



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

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

**Wednesday March 23, 2022
8:00 am**

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

Agenda

Mark Twain Health Care District Mission Statement

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

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

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

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. 23, 2022
- Un-Approved Board Meeting Minutes for Feb. 23, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) - Extend The Time To Teleconference:

- **Resolution 2022 - 05:** Authorizing Remote Teleconference Meetings of the Board of Directors (AB 361) for a 30-day period – Expires April 23, 2022.

C. Correspondence: Calaveras Mentoring Foundation Spring Swing Apr. 23, 2022:

6. MTHCD Reports:

A. Laura Keller, NP Dignity Health, Supervisor: Presentation.....Ms. Keller

B. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
 - ACHD Mar. 2022 Advocate:
 - California Advancing & Innovating Medi-Cal Program (CalAIM):.....Ms. Hack
- Meetings with MTHCD CEO:

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

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

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

- Update Managed Medi-Cal Contracting:
- ACHD – Initiative to Eliminate Safeguards of Medical Lawsuits: Public Comment – **Action**
- VS H&W Center – Policies and Forms: Public Comment – **Action**
 - Policies for Mar. 2022 - Valley Springs Health & Wellness Center:

REVISED:

Cardiopulmonary Resuscitation/Basic Life Support
Disaster-Fire
Mass Casualty Response

BI-ANNUAL REVIEW:

Annual Review of Contracts
Billing Personnel – Organization
Billing Practices
Bomb Scare
Child Abuse Reporting
Disaster-Water Contamination
Disruption of Electrical Services
Domestic Violence Reporting Suspicious Injury Reporting
Drug Samples
Elder or Dependent Adult Abuse Reporting
Employee Health
External Hazmat Incident
Extreme Temperatures
Fire Safety
Lapses of Consciousness – DMV Reporting
Mission Statement
Motor Vehicle Accident Reporting
Operation During Internal Disaster
Patient Medical Record Consent
Sensitive Services

- Strategic Planning – Matrix:
- District Projects Matrix – Monthly Report:
- Elections:.....Ms. Stout
- Grant Report:.....Ms. Tapps
- Program Manager:.....Ms. Stanek

F. VSHWC Quality Reports:.....Ms. Terradista

- Quality – Feb. 2022:
- MedStatix – Feb. 2022:

7. Committee Reports:

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

- Financial Statements – February 2022: Public Comment – **Action**
- Budget Process 2022-2023:.....Dr. Smart
- District Financials - Format: Public Comment – **Action**.....Mr. Randolph

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

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

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

E. Ad Hoc Non-Electric Utilities 2021: Public Comment – **Action**.....Ms. Minkler / Mr. Randolph

8. Board Comment and Request for Future Agenda Items:

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

- Calaveras Mentoring Foundation - Spring Swing Apr. 23, 2022.
- On the Right Track - BH April 25 and CHS May 12, 2022.
- The Barger Golf Outing - June 12, 2022.

9. Next Meeting:

A. The next MTHCD Board Meeting will be Wed. April 20, 2022, at 9am.

10. Closed Session:

A. Public Employee Performance Evaluation, Pursuant to Gov. Code Section 54957:

- CEO Annual Evaluation.

11. Reconvene to Open Session:

A. Report of Action taken (if any) in Closed Session:

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board Mtg - March 23, 2022

Time: Mar 23, 2022 08:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86969526451?pwd=LzJLV21wQ29XZ0xpbEVJNWIScGJoZz09>

Meeting ID: 869 6952 6451

Passcode: 761508

One tap mobile

+16699006833,,86969526451#,,,,*761508# US (San Jose)

+13462487799,,86969526451#,,,,*761508# US (Houston)

Dial by your location

+1 669 900 6833 US (San Jose)

+1 346 248 7799 US (Houston)

+1 253 215 8782 US (Tacoma)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

Meeting ID: 869 6952 6451

Passcode: 761508

Find your local number: <https://us02web.zoom.us/u/kildTSY20>

- Effective - Mar 17, 2020.

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

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



**MARK TWAIN
HEALTH CARE DISTRICT**

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

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

**7:30 am
Wednesday February 23, 2022**

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

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 7:31am

2. Roll Call:

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

This Institution is an Equal Opportunity Provider and Employer

Minutes – Feb. 23, 2022 MTHCD Special Finance Committee Meeting

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

Public Comment: None

Motion to approve agenda by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

Hearing None

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

A. Resolution 2022 – 04:

- Authorizing Remote Teleconference Meetings of the Board of Directors (AB 361) for a 30-day period – Expires Mar. 24, 2022.

B. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Jan. 19, 2022:

Public Comment: None

Motion to approve Consent Agenda, Resolution & January Minutes by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

6. Chief Executive Officer's Report:

- MTMC Non-Electric Utilities (Informational Only):

Non-Electric Utilities total \$353,298.42 for MTMC for year-end 2021.

7. Real Estate Review:

No Report

This Institution is an Equal Opportunity Provider and Employer

Minutes – Feb. 23, 2022 MTHCD Special Finance Committee Meeting

8. Accountant's Report:

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

Mr. Wood: A final copy of the Audit for the past fiscal year has been received.
The Balance Sheet shows a strong cash position.

Public Comment: None

Motion to approve January Financials & Interest & Investment Report by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

- Policy # 22 – Investment: Public Comment – **Action**

Public Comment: None

Motion to approve Policy #22 as restated by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

9. Treasurer's Report:

No Report

10. Comments and Future Agenda Items:

Hearing None

11. Next Meeting:

A. The Next Finance Committee Meeting will be March 16, 2022.

12. Adjournment: - **Action**

Public Comment: None

Motion to adjourn by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

Time: 8:30am

This Institution is an Equal Opportunity Provider and Employer

Minutes – Feb. 23, 2022 MTHCD Special Finance Committee Meeting

Traci Tapps is inviting you to a scheduled Zoom meeting.

Topic: Feb 23, 2022 Special Finance Committee Meeting

Time: Feb 23, 2022 07:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89428797378?pwd=bFIEZGIndGhwQ3lmdThONVVzYmZvdz09>

Meeting ID: 894 2879 7378

Passcode: 042808

One tap mobile

+16699006833,,89428797378#,,,,*042808# US (San Jose)

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Effective - Mar 17, 2020.

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

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

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Minutes – Feb. 23, 2022 MTHCD Special Finance Committee Meeting



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**Wednesday February 23, 2022
 9:00 am**

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

UN-Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:04am

2. Roll Call:

	In Person	Via Phone/Zoom	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Nancy Minkler		X		

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

Dr. Smart to withdraw Medical Staff Credentialing & Governance policy discussion pending more revision.

Public Comment: None

Motion to approve agenda by Mr. Randolph

Second: Ms. Hack

Vote: 5-0

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

Hearing None

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

Hearing None

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for January 19, 2022
- Un-Approved Board Meeting Minutes for January 26, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) - Extend The Time To Teleconference:

- **Resolution 2022 - 02:** Authorizing Remote Teleconference Meetings of the Board of Directors (AB 361) for a 30-day period – Expires Feb 25, 2022 (Information only).

Public Comment: None

Motion to approve Consent Agenda, Resolution & and January Minutes by Ms. Hack

Second: Mr. Randolph

Vote: 5-0

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):

- ACHD February 2022 Advocate:

- Board Self-Assessment:

Board to discuss and address low scoring topics for improvement. Board to add district policies to monthly meetings to keep educated.

- California Advancing & Innovating Medi-Cal Program (CalAIM):

Community Care programs were implemented on 1/1/22.

