randall Smart, MD	Peggy Stout	Tina Terradista, RN	
Human Resources	Peggy Stout	Tina Terradista, RN	Teri Smith	
Finance Tracking and Reporting	Leigha Bennett	Sharon Pearson		
Logistics (Supplies)	Janie Willis	Rocio Estrada	Morgan Wise	
Communications (to media/community)	Randall Smart, MD	Peggy Stout	Lin Reed	

TAB 6

Receiving Facilities

Temporary Evacuation Site for Office	Back Parking Lot at the trash enclosure
Long Term Evacuation Site for Office	District Office
Hospitals (include contact numbers)	Mark Twain Medical Center 209-754-3521
	Adventist Health Sonora 209-536-5000
	Doctors Medical Center 209-578-1211
	Memorial Medical Center 1-800-696-1169/209-572-7144
	Transfer Agreement Agencies (include contact numbers)

TAB 7

State, County, City Governmental Contacts

Agency	Contact Name and Title	Contact E-Mail and Phone
California Department of Public Health	Sacramento, CA	916-558-1784
County Department of Public Health	Calaveras County Public Health 700 Mountain Ranch Rd. Ste C-2 San Andreas, CA 95249	209-754-6460
Calaveras County Sheriff's Office	1045 Jeff Tuttle Drive San Andreas, CA 95249	209-754-6500
Valley Springs Sheriff Sub-Station	200 Hwy 12 Valley Springs, CA 95252	209-772-1039
Calaveras County Office of Emergency Services	891 Mountain Ranch Rd San Andreas, CA 95249 Chad Cossey	209-754-2890
Valley Springs Consolidated Fire Department	Chief Dickinson	209-772-1268
CAL FIRE Valley Springs, CA		209-772-1330
California Highway Patrol	749 Mountain Ranch Rd San Andreas, CA 95249	209-754-3541
County Medical Reserve Corps		

TAB 8

Vendor Listing

Vendor Name	Vendor Purpose	Vendor Contact Number
Cisco Fire Maintenance	Fire Extinguisher Maintenance	Matt 209-753-8454 209-785-8454
Industrial Electrical Company	Generator Maintenance Rich Hodge Service Manager	209-527-8095 C: 209-652-8252
Henry Schein	Medical Supplies	1-800-772-4346
J.M. Heckler	Medical Equipment	1-800-523-1010
McKesson	Medical Supplies/Medications Cleaning Supplies	1-866-625-2679 Daniel 916-295-0572
MedPro	Biohazard Management	1-866-924-9339
Medi-Tek	Bio/Equipment Maintenance	1-707-746-1115
Midmark	Equipment	1-310-974-2990
Modesto Gas & Air	Oxygen, Liquid Nitrogen	209-527-0982
Shred-It	Shredding Services	209-568-7361
Signal Service Alarms	Alarm Services	1-888-728-3883 1-800-983-5300 service
Ray Morgan	Print/Copy/Fax Maintenance & Service	1-800-990-6899
Universal Data Tech	Printing Supplies/Secured Scripts	209-536-4268
RJ Pro	IT	209-920-4077
Delta Building Maintenance	Janitorial Services	209-239-4464
Vaccines for Children	Vaccines	1-877-243-8832
GSK	Vaccines	1-661-932-3636
Merck	Vaccines	1-877-829-6372
Sanofi Pasteur	Vaccines	1-877-829-6372

TAB 9

Communications Systems/Equipment

Emergency Resources (include number available)	Location	Date of Safety Check					
Portable radio (extra batteries)	Clinic Manager Office/Clinic Reception Area						
Flashlights (extra batteries)	Clinic Reception Area						

TAB 10

Notification Call List

Staff Notification

A list of telephone numbers for staff for emergency contact is located at *Clinic Reception Area and Nursing area in the EOP Binder and in Human Resources*

During an emergency *the* Person in Charge/designee is responsible for contacting staff to report for duty.

The alternate contact is District Office Administrative Assistant.

Patient Notification

During an emergency Receptionist #1 is responsible for contacting patients.

The alternate contact is Receptionist #2.

Provider Notification

During an emergency Person in Charge/Designee is responsible for contacting medical staff.

The alternate contact is Medical Director.

Community Resources Call Protocol

During an emergency, Person in Charge is responsible for contacting resources (i.e. Red Cross, County Medical Reserve Corps, Area Agency on Aging, etc.).

TAB 11

After Action Review and Improvement Plan

A template for a Homeland Security Exercise and Evaluation Program (HSEEP) After Action Report/Improvement Plan is available at:

<https://emergency.cdc.gov/training/ERHMScourse/pdf/127961885-Hseep-AAR-IP-Template-2007>

REVISSED

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

POLICY: Generator Management	REVIEWED: 3/11/20
SECTION:	REVISED:
EFFECTIVE: March Board Meeting	MEDICAL DIRECTOR:

Subject: Generator

Objective: To outline generator use and maintenance to maintain maximum effectiveness in the event of a power failure.

Response Rating: Mandatory

Required Equipment: Generator

Procedure:

1. The generator is located on a concrete pad in the Southwest corner of the building, adjacent to the staff lounge, in front of the electrical room access door.
2. The generator doors and fuel box will always be locked with padlocks.
 - a. The Director of Facilities, Clinic Manager and the Nursing key ring have the generator padlock keys.
 - b. The Director of Facilities, Clinic Manager and Nursing key ring have a generator door key.
3. The Director of Facilities will inspect the exterior and interior of the generator for any leakage or abnormalities on a monthly basis.
 - a. Inspection will be logged and log will be retained.
 - b. Any abnormalities will be addressed/repared.
4. The fuel gauge will be monitored by the Director of Facilities or designated staff monthly and after any power outage incident when the generator runs to ensure the fuel tank has an adequate amount of fuel.
 - a. Inspection will be logged and log will be retained.
5. The scheduled generator maintenance will be performed by the contracted provider on the schedule outlined on the attached contract addendum, which is outlined below:
 - a. Semi-annual PM Service –
 - i. Visual inspection of the site and genset with associated equipment
 - ii. Inspect and service the filtration system
 - iii. Inspect exhaust system
 - iv. Inspect turbocharger

- v. Inspect cooling system
- vi. Inspect engine block heater assembly
- vii. Inspect fuel system indication, fuel fill and associated piping
- viii. Inspect and test lube oil system
- ix. Inspect and test engine starting system
- x. Inspect and test engine monitoring and safety controls
- xi. Inspect generator assembly
- xii. Generator controls
- xiii. Inspect Automatic transfer switch

- b. Annual Service – which includes the following and the semi-annual services elements:
 - i. Inspect air elements and clean housing
 - ii. Check turbocharger and endplay of impeller
 - iii. Check and adjust valves as necessary and at the recommendation of manufacturer
 - iv. Inspect and test radiator cap for correct pressure rating and operation
 - v. Replace fuel filter and service primary filter
 - vi. Drain and replace lube oil and filters
 - vii. Check engine monitoring for accuracy. Test engine shutdown safeties
 - viii. Inspect generator end bearing for condition and lubricate as necessary. Inspect exciter, generator conductors, connections and generator fan assembly
 - ix. Inspect generator circuit breakers and tighten connections. Inspect and clean engine/generator control panel and connection panel
 - x. Inspect and service Automatic Transfer Switch and enclosure. Check for proper operation and timing of ATS and controls.

6. Any alarms or immediate service needs will be reported to the Clinic Manager.

7. The Director of Facilities will be responsible for any needed extra service or repairs through the contracted provider.

8. The generator is programmed to self-start and operate for a 15-minute run time cycle, including cool down, every 1st Friday of the month at 0800.

9. In case of an emergency the contact is as follows:

- Kirk Stout, Director of Facilities 209-743-1201
- Rich Hodge – Service Manager 209-652-8282 (cell)
- Industrial Electrical Company 209-527-2800

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

POLICY: Infection Control	REVIEWED: 3/1/19; 3/30/20; <u>3/31/20</u>
SECTION: Infection Control	REVISED: 3/30/20; <u>3/31/20</u>
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Infection Control

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

Response Rating: Mandatory

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

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

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

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Implementation:

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

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

- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
 - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).
- **Upon Arrival and During the Visit**
 - Consider limiting points of entry to the facility.
 - Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
 - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
 - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 60-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
 - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
 - Prioritize triage of patients with respiratory symptoms.
 - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
 - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
 - Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
 - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
 - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
 - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
 - Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among

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patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

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Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
 - Learn more about how healthcare facilities can [Prepare for Community Transmission](#)
 - Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
 - Cancel group healthcare activities (e.g., group therapy, recreational activities).
 - Postpone elective procedures and non-urgent outpatient visits.
- **Hand Hygiene**
 - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
 - HCP should perform hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
 - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
 - **Personal Protective Equipment**

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

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

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

- **Respirator or Facemask**
 - Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.
 - N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure. Disposable

Infection Control
Policy Number 88

respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.

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

3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, [home care](#) is preferable if the individual's situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
 - Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.

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

Collection of Diagnostic Respiratory Specimens

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

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Generalized NON-Covid Infection Control:

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

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1. Wash hands with soap and water:

- a. Before coming on duty
- b. Before and after direct and indirect patient contact.
- c. Before and after performing any body functions, such as blowing your nose or using the toilet
- d. After direct or indirect contact with **any** body fluid (urine, blood, sputum)
- e. Before and after catheter insertions, blood draws, dressing changes and other sterile procedures
- f. Before and after caring for a patient with known or suspected infection
- g. After completing your shift

2. Other guidelines:

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

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3. Disinfectant Guidelines:

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

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

- a. Clean article according to manufacture guidelines.

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

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

POLICY: Informed Consent	REVIEWED: 2/1/19; <u>3/2/20</u>
SECTION: Patient Care	REVISED: <u>3/2/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

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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. Physician/dentist/nurse practitioner/physician assistant will explain the procedure, risks, and options to the patient.
4. Physician/dentist or designee will have the patient or guardian sign a consent form.

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

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Informed Consent
Policy Number 90

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

POLICY: Management of Dental Patient Urgent Issues	REVIEWED: 3/10/20
SECTION: Patient Care	REVISED:
EFFECTIVE: March Board Meeting	MEDICAL DIRECTOR:

Subject: Management of Dental Patient Urgent Issues

Objective: To outline the management of urgent issues experienced by dental patients

Response Rating: Mandatory

Required Equipment:

Procedure:

1. If a dental patient contacts the Clinic with the following issues, they should be scheduled for a same day dental visit, if the dental office is open:
 - a. Uncontrolled bleeding after a dental procedure
 - b. Uncontrolled pain after a dental procedure
 - c. Adverse reaction to an antibiotic prescribed after a dental procedure
2. If the dental office is not open, schedule the patient as a same day medical patient with the next available medical practitioner.
 - a. The practitioner may contact the dentist for patient information and/or care recommendations.
 - b. Dentrax may be accessed to further understand the patient's prior dental care
3. After the medical care rendered to the dental patient, forward a copy of the clinic note to the dentist via athenanet chart export.
4. The medical record will be scanned into the Dentrax software as a part of the patient's dental record.

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

POLICY: Medical Records Forms And Fees	REVIEWED: 4/1/19; <u>3/8/20</u>
SECTION: Medical Records	REVISED: <u>3/8/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

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Subject: Medical Records Forms and Fees

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

Response Rating:

Required Equipment:

Procedure:

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

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

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3. Patients requesting copies of their medical record may be charged for those copies unless those copies are requested and transmitted via the Patient Portal:

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 ¶Form may be completed by the RN or designee, for approval by the physician ¶
 ¶All forms must be reviewed, signed, and dated by the physician ¶
 ¶The completed form must be scanned into the patient's EMR ¶
 ¶If the EMR is not available, a paper copy of the form will be made and retained until such time ¶as the EMR is available, at which time the document will be scanned into the EMR and the ¶paper copy destroyed. ¶
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 ¶The patient will be notified by telephone that the form is completed. ¶
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 ¶The form may be mailed to the patient's home address, if they request. ¶
 ¶The completed form may be picked up by the patient, after they provide photo ID or to their ¶designee with written permission and a photo ID. ¶

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

Medical Records Forms and Fees
Policy Number 109

3. Subpoenas will be forwarded to the Clinic Manager and responded to by the Clinic Manager.
4. A fee of \$35.00, payable in advance, will be collected for each subpoenaed record.
5. Patient requests for medical records will be forwarded to the medical records office and responded to by the Medical Records Clerk.
 - a. Exceptions will be processed in the clinic
 - b. Exceptions will be limited to: immunization card, most recent lab results, most recent physical examination report, most recent discharge/visit summary
6. A medical records release form will be required for each request.
7. All requests will be logged upon receipt and all records sent, released, or mailed will be logged when leaving the clinic.
8. Funds collected for records copies will be logged upon receipt.

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

POLICY: Medical Staff Credentialing And Governance	REVIEWED: 3/30/20
SECTION: Medical Staff	REVISED: 3/30/20
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR: Dr. Randy Smart (interim)

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Subject: Medical Staff Appointment Credentialing Process

Objective: It is the policy of this facility to require a review of credentials and references for all medical staff prior to granting privileges to ensure that patients are cared for by qualified, competent staff, and to assure that all employees meet applicable state licensing requirements for their positions.

Response Rating:

Required Equipment: None

Procedure:

1. Prior to medical staff appointment, each applicant's credentials from their medical staff application shall be verified by MTHCD Credentialing staff, under the direction of the Chief Executive Officer and Medical Director. [The application form will be the California Participating Physician application, 5/97.](#)
2. The following information will be required from the practitioner to complete the credentialing process:
 - a. Medical School/Internship OR Nurse Practitioner program OR physician assistant program
 - b. Board Certifications
 - c. Residency [Certificates](#)
 - d. Hospital Affiliation(s)
 - e. Personal references [\(2\)](#)
 - f. State licensure
 - g. DEA/BNDD
 - h. Work history
 - i. Any legal or litigation actions, past and present
3. MTHCD Credentialing staff and/or their designee will be responsible for submitting completed insurance plan credentialing packets to payors with whom the District has contracts to ensure providers are recognized and accepted by those plans. This may include online application submissions (CAQH) as well as paper application submission.
4. [The organization may outsource the following credentialing requirements:](#)
 - a. [Primary Source Verification](#)
 - b. [Criminal Records search](#)

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- c. [Urine drug screening](#)
- d. [Health care compliance search \(OIG\)](#)

5. Responsibilities

A. The Governing Body assumes the responsibility for establishing the overall goals and objectives for the Clinic. Among these goals are:

1. Deliver and maintain the highest quality care to its patients.
2. Provide for the safety and welfare of patients and staff.
3. Develop policies and procedures that will result in accreditation by regulatory agencies.
4. Assure the hiring and training of competent personnel through credentialing and orientation process.
5. Encourage the staff to take part in appropriate continuing education.
6. Acknowledge its fiscal responsibilities for controlling the cost to patients.
7. Periodically evaluate its methods as to improve services offered to the community.
8. Assure that the Clinic is integrated into the medical community.
9. Monitor the results of the Quality Assurance/Performance Improvement program.

10. Exercise general supervision of construction of all improvements of and acquisition of new equipment.

Monitoring of these goals will be accomplished through periodic reports from the Clinic Manager or the Chief Executive Officer.

6. Administration

The Medical Director of the Clinic is appointed. The Medical Director is appointed and may be terminated by the Mark Twain Health Care District Board of Directors.

The Chief Executive Officer shall be responsible for:

1. Overall operation of the facility as defined within the Policy and Procedure Manual.
2. The operation of the facility within the applicable local, regional, state, and federal laws.
3. For the central utilization and conversion of the physical and financial assets of the Clinic and recruitment and director of the facility staff assisted by the WSHCD Board of Directors.

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4. Assisting the Governing Body in formulating policy pertaining to the operation and growth of the Clinic.

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7. Medical Staff

After completing the credentialing process, the Board of Directors shall grant clinical privileges to professional staff

All applications for privileges on the Medical Staff shall be in writing and addressed to the Board of Directors. The application shall contain full information concerning the applicant's education, licensure, and professional experience. Following verification of the completeness of the application, the application will be presented to the Governing Board of Directors for verification and appointment.

After approval and completion of an Independent Contractor's contract, the Governing Body shall in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for insuring appropriate professional care to the Clinic's patients.

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8. Reduction, Suspension, or Denial of Privileges of Staff Membership

A. If any member of the Medical Staff makes or exhibits acts, statements, demeanor, or professional conduct, either inside or outside the Clinic, which is reasonably likely to be:

- a. Detrimental to patient safety or to the delivery of care of an acceptable quality within the Clinic;
- b. Display disruptive behavior or conduct to the Center and/or its operations;
- c. Violation of the Clinic or Medical Staff rules and regulations or policies

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Privileges may be suspended by action of the Chief Executive Officer with approval of the Governing Body.

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B. The Medical Director shall have authority to rescind immediately the Medical Staff membership status and all or any portion of the clinical privileges of the physician to protect health, safety, and/or patient's welfare.

