



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

**Special Meeting of the Board Of Directors**

**Mark Twain Medical Center**

**Classroom 5**

**768 Mountain Ranch Rd,**

**San Andreas, CA**

**Tuesday May 23, 2023**

**Zoom – Public Invitation information is at the End of the Agenda**

**Agenda**

Mark Twain Health Care District Mission Statement

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

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

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

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

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

**A. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting for April 19, 2023:
- Un-Approved Board Meeting for April 26, 2023:

**B. Correspondence**

- Gabby Gomez Thank you April 28, 2023:

**6. MTHCD Reports:**

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

- **Association of California Health Care Districts (ACHD) May 2023 Advocate:**
- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (Cal Aim): .....Ms. Hack**

**B. Ad Hoc Community Grants..... Ms. Sellick / Ms. Reed**

- **San Andreas Fire District – Award Grant:**
- **Calaveras County Search & Rescue – Award Grant:**

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

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

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

- **General Comments:**
- **Program Coordinator- Introduction: .....Ms. Stout**
- **Non-Electric Utilities – MTMC: Public Comment – **Action****
- **Hospital Lease – Article IV of Lease- Informational :**
- **Strategic Planning & Projects Matrix:**
- **Automated External Defibrillator (AED) Via Heart Project Presentation:.....Liz Lazar**

- **Grant Report:**
- **Diede Construction Inc: MTMC Window Proposal:**
- **VSH&W Center – Policies and Forms:** Public Comment – **Action**
  - Policies for May 2023 Valley Springs Health & Wellness Center:

**New Policies**

Standardized Procedure for Hepatitis C Screening in Adult Patients  
 Handpiece Maintenance Policy  
 Sexual Harassment in the Workplace

**Revised Policies**

Patient Portal Information  
 Policy Development and Review  
 Prescription Refills  
 Pulse Oximeter  
 Registration Of Established Patient  
 Registration of New Patient  
 Sliding Fee Discount Program  
 Sliding Fee Discount Application  
 Sliding Fee Schedule  
 Sterile Supplies and Instruments

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

Bioterrorism Threat  
 Drug Free Workplace  
 Earthquake or Weather Emergency  
 Nebulizer Treatment  
 Par Levels  
 Patient Left: Not Seen Or Treated (NSOT)  
 PPD Test Results  
 Preventive Services: Adults  
 Primary Authority Over Clinic Operations  
 Procedure Time Out  
 Product And Device Recall  
 Retention Of Medical Records  
 Return to Work – Clinic Personnel  
 Splints/Ace Wraps

**F. VSHWC Quality Reports .....Ms. Terradista**

- Quality –April 2023:
- MedStatix – April 2023:

**7. Committee Reports:**

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

- **Financial Statements** – April 2023: Public Comment – **Action**
- **Proposed Budget for 2023-2024 FY** (Draft) - Discussion Only:

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

- **District Policies** – As Presented on April 26, 2023 for 30-day Review:
  - ◆ **Resolution 2023 – 04:** Public Comment – **Action**
    - Policy # 3 Term of Office:
    - Policy # 18 Compensation of the Chief Executive Officer (CEO):
    - Policy # 19 Public Records Request:
    - Policy # 20 Records Retention:
    - Policy # 21 Amendments To Policies, Procedures & Waiver of Policies

**C. Ad Hoc Community Engagement Committee**..... Ms. Reed

**D. Ad Hoc Real Estate:**.....Mr. Randolph

**E. Ad Hoc Personnel Committee**..... Ms. Reed / Ms. Vermeltfoort

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

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

- Cancer Support Group June 9, 2023:

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed June 28, 2023 at 9am.

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

**Traci Whittington is inviting you to a scheduled Zoom meeting.**

**Topic: May 23, 2023 MTHCD Special Board Meeting**

**Time: May 23, 2023 09:00 AM Pacific Time (US and Canada)**

## Join Zoom Meeting

<https://us02web.zoom.us/j/83524751833?pwd=L2F6VGpWMIVFbDJIZS80L3>

**M4WlowUT09**

**Meeting ID: 835 2475 1833**

**Passcode: 646004**

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**+1 507 473 4847 US**

**+1 564 217 2000 US**

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**+1 689 278 1000 US**

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**+1 301 715 8592 US (Washington DC)**

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**Meeting ID: 835 2475 1833**

**Passcode: 646004**

**Find your local number: <https://us02web.zoom.us/j/83524751833>**



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

**Wednesday April 19, 2023  
 9:00 am**

**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 9:00am

**2. Roll Call:**

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

Quorum yes

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

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 March 15, 2023:

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

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

- Bank Fraud Event: A fraudulent email exchange caused a hacker to obtain funds from one of our accounts. The bank was notified of the action. FBI and local sheriff reports were filed. Crime insurance policy will cover the loss, minus deductible. Going forward, we have implemented Positive Pay and a double check system to oversee all bank activity.
- Hospital Lease: Electric Utilities: Have 1 bid submitted for Window Replacement Project. It is a non-prevailing wage bid. Other contractors did not respond to requests for a bid.
- BHCIP Application Update: No update on the \$3.3mil application to expand the VSHWC. The District has received a few emails with follow up questions.
- Cyber Security Insurance Policy: The CEO is still reviewing the potential policy.

**7. Real Estate Review:**

The backup for the monthly CAM charges has been sent to MTMC for review.



## **8. Accountant's Report:**

- March 2023 Financials Will Be Presented: Public Comment – Action

The March 2023 Financials look great! The clinic revenue is up. The Reserve Interest is continuing to increase.

Motion to approve March 2023 Financials with I & R report by Ms. Bettinger

Second: Ms. Hack

Ayes: 3

Nays: 0

## **9. Treasurer's Report:**

Nothing to Report

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

- Funding for Information Sharing - CA Dept. of Human Services – Grant - Center for Data Insights and Innovation (CDII) is opening in May 2023.

## **11. Next Meeting:**

Next Finance Committee Meeting will be May 17, 2023 at 9:00am

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

Motion to adjourn by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

Time: 10:56am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD April 19, 2023 Finance Committee Meeting

Time: Apr 19, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82059859711?pwd=SStrWHUzVUN5TDJ3d0Y5Y0J6V0dEUT09>

Meeting ID: 820 5985 9711

Passcode: 953471

One tap mobile

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+1 929 205 6099 US (New York)

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+1 305 224 1968 US

+1 309 205 3325 US

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Passcode: 953471

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

**Wednesday April 26, 2023  
 9:00 am**

**Zoom – Public Invitation information is at the End of the Agenda**

**Un- Approved Minutes**

Mark Twain Health Care District Mission Statement

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

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

Meeting called to order by Ms. Reed at 9:01am

**2. Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum: Yes

This Institution is an Equal Opportunity Provider and Employer  
 Minutes April 26, 2023 MTHCD Board Meeting

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

Program Manager Report: 6 D. will be reported by Dr. Smart

Motion to approve agenda by 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:**

- Un-Approved Finance Committee Meeting for March 15, 2023:
- Un-Approved Board Meeting for March 22, 2023

**B. Correspondence**

- "Frogtown" – 39th DAA Thank You (3-23-2023):
- Support Letter – Hire Doctors – SB 785 (4-4-2023)

Motion to approve Consent agenda and minutes presented by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

**A. President's Report:**

- **Association of California Health Care Districts (ACHD) April 2023 Advocate:**

The ACHD Advocacy training begins tomorrow in Sacramento.

- **Meetings With MTHCD CEO:**

There has been lots of communication in the past month, mostly agenda items.

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

There are lots of funding opportunities for rural clinics and hospitals being released.

**B. MTMC Community Board Report:**

The MTMC has come in under budget this calendar year to date. They are getting ready for nurses' week the week of May 8<sup>th</sup>. The clinic in Copperopolis has reopened as the flood damage has been repaired.

**C. MTMC Board of Directors:**

Nothing new to report.

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

- **General Comments:**

The MTHCD will continue to support the CAC program after the loss of their director. The utilities for the MTMC are experiencing rate increases.

- **Strategic Planning & Projects Matrix:**

Behavior Health, Chronic Disease Management, Lack of Access to Care and Dental Care are the focuses for the coming year.

- **Grant Report:**

The Behavior Health Director Susan Deax-Keirns to speak at the August meeting regarding the Behavior Health grant funding as well as the program success.

- **Diede Construction Inc: MTMC Window Proposal:**

With grants, loans and other sources, the project could be financially feasible.

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

- Policies for February 2023 Valley Springs Health & Wellness Center:

- Revised Policies**

- Accounts Payable

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

- Audiogram

- Holter Monitor Testing

- Instrument Cleaning for Sterilization

- Org Chart

- Standardized Procedure for Glucose Testing

- Standardized Procedure for Hemoglobin Assessment

- Standardized Procedure for Physical Examinations

- Standardized Procedure for Pregnancy Testing of Patients on Contraception

- Standardized Procedure for Pulse Oximeter

- Standardized Procedure for Strep A

- Standardized Procedure for Urinalysis for Pregnant Patients

- Standardized Procedure for Visual Acuity Testing

- Urinary Catheterization

- Urine Collection-Clean Catch Female

- Urine Collection Clean Catch Male

Motion to approve policies by Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

- **Program Manager:**

The program manager has been reassigned to the Behavior Health Navigator. Sierra Dickey will be taking over the programs. We have 5 programs in the works today.

**E. VSHWC Quality Reports:**

- Quality –March 2023:

March shows an increase of 28% total visits over February.  
The No Show Campaign is improving the No Show Rate from previous months.

- MedStatix – Mar. 2023:

Behavior Health has been receiving good reviews.  
Good feedback on the new Dentist.  
Overall patient satisfaction remains at 95%

**7. Committee Reports:**

**A. Finance Committee:**

- **Financial Statements** – Mar. 2023: Public Comment – **Action**

Clinic revenue is getting impressive. The investments look good. The budget process is moving along.

Motion to approve March 2023 Financials & I & R Report by Mr. Randolph

Second: Ms. Vermelfoort

Ayes: 5

Nays: 0

**B. Ad Hoc Policy Committee:**

- **District Policies Presented for 30-day Review:**

- Policy # 3 Term of Office:
- Policy # 18 Compensation of the Chief Executive Officer (CEO):
- Policy # 19 Public Records Request:
- Policy # 20 Records Retention:
- Policy # 21 Amendments To Policies, Procedures & Waiver of Policies

**C. Ad Hoc Community Grants:**

- **San Andreas Fire District:** Public Comment – Action

Request for donation to replace air bottles for the Self Contained Breathing Apparatus systems

Motion to donate \$15,000 to replace air bottles by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

- **Calaveras County Search & Rescue:** Public Comment – Action

Request for donation towards purchase of a new specialized truck

Motion to donate \$15,000 towards the purchase of a new specialized truck by Ms. Vermeltfoort

Second: Ms. Sellick

Ayes: 5

Nays: 0

- **San Andreas Rotary-Ragin Cajun:** Public Comment – Action

Request for donation to Ragin Cajun fund raiser to benefit Hospice of Amador/Calaveras Counties

Motion to donate \$5,000 to San Andreas Rotary for Hospice by Ms. Vermeltfoort

Second: Ms. Sellick

Ayes: 3

Nays: 1

Mr. Randolph abstained from vote

**D. Ad Hoc Community Engagement Committee:**

No meeting was held.

**E. Ad Hoc Real Estate:**

The backup for the Common Area Maintenance charges have been given to MTMC for review. Have not heard back.

**F. Ad Hoc Personnel Committee:**



**1. Closed Session: Chief Executive Officer (CEO) Annual Evaluation:**

Closed session 10:46am

- Public Performance Evaluation. Pursuant to Gov. Code Section 54957:

**2. Reconvene to Open Session:**

Reconvene to Open session 11:53am

- Report of Action taken (if any) in Closed session:

The goals the Board has set for the CEO for the upcoming year:

- 10-year Capital budget for the VSHWC and the MTMC
- Monthly Budget Variance Report

A salary survey was conducted. It is the decision of the Board that the CEO will receive a 5% (to \$265,467.02) increase in pay and has directed staff to implement. In addition to receive 12 additional vacation days, the last Friday of every month when feasible.

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

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

- SA Rotary Ragin Cajun - April 29, 2023
- Mr. Frog Bicycle Ride for Feeney Park Foundation - May 6, 2023:

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed. May 23, 2023 at 9am.

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

Motion to adjourn by Ms. Vermeltfoort

Second: Ms. Sellick

Ayes: 5

Nays: 0

Time: 11:57am

**Traci Whittington is inviting the Public to a scheduled Zoom meeting.**

**Topic: April 26, 2023 MTHCD Board Of Directors Meeting**

**Time: Apr 26, 2023 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/86847591352?pwd=d1BIUmIWTjhDTG5UbVZ4Y3lVaXBoUT09>**

**Meeting ID: 868 4759 1352**

**Passcode: 176316**

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**+1 305 224 1968 US**

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**+1 360 209 5623 US**

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**Meeting ID: 868 4759 1352**

**Passcode: 176316**

**Find your local number: <https://us02web.zoom.us/j/kc96zuZi8B>**

**From:** Gabriella Gomez <ggvb0524@gmail.com>  
**Sent:** Friday, April 28, 2023 2:37 PM  
**To:** Peggy Stout <pstout@mthcd.org>  
**Subject:** Life Update

Hello Peggy,

I hope this email finds you well.

Please feel free to share this email with Dr. Smart and any of the providers or other staff members!

I have been thinking about my experiences that I encountered while shadowing at Valley Springs Health and Wellness Clinic often. I am truly grateful for the opportunity to develop relationships and all the interactions I had with providers, staff, and the community. The shadowing experience prepared me to apply to a Physician Assistant Master Programs and from VSHWC specifically I was able to accumulate over 100 educational hours!

I am excited to share that I was accepted to a PA program on April 24, 2023. I will be attending AT Still at the Mesa, AZ campus and starting in July of this year! I will graduate from the program in September of 2025.

It has always been my goal to become a Physician Assistant in a rural community and provide for those who are medically underserved. My experience at VSHWC only confirmed my aspirations and further motivated me.

Thank you again Peggy, Dr. Smart, Dr. Mosson, Dr. Salom, Ms. Coleman, and all staff members for supporting me and providing me an opportunity to achieve my goals.

Best,  
Gabby Gomez



# ACHD Advocate

## May 2023

### What's New This Month:

- ACHD Co-Sponsored Bill, SB 784, clears Senate Health
- Advocacy Update
- Upcoming Webinar: [ACHD 2023 Legislative Highlights Webinar](#)

### CEO MESSAGE

Last week, **ACHD's co-sponsored bill, SB 784 (Becker)**, which would allow California district hospitals to employ physicians directly, cleared a second hurdle and passed out of the Senate Health Committee. The week prior, the bill passed the Senate Business, Professions and Economic Development Committee. **Diane Hansen, CEO of Palomar Health, testified in support last Wednesday in Senate Health**, along with Dr. Carmen Agcaoili M.D. of Washington Hospital Healthcare System. We would like to express our appreciation to Diane and Dr. Agcaoili for taking the time to be in Sacramento to support the bill, your stories make an impact!



Cathy Martin  
Chief Executive Officer

The **ACHD Advocacy Committee convened in Sacramento, April 26-27** for our annual **Advocacy Training**. In addition to SB 784, members met with lawmakers and their staff on another high-priority support bill, AB 869 (seismic relief for district hospitals). ACHD's top oppose bill, SB 525, that would require a statewide minimum wage of \$25 for health care workers in nearly all health-related occupations was also a focus of discussions during meetings with legislators and staff. [ACHD is the co-lead on the NO ON SB 525 Coalition](#) to defeat this massive, unfunded measure that would lead to service cutbacks, closures and jeopardize access to care. A [new economic analysis](#) released this week found that the bill would increase costs for public and private health care providers by \$8 billion annually. The amount will increase every year, growing to more than \$11.3 billion by 2030. The report found that SB 525 would increase costs to the state and local governments by \$4.8 billion each year. **ACHD was quoted in the [press release](#) announcing the report's findings.**

As ACHD winds down our Association year, we wanted to let you know that the Board of Directors approved an adjusted dues structure for the upcoming 2023-24 fiscal year. The new structure is intended to bring about equity across the membership with regard to how dues are calculated, account for the added value that ACHD is delivering for members, and to better align revenues with the increased costs of doing business over the last five years, at which time a “dues decrease” was implemented. Overall, the new dues structure for 2023-24 results in a 4-percent dues increase across the membership, with no single district receiving more than a 10-percent increase the first year. For those who will see a larger than 10-percent increase based on the new structure, we will phase that in over three years. Some districts will experience a slight decrease in dues. Each member will receive a personal memo from me explaining how their 2023-26 dues are being calculated. However, please don’t hesitate to reach out to [me](#) in the meantime if you have questions.



Diane Hansen, CEO, Palomar Health, Senator Becker, and Dr. Carmen Agcaoili, M.D., Washington Hospital Healthcare System

## LEGISLATIVE UPDATE

### Bills of Note:

[AB 112 \(Assembly Budget Committee\)/SB 112 \(Senate Budget & Fiscal Review\):](#)  
Distressed Hospital Loan Program – **ACHD Support**

This week [AB 112](#) and [SB 112](#) were amended to include the Distressed Hospital Loan Program. This program would provide interest-free loans to not-for-profit hospitals and public hospitals in significant financial distress to remain open. It would also provide loans to assist in the reopening of closed hospitals. The [Department of Finance](#) will transfer up to \$150 million from the General Fund to

the Distressed Hospital Loan Fund between 2022-23 and 2023-24 fiscal years to implement this program. A hospital that receives a loan must begin repayment after 18 months and pay off the loan within 72 months after the date of the loan. The program sunsets on January 1, 2032. Both bills have passed off the Assembly and Senate floors and will go to the Governor for his signature.

**[AB 918 \(Garcia\): Health Care District: County of Imperial](#) – ACHD Watch**

[AB 918](#) would rename the [Pioneers Memorial Healthcare District](#) to Imperial Valley Healthcare District (IVHD) and would dissolve and transfer the rights of the [Heffernan Memorial Healthcare District](#) to IVHD. The bill would also increase the size of the board of directors by two additional members and split the voting region. This bill is currently in the [Assembly Appropriations Committee](#).

**[AB 40 \(Rodriguez\): Emergency Medical Services](#) – ACHD Neutral As Amended**

ACHD has removed our position of concerns on [AB 40](#), which would have established a single statewide APOT standard of 20 minutes. The bill as amended, will allow LEMSAs the ability to set their own ambulance patient offload time standard not to exceed 30 minutes, 90 percent of the time. The bill is currently in the [Assembly Appropriations Committee](#). You can find ACHD's latest letter [here](#).

**[AB 869 \(Wood\): Hospital Seismic Safety](#) – ACHD Support**

[AB 869](#), which would provide relief to small, rural and district hospitals in regard to meeting the 2030 seismic mandate, is currently on the suspense file in [Assembly Appropriations Committee](#). The suspense file is set to be dispensed on May 18. You can find ACHD's latest letter [here](#).

**[AB 242 \(Wood\): Critical Access Hospitals: Employment](#) – ACHD Support**

[AB 242](#) has now moved to the [Senate Business, Professions & Economic Development Committee](#), but currently isn't set for hearing. This bill would permanently allow critical access hospitals to employ physicians directly. You can find ACHD's letter of support [here](#).

**[SB 525 \(Durazo\): Minimum Wage: Healthcare Workers](#) – ACHD Oppose**

[SB 525](#) is currently on the suspense file in [Senate Appropriations Committee](#). The bill would create a statewide \$25 minimum wage for all healthcare workers in any healthcare setting starting January 1, 2024. The most recent economic analysis pegs the cost conservatively at \$8 billion annually. **We highly encourage any**

and all districts to join the No on SB 525 coalition, [here](#). You can also use the graphic provided below to share your opposition to the measure.

### [AB 1637 \(Irwin\): Internet Websites & Email Address](#) – ACHD Oppose

[AB 1637](#) is currently in [Assembly Appropriations Committee](#). The bill would require a local government agency's internet website and email to use a “.gov” or a “.ca.gov” domain. ACHD has been working with a larger coalition of local agencies to stop the measure, but will be taking a formal oppose position specific to the costs and difficulties associated with this measure for healthcare districts. Should the bill become law, you can reserve a domain name ahead of time, [here](#).

### Office of Health Care Affordability:

The [Health Care Affordability Board](#) met for the second time last month. The Board is focused on how they will measure and report Total Health Care Expenditures. They are also determining the selection process and appointing members to their advisory committee. The Board has also presented their [12-Month workplan](#), which includes THCE targets, health systems performance, and the advisory committee.

You can find details from their April meeting [here](#). Their next meeting will be on May 23, 2023 at 10:30 a.m. and you can find details [here](#) when they become available.



*No on SB 525 Graphic*

*Please feel free to share on social media platforms.*

## SPONSOR INSIGHT

ACHD's Gold Corporate Sponsor, [Huron Consulting Group](#) has published their e-magazine [Hardwired Results](#).



No matter the type of physician model, an organization's relationship with the physicians is a critical component of short-term success and long-term sustainability. In [Hardwired Results](#), you'll find:

- Descriptions of the key drivers that highly influence physician engagement and alignment.
- Practical how-to's, next-level strategies and leading practices to bolster physician trust while creating a culture and environment where physician engagement can thrive.
- Self-test to provide a quick diagnostic to understand strengths and opportunities for improvement.

Download [Hardwired Results](#), [here](#).

## UPCOMING EVENTS

[ACHD 2023 Legislative Highlights Webinar](#)  
May 18, 2023 | 10:00 - 11:00 am PST

# ACHD 2023 Legislative Highlights Webinar

May 18, 2023 - 10:00 AM (PST)

*Presented By:*

Sarah Bridge

ACHD Senior Legislative Advocate

Latifah Alexander

ACHD Government Affairs Coordinator



[Register Here](#)



## NOW ACCEPTING PROPOSALS FOR DISTRICT BEST PRACTICES PRESENTATIONS

An opportunity to share successful programs and services that could be implemented by other districts during

**ACHD's 71st Annual Meeting**

**September 13-15, 2023**  
**Everline Resort & Spa, Olympic Valley, CA**  
[Click here for more information](#)

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

Learn more at [www.achd.org](http://www.achd.org).

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





**MARK TWAIN  
HEALTH CARE DISTRICT**

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

**Policy # 23 – Attachment # 2**

**Decision Tree**

**For Requests for District Participation**

	Yes, Go to Question 2	Reviewer	No, reject.
1. Is the project within the District Jurisdiction (County Borders)?	Yes, Go to Question 2	CEO	No, reject.
2. Is the project health care?	Yes, Go to Question 3	CEO	No, reject.
3. Is the project legal?	Yes, Go to Question 4	CEO	No, reject.
4. Does the District have capacity, infrastructure, funding to do the project?	Yes, Go to Question 5	CEO	No, refer to Grants committee
5. Is there liability to the District	No, Go to Question 6	CEO	Yes. Check with District carrier
<b>6. REFER TO GRANTS COMMITTEE</b>	Yes. Refer to Board	Chair	No, inform Board
Other Considerations: Is there history?			
Is it political?			
Is it a fundraiser? For what?			
Are there legal contracts, MOU's			
Is it within budget?			

**Mark Twain Health Care District Mission Statement**

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

This Institution is an Equal Opportunity Provider and Employer

Policy 23, Request-Public Funds Community Grants & Sponsorships (Att. 4 Agreement) (Resolution 2021-04 Approved by Board Aug. 25, 2021

"Blue Boy - 1861"



## SAN ANDREAS FIRE DISTRICT

P.O. BOX 88  
SAN ANDREAS, CALIFORNIA 95249  
(209) 754-4693  
Fax (209) 754-5322  
safpd@safpd.comcastbiz.net

March 17, 2023

The San Andreas Fire Protection District is seeking assistance from the Mark Twain Health Care District. The air bottles for our SCBA Breathing systems have a specified number of years that they can be used and still allow us to be in legal compliance with the standards set by the National Fire Protection Association and OSHA. The Air Bottles that we are currently using for our SCBAs will exceed that time frame this year. When that happens, we will no longer be in compliance with the NFPA standards

The Mark Twain Health Care District Board was kind enough in 2019 to approve a Grant for us to obtain new items vital for our continued operation. We are hoping that when the Board authorizes another Grant cycle that you will consider our need for assistance. The assistance amount we are requesting help with is:

30 SCBA Bottles      Cost at \$685 each      Total cost for bottles - \$20,550

Tax at 7 ¼ %      \$1,489.88

The total amount to replace all 30 SCBA Bottles will be \$22,039.88.