- Meetings with MTHCD CEO:

Staffing issues, recruitment/retention and finances were discussed in the weekly meetings.

B. MTMC Community Board Report:

MTMC patient satisfaction has received high scores on safety survey. CJ Singh was awarded the Common Spirit Foundation Of The Year Award.

C. MTMC Board of Directors:

MTMC showed a loss in January, due in part to the excessive cost of Traveling staff wages. The Board is losing 2 members who have provided years of service. The next meeting is on Friday.

D. Chief Executive Officer's Report:

- COVID Vaccine Outreach:

COVID tent was removed due to low participation within the community. Vaccines are now being done through the Sunrise Pharmacy.

- VS H&W Center – Policies and Forms: Public Comment – **Action***

- Policies for February 2022 - Valley Springs Health & Wellness Center:

Policies for Review

Medical Staff Credentialing & Governance:

*No action taken. Policy being revised for future review and approval.

- Strategic Planning – Matrix:

“See attached”

- District Projects Matrix – Monthly Report:

“See attached”

- Grant Report:

“See attached”

- Program Manager:

RoboDoc: Participating schools are adhering to the County Office of Education Guidelines Chart which quickly sends students home for any medical issue. The program is not being utilized at this time due to short staffing. Most sites do not have a nurse on site.

Stay Vertical: Murphys classes are on track and going well. Thai Chi classes to start in Valley Springs every Wednesday. Looking to advertise class schedules through print ads to attract more students.

E. VSHWC Quality Reports:

- Quality – Jan. 2022:
“See attached”

- MedStatix - Jan. 2021:
“See attached”

F. Stay Vertical Calaveras:

“See minutes under Program Manager report”

7. Committee Reports:

A. Finance Committee:

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

Mr. Wood: Final 2020-2021 Fiscal year audit completed. The Balance Sheet shows a strong cash position. Total COVID Expenses in January 2022 \$25,455.31.

Public Comment: None

Motion to approve January 2022 Financials & Interest & Reserves Report by Mr. Randolph

Second: Ms. Sellick

Vote: 5-0

- MTMC Non-Electric Utilities 2021: Public Comment – **Action**

Ms. Reed recused from discussion due to conflict of interest.

Board Chair (Ms. Sellick) will establish Ad Hoc committee for non-electric utilities.

Members are Mr. Randolph, Ms. Minkler, Dr. Smart, & the Attorney. Ad Hoc to further discuss.

No Action was taken.

B. Ad Hoc Policy Committee:

- Policy No. 22 – Investment - Public Comment – Action

Public Comment: None
Motion to approve Policy #22 by Ms. Hack
Second: Mr. Randolph
Vote: 5-0

C. Ad Hoc Personnel Committee:

No meeting held

D. Ad Hoc Grants Committee:

No meeting held.

8. Board Comment and Request for Future Agenda Items:

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

Ms. Sellick to attend Rotary Club meeting in Valley Springs March 24, 2022

9. Next Meeting:

- A.** The next MTHCD Board Meeting will be Wednesday March 23, 2022 at 9am.

10. Adjournment: Public Comment – Action:

Public Comment: None
Motion to Adjourn by Mr. Randolph
Second: Ms. Hack
Vote: 5-0
Time: 11:00am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board Meeting Feb. 23, 2022

Time: Feb 23, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83207424239?pwd=N2ltdHhTVTNVMDJiMFVTSVE2OFcxQT09>

Meeting ID: 832 0742 4239

Passcode: 737465

One tap mobile

+16699006833,,83207424239#,,,,*737465# US (San Jose)

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Passcode: 737465

Find your local number: <https://us02web.zoom.us/u/kbFssA7ge2>

- Effective - Mar 17, 2020.

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Resolution No. 2022 - 05
Authorizing Remote Teleconference Meetings of The Board of
Directors for A 30-Day Period – Expiring April 23, 2022

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

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

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

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

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

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

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

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

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

Mark Twain Health Care District Mission Statement

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NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

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

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

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

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

Adopted, Signed, and Approved this **23rd day of March 2022.**

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors
Do Hereby Certify that the forgoing Resolution No. **2022 - 05** was duly adopted by the Board of Directors of said District at a Special Meeting held on the **23rd day of March 2022** by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: _____

Mark Twain Health Care District Mission Statement

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Calaveras Mentoring Foundation
PO Box 853
Murphys, CA 95247

February 2022

Calaveras Mentoring program continues to weather the unusual circumstances, supporting one-on-one matches and on-line group events. Recruiting volunteer mentors still is challenging as all mentors must be screened, monitored, supported, and provided with training and counseling.

The program is succeeding and making a difference for the young people in our community. One example of this was a recent communication the Mentor Program received from a grandmother of a past mentee she reared herself and connected him with our program when he was in elementary school. He is now preparing to graduate as an honor student. She wanted us to know that she attributes his success completely to the influence of his mentor and our program.

On behalf of the entire Board of Directors, we thank you for all that you continue to do supporting the youth of Calaveras County and hope you can find a way to help now. Please consider being a sponsor for our upcoming Spring Swing By event, April 23, 2022. Mail checks to Calaveras Mentoring Foundation PO Box. 853, Murphys, Ca. 95247.

Sincerely,

Donna R. Shannon, President

Calaveras Mentoring Foundation

*Thank you for all
you've done in the past
to support the program.
Donna*

April 23, 2022

CALAVERAS
MENTORING
FOUNDATION



Spring Swing-By

\$90
for 2

Drive Through
Pick-up Rib Dinner to
Support Youth Mentoring
209-736-7706



www.calaverasmentoring.org

April 23, 2022



Spring
Swing-By

2022 Sponsorship Options

Lamborghini Sponsor: \$3,000

- Recognition on postcards in bags
- On-line recognition with logo during auction
- Social media posts on Mentoring Facebook or Instagram every month for six months
- Showcased in press releases
- Acknowledgment on CalaverasMentoring.org with logo and link for one year

Mercedes Sponsor: \$2,500

- Recognition on postcards in bags
- On-line recognition with logo during the auction
- Two social media posts on both Mentoring Facebook and Instagram
- Showcased in press releases
- Acknowledgment on CalaverasMentoring.org with logo and link for one year

Lexus Sponsor: \$1,500

- Recognition on postcards in bags
- On-line recognition with logo during the auction
- One social media post on both Mentoring Facebook and Instagram
- Showcased in press releases
- Acknowledgment on CalaverasMentoring.org with logo and link for one year

Mac Truck Sponsor: \$1000

- Recognition on postcards in bags and on signs at pick-up sites
- Online recognition during the auction
- Showcased in press releases
- Acknowledgment on CalaverasMentoring.org with logo and link for one year

Ford Sponsor: \$500

- Recognition on postcards in bags and on signs at pick-up sites
- Online recognition during the auction
- Acknowledgment on CalaverasMentoring.org for one year

Individual or Business Sponsor

Business/Individual _____ Contact Person _____

Mailing Address _____ City/State/Zip _____

Phone _____ Email _____

Make checks out to "Calaveras Mentoring Foundation" and mail to PO Box 853, Murphys, CA 95247.

OR Sponsor online at CalaverasMentoring.org!

Questions? Contact Donna Shannon (209) 754-4997



Proceeds benefit the
Calaveras Youth Mentoring Program



209-736-7706
CalaverasMentoring.org



ACHD Advocate

March 2022

What's New This Month:

- ACHD Welcomes New Member Services Specialist
- Advocacy Update: [ACHD Sponsored State Budget Proposal](#)
- [New Webinars](#) Announced

CEO MESSAGE

In February, ACHD welcomed a new member to the team, **Emma Matthews**. Emma is now a few weeks into her role as **Member Services Specialist**. Emma will be supporting the Association's educational activities and member benefits. She recently relocated to Sacramento after graduating from California State University, Chico with a degree in public relations. We are excited to have her on our team!