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C. The Director shall have the authority and responsibility to provide for alternative medical coverage of the patients of the suspended physician still in the Clinic at the time of the suspension. The wishes of the patient shall be considered in selecting an alternative physician and treatment plan.

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D. Each Medical Staff member is subject to automatic suspension under the following conditions:

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- a. The Practitioner's license, certificate, or other legal credential authorizing him/her to practice in the State of California is revoked;
- b. The Practitioner's Drug Enforcement Agency (DEA) or other controlled substance number is revoked or suspended;
- c. In the event the Practitioner receives notification that the policy or professional liability insurance, or an accepted alternative, of a physician has been cancelled, terminated, without

renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;

- d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

9. Officers

General Information:

1. Officers of the Medical Staff Committee shall include the Medical Director, Administrative staff, and members and/or officers of the Governing Body.
2. The Medical Director shall call, preside at, and be responsible for the agenda of all general meetings of the medical staff.

Duties of the Medical Staff Committee:

1. The Director shall serve as the Chief of the Medical Staff, and in this capacity shall:
 - a. Act in coordination and cooperation with the Governing Body in all matters of mutual concern within the Clinic.
 - b. The Medical Director shall call, preside at, and be responsible for the agenda of all general meetings of the medical staff.
 - c. Be responsible for enforcing or assuring the enforcement of staff rules, regulations, and policies, for implementing sanctions where indicated: for the medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a physician.
 - d. Represent the views, policies, needs, and grievances of the Medical Staff to the Governing Body.
 - e. Receive and interpret to the staff the policies and report to the Governing Body the performance of the staff in providing an acceptable level of care.
 - f. Be responsible for ensuring that the staff maintains an adequate educational program.
 - g. Act as spokesman for the Medical Staff in its external professional and public relations.
 - h. Appoint an acting Director in his/her absence.

10. Medical Staff Committees

Committees of the staff shall either be standing committees or special committees assigned by the Governing Body or CEO. Special committees are those the Director or Governing Body from time to time, may create on an ad hoc basis for a function expected to be completed within a limited period of time. Since, by design, the Medical Staff is quite small, and the actual total patient care number is not great, committees will be kept to a minimum in number, will be multi-functional, and may, if needed, meet in combination at the same time. All committee chairmen shall be appointed by the Director. The Chairman of the Committee may, additionally, appoint more members subject to the approval of the Director and/or Governing Body.

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Body President, in cooperation with

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1. --The Medical Executive Committee shall consist of the Executive Director, the Clinical Director, -- members of the Quality Improvement committee, physician/nurse/practitioner, assigned members of --the Governing Board and any other member assigned by the Executive Director or Governing Board. ¶

2. --The Medical Executive Committee shall: ¶

Represent and act on behalf of he Medical Staff, subject to such limitations imposed by those rules. ¶

Coordinate the activities and general policies of the Clinic. ¶

Review and act upon committees if requested by the Governing Body. ¶

Review and adopt measures to improve the quality of care in the Clinic, including coordination of the Quality Assurance Plan and its activities. ¶

Implement policies of the staff. ¶

Recommend action to the Governing Body on matters of medical-administration nature. ¶

Ensure that the staff is kept abreast of the accreditation(s) programs of the Clinic. ¶

Review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges and, as a result of such reviews, make recommendations for reappointment and renewal or changes in clinical privileges. ¶

Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the staff, including initiation of or participation in staff corrective or review measures when warranted. ¶

The Medical Executive Committee shall meet at least once quarterly and maintain a permanent written record of its proceeding and actions. ¶

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Annual Staff Meetings ¶

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Annual Staff Meetings ¶

A staff meeting including all the Medical Staff, nursing staff, support staff, and Governing Body will be held annually to discuss goals, plans, and accomplishments of the previous year. Date and time will be determined by the Governing Body and Executive Director/Administrator. ¶

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

POLICY: Procedure Time Out	REVIEWED: 2/1/19; 4/2/20
SECTION: Patient Care	REVISED: 4/2/20
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Procedure Time out

Objective: Procedure Time Out, which includes a specific checklist, must be conducted whenever a patient undergoes a surgical or non-surgical invasive procedure requiring an informed consent.

- To provide guidelines for a standardized verification process for all Clinic patients undergoing a surgical/non-surgical invasive procedure requiring an Informed Consent.
- To assure that the correct procedure is performed on the correct patient and body site/side.
- To define the process by which clinic staff and licensed practitioners (e.g. physicians, nurse practitioners, physician assistants) participating in a surgical or non-surgical invasive procedure will actively participate in the Time Out process described in this policy.
- A procedure-specific consent form is presented to the patient for review and signature for medical and dental procedures.

Response Rating: Mandatory

Required Equipment:

Definitions:

Invasive Procedure: For the purposes of this policy, an invasive procedure is any intervention that involves penetration or manipulation of the body's natural barriers to the external environment.

Procedure Room: Any site within the facility where a surgical or non-surgical invasive procedure may occur inclusive of the patient's bedside.

Site Marking: A process by which a skin marker, which will produce a mark with sufficient permanence, is used to clearly denote the intended procedure site.

Procedure:

1. Site marking will not be required for medical procedures in the Clinic if they are performed through or immediately adjacent to a natural body orifice where laterality is not a concern or the procedure will involve bilateral structures.
2. The specifics as to the surgical site/procedure site are to be recorded with the patient and/or family/caregiver or legal guardian present and participating, if possible.
3. Procedural Area Verification
 - a. Before the start of the procedure the team, with patient participation will confirm:
 - i. The patient's identity (name and date of birth);
 - ii. The procedure and site are correct, and the site is marked by the surgeon (if required);
 - iii. Consent for the procedure has been obtained and the form is signed and dated;
 - iv. Patient has completed pre-procedure preparations;
 - v. Review of allergies and potential blood loss is reviewed;
 - vi. Labs, radiological images labeled and available, as required;
 - vii. Implants, devices/equipment available;
 - viii. Specimen collection containers and laboratory requisitions are available and properly labeled;
 - ix. Antibiotics per physician order, if applicable;
 - x. H & P, assessments and other pertinent documents available;
4. The practitioner and the Nurse/Medical Assistant or Dentist/Registered Dental Assistant will sign off on the Procedure Time Out Checklist before starting the procedure.

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

POLICY: Provider on Site	REVIEWED: 4/6/20
SECTION: Patient Care	REVISED:
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Subject: Provider on Site

Objective: Patient care services will not be provided until a licensed rural health provider is on the premises.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Licensed providers are limited to: physician (MD, DO, podiatrist), dentist, chiropractor, nurse practitioner, physician assistant, certified nurse midwife, licensed clinical social worker, licensed marriage and family therapist.
2. Patient care services may not be rendered in the Clinic unless at least one of the above-listed providers is present in the building.
 - a. The sole exception would be life-saving measures implemented in an emergency situation should a patient in the waiting room or the parking lot require them.
3. Staff may register the patient, ask the patient to complete documentation, and provide identification and/or insurance information before a provider is present.
4. Staff may not:
 - a. Bring a patient from the waiting area to the clinical area (examination room, bathroom, phlebotomy collection area)
 - b. Take vital signs, unless administering life-saving measures
 - c. Collect a urine specimen
 - d. Collect a capillary blood specimen, unless collecting a blood glucose specimen in an emergency circumstance
 - e. Collect a venous blood specimen
 - f. Remove a dressing
 - g. Clean a wound

Reference: CMS §491.8(a)(6)

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

POLICY: Shelter in Place for Patients and Staff	REVIEWED: 8/30/19; <u>2/25/20</u>
SECTION: Safety and Emergency Planning	REVISED: <u>2/25/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR

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Subject: Shelter in place for patients and staff in the event of an active shooter or other public safety threat and/or weather event.

Objective: Shelter-in-place refers to a designated area of safety when it is not safe to go outside. An example is a small interior room with no or few windows where refuge can be taken.

Response Rating:

Required Equipment:

Procedure

1. Shelter-in-place for active shooter or other public safety emergency
 - a. Stop work and shut down business operations.
 - b. Share the notification with staff members and patients, using Code Silver.
 - c. Close all windows, exterior doors, and lock same, if possible.
 - d. Move patients, guests, and staff to an interior room, preferably offices which have locking doors, the breakroom, bathrooms, and/or medical supply storage room.
 - e. Block the door using the exam table.
 - f. Move persons to the wall furthest from the door, placing children and elders behind adults.
 - g. Use cell phone to call 911 and report the emergency.
 - h. All cell phones should be turned off or to silent mode, including no vibration.
 - i. Remain in place until given the all clear by law enforcement or other trusted source.
2. Shelter-in-place for severe weather
 - a. Determine whether it is appropriate to stop work and shut down business operations.
 - b. Share the notification with staff members and patients; do not leave the building.
 - c. Close all windows and exterior doors.
 - d. Ensure all exhaust fans are turned off and HVAC is turned off.
 - e. Select one or more interior rooms that will accommodate patients, guests, and staff being seated.
 - i. Utilize offices as they have doors that lock.
 - f. Ensure at least one staff member or provider is in each room with patients and guests and document who is in each space for future reference.

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- g. Remain in place, monitoring weather via radio or online weather reporting sources.
- h. When the all clear is given, ask patients to remain in place and ensure it is safe to leave the room by checking the hallway for obstructions.

REVISED

Shelter in Place for Patients and Staff
Policy Number 161

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

POLICY: Supply Ordering	REVIEWED: 2/1/19; 3/31/20
SECTION: Operations	REVISED: 3/31/20
EFFECTIVE: April Board Meeting	MEDICAL DIRECTOR:

Deleted: 2/27/19

Subject: Ordering office, utility, and medical [and dental](#) supplies

Objective: To ensure adequate supplies are available for Clinic operations.

Response Rating:

Required Equipment:

Procedure:

1. Regularly inventory should be reviewed for office, utility, medical [and dental](#) supplies. A weekly routine is [recommended](#).
2. If a supply is at or below acceptable levels (see Par Level policy), document the quantity required to return to Par Level using the Supply Order Form.
3. Office and utility supplies (toilet tissue, facial tissue, hand soap, etc) inventory is the responsibility of the Clinic Manager or their designee.
4. Medical [and dental](#) supplies and medication inventory is the responsibility of the Clinic Manager or their [designee](#).
5. Retain a copy of the supply order form and compare the packing slip and items received against the order that was placed when accepting and placing delivered items into their storage location.
6. The order form, packing list and other appropriate documentation will be given to Accounting and attached to the invoice upon receipt and prior to approval for payment.

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

POLICY: Universal Precautions	REVIEWED: 3/1/19; <u>3/5/20</u>
SECTION: Infection Control	REVISED: <u>3/5/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 3/27/19

Subject: Universal Precautions

Objective: To prevent the transmission of blood borne pathogens by following universal precautions as recommended by the Centers of Disease Control, the California Department of Public Health and other pertinent regulatory agencies.

Response Rating: Mandatory

Required Equipment:

Procedure:

General Guidelines:

1. Blood and body fluid precautions will consistently be practiced for all patients since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens.
2. Wash hands between all patient contacts and immediately if soiled with blood or body fluids.
3. Skin or other mucous membranes should be washed with soap and water, or flushed with water, as appropriate, as soon as feasible following contamination with blood or other body fluids.
4. Gloves will be worn in the following situations:
 - a. Touching blood and body fluids
 - b. Touching mucous membranes (e.g. inside mouth, rectum, vagina)
 - c. Touching non-intact skin of all patients or when health care worker's skin is not intact
 - d. Handling items or surfaces soiled by blood or other body fluids
 - e. Performing venipuncture
 - f. Processing blood or any other fluid specimen
5. Gloves should be changed after contact with each patient and hands should be thoroughly washed with soap and water.
6. Surgical masks and protective eyewear (e.g. goggles) should be worn during procedures that are likely

Universal Precautions
Policy Number 219

to generate droplets, splattering or aerosolization of blood or body fluids, to prevent exposure to mucous membranes of the mouth, nose, and eyes.

7. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, flu, tuberculosis).
8. Impermeable gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids. This includes all dental procedures performed in the Clinic.
9. Disposable personal protective equipment shall be removed and placed in refuse containers in the immediately area after single patient use.
10. All procedures involving blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of the substances.
11. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Use and disposal of needles and “sharps”:

1. Precautions should be taken to prevent accidental injuries with needles, scalpels, or other sharp devices used during procedures, when cleaning reusable instruments, during disposal of needles, or when handling sharp instruments during or after procedures.
2. Contaminated needles and other contaminated “sharps” shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulate by hand.
3. 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, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
4. After use, needles and syringes, scalpel blades, and other sharp disposable items should be placed in a puncture resistant container for disposal. Reusable “sharps” containers should be sealable, puncture resistant, labeled with a biohazard label and leak proof.
5. All collection containers when filled shall be sealed and put in the appropriate place for disposal. Containers shall be disposed of when $\frac{3}{4}$ full or every 90 days.
6. Although saliva has not been implicated in the transmission of HIV< to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas where the need for resuscitation might arise.

Universal Precautions
Policy Number 219

7. Personnel with exudative skin lesions or weeping dermatitis should refrain from direct patient contact or handling patient care equipment, until the skin condition resolves. If this is not possible, gloves must be worn during patient examination procedures.

Sterilization and Disinfection:

1. All non-disposable instruments, items, and devices that come in contact with blood, other body fluids, or mucous membranes, shall be sterilized prior to re-use.
2. Medical and dental devices that require sterilization shall be thoroughly cleansed prior to sterilization with the germicidal soap following manufacturer's guidance as to time.
3. When a brush is used to wash instruments prior to sterilization, workers shall be careful to avoid splashing to the eyes and face (eye goggles or a face shield are recommended).
4. Surfaces contaminated with blood and body fluids shall be decontaminated with an appropriate chemical germicide. Gloves shall be worn during this procedure.

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Specimens:

1. Body fluids, tissues, and other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimen.
2. Any specimens that could puncture a primary container shall be placed within a secondary container that is puncture resistant.
3. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Management of Exposures:

1. An incident must be documented on a Personal Accident/Incident and OSHA 300, 300A, and 301 report forms (see Personal Accident/Incident Policy Exposure Control Policy) in the event there is a:
 - a. Parenteral (e.g. needle stick or cut) or mucous membrane (e.g. splash of the eye or mouth) exposure of blood or other body fluids;
 - b. Cutaneous (e.g. skin) exposure involving large amounts of blood.
2. If the source of exposure is known and available, testing for Hepatitis B and C and HIV should be carried out with informed consent and counseling. See HIV Testing policy.
3. If the source refused testing, follow the procedure for an unknown source.

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4. If the source is unknown, the employee should be advised to have blood drawn as soon as possible following the incidents and this blood should be tested for HIV, Hepatitis B and C.
5. If on the basis of clinical history or laboratory information it is suspected that the patient from whom the blood came from might be infected with HIV, following the current Human Resources Policy requirements.
6. Any time an OSHA report is initiated, it will be expeditiously forwarded to the Medical Director, the CEO, and QAPI committee.

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

POLICY: Visitors and Relatives	REVIEWED: 2/1/19; <u>3/31/20</u>
SECTION: Operations	REVISED: <u>3/31/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

Deleted: 2/27/19

Subject: Visitors and relatives

Objective: One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room

Response Rating:

Required Equipment: None

Procedure

1. One individual accompanying the patient, preferably the next of kin, shall be requested to act as a representative for the patient to give and receive information necessary with regard to the registration, patient's course of care, etc. This individual may stay with the patient at the request of the practitioner or the patient.
2. Visitors/relatives may be requested to leave the examination room when:
 - a. The patient's condition warrants.
 - b. Practitioner's orders/treatments are being carried out by nursing staff and/or supportive ancillary personnel.
 - c. At the patient's request.
 - d. When privacy is needed or confidential issues need to be discussed.
3. Visitors/relatives are not allowed to smoke in any area of the facility.
4. One parent or guardian must stay with a minor patient unless otherwise requested by the practitioner or if the minor patient is receiving family planning services and requests their parent/guardian leave the room.
5. Exceptions in the Medical department would be: both parents to accompany a minor child and/or minor children who must join the patient in the exam room as they have no supervision in the waiting area.
6. Exceptions will not be allowed in the Dental department as a result of space constraints in each dental operatory.

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Visitors and Relatives
Policy Number 199

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

POLICY: Animal Bite-Reporting	REVIEWED: 7/1/19; <u>4/15/20</u>
SECTION: Mandatory Reporting	REVISED: <u>4/15/20</u>
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

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Subject: Animal Bites

Objective: To report Animal bites in accordance to State regulations, the Clinic will follow State and local requirements regarding bites sustained by Clinic patients.