The San Andreas Fire Protection District strives hard to function within our Fiscal Means, but there are time when costs require us to reach out for assistance. Any assistance that you can provide us towards the replacement of the SCBA Bottles will be greatly appreciated.

Thank you,

Erie D. Young  
Fire Chief  
San Andreas Fire Protection District

# CALAVERAS COUNTY

## SEARCH AND RESCUE

*"To aid the lost, injured and imperiled"*

Dear Friends of Calaveras County Search and Rescue,

We are writing today to ask for your help in purchasing an equipment truck which will replace our current vehicle that is 30 years old.

The cost of this highly specialized truck is estimated to be over \$250,000. We are asking for your support in reaching this fundraising goal. Every donation is greatly appreciated and will make a huge difference in the lives of those who rely on our organization.

We are a 100% volunteer organization that provides search and rescue operations for the county 24 hours a day, 365 days a year. We respond to a wide range of emergency calls, including backcountry rescues and natural disaster response. Our team of volunteers is dedicated to saving lives. We need your support to purchase the equipment we require to carry out our mission.

The new equipment truck will allow us to continue our rapid response to emergencies by transporting equipment and medical supplies. The new vehicle will also ensure that our team and our equipment are safe and secure while responding to wilderness emergencies.

We are 501c3, not-for-profit organization. Your gift is tax-deductible. With your help Calaveras County Search and Rescue will continue to be prepared for any emergency. If you would like to make a donation or arrange a matching donation, please contact us at [fundraising@calaverasSAR.org](mailto:fundraising@calaverasSAR.org) or visit our website [www.calaverasSAR.org](http://www.calaverasSAR.org)

On behalf of the Calaveras Search and Rescue team we would like to thank you for your past support and look forward to hearing from you.

Sincerely, Calaveras County Search and Rescue Team  
Tax ID 94-3189527



Visit Our Website:  
**Calaverassar.org**

Contact Us:  
Calaveras County SAR Team  
P.O. Box 3090 Arnold, CA 95223  
(209) 813-0727

Non-Profit Tax ID: 94-3189527

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***Life Saving Work requires dependable Life Saving Equipment --- Calaveras County Search and Rescue is raising funds to replace its aging equipment truck.***

**The mission of Search and Rescue**

The Calaveras County Volunteer Search and Rescue (SAR) Team consists of 100% volunteers who operate under the direction of the Sheriff's Office. The Sheriff's Office also has Deputies assigned as Search and Rescue Coordinators. Our team members come from all walks of life and bring a variety of important skills and experience. Members include active and former fire service personnel, medical professionals, former members of the military and outdoor recreation enthusiasts. The one thing that they all have in common is the strong desire to serve the community through search and rescue efforts. The motto of the Search and Rescue Team is, "So that others may live". Calaveras County Volunteer Search and Rescue is funded 100% through donations and grants. SAR vehicles are typically owned by the Sheriff's Office and are maintained as part of the Sheriff's Fleet. However, repairs on the aging SAR vehicles are becoming excessive, costly, and often temporary.

The volunteer SAR team depends on donations and grants to perform its duties and to cover the cost of capital purchases which are not funded under the Sheriff's budget.

The Search and Rescue team reports to the Calaveras County Sheriff's Office. The Sheriff's Office determines when SAR is activated and is the authority for incident command under which SAR reports. SAR performs a variety of very important services that are organized as either a search or rescue activity. Here are examples that explain some of the things that SAR does.

Types of Search missions:

- Locating and assisting people who are missing or lost, often in the wilderness (hikers, hunters, mountain bikers, skiers, etc.).
- Searching for patients with cognitive issues who walk-away from a residence
- Assisting local law enforcement agencies with evidence searches

Types of Rescue Missions

- Helping injured hikers, mountain bikers, mountain climbers skiers and people traveling in the wilderness
- Technical rope rescue of injured rock climbers, people working on towers, people injured in steep terrain, etc.
- Avalanche rescue and recovery
- Welfare checks and resident transport in extreme weather conditions
- Swift water rescue and recovery

**A very recent example: *Swift water rescue on 12/31/22.***

The rains that Calaveras County experienced from 12/29/22 through 1/6/23 were like nothing that residents of the County had experienced in over a decade. In every part of the County, creeks quickly swelled to become streams, and streams quickly swelled to become rivers. Rivers jumped their banks and flooded streets and neighborhoods. On 12/31/22, the Calaveras County Sheriff's Office and Calaveras County Office of Emergency Services received urgent calls from almost every part of the County requesting assistance to rescue residents from flooded homes and cars that had been swept into dangerous flows. In the most dangerous situations, rescues required specially trained and uniquely equipped rescue teams who are trained to cross fast moving water to rescue people clinging to whatever would keep them above water. Calaveras County has two Swift Water Rescue teams that serve the entire county.

One team is the Ebbetts Pass Fire District. The other team is



Calaveras County Search and Rescue. On this particular day, the Calaveras County SAR Team had positioned their equipment truck and their swift water rescue team in an area near Valley Springs in anticipation that the flooding in that area would require their specialized rescue experience and equipment. When the call came that a partially submerged car was sighted in the Calaveras River with a person clinging to the roof, the Calaveras SAR team was just minutes away. Because they had their equipment truck with them, they were able to deploy its swift water rescue team with all the specialized equipment within minutes. And, before the person clinging to the car was swept away, the team was able to deploy and perform a rescue by sending two teams across the river and

bringing the driver safely to shore where an ambulance awaited. If the SAR team didn't have their equipment truck with them, they would not have the proper gear to perform the rescue and would have had to wait until the equipment arrived. This delay would have left the driver stranded unnecessarily.

After the successful rescue, James Bishop, a Swift Water Rescue Technician on the team commented that, *"one of the most important pieces of equipment that we depend on to perform our mission is our Equipment Truck."*

## How is the Search and Rescue equipment truck used?

The Search and Rescue equipment truck is the primary way that our team stores and transports urgently needed and highly specialized equipment used in a wide range of Search and Rescue operations. Some examples of equipment stored on our vehicle include:

- Equipment used in technical rope rescues (e.g. rescuing hikers that fall down a steep grade or a rocky cliff)
- Swift water rescue equipment (e.g. helmets, dry suits, personal flotation devices, specially designed ropes for use in moving water, inflatable boat and rafts.)
- Avalanche Rescue equipment including snowshoes, avalanche beacons, probes, and snow shovels.
- Patient transport equipment including a variety of specialized litters for transporting patients in the wilderness and for use over snow
- Medical equipment and supplies Radios, portable repeaters and electronic navigation equipment
- Generators
- Safety and personal protection equipment

## Why is an equipment truck critical to our mission?

When the team is called upon to perform a Search and Rescue mission, we bring enough equipment to respond to often unpredictable conditions and scenarios. The amount of equipment that we bring to an incident is vast. We bring enough equipment to achieve the mission objective while ensuring the level of safety and security necessary to protect the subject and rescuers involved in the mission.

## What do we use to transport our Search and Rescue equipment, now?

The equipment truck that Calaveras County SAR utilizes is older than some of the volunteers that serve on our team and is the oldest vehicle in the Sheriff's fleet. It will be 30 years old next year. The truck was provided to the team as a repurposed equipment vehicle. After decades of service, it is quickly reaching the condition where it may no longer be reliable for answering the call when the people of our county need it most.

Here is a description and photo of the truck that recently struggled in the snow near Arnold, CA.



- 1994 GMC 3500
- Configured and purchased by the Calaveras County Sheriff's Office in 1994 for the EOD (Explosives Ordnance Disposal Unit).
- The EOD unit used it to transport and store equipment, robots, x-ray equipment and hazardous material (Haz Mat) testing equipment. Occasionally, it was used for Haz Mat incident command post duties and to tow the department patrol vessel.
- It was transferred to the SAR team after it was already 15 years old and the Sheriff's EOD unit had acquired a replacement vehicle better suited for their mission.
- Since then, the SAR Team has improvised to use it as the primary vehicle for transporting equipment

Here are a few examples of problems that tell us it is finally time to be replace this vehicle:

- Due to the vehicle's age and deteriorating condition, it has required regular repairs. It is expected that a vehicle built in 1994 will have increasing maintenance issues as the components will need to be replaced due to failure associated with age and normal fatigue from prolonged use. Replacement parts are harder to find, resulting in the potential for long term periods of the vehicle being out of service.
- Major performance problems include the loss of engine power and unreliable 4-wheel drive activation.
- Ongoing electrical drainage issues require that a member of the SAR team must **manually disconnect/reconnect** the electrical system to the battery before and after each mission. Failure to do so results in the vehicle being unable to start.
- Storage compartments have **water leaks**. Equipment has had to be retired and replaced due to water damage.

### What is needed to ensure SAR continues to perform its mission?

Calaveras County Search and Rescue needs a reliable and functional equipment truck that is capable of carrying the vast quantities of equipment and supplies that we depend on to perform our mission. We require the ability to transport and store properly organized and easily accessed equipment to support the scenarios that we are called to respond to. We need a vehicle that is built to perform in the challenging environment of Calaveras County where we experience snow and flooding during the winter and perform in mountainous and often unpaved terrain all year long. The majority of Search and Rescue teams throughout California deploy an equipment vehicle that is purposely built for Search and Rescue. Here are just a few examples of what SAR teams in other counties use for their Equipment Truck:



### What will it cost?

After researching the cost of a new Search and Rescue equipment truck, we have determined that the cost can best be organized in three components:

**Vehicle platform** - We plan to purchase a Ford F450 chassis body. This is a specially configured vehicle that includes the engine power, drive train and passenger capacity and seating configuration that SAR requires.

**Utility Bed Built for SAR Equipment Storage** - The storage volume, container sizes, configuration and access (doors, movable and fixed racks and trays), are based on a design that is commonly used for Search and Rescue. To help keep costs low, the team is opting to leverage a mostly pre-designed and proven configuration that is close to being a standard build.

**Incidentals** - Incidental costs that are not typically included by the vehicle manufacturer, or the Utility Bed Builder include things like wiring for radios, equipment, emergency service lighting, and vehicle mounted equipment (e.g. winch, antennas, racks, hand and foot holds, etc.). Incidental costs also include painting, decals and striping to be consistent with Sheriff Office vehicles.

**Our total estimated cost**, including taxes and licensing is approximately \$250,000.

### **How do we plan to raise these funds?**

**Funding strategy** - The Calaveras County Volunteer Search and Rescue team plans raise funds through donations and grant funding. Calaveras County Search and Rescue is a not-for-profit 501c3 organization. We are seeking help from people and organizations that are interested in making a tax-deductible donation of any amount that would go 100% towards the purchase of this vehicle. By purchasing the vehicle using donations and grant funding, the purchase of the vehicle will not place a burden onto the Sheriff's Office budget.

We also believe that raising matching funds is a good way to encourage others to donate. So, we are seeking people and organizations who are interested in donating any amount \$5,000 or more that the team would promote as matching funds.

Our goal is to raise the funds necessary to place an order for a new equipment truck by the end of 2023. We realize that this is a lofty goal – but, one that is important to the people of Calaveras County.

In addition, we have a team of people researching grants that Calaveras Search and Rescue would qualify to receive and use for vehicle replacement. If you have information about applicable grants, please let us know.

**For additional information and inquiries, please email [fundraising@calaverasSAR.org](mailto:fundraising@calaverasSAR.org)**



## **Information about Calaveras County Search and Rescue and the campaign to raise funds to replace its Equipment Truck**

### **What is Calaveras County Search and Rescue?**

Calaveras County Search and Rescue is a registered 501c3 non-profit organization. It is 100% funded through donations and grants and receives no financial support from the Sheriff's Department or other County Agencies. The Sheriff's Office provides occasional assistance with some vehicle maintenance. Calaveras County Search and Rescue has a long and rich history of service to the residents of Calaveras County.

### **What is the Mission?**

The Calaveras County Volunteer Search and Rescue (SAR) Team consists of 100% volunteers who operate under the direction of the Sheriff's Office. The Sheriff's Office also has Deputies assigned as Search and Rescue Coordinators. Our team members come from all walks of life and bring a variety of important skills and experience. The motto of the Search and Rescue is, "So that others may live". Calaveras County Volunteer Search and Rescue is funded 100% through donations and grants. We augment local fire and medical service in the county while also providing search and rescue services that these organizations are not trained or equipped to do. While most fire rescue and medical first responders concentrate on residential areas, our training and equipment focuses on search and rescue response in remote and wilderness areas which makes up a majority of Calaveras County.

### **What is the Membership?**

Calaveras County Search and Rescue consists of approximately 35 volunteers. Most of our members are full time residents in Calaveras County. Our members include current and former healthcare professionals, current and former fire service professionals, members of law enforcement, outdoor recreation enthusiasts, and residents who simply want to give back to their community. Approximately 50% of our members are fully employed while 50% are retired or work part-time. Members of the team provide hundreds of hours of volunteer time to learn and train for search and rescue throughout the year. Formal training takes place each month. Members also provide hundreds of hours of service in the field each year responding to emergency incidents. Every member is required to provide certain personal equipment at their own expense. We are on-call 24 hours a day, 365 days a year. And, we respond in all weather conditions.

### **Facts**

Number of incident responses: During the past 8 years, Calaveras County Search and Rescue has averaged 23 incident responses per year. We provide Search and Rescue services for every part of Calaveras County. We are organized and operate under Incident Command System (ICS) protocols. This enables us to work collaboratively and integrate as necessary with fire and rescue, medical and law enforcement agencies throughout the county and state.

## **Types of incident responses for SAR**

Calaveras County Search and Rescue responds to a wide variety of incidents.

Examples of Search missions:

- Locating and assisting people who are missing or lost, often in the wilderness (hikers, hunters, mountain bikers, skiers, downed aircraft, etc.).
- Searching for patients with cognitive issues who walk-away from a residence or care facility.
- Assisting local law enforcement agencies with evidence searches

Examples of Rescue and Recovery missions

- Helping injured hikers, mountain bikers, mountain climbers, skiers, outdoor recreators and people traveling in the wilderness under any weather condition.
- Technical rope rescue of injured rock climbers, people working on towers, people injured in steep terrain, etc.
- Avalanche rescue and recovery
- Welfare checks and resident transport in extreme weather conditions
- Swift water rescue and recovery
- Recovery of human remains under Sheriff Office supervision.

Other missions:

- Medical first response by members of the team who are registered, certified and trained as Paramedics, EMTs and/or trained in Wilderness First Aid
- By request of California's Office of Emergency Services, Calaveras County Search and Rescue frequently responds throughout California and provides mutual aid support to search and rescue teams of other counties, Cal Fire and state agencies.
- In coordination with California's Office of Emergency Services, Calaveras County Search and Rescue deployed teams to participate in the search, identification and recovery of human remains in the burn zones of the Paradise Fire and the North Complex Fire in Butte County.

Locally, we work under the authority of the Calaveras County Sheriff's Office. Requests for Search and Rescue are typically dispatched through the County Sheriff's Office. County Sheriff's Office Deputies are assigned as the incident command under ICS. This is a typical organization structure for Search and Rescue throughout the State of California.

Beyond Calaveras County, the Sheriff's Office receives requests from California's Office of Emergency Services and Sheriff Departments of other Counties that have mutual aid agreements when there is a request for our search and rescue people and resources to be deployed outside of Calaveras County. More than 90 percent of the time, our services are leveraged within Calaveras County.

### **Why are we raising funds to replace our Equipment Truck?**

Our Search and Rescue equipment truck is approximately 30 years old. Our truck was originally purchased in 1994 by County Sheriff Explosive Ordinance Disposal Team (EOD). After the EOD purchased a new vehicle 16 years ago, it was transferred to the Search and Rescue Team where it was converted to an equipment truck. Due to its age and wear from service in some of the most rugged and remote areas of the county, the vehicle experiences frequent mechanical failures. Just last month, we responded to an urgent request for swift water rescue when our equipment truck broke down just blocks after leaving our facility. To continue our mission, we transferred gear to personal vehicles. Mechanical problems include the loss of 4-wheel drive, failure of transmission system, and loss of engine compression. Storage compartments are no longer weather resistant. We have had to discard and replace rescue equipment due to water damage.

### **Why is the equipment truck so important to our mission?**

When Calaveras County Search and Rescue is “called out” to respond to an incident, we typically transport over 2,000 lbs. of highly specialized search, rescue and medical equipment in our equipment truck. Without this equipment, we would have difficulty providing a quick and effective response in urgent or emergency situations. The majority of our search and rescue equipment is stored and transported in the equipment truck.

### **Fundraising Progress**

Calaveras County Search and Rescue began an organized campaign to raise funds to replace its equipment truck in February of 2023. We have a vehicle specification that is comparable to other Search and Rescue programs. We have collaborated with the Sheriff’s Office and numerous companies that “build” these highly specialized vehicles to confirm that a \$250,000 budget is realistic for a new replacement vehicle that meets the specification. The objective of the fundraising campaign is to raise \$250,000 before the end of 2023. Our goal is to place an order at the end of the year when fleet dealers begin taking orders for a specialized vehicle like this. Since the fundraising campaign started, we have raised approximately \$65,000.

Our fundraising strategy includes raising funds through a combination of individual donations, donations from local businesses and foundations, matching funds and grants. Our recent fundraising mailer has helped us get off to a good start. However, the average amount of donations from individual donors is \$62. We believe that partnering with local businesses and foundations such as Mark Twain Health Care District, will be critical to the success of our campaign because of their capacity to be significant contributors and their ability to help us inform a broad audience of our worthy cause.

### **Partnering with Mark Twain Health Care District**

We believe that there are opportunities for our two organizations to work synergistically where we have common goals and objectives. Like Mark Twain Health Care District, our mission is rooted in compassion and helping the people that we serve get access to health care and emergency resources. We often provide first response medical care in situations where our patients do not have immediate access to definitive health care. Our goal is to provide the health that they need and provide the initial transport that leads to definitive care. Regardless of whether or not Mark Twain Health Care District decides to participate as a donor, we would still welcome an opportunity to seek ways that we might work together to address the health and safety needs of the residents and visitors to Calaveras County.

Memorandum for District Board

From: District Administration

Re: MTMC Utility agreement

Date: April 24, 2023

1. The Mark Twain Medical Center (Common Spirit) lease, signed in May 2019 included a clause Article III, that provides financial safeguards for the District. One of those safeguards sets a threshold for non-electric utilities at \$300,000 per calendar year for the first five years. Should the non-electric utilities exceed the threshold then the District may request re-imbusement from the tenant with 90-day written notice.
2. The District accounting team has calculated the non-electric utilities for MTMC for the 2022 calendar year. Total cost is \$423,201.73. Subtracted from the \$300,000 threshold, the amount that the District can request back is \$123,201.73.
3. The purpose of this memorandum is to notify the District Board of the lease option to request reimbursement from MTMC.
4. This will be a discussion item at the April 26<sup>th</sup> Board meeting, and an action item at the May Board meeting.

(e) To the extent any amounts payable under this Section 3.5 remain outstanding at the expiration or earlier termination of this Agreement, the obligation to pay such amount(s) shall survive the termination of this Agreement, which surviving amounts shall be payable no later than thirty (30) days following receipt of invoice.

(f) Landlord and Tenant shall cooperate in good faith to qualify for, obtain, and/or utilize any subsidies, discounts or other cost-saving programs for utilities offered by third parties (including, without limitation, from government, quasi-government, or private sources or agencies) that may be available to either Landlord or Tenant, which cooperation may include vendor and/or contract changes; provided, however, that nothing in this Section 2.5(f) will require Tenant to incur any material out-of-pocket costs or expenses or agree to any of the above that do not meet Tenant's firewall or other data and patient records security requirements or would require capital expenditures/upgrades.

#### ARTICLE IV USE, MAINTENANCE AND IMPROVEMENTS

4.1 Limitation on Use. The Leased Premises are leased to Tenant for the primary purpose of operating and maintaining the Leased Premises as a hospital facility and for providing a spectrum of health care services related thereto, including acute inpatient care, and for performing such ancillary services as are not inconsistent with such health care purposes, for the benefit of the communities served by the District and others, which ancillary uses may include, without limitation, coffee shops, convenience stores, gift shops and such other ancillary uses customary for hospitals. Tenant shall not use or permit the Leased Premises to be used for any other primary purpose inconsistent with such healthcare purposes without Landlord's prior written consent, which may be granted, conditioned, delayed, or withheld in Landlord's sole discretion.

4.2 Quiet Enjoyment. Landlord covenants and agrees that Tenant shall peacefully hold and enjoy the Leased Premises during the Term of this Agreement and during any extension or renewal, without interference or hindrance from Landlord or from any person or persons holding or claiming under Landlord in any manner whatsoever; provided, however, that nothing in this Section 4.2 constitutes a waiver of Landlord's rights under this Lease or any other agreement between Landlord and Tenant. Landlord shall not unreasonably exercise its power of eminent domain in any manner that would interfere with Tenant's operation of the Leased Premises as allowed under this Lease.

4.3 Maintenance of Premises. Tenant shall, at its cost and expense, maintain the Leased Premises in good condition and repair and in accordance with all applicable laws, rules, ordinances and regulations of governmental agencies. Tenant shall maintain and operate the Leased Premises, including all engines, boilers, pumps, machinery, apparatus, fixtures, fittings and equipment of any kind in, or that shall be placed in any building or structure now or hereafter at any time constituting part of, the Leased Premises, in good repair, working order and condition (reasonable wear and tear excepted and except as the same

becomes inadequate, obsolete, worn out, unsuitable, undesirable, unnecessary or as otherwise permitted under this Agreement), and shall from time to time make or cause to be made all replacements, repairs, remodeling and improvements legally required to operate the Leased Premises in compliance with this Lease.. Landlord shall not have any responsibility during the Term to maintain, repair, alter, improve or reconstruct the Leased Premises or any portion thereof, except as otherwise expressly set forth herein. If Tenant defaults in its obligation to make any repairs (after applicable notice and cure period), Landlord may, but need not, make the repairs and replacements, provided that Landlord shall provide Tenant with at least ten (10) business days advance written notice of Landlord's intent to make such repairs and replacements at Tenant's cost. Provided Landlord has delivered such advance required notice to Tenant, on receipt of an invoice from Landlord, Tenant shall pay to Landlord its reasonable, actual out-of-pocket costs incurred in connection with such repairs and replacements. Tenant expressly recognizes that, because of the length of the Term of this Lease, it may be necessary for Tenant to perform substantial maintenance and repair of the Leased Premises to ensure they are kept in the condition required by the Lease, and that Tenant complies with the terms of, this Lease. In this regard Tenant waives and releases (i) all defenses to its maintenance obligations under this Lease, (ii) the right to require Landlord to make repairs and (iii) its rights, including its right to make repairs at Landlord's expense, under California Civil Code Sections 1941-1942 or any similar law, statute, or ordinance now or hereafter in effect.

4.4 Alterations and FF&E.

(a) Alterations and FF&E During Term.

(i) Tenant may make any Alterations to the Combined Premises, and acquire FF&E for the Combined Premises, provided that they are consistent with the limitations on use contained in Section 4.1 (or the applicable lease with respect to Ancillary Premises) and further provided that Tenant shall obtain the prior written consent of Landlord (not to be unreasonably withheld, conditioned or delayed) for such Alterations and FF&E that, as of the then-current Expiration Date, would cause the cumulative net book value (i.e. unamortized cost) of all Tenant owned Alterations and FF&E, including all Ancillary Premises real property owned (rather than leased) by Tenant (if any), during the Term of this Lease, to exceed:

- (a) End of year 10: Twelve Million Dollars (\$12,000,000).
- (b) End of year 15: Fourteen Million Five Hundred Thousand Dollars (\$14,500,000).
- (c) End of year 20: Seventeen Million Dollars (\$17,000,000).
- (d) End of year 25: Nineteen Million Five Hundred Thousand Dollars (\$19,500,000).