Cathy Martin
Chief Executive Officer

ACHD would also like to welcome [CNECT](#) as a new ACHD bronze [Corporate Sponsor](#). CNECT is a group purchasing organization that partners with health centers and businesses to reduce operational expenses, freeing up resources for addressing community needs. ACHD is very grateful for their support! I encourage you to learn more about their services and suppliers. Feel free to reach out to me for an introduction to their representatives.

Also this month, we want to highlight recently released tools from another ACHD bronze Corporate Sponsor [Best, Best, and Krieger](#) (BB&K). We often get asked for a checklist of annual filings that are required by various California State agencies. BB&K's [2022 Healthcare District Reminders Checklist](#) provides information in an easy to view guide. BB&K also developed a [Government Policy & Public Integrity Pocket Guides](#) and [Guidelines for Public Notice](#). These are great resource for public agency staff and officials to ensure compliance with the rules that govern ethics and transparency.

In closing, the ACHD Board of Directors met in person last month to conduct a strategic planning session for the development of the 2022-2025 Strategic Plan.

The time spent was very productive and we look forward to sharing our plan after the final Board approval in May.

LEGISLATIVE UPDATE



February marked the final day for legislators to introduce new legislation this session. ACHD is in the process of reviewing hundreds of new proposals and will be providing updates on bills as they move through the process. Policy committee hearings are expected to begin the week of March 21st.

ACHD Sponsored Budget Proposal

ACHD is sponsoring a state budget proposal, in collaboration with Insure the Uninsured Project (ITUP). The State General Fund proposal would appropriate \$2 million to comprehensively gather and report back to the Legislature data on the impacts of expanded broadband access on health outcomes. The proposal is being championed by Assemblymember Aguiar-Curry. Find details on the [full proposal here](#). ACHD will be asking for your district's help in supporting this ask, and will be sending call to actions, in the coming weeks.

Board of Registered Nursing Sunset (BRN) Sunset Review Hearing

The BRN's sunset review hearing will take place on Monday, March 14. The agency's sunset report can be [read here](#), and the hearing materials can be [found here](#). As you are likely aware, the BRN had a previous sunset review hearing last year and received only a one-year renewal. ACHD is aware of several issues both systematic and regulatory with the BRN and will be participating in the hearing to offer public comment voicing these concerns.

UPCOMING EVENTS



Employee-Centric Tactics to Drive Well-Being and Retention



March 30, 2022 | 10:00 - 11:00 am PST

ACHD WEBINAR EDUCATION SERIES


Employee-Centric Tactics to Drive Well-Being and Retention

March 30, 2022 | 10:00 - 11:00 AM

Sponsored by:

Presented by:
Todd Hendricks
Account Leader & Coach
Huron



As the COVID-19 pandemic and the great resignation change the way we work, it is increasingly important to hire, engage and retain employees. During this session, attendees will learn how to cultivate an employee-centric culture by connecting to purpose, providing support, building autonomy, communicating appreciation, and developing a psychologically safe environment.



[Register Here](#)

A Healthy Work Culture = A Healthy Community
March 30, 2022 | 10:00 - 11:00 am PST


ACHD WEBINAR EDUCATION SERIES

A Healthy Work Culture = A Healthy Community

April 13, 2022 | 10:00 - 11:00 AM

Presented by:
Megan Vixie
Chief Engagement Officer
at BCHD



Organizations cannot transform communities on their own. An organization's success is dependent on its employees. Therefore, it is critical that employees believe and live by the organization's mission and vision. It is critical that leadership takes the time to invest in a culture that emulates their expectations for the community, driving results both inside and outside the organization.

[Register Here](#)

Find ACHD's on-demand educational content [here](#).

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 77 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



From: ACHD <info@achd.org>
Sent: Tuesday, March 1, 2022 12:15 PM
To: Peggy Stout <pstout@mthcd.org>
Subject: Join ACHD in Opposing a Dangerous Ballot Measure



ACHD needs your help advocating against a dangerous ballot measure that will have devastating impacts on access to health care throughout the state.

Healthcare districts have worked hard to overcome the many challenges brought on by the COVID-19 pandemic. Now, we are faced with another threat. A ballot measure, dubbed the “Fairness for Injured Patients Act” (FIPA), will go before voters in November. This measure, if passed, will have devastating consequences and limit access to health care in California.

FIPA is being funded by an out-of-state trial lawyer looking to increase their payouts. This dangerous proposition is an end-run around the Medical Injury Compensation Reform Act (MICRA) by creating a new category of injuries not currently recognized under California law. This new “catastrophic injury” category removes caps on non-economic damages and eliminates controls over attorneys’ fees.

[This initiative](#) would **eliminate existing safeguards for out-of-control medical lawsuits** — resulting in skyrocketing health care costs and huge windfalls for attorneys.

You might recall ACHD was part of a large coalition that defeated Proposition 46 in 2014 — this measure goes well beyond what Proposition 46 would have done, and if passed, would essentially eliminate California’s medical lawsuit controls.

ACHD has joined over 400 other organizations to oppose FIPA. We understand the dire impact FIPA would have on healthcare districts, **and we need your help! Please join the [growing coalition](#) to protect MICRA by adding your individual healthcare district to the list of groups opposing this measure.**

Join Coalition Here

[Find more information about FIPA here](#). If you have questions about the initiative or would like more information, please contact [the campaign directly](#).

Thank you for your continued work serving your communities. We look forward to your support as we work to protect MICRA, and in turn, access to health care for millions of Californians.

Contact [ACHD's Advocacy Team](#) with questions.



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Learn more at www.achd.org.



Association of California Healthcare Districts

www.achd.org



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

POLICY: Cardiopulmonary Resuscitation/ Basic Life Support	REVIEWED: 11/19/18; 9/14/19; 2/18/21
SECTION: Clinical	REVISED: 9/14/19; 2/18/21; <u>2/09/22</u>
EFFECTIVE: <u>3/24/21</u> / <u>23/22</u>	MEDICAL DIRECTOR:

Subject: Cardiopulmonary Resuscitation/Basic Life Support

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

Acuity Rating: Severe

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

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

Front Office Staff:

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

Medical Assistants/Nurses:

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

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

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Practitioners:

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

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

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

Subject: Disaster - Fire

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

POLICY: Mass Casualty Response	REVIEWED: 8/30/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED: <u>2/09/22</u>
EFFECTIVE: 3/24/21 <u>2/23/22</u>	MEDICAL DIRECTOR

Subject: Mass casualty response

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

Response Rating:

Required Equipment:

Procedure

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

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

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

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

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

2-way radios, batteries, car chargers,

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

Flashlights and batteries

Hand Sanitizer

Masks (N-95)/Respirators

PPE (gloves/gowns/masks/eye protection)

Duct tape

Pads and pens

Patient registration forms (downtime)

Patient care forms (downtime)

Incident command forms

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

Trauma grab bag

BP Cuffs (Manual or portable battery)

Satellite cell phone (if available)

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

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

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

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

Subject: Annual Review of Contracts

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

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

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

Objective:

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

Subject: Billing practices

Objective: To define Clinic billing practices

Response Rating: Mandatory

Required Equipment:

Procedure:

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

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

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

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

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

Subject: Bomb Scare

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

Response Rating: Mandatory

Required Equipment:

Procedure

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

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

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

Subject: Child Abuse Reporting

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

Response Rating: Mandatory

Required Equipment: Suspected Child Abuse Form

Procedure:

Reporting to Child Protective Services:

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

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

CALAVERAS COUNTY DEPARTMENT OF HUMAN SERVICES

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

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

1. REPORTING BY FAX:

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

2. REPORTING BY PHONE:

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

3. REPORTING TO LAW ENFORCEMENT:

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

4. RESPONSIBILITY TO REPORT:

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

5. IDENTIFICATION OF VICTIMS:

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

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

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

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

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

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

POLICY: Disaster - Water Contamination	DATE: 7/1/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 3/24/21 <u>2/23/22</u>	MEDICAL DIRECTOR:

Subject: Disaster – Water contamination

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

Response Rating:

Required Equipment:

Procedure:

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

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

POLICY: Disruption of Electrical Services	REVIEWED: 9/1/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 3/24/21 2/23/22	MEDICAL DIRECTOR:

Subject: Disruption of Electrical Services

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

Response Rating:

Required Equipment:

Procedure

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

*Refer to Generator Management Policy #154

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

POLICY: Domestic Violence Reporting Suspicious Injury Reporting	REVIEWED: 7/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: 3/30/21 <u>2/23/22</u>	MEDICAL DIRECTOR:

Subject: Domestic Violence Reporting-Suspicious Injury Reporting

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

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

Acuity Rating: Mandatory

Applies to: All Personnel and Practitioners

Procedure:

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

Elder/Dependent Adult Abuse

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

Child Abuse

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

Expired Patient

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

APPROPRIATE LAW ENFORCEMENT AGENCIES

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

Patient Referrals

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

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

Internal Documentation

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

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

POLICY: Drug Samples	REVIEWED: 9/1/19; 2/18/21
SECTION: Medication Management	REVISED:
EFFECTIVE: March Board Meeting 2/23/22	MEDICAL DIRECTOR:

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

Objective: Mandatory

Response Rating:

Required Equipment:

Definitions:

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

Procedure

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

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

POLICY: Elder Or Dependent Adult Abuse Reporting	REVIEWED: 10/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: March Board Meeting 2/23/22	MEDICAL DIRECTOR

Subject: Elder and Dependent Adult Abuse Reporting

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

Acuity Rating: Mandatory

Procedure:

1. Definitions:

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

2. Reporting Contacts:

Adult Protective Services

Calaveras County Department of Human Services

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

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

Calaveras County Sheriffs Department

1054 Jeff Tuttle Drive; San Andreas

3. Reporting Requirements:

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

4. Failure to Report:

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

5. Types of Reportable Abuse:

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

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

6. **Abuse that is Permissible to Report:**

Mandated reporter may report the following types of abuse:

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

7. **Internal Documentation:**

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

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

POLICY: Employee Health	REVIEWED: 8/8/19; 2/18/21
SECTION: Workforce	REVISED: 2/18/21
EFFECTIVE: March Board Meeting <u>2/23/22</u>	MEDICAL DIRECTOR:

Subject: Employee Health

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

Subject: External Hazmat Incident

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

Response Rating:

Required Equipment:

Procedure:

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

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

POLICY: Extreme Temperatures	REVIEWED: 8/30/19; 2/18/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE : 2/23/223/24/21	MEDICAL DIRECTOR:

Subject: Extreme Temperatures

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

Response Rating:

Required Equipment:

Definitions:

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

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

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

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

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

Precautionary Procedures:

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

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

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

POLICY: Fire Safety	REVIEWED: 9/1/19; 3/10/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 3/24/21 2/23/22	MEDICAL DIRECTOR:

Subject: Fire Safety

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

Response Rating: Mandatory

Required Equipment: Fire extinguishers

Procedure:

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

2. Housekeeping
 - a. Employees shall regularly inspect their work areas and promptly remove and properly dispose of accumulations of combustible materials.

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

3. Training

a. Fire classes

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

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

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

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

b. Extinguisher sizes

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

c. Installation and maintenance

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

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

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

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

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

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

4. Fighting the fire

a. Before you begin to fight a fire:

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

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

c. Fire extinguishers

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

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

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

Subject: Lapses of consciousness and reporting regulations

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

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

POLICY: Mission Statement	REVIEWED: 7/1/19;2/18/21
SECTION: Civil Rights	REVISED:
EFFECTIVE: March Board Meeting 2/23/22	MEDICAL DIRECTOR:

Subject: Mission Statement

Objective:

Response Rating:

Required Equipment:

Procedure:

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

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

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

POLICY: Motor Vehicle Accident Reporting	REVIEWED: 7/1/19; 2/18/21
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: March Board Meeting 2/23/22	MEDICAL DIRECTOR:

Subject: Motor Vehicle Accident Reporting

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

Subject: Operation of the Clinic during an internal disaster

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

Response Rating:

Required Equipment:

Procedure:

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

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

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

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

Subject: Medical record content

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

Response Rating:

Required Equipment:

Procedure:

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

1. Specific patient identification
 - a. Name
 - b. Current address
 - c. Age and date of birth
 - d. Gender (sex)
 - e. Date of service
 - f. Signed consent for treatment (authorization for treatment)
 - g. Name of primary care physician (if applicable)

2. Problem list
 - a. Medication list
 - b. Social history
 - c. Family history
 - d. Medical history

3. Patient’s vital signs and weight, BMI, growth charts

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

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

POLICY: Sensitive Services	REVIEWED: 7/1/19; 2/18/21
SECTION: Patient Care	REVISED:
EFFECTIVE: March Board Meeting 2/23/22	MEDICAL DIRECTOR:

Subject: Sensitive Services

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

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

			Lead	Date	Goals	
I.		Workforce Health and Stability			Goals	Activity
	A.	Prevent Burnout, increase retention, emotional support			Ensure 1:1 employee checkups BH Mindfulness exercises Monitor Overtime Positive rewards	Lunch 23rd March
	B.	"Grow Your Own", CCOE CTE			Financial Partnerships Integrate HS CTE education	Meeting with CTE Coordinator
	C.	Recruiting and Graduate Medical Education Partnerships			Partner with training NP Partner with Tauro/MTMC Explore Stanislaus State NP precepting	MTMC moving forward with St Joesephs program
II.		Relationships, Alignment, Collaboration				
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			Joint Projects/Programs See III, A,B,C	"Long Covid" program: MTMC CCMU Program Anthem Rural
	B.	Links on Websites and Social Media			Public Education and Awareness	
	C.	"Program of The Month, etc" (billboards, media)			Program Manager to select and implement, Public Awareness	
III.		District Community Programs				
	A.	Robo-Doc			Kids stay in school Parents can stay at work	Adding Michelson
	B.	Stay Vertical			Identify and recruit seniors who are at risk to fall	Classes started New Meeting with CCOE Transition to New Director
	C.	Let's All Smile!			Design program where children get preventive dentistry	awaiting dental infrastructure Interviewing Dental Hygienist

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

	D.	Covid-19 Vaccination Hub			Continue to follow CDC guidance for community	Site closed
IV.		Tele-Health Expansion				
	A.	Remote and Distant Site at VSHWC			Review consultation demand and provide specialty care Provide video care for homebound and feeble	New remote provider
	B.	Tele-Health Kiosks, Senior Centers or Schools			Provide Video primary care for those who are challenged by transportation	Pending
	C.	Tele-Psych: Behavioral Health VSHWC			Recruit and Hire Tele-psych provider	Pending: all providers virtual now..
V.		School Based Clinics				
	A.	Explore and plan			Keep active dialog with CCOE	Meeting with CCOE
	B.	School campus and day care 2024				