Response Rating: Mandatory

Required Equipment: Calaveras County Animal Bite Report Form

Procedure

1. All animal (mammal) bites must be reported to the Calaveras County Animal Control as soon as possible.
2. Mammals include but are not limited to: dogs, cats, raccoons, bats, horses, cows, possums, skunks, squirrels and foxes.
3. **ALL** animal bites will be reported to the Animal Control Office. This includes animals owned by the victim.
4. Bites to the patient's face, head, or neck, requires a report to the Animal Control by telephone immediately followed by a mailed report.
5. All other animal bites will be reported as soon as possible by completing the Animal Bite Report Form on the Calaveras County Animal Control website: www.calaveras.gov.us
6. If the animal bite is not to the face, head or neck, but the animal is running loose and may not be located later, telephone the Calaveras County Animal Control immediately for pick up. (209)-754-6509 8AM-5PM or fax (209) 754-6815 after hours

7. Reports will be completed as follows:
 - a. A Report of Animal Bite Form must be filled out and faxed to both Animal Services 209-754-6815 AND Public Health 209-754-4691
 - b. Report forms can be found in the Library; Operations Forms.
 - c. Report will be scanned into the patient's electronic medical record.

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Animal Bite Reporting
Policy Number 11

d. After scanning, the original report will be sent to the Clinic Manager.

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Mail report to designated address.

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

POLICY: Autoclave Spore Testing	REVIEWED: 12/1/19; <u>3/25/20</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>April Board Meeting</u>	MEDICAL DIRECTOR:

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Objective: To prevent the spread of nosocomial infections, and assure sterility of all sterile products autoclaved, spore testing will be performed daily.

Response Rating: Mandatory

Required Equipment: Autoclave, EZTest biological indicators

Procedure:

1. EZTest biological indicators will be utilized to monitor every sterilizer load.
2. Utilize two EZTest units in each sterilizer load.
 - A. In a horizontal position with the items being sterilized.
 - B. In least lethal locations in the load
3. Document the load on the autoclave log.
4. Select the required cycle and process the load.
5. Remove the load and EZTest biological indicators from the sterilizer and allow to cool for at least 10 minutes.
6. Retrieve the cooled EZTest biological indicators for incubation.
 - A. Activate the media by placing the indicator in an upright position in a plastic crusher.
 - B. Gently squeeze the crusher to break the glass ampoule.
 - C. Place the activated sterilized indicator in the incubator rack and incubate immediately for a minimum of 24 hours at 55-60 degrees Celsius.
7. Review the EZTest chemical and biological indicators.

Autoclave Spore Testing
Policy 20

- A. Confirm the chemical indicator on the label has changed from blue to black.
 - i. Indicator should turn from blue to black when exposed to steam.
 - ii. Black color of the label does not indicate acceptable sterilization.
 - B. Examine the biological media indicator at periodic intervals for color change.
 - i. The incubation time is 24 hours minimum per US FDA/RIT protocol.
 - j. The appearance of a yellow color indicates bacterial growth. No color change indicates adequate sterilization.
 - k. Record incubation results at minimum 24 hours after incubation time on the autoclave load log.
8. Act on a positive test (a color change of yellow) as soon as the color change is noted. Notify Clinic Director and do not release the load.
- A. Retest the sterilizer with several EZTest biological indicators if a positive test is noted.
 - B. Dispose of positive media indicators in biohazard, to be incinerated.
9. Abnormal results are to be reported to the Clinic Director immediately. The unit will be tagged and removed from service until device is determined to be functioning correctly and/or needs servicing by a Licensed Service Technician.
10. If service is required, complete a maintenance request form and present it to the Clinic Director.
11. Clinic Director will schedule servicing for the equipment or will delegate that responsibility to a staff member.
12. Daily Media Controls.
- A. Place an activated, un-sterilized EZTest biological indicator in the incubator daily as a positive growth control.
 - B. Examine the biological media indicator at regular periods for color change.
 - C. The incubation time is minimum 24 hours per US FDA/RIT protocol.
 - D. The yellow color is evidence of bacterial growth.
 - E. Record incubation results at minimum 24 hours after incubation time on the autoclave spore testing daily log.
 - F. Remove all positive indicators as the yellow color is noticed, and dispose of in biohazard waste.
 - G. If the positive control does not grow, stop use of units from open box and notify Clinic Director.

- H. Clinic Director or designee will contact MesaLabs to confirm that remaining EZTest biological indicator of current box should be discarding or retained for use.
- I. EZTest products are stored at room temperature.
- J. Do not store indicators near sterilants or other chemicals.
- K. EZTest products have a shelf-life designated on each box.
- L. After sterilization, the contents of the EZTest biological indicator are hot and under pressure. Always allow to cool for at least 10 minutes. Failure to cool at least 10 minutes may cause the glass ampule to burst and may result in injury from hot liquid.
13. Should the user observe yellow media in the biological indicator upon removal from the product box, this unit should be discarded in the biohazard waste container.

Foundation Grant

Option A: Leave the May 31, 2020 deadline in place and fund the maximum amount (\$1m).

Option B: Leave the May 31, 2020 deadline in place and fund less than \$1m.

Option C: Extend the May 31, 2020 deadline to May 31, 2021 and allow Dignity Health to make a full \$1m match now, then the District would be obligated to match the full \$1m before May 31, 2021.

Option D: Extend the May 31, 2020 deadline to May 31, 2021 and allow Dignity Health to make a match now that would include MTMC x-ray machine, Copper Valley clinic, but not the MTMC surgery department upgrade: District would then be obligated to match the Copper Valley donation by May 31, 2021, and could still consider the MTMC surgery department upgrade pending District finances.

Option E: Extend the May 31, 2020 deadline to May 31, 2021. Any further District Grants at the discretion of the District, and Dignity Health to match up to \$1m.

**Mark Twain Health Care District
Annual Budget Recap**

	02/29/20		BUDGET			
	Total District	Actual Y-T-D	Clinic	Rental	Projects	Admin
Non-Cash rent revenue	1,200,000	730,259	0	1,200,000	0	0
Revenues	3,676,864	1,091,925	2,080,234	232,958	0	1,363,672
Total Revenue	4,876,864	1,822,183	2,080,234	1,432,958	0	1,363,672
Non-Cash depr expense	(384,665)		(346,120)	(36,045)	0	(2,500)
Expenses	(4,686,939)	(2,638,593)	(2,271,601)	(924,024)	(652,000)	(839,314)
Total Expenses	(5,071,604)	(2,638,593)	(2,617,721)	(960,069)	(652,000)	(841,814)
Surplus(Deficit)	(194,740)	(816,409)	(537,487)	472,889	652,000	521,858

**Mark Twain Health Care District
Direct Clinic Financial Projections**

		15 Rooms		2/29/2020
		VSHWC		
		1		
	2019/2020	Actual	Actual	Actual
	Budget	Month	Y-T-D	vs Budget
4083.39 Sunrise Pharmacy Gross Revenues				
4083.49 Urgent care Gross Revenues	2,097,973	3,771	12,065	0.00%
4083.60 Contractual Adjustments	34,637			
Net Patient revenue	2,063,337	3,771	12,065	0.00%
4083.90 Flu shot, Lab income, physicals	765			0.00%
4083.91 Medical Records copy fees	383			0.00%
4083.92 Other - Plan Incentives	15,750			0.00%
Total Other Revenue	16,898	0	0	0.00%
	2,080,235	3,771	12,065	0.58%
7083.09 Other salaries and wages	(650,053)	(61,015)	(483,755)	74.42%
7083.10 Payroll taxes	(42,278)	(5,354)	(28,920)	68.41%
7083.12 Vacation, Holiday and Sick Leave	(9,751)			0.00%
7083.13 Group Health & Welfare Insurance	(107,259)	(4,116)	(18,484)	17.23%
7083.14 Group Life Insurance	(1,040)			0.00%
7083.15 Pension and Retirement	(16,251)			0.00%
7083.16 Workers Compensation insurance	(13,001)	(1,700)	(6,800)	52.30%
7083.18 Other payroll related benefits	(975)			0.00%
Total taxes and benefits	(190,555)	(11,170)	(54,205)	28.45%
Labor related costs	(840,608)	(72,185)	(537,960)	64.00%
7083.05 Marketing		(2,720)	(2,720)	#DIV/0!
7083.20 Medical - Physicians	(549,564)	(23,209)	(143,727)	26.15%
7083.22 Consulting and Management fees	(101,250)	(43,539)	(179,586)	177.37%
7083.23 Legal - Clinic	0	(1,258)	(23,757)	0.00%
7083.25 Registry Nursing personnel	(1,875)			0.00%
7083.26 Other contracted services	(84,563)	(5,495)	(34,463)	40.75%
7083.29 Other Professional fees	(5,625)	(2,000)	(10,119)	179.88%
7083.36 Oxygen and Other Medical Gases	(1,599)	(35)	(463)	28.96%
7083.38 Pharmaceuticals	(68,513)			0.00%
7083.41 Other Medical Care Materials and Supplies	(10,240)	(12,591)	(86,562)	845.33%
7083.44 Linens	(2,048)			0.00%
7083.48 Instruments and Minor Medical Equipment	(11,878)			0.00%
7083.74 Depreciation - Equipment	(112,857)			0.00%
7083.45 Cleaning supplies	(9,896)			0.00%
7083.62 Repairs and Maintenance Grounds	(5,900)			0.00%
7083.72 Depreciation - Bldgs & Improvements	(233,263)			0.00%
7083.80 Utilities - Electrical, Gas, Water, other	(93,253)	(7,342)	(28,554)	30.62%
8870.00 Interest on Debt Service	(269,494)		(60,469)	22.44%
7083.43 Food	(819)		(340)	41.55%
7083.46 Office and Administrative supplies	(8,601)	(2,274)	(18,715)	217.59%
7083.69 Other purchased services	(134,280)	15	(36,405)	27.11%
7083.81 Insurance - Malpractice	(30,265)	(831)	(5,492)	18.15%
7083.82 Other Insurance - Clinic			(23,332)	0.00%
7083.85 Telephone and Communications	(10,240)	(242)	(4,013)	39.19%
7083.86 Dues and Subscriptions	(1,903)	(2,830)	(10,678)	561.13%
7083.87 Outside Training	(4,915)		(199)	4.05%
7083.88 Travel costs	(4,096)		(3,493)	85.27%
7083.89 Recruiting	(20,177)		(13,106)	64.96%
7084.41 Sunrise Pharmacy Expense			(2,174)	
Non labor expenses	(1,777,114)	(104,352)	(688,365)	38.73%
Total Expenses	(2,617,722)	(176,537)	(1,226,325)	46.85%
Net Expenses over Revenues	(537,487)	(172,766)	(1,214,260)	225.91%

**Mark Twain Health Care District
Rental Financial Projections**

Rental

2/29/2020

		2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9260.01	Rent Hospital Asset amortized	1,200,000	91,161	730,259	60.85%
		0			
	Rent Revenues	1,200,000	91,161	730,259	60.85%
9520.62	Repairs and Maintenance Grounds	0	(2,423)	(4,904)	
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(684,000)	(76,784)	(440,595)	64.41%
9520.72	Depreciation	(36,045)	(10,068)	(81,515)	226.15%
9520.82	Insurance	(2,000)			0.00%
	Total Costs	(722,045)	(89,275)	(527,013)	72.99%
	Net	477,955	1,886	203,246	133.84%
9260.02	MOB Rents Revenue	227,181	13,109	131,411	57.84%
9521.75	MOB rent expenses	(233,024)	(19,825)	(158,600)	68.06%
	Net	(5,843)	(6,716)	(27,190)	465.34%
9260.03	Child Advocacy Rent revenue	5,777	750	6,000	103.86%
9522.75	Child Advocacy Expenses	(5,000)		(297)	5.95%
	Net	777	750	5,703	733.94%
		1,432,958	105,020	867,669	60.55%
		(960,069)	(109,100)	(685,911)	71.44%
	Summary Net	472,889	(4,080)	181,758	38.44%

**Mark Twain Health Care District
Projects, Grants and Support
2/29/2020**

	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
Project grants and support	(652,000)		(425,800)	65.31%
8890.00 Foundation	(500,000)		(377,000)	75.40%
8890.00 Stay Vertical	(52,000)		(42,000)	80.77%
8890.00 Golden Health Grant Awards	(100,000)	(1,800)	(6,800)	6.80%
Project grants and support	(652,000)	(1,800)	(425,800)	65.31%

Mark Twain Health Care District
General Administration Financial Projections

Admin

2/29/2020

	2016/2017	2017/2018	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9060.00 Income, Gains and losses from investments	4,423	5,045	250,000	38,680	234,032	93.61%
9160.00 Property Tax Revenues	935,421	999,443	1,098,672	92,086	736,686	67.05%
9010.00 Gain on Sale of Asset						
9400.00 Miscellaneous Income (1% Minority Interest)	0	0	15,000	41,873	(28,269)	-188.46%
Summary Revenues	939,844	1,004,488	1,363,672	172,639	942,449	69.11%
<hr/>						
8610.09 Other salaries and wages	(33,587)	(235,531)	(362,024)	(15,034)	(138,959)	38.38%
<hr/>						
8610.10 Payroll taxes			(22,225)	(1,150)	(9,438)	42.47%
8610.12 Vacation, Holiday and Sick Leave			(5,430)			0.00%
8610.13 Group Health & Welfare Insurance		(663)	(59,734)		(12,383)	20.73%
8610.14 Group Life Insurance			(579)			0.00%
8610.15 Pension and Retirement			(9,051)		(1,000)	11.05%
8610.16 Workers Compensation insurance			(7,240)		(1,226)	16.93%
8610.18 Other payroll related benefits			(543)			0.00%
Benefits and taxes	0	(663)	(104,802)	(1,150)	(24,047)	22.95%
Labor Costs	(33,587)	(236,194)	(466,826)	(16,184)	(163,006)	34.92%
<hr/>						
8610.22 Consulting and Management Fees	(392,908)	(332,287)	(61,500)	(106)	(13,293)	21.61%
8610.23 Legal	(15,195)	(20,179)	(30,000)		(13,521)	45.07%
8610.24 Accounting /Audit Fees	(13,945)	(18,090)	(123,000)	(8,742)	(41,986)	34.14%
8610.43 Food			(1,538)	(248)	(868)	56.46%
8610.46 Office and Administrative Supplies	(4,310)	(19,685)	(20,000)	(1,090)	(9,776)	48.88%
8610.62 Repairs and Maintenance Grounds			0			
8610.69 Other				(1,121)	(7,066)	
8610.74 Depreciation - Equipment	(35,556)	(26,582)	(2,500)			0.00%
8610.75 Rental/lease equipment	(11,198)	(57,593)	(9,200)			0.00%
8610.80 Utilities			0		(420)	
8610.82 Insurance	(16,578)	(17,043)	(35,000)		(16,459)	47.03%
8610.83 Licenses and Taxes			0			
8610.85 Telephone and communications			0			
8610.86 Dues and Subscriptions	(12,554)	(14,731)	(19,475)	(30)	(12,417)	63.76%
8610.87 Outside Trainings	(1,920)	(3,030)	(15,375)		380	-2.47%
8610.88 Travel	(6,758)	(17,363)	(15,375)	(1,220)	(4,147)	26.97%
8610.89 Recruiting			(10,250)		(1,805)	17.61%
8610.90 Other Direct Expenses	(10,895)	(5,488)	(31,775)	(656)	(16,173)	50.90%
Non-Labor costs	(521,817)	(532,071)	(374,988)	(13,213)	(137,551)	36.68%
Total Costs	(555,404)	(768,265)	(841,814)	(29,397)	(300,557)	35.70%
Net	384,440	236,223	521,859	143,242	641,892	123.00%

**Investment & Reserves Report
29-Feb-20**

Reserve Funds	Minimum Target	12/31/2018 Balance	2019 Allocated	2019 Interest	2/29/2020 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	0	0	0	0	0
Capital Improvement Fund	12,000,000	0	0	0	0	0
Technology Reserve Fund	1,000,000	0	0	0	0	0
Lease & Contract Reserve Fund	3,000,000	0	0	0	0	0
Loan Reserve Fund	1,300,000	0	0	0	0	0
Reserves & Contingencies	19,500,000	0	0	0	0	0

CalTRUST	2019 - 2020		Annualized Rates	Duration
	2/29/2020	Interest Earned		
Valley Springs HWC - Operational Reserve Fund	0	0		
Capital Improvement Fund	0	0		
Technology Reserve Fund	0	0		
Lease & Contract Reserve Fund	0	0		
Loan Reserve Fund	0	0		
Total CalTRUST	10,352,885	176,391	2.4% - 2.5%	1 Year or Less
Five Star				
General Operating Fund	215,421	326.13		
Money Market Account	3,209,434	51,501.39		
Valley Springs - Checking	78,964	81.75		
Valley Springs - Payroll		11.64		
Total Five Star	3,503,819	51,920.91	2.30%	1 Year or Less
Umpqua Bank				
Checking	97,237	0.00		
Money Market Account	4,901	40.04		
Investments	497,039	5,680.36	1.60%	
Total Savings & CD's	599,176	5,720.40		
Bank of Stockton	285,794	0	0.00%	1 Year or Less
Total in interest earning accounts	14,741,674	234,032		
Potential Unrealized Loss		0		
Total Without Unrealized Loss		234,032		

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. The report for this period does reflect any deviation from the District's Investment Policy.