(e) End of year 30: Twenty Two Million Dollars  
(\$22,000,000).

Notwithstanding the above, it shall be unreasonable for Landlord to withhold, condition or delay consent to Alterations or FF&E that are legally required in connection with the operation of the Hospital or to otherwise comply with Tenant's obligations under this Lease or any other lease(s) for Ancillary Premises respecting such Ancillary Premises.

Trade Fixtures that are acquired by Tenant during the Term shall be the property of and owned by Tenant throughout the Term, and shall in no event be deemed Building Fixtures, even if affixed to the Leased Premises or Landlord Ancillary Premises. Landlord hereby expressly waives and releases any and all contractual liens and security interests or constitutional and/or statutory liens and security interests arising by operation of law or under the applicable lease to which Landlord might now or hereafter be entitled on any of Tenant's FF&E, including, without limitation, Tenant's Trade Fixtures.

(b) Alterations and FF&E Upon Lease Termination or Expiration.

(i) Upon the expiration or earlier termination of this Lease, Landlord shall purchase such Alterations and Tenant's FF&E, including, without limitation, Tenant's Trade Fixtures, in accordance with the terms of the Supplemental Property Agreement.

(ii) The terms of this Section (b) shall survive the expiration or termination of this Lease.

(c) Alterations to the Leased Premises shall be done in a good and workmanlike manner using new materials equivalent in quality to those used in the construction of the initial improvements to the Leased Premises. If such Alterations are structural in nature, require a building or construction permit and the contractual cost of such Alterations exceeds five million dollars (\$5,000,000) (a "Material Alteration"), such Material Alterations shall be done under the supervision of a licensed contractor or structural engineer. Promptly following completion of any Material Alterations, Tenant shall deliver to Landlord a reproducible copy of the drawings of such Material Alterations as built. If this Lease terminates before completion of any Material Alteration by Tenant, upon Landlord's request Tenant shall assign its right under any construction, design or material supply contract required for completion of the Material Alteration to Landlord or its designee.

(d) Tenant shall promptly pay all charges and costs incurred in connection with any Alterations to the Leased Premises performed by or at the request of Tenant, as and when required by the terms of any agreements with contractors, designers, or suppliers to which Tenant is a party; provided, however, that Tenant may contest any such charges and costs in good faith as Tenant reasonably considers necessary. At least ten (10) business days before beginning construction of any Material Alteration to the Leased Premises, Tenant shall give Landlord written notice of the expected commencement date of that construction to permit Landlord to post and record a notice of non-responsibility.

(e) On completion of any specific Alteration to the Leased Premises, Tenant shall (i) cause a timely notice of completion to be recorded in the office of the recorder of Calaveras County, in accordance with California Code Sections 8182, 8184, 9204, and 9208 or any successor statute; and (ii) deliver to Landlord evidence of full payment and executed unconditional final waivers of all liens for labor, services, or materials, all in recordable form.

(f) Except as expressly approved by Landlord in writing, Tenant shall not be the cause or object of any liens or allow such liens to exist, attach to, be placed on, or encumber Tenant's interest in the Leased Premises, by operation of law or otherwise. Tenant shall not suffer or permit any lien of mechanics, material suppliers, or others to be placed against the Leased Premises with respect to work or services performed for Tenant or materials furnished to Tenant or the Leased Premises at the request of Tenant. Landlord has the right at all times to post and keep posted on the Leased Premises (in such areas reasonably acceptable to Tenant) any notice that it considers necessary for protection from such liens. If any such lien attaches or Tenant receives notice of any such lien, Tenant shall promptly provide Landlord with a copy of same and shall cause the lien to be released and removed of record within thirty (30) days after Tenant's receipt of written notice of such lien or bonded over as provided in subsection (g) below. Despite any other provision of this Lease, if the lien is not released and removed within such period or otherwise bonded over as provided in subsection (g) below, Landlord may, upon at least ten (10) business days prior written notice to Tenant of its intention to do so, thereafter take all action reasonably necessary to release and remove the lien, without any duty to investigate the validity of it, unless Tenant has commenced legal action to contest, dispute, or defend the claims of the lienholders and the validity of the liens and continues to diligently prosecute such action to a successful judgment releasing the lienholder's lien against the Leased Premises. All reasonable, actual, out-of-pocket expenses (including reasonable attorney fees) incurred by Landlord in connection with the lien shall be considered additional Rent under this Lease and be due and payable by Tenant to Landlord no later than thirty (30) days following Tenant's receipt of an invoice from Landlord, which invoice shall include reasonable documentary evidence of Landlord's incurring such expenses.

(g) Notwithstanding subsection (f) above, Tenant may in good faith and at Tenant's own expense contest the amount and/or validity, in whole or in part of any such lien, provided Tenant has furnished a bond meeting the requirements of California Civil Code Section 8424 (or any successor statute hereafter enacted). If Tenant: (i) is in default of its foregoing obligation to bond such lien, or (ii) a final judgment has been rendered against Tenant by a court of competent jurisdiction for the foreclosure of such mechanic's, materialman's, contractor's or subcontractor's lien claim and Tenant fails to stay the execution of the judgment by lawful means or to pay the judgment; then Landlord shall have the right, but not the duty, to pay or otherwise discharge, stay, or prevent the execution of any such judgment or lien or both; provided, however, that with respect to subsection (i), Landlord shall have first provided at least seven (7) business days prior written notice to Tenant of Landlord's intention to do so. Without limitation of Tenant's indemnification obligation set forth in ARTICLE XVI (as applicable), Tenant shall reimburse Landlord for reasonable, actual, out-of-pocket sums paid by Landlord as permitted under this Section 4.4(g), together with all of Landlord's reasonable, actual, out-of-pocket attorneys' fees and costs.



(h) Landlord agrees to assist Tenant in the procurement of any licenses, permits, "sign-offs," approvals or certificates that may be required by any governmental or quasi-governmental agency or authority with respect to Tenant's Alterations in and to the Leased Premises permitted under this Lease, or with respect to the obtaining of any services, utilities or facilities from the public utility corporation(s) supplying the same to the Leased Premises, and Landlord agrees to execute any documents that are required by any such governmental or quasi-governmental agency or authority in connection therewith.

4.5 Financing by Tenant. Tenant may lease from or finance with one or more third parties ("Tenant's Creditor") all or a portion of the Tenant FF&E, as well as Alterations made by Tenant during the Term as contemplated by Section 4.4 above. Landlord will duly execute and properly deliver any reasonable waivers, acknowledgments, or consents that may reasonably be required by any proposed Tenant's Creditor in connection with the leasing or financing of such Tenant FF&E and/or Alterations, which may include the following provisions:

(a) The agreement of Landlord that, as between Landlord and Tenant's Creditor, unless Landlord or a new operator of the Leased Premises agrees to assume Tenant's obligations under the financing of such Tenant FF&E and/or Alterations in accordance with the Supplemental Property Agreement, Tenant's Creditor will have the right to remove any or all of the Tenant FF&E at any time or times before the thirtieth (30<sup>th</sup>) day following the expiration of the Term or earlier termination of this Lease; and

(b) Such other terms and provisions as Tenant's Creditor may reasonably require. Any mortgage or deed of trust placed on Landlord's interest in this Lease must require the mortgagee thereunder, on Tenant's request, duly to execute and promptly deliver waivers, acknowledgments, and consents in accordance with the terms contained in this Section 4.5 as may be reasonably required by any proposed Tenant's Creditor in order (i) to acknowledge that any claims that Tenant's Creditor may have against or with respect to the Tenant FF&E are superior to any lien or claim of such mortgagee with respect thereto; (ii) that Tenant's trade fixtures will remain personal property, despite the manner or mode of attachment to the Premises; and (iii) that Tenant FF&E may (as between such mortgagee and Tenant's Creditor) be removed from the Premises by Tenant's Creditor at any time or times before the thirtieth (30<sup>th</sup>) day following the expiration of the Term or earlier termination of this Lease.

4.6 Re-Branding; Signage. Provided that (i) the phrase "Mark Twain" remains in the name, and (ii) the re-branding is consistent with the overall branding of the healthcare system of which Tenant is a part, Tenant shall have the absolute right to re-brand the Hospital and/or the Leased Premises at any time during the Term, including without limitation, any re-branding that may occur as a result of the CHI Transaction. Tenant shall have the absolute right to install the maximum size and number of signs at the Leased Premises as are lawfully permitted by the City, County and State so long as Tenant obtains all permits and approvals from the City, County and/or State, to the extent required by law. Any re-branding, and/or rebranding on signage of the Leased Premises that does not satisfy the conditions in subsections (i) and (ii) of the first sentence of this

Projected Start

**Behavioral Health (BH)**

VSHWC BH Team	established, expanding	Recruiting LCSW
BH Grants	\$150,000	Provided proof of match funds
BH VSHWC Construction	Application pending	
Children's Advocacy Ctr	Review relationship	
CC Mental Health Advisory Bd	Attending & recruiting	
CC Mental Health Services Act	Discussing: Mtg 4/1/23	
Combined Education	Planning	May-June 2023
MTMC Collaboration	Not started	Sept-Oct 2023
Community Outreach	Not started	11/1/2023 budget
Working with ASAP	substance use mitigation	5/15/2023

**Chronic Disease Mgt**

VSHWC	established	
Diabetes Education	exploring on-line	5/16/2023
Hepatitis Clinic	established/?partner	busy Started, linked to annual exam
Hepatitis C screening	in planning	
Health Fair Diabetes Screening	not started	Pending Med Staff presentation ditto
Pulmonary Rehab Program	MTMC	
Cardiac Rehab Program	MTMC	
Wellness Center relationship	not started	June-July 2023
Defibrillator (AED) stations	Mtg w Fire Chiefs	pending budgeting

**Access to Care**

VSHWC	established/ fully open	
Dental	VSHWC Doubled capacity 1-May-23	
Senior Center Kiosks	not started	Sept-Dec 2023

**Dental Care**

VSHWC	80% staffed/open	
<b>Let's All Smile</b>	Prelim Discussions	Aug-23
Oral Health Coalition	re-established	
VSHWC Expansion	application submitted	

Requires funding

# Our AED Maintenance Plan eliminates worry and guesswork



Via Heart project offers an Annual Maintenance Program to help ensure that your AED is ready for use and compliant with state and local laws. The Maintenance Program, renewable annually, is \$250 per year for most models.

## Included in our Annual Maintenance Program:

- We monitor the expiration dates of the AED's batteries and electrodes so you don't have to.
- When your battery or electrodes expire –we replace them at no additional cost.
- Your battery and pad replacements are FREE if your AED is used in an emergency.
- Our Medical Director provides initial and ongoing oversight for your AED Program.
- Upon use of your AED, we will collect the event data and it will be reviewed by our Medical Director.
- To ensure compliance with state regulations, we help register your AED with local EMS and PSAP.
- We track your AED's serial number and will assist you if it is recalled or requires an upgrade.
- Your designated site contact will receive a monthly email reminder to check your site's AED. Via will work with your staff to ensure monthly checks are completed and your AED stays in compliance.
- We'll help monitor your employees' CPR/AED training certification dates.

*Minimal Investment. Priceless Peace of Mind.*

[www.viaheartproject.org](http://www.viaheartproject.org)

We sell and maintain all brands of AED devices. Contact us for more information on how we can make your school, non-profit, or business a Heart Safe Place to live, work, learn and play.



VIA HEART PROJECT

800-284-0125 | [info@viaheartproject.org](mailto:info@viaheartproject.org)

Ensure your device is ready when an emergency strikes.



VIA HEART PROJECT  
 1725 Clay Street, Suite 100  
 San Francisco, CA 94109  
 800-284-0125  
 accounting@viaheartproject.org  
 www.viaheartproject.org



**ADDRESS**  
 Randy Smart  
 Mark Twain Health Care District

**SHIP TO**  
 Randy Smart  
 Mark Twain Health Care District

**Estimate 3443**

**DATE 03/28/2023**



QTY	ITEM	DESCRIPTION	COST	TOTAL
1	<b>Physio Control CR2 AED Package (Fully Automatic) - Eng-Span</b>	Fully Automatic, English-Spanish, Wireless Connectivity, CPRinsight, and carrying case.  Physio Control LIFEPAK CR2 AED Packages include: <ul style="list-style-type: none"> <li>• AED with 8 year warranty</li> <li>• Battery and pads installed, and a spare set of pads</li> <li>• Pediatric Button, no need for pediatric pads</li> <li>• AED Self-monitoring</li> <li>• Virtual site assessment, policy and procedures, and an emergency rescue kit</li> <li>• First year of Maintenance Services</li> </ul>	2,760.00	2,760.00T
1	<b>Wall Cabinet</b>	Wall Mounted AED Cabinets with Custom Acrylic and 3D AED Wall sign	235.00	235.00T
1	<b>Shipping to client</b>	Shipping Charge to client	35.00	35.00

This estimate is valid for 30 days.

SUBTOTAL 3,030.00  
 TAX (7.25%) 217.14

**TOTAL \$3,247.14**

Accepted By

Accepted Date

VIA HEART PROJECT  
 1725 Clay Street, Suite 100  
 San Francisco, CA 94109  
 800-284-0125  
 accounting@viaheartproject.org  
 www.viaheartproject.org



**ADDRESS**  
 Randy Smart  
 Mark Twain Health Care District

**SHIP TO**  
 Randy Smart  
 Mark Twain Health Care District

**Estimate 3444**

**DATE 03/28/2023**



QTY	ITEM	DESCRIPTION	COST	TOTAL
1	<b>HeartSine 350P Package</b>	HeartSine Samaritan 350P AED Package, which includes -HeartSine Samaritan semi-automatic AED, with a 8 year warranty, battery and electrodes, spare adult electrodes -Carrying case -Rescue kit -Medical authorization -Virtual site assessment -County registration -Policy and procedure assistance -First year of medical direction -First year of event download and evaluation -First year of upgrade and recall assistance -First year of monthly maintenance e-mail and tracking service	1,550.00	1,550.00T
1	<b>Wall Cabinet</b>	Wall Mounted AED Cabinets with Custom Acrylic and 3D AED Wall sign	235.00	235.00T
1	<b>Shipping to client</b>	Shipping Charge to client	35.00	35.00

This estimate is valid for 30 days.

SUBTOTAL 1,820.00  
 TAX (7.25%) 129.41

**TOTAL \$1,949.41**

Accepted By

Accepted Date

VIA HEART PROJECT  
 1725 Clay Street, Suite 100  
 San Francisco, CA 94109  
 800-284-0125  
 accounting@viaheartproject.org  
 www.viaheartproject.org



**ADDRESS**  
 Randy Smart  
 Mark Twain Health Care District

**SHIP TO**  
 Randy Smart  
 Mark Twain Health Care District

**Estimate 3445**

**DATE 03/28/2023**



QTY	ITEM	DESCRIPTION	COST	TOTAL
25	Custom Acrylics. Minimum order is 25.	Custom acrylics	30.00	750.00T

This estimate is valid for 30 days.

SUBTOTAL 750.00

TAX (7.25%) 54.38

**TOTAL \$804.38**

Accepted By

Accepted Date

**GRANT SUMMARY**

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,715.86	\$ 67,715.85	\$ 67,715.86	1/31/2023	DONE	RECEIVED	NO	2020 Expenses
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 37,156.29	\$ 38,230.41	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$9,682.01
9	ANTHEM	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 106,363.14		Some	PORTION RECEIVED	NO	9 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 30,677.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	ConferMed	\$ 15,000.00	\$ 15,000.00	\$ -	12/31/2023	None	RECEIVED		Online Referrals
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ 15,448.82			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
		ND	\$ 49,193.31	\$ 49,193.31	\$ -			RECEIVED 2/24/22		
13	ANTHEM - Tyto Care	Remote Care - 4 Stations	\$ 12,077.80	\$ 12,077.80	\$ 12,077.80	N/A	N/A	SPENT		(Laurel) RoboDoc
14	HEALTHNET	Back to School	\$ 6,000.00	\$ 6,000.00	\$ -			RECEIVED		RoboDoc - T. Cook hrs.
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -	4/28/2023 - written	Midterm/Final	Approved	Possible	#SG2211 - Centene
16	HEALTHNET	RoboDoc/Let's All Smile	\$ 15,000.00	\$ 15,000.00	\$ -		None	RECEIVED		to support Community programs - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Co.	\$ 140,707.00	\$ 126,636.30	\$ 86,625.59		DONE	RECEIVED		Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
19	CPPA	Energy	\$ 30,000.00	\$ -	\$ -			Pending		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	2026		Pre-Application		
21	BHCIP	BH Expansion	\$ 3,322,000.00	\$ -	\$ -		Yes	Pre-Application		VSHWC Expansion
22	FEMA # 3	Storm Damage	\$ 18,269.06	\$ -	\$ -		Yes	Pre-Application		Tree Damage
23	CCI #2	Advancing BH	\$ 10,000.00	\$ -	\$ 14,072.00			SUBMITTED		
<b>TOTALS</b>			<b>\$4,815,595.18</b>	<b>\$1,309,849.59</b>	<b>\$1,304,518.88</b>					

5/15/2023  
12:42 PM





PO Box 1007  
Woodbridge, CA 95258  
P 209.464.3352  
F 209.368.0600

# PROPOSAL

License Number 632667

05/08/23REV

Quote# S23-007

**Mark Twain Health Care District**  
San Andreas, Ca. 95249

209-728-7711/ randy.smart@mthcd.org

RE: Retrofit window Budget

### SCOPE OF WORK:

This is a budget price ( **with prevailing wage rates**) to replace existing windows in the main part of the existing building. All demo and prep and painting is included. Demo is assuming lead and asbestos in some of the windows. The new windows will be manufactured by All Weather Architectural Aluminum. The windows will be thermally broken dark bronze anodized aluminum with Low "E" insulated glass. The window manufacture has visited the jobsite and has recommended a Z-frame type window with the Z -fin overlapping the exterior. There is more investigation needed, All Weather and Diede Construction to have a plan and to proceed as this may affect pricing. The wood doors with glass will be the responsibility of others. We have included entrance type "G" . The "I" type windows will need the frame removed to the top of the existing steel frame and the entire window to be infilled with a new window.

- |                       |                         |                            |
|-----------------------|-------------------------|----------------------------|
| 11 — Type "A" Windows | 8 — Type "C" Windows    | 21 — Type "D", "I" Windows |
| 3 — Type "E" Windows  | 1 — Type "M" Patio Door |                            |
| 3 — Type "K" Windows  | 2 — Type "O" Windows    |                            |
| 1 — Type "G" Entrance | 6 — Type "L" Windows    |                            |

### EXCLUSIONS

1. Asbestos and lead testing
2. Permits

**Total Budget Price: \$547,900.00**  
**Price is good for 30 days.**

If this is broken up into phases the cost will be more.

A formal contract shall be written upon approval of the proposal.

Thank you for the opportunity.

## GENERAL PROVISIONS

GENERAL CONDITIONS: All material as specified. All agreements are contingent on strikes, accidents, delays or market conditions beyond our control. All work completed according to standard building practices. Any alteration or deviation from these specifications involving extra costs will be completed only upon signed, written orders and becomes an extra charge above the contract price.

This contract may not be amended, transferred, assigned, sold or in any manner hypothecated or pledged by either party.

INSURANCE: The Owner shall require the Direct Contractor to include the Owner as additional insured on the Contractor's liability insurance. Diede Construction, Inc. is a fully insured and bondable corporation. Our workers are fully covered by Worker's Compensation Insurance. Owner to carry Course of Construction Insurance.

PROPERTY INSURANCE: Unless otherwise provided in the Supplemental Conditions, Owners shall purchase and maintain property insurance upon the work at the site in the amount of the full replacement cost thereof (Subject to such deductible amounts as may be provided in the supplementary Conditions or required by Law or Regulations). This insurance shall:

1. Include the interests of Owner, Direct Contractor, Subcontractors, Engineer and Construction Manager, and any other individuals or entities identified in the Supplementary conditions, and the officers, directors, partners, employees, agents, consultants and subcontractors of each and any of them, each of whom is deemed to have an insurable interest and shall be listed as an insured or additional insured;
2. Be written on a Builder's Risk "All-Risk" or open peril or special causes of loss policy form that shall at least include insurance for physical loss or damage to the work, temporary buildings, false work, and materials and equipment in transit, and shall insure against all perils including Flood and Earthquake.
3. Include expenses incurred in the repair or replacement of any insured property insured in the repair or replacement of any insured property (including, but not limited to, fees and charges of engineers and architects);
4. Cover materials and equipment stored at the site or at another location that was agreed to in writing by Owner prior to being incorporated in the Work, provided that such materials and equipment have been included in an Application for Payment recommended by Engineer.
5. Allow for partial utilization of the Work by Owner;
6. Include testing and startup; and
7. Be maintained in effect until final payment is made unless otherwise agreed to in writing by Owner, Contractor, Engineer and Construction Manager with 30 days written notice to each other additional insured.

## NOTICE TO OWNERS

"Under the California Mechanic's Lien Law, any direct contractor, subcontractor, laborer, material supplier, or other person or entity that helps to improve your property, but is not paid for his or her work or supplies, has a right to place a lien on your home, land, or property where the work was performed and to sue you in court to obtain payment.

This means that after a court hearing, your home, land, and property could be sold by a court officer and the proceeds of the sale used to satisfy what you owe. This can happen even if you have paid your contractor in full if the contractors, subcontractors, laborers, or suppliers remain unpaid.

To preserve their rights to file a claim or lien against your property, certain claimants such as subcontractors or material suppliers are each required to provide you with a document called a "Preliminary Notice". Direct Contractors and laborers who contract with owners directly do not have to provide such notice since you are aware of their existence as an owner. A preliminary notice is not a lien against your property. Its purpose is to notify you of persons or entities that may have a right to file a lien against your property if they are not paid. In order to perfect their lien rights, a direct contractor, subcontractor, supplier, or laborer must file a mechanic's lien with the county recorder which then becomes a recorded lien against your property. Generally, the maximum time allowed for filing a mechanic's lien against your property is 90 days after substantial completion of your project.

## VERIFICATION OF FUNDS

Owner shall provide proof of funds dedicated to this project either by providing Lender information or by having funds in a separate account ear marked for this project. Evidence of such financing shall be a condition precedent to the General contractors continuing the work.

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

POLICY: Standardized Procedure for Hepatitis C Screening in Adult Patients	REVIEWED: 5/09/23
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: 5/24/23	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Standardized Orders for Hepatitis C Screening in Adult Patients 18 and over

**Objective:** To define and clarify screening procedures and testing that may be performed by a qualified clinical RN, LVN, medical assistant during a Hepatitis C Health Screening to detect HCV antibodies in patients via fingerstick. Everyone ages 18 to 79 needs to get tested for hepatitis C at least once. Hepatitis C is a serious liver disease caused by the hepatitis C virus (HCV). The most common way to get hepatitis C is by coming into contact with the blood of someone who has it.

**Response Rating: Adult Medical Care Staff**

**Required Equipment: screening form, CLIA Waived Test kit and supplies**

**Medi-Cal Standard for Hepatitis C Virus Screening:** “All adults 18 to 79 years old shall be assessed for risk of Hepatitis C Virus (HCV) exposure at each well visits. **Test at least once between ages 18 to 79.** Persons with increased risk of HCV infection, including those who are persons with past or current injection drug use, should be **tested for HCV infection and reassessed annually.** Hepatitis C testing is also recommended for all pregnant women during each pregnancy, those receiving long term hemodialysis, those with HIV, prior recipients of transfusions or organ transplant before July 1992 or donor who later tested positive for HCV infection, persistently abnormal ALT levels, and those who received clotting factor concentrates produced before 1987. Testing should be initiated with anti-HCV. For those with reactive test results, the anti-HCV test should be followed with an HCV RNA.

<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitisc-screening>

<https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>

**Procedure:**

After completion of training and documentation of demonstrated competency, the RNs, LVNs and Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform standard screening on all patients 18 and over.

Trained employees will wear the proper PPE while performing the fingerstick test, including gloves. After the testing procedure is complete, the employee will use proper PPE removal and handwashing technique.

Results will be entered in the patient’s medical record and the results will be reported to the Provider. If results are out of normal range, results are to be reported immediately to the Provider.



