



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

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

**Wednesday March 27, 2024
9:00am**

Agenda

Zoom – Public Invitation information is at the End of the 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:

- Finance Committee Meeting Minutes for February 21, 2024
- Board Meeting Minutes for February 28, 2024

6. MTHCD Reports:

A. President’s Report.....Ms. Reed

- **Association of California Health Care Districts (ACHD) March 2024 Advocate:**
- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack

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

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

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

- **General Comments:**
- **Community Benefits Report Mar - 2023:**
- **Ralph M. Brown Act of 1953:**
- **Clinic – Dental Dept. Expansion:** Public Comment – **Action**
 - **Authorizing Staff to Proceed with Construction Plans, Permitting & RFQ Develop Line-Item Construction Budget:**
 - **Pro-Forma:**
- **BHCiP – Round 5 Update:**
- **CPPA At-Large Board of Director Position:** Public Comment – **Action**
- **Strategic Planning Meeting – Binders:**
 - Meeting April 5, 2024

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

- Policies for Mar. 2024 Valley Springs Health & Wellness Center:

New Policies

N/A

Revised Policies

Child Abuse-Reporting

Disaster – Fire

Domestic Violence and Suspicious Injury

Follow-Up Of Patients

Handwashing

HIV Testing

Infection Control

Mass Casualty Response

Medical Records Release

Medi-Cal Eligibility Verification

Bi-Annual Review Policies (no changes to policy content)

Billing Personnel – Organization

Billing Practices

Bomb Scare

Cardiopulmonary Resuscitation/ Basic Life Support

Dental Fluoride Varnish Policy

Dental Local Anesthesia Policy

Disaster - Water Contamination

Disruption of Electrical Services

Drug Samples

Elder Dependent Adult Abuse Reporting

Employee Health

External Hazmat Incident

Extreme Temperatures

Fire Safety

Hazardous Waste

Infection Control – Overview

Intramuscular Injections

Litigation (Potential)

Look-Alike Sound-Alike Medications

Medical Assistant Scope of Practice

Operation During Internal Disaster

Sensitive Services

- E. **VSHWC Quality Reports** Ms. Terradista
 - Quality – February 2024:
 - MedStatix – February 2024:

7. Committee Reports:

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

- Financial Statements – February 2024: Public Comment – **Action**

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

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

D. Ad Hoc Community Engagement:Ms. Reed

E. Ad Hoc Real Estate:Mr. Randolph

- MOB 704 (Suite 102-105) Memorandum;.....Dr. Smart
- MTMC Facility Report:

F. Ad Hoc Personnel CommitteeMs. Reed / Ms. Vermeltfoort

8. Board Comment and Request for Future Agenda Items:

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

- Strategic Planning Mtg Apr 5, 2024
- Sexual Assault Response Team Fund Raiser & Dinner Apr 5, 2024

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. April 24, 2024 at 9am.

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: March 27, 2024 MTHCD Board of Directors Meeting
Time: Mar 27, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88464819576?pwd=eGtGVHJtQ2MyaGxiMWNnUnBvLzBDQT09>

Meeting ID: 884 6481 9576
Passcode: 103057

One tap mobile

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Dial by your location

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Find your local number: <https://us02web.zoom.us/u/kb3lCwdXQz>



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

Wednesday February 21, 2024
9:00am

Participation: Zoom – Invite information is at the End of the Agenda
Or Participate in Person

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:02am.

2. Roll Call:

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

Quorum: Yes

3. Approval of Agenda:

Motion to approve agenda by Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

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

Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for January 17, 2024:

Motion to approve consent agenda by Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

6. Chief Executive Officer’s Report:

- MTMC Seismic Retrofit Update:

Phase 1 is underway and on budget. Funding is secure.

- BHCIP Application Update:

Program Funding Agreement (PFA) was received. Can acquire Insurance Certs now. Still plan to break ground in April 2024.

- MTMC – Building Assessment

The Assessment DRAFT report has been received. The Hospital has been found to be appropriately maintained.

Real Estate Review:

Currently reviewing 704 Mountain Ranch Lease. Lease expires 6/2024.

7. Accountant’s Report:

- January Financials Will Be Presented: Public Comment- **Action**

The District has remained in the Black for 7 months in a row. The VSHWC had a solid month.

Motion to approve January Financials with the I & R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

8. Treasurer's Report:

No Report.

9. Comments and Future Agenda Items:

10. Next Meeting:

Next Finance Committee Meeting will be March 20, 2024 at 9:00am

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

Motion to adjourn by: Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

Time: 9:53

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: Feb 21, 2024 MTHCD Finance Committee Meeting

Time: Feb 21, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83831346603?pwd=SmozeXZsUUEwNk9JYTdnRExoVmJGQT09>

Meeting ID: 838 3134 6603

Passcode: 542687

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**Meeting of the Board of Directors
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**Wednesday February 28, 2024
 9:00am**

Un - Approved Minutes

Zoom – Public Invitation information is at the End of the 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:

**Time: 9:02am
 By: Pres. Linda Reed**

2. Roll Call:

Board Member	Present in Person	Present by Zoom	Time of Arrival
Ms. Reed	X		
Ms. Sellick	X		
Ms. Hack	X		
Mr. Randolph	X		
Ms. Vermeltoort	X		

Quorum: Yes

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

Dr. Smart requested to amend the agenda as follows:

1. Rick Wood, CFO will be participating by Zoom:
2. Dental Expansion Project Discussion be added prior to item 11.

Motion to approve Agenda as amended: Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

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

Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for January 17, 2024
- Board Meeting Minutes for January 24, 2024

Motion to approve Consent Agenda: Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

A. President's Report:

- **Association of California Health Care Districts (ACHD) February 2024 Advocate:**

Ms. Reed attended ACHD meeting last week and mentioned there are 2,100 bills pending in CA including seismic and nursing bills: Fallbrook is providing free mental health care: Ms. Hack will attend Legislative Day on March 7th: ACHD Conference will be Sept 25-27 in Sacramento.

- **Meetings With MTHCD CEO:**

Agenda items were discussed.

- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

CA budget funding seems to be solid: Counties tend to be deciding individual plans and not coordinating with adjoining counties.

B. MTMC Community Board Report:

MTMC had a strong month and visits were up. Dr. Gonzales/Gen Surgery was appointed effective 2/26/24 and Dr. Oliver/Gen Surgery was given Courtesy Staff Privileges effective Mar/1/2024. Dr. Perry/OBGYN will be joining the medical staff.

C. MTMC Board of Directors:

MTMC has lots of on-going projects i.e.: MDF (IT) Room upgrade has started: Plans for 2025 to transition to EPIC: Additions to Oncology staff: Efforts are being made for better communication for discharged patients.

D. Chief Executive Officer's Report:

• **General Comments:**

Dr. Smart gave credit to the VSHWC Staff for their excellent care of a trauma patient that came to the Clinic. He had been badly injured in an accident with a rototiller. The gentleman's leg was saved and he was helicoptered to higher care.

Dr. Renee Perry, OBGYN joined the Clinic staff to assist in GYN areas. In addition, she will be doing surgery for MTMC.

A Nurse Practitioner received a \$15k grant to assist in Substance Use Disorder cases.

Brown Act training will be added to future agendas in mini-bits for better discussion.

• **Election – Proposition One (1) Discussion: Public Comment – Action**

The Board opted to not take action but instead to watch implementation if passed.

• **Strategic Planning Meeting – Draft Agenda:**

- Meeting April 5, 2024 Reviewed

• **401k Amendment – Chng From Calendar Year to Fiscal Year: Public Comment – Action**

**Motion to Approve Amendment to 401 Contract to Change to Fiscal Year: Mr. Randolph
Second: Ms. Vermeltoort**

Ayes: 5

Nays: 0

• **Clinic – Dental Dept. Presentation:**

Ms. Trefl, RDAEF2 detailed all that the Dental Dept. does in a small space and answered questions. Appointments are booked into June. They have outgrown their space and have part time dentists who would go full-time given enough space. To meet the needs of the community they would need to duplicate their suite.

E. BHCiP – Round 5 Update: Public Comment – Action..... Dr. Smart

- Program Funding Agreement (PFA) Agreement Cannot Be negotiated or Red-Lined.

Motion to approve PFA including authority for the CEO and the Attorney to make changes as needed: Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

F. VSHWC Quality Reports:

- Quality – January 2024:

Newly hired, Mr. Shank, NP, will assist in pediatrics. The “no-show” rate is improving.

- MedStatix – January 2024:

MedStatix scores are still high in all areas.

7. Closed Session:

The Board went into closed session at 10:21am to discuss the following:

A. CONFERENCE WITH LEGAL COUNSEL-ANTICIPATED LITIGATION (Government Code §54956.9)

- Significant exposure to litigation pursuant to Section 54956.9(d)(2). Number of potential cases: 1
- Additional information required pursuant to Section 54956.9(e): Claim of privacy breach:

8. Reconvene to open session at 10:38am:

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

No reportable action was taken in closed session.

9. Committee Reports:

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

- Financial Statements – January 2024: Public Comment – Action

The Financials represent the 7th month of being in the black and the Board can expect to see a separate line item for IT in the March Financials.

Motion to approve Financials including I & R Report: Ms. Hack
Second: Ms. Vermeltfoort
Ayes: 5
Nays: 0

B. Ad Hoc Policy Committee:

The Committee did not meet this month.

C. Ad Hoc Community Grants:

The Committee will meet prior to the Strategic Planning Meeting.

D. Ad Hoc Community Engagement:

The Committee did not meet this month:

E. Ad Hoc Real Estate:

- MOB 704 (Suite 104) MOU:

The CEO will meet with County Behavioral Health on March 11th.

- MTMC Facility Report:

The District just received the draft report. The Board wants to revisit replacing the MTMC windows.

F. Ad Hoc Personnel Committee..... Ms. Reed / Ms. Vermeltfoort

The Committee did not meet this month.

10. Board Comment and Request for Future Agenda Items:

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

- Cancer Support Group Mtg. Mar. 13, 2024

Dr. Smart briefed the Board on the need to expand the Dental Suite by 100%. This item will be an action item on the March Agenda. The CFO will be preparing pro-forma for the Board regarding the expansion project.

Press Releases: District AED Program; MTMC got a new Philips Cardiac & Vascular Ultrasound Machine; Public Health installing a vending machine that includes health items.

11. Next Meeting:

- The next MTHCD Board Meeting will be Wed. March 27, 2024 at 9am.

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

Motion to approve Adjourn: Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

Time: 11:28am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD BOD Mtg Feb. 28, 2024

Time: Feb 28, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting <https://us02web.zoom.us/j/86721382949?pwd=c2RVM041NTRJcWF5dklOMjl5OEhEdz09>

Meeting ID: 867 2138 2949

Passcode: 218754

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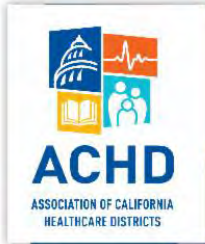
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Find your local number: <https://us02web.zoom.us/j/k8FOdApui>



ACHD

THE ADVOCATE

[CURIOUS ABOUT ACHD
MEMBER BENEFITS?](#)

[SPONSOR INSIGHT
BB&K](#)

[UPCOMING WEBINAR:
MARCH 28](#)

WHAT'S NEW IN MARCH

CEO MESSAGE

Greetings! ACHD has been busy in March as the legislative process is in full swing. **The ACHD Advocacy Committee convened in Sacramento** for a third consecutive year to meet with legislators and staff. Key messages this year focused on educating lawmakers about healthcare districts and their service to their communities, the need for relief with regard to the 2030 seismic mandate, addressing behavioral health needs, and challenges in recruiting and retaining workforce.



The evening before the meetings at the capitol, ACHD hosted a reception. During the reception, members of the Advocacy Committee had a chance to network with their local representatives and staff.

Given the high number of new legislators in their first term, bringing the healthcare district voice directly to the capitol is essential to educating policymakers on our

key priorities. **Many thanks to all of the members who took time to be in person this week, advocating on behalf of all healthcare districts.**

Michelle Rouse, ACHD Member Services Specialist, has been busy working to curate ACHD's **monthly educational offerings** and planning for our **72nd Annual Meeting**. Be sure to mark your calendars for **September 25-27, 2024**, and make plans to join us here in Sacramento for our annual conference.