MTHCD Project Matrix 03-23-2022

PROGRAM	DESCRIPTION	LEAD	CURRENT STATUS
Calaveras HHS CCMU Grant	Crisis Mobile Units	Dr. Smart	Partnership
RoboDoc	TeleHealth Service for School Nurses	Dr. Smart/ Nancy Minkler Looking for new coordinator	Program is open. School starting. Coordinator active: Laurel Stanek Opened West Point
Behavioral Health	VSHWC Service	Susan Deax-Keirns	New CCI Grant Active Hired new "Navigator"
Dental	DentiCal Service at VSHWC	Dr. Smart	Open 4 days a week. Considering Dental Kids Day once a month. Hired Dental Assistant Hiring Dental Hygienist Working with CCOE
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete. Colposcopy service started.
Stay Vertical	Fall Prevention Program	Steve Shetzline	Returning to Pre-Covid services Laurel Stanek to Oversee 2022 Classes have started Recruiting instructors Master Class Planning
Children's Advocacy Center	Medical Clearance Exams (MCE)	Peggy Stout	Open
Hospital Lease	District provides facility for hospital care	MTHCD Board	Stable: NON Electric Utilities recon
Community Grant Program	District provides grant funding for health initiatives	Debbie Sellick	No budgeting for 2021-2022.
National Health Service Corps Application	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Application submitted 5/17/21, pending Approved, posting started
Grant Applications and Awards	See attachment: pg 26 Board Pkt	Total Applied for: \$ 676,525 Total Received: \$337,714	These numbers and activities change daily. See Grant spreadsheet.
Career Technical Education	Calaveras County Office of Education partnership	\$25,000 Exploring student opportunities VSHWC	Meeting with coordinator



COUNTY OF CALAVERAS

REBECCA TURNER
Clerk-Recorder-Registrar of Voters

891 Mountain Ranch Road, San Andreas, CA 95249

Recorder: (209) 754-6372
Elections: (209) 754-6376
Clerk: (209) 754-6371
Fax: (209) 754-6733

2/25/2022

MARK TWAIN HEALTH CARE
P.O. Box 95
San Andreas, CA

Re: Terms due to expire in 2022

Enclosed for your review is a list of board members and their term dates according to our records, based on information provided by your district as well as past election data.

If this information is incorrect please make a notation on the enclosed list and return our office by March 18, 2022, either by fax, email or mail.

Please do not hesitate to contact me if you have any questions or need further information at (209) 754-6369 or electionsweb@co.calaveras.ca.us.

Sincerely,

Heather Simon

Heather Simon
Deputy registrar of Voters



Incumbent List by District

District Range: 45.001 to 45.001

Incumbent	Regular & Alt Phone Numbers	Term of Office	Begin & End Term Dates
45.001 MARK TWAIN HEALTH CARE			
4200 MARK TWAIN HCD			
4200 - 1 Lori Hack Director Res Addr: 292 Upper Moran Rd Arnold, CA 95223	Mail Addr: 292 Upper Moran Rd Arnold, CA 95223 (415)260-6277 (415)260-6277 Fax: (925)956-7345	Incumbent - Elect..... No Residence County..... Yes Appointed/Elected..... Elected Party..... Incumbent Vacated..... No Lori.hack@objecthealth.com	4 12/04/2020 - 12/05/2024
4200 - 2 Richard Laurence Randolph Director Res Addr: 2021 Oak Creek Dr Copperopolis, CA 95228	Mail Addr:	Incumbent - Elect..... No Residence County..... No Appointed/Elected..... Appointed To Vac Party..... Incumbent Vacated..... No	4 04/30/2021 - 12/01/2022
4201 MARK TWAIN HCD			
4201 - 2 Debbra Lynn Sellick Director Res Addr: 1265 Annalee Dr Angels Camp, CA 95222	Mail Addr: PO Bx 884 ANGELS CAMP CA 95222 (209)768-9415	Incumbent - Elect..... Yes Residence County..... No Appointed/Elected..... Elected Party..... Incumbent Vacated..... No	4 12/07/2018 - 12/01/2022
4201 - 3 Linda M Reed Director Res Addr: 1228 Cheyenne Rd Copperopolis, CA 95228	Mail Addr: 1228 Cheyenne Rd Copperopolis, CA 95228 (209)329-2974 (209)785-4531 Fax: (209)495-5311	Incumbent - Elect..... No Residence County..... Yes Appointed/Elected..... Elected Party..... Incumbent Vacated..... No linnyr@caltel.net	4 12/07/2018 - 12/01/2022
4202 MARK TWAIN HCD Short Term			
4202 - 6 Nancy Minkler Director - ST Res Addr: 530 Sunny Oak Ct Murphys, CA 95247	Mail Addr:	Incumbent - Elect..... No Residence County..... No Appointed/Elected..... Appointed To Vac Party..... Incumbent Vacated..... No nminkler@mthcd.org	2 05/26/2021 - 12/01/2022

Total Incumbents: 5

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN (RHCCTM)	\$ 100,000.00	\$ 100,000.00	\$ 50,298.32	Last day of every month	Qrtly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/COVID Pay/McKesson
2	CMS, MIPS	HI-TECH (NON-COVID)	\$ 8,500.00	\$ 8,500.00	N/A	9/15/2021	DONE	FINISHED	NO	\$8,500 = Robbins
3	FEMA #1	COVID VACCINATION CLINIC	\$ 37,995.00	\$ 37,995.00	\$ 36,020.91	Use Funds by 3/31/2022	Monthly	RECEIVED	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	9/30/2021	DONE	UNDER FINAL REVIEW a/o 11/16/21	YES	2020 Expenses
5	HRSA	COVID TESTING (RHCCT)	\$ 49,461.42	\$ 49,461.42	\$ 49,541.65	3/31/2022	DONE	FINISHED	POSSIBLE	McKesson
6	CARES (HRSA)	PROVIDER RELIEF (PRF) (Unreimbursed Expenses)	\$ 103,253.23	\$ 103,253.23	\$ 269,398.68	Use Funds by 12/31/21 3/31/2022	DONE	FINISHED	YES	21% 1099/utilities/Lost Revenue -- \$165,145.45 left unreimbursed
7	HRSA	COVID PR (Tony Jones)	\$ 49,529.00	\$ 29,659.20	\$ 42,723.82	10/30/2022	Qrtly starting 10/31/21	PORTION DRAWN	POSSIBLE	Vaccination confidence USED 50% MTMC LED SIGN
8	CHC	RURAL INTERNET (NON-COVID)	\$ 15,000.00	\$ 15,020.16	\$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$3,004.20
9	ANTHEM	LIST BELOW	\$ 181,500.00	\$ 140,918.30	\$ 86,358.59		Maybe	PORTION RECEIVED	NO	8 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 22,277.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	COVID Testing	\$ 14,000.00	\$ -	\$ 3,844.27			PENDING		McKesson
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ -			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	\$ 27,476.09	\$ 27,476.09	\$ 86,548.60		9/29/2021	Requesting Recalculation		Lost Revenue SS
		ARP (Part 2)		\$49,193.31						
12	CA. COVID RELIEF	(CSDA)	\$ 347,687.00	\$ 347,687.00	\$ 347,687.00	11/5/2021	12/1/2021	RECEIVED		ID# 373