**Mark Twain Health Care District
List of Renters and Leases
January 31, 2020**

3/18/2020

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	Expire Date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq Ft Rate	CAM	Total	Sq Ft.	Comments
								704 Mountain First Ranch Rd, Floor Building E								
<u>Medical Office Building Subleases</u>																
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 10/2019
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 10/2019
San Andreas FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	03 / 10	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 10/2019
San Andreas FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 10/2019
Sunrise Pharmacy	12/31/2019	4/31/2020	4/31/2025	2.5	10 years	4/31/30	110	Way, STE 110, Valley Springs, CA	Y	Pharma cy	\$ 2,124.00	2.36			900	
Total MOB lease income												\$ 19,260.51	\$ 1,657.50	\$ 18,794.01	7,400	
<u>Valley Springs Rental</u>																
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 years	3/1/2021	N/A	1934 Highway 26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 10/2019
<u>Hospital Lease Agreement w/Corporation</u>																
Mark Twain Medical Cent	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch Rd	Reimbur se	Hospita l	\$ -		N/A	\$ -		
<u>Office Lease and Professional Offices</u>																
and Professional Offices	3/1/2007	7/1/2019		3.0	5 years	2/28/2027	Floor	Ranch Rd,	N	Office	\$ 12,627.30		\$ 2,314.71	\$ 14,942.01	6,500	Rent increases 3% each year. CAM IS NOT BEING PAID UNTIL ACCT RECONCILED
<u>Land Lease</u>																
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C	Y	Land	\$ 481.42		N/A	\$ 481.42	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.
San Andreas Medical and Professional Offices (Arnaudo Bros.)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$1 / Yr.		N/A	\$1 / Yr.	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.

* CAM Charges included in rent

Mark Twain Healthcare District

JOURNAL

February 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
02/01/2020	Journal Entry	15938		Rent - Resource Connection	9260.03	9260.03 Child Advocacy Rent Revenue		\$750.00
				Rent - Resource Connection	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$750.00	
							\$750.00	\$750.00
02/01/2020	Journal Entry	15947		Reimbursement Check - Columbia Communications, Motorola Radios; Amazon, EMS/EMT Trauma Medical Bag	7083.69	7083.69 Other purchased services - Clinic		\$2,828.58
				Reimbursement Check - Columbia Communications, Motorola Radios; Amazon, EMS/EMT Trauma Medical Bag	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$2,828.58	
							\$2,828.58	\$2,828.58
02/07/2020	Journal Entry	15948		Transfer	1001.50	1001.50 Five Star Bank - Money Market - NEW		\$250,000.00
				Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$250,000.00	
							\$250,000.00	\$250,000.00
02/07/2020	Journal Entry	15951		Funds Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW		\$50,000.00
				Funds Transfer	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1	\$50,000.00	
							\$50,000.00	\$50,000.00
02/07/2020	Journal Entry	15952		VSHWC Deposit	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$850.73	
				VSHWC Deposit	4083.49	4083.49 VSHWC Gross Revenues		\$850.73
							\$850.73	\$850.73
02/10/2020	Journal Entry	15953		Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
				Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
							\$100,000.00	\$100,000.00
02/11/2020	Journal Entry	15963		Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
				Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
02/14/2020	Journal Entry	15951		Wages - District	8610.09	8610.09 Other salaries and wages - Admin.	\$7,378.23	
				Wages - Clinic	7083.09	7083.09 Other salaries and wages - Clinic	\$32,004.92	
				Employer Tax Expense (Medicare) District	8610.10	8610.10 Payroll taxes - Admin.	\$106.99	
				Employer Tax Expense (Medicare) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$464.08	
				Employer Tax Expense (SocSec) District	8610.10	8610.10 Payroll taxes - Admin.	\$457.45	
				Employer Tax Expense (SocSec) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$1,984.31	
				Employer Tax Expense (SUI & IT) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$376.93	
				Medicare - ER & EE	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,142.14
				SocSec - ER & EE	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,883.52
				Federal W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$5,544.55
				State W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,496.24
				State SUI & CA Employment Training	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$376.93
				VSHWC Bank	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$707.80
				Payroll Processing Expense - District	8610.22	8610.22 Consulting and Management Fees - District	\$95.55	
				Payroll Processing Expense - Clinic	7083.22	7083.22 Consulting and Management fees - Clinic	\$612.25	
				Payroll Liabilities	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$14,443.38	
				VSHWC Bank	1001.60	1001.60 Five Star Bank - VSHWC		\$14,443.38

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				Checks Issued	2110.00	Checking - NEW-1 2110.00 Payroll Liabilities - New Account for 2019		\$1,335.01
				Direct Deposit - VSHWC Checking Account	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$26,994.52
				Checks Cleared	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$1,335.01	
				Checks Cleared - VSHWC Bank	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$1,335.01
							\$59,259.10	\$59,259.10
02/14/2020	Journal Entry	15956		Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW		\$100,000.00
				Transfer	1001.65	1001.65 Five Star Bank - VSHWC Payroll	\$100,000.00	
							\$100,000.00	\$100,000.00
02/14/2020	Journal Entry	15964		Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
				Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
02/18/2020	Journal Entry	15954		Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
				Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
							\$100,000.00	\$100,000.00
02/21/2020	Journal Entry	15952		VSHWC Deposit	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$1,830.33	
				VSHWC Deposit	4083.49	4083.49 VSHWC Gross Revenues		\$1,830.33
							\$1,830.33	\$1,830.33
02/24/2020	Journal Entry	15955		Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
				Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
							\$100,000.00	\$100,000.00
02/25/2020	Journal Entry	15957		Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW		\$100,000.00
				Transfer	1001.65	1001.65 Five Star Bank - VSHWC Payroll	\$100,000.00	
							\$100,000.00	\$100,000.00
02/25/2020	Journal Entry	15962		Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
				Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
02/28/2020	Journal Entry	15959		Clinic Deposit	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$1,090.16	
				Clinic Deposit	4083.49	4083.49 VSHWC Gross Revenues		\$1,090.16
							\$1,090.16	\$1,090.16
02/28/2020	Journal Entry	15949		Wages - District	8610.09	8610.09 Other salaries and wages - Admin.	\$7,655.62	
				Wages - Clinic	7083.09	7083.09 Other salaries and wages - Clinic	\$29,010.29	
				Employer Tax Expense (Medicare) District	8610.10	8610.10 Payroll taxes - Admin.	\$111.00	
				Employer Tax Expense (Medicare) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$420.67	
				Employer Tax Expense (SocSec) District	8610.10	8610.10 Payroll taxes - Admin.	\$474.65	
				Employer Tax Expense (SocSec) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$1,798.64	
				Employer Tax Expense (SUI & IT) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$309.15	
				Medicare - ER & EE	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,063.34
				SocSec - EE & ER	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,546.58
				Federal W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,968.61
				State W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,243.89
				State SUI & CA Employment Training	2110.00	2110.00 Payroll Liabilities - New		\$309.15

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
						Account for 2019		
			VSHWC Bank		1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$79.00
			Payroll Processing Expense - District		8610.22	8610.22 Consulting and Management Fees - District	\$10.67	
			Payroll Processing Expense - Clinic		7083.22	7083.22 Consulting and Management fees - Clinic	\$68.34	
			Payroll Liabilities		2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$13,131.57	
			VSHWC Bank		1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$13,131.57
			Checks Issued		2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$777.17
			Direct Deposit - VSHWC Bank		1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$25,871.29
			Checks Cleared		2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$777.17	
			VSHWC Bank		1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$777.17
							\$53,767.77	\$53,767.77
02/28/2020	Journal Entry	15954	Transfer		1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
			Transfer		1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
02/29/2020	Journal Entry	15965	Deferred Third Party Reimbursement		2129	2129 Other Third Party Reimbursement - Calaveras County	\$92,085.75	
			Property Tax Revenues		9160.00	9160.00 Property Tax Revenues - District		\$92,085.75
							\$92,085.75	\$92,085.75
02/29/2020	Journal Entry	15966	Minority Interest MTSJ Ops		9205.03	9205.03 Minority Interest MTSJ Ops - NEW		\$41,277.42
			Minority Interest MTSJ Invest		9205.04	9205.04 Minority Interest MTSJ Invest - NEW		\$595.86
			Minority Interest in MTMC		1710.10	1710.10 Minority Interest in MTMC - NEW	\$41,873.28	
							\$41,873.28	\$41,873.28
02/29/2020	Journal Entry	15967	MOB Rental Revenue		9260.02	9260.02 MOB Rents Revenue		\$12,627.30
			Umpqua Bank Checking #8591		1001.10	1001.10 Umpqua Bank - Checking - NEW	\$12,627.30	
							\$12,627.30	\$12,627.30
02/29/2020	Journal Entry	15968	Deferred Capital Lease		2128.01	2128.01 Deferred Capital Lease	\$35,506.59	
			Interest Income		9260.01	9260.01 Deferred Lease Income		\$26,667.93
			Capital Lease		2219	2219 Capital Lease		\$8,838.66
			Deferred Utility Reimbursment		2128.02	2128.02 Deferred Utilities Reimbursement	\$64,493.41	
			Other Income		9260.01	9260.01 Deferred Lease Income		\$64,493.41
							\$100,000.00	\$100,000.00
02/29/2020	Journal Entry	15969	Depreciation Expense		9520.72	9520.72 Depreciation	\$10,068.34	
			Capital Lease		2219	2219 Capital Lease		\$10,068.34
							\$10,068.34	\$10,068.34
TOTAL							\$1,577,031.34	\$1,577,031.34

Mark Twain Healthcare District

BALANCE SHEET

As of February 29, 2020

	TOTAL	
	AS OF FEB 29, 2020	AS OF FEB 28, 2019 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	1,267,107.59	480,940.52
100.40 Money Market - Umpqua	4,924.23	2,299.75
100.50 Stockton Bank of	505,266.23	255,893.53
100.60 Five Star Bank	65,322.91	54,228.30
100.70 Five Star Bank - MMA	2,424,849.61	1,034,166.30
100.80 Five Star Bank - Valley Springs Health & WC Checking	44,538.69	16,332.41
1001.10 Umpqua Bank - Checking - NEW	581,826.32	
1001.20 Umpqua Bank - Money Market - NEW	4,925.60	
1001.30 Bank of Stockton - NEW	397,029.81	
1001.40 Five Star Bank - MTHCD Checking - NEW	471,681.56	-2,400.00
1001.50 Five Star Bank - Money Market - NEW	2,178,202.83	
1001.50 Five Star Bank - Money Market - NEW (deleted)	4,846.08	
1001.60 Five Star Bank - VSHWC Checking - NEW-1	11,022.01	
1001.65 Five Star Bank - VSHWC Payroll	200,011.64	
1011.60 Five Star Bank - VSHWC Checking - NEW (deleted)	69,617.28	
1820 VSHWC - Petty Cash	400.00	
Total Bank Accounts	\$8,231,572.39	\$1,841,460.81
Accounts Receivable		
1200 Accounts Receivable	-1,106.89	107,361.43
1201 Allowance for Doubtful Accounts	0.00	0.00
Total Accounts Receivable	\$ -1,106.89	\$107,361.43
Other Current Assets		
1001.70 Umpqua Investments - NEW	1,513.28	
1003.30 CalTRUST - NEW	10,439,017.05	
101.00 Umpqua Investments	1,512.73	720,909.94
102.00 CDARS Investments	0.00	0.00
103.00 CalTRUST	10,403,778.95	
1069 Due from Calaveras County - New GL#	1,105,029.00	
115.05 Due From Calaveras County	4,843.95	65,990.18
115.10 Due from MTSJHC	0.00	0.00
115.20 Accrued Lease Revenue	15,232.17	0.00
115.30 Due from Deide Construction	0.00	0.00
115.40 Accrued Interest Receivable	0.00	0.00
120. Rent Receivable	0.00	0.00

Mark Twain Healthcare District

BALANCE SHEET

As of February 29, 2020

	TOTAL	
	AS OF FEB 29, 2020	AS OF FEB 28, 2019 (PY)
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	0.00	5,394.61
130.30 Other Prepaid Expenses	0.00	0.00
130.40 Prepaid Valley Springs Clinic	689,008.69	15,410.83
Total 130.00 Prepaid Expenses	689,008.69	20,805.44
1301.40 Prepaid VSHWC - NEW	269.61	
135 Security Deposit	0.00	0.00
140 Assets Whose Use is Limited		
145.00 Board Designated Assets		
145.10 Ukiah Valley Sanitation Dist.	0.00	0.00
Total 145.00 Board Designated Assets	0.00	0.00
Total 140 Assets Whose Use is Limited	0.00	0.00
1499 Undeposited Funds	0.00	0.00
Total Other Current Assets	\$22,660,205.43	\$807,705.56
Total Current Assets	\$30,890,670.93	\$2,756,527.80
Fixed Assets		
1251	9,135.63	
150.00 Land and Land Improvements	0.00	0.00
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements	0.00	0.00
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP	5,304,783.02	1,235,141.54
152.1 CIP Consulting Services	4,646.25	4,646.25
152.10 Fixed Equipment	698,156.25	698,156.25
152.15 Furniture & Furnishings	7,813.00	0.00
152.2 CIP Admin	0.00	0.00
152.3 CIP - HVAC	0.00	0.00
152.4 CIP Education Center	0.00	0.00
152.5 CIP Boiler Room	0.00	0.00
152.6 CIP Parking Lot	0.00	0.00

Mark Twain Healthcare District

BALANCE SHEET

As of February 29, 2020

	TOTAL	
	AS OF FEB 29, 2020	AS OF FEB 28, 2019 (PY)
152.7 CIP North Wing Renovation	0.00	0.00
152.8 CIP Financial Services Offices	0.00	0.00
152.9 CNE Office Remodel	0.00	0.00
152.91 CIP - Angels Clinic Land Costs	0.00	0.00
152.92 CIP - VS Clinc Land Costs	1,262,174.77	1,101,047.73
1521.10 CIP - Land	67.50	
1521.20 CIP Buildings	2,252.00	
1521.30 CIP Equipment	33,265.60	
153.20 Cap. Interest Income & Expenses	0.00	0.00
153.30 Cap. Interest & Issue Costs	0.00	0.00
160.00 Accumulated Depreciation	-5,342,089.82	-5,334,391.00
Total Fixed Assets	\$7,888,497.29	\$3,612,893.86
Other Assets		
168 Suspense	0.00	0.00
169 Payroll Clearing	0.00	0.00
170.00 Minority Interest in MTMC	217,551.56	14,510,261.00
171.00 Due from State - Prop 1A funds	0.00	0.00
1710.10 Minority Interest in MTMC - NEW	41,873.28	
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.40 Creekside - Intangible	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLF	-28,081.11	-26,782.11
180.60 Capitalized Lease Negotiations	356,574.25	357,567.49
Total 180.30 Intangible Assets	356,574.25	358,866.49
185.00 Notes Receivable		
185.10 Professional Office - Angels	0.00	0.00
Total 185.00 Notes Receivable	0.00	0.00
195.10 Due from MTSJHC	0.00	0.00
2219 Capital Lease	6,636,465.00	
Total Other Assets	\$7,252,464.09	\$14,869,127.49
TOTAL ASSETS	\$46,031,632.31	\$21,238,549.15

Mark Twain Healthcare District

BALANCE SHEET

As of February 29, 2020

	TOTAL	
	AS OF FEB 29, 2020	AS OF FEB 28, 2019 (PY)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	53,189.46	68,352.50
Total Accounts Payable	\$53,189.46	\$68,352.50
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenses		
200.10 Other Accounts Payable	25,127.39	5,692.34
200.20 Accrued Interest		
200.30 Accrued Professional Fees	0.00	0.00
200.40 Accrued Utilities	0.00	38,218.30
200.50 Accrued County Fees	0.00	0.00
Total 200.00 Accts Payable & Accrued Expenses	25,127.39	43,910.64
2021 Accrued Payroll - Clinic	33,961.05	
205.00 Prepaid Rent Revenue	0.00	0.00
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	1,000.00
2110.00 Payroll Liabilities - New Account for 2019	1,266.60	
215.10 Due to MTSJHC	0.00	0.00
220.10 Due to MTMC - Rental Clearing	0.00	26,365.58
225.00 Current Maturities		
225.10 Current Maturities - N/P Cal.	0.00	0.00
225.15 Current Maturities - GE CLO	0.00	0.00
Total 225.00 Current Maturities	0.00	0.00
226 Deferred Rental Revenue	38,393.35	38,393.35
227 Deferred Revenue	623,885.58	
24000 Payroll Liabilities	0.00	5,893.81
Total Other Current Liabilities	\$725,908.97	\$117,838.38
Total Current Liabilities	\$779,098.43	\$186,190.88
Long-Term Liabilities		
2128.01 Deferred Capital Lease	1,810,836.69	
2128.02 Deferred Utilities Reimbursement	3,289,163.31	
2129 Other Third Party Reimbursement - Calaveras County	368,343.00	
2210 USDA Loan - VS Clinic	6,249,161.79	2,104,488.54
Total Long-Term Liabilities	\$11,717,504.79	\$2,104,488.54
Total Liabilities	\$12,496,603.22	\$2,290,679.42