## THE FIRST FDA-APPROVED, CLIA-WAIVED RAPID HCV TEST

<https://www.orasure.com/products-infectious/OraQuick-HCV.html>

The OraQuick® HCV test is FDA approved for detecting HCV antibodies in fingerstick and venipuncture whole blood. Our simple platform enables healthcare providers to deliver an accurate diagnosis in 20 minutes.

### Rapid Results

- Point-of-care-testing results in 20 minutes
- Greater than 98% accurate
- Tests for multiple HCV genotypes
- Fingerstick and Venipuncture whole blood collection
- CLIA-waived

1. QC is to be performed with every new box or change in Lot number.

### 2. Fingerstick

Step 1 -

Collect Specimen & Mix in buffer



Step 2 -

Insert device into buffer



Step 3 -

Read between 20 and 40 minutes



#### Non-Reactive

Line in the C Zone

#### Reactive

Line in the C & T Zones

### 3. Venipuncture Whole Blood

Step 1 -

Collect Specimen & Mix in buffer



Step 2 -  
Insert device into buffer



Step 3 -  
Read between 20 and 40 minutes



**Non-Reactive**

Line in the C Zone

**Reactive**

Line in the C & T Zones

**2. Venipuncture Whole Blood**

Step 1 -  
Collect Specimen & Mix in buffer



Step 2 -  
Insert device into buffer



Step 3 -  
Read between 20 and 40 minutes



**Non-Reactive**

Line in the C Zone

**Reactive**

Line in the C & T Zones

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/24/2023.

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

POLICY: Handpiece Maintenance Policy	REVIEWED: 5/05/23
SECTION: Dental	REVISED:
EFFECTIVE: 5/24/23	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Lubricating steps for handpieces

**Objective:** To make sure handpieces are properly taken care of according to manufacturer guidelines.

**Response Rating:**

**Required Equipment:**

**Procedure:**

Equipment Needed:

- Slow speed handpiece or high-speed handpiece.
- Lubricating oil (Kavo spray oil for high speed and the lubricating oil in the bottle for low speed handpieces).
- Gauze and rubbing alcohol.

**Lubricating Steps for low-speed handpieces:**

- Never place the handpiece into the ultrasonic or submerge into water.
- Place Midwest plus lubricant (in the dropper bottle form) into both ends of the contra-angle.
- Then remove the prophylaxis angle and place lubricant into both ends of the prophylaxis angle.
- Re-assemble the low-speed handpiece.
- Wipe the handpiece with gauze and rubbing alcohol.
- Then Sterilize the handpiece.

**Lubricating Steps for high-speed handpieces:**

- Never place the handpiece into the ultrasonic or submerge in water.
- Place Midwest plus spray lubricant (in the spray bottle form) into the bottom of the handpiece and hold the spray until it sprays through the handpiece.

- Do not throw away the connector attachment piece on the spray bottle for the handpieces after the bottle is empty.
- Wipe the handpiece with gauze and rubbing alcohol.
- Then Sterilize the handpiece.

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

POLICY: Sexual Harassment in the Workplace	REVIEWED: 5/02/2023
SECTION:	REVISED:
EFFECTIVE: 5/24/2023	MEDICAL DIRECTOR: Randall Smart, MD

**Subject:** Sexual Harassment in the workplace

**Objective:** The purpose of this policy is to reiterate VSHWC’s commitment to maintaining a work environment free from all forms of discrimination, including discrimination in the form of sexual harassment. VSHWC affirms its moral and legal obligation to ensure that all employees are provided a harassment-free environment to realize their goals and function effectively in the workplace.

**Response Rating: Everyone**

**Required Equipment:**

**Procedure:**

**DEFINITION OF SEXUAL HARASSMENT**

Sexual harassment is defined as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, visual or written conduct of a sexual nature directed to persons of the same or opposite sex when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of employment;
- Submission to or rejection of such conduct by an employee is used as a basis for employment decisions affecting the employee; or
- Such conduct has the purpose or effect of substantially interfering with an employee’s work performance or creating an intimidating, hostile or otherwise offensive working environment.

**The courts have defined two types of sexual harassment:**

1. **Quid Pro Quo** (Latin for “something for something”):

This form of sexual harassment occurs when a supervisor or manager:

- demands, as an explicit or implied term or condition of employment decisions, a subordinate submit to sexual advances (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal); and/or;
- makes requests for sexual favors or other verbal, visual or physical conduct of a sexual nature that is an explicit or implied term or condition of employment decisions.

Examples of quid pro quo harassment include:



- Requests for sexual favors in exchange for a promotion or raise;
- Express or implied statement that a person will be demoted or fired if she or he does not submit to a sexual request or actually carrying out the threat.

**2. Hostile Work Environment:** This form of sexual harassment occurs when an individual is subjected to unwelcome sexual advances or other gender-based conduct that is sufficiently severe or pervasive to interfere with the individual's work performance or creates an intimidating, hostile or offensive work environment. The work environment must be both subjectively and objectively perceived as abusive. The courts look at the totality of the circumstances surrounding the alleged incidents of harassment to determine whether unlawful conduct has occurred. Generally, there must be a pattern of unlawful conduct, although a single serious incident in some cases, such as a sexual battery, might be enough to constitute sexual harassment. The harasser can be a manager, supervisor, co-worker or in certain circumstances, possibly a non-employee, such as a supplier or customer. Examples include:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of employment;
- Leering, making or sending sexual jokes or sexually suggestive remarks, or making sexual gestures;
- Making offensive, negative or demeaning remarks about a person's gender or physical appearance;
- Deliberate and unwelcome touching, hugging, and patting or blocking a person's movement;
- Displaying offensive sexual illustrations or pictures in the workplace;
- Unwelcome pressure for dates or sex (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal).

The intent of the person accused of sexual harassment is of secondary importance: the impact of the offensive behavior on the offended person is the primary factor in determining if sexual harassment has occurred.

### **1. CLINIC'S RESPONSIBILITIES**

The Clinic is legally responsible for taking all reasonable steps necessary to prevent harassment from occurring. The Clinic's steps in this regard include, but are not limited to: training, providing counseling, investigating complaints and taking appropriate corrective actions.

### **2. SUPERVISORS' AND MANAGERS' RESPONSIBILITIES**

It is the responsibility of Medical Director, supervisors and managers to implement the Clinic's policy on sexual harassment prevention. Once issues of potential sexual harassment are discovered, supervisors and managers are obligated by law and policy to address such situations, even in circumstances where the managers and supervisors are not the direct manager or supervisor of the victim or the alleged harasser.

Notification must be made to the appropriate chain of command, as determined by the Medical Director, Clinic manager

or supervisor addressing the matter, that reasonable steps were taken to prevent the sexually harassing conduct from occurring. In addition, the Medical Director, supervisors and managers are obligated to:

- Document the discovery or reporting of the incident;
- Document the decision to not proceed or proceed further and the basis for that decision;
- Document the final resolution and report to the employee;
- Consult with the The Compliance Team or legal consultation, if necessary, for advice and guidance.

Supervisors, managers and employees may also be held personally liable in a court of law for unlawful sexually harassing conduct perpetrated by them.

### **3. EMPLOYEE'S RESPONSIBILITIES**

Employees who believe they are or have been subjected to sexual harassment in the work place have an obligation to take immediate appropriate action and report the incident(s). The options available to an employee are outlined below under Complaint Procedures.

In addition, all employees have an obligation to:

- Adhere to the Clinic's sexual harassment policy;
- Refrain from engaging in, condoning, tolerating or leaving uncorrected conduct that violates this policy;
- Report any violations of this policy to a supervisor, manager or the The Compliance Team;
- Cooperate with any investigation regarding a violation of this policy.

It is important for all employees to understand that failure to utilize the Clinic's internal procedures to report violations will hinder the Clinic's ability to stop and correct any violations. It is the responsibility of all VSHWC employees to ensure a discrimination free working environment.

### **4. CLINICAL POLICY ADHERENCE**

To ensure that all staff, managers and supervisors are informed of the Clinic's policy against unlawful discrimination including sexual harassment, the Clinic requires:

1. All managers and supervisors to facilitate annual discussions with all staff on sexual harassment and discrimination prevention.
2. Mandatory formal training for Sexual Harassment and Discrimination Prevention be provided to all employees at onboarding.
  - a. Refresher training of managers and employees every three years.

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

POLICY: Patient Portal Information	REVIEWED: 11/12/18; 7/30/20; 10/14/20; 8/25/21; <u>5/02/23</u>
SECTION: Operations	REVISED: 10/14/20; <u>5/02/23</u>
EFFECTIVE: <u>9/29/21</u> <del>5/24/23</del>	MEDICAL DIRECTOR:

**Policy:** Patients, parents and/or guardians are entitled and encouraged to have access to their health information to enable them to understand and participate in their care and treatment with our Clinic providers. Such information will be made available by granting secure access through a patient portal in the ~~Mark Twain Health Care District~~Valley Springs Health & Wellness website.

**Objective:** Each patient, parent or guardian will be informed on how to access the online patient portal. ~~An~~An information al flyer ~~or brochure will be developed~~ that indicates the VSHWC website is available for general information regarding the portal. An individual portal on the website will enable the patient to have private and secure access to ~~make/~~keep appointments; view their medical record, view selected laboratory/radiology results and update their demographic information. An app is also available for those who also wish to have mobile phone access through Athenapatient on their smartphones.

**Required Equipment:** None

**Procedure:**

1. During the patient check-in process, the clinic will provide the patient with an instructional flyer on how to register on the online patient portal. The flyer for access through the website will include the following instructions:
  - a. Go to the Clinic website, [VSHWC.org](http://VSHWC.org)
  - b. Click on 'Patient Portal Login' link
  - c. Click on 'Sign up today' link
  - d. Enter required information and click 'continue'
  - e. Choose an option to receive a temporary passcode
  - f. Retrieve temporary passcode and enter passcode
  - g. Choose a primary care provider and click 'continue'
  - h. Set a new password, click 'I have read and accepted Terms...' and click 'continue'

2. For patients interested in also having mobile access to the Patient Portal, the flyer will include the following instructions:

a. Visit the Patient Portal online and register with your email address and password (already have those?Go to the next step)

b. Search the Apple App Store or Google Play for “athenaPatient”. Download it to your smartphone.

c. Use your patient portal email address and password to log in to athenaPatient.

2. Minor patients 13 years and older are permitted to change portal access so that they are the sole recipients of their medical information, ~~especially~~ in the case of sensitive services. Parents/Guardians would then only have access to the billing and financial portions of the minor’s records per COPPA and Anthem Blue Cross.

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

POLICY: Policy Development and Review	REVIEWED: 11/12/18; 12/26/19; 11/20/20; 8/25/21; <u>5/02/23</u>
SECTION: Operations	REVISED: 12/26/19; 8/25/21; <u>5/02/23</u>
EFFECTIVE: <u>9/29/21</u> / <u>5/24/23</u>	MEDICAL DIRECTOR:

**Subject:** Policy development and review

**Objective:** To ensure prompt, collaborative development, and review of Clinic policies to define appropriate management, operation, and patient safety.

**Response Rating:**

**Required Equipment:**

**Procedure**

**Policy Development**

1. Clinic will develop policies as required
  - a. By licensing agencies
  - b. By accreditation bodies
  - c. By payor groups and/or when required by contract
  - d. By organization leadership
  - e. To resolve operational or patient safety issues
  - f. When patient care service lines are added
2. Policies will be drafted using the approved Policy Template.
3. Policies will be developed with collaboration between leadership (~~Executive Director~~CEO, Medical Director, Clinic ~~Director~~Manager, Department Head), clinicians (Physician, Dentist, Mid-level Practitioner, Nurse Midwife, Nurse), line staff (Medical Assistant, Receptionist, Biller/Coder).
4. Policies will be drafted and submitted for approval by the Medical Director.
5. Policy Manual will be submitted to the Board for approval, with of new and revised policies reviewed monthly and unchanged policies reviewed on a monthly basis to ensure the entire manual is reviewed and edited once every two years.
  - a. The Board may, at its discretion, delegate responsibility for review and oversight of the Clinic Policy Manual to the Executive Director.

## Policy Review

1. New Clinic policies will be submitted for approval to the Medical Director at the time they are written.
2. Policy Manual will be reviewed by the Clinic Manager and at least one Mid-Level Practitioner ~~on an~~ annual basis at a minimum of every 2 years, with changes being made as required.
3. When a policy is written, the date will be documented in the policy development documentation block located in the header of the policy.
4. When a policy is revised, the date of the revision will be documented in the policy development documentation block located in the header of the policy.
5. When a policy is reviewed with no changes, the date of the review will be documented in the policy development documentation block located in the header of the policy.
6. When a policy is approved, the date of the approval will be documented in the policy development documentation block located in the header of the policy.
7. When the policy is discontinued, the discontinuation date will be documented in the policy development documentation block located in the header of the policy. All discontinued policies will be retained in a file labeled "Retired Clinic Policies" and the file will be retained in perpetuity.
8. The Policy Manual Approval document shall be updated on a regular basis, signed by the Clinic Manager, Mid-Level Practitioners(s) who participated in the review, the Medical Director, and members of the Board.

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

POLICY: Prescription Refills	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED <u>5/02/23</u>
EFFECTIVE: <u>9/29/21</u> / <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Prescription Refills

**Objective:** To ensure accurate, timely, efficient response to the request for prescription medication refills.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. Patients contacting the Clinic with refill requests will be directed to contact their pharmacy with the request.
2. Refill requests from the pharmacy will be received via fax or the ePrescribe application of the EMR.
3. Patients who are primary care patients of the Clinic:
  - a. Have been seen /treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do not** require lab value consideration, will have refills reviewed/approved by the practitioner.
  - b. Have been seen/treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do** require current lab value consideration, will have refills declined with notification that a Clinic visit for lab testing is required.
  - c. Practitioner may determine that it is appropriate to offer the patient a one-time 30 days supply to allow for the patient to complete ordered labs and keep their scheduled follow-up appointment.
  - d. Have not been seen within the last 90 to 180 days will have refills declined with notification that a Clinic visit is required for refills to be considered.
  - e. Requesting refills for pain management medications will have refills declined with notification that a Clinic visit is required for refills to be considered.
4. Patients who are not primary care patients of the Clinic
  - a. All patients who are not primary care patients of the Clinic will be referred to their primary care practitioner for medication refills.

- b. Practitioner may offer the patient the option to change their PCP to a Clinic practitioner.
5. Clinic staff will not call the pharmacy with medication orders, neither new prescriptions nor refills of existing prescriptions (unless there are extenuating circumstances, such as internet or EHR failure).
- a. Medications can only be ordered by printed prescription or ePrescribe functionality via the EMR.



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

POLICY: Pulse Oximeter	REVIEWED: 2/1/19; 11/23/20; 9/29/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED: 11/23/20; 9/29/21; <u>5/02/23</u>
EFFECTIVE: <u>10/27/21</u> / <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Pulse Oximeter

**Objective:** To assess the oxygen level (saturation) of the patient's blood, pulse oximeter readings will be taken as a part of vital signs collection and documentation.

**Response Rating:** Moderate to Severe

**Required Equipment:** Pulse oximeter, sensor-adult or pediatric, and isopropyl alcohol.

**Procedure**

1. Plug chosen sensor into oximeter.
2. Apply sensor to digit. Long fingernails, artificial nails or very thick nail polish (use polish remover) may interfere with the sensor function.
3. Turn on oximeter and wait 30-60 seconds for accurate reading.
4. Record reading as directed.
5. Readings below 95% should be reported to physician immediately.
6. Clean the sensor with a Cavicide-Isopropyl Alcohol wipe after removing the sensor from the patient. Do not use Cavicide on the plastic, as it will erode the plastic.
7. Pediatric (infant) are disposable and one-time use.
8. Document results in the EMR.

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

POLICY: Registration Of Established Patient	REVIEWED: 11/12/18; 2/14/20; 7/1/20; 8/2/21; <u>5/02/23</u>
SECTION: Admitting	REVISED: 2/14/20; 7/1/20; 8/2/21; <u>5/02/23</u>
EFFECTIVE: <u>08/24/215/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Registration of established patient

**Objective:** To register the patient quickly, efficiently, and accurately

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. ~~1.~~ 1. Greet the patient in a friendly and professional manner. If there are no other patients waiting, ask the patient for their name and date of birth, locating them in the EMR for registration purposes.
2. Ask the patient to be seated and indicate you will be with them momentarily.

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~~32-~~ Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient. Insurance cards and photo identification are required for every patient registration. In the case of telemedicine visits, ~~the Receptionist or Medical Assistant should run an insurance verification prior to the visit, so that information can be verified against what is currently present in the EMR when the telemed patient is checked in, the receptionist or medical assistant will check that the EHR auto verification is valid prior to the visit. If it is not, the patient will be contacted for updated information prior to the visit.~~

3. ~~Ask the patient to be seated and indicate you will be with them momentarily.~~

4. Using the information provided directly from ~~the patient~~, search patient's date of birth and name

5. Select the correct patient.

6. If a walk-in patient, the patient will be triaged, the receptionist will check for appointment availability. The receptionist will then speak with the Provider and/or medical assistant, notifying them of the add on patient. The patient will then be added to the schedule for the time of arrival by clicking the time slot and

Registration of Established Patient  
Policy Number 152

~~adding the patient name and reason for visit, add to the schedule for the time of arrival by clicking time slot on schedule and adding name, then notify the Provider and/or MA of the walk-in patient.~~

7. Verify patient's insurance eligibility.
8. Verify correct information is entered in the patient's demographics in EMR.
7. Verify the patient's emergency contact name and phone number.
  - a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"
  - b. If the patient denies an emergency contact state "declined" and enter "000-000-0000" for the emergency contact number.
9. Scan the patient's insurance cards and photo identification into the EMR.
11. Ask the patient to sign any required admitting forms after confirming the patient's PCP and entering same in the EMR.
- ~~12. Scan the signed forms into the EMR.~~
123. Collect any required co-payments. Provide the patient with a receipt for their payment.
134. If the patient arrives with a serious illness or injury that requires immediate medical attention, ~~treatment will begin~~ have patient triaged immediately by an RN or Provider to determine next steps regardless of the patient's insurance or arrival time.
15. Scan the signed forms into the EMR.

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

POLICY: Registration of New Patient	REVIEWED: 11/12/18; 2/14/20; 6/24/20; 8/2/21; <u>5/02/24</u>
SECTION: Admitting	REVISED: 2/14/20; 6/24/20; 8/2/21
EFFECTIVE: <del>August Board Meeting</del> <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Registration of a new patient

**Objective:** To register patients quickly, efficiently, and accurately

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. Greet the patient in a friendly and professional manner, ~~asking them to sign in on the sign in sheet.~~
- ~~32. Ask the patient to be seated and indicate you will be with them momentarily.~~
- ~~32. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient. Insurance cards and photo identification are required for every patient registration. ~~In the case of telemedicine visits, the Receptionist or Medical Assistant should run an insurance verification prior to the visit, so that information can be verified against what is currently present in the EMR.~~~~
- ~~3. Ask the patient to be seated and indicate you will be with them momentarily.~~
4. Using the information provided by the patient or guardian/representative, search patient’s date of birth in the Electronic ~~Medical~~ Medical Record (EMR) using the search function, then check for a patient with the same name and date of birth.
5. If patient is not found in the EMR, this indicates the patient is new to the Clinic.
6. Add the patient’s demographic information.
7. Add the patient’s emergency contact name and phone number.
  - a. Ensure there is an alternative emergency contact phone number other than the patient’s primary phone number. If there is no other phone number document in the EMR “declines alternative

emergency contact phone number”

- b. If the patient denies an emergency contact state “declined” and enter “000-000-0000” for the emergency contact number.

7. Verify patient’s insurance eligibility.
8. Scan the patient’s insurance cards and photo identification into the EMR.
9. Ask the patient to sign the required admitting forms, after confirming the patient’s PCP and entering same in the EMR.

~~10. Scan the signed forms into the EMR.~~

101. Collect any required co-payments. Provide the patient with a receipt for their payment.

112. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin have patient triaged immediately by an RN or Provider to determine next steps, regardless of the patient’s insurance or arrival time.

120. Scan the signed forms into the EMR.

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

POLICY: Sliding Fee Discount Program	REVIEWED: 04/02/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED: <u>5/02/23</u>
EFFECTIVE: <del>4/28/21</del> <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** : Sliding Fee Discount Program

**Objective:** To make available free or discounted medical services to those in need.

**Response Rating: Mandatory**

**Indications:** All patients seeking healthcare services at VALLEY SPRINGS HEALTH & WELLNESS CENTER are assured that they will be served regardless of ability to pay. No one is refused service because of lack of financial means to pay. This program is designed to provide free or discounted care to those who have no means, or limited means, to pay for their medical services (uninsured or underinsured).

VALLEY SPRINGS HEALTH & WELLNESS CENTER CLINIC will offer a Sliding Fee Discount Program to all who are unable to pay for their services. VALLEY SPRINGS HEALTH & WELLNESS CENTER will base program eligibility on a person’s ability to pay and will not discriminate based on an individual’s race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity. The Federal Poverty Guidelines are used in creating and annually updating the sliding fee schedule (SFS) to determine eligibility.

**PROCEDURE:**

The following guidelines are to be followed in providing the Sliding Fee Discount Program.

1. Notification: VALLEY SPRINGS HEALTH & WELLNESS CENTER will notify patients of the Sliding Fee Discount Program by:
  - ~~Payment Policy Brochure will be available to all patients at the time of service.~~
  - Notification of the Sliding Fee Discount Program will be offered to each patient upon admission and offering the application at the time of service.
  - ~~Sliding Fee Discount Program application will be included with collection notices sent out by VALLEY SPRINGS HEALTH & WELLNESS CENTER.~~
  - An explanation of our Sliding Fee Discount Program and our application form are available on VALLEY SPRINGS HEALTH & WELLNESS CENTER’s website.

Sliding Fee Discount Program  
Policy Number 162

- VALLEY SPRINGS HEALTH & WELLNESS CENTER places notification of Sliding Fee Discount Program in the clinic waiting area.

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2. Request for discount: Requests for discounted services may be made by patients, family members, social services staff or others who are aware of existing financial hardship. The Sliding Fee Discount Program will only be made available for clinic visits. Information and forms can be obtained from the Front Desk ~~and the Business Office~~.
3. Administration: The Sliding Fee Discount Program procedure will be administered through the ~~Business~~-Office Manager or his/her designee. Information about the Sliding Fee Discount Program policy and procedure will be provided to patients. Staff are to offer assistance ~~for completion~~with the completion of the application. Dignity and confidentiality will be respected for all who seek and/or are provided healthcare services.
4. Completion of Application: The patient/responsible party must complete the Sliding Fee Discount Program application in its entirety. Staff will be available, as needed, to assist patient/responsible party with applications. By signing the Sliding Fee Discount Program application, ~~persons~~people are confirming their income to VALLEY SPRINGS HEALTH & WELLNESS CENTER as disclosed on the application form.
5. Eligibility: Discounts will be based on income and family size only.
  - a. Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage, or adoption and residing together; all such people (including related subfamily members) are considered as members of one family. VALLEY SPRINGS HEALTH & WELLNESS CENTER will also accept non-related household members when calculating family size.
  - b. Income includes gross wages; salaries; tips; income from business and self-employment; unemployment compensation; workers' compensation; Social Security; Supplemental Security Income; public assistance; veterans' payments; survivor benefits; pension or retirement income; interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources.
6. Income verification: Applicants may provide one of the following: prior year W-2, two most recent pay stubs, letter from employer, or Form 4506-T (if W-2 not filed). Self-employed individuals will be required to submit ~~detail~~details of the most recent three months of income and expenses for the business. Adequate information must be made available to determine eligibility for the program. Self-declaration of Income may be used. Patients who are unable to provide written verification may provide a signed statement of income.

Sliding Fee Discount Program  
Policy Number 162

7. Discounts: Those with incomes at or below 100% of poverty will receive a full 100% discount for healthcare services. Those with incomes above 100% of poverty, but at or below 200% of poverty, will be charged a nominal fee according to the attached sliding fee schedule. The sliding fee schedule will be updated during the first quarter of every calendar year annually with the latest FPL Guidelines.