ACHD is hitting the road this spring, visiting members throughout the state. If you would like our team to visit your district, feel free to **reach out to me directly**. **Sarah Bridge, ACHD's legislative advocate**, and I would be happy to present to your board and take time to learn more about your district and community. We already have two upcoming visits planned to North Kern South Tulare and Northern Inyo Healthcare District. Will your district be next?

Cathy Martin
Chief Executive Officer



Legislative Update



ACHD Legislative Update:

Session is in full swing. Bills will begin to be heard in policy committees as early as next week, with most policy committees convening in April.

Budget:

The Assembly and Senate budget committees continue to meet as the legislature ramps up to the Governor's May Revision. Yesterday, the **Senate released its budget plan, titled "Shrink the Shortfall,"** **which can be viewed [here](#)**. The Governor's response to the proposal can be read **[here](#)**.

Distressed Hospital Hearing:

The Assembly Budget Sub Committee No.1 on Health held an informational hearing on distressed hospitals on Monday, March 11. The hearing is available to **[view on demand here](#)**. The hearing included several panels for private hospitals, public hospitals, health plans, the Department of Health Care Services (DHCS), and the Department of Health Care Access and Information (HCAI). The committee members had several questions for each

panel, and ACHD delivered public comments offering longer-term policy solutions to support distressed hospitals. In response to the panel, consumer and labor groups have proposed a follow-up hearing to discuss the impact on consumers. More details will be provided if this hearing is set.

Bills of Note:

SB 1269 (Padilla)- Support if Amended

The bill, **sponsored by PEACH**, would define a safety-net hospital. It weaves together several existing definitions to create a new designation. The bill captures roughly 200 plus hospitals. However, it does not explicitly call out non-designated public hospitals as currently drafted. ACHD is seeking an amendment to ensure that all district hospitals are included in this definition.

AB 2098 (Garcia)- Support

The bill, **sponsored by DHLF**, would align the district hospital bridge loan repayment with the distressed hospital loan repayment structure.

AB 2303 (Carrillo)- Support

The bill, **sponsored by CPCA**, would force open PPS rates for FQHC's in the event of a minimum wage increase. The bill is a direct response to the implementation of SB 525.

[Sponsor Insights presented by
BB&K: California Public
Agencies Are Required to
Report Their 401\(a\) Plans to
The State on an Annual Basis](#)

Not too long ago, we were browsing the California State Controller's website and were surprised to find a requirement for the filing of a Public Retirement System Financial Transactions Report for each state and local public retirement system on an annual basis.

Of course, we were familiar with the requirement under California Government Code (CGC) section 7504 for the preparation and filing of an independent actuarial report, on a triennial basis – but, this was something different.



Further investigation that included discussion with the staff at the State Controller's Office (SCO) confirmed that the SCO indeed expects all California public employee retirement systems to annually furnish it with a "Financial Transactions Report" (FTR) and audited financial statements.

[To read more, click here](#)

[Upcoming Webinar: Best Practices for Your District Website](#)

ACHD has partnered with Streamline for this best practices webinar on March 28 from 10 AM to 11 AM.

During this webinar, you will learn more about website compliance, navigation, and website visibility. [Learn more or register now!](#)

The graphic features the ACHD logo (Association of California Healthcare Districts) in the top left corner. The main title is "Best Practices for Your District Website Webinar" in bold black text. Below the title, the date and time "March 28, 2024, 10 AM- 11 AM" are displayed in white text on an orange rounded rectangle. At the bottom, it says "Presented by" followed by the Streamline logo and the names of the speakers: "CEO Mac Clemmens" and "National Director Maria Lara". Two circular headshots of the speakers are positioned above their names. The background of the graphic shows a person's hands typing on a laptop keyboard.





COMMUNITY BENEFITS REPORT

— *Your Health, Our Mission* —



**MARK TWAIN
HEALTH CARE DISTRICT**

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FROM CEO, RANDY SMART, MD

Over the last four years we have made the amazing transition from a hospital-based to a community-based District. We look at every healthcare gap in Calaveras County and every opportunity to help fill those gaps. That's our mission and our passion. The District's partnership with Common-Spirit-Health provides access to a modern nearby hospital; and, the new District clinic in Valley Springs is a huge benefit to the community. One of the biggest projects we've focused on in 2023 is the integration of behavioral health services with standard medical care, something every healthcare organization should do. We are proud to serve and partner with the residents of Calaveras County and proud to lead the way!

DISTRICT COMMUNITY CONTRIBUTIONS

We're Here For You!

- \$1.37 Million Community Medical Care
- \$1.2 Million Hospital Support
- \$300,000 Copper Clinic
- \$270,000 Medical Offices Support
- \$261,000 Behavioral Health Services
- \$18,000 Community Automated External Defibrillators
- \$15,000 Search & Rescue Truck
- \$15,000 San Andreas Fire & Support
- \$9,000 Children's Advocacy Center
- \$5,700 Senior Center Meals
- \$5,000 Hospice
- \$2,500 Doris Barger Fund Raiser



PROGRAMS . . .



ROBO-DOC TELEHEALTH

Robo-Doc is a program that offers virtual medical care to students in selected Calaveras County schools. Funded by the Mark Twain Health Care District, there is no cost involved for either parents or schools.

The goal of Robo-Doc is to supplement nursing care and allows students' access to physicians for minor ailments and injuries, keeping children in school and greatly reducing time off work for parents.

SPORTS PHYSICALS

The Mark Twain Medical Center Foundation provided a sponsorship allowing Calaveras High School students to receive free sports physicals. Practitioners and staff from the Valley Springs Health and Wellness Center, along with CHS school staff, conducted 95 health screenings for students who wish to participate in sports for the 2023-2024 school year.

Students lined up to have their vision checked, blood pressure taken, height and weight recorded, and their overall physical attributes assessed to ensure the student's health meets California Interscholastic Federation (CIF) State requirements. The last year a sports physical event occurred for CHS students was in 2019.



**Calaveras
Wellness**
— FOUNDATION —

The Calaveras Wellness Foundation (CWF) is a non-profit entity that supports the Mark Twain Health Care District's efforts to improve access to quality healthcare in Calaveras County. We especially focus on the Valley Springs Health & Wellness Center and its employees.

CWF funds will support initiatives such as expanded space for behavioral health and dental services. Employers in virtually all industries currently face staffing issues, so CWF funds may be used to provide grants for employees faced with unexpected situations in order to stabilize and retain staff. After all, it's the right thing to do.

PROGRAMS . . .

AED FOR LIFE



AED for Life is a long-term project created by the District geared towards improving cardiac arrest outcomes in Calaveras County. The goal of the project is to expand the number of functioning AEDs in Calaveras County as well as providing proper education to Calaveras County residents. The first year of this project focused on improving, replacing, and purchasing AEDs for local fire departments, EMS agencies, and law enforcement.

The first phase of this project provided 10 new ZOLL AED plus defibrillators to Fire Departments in need across the county. The second phase of the project provided 10 more new AEDs for Sheriff patrol cars and law enforcement facilities. We plan to focus phase 3 on Calaveras County schools and phase 4 on community centers in the county.



STAY VERTICAL, CALAVERAS - *Fall Prevention Program*



SVC is a FREE program sponsored by Mark Twain Health Care District that promotes balance and stability by providing low impact exercise classes, such as Tai Chi and Strength Training for fall prevention.



Classes are held in Angels Camp, Arnold, Copperopolis, Murphys, Valley Springs and West Point.

BEHAVIORAL HEALTH

Our Behavioral Health team includes two LCSWs, one MFT, a Clinical Psychologist, and a Nurse Navigator. By partnering with medical staff and utilizing an integrative team approach, we tailor care for patients from various perspectives and treatment modalities. With the addition of our BH Nurse Navigator, we work to increase access to care and link patients to individualized internal and external resources as needed.



VALLEY SPRINGS
HEALTH & WELLNESS CENTER



Dr Smart



Ms Crowe, FNP



Dr Mosson



Ms Coleman, FNP



TEAM of the Valley Springs Health & Wellness Center



Dr Drakes



Dr Salom



Dr Nussbaum



Dr Robbins



Dr Tapia



Dr Bader



Dr Nguyen



Jennifer, Psychologist

Services Offered

- ◇ Primary Care
- ◇ Internal Medicine
- ◇ Preventive Care
- ◇ Pediatric Care
- ◇ Chronic Care
- ◇ Women's Health-Gynecology
- ◇ Diabetic Education
- ◇ Liver Scans
- ◇ Liver Consults
- ◇ Laboratory & X-Ray
- ◇ Behavioral Health Services
 - ◇ Anxiety
 - ◇ Depression
 - ◇ Psychology

- ◇ Dental Care
for Denti-Cal patients
- ◇ 3-Chair Suite
- ◇ State-of-the-Art Facility
- ◇ Restorative
- ◇ X-Ray
- ◇ Dental Hygienist
- ◇ Pharmacy



Sunrise Pharmacy, Inc.



Kim Pham and Linh Tran, Pharmacists



Susan D-K., LMFT



Cheri A., LCSW



Sarah K., LCSW

PARTNERSHIPS

- ❑ Children's Advocacy Center
- ❑ Mark Twain Medical Center
- ❑ Sunrise Pharmacy
- ❑ Mark Twain Foundation
- ❑ Dignity Health/Common Spirit
- ❑ Calaveras County Public Health
- ❑ Calaveras County Health & Human Services
- ❑ Calaveras County Office of Education
- ❑ Association of California Health Care Districts
- ❑ California Special Districts Association
- ❑ Anthem Blue Cross
- ❑ California Health & Wellness (HealthNet)

ACCREDITATION

Three mandatory accreditation surveys for Valley Springs Health & Wellness Center with NO DEFICIENCIES.



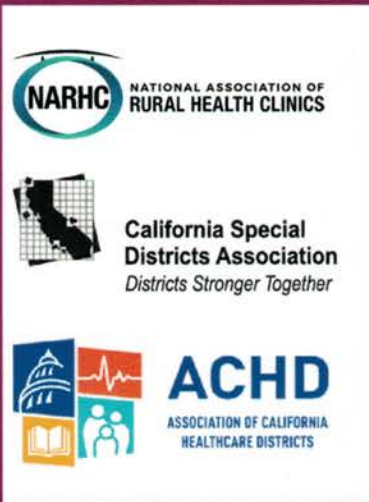
PROFESSIONAL AFFILIATIONS

- Mark Twain Medical Center
- Anthem Blue Cross
- California Health & Wellness



Sierra Dickey, Peggy Stout, Dr. Smart, Traci Whittington

MEMBER OF



The board is working hard for you. We are health care providers, community leaders and your neighbors. We are committed to accessible and quality care for the county.



MARK TWAIN
HEALTH CARE DISTRICT

PO BOX 95 | SAN ANDREAS, CA 95249

(209) 754-4468

MTHCD.ORG

**Mailing Address:
Government Center
San Andreas, CA 95249-9709**

**Phone: (209) 293-7211
Cell: (209) 768-5248
Email: dda@volcano.net**

March 6, 2024

TO: Voting CPPA Member Representatives
FROM: Dennis Dickman
SUBJECT: At-Large Board of Director Position

The Bret Harte Union High School District will complete its term on the CPPA Board of Directors at the end of June 2024. At this time, we are soliciting nominations for the four-year term on the CPPA Board of Directors. Note that the Agency is elected to the position and not necessarily the Agency's current representative.

Nominees must be selected from the following list of eligible Member Agencies (the Agency's current CPPA representative is also listed). If you desire to make a nomination, please fill-out the bottom portion of this memo and return it to CPPA in the enclosed envelope. CPPA needs to receive the nomination by April 8, 2024.