TOTALS **\$1,063,117.74** **\$975,413.71** **\$1,051,313.73**

Last Updated 3/11/2022
9:30 AM

Quality Metric ¹	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22 Total	Census Fiscal YTD	MTD Payor Mix	Fiscal YTD Payor Mix	Historical Payor Mix (Payor Mix 10/16/19 to present)
Patient Visits Total	1531	1516	1297	1149	1186	1073	1223	1228				10203	10203			
Medi-Cal	682	683	573	535	583	491	567	604				4718	4718	49%	46%	46%
Medicare	408	369	362	319	303	286	358	318				2723	2723	26%	27%	27%
Cash Pay	23	28	25	23	13	10	10	21				153	153	2%	1%	1%
Other	418	436	337	272	287	286	288	285				2609	2609	23%	26%	26%

Total Empanelled Patients 3563 3806 3932 4051 4104 4142 4207 4256

Total New Patients SEEN 210 176 121 136 91 98 65 70

Total New Pt's REGISTERED(new category) 225 223 162 149 132 105 112 89

Incident Reports 1 tbd 2 1

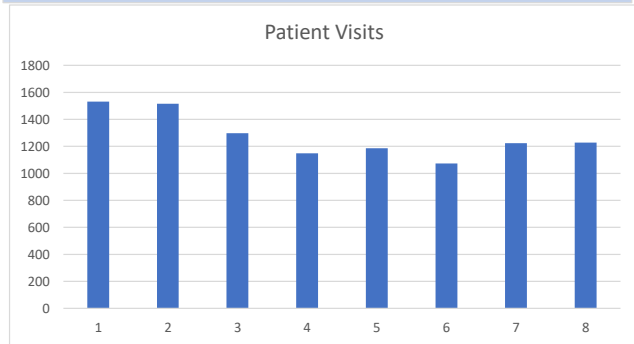
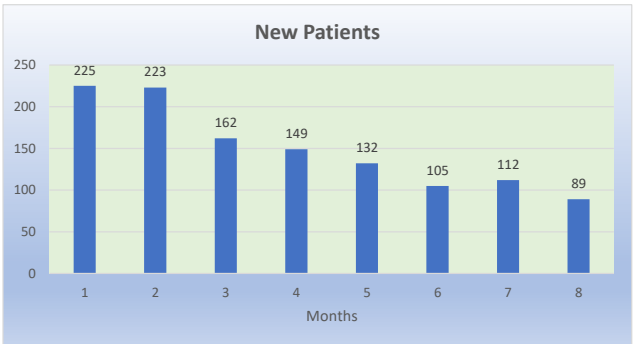
Patient Satisfaction 95% 93% 96% 98% 97% 96%

Peer Review/Fallouts 0 3 3 2 NA 3

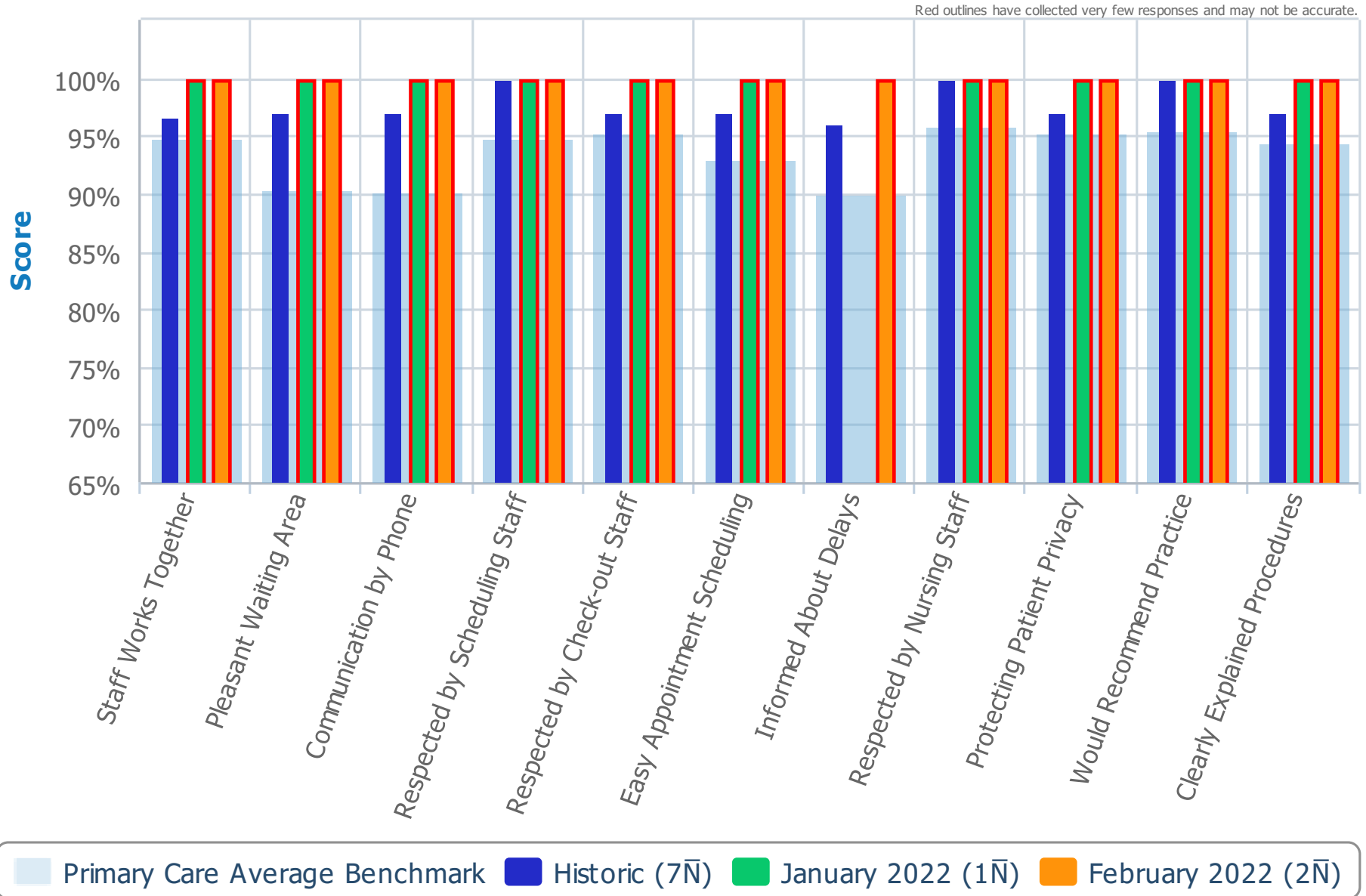
Wait time for appointments 1-2 wks 2-3 wks 2-3 wks 1-2 wks 2-3 wks 3-4 wks

Patient No-shows 130 162 138 131 120 155 97 107
8.50% 10.60% 11.40% 14.40% 7.90% 8.70%