<https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>

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8. Nominal Fee: Patients with incomes above 100% of poverty, but at or below 200% poverty will be charged a nominal fee according to the attached sliding fee schedule and based on their family size and income. However, patients will not be denied services due to an inability to pay. The nominal fee is not a threshold for receiving care and thus, is not a minimum fee or co-payment.

9. Waiving of Charges: In certain situations, patients may not be able to pay the nominal or discount fee. ~~Waiving~~The waiving of charges must be approved by VALLEY SPRINGS HEALTH & WELLNESS CENTER's designated official. Any waiving of charges should be documented in the patient's file along with an explanation.

10. Applicant notification: The Sliding Fee Discount Program determination will be provided to the applicant(s) in writing and will include the percentage of Sliding Fee Discount Program write off, or, if applicable, the reason for denial. If the application is approved for less than a 100% discount or denied, VALLEY SPRINGS HEALTH & WELLNESS CENTER will work with the patient and/or responsible party to establish payment arrangements. Sliding Fee Discount Program applications cover outstanding patient balances for six months prior to application date and any balances incurred within 12 months after the approved date unless their financial situation changes significantly. The applicant has the option to reapply after the 12 months have expired or anytime there has been a significant change in family income. When the applicant reapplies, the ~~look-back~~lookback period will be the lesser of six months or the expiration of their last Sliding Fee Discount Program application.

11. Refusal to Pay: If a patient verbally expresses an unwillingness to pay or vacates the premises without paying for services, the patient will be contacted in writing regarding their payment obligations. If the patient is not on the sliding fee schedule, a copy of the sliding fee discount program application will be sent with the notice. If the patient does not make ~~effort~~an effort to pay or fails to respond within 60 days, this constitutes refusal to pay. At this point in time, VALLEY SPRINGS HEALTH & WELLNESS CENTER can explore options not limited to, but including offering the patient a payment plan, waiving of charges, or referring the patient to collections.



12. The sliding scale fees apply to any Clinic (in-house) services only. Any send outside vendor ~~labs, referrals~~labs, referrals, DME or other services are subject to that individual vendor, company or hospital's charges and fees.
  
13. Record keeping: Information related to Sliding Fee Discount Program decisions will be maintained and preserved in ~~a centralized confidential file located in the Business Office Manager's Office, in an effort to preserve the dignity of those receiving free or discounted care, the patient's confidential EHR Record~~
  - a. Applicants that have been approved for the Sliding Fee Discount Program will be logged kept in ~~VALLEY SPRINGS HEALTH & WELLNESS CENTER's~~the clinic's reception practice management system, noting names of applicants, dates of coverage and percentage of coverage.
  - b. ~~The Business Office Manager~~Reception will maintain an additional monthly log identifying Sliding Fee Discount Program recipients and dollar amounts. Denials and applications not returned will also be logged.
  
14. Policy and procedure review: The SFS will be updated based on the current Federal Poverty Guidelines. VALLEY SPRINGS HEALTH & WELLNESS CENTER will also review possible changes in our policy and procedures and for examining institutional practices which may serve as barriers preventing eligible patients from having access to our community care provisions.
  
15. Budget: During the annual budget process, an estimated amount of Sliding Fee Discount Program service will be placed into the budget as a deduction from revenue.

ATTACHMENTS:

~~2021-2023~~ Sliding Fee Schedule

Patient Application for the Sliding Fee Discount Program



Sliding Fee Discount Information It is the policy of Valley Springs Health & Wellness Center to provide essential services regardless of the patient’s ability to pay. VSHWC offers discounts based on family size and annual income. Please complete the following information and return to the front desk to determine if you or members of your family are eligible for a discount. The discount will apply to all services received at this clinic, but not those services or equipment purchased from outside, including reference laboratory testing, drugs, x-ray interpretation by a consulting radiologist, and other such services. You must complete this form every 12 months or if your financial situation changes.

Name				
Street	City	State	Zip	Phone

**Please list all household members, including those under age 18.**

	Name	Date of Birth
SELF		
OTHER		
OTHER		
OTHER		

SOURCE	SELF	OTHER	TOTAL
Gross wages, salaries, tips, etc.			
Income from business and self-employment			
Unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension, or retirement income			
Interest; dividends; royalties; income from rental properties, estates, and trusts; alimony; child support; assistance from outside the household; and other miscellaneous sources			
<b>Total Income</b>			

I certify that the family size and income information shown above is correct.

NAME (PRINT)

SIGNATURE

DATE

**Office Use Only**

Patient Name:

Approved Discount:

Approved by:

Date Approved:

Verification Checklist	YES	NO
Identification/Address: Driver's license, utility bill, employment ID, or other		
Income: Prior year tax return, three most recent pay stubs, or other		

Self-declaration of income may also be used.



Sliding Fee Schedule (SFS) Updated 5/2023

Maximum Annual Income Amounts for each Sliding Fee Percentage Category (except for 0% discount)

Poverty Level	100%	110%	120%	130%	140%	150%	160%	170%	180%	190%	200%	>200%
Family Size	Discount 100%	Discount 90%	Discount 80%	Discount 70%	Discount 60%	Discount 50%	Discount 40%	Discount 30%	Discount 20%	Discount 15%	Discount 10%	Discount 0%
<b>1</b>	\$14,580	16,038	17,496	18,954	20,412	21,870	23,328	24,786	26,244	27,702	29,160	29,161+
<b>2</b>	\$19,720	21,683	23,664	25,636	27,608	29,580	31,552	33,524	35,496	37,468	39,440	39,441+
<b>3</b>	\$24,860	27,346	29,832	32,318	34,804	37,290	39,776	42,262	44,748	47,234	49,720	49,721+
<b>4</b>	\$30,000	33,000	36,000	39,000	42,000	45,000	48,000	51,000	54,000	57,000	60,000	60,001+
<b>5</b>	\$35,140	38,654	42,168	45,682	49,196	52,710	56,224	59,738	63,252	66,766	70,280	70,281+
<b>6</b>	\$40,280	44,308	48,336	52,364	56,392	60,420	64,448	68,476	72,504	76,532	80,560	80,561+
<b>7</b>	\$45,420	49,962	54,504	59,046	63,588	68,130	72,672	77,214	81,756	86,298	90,840	90,841+
<b>8</b>	\$50,560	55,616	60,672	65,728	70,784	75,840	80,896	85,000	91,008	96,064	101,120	101,121+
Each additional person, add	\$5,140	5,654	6,168	6,682	7,196	7,710	8,224	8,738	9,252	9,766	10,280	10,281+

\*Based on the 2023 Federal Poverty Guidelines (FPG) for the 48 contiguous states and the District of Columbia. Please note that there are separate guidelines for Alaska and Hawaii, and that the thresholds would differ for sites in those two states. Sites in Puerto Rico and other outlying jurisdictions would use the above guidelines.

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

POLICY: Sterile Supplies and Instruments	REVIEWED: 2/1/19;12/26/19; 12/31/20; 9/29/21; <u>5/02/23</u>
SECTION: Operations	REVISED: 12/26/19; <u>5/02/23</u>
EFFECTIVE: <u>10/27/21</u> <del>5/24/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Sterile supplies and implements

**Objective:** To maintain sterility of sterile supplies and instruments in an effort to prevent infection.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Sterile supplies and instruments will be kept in a space separate from soiled supplies and instruments and will be stored in appropriate cabinets and shelving. Items will never be stored on the floor.
2. Sterile supplies and instruments will be checked monthly and before each use to ensure the package integrity and expiration date.
3. Supplies that are in the manufacturer’s packaging will be considered sterile in accordance with the packaged expiration date and/or printed information if package integrity has been maintained.
4. Supplies or equipment whose package integrity has been breached will be replaced, re-sterilized, or disposed of in accordance with manufacturer’s recommendation and OSHA regulations.
5. Staff will perform sterilization of re-usable implements on site, using the autoclave.
6. Sterile instruments and supplies autoclaved on site will observe the following expiration guidelines:
  - a. Paper wrap – 3 months
  - b. Cloth wrap – 3 months
  - c. Cellophane pouches which are tape-sealed – 90 days
7. Any damage or break in packaging is cause for re-sterilization of the item.
8. Packages will be labeled prior to sterilization with the label including:
  - a. Date of sterilization

- b. Month, day, and year of expiration (i.e.: exp 7/11/18)
- c. Initials of staff member performing sterilization
- d. Load number

9. Every use of the autoclave will be logged on the autoclave log and will include:

- a. Date and time of sterilization
- b. What was sterilized
- c. Cycle used
- d. Name of staff member performing sterilization

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

POLICY: Bioterrorism Threat	REVIEWED: 8/29/19; 2/25/20; 5/04/21; 5/3/22; <u>5/02/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <u>5/25/225/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Bioterrorism Threat

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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

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

POLICY: Drug Free Workplace	REVIEWED: 5/12/22; <u>5/2/23</u>
SECTION: District	REVISED:
EFFECTIVE: <u>6/29/22</u> <u>5/24/23</u>	MEDICAL DIRECTOR: <del>Dr.</del> Randall Smart, <u>MD</u>

**Subject: 3001 DRUG AND ALCOHOL ABUSE**

**Objective:**

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

**Response Rating: Mandatory**

**Required Equipment:**

**Procedure:**

**PROHIBITION OF DRUGS AND ALCOHOL**

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

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

**DEFINITIONS**

1. Drugs

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



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

## 2. Alcohol

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

## 3. Illegal Drugs

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

## 4. Intoxicating Substance

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

## 5. Reasonable Suspicion

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

## PROCEDURES

### **PRE-EMPLOYMENT TESTING**

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

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

and the release of the test results to the DISTRICT.

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

#### **REASONABLE SUSPICION DRUG AND ALCOHOL TESTING**

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

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

4. Manager ~~or Designated~~ Designated Manager.

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

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

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

## SEARCHES

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

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

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

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

## **EMPLOYEES' REPORTING REQUIREMENTS – LEGAL DRUGS**

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

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

## **DISCIPLINARY ACTION**

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

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

## **EFFECT OF CRIMINAL CONVICTION**

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

## **LAW ENFORCEMENT**

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

**EMPLOYEE ASSISTANCE**

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

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

**OTHER WORKING PERSONS**

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

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Employee Signature

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Date

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Employee Name (Printed)

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

POLICY: Earthquake Or Weather Emergency	REVIEWED: 8/30/19; 2/25/20; 5/21/21; 5/3/22: <u>5/2/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <u>5/25/225/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

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

Service Type	Source Location
Natural gas	Exterior of building
Electrical service	Electrical panel
Water	Exterior of building

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

2. Clinic staff should prepare to receive additional patients that may result from the situation.

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

POLICY: Nebulizer Treatments	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>9/29/21</u> / <u>5/24/23</u>	MEDICAL DIRECTOR:

**Subject:** Nebulizer Treatments

**Objective:** To increase oxygenation/ventilation status of patient.

**Response Rating:** Moderate to Severe.

**Required Equipment:** Nebulizer, medication per order, pulse oximeter, oxygen tank with mask.

1. Obtain written order from provider.
2. Explain procedure to the patient.
3. The physician order should be obtained for the type of medication, dose, and frequency of administration (i.e. saline, Albuterol, atrovent, xopenex).
4. The dose and frequency must be recorded in the EMR.
5. The nebulizer medication is either in premixed vials or should be combined in 3cc of saline.
  - a. The medication is placed in the reservoir of the nebulizer kit.
  - b. Turn the machine on and place the mouthpiece in the patient’s mouth.
  - c. A mask may be necessary for children under two years of age.
6. Oxygen can be added to the mixture per physician order, generally for O2 saturation under 93%.
7. Check oxygen saturation:  
Parameters: 93% - mild distress  
90% - moderation distress  
88% - severe distress
8. Administer the nebulizer treatment.
9. Recheck oxygen saturation after treatment.
10. Record the patient information per provider or nurse. Assessment includes: breath sounds, skin color, oxygen saturation, patient status, and vital signs.



10. Notify provider if patient is still showing signs of distress (i.e. oxygen saturation, patient status and vital signs).
11. Document oxygen saturation, medication used and patient response in the EMR.

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

POLICY: Par Levels	REVIEWED: 11/12/18; 10/14/20; 8/25/21; <del>5/02/23</del>
SECTION: Operations	REVISED:
EFFECTIVE: <del>9/29/21</del> 5/24/23	MEDICAL DIRECTOR:

**Subject:** Par Levels

**Objective:** To ensure that the Clinic is not overstocked with materials that may outdate and be wasted, the Clinic will be provided with inventory par levels for general medical supply and medications inventories.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. As a part of Clinic Operations and QAPI processes, Clinic Manager and Medical Director will consult, at least quarterly, and determine appropriate par levels of medical supplies and medications based upon current patient census projections and historical census data. Should a new service line be added or an unanticipated spike in patient census occur, review of par levels will happen immediately.
2. The par level information will be documented on a spreadsheet and available for reference purposes.
3. The par level document may also serve as an order form.
4. Medications will not be added to the Clinic formulary without consideration by the Medical Director and Clinic Manager and completion of the appropriate documentation and staff orientation.

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

POLICY: Patient Left: Not Seen Or Treated (NSOT)	REVIEWED: 11/12/18; 10/14/20; 8/25/21; <u>5/02/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>9/29/21</u> <del>5/24/23</del>	MEDICAL DIRECTOR:

**Subject:** Patient left without being seen or treated (NSOT)

**Objective:** To track patients that leave the Clinic before being seen/treated by the practitioner.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. When a patient advises a staff member that they are leaving before being seen or treated by the practitioner, advise the nurse or medical assistant and have him/her speak with the patient.
2. The nurse or medical assistant will review the sign in sheet and complete the NSOT form, documenting whether the patient was interviewed, had their vital signs taken and recorded, and their observations of the patient’s condition.
3. If the patient refuses to speak with the nurse or medical assistant before they leave, ask the patient why they are leaving before seeing the practitioner.
4. Mark the sign in sheet “NSOT” and document the reason the patient gave for leaving before seeing the practitioner.
5. Add the patient to the electronic scheduler by choosing the NSOT appointment type and adding the patient’s reason for leaving.
6. Scan the sign in sheet into the patient’s EMR under other and mark as NSOT add the current date.
7. Place all documentation in the NSOT binder.

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

POLICY: PPD Test Results	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>9/29/21</u> <del>5/24/23</del>	MEDICAL DIRECTOR:

**Subject:** PPD Test Results

**Objective:** PPD tests will be read by a physician, NP, PA, or RN.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. At the time the PPD is placed, the patient will be directed to return to the Clinic no sooner than 48 and no later than 72 hours after placement.
2. The patient’s reporting paperwork will be retained in a “tickler file” as a reminder to staff that results are pending for the test.
3. The patient will be reminded to bring their immunization card with them when they return to have their test read.
4. The patient will not be registered for the PPD read visit.
5. The patient will be placed in an examination or treatment room immediately upon arriving to have their test read.
6. The provider will be notified immediately that a patient is waiting to have a PPD read. Only Clinic practitioners and/or RNs will read PPDs placed at the Clinic.
7. The PPD will be read by a physician, nurse practitioner, physician assistant or registered nurse only. The registered nurse may be the Clinic’s scheduled RN.
8. The results of the test will be recorded on the immunization card and the patient’s medical record.
  - a. Patients with a positive result will be held in the Clinic to see the provider for immediate follow-up. The patient will be registered in the EMR for the follow-up appointment.
9. There is no charge to the patient when the PPD is read and the results recorded.

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

POLICY: Preventive Services: Adults	REVIEWED: 2/1/19; 12/31/20; 9/29/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>10/27/21</u> <del>5/24/23</del>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Preventative Services & Immunizations for Adult Primary Care Patients (Breast, Cervical, and Colorectal Cancer Screening; Adult Immunizations)

**Objective:** To identify and provide preventative services appropriate for adult patients based on the US Preventive Services Task Force recommendations and to ensure that adult patients are offered immunizations based on the Advisory Committee Immunization Practices guidelines.

**Response Rating: Mandatory**

**Required Equipment:**

**Procedure:**

1. Practitioners will utilize the US Preventive Service Task Force recommendations regarding breast, cervical, and colorectal cancer screenings for adult patients and implement referrals and care plans consistent with those recommendations.
  - a. Referrals will be made and patient compliance with those referrals will be documented.
  - b. The Clinic will follow-up with the patient, to ensure appointments are kept. Documentation of that follow-up will be made in the medical record.
  - c. The Clinic will follow-up with the patients to ensure results are reported and the patient given the appropriate anticipatory guidance relative to their tests and the results and that documentation will be maintained in the medical record.
  - d. Patients will be advised of the medical consequences should they decline the recommended screenings and that advice, plus the patient’s response should be documented in the medical record.
  
2. Practitioners will utilize the US Preventive Service Task Force recommendations regarding immunizations for adult patients and will make recommendations for those immunizations to patients as guidance recommends.
  - a. Patient declination of vaccines will be documented in the medical record by the practitioner.
  - b. Practitioner counseling of the patient regarding the medical consequences of declining the vaccine will be documented in the medical record by the practitioner.

3. The practitioner will also review the quality tab in the EMR to check for other preventative services that may be appropriate for the patient's gender, age, and medical condition.

Resources: <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>  
<https://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>  
<https://www.cdc.gov/vaccines/acip/index.html>

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

POLICY: Primary Authority Over Clinic Operations	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>5/02/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>9/29/21</u> / <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Primary authority over Clinic operations

**Objective:** Consistent with Rural Health Clinic requirements, the Clinic will designate the primary person(s) responsible for day-to-day operations of the Clinic.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Clinical Operations are the responsibility of the Clinic Manager.
  - a. Will be on-call to Clinic staff when away from the premises
  - b. Manages and supervises day-to-day operations of the Clinic.
  - c. Reports to Executive Director of the Health Care District.
  - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the-ordinary circumstances that occur in the Manager’s absence.
  
2. Medical Staff management is the responsibility of the Medical Director.
  - a. Will be on-call to the Medical staff when away from the premises.
  - b. Will be available by telephone to the Nurse Practitioner/Physician Assistant when away from the premises.
  - c. Reports to the Executive Director of the Health Care District.
  - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the ordinary circumstances that occur in the Director’s absence.

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

POLICY: Procedure Time Out	REVIEWED: 2/1/19; 4/2/20;11/23/20; 8/25/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED: 4/2/20
EFFECTIVE: <u>9/29/25/</u>	MEDICAL DIRECTOR:

**Subject:** Procedure Time out

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

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

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

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

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

**Procedure:**



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

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

POLICY: Product And Device Recall	REVIEWED: 2/1/19; 11/23/20; 8/25/21; <u>5/02/23</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>9/29/215/24/23</u>	MEDICAL DIRECTOR:

**Subject:** Product and Device Recall

**Objective:** Effective management of product and device recalls

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. The Clinic will utilize vendors who have a customer notification system in place that addresses recalls of supplies, medications, vaccines, oxygen canisters, and devices/equipment.
2. Upon receipt of notification from the vendor, Clinic leadership will review all inventories to determine if the item in question is present and, if so, will remove the item from use.
3.
  - a. Exam rooms
  - b. Supply rooms, including medication and janitorial storage
  - c. Treatment rooms
  - d. Nurses' station
  - e. Laboratory
  - f. X-ray suite
4. Vendor instructions will be followed, ensuring the item is returned or destroyed, appropriate credit applied, and replacement(s) ordered.

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

POLICY: Retention Of Records	REVIEWED: 4/1/19; 12/31/20; 8/2/21; <u>5/02/23</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <del>August Board Meeting</del> <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Retention of medical records

**Objective:** Inactive paper medical records will be retained in a secure location and inactive electronic medical records will be archived and retrievable in accordance with HIPAA and other relevant standards.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Electronic medical records will be archived when the patient has not been seen in the Clinic for three years.
2. Paper files will be checked for inactive status each year in January.
3. A log of medical records that have been archived will be developed, maintained and updated as follows:
  - a. Annually, when new records are moved from active to archived status.
  - b. On a case-by-case basis, when archived records are returned to active status due to a patient returning to the Clinic after a hiatus of three (3) years or more.
4. Inactive medical records will be retained as follows:
  - a. Pediatric to the age of majority plus one year or seven years after the last discharge date, whichever is longer
  - b. Adults for seven years after the last discharge date.

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

POLICY: Return to Work – Clinic Personnel	REVIEWED: 9/2/20; 8/2/21; <u>5/02/23</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <del>August Board Meeting</del> <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Return to Work by Clinic Personnel

**Objective:** Outline return to work requirements for Clinic Personnel

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Any employee or independent contractor who is diagnosed with a contagious infection will require a screening assessment (interview) by the VSHWC Medical Director prior to returning to work. The purpose of the assessment will be to ensure a reasonable safe working environment for other employees and to assess the index employee's capacity to return to work. The Medical Director, at their sole discretion, may delay the employee or independent contractor's return to work until such time as he/she has discussed concerns with consultants, experts, or the patient's primary care provider and formulated a disposition.
2. Any employee or independent contractor who has been placed on temporary disability by their treating provider will require a written release to return to their usual and customary work. Should the treating provider recommend modified duty, the Clinic will assess their ability to support the required accommodations. Safety of the employee/independent contractor and patients will be the first priority.
  - a. Included: pregnancy, non-contagious medical conditions, surgical intervention(s), accident(s)
  - b. Included: workplace injuries and/or illnesses

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

POLICY: Splints/Ace Wraps	REVIEWED: 6/1/19; 12/31/20; 9/29/21; <u>5/02/23</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>10/27/21</del> <u>5/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

**Subject:** Ace Wraps & Splints

**Objective:** To protect, secure and immobilize an injured extremity.

**Acuity Rating:** Mild to moderate

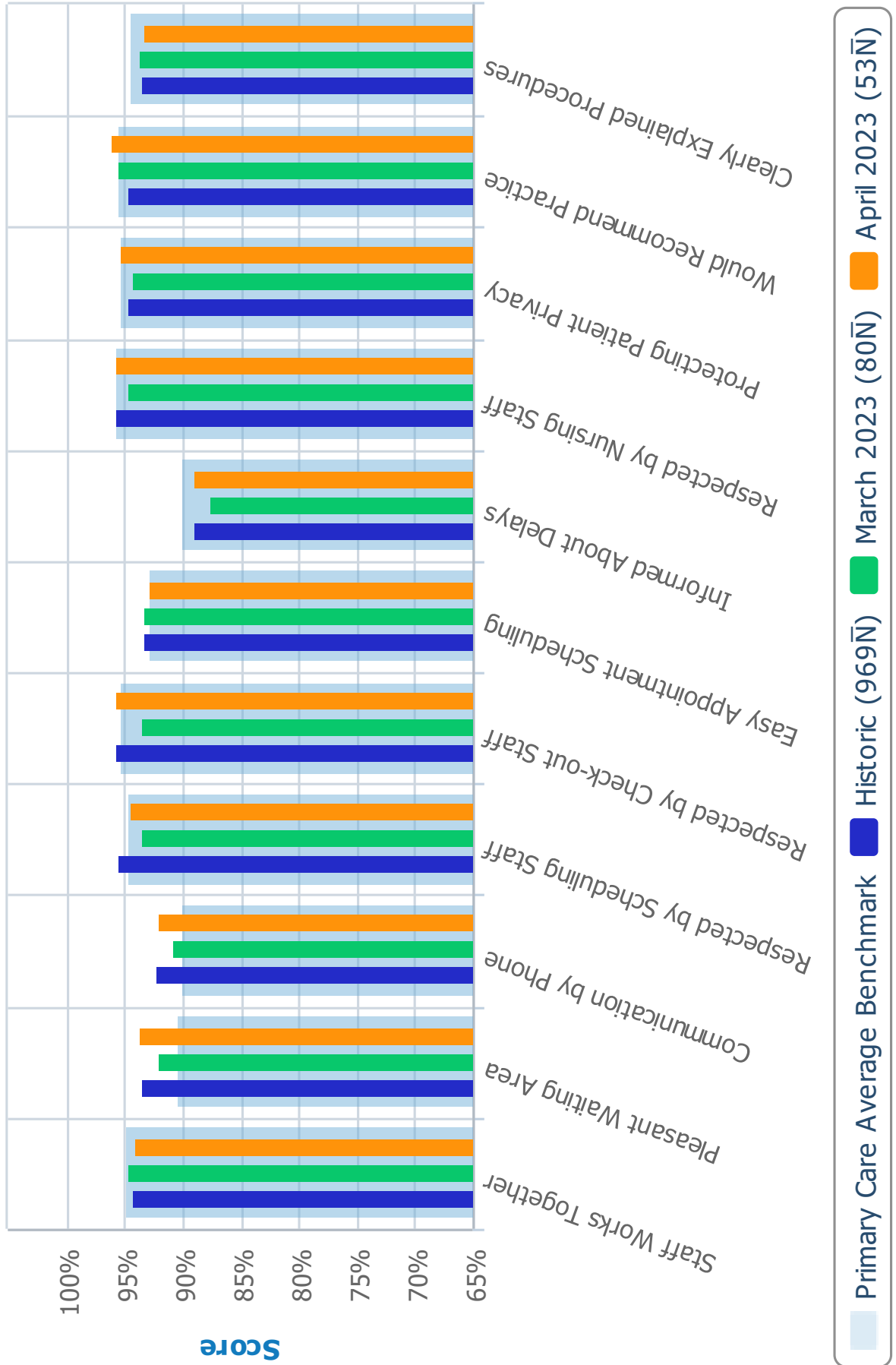
**Required equipment:** Ring cutter, cold pack, Ace wrap, splint, sling, gauze and/or cotton as per physician’s written order.