- Altaville-Melones Fire Protection District (John Rohrabough)
- Bret Harte High School District (Scott Nanik)
- Calaveras County Office of Education (Claudia Davis)
- Calaveras County Resource Conservation District (Julia Marsili)
- Central Calaveras Fire District (Bill Wennhold)
- Calaveras Consolidated Fire District (Richard Dickinson)
- Copperopolis Fire Protections District (Scott Hertzog)
- Ebbetts Pass Fire Protection District (Mike Johnson)
- Ebbetts Pass Veterans Memorial District (Charles Palmer)
- Jenny Lind Veterans Memorial District (Bruce Olson)
- Judicial Council of California (Yassen Roussev)
- Mark Twain Union Elementary School District (Catherine Eastburn)
- Mark Twain Health Care District (Randy Smart)
- Mokelumne Hill Fire Protection District (Michael Dell'Orto)
- Mokelumne Hill Sanitary District (Phil McCartney)
- Mokelumne Hill Veterans Memorial District (Patricia Yocom)
- Murphys Fire Protection District (William Fullerton)
- Murphys Sanitary District (Kristina Fillmore)
- San Andreas Fire Protection District (Don Young)
- San Andreas Recreation and Parks District (Donna Schantz)
- San Andreas Sanitary District (Hugh Logan)
- Union Public Utility District (Jessica Self)
- Vallecito Union School District (Gretchen McReynolds)
- Valley Springs Public Utility District (Michael Fischer)
- West Point Fire Protection District (Terry Miller)

In April, a list of nominees that have accepted the nomination will be sent to you together with an election ballot.

I NOMINATE _____

SIGNATURE _____ DATE _____

I REPRESENT CPPA MEMBER AGENCY _____

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

POLICY: Child Abuse-Reporting	REVIEWED: 7/1/19; 2/18/21; 3/10/22; 2/02/23; <u>2/02/24</u>
SECTION: Mandatory Reporting	REVISED: <u>2/02/24</u>
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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~~suspicions 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 are 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 (~~800844~~-331-1585690-5137).

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 - Fire	REVIEWED: 7/24/19; 03/10/21; 2/09/22;2/02/23; <u>2/02/24</u>
SECTION: Safety and Emergency Planning	REVISED: 2/09/22; 2/02/23; <u>2/02/24</u>
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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~~for 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.
 - b. The first responder will perform an overhead page using Code Red, speaking clearly and stating the location of the fire, repeating 2 times.
 - c. The first responder will use the nearest fire extinguisher to attempt to extinguish the fire, if this can be done safely.
 - 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.
 - 2-3. The chalk located on each fire extinguisher will be used to mark doors as each room is cleared.
 - 3-4. Personnel will direct patients and visitors to the paved parking area located at the south end of the Clinic building.
 - 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.

- f. The Clinic Manager or designee will meet fire personnel when they arrive.

- g. The Clinic Manager or designee will record all actions taken and include that information in their Incident Report.

- h. The Clinic Manager will prepare a thorough incident report and forward that report to the District Chief Executive Officer.

- 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.

- 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: Domestic Violence Reporting Suspicious Injury Reporting	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Mandatory Reporting	REVISED: <u>3/19/24</u>
EFFECTIVE: <u>2/22/23/27/24</u>	MEDICAL DIRECTOR: Dr. Randall Smart

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:

MEDICAL STAFF:

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.

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Domestic Violence Suspicious Injury
Policy Number 56

BEHAVIORAL HEALTH STAFF:

- 1. in regards to responding to intimate partner violence, while we do work in a healthcare setting, our scope, role and licensure differentiate us from the medical staff and calls for a different response (non-judgmental support, psychoeducation, safety assessment and planning, etc.),
- 2. This is a good article from CAMFT legal that provides a deeper dive into the referenced penal code and the distinction for us. A portion reads:

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"Since Behavioral Health Providers do not provide medical services for physical conditions, LMFTs are not included in this group of health practitioners who report knowledge of or reasonable suspicion of a person who is suffering from the described injury. The distinction that must be made is between health practitioners who provide medical services for a physical condition, such as physicians and nurses, and health practitioners who do not provide those types of medical services, such as psychologists, LMFTs, LCSWs, and LPCCs."

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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

Domestic Violence Suspicious Injury
Policy Number 56

Internal Documentation

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

<https://www.camft.org/Resources/Legal-Articles/Chronological-Article-List/domestic-violence-and-the-duty-to-make-mandated-reports> February 1, 2017

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

POLICY: Follow-Up Of Patients	REVIEWED: 2/1/19; 2/14/20; 11/23/20; 8/25/21; 12/17/22; <u>2/06/24</u>
SECTION: Patient Care	REVISED: 2/14/20; 12/20/22; <u>2/8/24</u>
EFFECTIVE: 2/ 22/23 28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Follow-up of patients after care rendered in the Clinic

Objective: Patients seen shall be followed up with in a reasonable time.

Response Rating:

Required Equipment:

Procedure

1. If deemed necessary by the practitioner, persons receiving antibiotics will be given a return appointment when initially seen. ~~Return~~A return visit will occur at the end of the course of antibiotic treatment.
2. Patients who are given antibiotics while febrile or vomiting shall be directed by the practitioner to return and be seen if not improving. Return visit may occur every 48-72 hours if clinically determined close follow up of the infection is required and then again at end of the ten ~~days~~days.
3. During the office visit, the practitioner shall instruct the patient regarding when to return for routine follow-up or to return if not improving. The provider will communicate this information by creating a “tickler” with visit information for the follow-up appointment, including when the patient should return, the appointment type, reason for follow-up. Reception staff will then schedule the appointment as the patient is leaving, or will contact the patient to schedule the appointment. ~~Patient advised~~The provider should advise the patient to return to Clinic ASAP or go to the ER if at —any time the infection becomes worse, new symptoms, (fever, chills nausea, vomiting, headache or —increased pain, redness swelling /red streaks around the wound).
4. Results and reports (laboratory, including pap smears, and x-ray) will be available to the practitioner via the EMR Clinic Inbox and the patient notified of the abnormal results and the need for further treatment, if indicated. This communication shall be documented in the patient’s EMR.
5. Referrals and appointments made with other providers are to be followed up with a review of the written consultation report and, as required, a telephone call to the patient to discuss the results and to determine if further treatment is necessary.

6. Persons who fail to keep scheduled follow-up appointments shall have their charts documented NO SHOW for that day and a NO SHOW call placed to the phone number of record provided by the patient. Should the patient fail to respond to the initial “NO SHOW” contact, at minimum three additional contacts will be attempted, by phone, text and email (if available in the system) through the EHR No Show Campaign. Each attempt at contacting the patient will be documented in the EMR and will be available through the report aggregation process for review and confirmation.

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

POLICY: Handwashing	REVIEWED: 3/1/19; 12/30/20; 8/25/21: 12/20/22; <u>2/06/24</u>
SECTION: Infection Control	REVISED: 12/30/20; <u>2/06/24</u>
EFFECTIVE: 2/ 22 / 23 / <u>28</u> / <u>24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Handwashing

Objective: To support Universal Precautions and staff and patient safety, all employees, volunteers, contractors, and medical staff shall wash their hands frequently with soap, friction, and running water to minimize the likelihood of hands serving as vectors for nosocomial infections.

Response Rating: Mandatory

Required Equipment: Soap and water

Handwashing Indications (soap and water):

- Upon arriving at work
- Before and after performing invasive procedures
- Before and after touching wounds
- After situations during which microbial contamination of hands is likely to occur, especially those involving contact with mucous membranes, blood, body fluids, secretions, or excretions, other potentially infectious materials
- After touching inanimate sources that are likely to be contaminated with virulent or epidemiologically important microorganisms
- After handling a patient (or their belongings) who is infected or potentially infected with C-diff (Clostridium Difficile)
- Between contacts with different patients
- After the removal of gloves or any other personal protective equipment (PPE)
- Before eating or drinking, applying cosmetics or lip balm
- After using the restroom

Handwashing
Policy Number 84

- After blowing one’s nose
- After the work shift
- After handling patient equipment
- When hands are visibly soiled or contaminated with proteinaceous material

Procedure:

Handwashing with soap and water

1. Stand near the sink, avoiding direct contact.
2. Turn on the water to a comfortable temperature. Water that is too hot will cause chapped skin.
3. Wet hands/wrists with running water.
4. Obtain handwashing agent (usually 3-5 ml or per manufacturer’s recommendations) from the dispenser and apply to hands. Thoroughly distribute over hands.
5. Vigorously rub hands together for 10-15 seconds, generating friction on all surfaces of the hands, wrists and fingers. Pay particular attention to fingernails and nailbed areas.
6. Rinse hands thoroughly with running water to remove residual soap. Water flow should be from fingertips to wrist.
7. Obtain paper towel and dry hands thoroughly.
8. Discard paper towel.
9. Obtain second paper towel to turn off the faucet.
10. Discard second paper towel.

Handwashing indications (alternative to soap and water with an alcohol-based waterless hand rub)

1. ~~1.~~ If hands are not visibly soiled, use an alcohol-based waterless antiseptic agent for routinely decontaminating hands in all other clinical situations.
2. **Decontaminate hands before entering and when exiting a patient examination room.**
3. Decontaminate hands after contact with a patient’s intact skin (as in taking a pulse or blood pressure).
4. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings, as long as hands are not visibly soiled.
5. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.

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5. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.
6. Decontaminate hands before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.
7. Decontaminate hands after removing gloves.

Handwashing (hand hygiene) with waterless antiseptic agent such as an alcohol-based handrub

1. Apply product to palm of one hand. (Follow the manufacturer’s recommendations on the volume of the product to use.)
2. Rub hands together, covering all surfaces of hands and fingers, until hands are dry. (If an adequate volume of an alcohol-based hand rub is used, it should take 14-25 seconds for hands to dry.)

Reference:

- “Hand Hygiene in Health-Care Settings”, retrieved on 8/25/21 from [cdc.gov/handhygiene/providers/guideline.html](https://www.cdc.gov/handhygiene/providers/guideline.html)

<https://www.cdc.gov/handwashing/when-how-handwashing.html>

Page last ~~reviewed~~updated: January 30, 2020May 2022

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

POLICY: HIV Testing	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 12/18/22; <u>2/06/24</u>
SECTION: Patient Care	REVISED: <u>2/06/24</u>
EFFECTIVE: <u>2/22/2328/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: HIV Testing

Objectives: Ensure the confidentiality and testing procedure for the Human Immune Deficiency Virus (HIV) in accordance with State Guidelines.

Response Rating: Minimal

Required Equipment: None

Policy:

HIV/AIDs testing may be offered to patients in a variety of circumstances.

1. Pre-employment testing
2. STD testing, as part of a panel of tests
3. Case finding when a patient presents with symptoms consistent with acute HIV infection or with opportunistic infections.

Procedure:

Individual Testing

1. California law has eliminated the requirement for separate, written consent for HIV testing. H&S Code Section 120990 requires care provider, (this clinic currently still requires use of a consent that is scanned into the patient's chart) prior to ordering the HIV test, to:
 - a. Inform the patient that an HIV test is planned
 - b. Provide information
2. HIV test results are especially sensitive ~~with regard to~~ regarding patient privacy and confidentiality.
3. Blood is drawn and sent to the reference lab. Positive screening tests must be confirmed with a

Western Blot analysis, prior to informing the patient.

4. Negative tests may be communicated to the patient in person or by phone. In no circumstances should the result be left with another person or on an answering machine. Attempt to obtain the patient's personal cellphone number for this purpose.
5. Before conveying results over the phone, staff will request two identifiers from the party with whom they are speaking, to confirm they are communicating with the correct person and to protect the patient's privacy. The patient's date of birth and the last four digits of their Social Security number are two acceptable patient identifiers. An alternate identifier is the patient's driver's license number.
6. Positive, confirmed tests must be discussed with the patient in person in the office. The patient should then be referred to the health department or an infectious disease specialist.

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

POLICY: Infection Control	REVIEWED: 3/1/19; 3/30/20; 3/31/20; 11/20/20; 8/25/21; 12/18/22; <u>2/6/24</u>
SECTION: Infection Control	REVISED: 3/30/20; 3/31/20; 11/20/20; 12/18/22; <u>2/6/24</u>
EFFECTIVE: <u>1/25/23</u> 2/28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Infection Control

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

Response Rating: Mandatory

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

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

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

Implementation:

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

- **Before Arrival**
 - When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their

appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) on the day they are scheduled to be seen.

- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
 - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever¹) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).

- **Upon Arrival and During the Visit**

- Consider limiting points of entry to the facility.
- Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
 - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover ~~nose~~the nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
 - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 70-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
 - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
 - Prioritize triage of patients with respiratory symptoms.
 - Triage personnel should have a supply of ~~facemasks~~face masks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
 - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of influenza, COVID-~~19~~19, or other respiratory infections, or contact with possible COVID-19 patients.
 - Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
 - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
 - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.

- Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
- Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
 - Learn more about how healthcare facilities can [Prepare for Community Transmission](#)
 - Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a “respiratory virus evaluation center” where patients with fever or respiratory symptoms can seek evaluation and care.
 - Cancel group healthcare activities (e.g., group therapy, recreational activities).
 - Postpone elective procedures and non-urgent outpatient visits.
- **Hand Hygiene**
 - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
 - HCP should perform hand hygiene by using ABHR with 70-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
 - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
 - **Personal Protective Equipment**

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

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

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

- **Respirator or Facemask**
 - Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area.

- N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure. Disposable respirators and facemasks should be removed and discarded after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.
 - If reusable respirators (e.g., powered air purifying respirators [PAPRs]) are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Those that do not currently have a respiratory protection program, but care for patients with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- **Eye Protection**
 - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
 - Remove eye protection before leaving the patient room or care area.
 - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
- **Gloves**
 - Put on clean, non-sterile gloves upon entry into the patient room or care area.
 - Change gloves if they become torn or heavily contaminated.
 - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.
- **Gowns**
 - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
 - If there are shortages of gowns, they should be prioritized for:
 - aerosol-generating procedures
 - care activities where splashes and sprays are anticipated
 - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
 - device care or use
 - wound care

3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, [home care](#) is preferable if the individual’s situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.

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

Collection of Diagnostic Respiratory Specimens

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

Generalized NON-Covid Infection Control:

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

1. Wash hands with soap and water:
 - a. Before coming on duty
 - b. Before and after direct and indirect patient contact.
 - c. Before and after performing any body functions, such as blowing your nose or using the toilet
 - d. After direct or indirect contact with **any** body fluid (urine, blood, sputum)
 - e. Before and after catheter insertions, blood draws, dressing changes and other

sterile procedures

- f. Before and after caring for a patient with known or suspected infection
- g. After completing your shift

2. Other guidelines:

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

3. Disinfectant Guidelines:

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

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

- a. Clean article according to manufacture guidelines.

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

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

POLICY: Mass Casualty Response	REVIEWED: 8/30/19; 2/18/21; 2/09/22; 2/02/23; <u>2/6/24</u>
SECTION: Safety and Emergency Planning	REVISED: 2/09/22; <u>2/6/24</u>
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

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)/crash cart with

suction unit and AED

Trauma grab bag

BP Cuffs (Manual or portable battery)

Satellite cell phone (if available)

5. Additional supplies, such as Easy-Up temporary shelters, dividers, rolling carts, emergency lighting, headamps, wool blankets will be located in the shed outside the clinic and additional supplies like additional 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 emergencyemergency, 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 ~~nurses~~nurses.
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.

REVIEWED

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

POLICY: Medical Records Release	REVIEWED: 4/1/19; 12/30/20; 9/29/21; 1/12/23; <u>2/8/24</u>
SECTION: Medical Records	REVISED: 1/12/23; <u>2/08/24</u>
EFFECTIVE: <u>4/25/23/28/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Release of medical records

Objective: To ensure that authorization for release of patient medical information is valid, requirements for patient authorization under the Confidentiality of Medical Information Act will be followed.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. To be valid, authorization for a provider to release patient medical information must be:
 - a. In writing.
 - b. Executed by a signature that serves no purpose other than to execute the authorization.
 - c. Signed and dated by one of the following:
 1. The patient.
 2. The legal representative of the patient, if the patient is a minor.
 3. The legal representative of the patient, if the patient is an adult with a guardian.
 - d. The limitations, if any, on the types of medical information to be disclosed.
 - e. The name of the health care provider that may disclose the medical information.
 - f. The name of the person or entities authorized to receive the medical information.
2. The designated employee will give a medical records release form to the person requesting records.
3. The form must be completed and signed before a witness, who will also sign the document.
4. The signed, completed document will be kept in the medical record and the requested records will be released to persons requesting them or their designee.
5. A copy of the signed, completed request form will accompany the records being sent.

6. Any requests for Behavioral Health records, even with a signed release, must be reviewed by the Behavioral Health Provider prior to records being released by the requestor.

Medical Records Release
Policy Number 111

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6.7. If a person is requesting medical records for a deceased patient and has not been listed in the former patient's chart and/or is lacking an ROI, the medical records shall only be released if: the requestor can present a copy of the death certificate AND one of the following: a copy of the Trust listing the requestor, a document stating they are a beneficiary of the deceased, or a document stating they are the executor of the will of the deceased. If the requestor does not have one or both of these items, they can be provided the "Request for Medical Records of Decedent – Non Probate" form (located in the Library under Operations Forms). Once the requestor returns this form, complete and notarized, the request can be provided and completed by the Medical Records Department or designee.

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

POLICY: Medi-Cal Eligibility Verification	REVIEWED: 11/12/18; 9/24/20; 8/2/21; 1/04/23; <u>2/6/24</u>
SECTION: Admitting	REVISED: 1/04/23; <u>3/18/24</u>
EFFECTIVE: <u>1/25/23/28/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medi-Cal Eligibility Verification

Objective: To ensure eligibility for patients covered by Medi-Cal.

Response Rating:

Required Equipment:

Procedure:

1. All patients who are identified as Medi-Cal insured via Medi-Cal directly or Managed Medi-Cal plans, must have verification of benefits prior to receiving services.
2. Patients will be identified by showing their health insurance card and/or State of California Medi-Cal card and a photo identification card. All cards will be scanned into the electronic medical record.
3. Use the EMR eligibility checking functionality
 - a. Enter subscriber ID
 - b. Enter date of birth
 - c. Enter patient’s relationship to subscriber
 - d. Select perform eligibility check
3. Alternatively, use the approved online Medi-Cal verification process
 - a. Log in on the Medi-Cal Provider Portal website: <https://provider-portal.apps.prd.cammis.medi-cal.ca.gov/login> medi-cal.ca.gov and/or Availity
 - b. Enter subscriber ID or social security number
 - c. Enter date of birth
 - d. Enter issue date on Medi-Cal card or current date
 - e. Enter service date (current date)
 - f. Select Submit
 - g. Print eligibility information

4. If a patient arrives at the clinic with a life threatening or serious illness that requires immediate attention, treatment will begin immediately regardless of patient's insurance status. The receptionist will verify the patient's benefits and notify the health plan of the patient's status after the patient's condition is deemed stable or upon receiving patient information from a person accompanying the patient.

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

POLICY: Billing Personnel - Organization	REVIEWED: 11/30/18; 2/18/21; 2/09/22; 2/02/23; <u>2/02/24</u>
SECTION: Revenue Cycle	REVISED: 2/02/23
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: The Clinic Manager, Billing Specialist, 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 Specialist on at least a monthly basis to discuss mutual concerns.

4. The Billing Specialist 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 Specialist 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 Specialist 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 Specialist 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; 2/09/22; 2/02/23
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: 2/22/23 2/28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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~~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.

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Billing Practices
Policy Number 24

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.

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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; 2/09/22; 2/02/23; <u>2/02/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Bomb Scare

Objective: Upon receipt of a bomb threat, it is impossible to know if it is real or a hoax. Therefore, precautions need 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: Cardiopulmonary Resuscitation/ Basic Life Support	REVIEWED: 11/19/18; 9/14/19; 2/18/21; 2/09/22; 2/02/23; <u>2/04/24</u>
SECTION: Clinical	REVISED: 9/14/19; 2/18/21; 2/09/22
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

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.

3. RN is 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

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 BLS.
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: Dental Fluoride Varnish Policy	REVIEWED: 2/02/23; <u>2/02/24</u>
SECTION: Dental - Patient Care	REVISED:
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: Dr. Randall Smart

Subject: Fluoride varnish use for patients

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

Response Rating:

Required Equipment: Single use fluoride varnish packets, gloves, basic instruments, prophy cup and prophy angle handpiece, prophy paste, and floss.

Procedure for Dental Clinic

Reasons for fluoride varnish:

- Sensitivity that does not resolve with an over-the-counter desensitizer.
- Moderate to high caries risk individuals with a medical or cognitive impairment.
- Individuals in active orthodontic treatment.
- The Remineralization of incipient or white spot enamel carious lesions.

1. Fluoride varnish application

- The dentist will do an oral exam to determine if the patient needs fluoride and how often.
- The providers and Clinic staff will be trained in the application of fluoride varnish and that training will be documented prior to the implementation of the fluoride varnish program.
- Polishing of the teeth with a prophy angle, cup and paste, then flossing, to remove plaque.
- Apply the varnish according to the manufacturer’s guidelines.

2. Post-application guidance for patients

- The patient may drink water after application of fluoride varnish.
- The patient should not eat any foods that are hard, crunchy, or chewy for 4-6 hours.
- The patient cannot have hot beverages or alcohol for 4-6 hours.

- The patient should not floss or brush until the next following day.
- The patient should not use any fluoride products like fluoride gels mouth rinses, ect on the day of treatment and should not take fluoride tablets for several days.
- Fluoride containing toothpaste can still be used.
- After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed and flossed.

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

POLICY: Dental Local Anesthesia Policy	REVIEWED: 2/02/23; <u>2/02/24</u>
SECTION: Dental - Patient Care	REVISED:
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: Dr. Randall Smart

Subject: Administering Local Anesthetic

Objective: Patient comfort and safety

Response Rating:

Required Equipment:

Procedure: Equipment Needed:

- Dental syringe
- A 25, 27, or 30 gauge, short or long dental needle, depending on the anesthetic technique
- Local anesthetic solution
- Topical anesthesia

The patient’s medical history, including any medical conditions, medications, and allergies, should be reviewed as this can affect the choice of the anesthetic agent. The patient’s weight should be known to avoid exceeding the safe dose of anesthetic solution. The dental syringe is assembled by the operator or dental assistant, confirming the anesthetic agent to be utilized and its expiration date. Under good lighting, local anesthesia is administered with the patient in the dental chair in a supine or semi-supine position. Anatomical landmarks are observed before administering the local anesthesia. Furthermore, the application of topical anesthesia is placed before injection to reduce discomfort.

The ASA (American Society of Anesthesiologists) Physical Status Classification System has been in use for over 60 years. The purpose of the system is to assess and communicate a patient's pre-anesthesia medical co-morbidities. Definition Examples, including but not limited to:

- ASA I - A normal healthy patient Healthy, non-smoking, no or minimal alcohol use.
- ASA II - A patient with mild systemic disease Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity ($30 < \text{BMI} < 40$), well-controlled DM/HTN, mild lung disease
- ASA III - A patient with severe systemic disease Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity ($\text{BMI} \geq 40$), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, *ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents.
- ASA IV - A patient with severe systemic disease that is a constant threat to life Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or *ESRD not undergoing regularly scheduled dialysis
- ASA V - A moribund patient who is not expected to survive without the operation Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/ system dysfunction
- ASA VI - A declared brain-dead patient whose organs are being removed for donor purposes

The Dentist or the Registered Dental Hygienist will only administer the local anesthetic. The patient needs to be cooperative during delivery of local anesthetic for safety reasons.

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

POLICY: Disaster - Water Contamination	DATE: 7/1/19; 2/18/21; 2/09/22; 2/02/23; <u>2/02/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

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: Drug Samples	REVIEWED: 9/1/19; 2/18/21; 2/9/22; 2/02/23; <u>2/06/24</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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 ~~Clinic Manager~~Clinic Manager 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; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE: 2/ 22 / <u>2328</u> /24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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~~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~~Sheriff's Department
1054 Jeff Tuttle Drive; San Andreas

1-209-754-6500

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Elder Dependent Adult Abuse Reporting
Policy Number 60

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~~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~~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 ~~ef~~ 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; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Workforce	REVISED: 2/18/21
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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.
5. COVID-19 vaccinations, boosters and/or exemptions will be documented ~~and uploaded~~ and uploaded to the confidential health file at time of hire/onboarding and when any updates occur.

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

POLICY: External Hazmat Incident	REVIEWED: 8/30/19; 2/18/21; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

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~~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; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE-: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: Randall Smart, MD

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; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: 2/ 22/23 <u>28/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Fire Safety

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

Response Rating: Mandatory

Required Equipment: Fire ~~extinguisher~~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~~ only be 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 prior to allowing regular business to resume.

- **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)~~, 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: Hazardous Waste	REVIEWED: 3/1/19; 12/30/20; 9/29/21; 12/18/23; <u>2/06/24</u>
SECTION: Infection Control	REVISED:
EFFECTIVE: <u>2/22/2328/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Purpose: Hazardous Waste

Objective: The Environmental Protection Agency has grouped certain chemicals and chemical groups into categories which have been classified as toxic. This means that in concentrated form or by accumulating and combining with other chemicals (even the air) these chemicals can be hazardous to human health if exposure occurs.