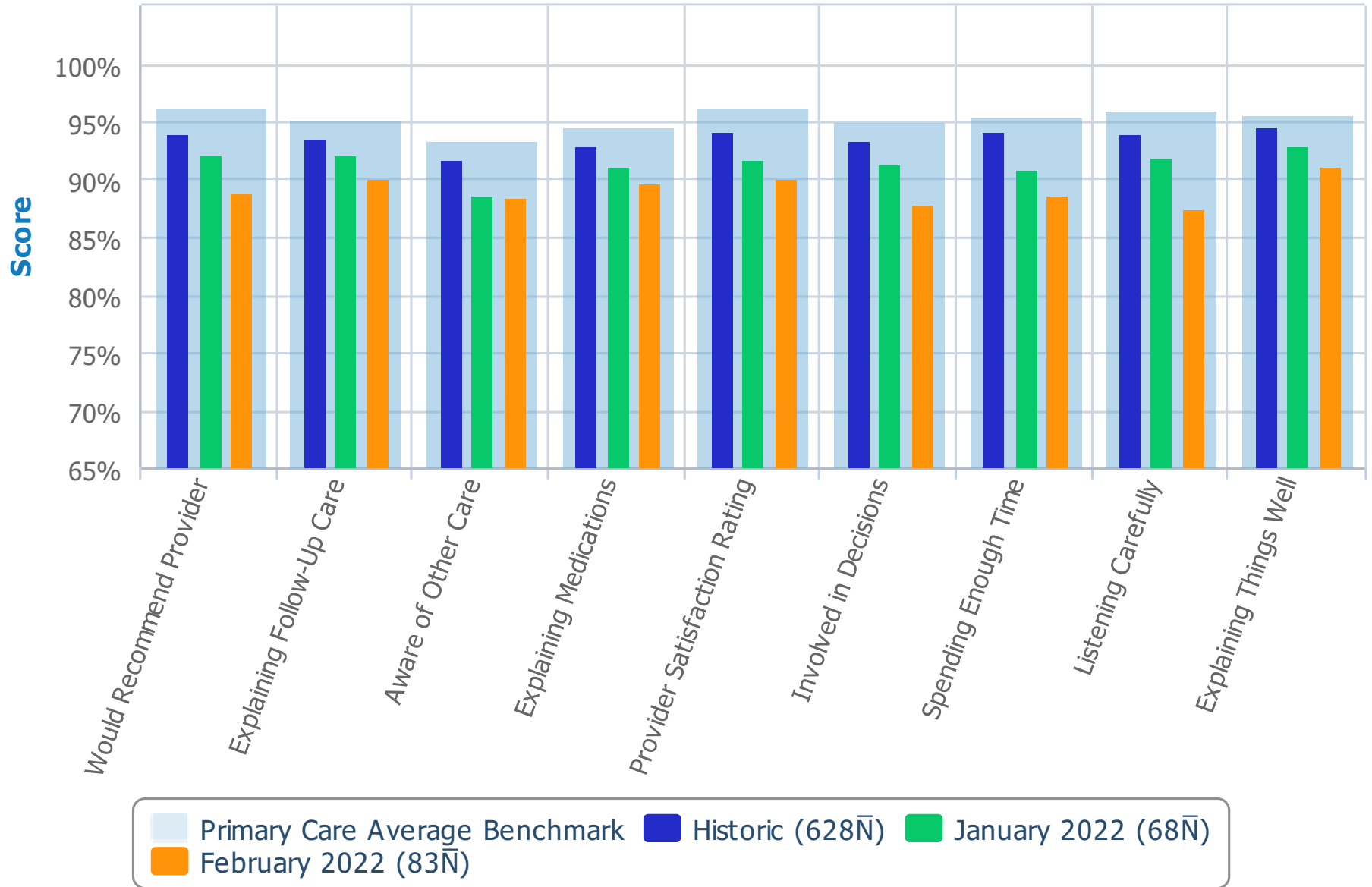
¹=All Financial data in Finance Report













**MARK TWAIN
HEALTH CARE DISTRICT**

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

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

BACKGROUND:

The February, 2022 financial statements are attached for your review and approval.

- February slipped back just a little from the positive January P&L reports.
- We'll still need to allocate/recognize the COVID relief funds of \$347K. This money is currently sitting in deferred revenue on the Balance Sheet. Recognition of this revenue will go a long way to helping the District's bottom line 😊
- The Balance Sheet still shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.
- And now it's Budget time (job security for Accountants 😊)
- Total COVID expenses/lost revenue to date: \$952,539.75
- Total COVID expenses in February 2022: \$20,052.85

Mark Twain Health Care District									
Rental Financial Projections					Rental				
									2/28/2022
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs BudHet
9260.01	Rent Hospital Asset amortized	1,095,293	1,089,434	1,092,672	1,092,672	728,448	90,282	723,323	66.20%
				0	0				
	Rent Revenues	1,095,293	1,089,434	1,092,672	1,092,672	728,448	90,282	723,323	66.20%
9520.62	Repairs and Maintenance Grounds	(6,079)		0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(688,595)	(758,483)	(758,483)	(505,655)	(65,112)	(461,722)	60.87%
9520.85	Telephone & Communications						(1,371)	(31,148)	
9520.72	Depreciation	(673,891)	(116,408)	(148,679)	(148,679)	(99,119)	(9,189)	(74,579)	50.16%
9520.82	Insurance								
	Total Costs	(1,331,134)	(805,003)	(907,162)	(907,162)	(604,775)	(75,672)	(567,449)	62.55%
	Net	(235,841)	284,431	185,510	185,510	123,673	14,610	155,874	128.75%
9260.02	MOB Rents Revenue	220,296	195,608	251,016	251,593	167,729	17,544	141,698	56.32%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(164,730)	(20,275)	(165,826)	67.11%
	Net	(20,218)	(67,842)	(10,000)	4,498	2,999	(2,731)	(24,128)	-536.41%
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	6,000	750	6,000	66.67%
9522.75	Child Advocacy Expenses	(297)	(1,140)	(11,000)	(11,000)	(7,333)			0.00%
	Net	8,703	7,860	(2,000)	(2,000)	(1,333)	750	6,000	-300.00%
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1,836	14,472	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,308,442	1,352,688	1,374,865	916,577	110,412	885,493	64.41%
		(1,574,119)	(1,073,380)	(1,181,428)	(1,165,257)	(776,838)	(95,947)	(733,275)	62.93%
	Summary Net	(249,530)	235,063	171,260	209,608	139,739	14,465	152,218	72.62%

Mark Twain Health Care District										
Projects, Grants and Support										
		2/28/2022								
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual	Actual
		Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(14,000)	(31,000)	(667,000)	(444,667)		(358,445)	53.74%	
8890.00	Foundation	(465,163)			(628,000)			(328,000)		
8890.00	Veterans Support		0	(5,000)	0	0	0	0		
8890.00	Mens Health		0	(5,000)	0	0	0	0		
8890.00	Steps to Kick Cancer - October		0	(5,000)	0	0	0	0		
8890.00	Ken McInturf Laptops							(2,436)		
8890.00	Doris Barger Golf		0	(2,000)	0	0	0	0		
8890.00	Stay Vertical		(14,000)	(14,000)	(14,000)	(9,333)		(9)	0.06%	
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals							(3,000)		
8890.00	High school ROP (CTE) program				(25,000)			(25,000)		
	Project grants and support	(465,163)	(14,000)	(31,000)	(667,000)	(9,333)	0	(358,445)	53.74%	