1. In case of a finger, wrist, hand or upper extremity injury, always remove any jewelry (rings, watch, bracelet) from extremity.
  - a. The ring cutter may be used by the practitioner if the item cannot be successfully removed with the aid of cold soaks or lubrication.
  - b. Should the patient refuse to allow use of the ring cutter, or removal of a ring, the patient will be required to sign a statement of refusal which should include language stating that the patient understands non-removal of the item may impair circulation and cause further damage. This statement should include language that releases the clinic from any liability in the event that further injury/damage occurs. A copy of this statement will be attached to the patient chart, and a copy given to the patient.
2. Elevate the extremity and apply a cold pack.
3. Apply a dressing to an extremity:
  - a. Apply an ace wrap, taking care not to wrap the ace tightly. Too tight a wrap may impair circulation. Ace wrap may not be applied by a Medical Assistant.
4. The following are guidelines for wrapping specific areas:
  - a. Toes: “buddy -tape” the toe and the next toe with 1/2” adhesive tape. Place a cotton or gauze between the toes to absorb moisture. Advise patient to wear firm-soled shoes, not tennis shoes. The practitioner may place the patient in a surgical shoe for this purpose.
  - b. Fingers: use the finger splints provided, and either tape or wrap the splint in place with a 2” ace wrap. Immobilize the finger in a position of function, with the MCPs at 90 degrees and the

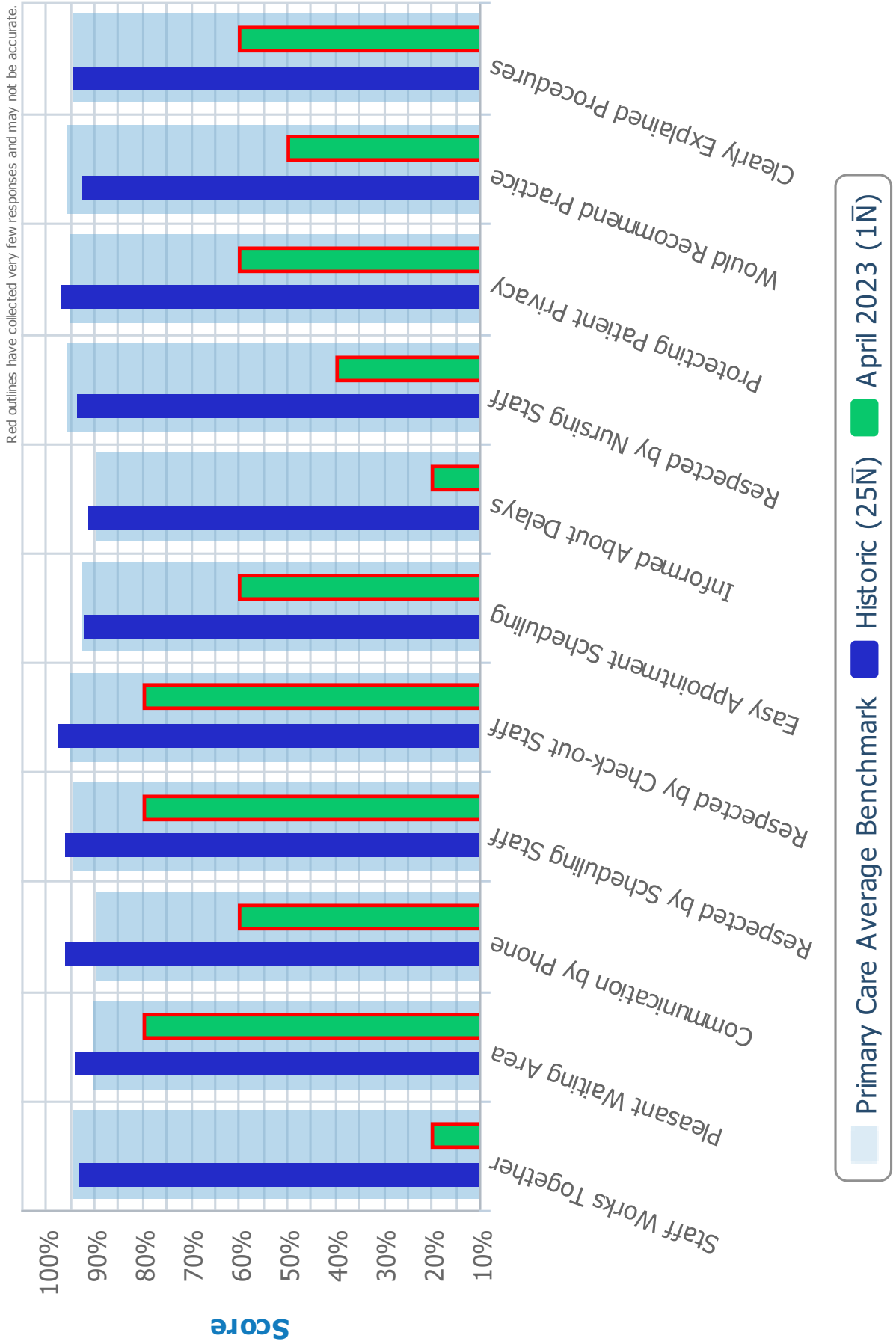
DIPs and PIPs in extension. Ace wraps may not be applied by a Medical Assistant.

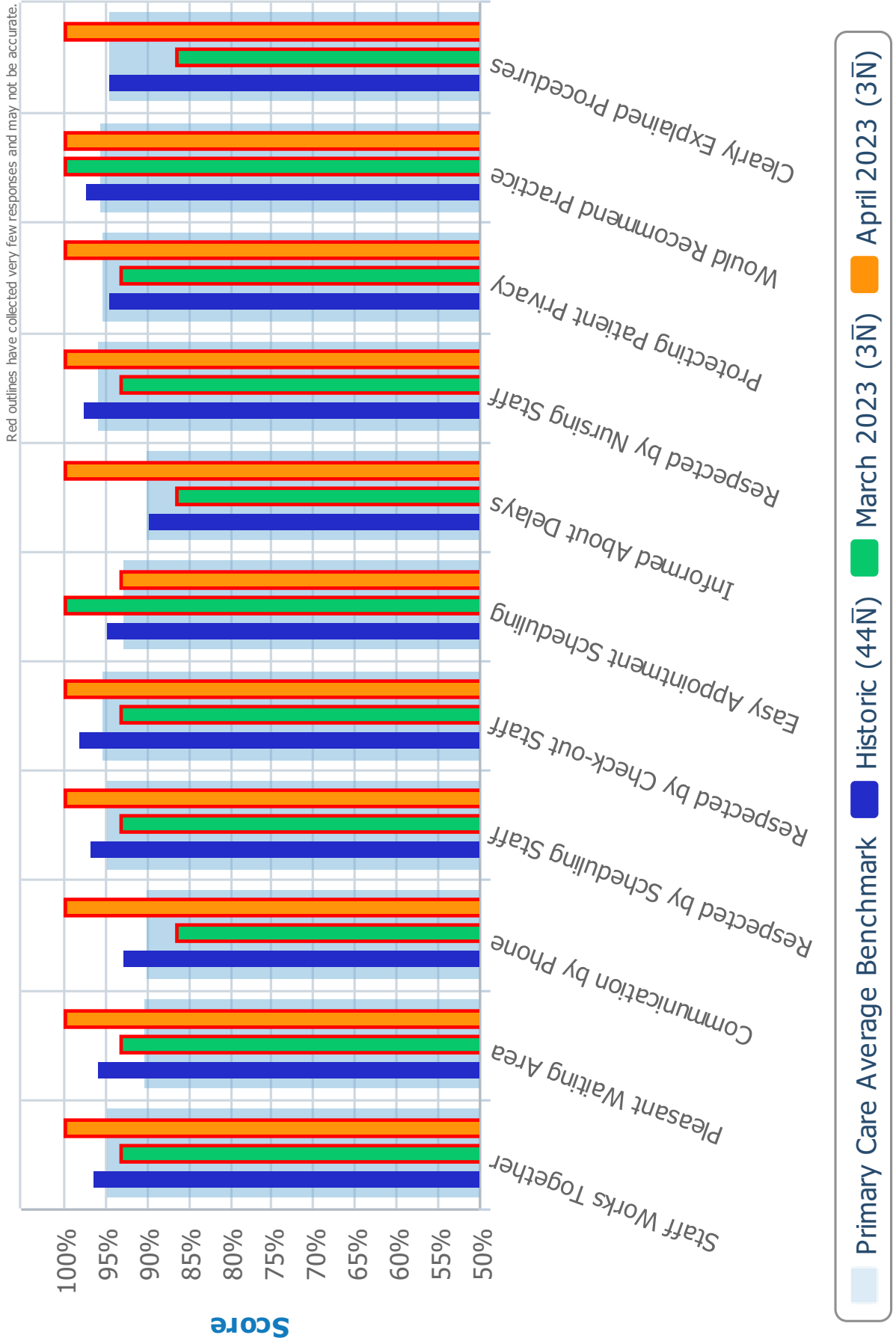
- c. Ankles: if using an air splint or padded splint. A sock or soft roll should be placed between the plastic and the skin to prevent skin breakdown from the contact of plastic to skin. A laced- up ankle brace may be used.
  1. If applying a posterior splint to the ankle, place the ankle in 90 degrees and apply the prefabricated splint. The splint should extend from the metatarsal heads to two fingerbreadths below the fibular head. Moisten the splint material with room temperature water, as hot water may cause a burn to the patient when the splint hardens and heats itself. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
  2. If applying an ace-wrap to an ankle, always enclose the heel. A contour walker may also be chosen for ankle and foot injuries.
- d. Wrists: One may use a Velcro wrist splint provided.
  1. If a fiberglass splint is needed, it should extend from the distal palmar crease to two fingerbreadths below the radial head. Depending on the site of the injury, an ulnar gutter, radial gutter with thumb spica or volar splint is appropriate
  2. If a sling is used it should be worn so the hand/wrist is higher than the heart at a 45-degree angle. Wrist should not droop over the end of the sling.
  3. Medical Assistants may not apply splint material unless they have received specific certification in splinting and casting.
5. Advise the patient to check for signs that the wrap is too snug, i.e.; digits look like “little sausages”, become blue, cold, tingle, or feel numb), in which case the wrap should be loosened. Practitioners ordering the application of wraps and/or splints must check the patient’s neuro-vascular status including swelling, circulation above and below the injury, sensation, and ensure proper placement of the wrap/splint/cast.
6. Advise the patient of the following instructions:
  - a. Keep the extremity elevated.
  - b. Apply ice to the area, 20-30 minutes per hour when awake several time a day for the first 48 hours. Make sure there is a protective barrier between the skin and the ice bag.
7. Document the procedure accurately in the EMR.
8. Discharge patient with appropriate paperwork and instructions for continuity of care.

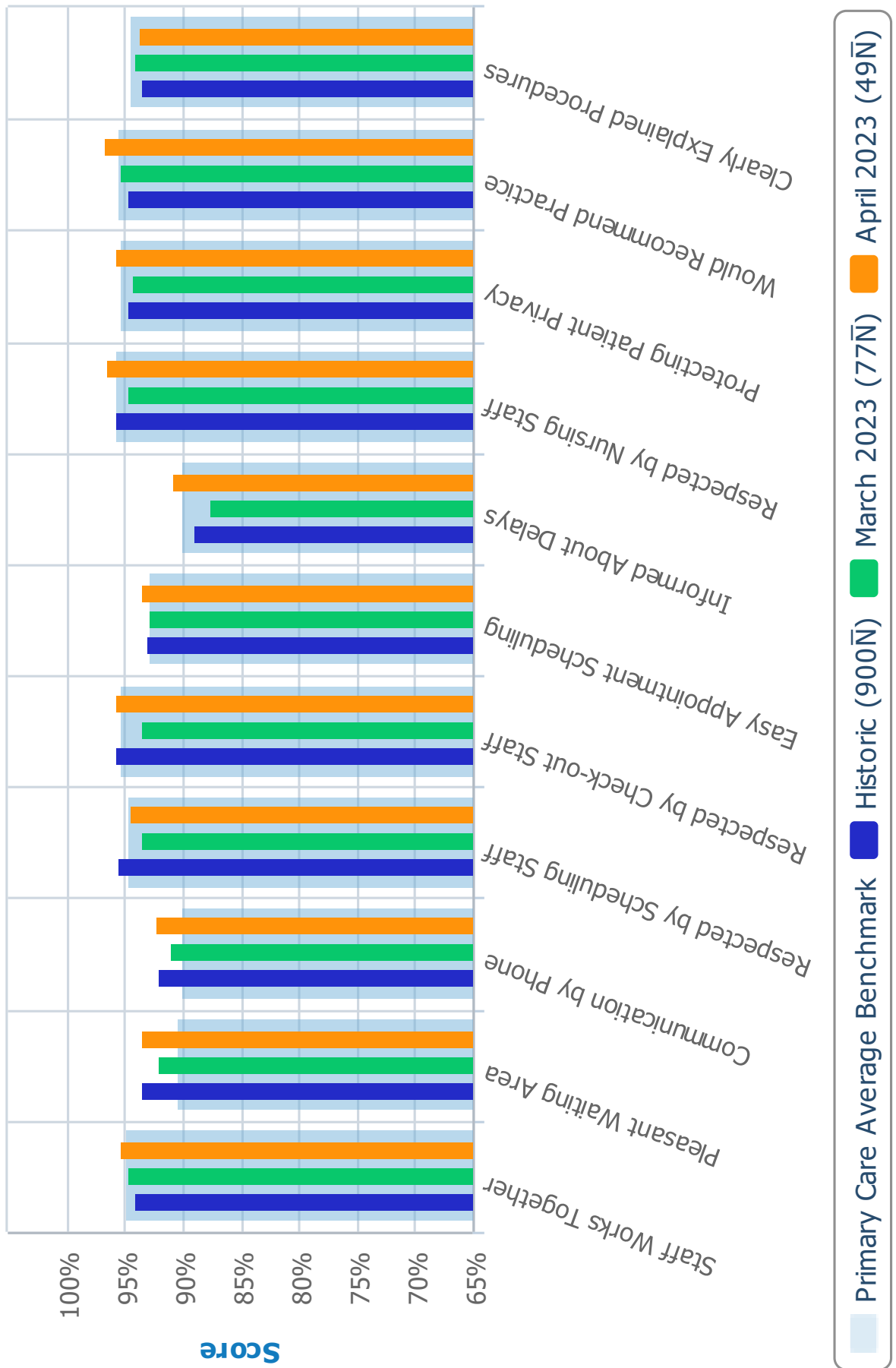
Quality Metric	2022												2023		MTD		Historical		
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Total	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix		
Patient Visits Total	1303	1469	1372	1218	1317	1336	1446	1422	1840	1725				14448					
Medi-Cal	671	850	787	669	762	734	837	849	1056	989				8204		8204	57%	57%	
Medicare	342	357	330	314	320	338	314	260	369	331				3275		3275	19%	23%	
Cash Pay	13	12	15	14	12	17	20	9	7	12				131		131	1%	1%	
Other	277	250	240	221	224	247	275	304	408	393				2839		2839	23%	20%	
Pediatrics 0-16 yrs	119	212	190	166	265	228	204	252	307	273									
Behavioral Health	128	185	148	149	134	132	173	162	179	183									
Dental	122	141	128	99	110	93	143	136	171	240									
Remainder	934	931	906	804	808	883	926	927	1183	1029									
Total Empanelled Patients	4621	4671	4738	4771	5397	5485	5571	5677	5870	5943									
Total New Patients SEEN	67	77	77	56	63	42	85	89	146	122			824						
Total New Pt's REGISTERED	72	92	81	66	53	51	123	123	206	172			1039						
Incident Reports																			
Patient Satisfaction										95%									
Peer Review/Fallouts										0/0									
Wait time for appointments										1-2 days									
Patient No-shows	135	126	115	118	110	112	90	104	124										
1=All Financial data in Finance Report																			













**MARK TWAIN  
HEALTH CARE DISTRICT**

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

**Agenda Item:** Financial Reports for April 2023

**Item Type:** Action

**Submitted By:** Rick Wood, Accountant

**Presented By:** Rick Wood, Accountant

**BACKGROUND:**

The April 2023 financial reports are attached for your review and approval.

I'm going to take this report in a little different direction. When the clinic was first started, there was proposed a three year start up period before the P&L would be in the black. Then COVID arrived, but despite a global pandemic, now incredibly very close to schedule, the clinic is turning the corner! The year to date number does not reflect the full reimbursable compensation due to the clinic because of a historically conservative approach.

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		4/30/23		
		<b>Actual</b>	<b>Y-T-D</b>	<b>2022/2023</b>
		<b>Month</b>	<b>Actual</b>	<b>Budget</b>
4083.49	Urgent care Gross Revenues	389,369	3,504,802	5,903,144
4083.60	Contractual Adjustments	(73,890)	(817,504)	(1,531,379)
	Net Patient revenue	315,479	2,687,298	4,371,765
9108.00	Other - Plan Incentives & COVID Relief	71,558	225,411	0
		71,558	225,411	0
	<b>Total Other Revenue</b>	<b>387,037</b>	<b>2,912,709</b>	<b>4,371,765</b>
	Non labor expenses	(162,397)	(2,601,029)	(2,891,624)
	Total Expenses	(363,630)	(4,189,625)	(4,902,293)
	<b>Net Expenses over Revenues</b>	<b>23,407</b>	<b>(1,276,916)</b>	<b>(530,528)</b>

**Mark Twain Health Care District**

**Annual Budget Recap**

	<b>04/30/23</b>	<b>2022 - 2023 Annual Budget</b>				
	<b>Actual</b>	<b>Total</b>				
	<b>Y-T-D</b>	<b>District</b>	<b>Clinic</b>	<b>Rental</b>	<b>Projects</b>	<b>Admin</b>
Revenues	6,122,534	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	6,122,534	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(6,994,410)	(8,129,593)	(6,429,672)	(1,123,758)	(35,000)	(541,163)
Total Expenses	(6,994,410)	(8,129,593)	(6,429,672)	(1,123,758)	(35,000)	(541,163)
Surplus(Deficit)	(871,876)	460,337	(526,528)	213,028	(35,000)	808,837
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(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		
	(304,048)	(1,003,063)	(868,056)	(871,876)		

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			4/30/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
4083.49	Urgent care Gross Revenues	491,929	389,369	(102,559)	79.15%	4,919,287	3,504,802	(1,414,485)	71.25%	5,903,144
4083.60	Contractual Adjustments	(127,615)	(73,890)	53,725	57.90%	(1,276,149)	(817,504)	458,645	64.06%	(1,531,379)
	Net Patient revenue	364,314	315,479	(48,835)	86.60%	3,643,138	2,687,298	(955,840)	73.76%	4,371,765
						0				
4083.90	Flu shot, Lab income, physicals					0				0
4083.91	Medical Records copy fees					0				0
9108.00	Other - Plan Incentives & COVID Relief		71,558			0	225,411			0
			71,558			0	225,411			0
	<b>Total Other Revenue</b>	<b>364,314</b>	<b>387,037</b>	<b>22,723</b>	<b>106.24%</b>	<b>3,643,138</b>	<b>2,912,709</b>	<b>(730,428)</b>	<b>79.95%</b>	<b>4,371,765</b>
7083.09	Other salaries and wages	(129,397)	(168,979)	(39,582)	130.59%	(1,293,974)	(1,316,036)	(22,062)	101.70%	(1,552,769)
7083.10	Payroll taxes	(9,931)	(13,876)	(3,944)	139.72%	(99,313)	(105,968)	(6,656)	106.70%	(119,175)
7083.12	Vacation, Holiday and Sick Leave	(7,764)	0	7,764	0.00%	(77,638)	0	77,638	0.00%	(93,166)
7083.13	Group Health & Welfare Insurance	(13,993)	(17,228)	(3,235)	123.12%	(139,933)	(153,039)	(13,106)	109.37%	(167,920)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(5,176)	0	5,176	0.00%	(51,759)	0	51,759	0.00%	(62,111)
7083.16	Workers Compensation insurance	(1,294)	(1,150)	144	88.90%	(12,940)	(13,552)	(612)	104.73%	(15,528)
7083.18	Other payroll related benefits					0	0			
	Total taxes and benefits	(38,158)	(32,254)	5,904	84.53%	(381,583)	(272,560)	109,023	71.43%	(457,900)
	<b>Labor related costs</b>	<b>(167,556)</b>	<b>(201,234)</b>	<b>(33,678)</b>	<b>120.10%</b>	<b>(1,675,558)</b>	<b>(1,588,596)</b>	<b>86,961</b>	<b>94.81%</b>	<b>(2,010,669)</b>
7083.05	Marketing	(333)	(15)	318	4.50%	0	(10,498)	(10,498)		(4,000)
7083.20.01	Medical - Physicians	(87,680)	(53,576)	34,104	61.10%	(876,796)	(509,498)	367,298	58.11%	(1,052,155)
7083.20.02	Dental - Providers		(7,013)			0	(72,600)			
7083.22	Consulting and Management fees	(1,742)	(1,150)	592	66.03%	(17,417)	(20,664)	(3,247)	118.65%	(20,900)
7083.23	Legal - Clinic	(833)	0	833	0.00%	0	(1,264)	(1,264)		(10,000)
7083.25	Registry Nursing personnel									
7083.26	Other contracted services	(15,000)	(37,117)	(22,117)	247.45%	(150,000)	(279,048)	(129,048)	186.03%	(180,000)
7083.29	Other Professional fees	(1,417)	0	1,417	0.00%	(14,167)	(24,339)	(10,172)	171.80%	(17,000)
7083.36	Oxygen and Other Medical Gases	(58)	0	58	0.00%	(583)	(357)	226	61.20%	(700)
7083.38	Pharmaceuticals	(292)		292	0.00%	(2,917)	0	2,917	0.00%	(3,500)
7083.41.01	Other Medical Care Materials and Supplies	(39,917)	(40,276)	(360)	100.90%	(399,167)	(255,314)	143,853	63.96%	(479,000)
7083.41.02	Dental Care Materials and Supplies - Clinic		(5,351)	(5,351)		0	(44,881)	(44,881)		
7083.41.03	Behavior Health Materials		(71)	(71)		0	(2,793)	(2,793)		
7083.44	Linens									
7083.48	Instruments and Minor Medical Equipment	(1,754)		1,754	0.00%	(17,542)	0	17,542	0.00%	(21,050)
7083.74	Depreciation - Equipment	(11,446)	0	11,446	0.00%	(114,458)	(201,933)	(87,476)	176.43%	(137,349)
7083.45	Cleaning supplies	(17)		17	0.00%	(167)	0	167	0.00%	(200)
7083.62	Repairs and Maintenance Grounds	(417)	(927)	(510)	222.48%	(4,167)	(6,357)	(2,190)	152.56%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(28,807)	0	28,807	0.00%	(288,073)	(735,862)	(447,790)	255.44%	(345,687)
7083.80	Utilities - Electrical, Gas, Water, other	(6,667)	(5,033)	1,634	75.49%	(66,667)	(68,177)	(1,510)	102.27%	(80,000)
8870.00	Interest on Debt Service	(22,958)	0	22,958	0.00%	(229,579)	(124,923)	104,656	54.41%	(275,495)
7083.43	Food	(108)	(91)	17	84.33%	(1,083)	(3,955)	(2,871)	365.04%	(1,300)
7083.46	Office and Administrative supplies	(3,438)	(2,244)	1,193	65.28%	(34,375)	(18,485)	15,890	53.77%	(41,250)
7083.69	Other purchased services	(2,437)	(956)	1,481	39.24%	(24,372)	(9,643)	14,728	39.57%	(29,246)
7083.81	Insurance - Malpractice	(3,167)	(2,607)	560	82.32%	(31,667)	(26,068)	5,599	82.32%	(38,000)
7083.82	Other Insurance - Clinic	(2,644)	0	2,644	0.00%	(26,440)	(18,960)	7,480	71.71%	(31,728)
7083.83	Licenses & Taxes	(442)	0	442	0.00%	(4,417)	0	4,417	0.00%	(5,300)
7083.85	Telephone and Communications	(2,333)	(3,190)	(857)	136.71%	(23,333)	(37,754)	(14,421)	161.80%	(28,000)
7083.86	Dues, Subscriptions & Fees	(167)	(824)	(657)	494.40%	(1,667)	(22,381)	(20,715)	1342.88%	(2,000)
7083.87	Outside Training	(783)	(180)	603	22.98%	(7,833)	(32,413)	(24,580)	413.78%	(9,400)
7083.88	Travel costs	(501)	(1,776)	(1,275)	354.52%	(5,008)	(13,507)	(8,499)	269.70%	(6,010)
7083.89	Recruiting	(4,583)	0	4,583	0.00%	(45,833)	(59,356)	(13,523)	129.50%	(55,000)
8895.00	RoboDoc	(1,030)	0	1,030	0.00%	(10,295)	0	10,295	0.00%	(12,354)
	Non labor expenses	(240,969)	(162,397)	78,572	67.39%	(2,398,020)	(2,601,029)	(203,009)	108.47%	(2,891,624)
	Total Expenses	(408,524)	(363,630)	(44,894)	89.01%	(4,073,578)	(4,189,625)	(116,048)	102.85%	(4,902,293)
	<b>Net Expenses over Revenues</b>	<b>(44,211)</b>	<b>23,407</b>	<b>(22,171)</b>	<b>-52.94%</b>	<b>(430,440)</b>	<b>(1,276,916)</b>	<b>(846,476)</b>	<b>296.65%</b>	<b>(530,528)</b>