Policy: The Clinic insists that employees not create hazardous wasteswaste that will contaminate the environment. Whenever possible, employees should choose non-hazardous materials. If an employee uses hazardous materials, he must properly dispose of them. No employee shall knowingly dump any hazardous wasteswaste into the environment at any time. Violation of this policy will result in disciplinary action, including termination of employment.

If any employee suspects that the wasteswaste he may encounter as an employee are-is hazardous (whether or not they are being created by the Clinic), should inform the supervisor immediately. If any employee does not know how to control or dispose of hazardous wastes and what to do if he is exposed to hazardous wastes, the employee should consult with the provider on duty and refer to the Safety Data Sheets reference book located in the lab.

- Focus on patient and staff safety.
- Be alert to hazardous wasteswaste.
- Wear appropriate personal protective equipment.
- Know how to properly dispose of hazardous wasteswaste.
- Direct any questions to your supervisor.
- Report all exposures immediately.

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

POLICY: Infection Control - Overview	REVIEWED: 3/1/19; 11/23/20; 8/25/21; 12/18/22; <u>2/6/24</u>
SECTION: Infection Control	REVISED: 1/6/20; 11/23/20
EFFECTIVE: 2/ 22 <u>23</u> 28 / <u>24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Infection Control

Objective: Staff will follow infection control policies to protect themselves and others from contaminated materials.

Response Rating: Severe

Required Equipment:

Procedure

1. Hands
 - a. Each examination room will have soap and/or alcohol-based gel hand sanitizer which ~~will to~~will be used before and after the care of each patient.
2. Instruments
 - a. Instruments are to be sent to the sterilization/dirty rom area for sterilization.
 - b. Single use implements are to be properly disposed of after single use. Single use implements will never be sterilized and re-used.
3. Thermometers
 - a. The oral digital thermometer will be marked ORAL and used with disposable plastic covers, orally, only.
 - b. The rectal digital thermometer will be marked RECTAL and used with disposable plastic covers, rectally, only
 - c. The temporal scan thermometer will be sanitized between uses, per manufacturer’s recommendation.
4. Room cleaning
 - a. Routine cleaning is the responsibility of the Housekeeping Service.

- b. The Clinic staff is responsible for the cleaning of examination tables and door handles with a germicidal solution after each patient visit and after any spills or contamination.
- c. In the event of a pandemic, there will be increased cleaning requirements for the lobby ~~areas~~areas.

5. Contaminated Materials and Garbage Collection

- a. Contaminated materials shall be red-bagged and transported to the infectious material pick-up area.
- b. Non-contaminated materials are to be placed in plastic bags to be picked up by ~~Housekeeping~~the Housekeeping Service each day.

6. Biologicals

- a. Biologicals will be stored in the refrigerator located in the medication room or laboratory.
- b. Dated materials are to be checked once a month and discarded according to the Sterile ~~Shelf~~LifeShelf-Life policy.

7. Syringes and Needles

- a. Syringes and needles shall be of disposable material and discarded in appropriate sharps containers located in each examination room and lab area.

8. Contaminated Wounds

- a. All cases are to be treated as having been possibly contaminated.
- b. Disposable materials will be wrapped and placed in an infectious waste bag.
- c. The infectious waste bag shall be disposed of according to the procedure for Contaminated Materials.

9. Airborne Pathogens

- a. Patients who are coughing and/or sneezing will be offered a disposable mask and asked to wear same, ~~in order to~~to reduce exposure of other patients, guests and staff members, and may be seen as an outside car visit

- b. After patient care has been completed and the patient has vacated the examination room, assigned staff will don gloves and clean the room surfaces (~~door knobs~~doorknobs, examination table, guest chairs, ~~counter top~~countertop).
- c. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, tuberculosis).
- d. Staff will utilize the cleaning products approved by the Infection Control Committee and issued by the Housekeeping Service. After cleaning is completed, the room will be taken out of service (for a minimum of 15 minutes, maximum of 60 minutes), allowing the damp surfaces to air dry.
- e. Where possible, examination room windows will be opened to allow the circulation of fresh air.

10. Hard surfaces

- a. Floors will be swept and mopped daily utilizing approved disinfectant agents which will be mixed/diluted per manufacturer's guidance.
- b. The Clinic will not utilize carpet in Patient Care areas. Carpets found in non-Patient Care areas will be shampooed with approved disinfectant agents as required by traffic and wear, but not less often than every six months, unless the area in question is a low traffic office space.

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

POLICY: Intramuscular Injections	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 1/03/23; <u>2/8/24</u>
SECTION: Patient Care	REVISED: 11/23/20; 1/03/23
EFFECTIVE: <u>1/25/23</u> <u>2/28/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Intramuscular Injections

Objective: To administer medication into a muscle.

Response Rating: Minimal to Severe

Required Equipment: Syringe, proper size and gauge needle, alcohol swab, cotton ball, Band-Aid and gloves.

Procedure

- Remember the five rights: **Patient, Dose, Medication, Route, Time, and check Expiration Date.**

1. Review practitioner’s written order. Verbal orders are not allowed.
2. If ~~order~~the order is unclear, do not give the injection until all information is understood.
3. Check patient allergies.
4. Provide patient/guardian with current Vaccine Information Sheet (VIS) if immunizations are being administered. Patient education includes side effects of the medication. Give the patient literature for after-injection care, if necessary.
5. Have patient review and sign consent, if required.
6. Prepare medicine - proper size and gauge needle and proper dilutant per manufacturer guidelines.
7. Change needles, if appropriate.
8. Choose and prepare ~~site~~site. ~~Upper~~The upper outer quadrant of buttock, upper deltoid, or lateral thigh are acceptable sites.
9. Insert needle and slowly give medication, it is no longer recommended to aspirate prior to giving medication.

10. Withdraw needle, immediately engage the needle safety mechanism and **DISPOSE OF NEEDLE AND SYRINGE ASAP IN SHARPS CONTAINER. DO NOT RECAP NEEDLE.**
11. Cover site with Band-Aid if desired.
12. Document EMR with manufacturer, lot number, expiration date, location, medication and dosage, job title and how the patient tolerated the procedure, as well as the last name, first name or initial and title of the person administering the medication. — Document distribution of current VIS if immunizations are given.

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

POLICY: Litigation (Potential)	REVIEWED: 11/12/18; 9/24/20; 8/2/21; 1/04/23; <u>2/6/24</u>
SECTION: Operations	REVISED: 09/24/20
EFFECTIVE: <u>2/22/2328/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Litigation and requested documentation

Objective: All cases involved in litigation or potential litigation cases are viewed by the Medical Director and the District Executive Director.

Response Rating:

Required Equipment:

Procedure:

1. Service of all subpoenas or legal request for medical records with the potential to be used in an action against the District or Clinic will be immediately directed to the Clinic Manager. The request will then be noted and an impound file will be created. Any litigation case is referred to the malpractice carrier of Program BETA.
2. The request will be forwarded to the Clinic Manager and/or the Medical Director for review of the request and the electronic medical records as well as any paper documents will be copied and forwarded to the District office to be retained in the established impound file. The Electronic Health Record will be annotated that such a file exists.
3. The Chief Executive Officer, after review, will ensure records are forwarded to the malpractice carrier.
4. The carrier will determine the need for an attorney to be assigned to the clinic and/or the Medical staff and the Clinic staff.
5. All inquiries regarding the impounded medical records, with the exception of ~~that~~those pertinent as medical history in the assessment and treatment of a current medical problem, will be referred to the Executive Director.
6. At no time will management or Clinic staff speak with the patient, family~~family~~, or any family representative regarding any potential litigation, without the prior written approval of the malpractice carrier, Executive Director, or the Clinic’s legal counsel.
7. The Board President will be notified of potential litigation action.

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

POLICY: Look-Alike Sound-Alike Medications	REVIEWED: 4/1/19; 12/30/20; 9/29/21; 1/03/23; <u>2/6/24</u>
SECTION: Medication Management	REVISED:
EFFECTIVE: 2/ 22 / 23 <u>28</u> / <u>24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Look-Alike Sound-Alike Medications

Objective: To reduce medication errors, the Clinic will use the ISMP List of Confused Drug Names to indicate and delineate Look-Alike Sound-Alike medications.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Existing policy requires that the Clinic will maintain a formulary that represents the medications to be maintained for use in patient care.
2. The formulary will be compared to the ISMP’s List of Confused Drug Names and any medications found on that list will be renamed on the formulary.
 - a. To reflect the recommended “tall man” lettering.
 - b. If no “tall man” lettering option is available, the medication name will be listed in bold font to indicate its Look-Alike Sound-Alike status.
3. The medication storage system will be labeled using the recommended “tall man” lettering” and/or bold font to indicate its Look-Alike Sound-Alike medications
4. The medication library in the Electronic Medical Record will be prepared utilizing the recommended “tall man” lettering for any Look-Alike Sound-Alike medications.

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

POLICY: Medical Assistant Scope of Practice	REVIEWED: 3/1/19;12/31/20; 9/29/21; 1/04/23; <u>2/8/24</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>2/22/2328/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Medical Assistant Scope of Practice

Objective: To ensure Medical Assistants work within their legal scope of practice, Medical Assistants deployed in the Clinic will function within parameters defined by California Business and Professional Code.

Response Rating:

Required Equipment:

Procedure

1. A Medical Assistant **may not perform** the following functions:
 - a. Diagnose or treat a condition or illness;
 - b. Perform any invasive task (except injections and skin tests as noted);
 - c. Assess the patient’s condition;
 - d. Interpret results of skin tests (but may measure and describe the test reaction and make a record in the patient’s chart);
 - e. Place the needle for the starting of, or disconnect infusion tube of, an IV;
 - f. Administer medications that are injected into an IV line;
 - g. Administer medications that are injected into the vein;
 - h. Chart pupillary responses;

- i. Insert urine catheter;
 - j. Independently perform telephone triage;
 - k. Inject collagen;
 - l. Use lasers to remove hair, wrinkles, scars, moles, or other blemishes;
 - m. Administer chemotherapy;
 - n. Draw up or administer numbing agents, alone or as a component of any medication administration.
 - o. Enter medication orders into the EMR.
 - p. Independently apply splints.
2. Technical support services may not be rendered by the Medical Assistant unless they have received a written order, signed and dated by the physician/nurse practitioner/physician assistant.
2. Under the Direction of a Physician (MD, DO), Nurse Practitioner, and/or Physician Assistant who are members of the Clinic Medical Center Medical Staff, Medical Assistants may perform technical support services, limited to:
- a. Administration of medications by intradermal, subcutaneous, and/or intramuscular injection;
 - b. Performance of skin tests;
 - c. Application and removal of bandages;
 - d. Removal of sutures;
 - e. Performance of ear lavage;
 - f. Preparing patient for examination;

- g. Shaving and disinfecting treatment sites;
 - h. Handing properly labeled, pre-packaged medications to the patient (except for controlled substances).
3. In addition to approved technical support services, Medical Assistants may perform administrative and clerical functions as directed by Clinic Leadership.
 4. The responsibility for the appropriate use of a Medical Assistant in the Clinic rests with the Physician.
 5. If asked to perform tasks that exceed their legal scope of practice, Medical Assistants will respectfully decline and advise Clinic Leadership.