Mark Twain Health Care District								
General Administration Financial Projections				Admin			2/28/2022	
				BUDGET				
		2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Unaudited	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	390,802	44,279	100,000	66,667	168	7,740	7.74%
9160.00	Property Tax Revenues	1,126,504	1,168,243	1,200,000	800,000	100,000	800,000	66.67%
9010.00	Gain on Sale of Asset							
9400.00	Miscellaneous Income					2,659	6,316	
5801.00	Rebates, Sponsorships, Refunds on Expenses					(1,500)	151,438	
9205.03	Miscellaneous Income (1% Minority Interest)	(43,680)	(20,782)		0	(4,626)	(16,041)	
	Summary Revenues	1,473,626	1,191,740	1,300,000	866,667	96,701	949,453	73.03%
8610.09	Other salaries and wages	(352,591)	(216,730)	(137,592)	(91,728)	(18,522)	(163,753)	119.01%
8610.10	Payroll taxes	(23,244)	(10,079)	(10,526)	(7,017)	(870)	(7,457)	70.84%
8610.12	Vacation, Holiday and Sick Leave	(3,173)		(8,256)	(5,504)			0.00%
8610.13	Group Health & Welfare Insurance	(17,474)		(11,827)	(7,885)			0.00%
8610.14	Group Life Insurance	(564)		0	0			
8610.15	Pension and Retirement	(8,815)	(2,588)	(703)	(469)		(1,704)	242.18%
8610.16	Workers Compensation insurance	(3,526)		(1,376)	(917)		(924)	67.16%
8610.18	Other payroll related benefits	(529)	(800)	(34)	(23)			0.00%
	Benefits and taxes	(57,325)	(13,467)	(32,723)	(21,815)	(870)	(10,084)	30.82%
	Labor Costs	(409,916)	(230,197)	(170,315)	(113,543)	(19,393)	(173,837)	102.07%
8610.22	Consulting and Management Fees	(61,500)	(4,548)	(3,000)	(2,000)	(244)	(5,999)	199.97%
8610.23	Legal	(30,000)	(928)	(10,000)	(6,667)	(146)	1,562	-15.62%
8610.24	Accounting /Audit Fees	(125,000)	(59,302)	(40,000)	(26,667)	(1,202)	(29,165)	72.91%
8610.05	Marketing					(400)	(4,868)	
8610.43	Food	(2,000)		(1,500)	(1,000)			0.00%
8610.46	Office and Administrative Supplies	(18,000)	(14,380)	(15,000)	(10,000)	(265)	(5,079)	33.86%
8610.62	Repairs and Maintenance Grounds	0	(4,296)	(5,000)	(3,333)		(1,250)	25.00%
8610.69	Other- IT Services		(10,905)	0	0	(526)	(6,082)	
8610.74	Depreciation - Equipment	(2,500)		0	0			
8610.75	Rental/lease equipment	(9,200)		0	0			
8610.80	Utilities	(1,000)		0	0			
8610.82	Insurance	(25,000)	(16,653)	(41,900)	(27,933)		(54,354)	129.72%
8610.83	Licenses and Taxes	0		0				
8610.85	Telephone and communications	0		(2,500)				
8610.86	Dues, Subscriptions & Fees	(20,000)	(9,648)	(15,000)	(10,000)	(157)	(20,079)	133.86%
8610.87	Outside Trainings	(15,000)	(760)	(15,000)	(10,000)		(581)	3.87%
8610.88	Travel	(15,000)		(7,500)	(5,000)			0.00%
8610.89	Recruiting	(2,000)	(3,567)	(2,000)	(1,333)		(209)	10.45%
8610.90	Other Direct Expenses	(32,000)	(69,999)	(20,000)	(13,333)	(500)	(5,160)	25.80%
8610.95	Other Misc. Expenses							
	Non-Labor costs	(358,200)	(194,986)	(178,400)	(117,267)	(3,440)	(131,264)	73.58%
	Total Costs	(768,116)	(425,183)	(348,715)	(230,810)	(22,833)	(305,101)	87.49%
	Net	431,884	766,557	951,285	635,857	73,869	644,352	67.73%

Mark Twain Health Care District
Balance Sheet
As of February 28, 2022

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	116,665
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	133,053
1001.40 Five Star Bank - MTHCD Checking	670,471
1001.50 Five Star Bank - Money Market	769,920
1001.60 Five Star Bank - VSHWC Checking	119,148
1001.65 Five Star Bank - VSHWC Payroll	21,132
1001.90 US Bank - VSHWC	28,440
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,865,674
Accounts Receivable	
1200 Accounts Receivable	6,515
Total Accounts Receivable	6,515
Other Current Assets	
1003.30 CalTRUST	9,061,774
115.05 Due from Calaveras County	522,950
1205.50 Allowance for Uncollectable Clinic Receivables	-128,005
130.30 Prepaid VSHWC	441
Total Other Current Assets	9,457,161
Total Current Assets	11,329,349
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	706,628
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	924,269
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-6,668,383
Total Fixed Assets	8,486,227
Other Assets	
1710.10 Minority Interest in MTMC - NEW	423,697
180.60 Capitalized Lease Negotiations	324,791

180.65 Capitalized Costs Amortization	7,946
Total Intangible Assets	332,736
2219 Capital Lease	6,182,697
Total Other Assets	6,939,131
TOTAL ASSETS	26,754,707
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	52,873
Total 200.00 Accts Payable & Accrued Expenses	52,873
2000.10 Other Accounts Payable	-18,566
Total 200.00 Accts Payable & Accrued Expenses	-18,566
2010.00 USDA Loan Accrued Interest Payable	91,034
2021 Accrued Payroll - Clinic	47,981
2022.00 Accrued Leave Liability	34,464
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	46,813
227 Deferred Revenue	464,058
Total Other Current Liabilities	669,059
Total Current Liabilities	721,933
Long-Term Liabilities	
2128.01 Deferred Capital Lease	957,188
2128.02 Deferred Utilities Reimbursement	1,741,332
2129 Other Third Party Reimbursement - Calaveras County	400,000
2210 USDA Loan - VS Clinic	6,818,067
Total Long-Term Liabilities	9,916,587
Total Liabilities	10,638,520
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-3,584,968
Net Income	-667,632
Total Equity	16,116,187
TOTAL LIABILITIES AND EQUITY	26,754,707

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

**Investment & Reserves Report
28-Feb-22**

					Annual	
Reserve Funds	Minimum Target	6/30/2021 Balance	2021/2022 Allocated	2021/2022 Interest	2/28/2022 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	0	913	2,207,312	
Capital Improvement Fund	12,000,000	2,935,435	500,000	1,081	2,436,516	
Technology Reserve Fund	1,000,000	1,002,908	0	415	1,003,323	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	997	2,407,976	
Loan Reserve Fund	2,000,000	2,005,816	0	830	2,006,647	
Reserves & Contingencies	19,600,000	10,557,538	500,000	4,236	10,061,774	0

	2021 - 2022	
CalTRUST	2/28/2022	Interest Earned
Valley Springs HWC - Operational Reserve Fund	2,207,312	913
Capital Improvement Fund	2,436,516	1,081
Technology Reserve Fund	1,003,323	415
Lease & Contract Reserve Fund	2,407,976	997
Loan Reserve Fund	2,006,647	830
Total CalTRUST	10,061,774	4,236

Five Star		
General Operating Fund	605,765	204.82
Money Market Account	769,920	350.69
Valley Springs - Checking	119,148	48.11
Valley Springs - Payroll	21,232	53.09
Total Five Star	1,516,066	656.71

Umpqua Bank		
Checking	116,665	0.00
Money Market Account	6,445	0.43
Investments	1,514	
Total Savings & CD's	124,623	0.43

Bank of Stockton	133,053	14.39
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Total in interest earning accounts	11,835,516	4,908
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Beta Dividend	2,709
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One Time Pay	24
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Anthem Incentive	100
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Total Without Unrealized Loss	7,740
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Income Statement
AS of xx/xx/xxxx

1 page per
each group

Account #	Account Name	Monthly Budget	Monthly Actual	Delta	Delta %	YTD Budget	YTD Actual	Delta	Delta %	Annual Budget	Annualized Actual
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6/29/10