Mark Twain Health Care District										
Rental Financial Projections		Rental								
		4/30/23								
		Monthly	Actual	Variance	Variance	Y-T-D	Y-T-D	Variance	Variance	2022/2023
		Budget	Month	\$\$\$	%	Budget	Actual	\$\$\$	%	Budget
9260.01	Rent Hospital Asset amortized	89,870	89,730	(140)	99.84%	898,698	899,100	402	100.04%	1078438
<b>Rent Revenues</b>		89,870	89,730	(140)	99.84%	898,698	899,100	402	100.04%	1,078,438
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(34,642)	28,691	54.70%	(633,333)	(921,035)	(287,702)	145.43%	(760,000)
9520.85	Telephone & Communications	(3,750)	(177)	3,573	4.73%	(37,500)	(4,956)	32,544	13.22%	(45,000)
9520.72	Depreciation	(8,777)	(8,637)	140	98.40%	(87,768)	(105,965)	(18,196)	120.73%	(105,322)
9520.82	Insurance									
Total Costs		(75,860)	(43,456)	32,404	57.28%	(758,602)	(1,031,956)	(273,354)	136.03%	(910,322)
<b>Net</b>		14,010	46,274	32,264	330.30%	140,097	(132,856)	(272,952)	-94.83%	168,116
9260.02	MOB Rents Revenue	18,905	4,171	(14,734)	22.06%	189,049	165,927	(23,122)	87.77%	226,859
9521.75	MOB rent expenses	(21,336)	(44,551)	(23,214)	208.80%	(213,363)	(212,008)	1,355	99.36%	(256,036)
<b>Net</b>		(2,431)	(40,379)	(37,948)	1660.73%	(24,314)	(46,081)	(21,767)	189.53%	(29,177)
9260.03	Child Advocacy Rent revenue	770	796	26	103.32%	7,701	7,748	47	100.61%	9,241
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(2,000)	0	2,000	0.00%	(2,400)
<b>Net</b>		570	796	226	139.57%	5,701	7,748	2,047	135.91%	6,841
9260.04	Sunrise Pharmacy Revenue	1,854	1,872	18	100.97%	0	18,504	18,504	0.00%	22,248
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(2,000)	0	0	0.00%	(2,400)
Total Revenues		111,399	96,569	(14,830)	86.69%	1,095,448	1,091,279	(4,169)	99.62%	1,336,786
Total Expenses		(97,597)	(88,007)	9,590	90.17%	(975,965)	(1,243,964)	(267,999)	127.46%	(1,171,158)
<b>Summary Net</b>		13,802	8,562	(5,240)	62.03%	119,483	(152,685)	(272,168)	-127.79%	165,628

Mark Twain Health Care District										
Projects, Grants and Support										
		4/30/2023								
			2019/2020	2020/2021	2021/2022	2022/2023	Month to-Date	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(29,167)	(1,188)	(318,286)	374.45%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)				(300,000)	
8890.00	Veterans Support			0	0		0		0	
8890.00	Mens Health			0	0		0		0	
8890.00	Steps to Kick Cancer - October			0	0		0		0	
8890.00	Ken McInturf Laptops			(2,571)						
8890.00	Doris Barger Golf			0	0		0			
8890.00	Stay Vertical			(14,000)	(14,000)	(35,000)	(29,167)	(1,188)	(18,286)	52.25%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	<b>Project grants and support</b>		<b>(465,163)</b>	<b>(20,325)</b>	<b>(667,000)</b>	<b>(85,000)</b>	<b>(29,167)</b>	<b>(1,188)</b>	<b>(318,286)</b>	<b>374.45%</b>



Mark Twain Health Care District										
General Administration Financial Projections										
		4/30/23				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
9060.00	Income, Gains and losses from investments	8,333	37,661	29,327	451.93%	83,333	255,310	171,977	306.37%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	1,041,667	1,041,667	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		27,487			0	27,487			
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		71,558				225,411			
9205.03	Miscellaneous Income (1% Minority Interest)		0			0	(32,872)			
	<b>Summary Revenues</b>	112,500	240,872	128,372	214.11%	1,125,000	1,517,002	392,002	134.84%	1,350,000
8610.09	Other salaries and wages	(21,644)	(20,389)	1,256	94.20%	(216,443)	(198,412)	18,032	91.67%	(259,732)
8610.10	Payroll taxes	(1,661)	(1,012)	649	60.93%	(16,612)	(8,075)	8,537	48.61%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(12,987)	0	12,987	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(10,089)	0	10,089	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	0	866	0.00%	(8,658)	(3,614)	5,044	41.74%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(2,164)	0	2,164	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(1,012)	4,039	20.04%	(50,509)	(11,689)	38,820	23.14%	(60,611)
	<b>Labor Costs</b>	(26,695)	(21,401)	5,294	80.17%	(266,953)	(210,101)	56,852	78.70%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(288)	3,879	6.90%	(41,667)	(27,215)	14,452	65.32%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(4,167)	(368)	3,799	8.83%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(1,839)	1,494	55.17%	(33,333)	(43,340)	(10,007)	130.02%	(40,000)
8610.05	Marketing	(667)	(78)	589	11.63%	(6,667)	(20,240)	(13,573)	303.60%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(1,667)	0	1,667	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(1,681)	(848)	201.78%	(8,333)	(7,459)	874	89.51%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	(136)	281	32.64%	(4,167)	(11,508)	(7,341)	276.19%	(5,000)
8610.69	Other- IT Services	(833)	(834)	(1)	100.13%	(8,333)	(9,340)	(1,007)	112.08%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(10,034)	0	10,034	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(50,000)	(39,278)	10,722	78.56%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(529)	138	79.28%	(6,667)	(16,526)	(9,859)	247.88%	(8,000)
8610.87	Outside Trainings	(417)	(60)	357	14.40%	(4,167)	(10,168)	(6,002)	244.04%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		0	(666)	(666)		
8610.90	Other Direct Expenses	(833)	(500)	333	60.00%	(8,333)	(4,400)	3,933	52.80%	(10,000)
8610.95	Other Misc. Expenses	-	(2,900)			0	(3,779)	0		
	Non-Labor costs	(18,753)	(8,844)	12,809	47.16%	(187,534)	(194,287)	(2,973)	103.60%	(225,041)
	Total Costs	(45,449)	(30,245)	18,104	66.55%	(454,487)	(404,387)	53,879	88.98%	(545,384)
	<b>Net</b>	67,051	210,627	146,476	314.13%	670,513	1,112,615	445,881	165.93%	804,616

**Investment & Reserves Report  
30-Apr-23**

Annual

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2022 Balance</b>	<b>2022/2023 Allocated</b>	<b>2022/2023 Interest</b>	<b>4/30/2023 Balance</b>	<b>Funding Goal</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	14,006	903,819	
Capital Improvement Fund	12,000,000	2,436,516	0	63,976	2,500,492	
Technology Reserve Fund	1,000,000	1,003,323	0	26,123	1,029,446	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	71,894	2,479,870	
Loan Reserve Fund	2,000,000	2,006,647	0	59,892	2,066,539	
<b>Reserves &amp; Contingencies</b>	<b>19,600,000</b>	<b>8,744,275</b>	<b>0</b>	<b>235,891</b>	<b>8,980,166</b>	<b>0</b>

<b>Reserves</b>	<b>2022-2023</b>	
	<b>4/30/2023</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve Fund	903,819	14,006
<b>Total Cal-Trust Reserve Funds</b>	<b>903,819</b>	<b>14,006</b>
Lease & Contract Reserve Fund	2,479,870	71,894
Loan Reserve Fund	2,066,539	59,892
Capital Improvement Fund	2,500,492	63,976
Technology Reserve Fund	1,029,446	26,123
<b>Total Cal-CLASS Reserve Funds</b>	<b>8,076,347</b>	<b>221,885</b>

<b>Five Star</b>		
General Operating Fund	199,975	374
General Operating Fund - NEW	126,656	1
Money Market Account	148,201	7,074
Valley Springs - Checking	102,410	83
Valley Springs - Payroll	151,107	56
<b>Total Five Star</b>	<b>728,348</b>	<b>7,588</b>

<b>Umpqua Bank</b>		
Checking	62,798	0
Money Market Account	6,445	0.53
Investments	0	0
<b>Total Savings &amp; CD's</b>	<b>69,244</b>	<b>0.53</b>

<b>Bank of Stockton</b>	<b>244,923</b>	<b>51</b>
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<b>Total in interest earning accounts</b>	<b>10,022,681</b>	<b>243,530</b>
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<b>Beta Dividends 1 &amp; 2</b>	<b>6,276</b>
<b>CSDA Training Scholarship</b>	<b>1,200</b>
<b>Anthem Rebate</b>	<b>4,230</b>

<b>Total Without Unrealized Loss</b>	<b>255,236</b>
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the 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.

**Mark Twain Health Care District**  
**Balance Sheet**  
As of April 2023

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	62,798
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	244,923
1001.40 Five Star Bank - MTHCD Checking	146,611
1001.45 Five Star Bank - MTHCD Checking NEW	132,612
1001.50 Five Star Bank - Money Market	148,201
1001.60 Five Star Bank - VSHWC Checking	102,410
1001.65 Five Star Bank - VSHWC Payroll	150,207
1001.90 US Bank - VSHWC	457,308
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,451,915</b>
<b>Accounts Receivable</b>	
1201.00 Accounts Receivable	28,392
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
<b>Total Accounts Receivable</b>	<b>540,852</b>
<b>Other Current Assets</b>	
1003.10 CalTRUST Operational Reserve Fund	28,801
1004.10 CLASS Lease & Contract Reserve Fund	2,479,862
1004.20 CLASS Loan Reserve Fund	2,066,567
1004.30 CLASS Capital Improvement Reserve Fund	2,500,492
1004.40 CLASS Technology Reserve Fund	1,030,634
1150.05 Due from Calaveras County	516,360
1150.60 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	188,429
1205.51 Cash To Be Reconciled	53,673
<b>Total Other Current Assets</b>	<b>9,037,291</b>
<b>Total Current Assets</b>	<b>11,030,058</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	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 - Buildngs	5,875,622

1220.20 VSHWC - Equipment	944,899
1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	1,996
1521.20 CIP Buildings	24,921
1600.00 Accumulated Depreciation	-8,384,521
<b>Total Fixed Assets</b>	<b>6,826,772</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	362,609
1810.60 Capitalized Lease Negotiations	311,878
1810.65 Capitalized Costs Amortization	8,939
<b>Total Intangible Assets</b>	<b>320,818</b>
2219.00 Capital Lease	5,917,999
2260.00 Lease Receivable - Long Term	841,774
<b>Total Other Assets</b>	<b>7,443,200</b>
<b>TOTAL ASSETS</b>	<b>25,300,029</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000.00 Accounts Payable (MISC)	160,342
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>160,342</b>
2001.00 Other Accounts Payable (Credit Card)	26,674
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>26,674</b>
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	52,767
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	-655
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Others	2,000
2270.00 Deferred Revenue	84,580
<b>Total Other Current Liabilities</b>	<b>464,232</b>
<b>Total Current Liabilities</b>	<b>651,248</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	459,351
2128.02 Deferred Utilities Reimbursement	838,429
2129.00 Other Third Party Reimbursement - Calaveras County	208,333
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,719,951
2240.00 Lease Payable - Long Term	596,895
<b>Total Long-Term Liabilities</b>	<b>9,092,334</b>
<b>Total Liabilities</b>	<b>9,743,582</b>
<b>Equity</b>	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638

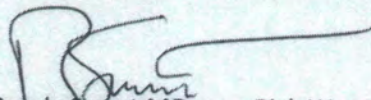
3000 Opening Bal Equity	128,655
3900.00 Retained Earnings	-4,069,119
Net Income	-871,876
Total Equity	<u>15,556,447</u>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,300,029</b>

Mark Twain Health Care District

2023-2024 Budget Narrative

1. The 2023-2024 Budget was developed by collecting inputs from all departments. The finance team then reviewed an early draft and made adjustments relative to District priorities and 2023 strategy. A "final draft" was then reviewed by senior District staff, and final adjustments were made based on sound financial principles, financial history, and economic indicators.
2. It cannot be overemphasized that financial projections in health care delivery are challenging to begin with. But in the next year that challenge is amplified several times by changing government policy, a projected state budget deficit, global economic uncertainty, regulatory and administrative burdens, labile market workforce, unknown liability, cybersecurity, supplies and materials cost inflation from international tensions, public elections (including District Board), etc. It's important to note that **seventy percent (70%) of District revenues are generated from government programs.**
3. The following assumptions were applied to District Budget development:
  - a. Tax revenues projections were based on history and economic predictors and remain conservative.
  - b. Clinic revenues were calculated from encounter projections and payor mix:
    - i. Hire of new full time family practice doctor.
    - ii. Hire of new full time social worker.
    - iii. Expansion of dental service by 60 percent.
    - iv. Leveraging clinic student activity: nurse practitioner, AMFT.
    - v. Anticipating increased efficiencies and workflows, 5%.
    - vi. Medi-Cal payor mix was projected to increase from 57 to 62%.
  - c. Investment interest was projected using standard economic indicators.
  - d. Employee payroll was expected to include (3-5%) pay raises.
  - e. It was anticipated that there would be significant cost increases for medical and dental supplies and equipment, partially off-set by leveraging GPO options.
  - f. Utility increases for the clinic are anticipated, partially off-set by new phone contracts.
4. Specific issues were **not** entered into Budget projections. Those impacts were eliminated because their certainty was less than 70% or final agreements were not in place:
  - a. The clinic behavioral health 1600 sqft expansion was not considered.
  - b. The 2024 Medi-Cal rate adjustment and settlement was not entered.
  - c. No external grants were projected.
  - d. No projections for workforce attrition were considered.
  - e. The MTMC hospital lease utility and rent options for May 31,2023 were not entered.
  - f. The Athena PPS rate reconciliation was not considered.
  - g. The \$25/hr California minimum wage mandate for healthcare was not entered.
  - h. Providing employees some paid federal holidays (currently not paid) not considered.

I want to emphasize that the annual budget is simply a tool we use to help make decisions and to ensure our public constituents that we are financially stable, accountable and reliable. District staff use it throughout the year as do clinic department managers. Good budgeting requires a fluid, attentive, and thoughtful approach.



Randy Smart MD

CEO

Rick Wood

Finance and Accounting

	A	B	C	E	F	G	H	I	J
1	<b>Mark Twain Health Care District</b>								
2	<b>Annual Budget Recap</b>								
3									
4	<b>2023 - 2024 Annual Budget</b>								
5		<b>Total</b>							
6		<b>District</b>	<b>Clinic</b>	<b>Rental</b>	<b>Projects</b>	<b>Admin</b>			
7									
8									
9	Revenues	10,438,718	7,455,963	1,332,755	0	1,650,000			
10	Total Revenue	10,438,718	7,455,963	1,332,755	0	1,650,000			
11									
12									
13	Expenses	(10,304,694)	(8,276,872)	(1,303,690)	(130,750)	(593,382)			
14	Total Expenses	(10,304,694)	(8,276,872)	(1,303,690)	(130,750)	(593,382)			
15									
16	Surplus(Deficit)	134,024	(820,909)	29,065	(130,750)	1,056,618			

	A	B	C	K	L	AB	AC	AE	AF
1		<b>Mark Twain Health Care District</b>							
2		<b>Direct Clinic Financial Projections</b>							
3									
4				VSHWC		Thru February 2023			
5						2022 - 2023			
6				2020/2021	2021/2022	Actual	Actual	2022/2023	2023/2024
7				Actual	Actual	Month	Y-T-D	Budget	Budget
26	4083.49	Urgent care Gross Revenues		2,789,431	3,604,071	377,042	2,670,293	5,903,144	7,455,963
27	4083.60	Contractual Adjustments		(1,383,628)	(1,006,672)	(107,928)	(683,872)	(1,531,379)	(1,573,878)
33		Net Patient revenue		1,405,803	2,597,399	269,114	1,986,422	4,371,765	5,882,085
34									
35	4083.90	Flu shot, Lab income, physicals						0	
36	4083.91	Medical Records copy fees						0	
37	4083.92	Other - Plan Incentives						0	
38						0	0	0	
39		<b>Total Other Revenue</b>		<b>1,405,803</b>	<b>2,597,399</b>	<b>269,114</b>	<b>1,986,422</b>	<b>4,371,765</b>	<b>5,882,085</b>
40									
41	7083.09	Other salaries and wages		(954,884)	(1,398,808)	(157,852)	(1,000,013)	(1,552,769)	(2,311,267)
42									
43	7083.10	Payroll taxes		(83,696)	(99,489)	(14,723)	(80,105)	(119,175)	(147,816)
44	7083.12	Vacation, Holiday and Sick Leave						(93,166)	(116,751)
45	7083.13	Group Health & Welfare Insurance		(132,724)	(166,865)	(13,669)	(118,403)	(167,920)	(183,310)
46	7083.14	Group Life Insurance							
47	7083.15	Pension and Retirement		(1,403)	(1,709)		0	(62,111)	(77,834)
48	7083.16	Workers Compensation insurance		(16,697)		(1,150)	(11,252)	(15,528)	(19,458)
49	7083.18	Other payroll related benefits							
50		Total taxes and benefits		(234,520)	(268,064)	(29,543)	(209,760)	(457,900)	(545,168)
51		<b>Labor related costs</b>		<b>(1,189,404)</b>	<b>(1,666,872)</b>	<b>(187,395)</b>	<b>(1,209,773)</b>	<b>(2,010,669)</b>	<b>(2,856,435)</b>
52									
53									
54	7083.05	Marketing	Web Updates, News Ads, Billboards	(2,469)	(38,900)	(3,114)	(10,483)	(4,000)	(12,000)
55	7083.20	Medical - Physicians		(844,648)	(717,928)	(60,924)	(462,445)	(1,052,155)	(1,266,738)
56	7083.22	Consulting and Management fees	CHC, K. Hohenbrink	(97,365)	(25,413)	(1,157)	(18,395)	(20,900)	(30,000)
57	7083.23	Legal - Clinic		(19,720)	(8,664)		(1,264)	(10,000)	(5,000)
58	7083.25	Registry Nursing personnel							
59	7083.26	Other contracted services	IT, Janitor, Alarms, Athena, Xray Maint.	(209,741)	(315,082)	(19,423)	(209,534)	(180,000)	(223,000)
60	7083.29	Other Professional fees	MedPro, CPR Certs., MedEx	(11,554)	(16,742)		(24,339)	(17,000)	(12,000)
61	7083.36	Oxygen and Other Medical Gases		(578)	(343)	(81)	(308)	(700)	(700)
62	7083.38	Pharmaceuticals						(3,500)	
63	7083.41	Other Medical Care Materials and Supplies	McKesson, Dental, Radiologica, Novarad	(263,109)	(328,940)	(25,941)	(235,412)	(479,000)	(677,000)
64	7083.44	Linens		(37,429)				0	
65	7083.48	Instruments and Minor Medical Equipment		(1,515)				(21,050)	
66	7083.74	Depreciation - Equipment				(201,933)	(201,933)	(137,349)	(134,487)
67	7083.45	Cleaning supplies						(200)	
68	7083.62	Repairs and Maintenance Grounds			(565)		(671)	(5,000)	(5,000)
69	7083.72	Depreciation - Bldgs & Improvements			(769,690)	(292,209)	(735,862)	(345,687)	(745,000)
70	7083.74	Depreciation - Equipment				(201,833)	(201,933)	0	(215,000)
71	7083.80	Utilities - Electrical, Gas, Water, other		(37,583)	(72,953)	(7,874)	(54,206)	(80,000)	(77,000)
72	8870.00	Interest on Debt Service		(247,955)	(7,813)		0	(275,495)	(257,883)
73	8870.01	Debt Financing Costs			(249,585)				
74	7083.43	Food		(1,070)	(2,885)	(149)	(3,447)	(1,300)	(4,000)
75	7083.46	Office and Administrative supplies		(57,037)	(40,848)	(2,404)	(14,887)	(41,250)	(25,500)
76	7083.69	Other purchased services	Nuance, MedStatix, Pest Control, Storage	(22,248)	(10,827)	(1,036)	(7,990)	(29,246)	(15,000)
77	7083.81	Insurance - Malpractice				(2,607)	(20,854)	(38,000)	(33,100)
78	7083.82	Other Insurance - Clinic		(46,530)	(63,371)		(18,960)	(31,728)	
79	7083.83	Licenses & Taxes						(5,300)	(1,500)
80	7083.85	Telephone and Communications		(66,112)	(28,399)	(5,749)	(25,732)	(28,000)	(30,000)
81	7083.86	Dues, Subscriptions & Fees		(7,669)	(9,412)	(2,468)	(21,557)	(2,000)	(30,000)
82	7083.87	Outside Training		(31,537)	(952)		(29,576)	(9,400)	(4,500)
83	7083.88	Travel costs		(1,498)	(5,636)	(1,923)	(9,099)	(6,010)	(2,150)
84	7083.89	Recruiting		(4,475)	(57,418)		(59,196)	(55,000)	(40,000)
85	8895.00	RoboDoc						(12,354)	
86		Non labor expenses		(2,011,842)	(2,772,367)	(830,826)	(2,368,085)	(2,891,624)	(3,846,559)
87		Total Expenses		(3,201,246)	(4,439,239)	(1,018,221)	(3,577,858)	(4,902,293)	(6,702,994)
88		<b>Net Expenses over Revenues</b>		<b>(1,795,443)</b>	<b>(1,841,840)</b>	<b>(749,107)</b>	<b>(1,591,437)</b>	<b>(530,528)</b>	<b>(820,909)</b>
89									