CROSS REFERENCE:

- California Business and Professions Code 2069-2071
- California Business and Professions Code 2544

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

POLICY: Operation During Internal Disaster	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; <u>2/6/24</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>2/02/2328/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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~~the 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: Sensitive Services	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; <u>2/06/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>2/22/23</u> 28/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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:

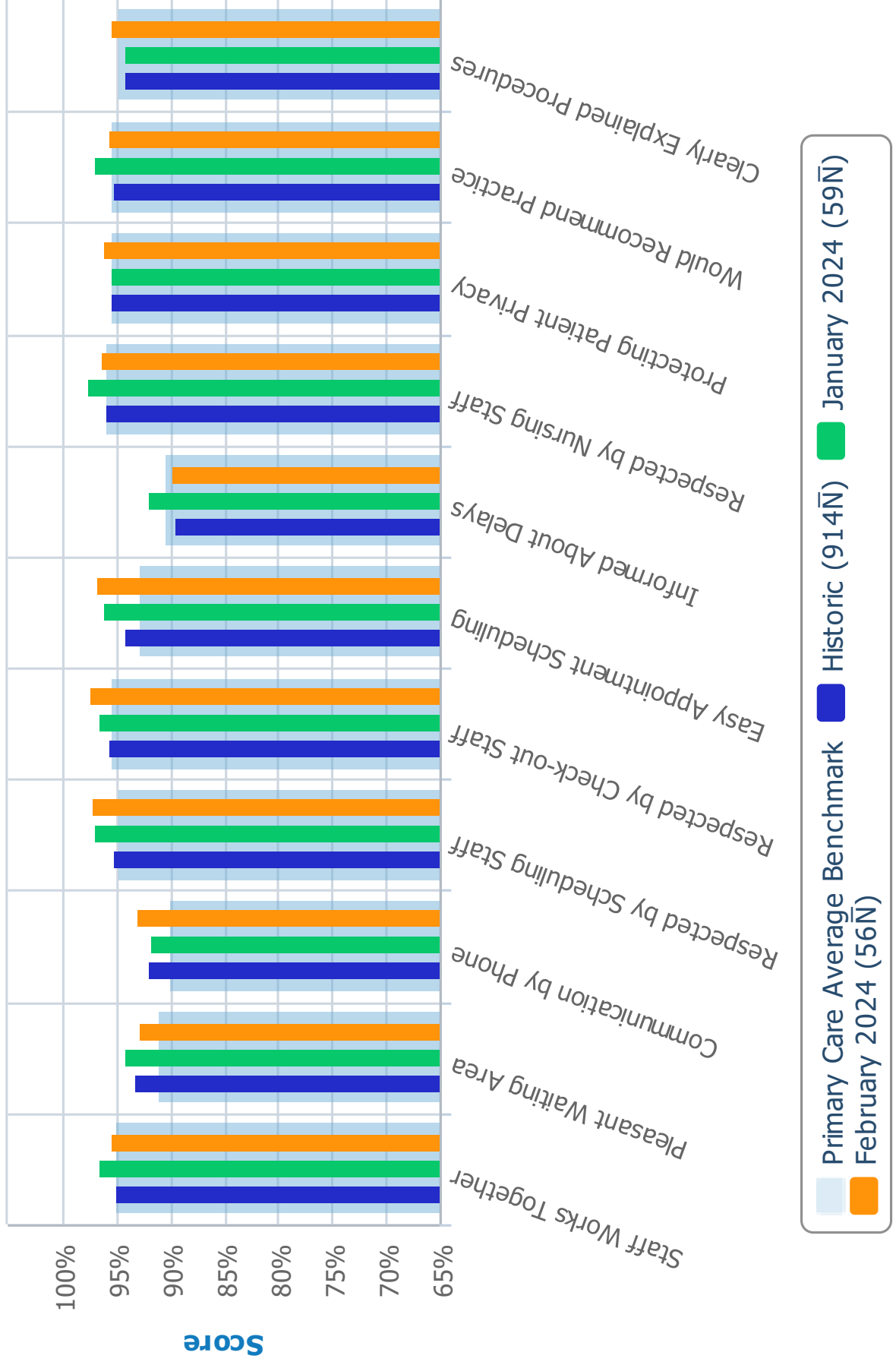
Procedure:

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.

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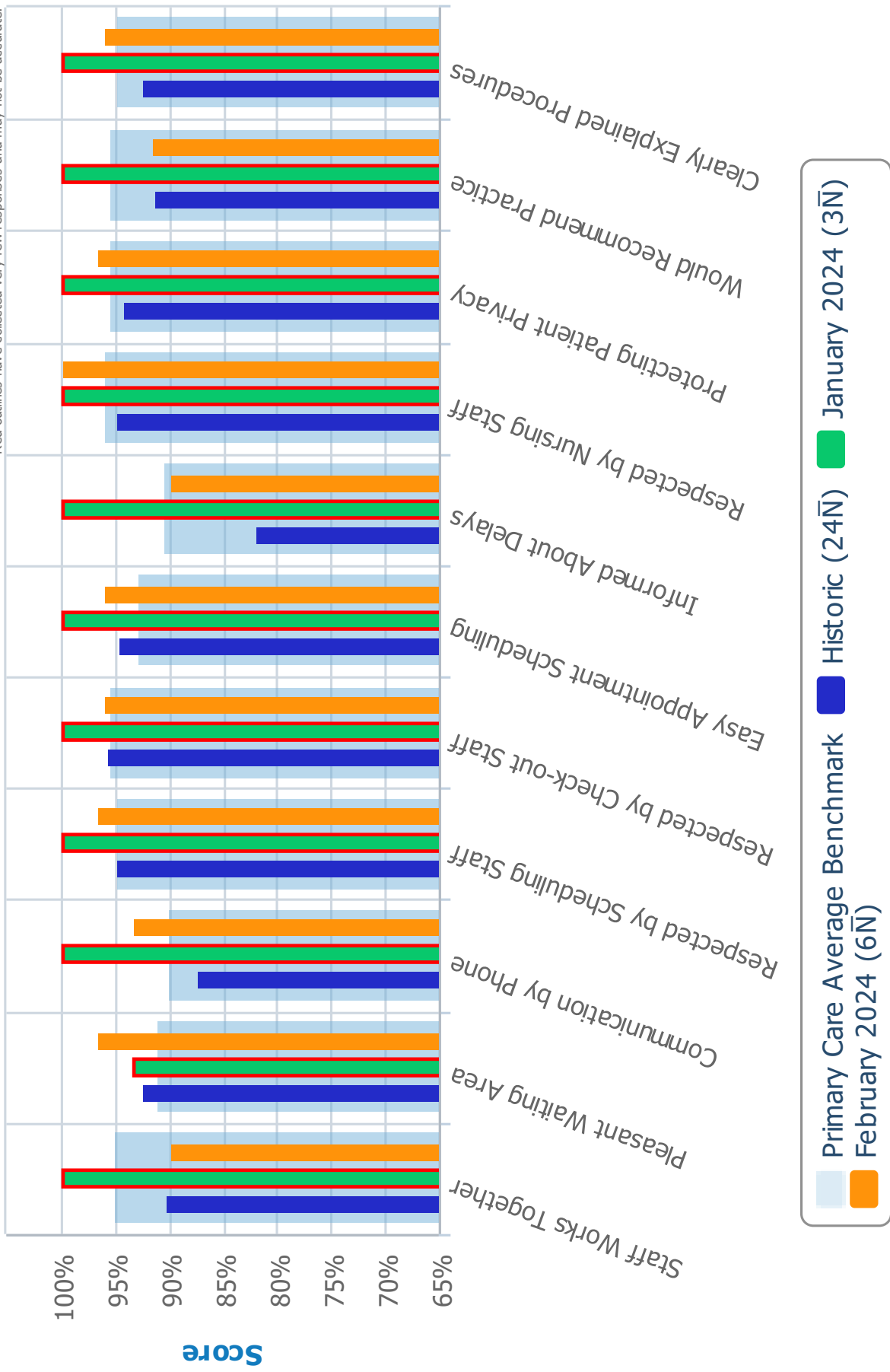
Quality Metric	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24 Total	Census		MTD		Fiscal YTD		Historical	
													Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix
Patient Visits Total	1769	2201	1805	1848	1842	1677	2136	1984				15262	15262	15262						
Medi-Cal	1065	1410	1180	1255	1271	1094	1446	1393				10114	10114	10114	70%			66%		66%
Medicare	345	392	303	322	274	334	339	259				2568	2568	2568	13%			17%		17%
Cash Pay	11	8	14	8	23	17	14	17				112	112	112	1%			1%		1%
Other	348	391	308	263	274	232	337	315				2468	2468	2468	16%			16%		16%
Pediatrics 0-16 yrs	241	404	282	300	311	240	334	314												
Behavioral Health	210	258	199	240	219	198	244	307												
Dental	311	415	340	414	408	384	494	465												
Total Empanelled Patients	6280	6401	6507	6625	6710	6836	6928	7006												
Total New Patients SEEN	113	150	100	106	104	95	111	100												879
Total New Pt's REGISTERED	144	156	136	152	118	155	127	114												1102
Incident Reports																				
Patient Satisfaction																				
Peer Review/Fallouts																				
Employee turnover																				
Wait time for appointments																				
Patient No-shows	144	171	132	155	138	153	163	170												879
Employee Satisfaction							7.60%	8.50%												