Mark Twain Healthcare District

BALANCE SHEET

As of February 29, 2020

	TOTAL	
	AS OF FEB 29, 2020	AS OF FEB 28, 2019 (PY)
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTMC	19,720,638.00	19,720,638.00
3000 Opening Bal Equity	14,793,658.70	0.03
3900 Retained Earnings	-811,007.59	-1,479,669.97
3901 CY - Minority Interest MTMC	0.00	-312,469.50
Net Income	-816,409.43	371,221.76
Total Equity	\$33,535,029.09	\$18,947,869.73
TOTAL LIABILITIES AND EQUITY	\$46,031,632.31	\$21,238,549.15

Mark Twain Healthcare District

BILL PAYMENT LIST

February 2020

DATE	NUM	VENDOR	AMOUNT
1001.40 Five Star Bank - MTHCD Checking - NEW			
02/07/2020	16049	Accountemps	-288.39
02/07/2020	16050	Delta Building Maintenance	-2,694.12
02/07/2020	16051	James Mosson	-9,240.00
02/07/2020	16052	Calaveras First	-1,672.68
02/07/2020	16053	RJ Pro Innovative I.T. Services	-761.00
02/07/2020	16054	AT&T 209 772-7070 662 VSHWC Main Phone Line	-83.40
02/07/2020	16055	AT&T 209-772-2791 VSHWC	-1,085.85
02/07/2020	16056	AT&T - 831-000-9337 371	-2,006.93
02/07/2020	16057	PG&E 07532672789-5 James Dalton(Angels Camp)	-1,647.72
02/07/2020	16058	PG&E 2148202072-0	-37.35
02/07/2020	16059	PG&E 46995152991 VS Clinic # 9	-266.43
02/07/2020	16060	PG&E 46578486352 VS Clinic # 10	-137.24
02/07/2020	16061	City of Angels	-832.42
02/07/2020	16062	Calaveras County Water District	-2,908.99
02/07/2020	16063	The Valley Springs News	-775.00
02/07/2020	16064	Accountemps	-3,923.71
02/07/2020	16065	PG&E 39918320076 Cancer	-274.47
02/07/2020	16066	PG&E 89195984003 Cancer/Infusion	-742.81
02/07/2020	16067	PG&E 74021406306 SAFMC	-472.32
02/07/2020	16068	Calaveras Telephone	-475.47
02/07/2020	16069	California Special Districts Association - Financial	-2,599.60
02/07/2020	16070	Streamline	-200.00
02/07/2020	16071	Staples	-493.99
02/07/2020	16072	Friends of the Calaveras County Fair	-1,800.00
02/13/2020	ACH 2/13/20	Umpqua Bank Credit Card	-4,809.09
02/14/2020	16073	AT&T OneNet	-2,736.10
02/14/2020	16074	AT&T 248 134-7000	-41.72
02/14/2020	16075	Anthem Blue Cross	-4,115.86
02/14/2020	16076	Aspen Street Architects	-152.00
02/14/2020	16077	Calaveras County Water District	-819.44
02/14/2020	16078	Cheryl Duncan Consulting	-19,780.08
02/14/2020	16079	California Waste Recovery Systems	-608.22
02/14/2020	16080	Calaveras Power Agency	-18,129.08
02/14/2020	16081	J.S. West	-644.79
02/14/2020	16082	Kirk Stout	-1,360.00
02/14/2020	16083	Modesto Welding Products	-35.06
02/14/2020	16084	PG&E 2306121143-1 ortho	-573.54
02/14/2020	16085	PG&E 42630399709 Hospital	-11,775.61
02/14/2020	16086	Suburban Propane-Ortho	-2,169.83
02/14/2020	16087	Staples	-402.31
02/14/2020	16088	The Union Democrat	-625.50
02/14/2020	16089	Weber-Ghio & Associates Inc	-67.50
02/14/2020	16090	Your Type Graphic Design	-620.35

DATE	NUM	VENDOR	AMOUNT
02/21/2020	16091	BETA Healthcare Group	-2,530.60
02/21/2020	16092	RJ Pro Innovative I.T. Services	-761.00
02/21/2020	16093	Your Type Graphic Design	-330.55
02/21/2020	16094	Suburban Propane-Ortho	-449.51
02/21/2020	16095	Clark Pest Control of Stockton, Inc.	-75.00
02/21/2020	16096	Cal.net-Motherlode	-9.95
02/21/2020	16097	Delta Building Maintenance	-4,766.66
02/21/2020	16098	McKesson Medical Surgical	-12,564.98
02/21/2020	16099	AT&T 754-9362	-1,178.27
02/21/2020	16100	Campora Propane	-224.58
02/21/2020	16101	MedPro Billing, LLC	-1,800.00
02/25/2020	16102	Dignity Health Central Verification Unit	-200.00
02/26/2020	16103	Harvard M. Robbins, M.D.	-20,000.00
02/28/2020	16104	San Andreas Sanitary District	-26,814.18
02/28/2020	16105	Industrial Electrical Company	-33,265.60
02/28/2020	16106	Dr. Joana Motiu	-743.75
02/28/2020	16107	Ray Morgan Company	-454.44
02/28/2020	16108	MTMC Nutritional Services	-124.00
02/28/2020	16109	Staples	-117.47
02/28/2020	16110	Dr. Randall Smart	-61.86
02/28/2020	16111	Accountemps	-2,087.08
02/28/2020	16112	Best Best & Krieger, LLP	-1,258.00
02/28/2020	16113	Alpine Natural Gas	-1,403.30
02/28/2020	16114	Suburban Propane-Ortho	-588.30
02/28/2020	16115	AT&T - 831-000-9337 371	-1,302.40
02/28/2020	16116	AT&T 209 772-7070 662 VSHWC Main Phone Line	-83.68
02/28/2020	16117	AT&T 209-772-2791 VSHWC	-1,788.43
02/28/2020	16118	Lin Reed	-100.00
02/28/2020	16119	Debbie Sellick	-100.00
02/28/2020	16120	Kathy Toepel	-100.00
02/28/2020	16121	AT&T 795-2997749	-54.88
02/28/2020	16122	Talibah Al-Rafiq	-100.00
Total for 1001.40 Five Star Bank - MTHCD Checking - NEW			\$ -220,324.44
1001.60 Five Star Bank - VSHWC Checking - NEW-1			
02/19/2020	ACH 02/19/20	AthenaHealth	-187.30
Total for 1001.60 Five Star Bank - VSHWC Checking - NEW-1			\$ -187.30

Mark Twain Healthcare District

PROFIT AND LOSS

February 2020

	TOTAL	
	FEB 2020	JUL 2019 - FEB 2020 (YTD)
Income		
4083.49 VSHWC Gross Revenues	3,771.22	12,064.60
9060.00 Income, Gains & losses from investments - District	38,679.82	234,031.89
9160.00 Property Tax Revenues - District	92,085.75	736,686.00
9260.01 Deferred Lease Income	91,161.34	730,258.81
9260.02 MOB Rents Revenue	13,108.72	131,410.61
9260.03 Child Advocacy Rent Revenue	750.00	6,000.00
Total Income	\$239,556.85	\$1,850,451.91
GROSS PROFIT	\$239,556.85	\$1,850,451.91
Expenses		
7083.05 Marketing - Clinic	2,720.00	2,720.00
7083.09 Other salaries and wages - Clinic	61,015.21	483,755.02
7083.10 Payroll taxes - Clinic	5,353.78	28,920.29
7083.13 Group Health & Welfare Insurance - Clinic	4,115.86	18,484.25
7083.16 Workers Compensation Insurance - Clinic	1,700.00	6,800.00
7083.20 Medical - Physicians - Cliic	23,208.75	143,726.61
7083.22 Consulting and Management fees - Clinic	43,539.29	179,586.35
7083.23 Legal - Clinic	1,258.00	23,756.71
7083.26 Other contracted services - Clinic	5,494.85	34,462.80
7083.29 Other Professional fees - Clinic	2,000.00	10,118.52
7083.36 Oxygen and Other Medical Gases - Clinic	35.06	463.05
7083.41 Other Medical Care Materials and Supplies - Clinic	12,591.13	86,561.53
7083.43 Food - Clinic		340.35
7083.46 Office and Administrative supplies - Clinic	2,274.38	18,690.06
7083.69 Other purchased services - Clinic	-14.55	36,405.15
7083.80 Utilities - Electrical, Gas, Water, other - Clinic	7,342.21	28,269.17
7083.81 Insurance - Malpractice - Clinic	830.60	5,491.80
7083.82 Other Insurance - Clinic		23,331.70
7083.85 Telephone and Communications - Clinic	242.00	4,012.72
7083.86 Dues and Subscriptions - Clinic	2,830.25	9,428.30
7083.87 Outside Training - Clinic		199.00
7083.88 Travel costs - Clinic		3,271.20
7083.89 Recruiting - Clinic		13,106.13
730.00 Utilities		
730.79 Water/Sewer		284.89
Total 730.00 Utilities		284.89
740.00 Miscellaneous		
740.86 Dues & Subscriptions		1,250.00
740.88 Travel, Meals & Lodging		221.56
740.89 Office Supplies and Expense		24.95
Total 740.00 Miscellaneous		1,496.51

Mark Twain Healthcare District

PROFIT AND LOSS

February 2020

	TOTAL	
	FEB 2020	JUL 2019 - FEB 2020 (YTD)
8610.09 Other salaries and wages - Admin.	15,033.85	138,958.77
8610.10 Payroll taxes - Admin.	1,150.09	9,438.32
8610.13 Group Health & Welfare Insurance - Admin.		12,383.04
8610.15 Pension and Retirement - Admin.		1,000.00
8610.16 Workers Compensation Insurance - Admin		1,226.00
8610.22 Consulting and Management Fees - District	106.22	13,292.77
8610.23 Legal - District		13,521.16
8610.24 Accounting / Audit Fees - District	8,742.40	41,986.16
8610.43 Food - District	248.00	868.00
8610.46 Office and Administrative Supplies - District	1,089.82	9,775.85
8610.69 Other - IT Services- District	1,120.95	7,065.68
8610.80 Utilities - District (no budget amount)		419.92
8610.82 Insurance - District		16,459.00
8610.86 Dues & Subscriptions - District	29.79	12,417.21
8610.87 Outside Training's - Admin.		-379.90
8610.88 Travel - District	1,220.31	4,146.60
8610.89 Recruiting - District		1,805.09
8610.90 Other Direct Expenses - Stipends, Community Ed & Marketing, Misc. -District	655.70	16,173.33
8870 Debt Financing Costs		60,469.18
8890.00 Foundation - Stay Vertical, Golden Health Grant Awards - Dist.	1,800.00	425,800.00
9520.62 Repairs & Maintenance Grounds	2,422.69	4,903.70
9520.72 Depreciation	10,068.34	81,514.81
9520.80 Utilities - Electrical, Gas, Water, Phone, other	76,784.14	440,594.76
9521.75 MOB rent expenses	19,825.05	158,600.40
9522.75 Child Advocacy Expenses		297.31
Total Expenses	\$316,834.17	\$2,636,419.27
NET OPERATING INCOME	\$ -77,277.32	\$ -785,967.36
Other Income		
750.03 Minority Interest MTSJ Ops		-75,079.79
750.04 Minority Interest MTSJ Invest		4,937.94
9205.03 Minority Interest MTSJ Ops - NEW	41,277.42	41,277.42
9205.04 Minority Interest MTSJ Invest - NEW	595.86	595.86
Total Other Income	\$41,873.28	\$ -28,268.57
Other Expenses		
7084.41 Sunrise Pharmacy Expense		2,173.50
Total Other Expenses	\$0.00	\$2,173.50
NET OTHER INCOME	\$41,873.28	\$ -30,442.07
NET INCOME	\$ -35,404.04	\$ -816,409.43

MTHCD Journal Entry

For: Monthly Amortization Schedule

Date	Account #	Account Name	Debit	Credit
2/29/2020	2128.01	Deffer Capital Lease	\$ 35,506.59	
	9260.01	Interest Income		\$ 26,667.93
	2219.00	Capital Lease		\$ 8,838.66
	2128.02	Deferred utility reimbursement	\$ 64,493.41	
	9260.01	Other Income		\$ 64,493.41
		Total	\$ 100,000.00	\$ 100,000.00

MTHCD Journal Entry

For: Additional Monthly Amortization Schedule

Date	Account #	Account Name	Debit	Credit
2/29/2020	9520.72	Depreciation Expense	\$ 10,068.34	
	2219.00	Capital Lease		\$ 10,068.34
		Total	\$ 10,068.34	\$ 10,068.34

MTHCD Journal Entry

For: County of Calaveras Estimated Revenue for 2019-20

Budget year

Date	Account #	Account Name	Debit	Credit
11/30/2019	2129.00	Deferred Third party Reimbursment	\$ 92,085.75	
	9160.00	Property Tax Revenues		\$ 92,085.75
		November 2019 Accrual		
		Total	\$ 92,085.75	\$ 92,085.75

MTHCD Journal Entry

For: County of Calaveras Estimated Revenue for 2019-20

Budget year

Date	Account #	Account Name	Debit	Credit
2/29/2020	2129.00	Deferred Third party Reimbursment	\$ 92,085.75	
	9160.00	Property Tax Revenues		\$ 92,085.75
		February 2020 Accrual		
		Total	\$ 92,085.75	\$ 92,085.75

MTHCD Journal Entry

For: November 2019 1% District Share of MTMC Investment

Date	Account #	Account Name	Debit	Credit
11/30/2019	750.03	Minority Interest MTSJ Ops	\$ 15,261.86	
	750.04	Minority Interest MTSJ Invest		\$ 806.60
	170.00	Minority Interest in MTMC		\$ 14,455.26
		Total	\$ 15,261.86	\$ 15,261.86

MTHCD Journal Entry

For: February 2020 1% District Share of MTMC Investment

Date	Account #	Account Name	Debit	Credit
2/29/2020	9205.03	Minority Interest MTSJ Ops		\$ 41,277.39
	9205.04	Minority Interest MTSJ Invest		\$ 595.86
	1710.10	Minority Interest in MTMC	\$ 41,873.25	
		Total	\$ 41,873.25	\$ 41,873.25

Actual	ProForma Pos/Neg	Actual excl Proforma (Scrubbed)	Budget		Actual	Actual excl Proforma Pos/Neg	Proforma (Scrubbed)	Budget
4,001,852	0	4,001,852	5,941,397	Operating Revenues				
11,118,084	0	11,118,084	12,096,753	Gross non-cap inpt revenue	38,886,063	0	38,886,063	47,190,793
				Gross non-cap outpt revenue	88,157,534	0	88,157,534	101,426,088
15,119,936	0	15,119,936	18,038,150	Total gross patient rev	127,043,597	0	127,043,597	148,616,881
(4,128,856)	(6,093,918)	(10,222,774)	(8,815,606)	Deductions from Revenue	(76,574,600)	(6,093,918)	(82,668,518)	(92,630,159)
(676,813)	0	(676,813)	(290,024)	Administrative Write-offs	(3,815,172)	0	(3,815,172)	(3,498,265)
(77,122)	0	(77,122)	(47,292)	Charity	(418,590)	0	(418,590)	(384,268)
10,237,145	(6,093,918)	4,143,227	8,885,228	Net patient Revenue	46,235,235	(6,093,918)	40,141,317	52,104,189
10,691	0	10,691	0	Contributions	53,495	0	53,495	0
22,030	0	22,030	36,214	Other operating revenue	275,777	0	275,777	288,261
10,269,866	(6,093,918)	4,175,948	8,921,442	Total Operating Revenue	46,564,507	(6,093,918)	40,470,589	52,392,450
2,132,349	0	2,132,349	2,216,549	Operating Expenses				
349,992	0	349,992	249,199	Salaries-Productive	16,132,077	(30,000)	16,102,077	18,591,435
67,595	0	67,595	15,177	Salaries-non productive	2,676,205	0	2,676,205	2,660,346
839,550	0	839,550	990,060	Registry/temp agency exp	698,638	0	698,638	162,878
618,552	0	618,552	770,894	Benefits	7,097,546	0	7,097,546	7,939,940
384,217	0	384,217	324,652	Supplies	5,773,257	0	5,773,257	6,650,075
1,034,195	0	1,034,195	1,128,085	Medical fees	3,481,563	0	3,481,563	2,664,371
7,578	0	7,578	8,951	Purchased Services	9,073,431	0	9,073,431	9,044,261
28,816	0	28,816	59,749	Utilities	100,347	0	100,347	71,608
245,157	(42,847)	202,310	261,538	Insurance	403,844	0	403,844	477,995
0	0	0	0	Other	1,195,426	109,477	1,304,903	1,580,091
374,537	0	374,537	284,077	Income Taxes	2,974	0	2,974	0
0	0	0	333	Depreciation	3,325,388	0	3,325,388	2,220,548
				Interest	(40,272)	0	(40,272)	2,664
6,082,538	(42,847)	6,039,691	6,309,264	Total Operating Expenses	49,920,424	79,477	49,999,901	52,066,212
4,187,328	(6,051,071)	(1,863,743)	2,612,178	Operating Income (Loss)	(3,355,917)	(6,173,395)	(9,529,312)	326,238
59,586	0	59,586	77,937	Investment Income	589,409	0	589,409	623,492
4,246,914	(6,051,071)	(1,804,157)	2,690,115	Excess(deficit)of Rev/Exp	(2,766,508)	(6,173,395)	(8,939,903)	949,730
4,246,916	(6,051,072)	(1,804,156)	2,690,115	Excess(deficit) attrib to DH	9,305,295	(6,173,395)	3,131,900	949,730
4,561,867	(6,051,072)	(1,489,205)	2,896,589	EBITDA	(67,828)	(6,173,395)	(6,241,223)	2,549,450