	A	B	G	H	K	L	N	O
1		<b>Mark Twain Health Care District</b>						
2		<b>Rental Financial Projections</b>	<b>Rental</b>					
3					Thru February 2023			
4					<b>2022-2023</b>			
5			<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>Actual</b>	<b>2022/2023</b>	<b>2023/2024</b>
6			<b>Actual</b>	<b>Actual</b>	<b>Month</b>	<b>Y-T-D</b>	<b>Budget</b>	<b>Budget</b>
7	9260.01	Rent Hospital Asset amortized	1,090,174	1,084,806	89,811	719,600	1,078,438	1,072,000
8								
9		<b>Rent Revenues</b>	<b>1,090,174</b>	<b>1,084,806</b>	<b>89,811</b>	<b>719,600</b>	<b>1,078,438</b>	<b>1,072,000</b>
10								
11	9520.62	Repairs and Maintenance Grounds						
12	9520.80	Utilities - Electrical, Gas, Water, other, Phone	(658,014)	(677,222)	(46,942)	(737,724)	(760,000)	(930,000)
13	9520.85	Telephone & Communications	(45,185)	(43,003)	(184)	(4,596)	(45,000)	(6,860)
14	9520.72	Depreciation	(770,925)	(101,799)	(26,512)	(88,651)	(105,322)	(99,420)
15	9520.75	Capitalized Costs Amortization Expense		(11,919)				
16	9520.82	Insurance						
17		<b>Total Costs</b>	<b>(1,474,124)</b>	<b>(833,943)</b>	<b>(73,638)</b>	<b>(830,971)</b>	<b>(910,322)</b>	<b>(1,036,280)</b>
18								
19		<b>Net</b>	<b>(383,950)</b>	<b>250,863</b>	<b>16,172</b>	<b>(111,371)</b>	<b>168,116</b>	<b>35,720</b>
20								
21								
22	9260.02	MOB Rents Revenue	208,946	215,042	17,973	143,783	226,859	228,527
23	9521.75	MOB rent expenses	(263,451)	(248,382)	(22,196)	(169,425)	(256,036)	(267,410)
24								
25		<b>Net</b>	<b>(54,505)</b>	<b>(33,341)</b>	<b>(4,223)</b>	<b>(25,643)</b>	<b>(29,177)</b>	<b>(38,883)</b>
26								
27								
28	9260.03	Child Advocacy Rent revenue	9,000	9,068	773	6,180	9,241	9,548
29	9522.75	Child Advocacy Expenses	(5,436)	(195)		0	(2,400)	
30								
31		<b>Net</b>	<b>3,564</b>	<b>8,873</b>	<b>773</b>	<b>6,180</b>	<b>6,841</b>	<b>9,548</b>
32								
33								
34	9260.04	Sunrise Pharmacy Revenue	14,400	21,816	1872	14760	22,248	22,680
35	7084.41	Sunrise Pharmacy Expenses	(3,785)			0	(2,400)	
36								
37								
38			1,322,520	1,330,731	110,428	884,323	1,336,786	1,332,755
39			(1,746,796)	(1,082,520)	(95,834)	(1,000,396)	(1,171,158)	(1,303,690)
40								
41		<b>Summary Net</b>	<b>(424,276)</b>	<b>248,211</b>	<b>14,594</b>	<b>(116,073)</b>	<b>165,628</b>	<b>29,065</b>

	A	B	C	E	F	K	L	T	U
1	<b>Mark Twain Health Care District</b>								
2	<b>Projects, Grants and Support</b>								
3			2/28/2023						
4				<b>Projects</b>		Thru February 2023			
5						<b>2022-2023</b>			
6				<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>Actual</b>	<b>2022/2023</b>	<b>2022/2024</b>
7				<b>Actual</b>	<b>Actual</b>	<b>Month</b>	<b>Y-T-D</b>	<b>Budget</b>	<b>Budget</b>
8		<b>Project grants and support</b>		(20,325)	(367,181)	(300,873)	(312,067)	(85,000)	(130,750)
9	8890.00	Friends of the Calaveras County Fair			(1,000)	(500)	(500)		
10	8890.00	Calaveras County Senior Center			(3,000)				
11	8890.00	Community (COVID) Masks		(3,754)					
12	8890.00	Foundation			(328,000)	(300,000)	(300,000)	(50,000)	
13	8890.00	Veterans Support							
14	8890.00	Office of Education (Med. Science)			(25,000)				
15	8890.00	Miscellaneous (TBD)							(100,000)
16	8890.00	Steps to Kick Cancer - October							
17	8890.00	Ken McInturf Laptops		(2,571)					
18	8890.00	Doris Barger Golf			(2,500)				
19	8890.00	Stay Vertical		(14,000)	(5,245)	(373)	(11,567)	(35,000)	(30,750)
20	8890.00	Golden Health Grant Awards							
21	8890.00	High school ROP (CTE) program			(2,436)				
22	8890.00	Auditor Adjustment							
23		<b>Project grants and support</b>		<b>(20,325)</b>	<b>(367,181)</b>	<b>(300,873)</b>	<b>(312,067)</b>	<b>(85,000)</b>	<b>(130,750)</b>
24									
25									

	A	B	C	K	L	P	Q	S	T
1		<b>Mark Twain Health Care District</b>							
2		<b>General Administration Financial Projections</b>			<b>Admin</b>				
3						Thru February 2023			
4						<b>2022-2023</b>			
5				<b>2020/2021</b>	<b>2021/2022</b>	<b>Actual</b>	<b>Actual</b>	<b>2022/2023</b>	<b>2023/2024</b>
6				<b>Actual</b>	<b>Actual</b>	<b>Month</b>	<b>Y-T-D</b>	<b>Budget</b>	<b>Budget</b>
7	9060.00	Income, Gains and losses from investments		39,321	21,936	30,510	183,531	100,000	350,000
8	9160.00	Property Tax Revenues		1,233,836	1,253,632	104,167	833,333	1,250,000	1,300,000
9	9010.00	Gain on Sale of Asset							
10	9108.00	Other Non-Operating Revenue - Grants			662,341	27,037	153,853		100,000
11	9400.00	Miscellaneous Income		19,978	6,123		9,451		
12	5801.00	Rebates, Sponsorships, Refunds on Expenses		236,724	1,000				
13	9205.03	Miscellaneous Income (1% Minority Interest)		(23,789)	(44,257)		(19,987)		
14		<b>Summary Revenues</b>		<b>1,506,070</b>	<b>1,900,775</b>	<b>161,714</b>	<b>1,160,182</b>	<b>1,350,000</b>	<b>1,750,000</b>
15									
16									
17	8610.09	Other salaries and wages		(273,071)	(243,983)	(20,254)	(157,537)	(259,732)	(316,123)
18									
19	8610.10	Payroll taxes		(10,079)	(11,174)	(1,002)	(6,043)	(19,934)	(24,183)
20	8610.12	Vacation, Holiday and Sick Leave						(15,584)	(16,347)
21	8610.13	Group Health & Welfare Insurance						(12,107)	(17,607)
22	8610.14	Group Life Insurance							
23	8610.15	Pension and Retirement		(3,736)	(4,008)		(3,419)	(10,389)	(10,898)
24	8610.16	Workers Compensation insurance		924	(924)			(2,597)	(2,724)
25	8610.18	Other payroll related benefits		(800)					
26		Benefits and taxes		(13,691)	(16,106)	(1,002)	(9,461)	(60,611)	(71,759)
27		<b>Labor Costs</b>		<b>(286,762)</b>	<b>(260,089)</b>	<b>(21,256)</b>	<b>(166,998)</b>	<b>(320,343)</b>	<b>(387,882)</b>
28									
29	8610.22	Consulting and Management Fees	Payroll fees, Faircloth	(4,548)	(25,413)	(289)	(24,147)	(50,000)	(50,000)
30	8610.23	Legal		(4,528)	(8,664)		(368)	(5,000)	(4,000)
31	8610.24	Accounting /Audit Fees	CSDA, JWT	(62,977)	(41,962)	(2,086)	(39,690)	(40,000)	(36,000)
32	8610.05	Marketing		(2,031)	(8,984)	(40)	(19,954)	(8,000)	(12,000)
33	8610.43	Food						(2,000)	(2,000)
34	8610.46	Office and Administrative Supplies		(8,306)	(6,895)	(232)	(4,978)	(10,000)	(4,500)
35	8610.62	Repairs and Maintenance Grounds			(1,250)		(11,372)	(5,000)	(500)
36	8610.69	Other- IT Services	Rj Pro, Streamline, Quickbooks	(11,066)	(9,063)	(783)	(7,647)	(10,000)	(7,000)
37	8610.74	Depreciation - Equipment						(12,041)	
38	8610.75	Rental/lease equipment							
39	8610.80	Utilities							
40	8610.82	Insurance		4,257	(54,354)		(39,278)	(60,000)	(44,000)
41	8610.83	Licenses and Taxes							
42	8610.85	Telephone and communications							
43	8610.86	Dues, Subscriptions & Fees	ACHD, Amazon, Zoom, McAfee, Adobe	(9,648)	(21,422)	(149)	(15,962)	(8,000)	(20,000)
44	8610.87	Outside Trainings		(585)	(1,556)	(60)	(8,694)	(5,000)	(10,000)
45	8610.88	Travel							
46	8610.89	Recruiting		(2,812)	(912)		(666)		(500)
47	8610.90	Other Direct Expenses	Board Stipends	(90,083)	(7,575)	(500)	(3,400)	(10,000)	(15,000)
48	8610.95	Other Misc. Expenses	Bank Adjustments				(879)		
49	8888.00	Calaveras Wellness Foundation				(1,806)	(1,960)		
50		Non-Labor costs		(192,327)	(188,049)	(4,140)	(178,995)	(225,041)	(205,500)
51		Total Costs		(479,089)	(448,138)	(25,396)	(345,993)	(545,384)	(593,382)
52		<b>Net</b>		<b>1,026,981</b>	<b>1,452,637</b>	<b>136,318</b>	<b>814,189</b>	<b>804,616</b>	<b>1,156,618</b>

**Term of Office:**

Each member of the Board of Directors, as elected, shall serve for a term of four (4) years, or until his or her successor is elected and has qualified. Each term shall expire when the successor takes office pursuant to Section 10554 of the California Elections Code.

In the event of a vacancy upon the Board of Directors please refer to *Policy No. 13: Appointments to the District Board*.

**Compensation of The Chief Executive Officer (CEO):**

The Chief Executive Officer (CEO) compensation shall be set by contract. The District Board shall review the Chief Executive Officer (CEO) performance ~~and compensation~~ and **contract** at least annually, or as otherwise provided in the Chief Executive Officer (CEO) employment contract.

- A. The following information or data should be considered in the Board's decisions regarding the Chief Executive Officer (CEO) compensation:
  - 1. The salaries and duties of executive directors/chief executive officers of comparable health care districts throughout California;
  - 2. The salaries of comparable positions at similar for-profit and non-profit organizations.
  - 3. A performance tool will be used.
- B. **The Personnel Committee, as applicable, shall initiate a review and make a recommendation to the Board.**
- C. **Upon completion of the Personnel Committee's annual appraisal a new employee agreement will be signed.**

## Public Record Requests:

Requests for public records will be responded to in accordance with the California Public Records Act (Government Code Section 6250, *et seq.*). The Chief Executive Officer is responsible for handling public records requests and may consult with legal counsel, as needed.

### **PUBLIC RECORDS REQUESTS:**

The District may charge a reasonable fee for copying records provided to the requesting party. The charge shall be \$0-15 at fair market value per page for normal size pages and shall be adjusted for odd-sized pages or copies that require special handling. The Chief Executive Officer or designee may waive the charge for incidental copies not exceeding 10 pages, that require minimal handling. Labor costs may be associated with digital or electronic copies. There shall be no charge for copies of documents provided as part of a public meeting.

If the request is expected to involve a significant amount of copies and effort, District staff may make an estimate of the cost, District staff may ask the requesting party to confirm that the proposed charge and delivery time are acceptable and to signify acceptance in a reasonable manner (written approval, email, etc.). District staff may require a deposit of the estimated cost before making copies. Once the requesting party has agreed to the estimated cost and delivery date, District staff will have the copies made and will deliver the copies when full payment is received.

If a person requests to inspect certain documents District staff will provide such an opportunity within a reasonable period after the request. The document inspection may, at District staff's discretion, be conducted under the supervision of a District employee. No documents may be tampered with in any way. Document(s) shall not be removed or copied without District staff permission.

## Records Retention

### SCOPE:

This Records Retention Policy applies to offices and facilities maintaining records and information of the Mark Twain Health Care District (the “District”).

This Document does not constitute the District’s policy with regard to public access to its records. The District’s policy entitled Records Retention Policy provides procedures and principles governing the public’s right to access public records.

### PURPOSE:

The purpose of this policy is to provide requirements and guidelines for managing the life cycle of all District records and information. The policy establishes a records retention program to apply efficient and economical management methods to the creation, utilization, maintenance, retention, preservation and disposal of all records used in the operations of District business.

All District records and information shall be retained and disposed of only in accordance with the retention periods specified in the District’s Records Retention Schedule. The Records Retention Schedule is the District’s official policy for information retention and disposal, and it is developed in accordance with all applicable state and federal laws and regulations, as well as good business practices.

### EXCLUSIONS:

The District recognizes certain documents have an historical significance and should be retained indefinitely. The District Chief Executive Officer is authorized to retain those documents.

### DEFINITIONS:

**Non-Records** – Material not usually included within the definition of records, such as unofficial copies of documents kept only for convenience or reference, working papers, appointment logs, stocks of publications and processed documents. Also, documents such as rough notes, calculations or drafts assembled or created and used in the preparation or analysis of other documents.

**Original Record** – The Original Record is a document on file in the District’s office. Every reproduction of an electronically stored document maintained by the District shall be deemed to be an Original Record pursuant to Government Code Section 34090.5.

**Public Records** – Any information relating to the conduct of the public’s business prepared, owned, used, or retained by any state or local agency regardless of physical form or characteristics.

**Records** – Any handwriting, typewriting, printing, photo stating, photographing, photocopying, transmitting by electronic mail or facsimile, and every other means of recording upon any tangible thing any form of communication or representation, including letters words, pictures, sounds, or symbols, or combinations thereof, and any record thereby created, regardless of the manner in which the record has been stored.

## **RESPONSIBILITIES:**

The Chief Executive Officer Shall

- Appoint a person or persons to serve in the capacity of Records Retention Coordinator, with overall responsibility for implementing the Records Retention Policy for the District.

## **ADDITIONAL RETENTION POLICY GUIDELINES:**

### **A. Copies of Original Records**

Copies of Original Records may be maintained by the District's employees and Board Members in their own offices or elsewhere for convenient reference or other purposes. Such additional copies may be in the same format (paper, photographic, or electronic) or in a different format as the Original Record. In either case, they are considered duplicate records for retention purposes.

Employees and Board Members are cautioned, however, that on some occasions a duplicate record can become a "new" record and would, therefore, be subject to the records retention program. For example, when annotations of substantive value are made to a duplicate record, that record may attain value as a separate record, which may be considered a new "official" record for purposes of retention.

### **B. Long-Term Document Retention**

It is the District's policy to minimize the storage of documents in paper format for long-term retention periods. A long-term retention period is generally defined as a period of ten (10) years or more. For these retention periods, electronic media should be utilized as the primary means for storage. For those records with an established long-term retention period, the records should be electronically imaged immediately, or at the earliest time practical, and the paper copy should be destroyed. Under some circumstances, the Board of Directors may make the determination that the paper copy of a record should be kept for a period up to, but not exceeding, the retention period. In addition, where electronic storage is impractical for a particular record, long-term retention will be in the appropriate format.

### **C. Non-Records**

Non-records are not kept in the normal course of business, therefore, they may be disposed of at any time. However, if a non-record is retained as an integral part of a file or in conjunction with Original Records, then it shall be retained in accordance with the appropriate retention schedule.

### **D. E-mail Communications**

Electronic communications, including e-mail, are generally considered transitory in nature, and are not customarily kept or retained by the District as the primary means for preserving information for future reference. Personal e-mail messages and announcements are not related to District business,



copies or extracts of documents e-mailed for convenience or reference, internal e-mails created by employees on work-related topics which do not facilitate action (i.e., cover notes, etc.), and e-mails containing drafts, notes or inter-office memoranda that are not retained by the District in the ordinary course of business are examples of such transitory communications.

However, e-mails created or received by District employees and Board Members in connection with District business, or e-mails that facilitate action, such as initiation, authorizing or completing a transaction in connection with District business may constitute a public record and should be retained.

E-mails which do not constitute a public record may be periodically or routinely purged from the system without any necessary action of the sender or the recipient of the communications. If the content of an e-mail message constitutes a public record, employees and Board Members are required to migrate the document from the e-mail system to another platform or in another format for storage and retention, to be kept in accordance with the Records Retention Schedule.

#### **E. Electronic Data Retention**

All retained information must be stored in a manner designed to ensure its accessibility, integrity, confidentiality, authenticity, and legibility sufficient to ensure the integrity of the records for the specified retention period. Conversion from one storage medium to another will include adequate controls to support these requirements.

#### **F. Destruction/Disposal of Records**

Action by the Board of Directors of the District is not required for the destruction of documents in accordance with the Board-approved Records Retention Schedule. However, no records may be destroyed or otherwise disposed of except as provided in this policy and in compliance with the Records Retention schedule.

Pursuant to the provisions of Government Code §§60200 through 60203, and the guidelines prepared by the State Controller's Advisory Committee for Special Districts, the following qualifications will govern the retention and disposal of records of the District.

**Documents must be shredded in a manner which ensures confidentiality.**

#### **G. Records Retention Schedule**

The "Records Retention Schedule" is attached to this policy as Attachment. "A" and is incorporated herein by reference. This policy and the records Retention Schedule comply with the records retention guidelines provided by the California Secretary of State and may be updated from time to time.

## RECORDS RETENTION SCHEDULE

Title and Description of Records	Retention Period	Comments
<b>CORRESPONDENCE</b>		
General Public	3 years	
Reports	Active +3 yrs.	
<b>FINANCIAL</b>		
Non-Discharged Debt of the District and Related Documents	Permanent	Cal. Gov't Code 60201
Non-Personnel Expense Reports	4 years	Or until audited, which ever is first
Budgets	Permanent	
Billing/Accounting Reports	4 years	Or until audited, which ever is first
Budget Change Reports	4 years	Or until audited, which ever is first
Audits	4 years	Or until audited, which ever is first
Invoices (non fixed assets)	4 years	Or until audited, which ever is first
Fees/Receipts	4 years	Or until audited, which ever is first
Check Registers	4 years	Or until audited, which ever is first
General Ledgers	Permanent	
Grants	Active +2 yrs.	Active until end of grant year
<b>EQUIPMENT/SUPPLIES/SPACE/CONSTRUCTION</b>		
Pending construction that the district has not accepted or as to which a stop notice claim legally may be presented	Permanent	Cal. Gov't Code 60201
Unaccepted bid or proposal for the construction or installation of any building, structure, or other public work	2 years	Cal. Gov't Code 60201
Construction Stop Notice	Active +2 yrs.	Cal. Gov't Code 60201
Purchase Request/Order	Active +4 yrs.	Active until items received (4 years if subject to audit)
Service Orders/Authorizations	Active +2 yrs.	Active until services performed
Vendor Information	Active +2 yrs.	Active until revised
Building Maintenance/Leases	Active +2 yrs.	Active until lease terminates
Inspection Reports/Moves/Space	Active +2 yrs.	Active until revised/rescinded/superseded
Equipment Maintenance	Active +2 yrs.	Active until maintenance completed
Hardware/Software Documentation	Active +2 yrs.	Active until revised/rescinded/superseded
Invoices for Fixed Assets (non real property)	Active +2 yrs.	Active until disposed of

## RECORDS RETENTION SCHEDULE

<b>PERSONNEL</b>		
Employee Records/Attendance Records/Applications	Active +7 yrs.	Active until employee leaves/terminates**
Compensation paid to District Employees, Officers or Independent Contractors	Active +7 yrs.	Active until employee leaves/terminates** Cal. Gov't Code 60201
Expense Reports of District Employees and Officers	Active +7 yrs.	Active until employee leaves/terminates** Cal. Gov't Code 60201
Employee/Officer Credit Card/Travel Expenses	Active +7 yrs.	Active until employee leaves/terminates** Cal. Gov't Code 60201
<b>POLICY/PROCEDURE/ ORGANIZATION</b>		
Documents Relating to: Formation/ Change of Organization/ Reorganization of the District	Permanent	Gov't Code 60201 requires that these records be permanently retained.
Ordinance adopted by the District	Permanent (5 Years for repeal ordinances)	Gov't Code 60201 requires that these records be permanently retained. However, an ordinance that has been repealed or is otherwise invalid or unenforceable may be destroyed 5 years after it was repealed or became invalid or unenforceable
Policies (All)	Active	Active until revised
Procedures (All)	Active	Active until revised
Mission Statements	Active	Active until revised
Meeting Minutes/Agendas/Resolutions	Permanent	See Gov't Code 60201
Audio Tapes of Meetings		Minimum 30 days/optional beyond that
Request for Proposals	3 yrs.	
Contracts	Active +4 yrs.	Active until contract is discharged (+4 if subject to audit). Cal. Gov't Code 60201
Plans and Goals	Active	Active until revised/rescinded/superseded/Complete
Records subject to any pending request under PRA, regardless of whether the District maintains that the record is exempt from disclosure	Unless governed under another category, records should be retained until the request has been granted, or 2 years have elapsed since the District provided written notice to the requester that the request has been denied.	See Gov't Code 60201

## RECORDS RETENTION SCHEDULE

<b>RECORDS MANAGEMENT</b>		
Records Retention Schedule	Active	Active until revised
Records Destruction Authorization	4 yrs.	
<b>LEGISLATION/ REGULATIONS/ LEGAL</b>		
Legal Opinions	Permanent	
Law Suits/Small Claims	Active +2 yrs.	Active until litigation complete
Legal Opinions	Permanent	
FPPC Opinions	Permanent	
Conflict of Interest Forms	7 Years	
<b>MISCELLANEOUS</b>		
Title/Documents relating to Real Property Owned by the District	Permanent	Cal Gov't Code 60201

**Amendments To Policies, Procedures & Waiver of Policies:**

**AMENDMENTS TO POLICIES AND PROCEDURES** Policies and Procedures may be amended by resolution of the Board of Directors following the noticing of the proposed amendment, which will be attached, including language to be changed, at a regular or special meeting of the Board of Directors, and a vote by the majority of the District Board on the proposed amendments at a regular meeting occurring not less than thirty (30) days following the first meeting.

**WAIVER OF POLICIES.** Any provision of these policies (1) may be waived by the unanimous vote of the full District Board for any given action item and (2) may waive the 30-day implementation procedure.



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

**Resolution 2023 – 04**

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

**Change in MTHCD Board Policies**

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

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

**WHEREAS:** The *ad hoc* policy committee has reviewed policies No. 3, 18, 19, 20 & 21 and have recommended changes in those policies, and presented changes to the public on April 26, 2023, Board of Directors Meeting;

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

**RESOLVED:** That policies Numbered 3, 18, 19, 20 & 21 be amended as published in the April 26, 2023, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 23<sup>rd</sup> day of May, by the following vote:

**Ayes:** 5  
**Noes:** -0-  
**Absent:** -0-  
**Abstain:** -0-

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

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

Mark Twain Medical Center



# CANCER SUPPORT GROUP

We Understand the Struggle  
You are not Alone

**WHEN** ● Friday, June 9, 2023  
10am - 11:30am

**WHERE** ● RM 2 -MTMC  
768 Mountain Ranch Rd,  
San Andreas, CA 95249

**DETAILS** ● Deep Nutrition for Cancer Class  
Chelsea Sanfilippo, MS, RDN  
Gut Hormone Health LLC  
Nutritionist & Owner