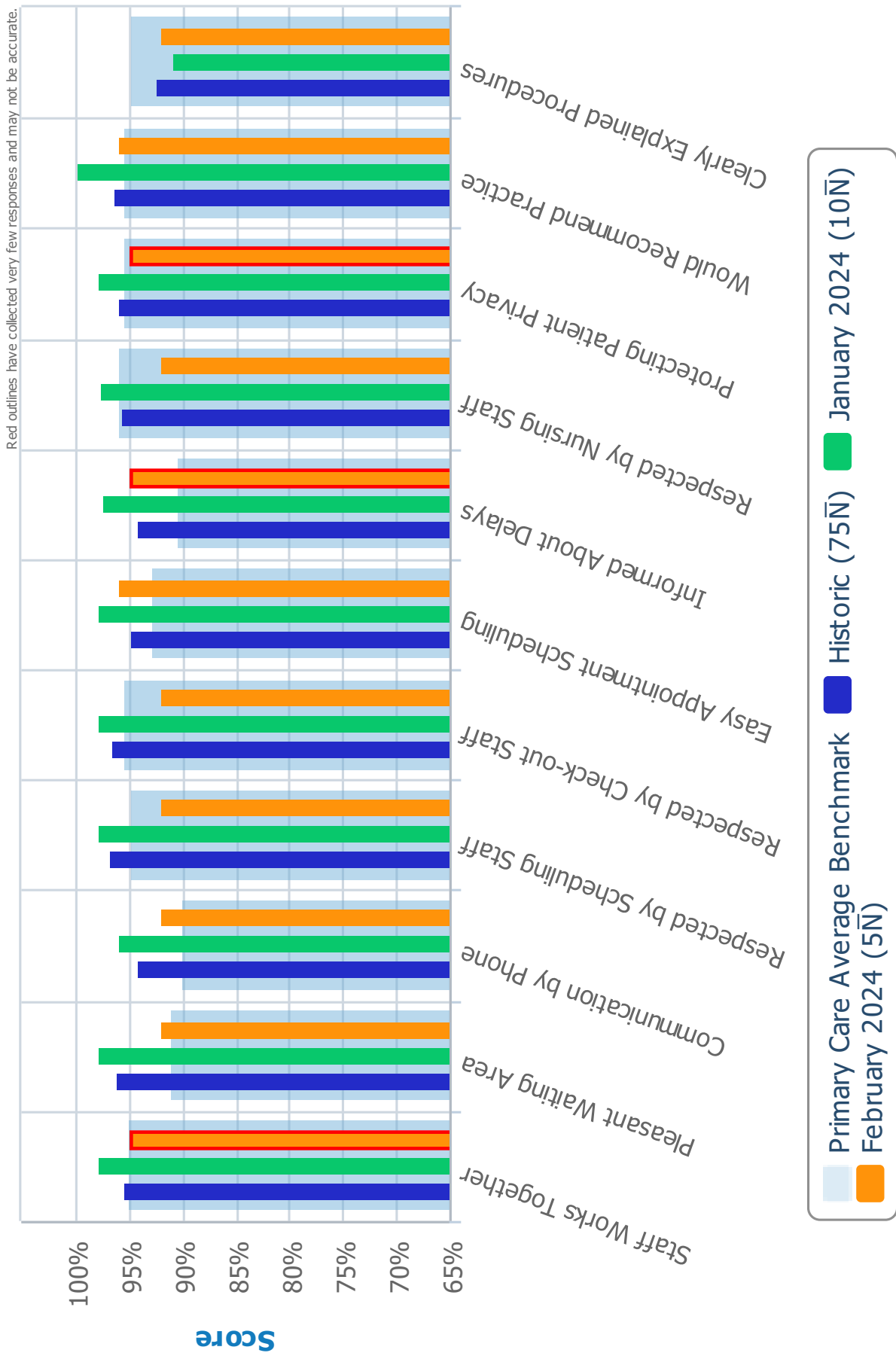
1=All Financial data in Finance Report





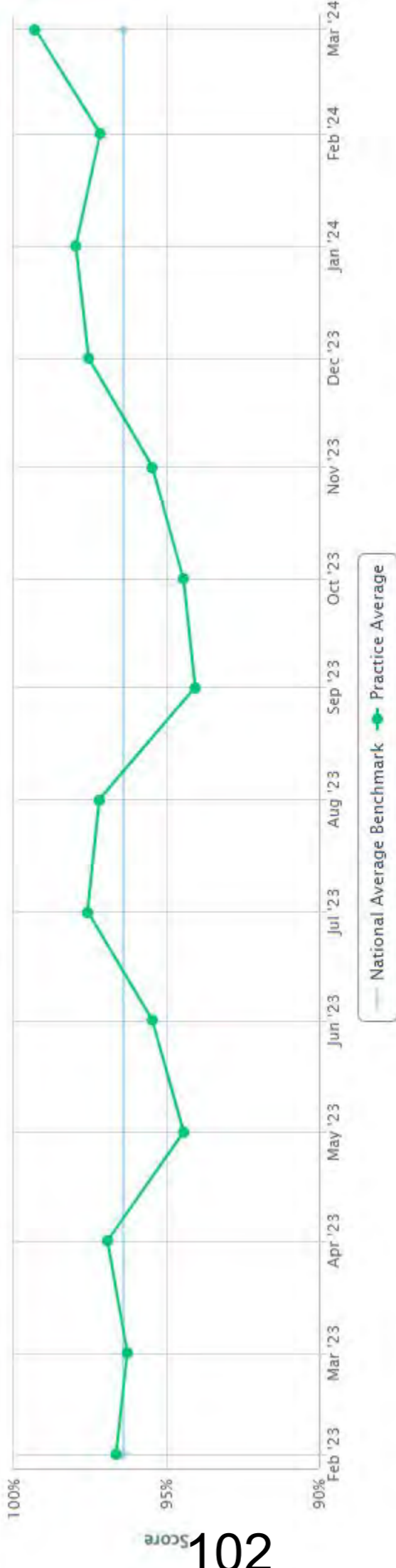
Red outlines have collected very few responses and may not be accurate.



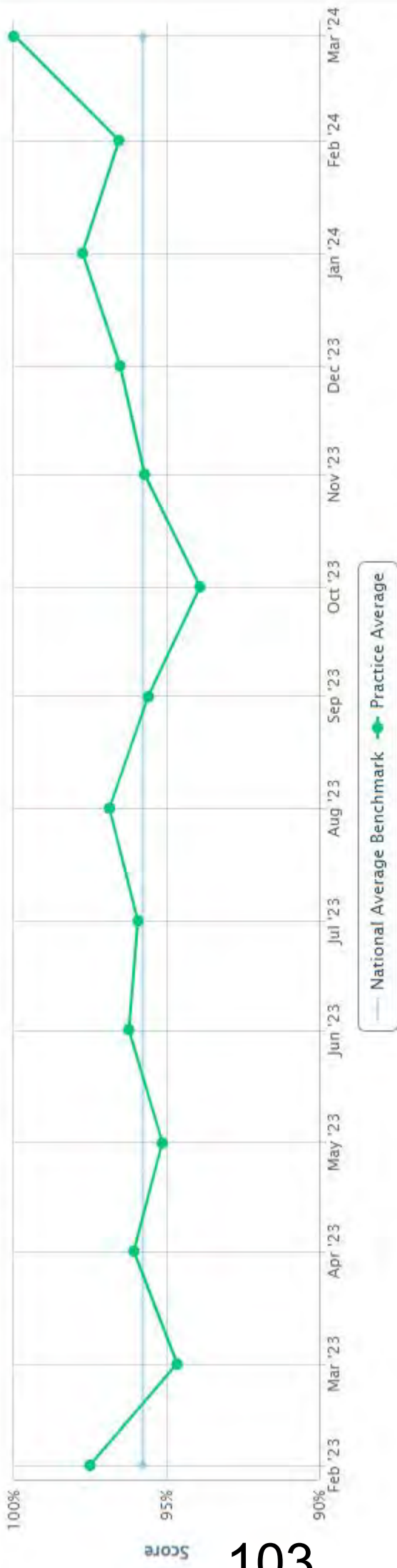
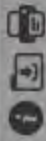




Provider Satisfaction Rating (2/1/2023 to 3/21/2024)



Respected by Nursing Staff (2/1/2023 to 3/21/2024)





**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 for February 2024

Item Type: Action

Submitted By: Rick Wood, Accountant & Traci Whittington, Accounting

Presented By: Rick Wood, Accountant & Traci Whittington, Accounting

BACKGROUND:

The February 2024 financial reports are attached for your review and approval.

- The MTMC Utility Reimbursements are shown in the February Financials per the request of the Finance Committee.
- MTMC paid \$225,820 in past due utility overages in February causing it to be a very lucrative month.

The District, in total, has remained in the “Black” for EIGHT months in a row 😊 The Clinic has a solid month as well.

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		2/29/24		
		Actual Month	Y-T-D Actual	2023/2024 Budget
	Total Other Revenue	486,264	3,783,585	5,882,085
7083.09	Other salaries and wages	(188,931)	(1,421,697)	(2,311,267)
	Non labor expenses	(249,172)	(2,142,308)	(3,742,372)
	Total Expenses	(469,374)	(3,843,606)	(6,655,498)
	Net Expenses over Revenues	16,891	(60,021)	(773,413)

Mark Twain Health Care District

Annual Budget Recap

	02/29/24	2023 - 2024 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	6,992,584	10,538,718	7,455,963	1,332,755	0	1,750,000
Total Revenue	6,992,584	10,538,718	7,455,963	1,332,755	0	1,750,000
Expenses	(5,959,516)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Total Expenses	(5,959,516)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)
Surplus(Deficit)	1,033,067	221,933	(773,413)	29,065	(177,900)	1,144,180
Historical Totals						
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)
	23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
	197,850	392,710	412,064	551,925	546,391	630,489
	Jan-24	Feb-24				
	728,240	1,033,067				

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			2/29/24			VSHWC				
		Monthly	Actual	Variance	Variance	Y-T-D	Y-T-D	Variance	Variance	2023/2024
		Budget	Month	\$\$\$	%	Budget	Actual	\$\$\$	%	Budget
4083.49	Urgent care Gross Revenues	621,330	600,900	(20,430)	96.71%	4,970,642	4,383,621	(587,021)	88.19%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(114,636)	16,520	87.40%	(1,049,252)	(600,036)	449,216	57.19%	(1,573,878)
	Net Patient revenue	490,174	486,264	(3,909)	99.20%	3,921,390	3,783,585	(137,805)	96.49%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	Total Other Revenue	490,174	486,264	(3,909)	99.20%	3,921,390	3,783,585	(137,805)	96.49%	5,882,085
7083.09	Other salaries and wages	(192,606)	(188,931)	3,675	98.09%	(1,540,845)	(1,421,697)	119,148	92.27%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(17,782)	(5,464)	144.36%	(98,544)	(111,360)	(12,816)	113.01%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(77,834)	0	77,834	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(12,302)	7,698	61.51%	(160,000)	(154,763)	5,237	96.73%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(51,889)	0	51,889	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(1,187)	434	73.21%	(12,972)	(13,479)	(507)	103.91%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(50,155)	(31,271)	18,884	62.35%	(401,239)	(279,601)	121,638	69.68%	(601,859)
	Labor related costs	(242,761)	(220,202)	22,559	90.71%	(1,942,084)	(1,701,298)	240,786	87.60%	(2,913,126)
7083.05	Marketing	(1,000)	(2,373)	(1,373)	237.35%	(8,000)	(3,674)	4,326		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(54,763)	50,798	51.88%	(844,492)	(463,941)	380,551	54.94%	(1,266,738)
7083.20.02	Dental - Providers	0	(7,700)			0	(64,763)			
7083.20.03	Behavior Health - Providers	0				0				
7083.22	Consulting and Management fees	(2,500)	(1,257)	1,243	50.29%	(20,000)	(27,264)	(7,264)	136.32%	(30,000)
7083.23	Legal - Clinic	(417)	0	417	0.00%	(3,333)	(11,700)	(8,367)		(5,000)
7083.25	Registry Nursing personnel	0				0				
7083.26	Other contracted services	(18,583)	(30,007)	(11,424)	161.47%	(148,667)	(318,950)	(170,283)	214.54%	(223,000)
7083.27	Other- IT Services					0				
7083.29	Other Professional fees	(1,000)	(11,415)	(10,415)	1141.50%	(8,000)	(20,580)	(12,580)	257.25%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(49)	10	83.21%	(467)	(653)	(187)	140.02%	(700)
7083.38	Pharmaceuticals	0	0			0	0			0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(26,082)	30,709	45.93%	(454,333)	(267,543)	186,790	58.89%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(14,264)	(14,264)		0	(101,695)	(101,695)		
7083.41.03	Behavior Health Materials	0	(166)	(166)		0	(2,232)	(2,232)		
7083.44	Linens	0				0				
7083.48	Instruments and Minor Medical Equipment	0	0			0	0			0
7083.74	Depreciation - Equipment	(17,917)	(10,467)	7,450	58.42%	(143,333)	(125,840)	17,494		(215,000)
7083.45	Cleaning supplies	0	0			0	0			0
7083.62	Repairs and Maintenance Grounds	(417)	(1,537)	(1,121)	368.97%	(3,333)	(5,345)	(2,012)	160.36%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(50,561)	11,523	81.44%	(496,667)	(362,381)	134,285	72.96%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(4,894)	1,523	76.27%	(51,333)	(48,822)	2,511	95.11%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(21,708)	(218)	101.01%	(171,922)	(173,665)	(1,743)	101.01%	(257,883)
7083.43	Food	(333)	(140)	194	41.87%	(2,667)	(3,739)	(1,073)	140.22%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(2,631)	(539)	125.77%	(16,733)	(19,214)	(2,480)	114.82%	(25,100)
7083.69	Other purchased services	(1,250)	(1,185)	65	94.83%	(10,000)	(9,711)	289	97.11%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(2,826)	(67)	102.44%	(22,067)	(22,604)	(538)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(1,000)	0	1,000	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(1,677)	823	67.09%	(20,000)	(37,364)	(17,364)	186.82%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	(1,087)	1,413	43.48%	(20,000)	(12,068)	7,932	60.34%	(30,000)
7083.87	Outside Training	(375)	(559)	(184)	149.07%	(3,000)	(1,491)	1,509	49.70%	(4,500)
7083.88	Travel costs	(279)	(1,823)	(1,544)	653.11%	(2,233)	(16,193)	(13,959)	725.04%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(26,667)	0	26,667	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(16,667)	0	16,667	0.00%	(25,001)
	Non labor expenses	(311,864)	(249,172)	62,692	79.90%	(2,494,914)	(2,142,308)	352,606	85.87%	(3,742,372)
	Total Expenses	(554,625)	(469,374)	85,251	84.63%	(4,436,998)	(3,843,606)	593,392	86.63%	(6,655,498)
	Net Expenses over Revenues	(64,451)	16,891	81,342	184%	(515,608)	(60,021)	455,587	183%	(773,413)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		2/29/24									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,316	(17)	99.98%	714,667	715,697	1,030	100.14%	1072000	
	Rent Revenues	89,333	89,316	(17)	99.98%	714,667	715,697	1,030	100.14%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(90,789)	(13,289)	117.15%	(620,000)	(784,914)	(164,914)	126.60%	(930,000)	
9521.80	Utility Reimbursements- MTMC		236,044				481,607				
9520.85	Telephone & Communications	(572)	(465)	106	81.41%	(4,573)	(3,397)	1,177	74.27%	(6,860)	
9520.72	Depreciation	(8,285)	(8,223)	62	99.25%	(66,280)	(66,953)	(673)	101.02%	(99,420)	
9520.82	Insurance										
	Total Costs	(86,357)	136,567	222,924	-158.14%	(690,853)	(373,657)	317,197	54.09%	(1,036,280)	
	Net	2,977	225,883	222,906	7588.45%	23,813	342,041	318,227	1436.34%	35,720	
9260.02	MOB Rents Revenue	19,044	18,605	(439)	97.70%	152,351	144,620	(7,731)	94.93%	228,527	
9521.75	MOB rent expenses	(22,284)	(24,336)	(2,052)	109.21%	(178,273)	(182,294)	(4,021)	102.26%	(267,410)	
	Net	(3,240)	(5,731)	(2,491)	176.86%	(25,922)	(37,674)	(11,752)	145.34%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	6,365	6,365	0	100.00%	9,548	
9522.75	Child Advocacy Expenses	0	(872)	(872)	0.00%	0	(1,876)	(1,876)	0.00%		
	Net	796	(76)	(872)	-9.54%	6,365	4,490	(1,875)	70.54%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,908	18	100.95%	15,120	15,048	(72)	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
	Total Revenues	111,063	110,625	(438)	99.61%	888,503	881,731	(6,772)	99.24%	1,332,755	
	Total Expenses	(108,641)	111,359	220,000	-102.50%	(869,127)	(557,826)	311,300	64.18%	(1,303,690)	
	Summary Net	2,422	221,984	219,562	9165.00%	19,377	323,904	304,528	1671.62%	29,065	