**Mark Twain Health Care District
Annual Budget Recap**

	03/31/20		BUDGET			
	Total District	Actual Y-T-D	Clinic	Rental	Projects	Admin
Non-Cash rent revenue	1,200,000	821,385	0	1,200,000	0	0
Revenues	3,676,864	1,211,740	2,080,234	232,958	0	1,363,672
Total Revenue	4,876,864	2,033,125	2,080,234	1,432,958	0	1,363,672
Non-Cash depr expense	(384,665)		(346,120)	(36,045)	0	(2,500)
Expenses	(4,686,939)	(2,990,234)	(2,271,601)	(924,024)	(652,000)	(839,314)
Total Expenses	(5,071,604)	(2,990,234)	(2,617,721)	(960,069)	(652,000)	(841,814)
Surplus(Deficit)	(194,740)	(957,109)	(537,487)	472,889	652,000	521,858

**Mark Twain Health Care District
Direct Clinic Financial Projections**

		15 Rooms		3/31/2020	
		VSHWC			
		1			
		2019/2020	Actual	Actual	
		Budget	Month	Y-T-D	
				Actual	
				vs Budget	
4083.39	Sunrise Pharmacy Gross Revenues				
4083.49	Urgent care Gross Revenues	2,097,973	1,436	13,500	0.00%
4083.60	Contractual Adjustments	34,637	(51,893)	(51,893)	
	Net Patient revenue	2,063,337	(50,457)	(38,393)	0.00%
4083.90	Flu shot, Lab income, physicals	765			0.00%
4083.91	Medical Records copy fees	383			0.00%
4083.92	Other - Plan Incentives	15,750			0.00%
	Total Other Revenue	16,898	0	0	0.00%
		2,080,235	(50,457)	(38,393)	-1.85%
7083.09	Other salaries and wages	(650,053)	(83,052)	(566,807)	87.19%
7083.10	Payroll taxes	(42,278)	(4,939)	(33,860)	80.09%
7083.12	Vacation, Holiday and Sick Leave	(9,751)			0.00%
7083.13	Group Health & Welfare Insurance	(107,259)	(4,116)	(22,600)	21.07%
7083.14	Group Life Insurance	(1,040)			0.00%
7083.15	Pension and Retirement	(16,251)			0.00%
7083.16	Workers Compensation insurance	(13,001)	(1,700)	(8,500)	65.38%
7083.18	Other payroll related benefits	(975)			0.00%
	Total taxes and benefits	(190,555)	(10,755)	(64,960)	34.09%
	Labor related costs	(840,608)	(93,807)	(631,766)	75.16%
7083.05	Marketing		(3,530)	(6,250)	#DIV/0!
7083.20	Medical - Physicians	(549,564)	(34,776)	(178,503)	32.48%
7083.22	Consulting and Management fees	(101,250)	(22,723)	(202,310)	199.81%
7083.23	Legal - Clinic	0	(3,930)	(27,687)	0.00%
7083.25	Registry Nursing personnel	(1,875)			0.00%
7083.26	Other contracted services	(84,563)	(5,142)	(40,100)	47.42%
7083.29	Other Professional fees	(5,625)		(10,119)	179.88%
7083.36	Oxygen and Other Medical Gases	(1,599)		(463)	28.96%
7083.38	Pharmaceuticals	(68,513)			0.00%
7083.41	Other Medical Care Materials and Supplies	(10,240)	(9,588)	(96,150)	938.96%
7083.44	Linens	(2,048)			0.00%
7083.48	Instruments and Minor Medical Equipment	(11,878)			0.00%
7083.74	Depreciation - Equipment	(112,857)			0.00%
7083.45	Cleaning supplies	(9,896)			0.00%
7083.62	Repairs and Maintenance Grounds	(5,900)			0.00%
7083.72	Depreciation - Bldgs & Improvements	(233,263)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(93,253)	(7,111)	(35,665)	38.25%
8870.00	Interest on Debt Service	(269,494)		(60,469)	22.44%
7083.43	Food	(819)	(45)	(386)	47.09%
7083.46	Office and Administrative supplies	(8,601)	(803)	(19,493)	226.64%
7083.69	Other purchased services	(134,280)	(6,301)	(42,706)	31.80%
7083.81	Insurance - Malpractice	(30,265)	(831)	(6,322)	20.89%
7083.82	Other Insurance - Clinic			(23,332)	0.00%
7083.85	Telephone and Communications	(10,240)	(242)	(4,255)	41.55%
7083.86	Dues and Subscriptions	(1,903)	(4,837)	(14,378)	755.53%
7083.87	Outside Training	(4,915)		(199)	4.05%
7083.88	Travel costs	(4,096)	(433)	(3,926)	95.85%
7083.89	Recruiting	(20,177)	(3,171)	(16,277)	80.67%
7084.41	Sunrise Pharmacy Expense			(2,174)	
	Non labor expenses	(1,777,114)	(103,463)	(791,161)	44.52%
	Total Expenses	(2,617,722)	(197,270)	(1,422,928)	54.36%
	Net Expenses over Revenues	(537,487)	(247,727)	(1,461,320)	271.88%

**Mark Twain Health Care District
Rental Financial Projections**

Rental

3/31/2020

		2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9260.01	Rent Hospital Asset amortized	1,200,000	91,126	821,385	68.45%
		0			
	Rent Revenues	1,200,000	91,126	821,385	68.45%
9520.62	Repairs and Maintenance Grounds	0	(408)	(5,312)	
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(684,000)	(48,686)	(489,281)	71.53%
9520.72	Depreciation	(36,045)	(10,033)	(91,548)	253.98%
9520.82	Insurance	(2,000)			0.00%
	Total Costs	(722,045)	(59,127)	(586,141)	81.18%
	Net	477,955	31,999	235,244	149.63%
9260.02	MOB Rents Revenue	227,181	13,109	144,519	63.61%
9521.75	MOB rent expenses	(233,024)	(19,825)	(178,425)	76.57%
	Net	(5,843)	(6,716)	(33,906)	580.29%
9260.03	Child Advocacy Rent revenue	5,777	1,500	7,500	129.83%
9522.75	Child Advocacy Expenses	(5,000)		(297)	5.95%
	Net	777	1,500	7,203	926.99%
		1,432,958	105,735	973,404	67.93%
		(960,069)	(78,952)	(764,863)	79.67%
	Summary Net	472,889	26,783	208,541	44.10%

**Mark Twain Health Care District
Projects, Grants and Support
3/31/2020**

	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
Project grants and support	(652,000)		(425,800)	65.31%
8890.00 Foundation	(500,000)		(377,000)	75.40%
8890.00 Stay Vertical	(52,000)		(42,000)	80.77%
8890.00 Golden Health Grant Awards	(100,000)		(6,800)	6.80%
Project grants and support	(652,000)	0	(425,800)	65.31%

**Mark Twain Health Care District
General Administration Financial Projections**

Admin

3/31/2020

	2016/2017	2017/2018	2019/2020 Budget	Actual Month	Actual Y-T-D	Actual vs Budget
9060.00 Income, Gains and losses from investments	4,423	5,045	250,000	19,476	253,508	101.40%
9160.00 Property Tax Revenues	935,421	999,443	1,098,672	92,086	828,772	75.43%
9010.00 Gain on Sale of Asset						
9400.00 Miscellaneous Income (1% Minority Interest)	0	0	15,000	(7,791)	(36,059)	-240.39%
Summary Revenues	939,844	1,004,488	1,363,672	103,771	1,046,221	76.72%
<hr/>						
8610.09 Other salaries and wages	(33,587)	(235,531)	(362,024)	(15,024)	(153,983)	42.53%
<hr/>						
8610.10 Payroll taxes			(22,225)	(1,149)	(10,588)	47.64%
8610.12 Vacation, Holiday and Sick Leave			(5,430)			0.00%
8610.13 Group Health & Welfare Insurance		(663)	(59,734)		(12,383)	20.73%
8610.14 Group Life Insurance			(579)			0.00%
8610.15 Pension and Retirement			(9,051)		(1,000)	11.05%
8610.16 Workers Compensation insurance			(7,240)		(1,226)	16.93%
8610.18 Other payroll related benefits			(543)			0.00%
Benefits and taxes	0	(663)	(104,802)	(1,149)	(25,197)	24.04%
Labor Costs	(33,587)	(236,194)	(466,826)	(16,174)	(179,180)	38.38%
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8610.22 Consulting and Management Fees	(392,908)	(332,287)	(61,500)	(126)	(13,419)	21.82%
8610.23 Legal	(15,195)	(20,179)	(30,000)		(13,521)	45.07%
8610.24 Accounting /Audit Fees	(13,945)	(18,090)	(123,000)	(5,347)	(47,333)	38.48%
8610.43 Food			(1,538)		(868)	56.46%
8610.46 Office and Administrative Supplies	(4,310)	(19,685)	(20,000)	(361)	(10,161)	50.81%
8610.62 Repairs and Maintenance Grounds			0			
8610.69 Other				(610)	(7,676)	
8610.74 Depreciation - Equipment	(35,556)	(26,582)	(2,500)			0.00%
8610.75 Rental/lease equipment	(11,198)	(57,593)	(9,200)			0.00%
8610.80 Utilities			0		(420)	
8610.82 Insurance	(16,578)	(17,043)	(35,000)		(16,459)	47.03%
8610.83 Licenses and Taxes			0			
8610.85 Telephone and communications			0			
8610.86 Dues and Subscriptions	(12,554)	(14,731)	(19,475)		(13,667)	70.18%
8610.87 Outside Trainings	(1,920)	(3,030)	(15,375)		380	-2.47%
8610.88 Travel	(6,758)	(17,363)	(15,375)	(301)	(4,447)	28.93%
8610.89 Recruiting			(10,250)		(1,805)	17.61%
8610.90 Other Direct Expenses	(10,895)	(5,488)	(31,775)		(16,173)	50.90%
Non-Labor costs	(521,817)	(532,071)	(374,988)	(6,744)	(145,570)	38.82%
Total Costs	(555,404)	(768,265)	(841,814)	(22,918)	(324,750)	38.58%
Net	384,440	236,223	521,859	80,853	721,471	138.25%

**Investment & Reserves Report
31-Mar-20**

Reserve Funds	Minimum Target	12/31/2018 Balance	2019 Allocated	2019 Interest	3/31/2020 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	0	0	0	0	0
Capital Improvement Fund	12,000,000	0	0	0	0	0
Technology Reserve Fund	1,000,000	0	0	0	0	0
Lease & Contract Reserve Fund	3,000,000	0	0	0	0	0
Loan Reserve Fund	1,300,000	0	0	0	0	0
Reserves & Contingencies	19,500,000	0	0	0	0	0

CalTRUST	2019 - 2020		Annualized	
	3/31/2020	Interest Earned	Rates	Duration
Valley Springs HWC - Operational Reserve Fund	0	0		
Capital Improvement Fund	0	0		
Technology Reserve Fund	0	0		
Lease & Contract Reserve Fund	0	0		
Loan Reserve Fund	0	0		
Total CalTRUST	10,352,885	191,745	2.4% - 2.5%	1 Year or Less
Five Star				
General Operating Fund	215,421	406.75		
Money Market Account	3,209,434	55,516.74		
Valley Springs - Checking	78,964	94.99		
Valley Springs - Payroll		22.98		
Total Five Star	3,503,819	56,041.46	2.30%	1 Year or Less
Umpqua Bank				
Checking	97,237	0.00		
Money Market Account	4,901	40.04		
Investments	497,039	5,681.26	1.60%	
Total Savings & CD's	599,176	5,721.30		
Bank of Stockton	285,794	0	0.00%	1 Year or Less
Total in interest earning accounts	14,741,674	253,508		
Potential Unrealized Loss		-51,832	(CalTRUST)	
Total Without Unrealized Loss		201,676		

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. The report for this period does reflect any deviation from the District's Investment Policy.

**Mark Twain Health Care District
List of Renters and Leases
March 31, 2020**

4/15/2020

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	Expire Date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq Ft Rate	CAM	Total	Sq Ft.	Comments
								704 Mountain First Ranch Rd, Floor Building E								
<u>Medical Office Building Subleases</u>																
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 10/2019
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 10/2019
San Andreas FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	03 / 10	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 10/2019
San Andreas FMC	7/1/2014	7/1/2019	6/30/2024	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 10/2019
Sunrise Pharmacy	12/31/2019	4/31/2020	4/31/2025	2.5	10 years	4/31/30	110	Way, STE 110, Valley Springs, CA	Y	Pharma cy	\$ 2,124.00	2.36			900	
Total MOB lease income												\$ 19,260.51	\$ 1,657.50	\$ 18,794.01	7,400	
<u>Valley Springs Rental</u>																
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 years	3/1/2021	N/A	1934 Highway 26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 10/2019
<u>Hospital Lease Agreement w/Corporation</u>																
Mark Twain Medical Cent	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch Rd	Reimbur se	Hospita l	\$ -		N/A	\$ -		
<u>Office Lease</u>																
and Professional Offices	3/1/2007	7/1/2019		3.0	5 years	2/28/2027	Floor	Ranch Rd,	N	Office	\$ 12,627.30		\$ 2,314.71	\$ 14,942.01	6,500	Rent increases 3% each year. CAM IS NOT BEING PAID UNTIL ACCT RECONCILED
<u>Land Lease</u>																
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C	Y	Land	\$ 481.42		N/A	\$ 481.42	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.
San Andreas Medical and Professional Offices (Arnaudo Bros.)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$1 / Yr.		N/A	\$1 / Yr.	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.

* CAM Charges included in rent

Mark Twain Healthcare District

JOURNAL

March 2020

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
03/01/2020	Journal Entry	15960		Rent - The Resource Connection	9260.03	9260.03 Child Advocacy Rent Revenue		\$750.00
				Rent - The Resource Connection	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$750.00	
							\$750.00	\$750.00
03/02/2020	Journal Entry	19007		Funds Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
				Funds Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
03/02/2020	Journal Entry	19014		USDA Loan PYMT	1001.30	1001.30 Bank of Stockton - NEW		\$103,548.04
				USDA Loan PYMT	2210	2210 USDA Loan - VS Clinic	\$103,548.04	
				USDA Loan PYMT	1001.30	1001.30 Bank of Stockton - NEW		\$426.25
				USDA Loan PYMT	2210	2210 USDA Loan - VS Clinic	\$426.25	
							\$103,974.29	\$103,974.29
03/02/2020	Journal Entry	19019		Evalon Credit Card Processing Machine	7083.69	7083.69 Other purchased services - Clinic	\$490.38	
				Evalon Credit Card Processing Machine	7083.69	7083.69 Other purchased services - Clinic	\$490.38	
				Evalon Credit Card Processing Machine	7083.69	7083.69 Other purchased services - Clinic	\$490.38	
				Evalon Credit Card Processing Machine	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$490.38
				Evalon Credit Card Processing Machine	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$490.38
				Evalon Credit Card Processing Machine	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1		\$490.38
							\$1,471.14	\$1,471.14
03/03/2020	Journal Entry	19008		Funds Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
				Funds Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
03/06/2020	Journal Entry	19002		VSHWC Deposit	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$735.79	
				VSHWC Deposit	4083.49	4083.49 VSHWC Gross Revenues		\$735.79
							\$735.79	\$735.79
03/09/2020	Journal Entry	19009		Funds Transfer	1001.10	1001.10 Umpqua Bank - Checking - NEW		\$100,000.00
				Funds Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW	\$100,000.00	
							\$100,000.00	\$100,000.00
03/10/2020	Journal Entry	19003		Funds Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW		\$500,000.00
				Funds Transfer	1001.50	1001.50 Five Star Bank - Money Market - NEW	\$500,000.00	
							\$500,000.00	\$500,000.00
03/10/2020	Journal Entry	19004		Funds Transfer	1001.40	1001.40 Five Star Bank - MTHCD Checking - NEW		\$75,000.00
				Funds Transfer	1001.60	1001.60 Five Star Bank - VSHWC Checking - NEW-1	\$75,000.00	
							\$75,000.00	\$75,000.00
03/13/2020	Journal Entry	15961		Wages - District	8610.09	8610.09 Other salaries and wages - Admin.	\$7,469.20	
				Wages - Clinic	7083.09	7083.09 Other salaries and wages - Clinic	\$32,342.52	
				Employer Tax Expense(Medicare) District	8610.10	8610.10 Payroll taxes - Admin.	\$108.30	
				Employer Tax Expense(Medicare) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$468.97	
				Employer Tax Expense(SocSec) District	8610.10	8610.10 Payroll taxes - Admin.	\$463.09	
				Employer Tax Expense(SocSec) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$2,005.21	
				Employer Tax Expense(SUI&IT) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$186.50	
				Medicare - EE & ER	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,154.54
				SocSec - EE & ER	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,936.60
				Federal W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$5,418.05
				State W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,464.21
				State SUI & CA Employment Training	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$186.50
				401(k) Deductions	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$100.00
				VSHWC Bank	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$838.40
				Payroll Processing Expense - District	8610.22	8610.22 Consulting and Management Fees - District	\$113.18	
				Payroll Processing Expense - Clinic	7083.22	7083.22 Consulting and Management fees - Clinic	\$725.22	
				Payroll Liabilities	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$14,159.90	
				VSHWC Bank	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$14,159.90
				Checks Issued	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$739.36
				Direct Deposit - VSHWC Bank	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$28,044.53
				Checks Cleared	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$739.36	
				VSHWC Bank	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$739.36
							\$58,781.45	\$58,781.45
03/13/2020	Journal Entry	15953		VSHWC Deposit	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$699.83	
				VSHWC Deposit	4083.49	4083.49 VSHWC Gross Revenues		\$699.83

DATE	TRANSACTION TYPE	NUM	NAME MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
						\$699.83	\$699.83
03/27/2020	Journal Entry	19001	Wages - District	8610.09	8610.09 Other salaries and wages - Admin.	\$7,555.24	
			Wages - Clinic	7083.09	7083.09 Other salaries and wages - Clinic	\$28,959.26	
			Employer Tax Expense (Medicare) District	8610.10	8610.10 Payroll taxes - Admin.	\$109.55	
			Employer Tax Expense (Medicare) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$419.91	
			Employer Tax Expense (SocSec) District	8610.10	8610.10 Payroll taxes - Admin.	\$468.43	
			Employer Tax Expense (SocSec) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$1,795.49	
			Employer Tax Expense (SUI&IT) Clinic	7083.10	7083.10 Payroll taxes - Clinic	\$63.21	
			Medicare - ER & EE	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$1,058.92
			SocSec - ER & EE	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,527.84
			Federal W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$4,695.63
			State W/H	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$2,190.44
			State SUI & CA Employment Training	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$63.21
			401(k) Deductions	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$1,177.00
			VSHWC Payroll Account	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$94.00
			Payroll Processing Expense - District	8610.22	8610.22 Consulting and Management Fees - District	\$12.69	
			Payroll Processing Expense - Clinic	7083.22	7083.22 Consulting and Management fees - Clinic	\$81.31	
			Payroll Liabilities	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$12,875.44	
			VSHWC Payroll Account	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$12,875.44
			Checks Issued	2110.00	2110.00 Payroll Liabilities - New Account for 2019		\$570.51
			Direct Deposit - VSHWC Payroll Account	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$25,087.54
			Checks Cleared	2110.00	2110.00 Payroll Liabilities - New Account for 2019	\$570.51	
			Checks Cleared - VSHWC Payroll Account	1001.65	1001.65 Five Star Bank - VSHWC Payroll		\$570.51
						\$52,911.04	\$52,911.04
03/31/2020	Journal Entry	19005	Rent - Resource Connection	9260.03	9260.03 Child Advocacy Rent Revenue		\$750.00
			Rent - Resource Connection	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$750.00	
						\$750.00	\$750.00
03/31/2020	Journal Entry	19010	Deferred Third Party Reimbursement	2129	2129 Other Third Party Reimbursement - Calaveras County	\$92,085.75	
			Property Tax Revenues	9160.00	9160.00 Property Tax Revenues - District		\$92,085.75
						\$92,085.75	\$92,085.75
03/31/2020	Journal Entry	19011	MOB Rental Revenue	9260.02	9260.02 MOB Rents Revenue		\$12,627.30
			Umpqua Bank Checking	1001.10	1001.10 Umpqua Bank - Checking - NEW	\$12,627.30	
						\$12,627.30	\$12,627.30
03/31/2020	Journal Entry	19012	Deffer Capital Lease	2128.01	2128.01 Deferred Capital Lease	\$35,506.59	
			Interest Income	9260.01	9260.01 Deferred Lease Income		\$26,632.94
			Capital Lease	2219	2219 Capital Lease		\$8,873.65
			Deferred Utility Reimbursement	2128.02	2128.02 Deferred Utilities Reimbursement	\$64,493.41	
			Other Income	9260.01	9260.01 Deferred Lease Income		\$64,493.41
						\$100,000.00	\$100,000.00
03/31/2020	Journal Entry	19013	Depreciation Expense	9520.72	9520.72 Depreciation	\$10,033.35	
			Capital Lease	2219	2219 Capital Lease		\$10,033.35
						\$10,033.35	\$10,033.35
03/31/2020	Journal Entry	SVCCHRG	Service Charge	1003.30	1003.30 CalTRUST - NEW		\$51,832.26
			Service Charge	4083.60	4083.60 Contractual Adjustments	\$51,832.26	
						\$51,832.26	\$51,832.26
03/31/2020	Journal Entry	19015	Minority Interest MTSJ Ops	9205.03	9205.03 Minority Interest MTSJ Ops - NEW	\$20,077.97	
			Minority Interest MTSJ Invest	9205.04	9205.04 Minority Interest MTSJ Invest - NEW		\$629.22
			Minority Interest in MTMC	1710.10	1710.10 Minority Interest in MTMC - NEW		\$19,448.75
						\$20,077.97	\$20,077.97
TOTAL						\$1,381,730.17	\$1,381,730.17

Mark Twain Healthcare District

BALANCE SHEET

As of March 31, 2020

	TOTAL	
	AS OF MAR 31, 2020	AS OF MAR 31, 2019 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	1,267,107.59	327,915.72
100.40 Money Market - Umpqua	4,924.23	2,300.43
100.50 Stockton Bank of	505,266.23	322,302.77
100.60 Five Star Bank	65,322.91	149,153.51
100.70 Five Star Bank - MMA	2,424,849.61	735,798.98
100.80 Five Star Bank - Valley Springs Health & WC Checking	44,538.69	16,335.88
1001.10 Umpqua Bank - Checking - NEW	297,328.54	
1001.20 Umpqua Bank - Money Market - NEW	4,926.50	
1001.30 Bank of Stockton - NEW	293,055.52	
1001.40 Five Star Bank - MTHCD Checking - NEW	-16,941.78	-2,400.00
1001.50 Five Star Bank - Money Market - NEW	2,682,218.18	
1001.60 Five Star Bank - VSHWC Checking - NEW-1	116,949.12	
1001.65 Five Star Bank - VSHWC Payroll	104,786.30	
1820 VSHWC - Petty Cash	400.00	
Total Bank Accounts	\$7,794,731.64	\$1,551,407.29
Accounts Receivable		
1200 Accounts Receivable	10,069.84	57,064.03
1201 Allowance for Doubtful Accounts	0.00	0.00
Total Accounts Receivable	\$10,069.84	\$57,064.03

Mark Twain Healthcare District

BALANCE SHEET

As of March 31, 2020

	TOTAL	
	AS OF MAR 31, 2020	AS OF MAR 31, 2019 (PY)
Other Current Assets		
1001.70 Umpqua Investments - NEW	1,513.28	
1003.30 CalTRUST - NEW	10,402,539.61	
101.00 Umpqua Investments	1,512.73	721,398.61
102.00 CDARS Investments	0.00	0.00
103.00 CalTRUST	10,403,778.95	250,614.11
1069 Due from Calaveras County - New GL#	1,105,029.00	
115.05 Due From Calaveras County	4,843.95	148,657.18
115.10 Due from MTSJHC	0.00	0.00
115.20 Accrued Lease Revenue	15,232.17	0.00
115.30 Due from Deide Construction	0.00	0.00
115.40 Accrued Interest Receivable	0.00	0.00
120. Rent Receivable	0.00	0.00
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	0.00	4,144.61
130.30 Other Prepaid Expenses	0.00	0.00
130.40 Prepaid Valley Springs Clinic	689,008.69	115,631.84
Total 130.00 Prepaid Expenses	689,008.69	119,776.45
1301.40 Prepaid VSHWC - NEW	48,336.05	
135 Security Deposit	0.00	0.00
140 Assets Whose Use is Limited		
145.00 Board Designated Assets		
145.10 Ukiah Valley Sanitation Dist.	0.00	0.00
Total 145.00 Board Designated Assets	0.00	0.00
Total 140 Assets Whose Use is Limited	0.00	0.00
1499 Undeposited Funds	0.00	0.00
Total Other Current Assets	\$22,671,794.43	\$1,240,446.35
Total Current Assets	\$30,476,595.91	\$2,848,917.67

Mark Twain Healthcare District

BALANCE SHEET

As of March 31, 2020

	TOTAL	
	AS OF MAR 31, 2020	AS OF MAR 31, 2019 (PY)
Fixed Assets		
1251	9,135.63	
150.00 Land and Land Improvements	0.00	0.00
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements	0.00	0.00
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP	5,304,783.02	1,760,875.48
152.1 CIP Consulting Services	4,646.25	4,646.25
152.10 Fixed Equipment	698,156.25	698,156.25
152.15 Furniture & Furnishings	7,813.00	0.00
152.2 CIP Admin	0.00	0.00
152.3 CIP - HVAC	0.00	0.00
152.4 CIP Education Center	0.00	0.00
152.5 CIP Boiler Room	0.00	0.00
152.6 CIP Parking Lot	0.00	0.00
152.7 CIP North Wing Renovation	0.00	0.00
152.8 CIP Financial Services Offices	0.00	0.00
152.9 CNE Office Remodel	0.00	0.00
152.91 CIP - Angels Clinic Land Costs	0.00	0.00
152.92 CIP - VS Clinc Land Costs	1,262,174.77	1,117,376.81
1521.10 CIP - Land	67.50	
1521.20 CIP Buildings	5,209.00	
1521.30 CIP Equipment	33,265.60	
153.20 Cap. Interest Income & Expenses	0.00	0.00
153.30 Cap. Interest & Issue Costs	0.00	0.00
160.00 Accumulated Depreciation	-5,342,089.82	-5,336,329.00
Total Fixed Assets	\$7,891,454.29	\$4,153,018.88

Mark Twain Healthcare District

BALANCE SHEET

As of March 31, 2020

	TOTAL	
	AS OF MAR 31, 2020	AS OF MAR 31, 2019 (PY)
Other Assets		
168 Suspense	0.00	0.00
169 Payroll Clearing	0.00	0.00
170.00 Minority Interest in MTMC	217,551.56	14,195,018.00
171.00 Due from State - Prop 1A funds	0.00	0.00
1710.10 Minority Interest in MTMC - NEW	22,424.53	
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.40 Creekside - Intangible	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLF	-28,081.11	-26,876.11
180.60 Capitalized Lease Negotiations	356,574.25	357,567.49
Total 180.30 Intangible Assets	356,574.25	358,772.49
185.00 Notes Receivable		
185.10 Professional Office - Angels	0.00	0.00
Total 185.00 Notes Receivable	0.00	0.00
195.10 Due from MTSJHC	0.00	0.00
2219 Capital Lease	6,617,558.00	
Total Other Assets	\$7,214,108.34	\$14,553,790.49
TOTAL ASSETS	\$45,582,158.54	\$21,555,727.04

Mark Twain Healthcare District

BALANCE SHEET

As of March 31, 2020

	TOTAL	
	AS OF MAR 31, 2020	AS OF MAR 31, 2019 (PY)
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	82,517.68	569,150.04
Total Accounts Payable	\$82,517.68	\$569,150.04
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenses		
200.10 Other Accounts Payable	25,127.39	5,692.34
200.20 Accrued Interest		
200.30 Accrued Professional Fees	0.00	0.00
200.40 Accrued Utilities	0.00	38,218.30
200.50 Accrued County Fees	0.00	0.00
Total 200.00 Accts Payable & Accrued Expenses	25,127.39	43,910.64
2021 Accrued Payroll - Clinic	33,961.05	
205.00 Prepaid Rent Revenue	0.00	0.00
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	1,000.00
2110.00 Payroll Liabilities - New Account for 2019	927.20	
215.10 Due to MTSJHC	0.00	0.00
220.10 Due to MTMC - Rental Clearing	0.00	23,729.01
225.00 Current Maturities		
225.10 Current Maturities - N/P Cal.	0.00	0.00
225.15 Current Maturities - GE CLO	0.00	0.00
Total 225.00 Current Maturities	0.00	0.00
226 Deferred Rental Revenue	38,393.35	38,393.35
227 Deferred Revenue	623,885.58	
24000 Payroll Liabilities	0.00	5,893.81
Total Other Current Liabilities	\$725,569.57	\$115,201.81
Total Current Liabilities	\$808,087.25	\$684,351.85
Long-Term Liabilities		
2128.01 Deferred Capital Lease	1,775,330.10	
2128.02 Deferred Utilities Reimbursement	3,224,669.90	
2129 Other Third Party Reimbursement - Calaveras County	276,257.25	
2210 USDA Loan - VS Clinic	6,145,187.50	2,192,506.14
Total Long-Term Liabilities	\$11,421,444.75	\$2,192,506.14
Total Liabilities	\$12,229,532.00	\$2,876,857.99

Mark Twain Healthcare District

BALANCE SHEET

As of March 31, 2020

	TOTAL	
	AS OF MAR 31, 2020	AS OF MAR 31, 2019 (PY)
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTMC	19,720,638.00	19,720,638.00
3000 Opening Bal Equity	14,751,955.52	0.03
3900 Retained Earnings	-811,007.59	-1,479,669.97
3901 CY - Minority Interest MTMC	0.00	0.00
Net Income	-957,108.80	-210,248.42
Total Equity	\$33,352,626.54	\$18,678,869.05
TOTAL LIABILITIES AND EQUITY	\$45,582,158.54	\$21,555,727.04

Mark Twain Healthcare District

BILL PAYMENT LIST

March 2020

DATE	NUM	VENDOR	AMOUNT
100.60 Five Star Bank			
03/10/2020	16123	Accountemps	0.00
03/10/2020	16124	Arnaudo Bros., L.P.	0.00
03/10/2020	16125	California Department of Public Health	0.00
03/10/2020	16126	California Special Districts Association - Financial	0.00
03/10/2020	16127	California Waste Recovery Systems	0.00
03/10/2020	16128	Cheryl Duncan Consulting	0.00
03/10/2020	16129	Clark Pest Control of Stockton, Inc.	0.00
03/10/2020	16130	Debbie Sellick	0.00
03/10/2020	16131	Ebbetts Pass Gas Services	0.00
03/10/2020	16132	Gasper's Electric	0.00
03/10/2020	16134	Kirk Stout	0.00
03/10/2020	16135	Mark Twain Medical Ctr	0.00
03/10/2020	16136	Nuance Communications, Inc.	0.00
03/10/2020	16137	PG&E 07532672789-5 James Dalton(Angels Camp)	0.00
03/10/2020	16138	PG&E 2148202072-0	0.00
03/10/2020	16139	PG&E 46578486352 VS Clinic # 10	0.00
03/10/2020	16140	PG&E 46995152991 VS Clinic # 9	0.00
03/10/2020	16141	Rhoda Nussbaum, M.D.	0.00
03/10/2020	16142	Shred-It	0.00
03/10/2020	16143	Signal Service, Inc.	0.00
03/10/2020	16144	Streamline	0.00
03/10/2020	16145	Suburban Propane-Ortho	0.00
03/10/2020	16146	Susan Atkinson	0.00
03/10/2020	16147	The Union Democrat	0.00
03/10/2020	16148	The Valley Springs News	0.00
03/10/2020	16149	Calaveras Telephone	0.00
Total for 100.60 Five Star Bank			\$0.00
1001.40 Five Star Bank - MTHCD Checking - NEW			
03/10/2020	16123	Accountemps	-1,974.32
03/10/2020	16124	Arnaudo Bros., L.P.	-19,825.05
03/10/2020	16125	California Department of Public Health	-113.00
03/10/2020	16126	California Special Districts Association - Financial	-2,081.40
03/10/2020	16127	California Waste Recovery Systems	-608.22
03/10/2020	16128	Cheryl Duncan Consulting	-23,078.62
03/10/2020	16129	Clark Pest Control of Stockton, Inc.	-75.00
03/10/2020	16130	Debbie Sellick	-37.95
03/10/2020	16131	Ebbetts Pass Gas Services	-1,244.41
03/10/2020	16132	Gasper's Electric	-806.94
03/10/2020	16134	Kirk Stout	-1,062.69
03/10/2020	16135	Mark Twain Medical Ctr	-124.00
03/10/2020	16136	Nuance Communications, Inc.	0.00
03/10/2020	16137	PG&E 07532672789-5 James Dalton(Angels Camp)	-1,779.12
03/10/2020	16138	PG&E 2148202072-0	-59.61

DATE	NUM	VENDOR	AMOUNT
03/10/2020	16139	PG&E 46578486352 VS Clinic # 10	-139.41
03/10/2020	16140	PG&E 46995152991 VS Clinic # 9	-238.93
03/10/2020	16141	Rhoda Nussbaum, M.D.	-8,231.00
03/10/2020	16142	Shred-It	-57.58
03/10/2020	16143	Signal Service, Inc.	-198.75
03/10/2020	16144	Streamline	-200.00
03/10/2020	16145	Suburban Propane-Ortho	-533.61
03/10/2020	16146	Susan Atkinson	-187.75
03/10/2020	16147	The Union Democrat	-625.50
03/10/2020	16148	The Valley Springs News	-2,746.00
03/10/2020	16149	Calaveras Telephone	-475.47
03/10/2020	16136	Nuance Communications, Inc.	-158.00
03/13/2020	16150	Ebbetts Pass Gas Services	-1,244.41
03/13/2020	16151	J.S. West	-637.53
03/13/2020	16152	Aspen Street Architects	-2,100.00
03/13/2020	16153	AMS.NET	-269.61
03/13/2020	16154	AT&T OneNet	-984.54
03/13/2020	16155	AT&T 754-9362	-1,130.11
03/13/2020	16156	AT&T 248 134-7000	-41.72
03/13/2020	16157	Campora Propane	-149.35
03/13/2020	16158	Anthem Blue Cross	-4,115.86
03/13/2020	16159	Suburban Propane-Ortho	-324.51
03/13/2020	16160	PG&E 42630399709 Hospital	-11,392.26
03/13/2020	16161	PG&E 74021406306 SAFMC	-502.58
03/13/2020	16162	PG&E 39918320076 Cancer	-251.44
03/13/2020	16163	PG&E 89195984003 Cancer/Infusion	-660.28
03/13/2020	16164	Staples	-22.33
03/13/2020	16165	Talibah Al-Rafiq	-130.01
03/13/2020	16166	Suzanne Dietrich	-637.50
03/13/2020	16167	Accountemps	-1,141.77
03/13/2020	16168	Calaveras Power Agency	-19,015.38
03/13/2020	16169	Dr. Joana Motiu	-2,465.00
03/13/2020	16170	La Contenta Plaza	-1,342.92
03/13/2020	16171	City of Angels	-834.90
03/13/2020	16172	Calaveras Public Utility District	-1,636.88
03/20/2020	16173	Your Type Graphic Design	-461.65
03/20/2020	16174	Accountemps	-1,168.88
03/20/2020	16175	Cal.net-Motherlode	-9.95
03/20/2020	16176	Delta Building Maintenance	-4,766.66
03/20/2020	16177	Medi-Tek Inc	-495.00
03/20/2020	16178	RJ Pro Innovative I.T. Services	-877.50
03/20/2020	16179	Best Best & Krieger, LLP	-3,930.00
03/20/2020	16180	De Lage Landen Public Finance LLC	-38,825.31
03/27/2020	16181	Talibah Al-Rafiq	-89.44
03/27/2020	16182	Accountemps	-1,554.32
03/27/2020	16183	AT&T - 831-000-9337 371	-1,302.40
03/27/2020	16184	AT&T 795-2997749	-53.26
03/27/2020	16185	Alpine Natural Gas	-851.17
03/27/2020	16186	Crawford's Lock & Key	-300.17
03/27/2020	16187	Calaveras First	-1,719.05

DATE	NUM	VENDOR	AMOUNT
03/27/2020	16188	McKesson Medical Surgical	-8,541.37
03/27/2020	16189	MedPro Waste Disposal LLC	-371.00
03/27/2020	16190	RJ Pro Innovative I.T. Services	-566.11
03/27/2020	16191	Kirk Stout	-408.00
03/27/2020	16192	Suburban Propane-Ortho	-904.51
03/27/2020	16193	Staples	-250.70
03/27/2020	16194	BETA Healthcare Group	-2,530.60
03/27/2020	16195	Harvard M. Robbins, M.D.	-20,000.00
03/16/2020	ACH 03/16/20	Umpqua Bank Credit Card	-6,996.53
Total for 1001.40 Five Star Bank - MTHCD Checking - NEW			\$ -214,666.80
1001.60 Five Star Bank - VSHWC Checking - NEW-1			
03/19/2020	ACH 03/19/20	AthenaHealth	-375.17
Total for 1001.60 Five Star Bank - VSHWC Checking - NEW-1			\$ -375.17
1001.65 Five Star Bank - VSHWC Payroll			
03/09/2020	ACH 3/10/2020	James Mosson	-11,550.00
Total for 1001.65 Five Star Bank - VSHWC Payroll			\$ -11,550.00

Mark Twain Healthcare District

PROFIT AND LOSS

March 2020

	TOTAL	
	MAR 2020	JUL 2019 - MAR 2020 (YTD)
Income		
4083.49 VSHWC Gross Revenues	1,435.62	13,500.22
9060.00 Income, Gains & losses from investments - District	19,476.27	253,508.16
9160.00 Property Tax Revenues - District	92,085.75	828,771.75
9260.01 Deferred Lease Income	91,126.35	821,385.16
9260.02 MOB Rents Revenue	13,108.72	144,519.33
9260.03 Child Advocacy Rent Revenue	1,500.00	7,500.00
Services	11,658.15	11,658.15
Total Income	\$230,390.86	\$2,080,842.77
GROSS PROFIT	\$230,390.86	\$2,080,842.77
Expenses		
4083.60 Contractual Adjustments	51,892.96	51,892.96
7083.05 Marketing - Clinic	3,530.00	6,250.00
7083.09 Other salaries and wages - Clinic	83,051.78	566,806.80
7083.10 Payroll taxes - Clinic	4,939.29	33,859.58
7083.13 Group Health & Welfare Insurance - Clinic	4,115.86	22,600.11
7083.16 Workers Compensation Insurance - Clinic	1,700.00	8,500.00
7083.20 Medical - Physicians - Cliic	34,776.00	178,502.61
7083.22 Consulting and Management fees - Clinic	22,723.39	202,309.74
7083.23 Legal - Clinic	3,930.00	27,686.71
7083.26 Other contracted services - Clinic	5,636.83	40,099.63
7083.29 Other Professional fees - Clinic		10,118.52
7083.36 Oxygen and Other Medical Gases - Clinic		463.05
7083.41 Other Medical Care Materials and Supplies - Clinic	9,588.37	96,149.90
7083.43 Food - Clinic	45.40	385.75
7083.46 Office and Administrative supplies - Clinic	803.06	19,493.12
7083.69 Other purchased services - Clinic	6,300.76	42,705.91
7083.80 Utilities - Electrical, Gas, Water, other - Clinic	7,110.70	35,379.87
7083.81 Insurance - Malpractice - Clinic	830.60	6,322.40
7083.82 Other Insurance - Clinic		23,331.70
7083.85 Telephone and Communications - Clinic	242.00	4,254.72
7083.86 Dues and Subscriptions - Clinic	4,949.50	14,377.80
7083.87 Outside Training - Clinic		199.00
7083.88 Travel costs - Clinic	433.20	3,704.40
7083.89 Recruiting - Clinic	3,171.04	16,277.17
730.00 Utilities		
730.79 Water/Sewer		284.89
Total 730.00 Utilities		284.89

Mark Twain Healthcare District

PROFIT AND LOSS

March 2020

	TOTAL	
	MAR 2020	JUL 2019 - MAR 2020 (YTD)
740.00 Miscellaneous		
740.86 Dues & Subscriptions		1,250.00
740.88 Travel, Meals & Lodging		221.56
740.89 Office Supplies and Expense		24.95
Total 740.00 Miscellaneous		1,496.51
8610.09 Other salaries and wages - Admin.	15,024.44	153,983.21
8610.10 Payroll taxes - Admin.	1,149.37	10,587.69
8610.13 Group Health & Welfare Insurance - Admin.		12,383.04
8610.15 Pension and Retirement - Admin.		1,000.00
8610.16 Workers Compensation Insurance - Admin		1,226.00
8610.22 Consulting and Management Fees - District	125.87	13,418.64
8610.23 Legal - District		13,521.16
8610.24 Accounting / Audit Fees - District	5,347.29	47,333.45
8610.43 Food - District		868.00
8610.46 Office and Administrative Supplies - District	360.64	10,136.49
8610.69 Other - IT Services- District	609.94	7,675.62
8610.80 Utilities - District (no budget amount)		419.92
8610.82 Insurance - District		16,459.00
8610.86 Dues & Subscriptions - District		12,417.21
8610.87 Outside Training's - Admin.		-379.90
8610.88 Travel - District	300.70	4,447.30
8610.89 Recruiting - District		1,805.09
8610.90 Other Direct Expenses - Stipends, Community Ed & Marketing, Misc. -District		16,173.33
8870 Debt Financing Costs		60,469.18
8890.00 Foundation - Stay Vertical, Golden Health Grant Awards - Dist.		425,800.00
9520.62 Repairs & Maintenance Grounds	408.00	5,311.70
9520.72 Depreciation	10,033.35	91,548.16
9520.80 Utilities - Electrical, Gas, Water, Phone, other	48,686.09	489,280.85
9521.75 MOB rent expenses	19,825.05	178,425.45
9522.75 Child Advocacy Expenses		297.31
Total Expenses	\$351,641.48	\$2,988,060.75
NET OPERATING INCOME	\$ -121,250.62	\$ -907,217.98
Other Income		
750.03 Minority Interest MTSJ Ops		-75,079.79
750.04 Minority Interest MTSJ Invest		4,937.94
9205.03 Minority Interest MTSJ Ops - NEW	-20,077.97	21,199.45
9205.04 Minority Interest MTSJ Invest - NEW	629.22	1,225.08
Total Other Income	\$ -19,448.75	\$ -47,717.32

Mark Twain Healthcare District

PROFIT AND LOSS

March 2020

	TOTAL	
	MAR 2020	JUL 2019 - MAR 2020 (YTD)
Other Expenses		
7084.41 Sunrise Pharmacy Expense		2,173.50
Total Other Expenses	\$0.00	\$2,173.50
NET OTHER INCOME	\$ -19,448.75	\$ -49,890.82
NET INCOME	\$ -140,699.37	\$ -957,108.80

MTHCD Journal Entry

For: Monthly Amortization Schedule

Date	Account #	Account Name	Debit	Credit
3/31/2020	2128.01	Deffer Capital Lease	\$ 35,506.59	
	9260.01	Interest Income		\$ 26,632.94
	2219.00	Capital Lease		\$ 8,873.65
	2128.02	Deferred utility reimbursement	\$ 64,493.41	
	9260.01	Other Income		\$ 64,493.41
		Total	\$ 100,000.00	\$ 100,000.00

MTHCD Journal Entry

For: Additional Monthly Amortization Schedule

Date	Account #	Account Name	Debit	Credit
3/31/2020	9520.72	Depreciation Expense	\$ 10,033.35	
	2219.00	Capital Lease		\$ 10,033.35
		Total	\$ 10,033.35	\$ 10,033.35

MTHCD Journal Entry

For: County of Calaveras Estimated Revenue for 2019-20

Budget year

Date	Account #	Account Name	Debit	Credit
11/30/2019	2129.00	Deferred Third party Reimbursment	\$ 92,085.75	
	9160.00	Property Tax Revenues		\$ 92,085.75
		November 2019 Accrual		
		Total	\$ 92,085.75	\$ 92,085.75

MTHCD Journal Entry

For: County of Calaveras Estimated Revenue for 2019-20

Budget year

Date	Account #	Account Name	Debit	Credit
3/31/2020	2129.00	Deferred Third party Reimbursment	\$ 92,085.75	
	9160.00	Property Tax Revenues		\$ 92,085.75
		March 2020 Accrual		
		Total	\$ 92,085.75	\$ 92,085.75

MTHCD Journal Entry

For: November 2019 1% District Share of MTMC Investment

Date	Account #	Account Name	Debit	Credit
11/30/2019	750.03	Minority Interest MTSJ Ops	\$ 15,261.86	
	750.04	Minority Interest MTSJ Invest		\$ 806.60
	170.00	Minority Interest in MTMC		\$ 14,455.26
		Total	\$ 15,261.86	\$ 15,261.86

MTHCD Journal Entry

For: March 2020 1% District Share of MTMC Investment

Date	Account #	Account Name	Debit	Credit
3/31/2020	9205.03	Minority Interest MTSJ Ops	\$ 20,077.97	
	9205.04	Minority Interest MTSJ Invest		\$ 629.22
	1710.10	Minority Interest in MTMC		\$ 19,448.75
		Total	\$ 20,077.97	\$ 20,077.97

Rpt: MTWAISCODOLL
 Fmt: MTWH-ISDOLL
 Row: CHW-IS

190 MARK TWAIN MEDICAL CENTER
 STATEMENT OF OPERATIONS
 03/31/20

Date:04/08/20
 Time:11:48
 Page: 1

Actual	ProForma Pos/Neg	Actual excl Proforma (Scrubbed)	Budget		Actual	Actual excl Proforma Pos/Neg	Proforma (Scrubbed)	Budget
3,266,521	0	3,266,521	7,559,925	Operating Revenues				
8,654,616	0	8,654,616	13,861,583	Gross non-cap inpt revenue	42,152,584	0	42,152,584	54,750,718
				Gross non-cap outpt revenue	96,812,149	0	96,812,149	115,287,671
11,921,137	0	11,921,137	21,421,508	Total gross patient rev	138,964,733	0	138,964,733	170,038,389
(7,419,450)	(361,834)	(7,781,284)	(13,325,433)	Deductions from Revenue	(83,994,050)	(6,455,752)	(90,449,802)	(105,955,591)
(386,321)	0	(386,321)	(563,614)	Administrative Write-offs	(4,201,492)	0	(4,201,492)	(4,061,879)
5,652	0	5,652	(56,682)	Charity	(412,939)	0	(412,939)	(440,950)
4,121,018	(361,834)	3,759,184	7,475,779	Net patient Revenue	50,356,252	(6,455,752)	43,900,500	59,579,969
4,127	0	4,127	0	Contributions	57,622	0	57,622	0
58,338	0	58,338	36,038	Other operating revenue	334,115	0	334,115	324,299
4,183,483	(361,834)	3,821,649	7,511,817	Total Operating Revenue	50,747,989	(6,455,752)	44,292,237	59,904,268
2,036,741	0	2,036,741	2,462,321	Operating Expenses				
292,338	0	292,338	322,343	Salaries-Productive	18,168,818	(30,000)	18,138,818	21,053,757
69,344	0	69,344	19,947	Salaries-non productive	2,968,543	0	2,968,543	2,982,689
879,701	0	879,701	1,099,387	Registry/temp agency exp	767,982	0	767,982	182,825
702,289	0	702,289	929,087	Benefits	7,977,246	0	7,977,246	9,039,327
367,305	0	367,305	334,053	Supplies	6,475,546	0	6,475,546	7,579,162
1,159,932	0	1,159,932	1,103,316	Medical fees	3,848,868	0	3,848,868	2,998,423
101,388	0	101,388	8,951	Purchased Services	10,233,364	0	10,233,364	10,147,578
51,037	0	51,037	59,749	Utilities	201,735	0	201,735	80,559
155,289	(5,356)	149,933	181,239	Insurance	454,881	0	454,881	537,744
0	0	0	0	Other	1,350,716	104,121	1,454,837	1,761,330
375,797	0	375,797	276,806	Income Taxes	2,974	0	2,974	0
119	0	119	333	Depreciation	3,701,185	0	3,701,185	2,497,354
				Interest	(40,153)	0	(40,153)	2,997
6,191,280	(5,356)	6,185,924	6,797,532	Total Operating Expenses	56,111,705	74,121	56,185,826	58,863,745
(2,007,797)	(356,478)	(2,364,275)	714,285	Operating Income (Loss)	(5,363,716)	(6,529,873)	(11,893,589)	1,040,523
62,922	0	62,922	77,937	Investment Income	652,331	0	652,331	701,429
(1,944,875)	(356,478)	(2,301,353)	792,222	Excess(deficit)of Rev/Exp	(4,711,385)	(6,529,873)	(11,241,258)	1,741,952
(1,944,876)	(356,478)	(2,301,354)	792,222	Excess(deficit) attrib to DH	7,360,419	(6,529,873)	830,546	1,741,952
(1,631,881)	(356,478)	(1,988,359)	991,425	EBITDA	(1,699,709)	(6,529,873)	(8,229,582)	3,540,875