Mark Twain Health Care District										
General Administration Financial Projections										
2/29/24										
ADMIN										
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	37,507	8,340	128.59%	233,333	317,174	83,841	135.93%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	866,667	866,667	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		0				84,674			
9205.03	Miscellaneous Income (1% Minority Interest)		(2,291)			0	(33,972)			
	Summary Revenues	137,500	143,549	6,049	104.40%	1,100,000	1,234,543	134,543	112.23%	1,750,000
8610.09	Other salaries and wages	(27,217)	(24,496)	2,721	90.00%	(217,737)	(220,222)	(2,485)	101.14%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,327)	755	63.74%	(16,657)	(11,686)	4,971	70.16%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(11,317)	0	11,317	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(11,738)	0	11,738	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	0	943	0.00%	(7,545)	(1,974)	5,571	26.16%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(1,886)	0	1,886	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(1,327)	4,816	21.60%	(49,143)	(13,659)	35,483	27.80%	(73,714)
	Labor Costs	(33,360)	(25,823)	7,537	77.41%	(266,880)	(233,881)	32,999	87.64%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(314)	3,852	7.54%	(33,333)	(3,067)	30,266	9.20%	(50,000)
8610.23	Legal	(333)	0	333	0.00%	(2,667)	(10,276)	(7,609)	385.35%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(836)	2,164	27.88%	(24,000)	(41,716)	(17,716)	173.82%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(8,000)	(1,459)	6,541	18.24%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(1,333)	0	1,333	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(446)	(71)	119.01%	(3,000)	(6,819)	(3,819)	227.30%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(333)	0	333	0.00%	(500)
8610.69	Other- IT Services	(583)	(774)	(191)	132.75%	(4,667)	(9,958)	(5,291)	213.38%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(29,333)	(63,459)	(34,126)	216.34%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(442)	1,225	26.52%	(13,333)	(11,778)	1,555	88.34%	(20,000)
8610.87	Outside Trainings	(833)	(780)	53	93.60%	(6,667)	(3,540)	3,126	53.10%	(10,000)
8610.88	Travel	-	0			0	0			
8610.89	Recruiting	(42)	0	42		(333)	0	333		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(10,000)	(3,000)	7,000	30.00%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	(21,380)	0		
	Non-Labor costs	(17,125)	(4,093)	13,032	23.90%	(137,000)	(176,453)	(18,073)	128.80%	(205,500)
	Total Costs	(50,485)	(29,917)	20,568	59.26%	(403,880)	(410,334)	14,926	101.60%	(605,820)
	Net	87,015	113,632	26,617	130.59%	696,120	824,209	149,469	118.40%	1,144,180

Mark Twain Health Care District
Balance Sheet
As of February 29, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	330,470
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	206,935
1001.45 Five Star Bank - MTHCD Checking NEW	541,460
1001.50 Five Star Bank - Money Market	732,967
1001.60 Five Star Bank - VSHWC Checking	59,515
1001.65 Five Star Bank - VSHWC Payroll	53,997
1001.90 US Bank - VSHWC	3,480
1001.98 Calaveras Wellness Foundation	114,555
1820 VSHWC - Petty Cash	400
Total Bank Accounts	2,050,227
Accounts Receivable	
1201.00 Accounts Receivable	-12,338
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	500,122
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	31,760
1003.20 CLASS Operational Reserve Fund	1,027,547
1004.10 CLASS Lease & Contract Reserve Fund	1,770,327
1004.20 CLASS Loan Reserve Fund	2,161,528
1004.30 CLASS Capital Improvement Reserve Fund	2,615,393
1004.40 CLASS Technology Reserve Fund	266,652
1004.50 Community Programs Reserve Fund	102,755
1004.60 Lease Termination Reserve Fund	504,515
1150.05 Due from Calaveras County	474,510
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	415,280
1205.51 Cash To Be Reconciled	48,944
1300.00 Prepaid Expense (USDA)	-43,416
Total Other Current Assets	9,548,269
Total Current Assets	12,098,617
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	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildings	5,875,622
1220.20 VSHWC - Equipment	937,082
1221.00 Pharmacy Construction	48,536
1250.13 CIP - Dental Expansion	3,500
1521.20 CIP Buildings - BHCIP	119,339
1600.00 Accumulated Depreciation	-8,872,742
Total Fixed Assets	6,426,657

Other Assets	
1710.10 Minority Interest in MTMC - NEW	374,006
1810.60 Capitalized Lease Negotiations	300,953
1810.65 Capitalized Costs Amortization	19,865
Total Intangible Assets	320,818
2219.00 Capital Lease	5,728,929
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,265,527
TOTAL ASSETS	25,790,801
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	199,405
Total 200.00 Accts Payable & Accrued Expenses	199,405
2001.00 Other Accounts Payable (Credit Card)	24,250
Total 200.00 Accts Payable & Accrued Expenses	24,250
2000.10 Other Accounts Payable	-6,130
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	17,518
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	114,555
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	599,528
Total Current Liabilities	823,184
Long-Term Liabilities	
2128.01 Deferred Capital Lease	104,285
2128.02 Deferred Utilities Reimbursement	193,495
2129.00 Other Third Party Reimbursement - Calaveras County	433,333
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,562,277
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	8,159,660
Total Liabilities	8,982,844
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-4,593,898
Net Income	1,033,067
Total Equity	16,807,957
TOTAL LIABILITIES AND EQUITY	25,790,801

**Investment & Reserves Report
29-Feb-24**

Reserve Funds	Minimum Target	6/30/2023 Balance	2023/2024 Allocated	2023/2024 Interest	2/29/2024 Balance
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	28,047	1,058,705
Capital Improvement	3,000,000	2,522,220	0	93,173	2,615,393
Technology Reserve	250,000	1,039,589	-789,589	16,652	266,652
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	70,327	1,770,327
Communiuty Programs Reserve	250,000		100,000	2,755	102,755
Lease Termination Reserve	3,250,000		490,999	13,516	504,515
Loan Reserve	2,000,000	2,084,524	0	77,004	2,161,528
Reserves & Contingencies	12,650,000	8,178,401	0	301,475	8,479,876

Reserves	2023-2024	
	2/29/2024	Interest Earned
Valley Springs HWC - Operational Reserve	31,731	1,102
Total Cal-Trust Reserve Funds	31,731	1,102

Valley Springs HWC - Operational Reserve	1,027,547	27,507
Lease & Contract Reserve	1,770,327	70,327
Loan Reserve	2,161,528	77,004
Capital Improvement	2,615,393	93,173
Technology Reserve Fund	266,652	16,652
Community Programs Reserve	102,755	2,755
Lease Termination reserve	504,515	13,516
Total CA-CLASS Reserve Funds	8,448,718	300,935

	CA CLASS	Interest Rate
Prime	5,439,083	5.44%
Enhanced	3,009,635	5.44%
Total	8,448,718	

Five Star		
General Operating - Closed	0	0
General Operating - NEW	598,265	205
Money Market Account	732,967	8,785
Valley Springs - Checking	59,515	44
Valley Springs - Payroll	54,997	57
Total Five Star	1,445,745	9,091

Umpqua Bank		
Checking	330,470	0
Money Market Account	6,446	0.43
Investments	0	0
Total Savings & CD's	336,916	0.43

Bank of Stockton	206,935	30
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Total in interest earning accounts	10,470,045	311,158
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Beta Dividends 1	2,333
Anthem Rebate	3,643

Total Without Unrealized Loss	317,134
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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 CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS 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.

Memorandum to MTHCD Board of Directors

RE: Bldg 704 lease

FROM: Randy Smart, CEO

Date: March 20, 2024

1. The purpose of this memo is to inform the MTHCD Board of Directors and the MTHCD Real Estate committee of the plans for Bldg 704. The actionable items within this memo will come before the Board of Directors in the future.
2. The sublease for suites 102-105 is set to terminate on June 11, 2024. This morning we had our first discussion with MTMC about that.
3. The master sublease between the District and the Bldg 704 owners is set to terminate in February 2027. My recommendation is that at that time we not renew that sublease and return the first floor of Bldg 704 to the owners. Currently we lose about \$34k per year on the sublease and the issues that triggered the lease in 2007 no longer exist.
4. Calaveras County Mental Health (CCMH) department has been awarded a state grant for new construction and they are proceeding with plans to build a new facility at their current location to replace the modular buildings they currently use. During construction they will need a temporary place to continue their work and we have discussed a sublease of Bldg 704 (Suites 103-105) for that purpose. They project that they will need the new space from about April 2025-June 2027. Our preliminary conversations have addressed the sublease to CCMH as a pass-through of actual costs.
5. In conversations today with MTMC they expressed a desire to clean-up and move out of suites 103-105. We established a timeline as follows:
 - a. June 2024, start a month-to-month sublease extension of suites 102-105
 - b. September 31st: all equipment, furniture, etc to be out of suites 103-105
 - c. October 2024: Two party walk-through of empty suites to assess damage and develop a repair schedule
 - d. January-February 2025: Final inspection of suites 103-105, return to District
 - e. February 2025: New sublease with MTMC for suite 102
 - f. April-May 2025: Finalize sub-lease (suites 103-105) with CCMH through June 2027
 - g. June 2025: District-CCMH pre-lease facility inspection
6. The District has already started working with a BBK real estate attorney to establish a Memorandum of Understanding between the three parties above. That MOU is now in draft form.
7. In April I will walk through the suites again with CCMH and confirm all of the above prior to bringing the MOU to the MTHCD Board for action.

Calaveras County
SART
Sexual Assault Response Team

P.O. Box 623
San Andreas, CA 95249
209.754.1300

February 27, 2024

Greetings!

The Calaveras County Sexual Assault Response Team, (“SART”), is pleased to announce the long-awaited return of the SART Dinner, following a 9-year hiatus. The SART Dinner will be held on April 5, 2024, at 5:00 pm. at the San Andreas Town Hall and feature a tri-tip & chicken buffet catered by The Pickled Porch, music by Plan B, a raffle, and dessert auction. Call the number above or ask a member of our SART for tickets (\$40 each).

Our focus this year is on re-introducing SART to our community and raising funds to recruit and train new local Sexual Assault Forensic Examiners. Currently, victims of sexual assault must travel out of County for an exam, most frequently to Sacramento. Not being able to get an exam locally means victims must wait for extended periods of time before they can, for instance, shower, change their clothes, brush their teeth, or use a bathroom. No local exams mean waiting in a crowded emergency room. No local exams also mean extra costs for law enforcement. We have done better in the past and we can do better in the future with your help.

We hope you will consider supporting Calaveras County SART. A donation of any type is appreciated. Raffle items for the SART Dinner can be dropped off at the Calaveras County Probation Office at 23 E. Saint Charles St. in San Andreas. Your donation may be tax deductible, and for your tax records, your donation is being made to:

The Resource Connection - SART
Federal Tax ID # 94-2705790

Your support for Calaveras County SART demonstrates that we truly do live in a close-knit community that deeply cares about its citizens.

Thank you for your support!

Calaveras County SART

SART

SEXUAL ASSAULT RESPONSE TEAM DINNER

APRIL 5TH, 2024

SAN ANDREAS TOWN HALL

DOORS OPEN AT 5PM

DINNER AT 6PM

CATERED BY THE PICKLED PORCH CAFE

MUSIC BY PLAN B

\$40 PER TICKET

NO HOST BAR



IN COLLABORATION WITH:

