



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

**Meeting of the Board of Directors
Mark Twain Medical Center
Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA
9:00 AM**

Wednesday June 28, 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 May 17, 2023:
- Un-Approved Board Meeting for May 23, 2023:

B. Correspondence

- Medical Board of California – Review of June 2, 2023.
- Robo-Doc - Thank You - Brianna Adams, LVN June 13, 2023
- Robo-Doc - Thank You - BH Nurses Office 6-14-2023
- Gabby Gomez - PA Progress Letter 6-14-2023

6. MTHCD Reports:

- A. President’s Report**.....Ms. Reed
 - **Association of California Health Care Districts (ACHD) June 2023 Advocate:**
 - **Meetings With MTHCD CEO:**
 - **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Chief Executive Officer’s Report**.....Dr. Smart
 - **General Comments:**
 - **Programs Coordinator:**.....Ms. Dickey
 - Robo-Doc
 - Stay Vertical Calaveras
 - AED For Life
 - **Non-Electric Utilities – MTMC: Public Comment – **Action****
 - **Strategic Planning & Projects Matrix:**

- **Grant Report:**
- **VSH&W Center – Policies and Forms: Public Comment – Action**
 - Policies for June 2023 Valley Springs Health & Wellness Center:

New Policies

Scrub Allowance Policy

Revised Policies

Appointment Scheduling
 Assessment and Treatment Planning
 Consent for Treatment 1.0
 Integrated Behavioral Health Peer Review
 Referrals to Community Service
 Depression/Anxiety Screening

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

Adverse Medication Reaction
 After Hours Telephone Management
 Alternate Communications in Emergency Situations
 Answering A Phone Call
 Communication with Persons with Limited English Proficiency
 Conflict Of Interest
 Co-Signature of Mid-Level Medical Records
 Credit Card on File
 Critical Alert Value Notification
 Demonstrated Competency
 Emergency Ambulance Transfer
 Equipment Management
 Exam Table and Exam Room Cleaning And Disinfection
 Exposure Control Plan
 Flat Rate Fee Program
 Fluoride Varnish for Medical Pediatric Patients
 Formulary
 Patient Privacy, Confidentiality & Release of Information

E. VSHWC Quality Reports Ms. Terradista

- Quality – May 2023:
- MedStatix – May 2023:

7. Committee Reports:

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

- **Financial Statements** – May 2023: Public Comment – **Action**
- **Proposed Budget for 2023-2024 FY:** Public Comment – **Action**

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

C. Ad Hoc Community GrantsMs. Sellick / Ms. Reed

D. Ad Hoc Community Engagement Committee.....Ms. Reed

E. Ad Hoc Real Estate: Mr. Randolph

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

- Policy 18-Compensation of the Chief Executive Officer (CEO): For 30-day Review

8. Board Comment and Request for Future Agenda Items:

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

- Common Ground Sr. Serv Fundraiser - Summer Lovin July 22, 2023
- Angels-Murphys Rotary Shrimp Feed Sat. Aug. 19, 2023.
- ACHD 71st Annual Meeting Sept. 13-15, 2023.
- Barger Golf Outing Sept. 17, 2023

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. July 26, 2023 at 9am.

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: June 28, 2023 MTHCD Board of Directors Meeting

Time: Jun 28, 2023 09:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86341693470?pwd=aWZiVVFxM0dTLzIQaXhFMk>

xvTUpXZz09

Meeting ID: 863 4169 3470

Passcode: 619699

One tap mobile

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

**Wednesday May 17, 2023
 9:00 am**

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

Ms. Hack will be remote (Zoom) at Burbank Marriott, 2500 N. Hollywood 91505

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:

By: Ms. Hack
 Time: 9:00am

2. Roll Call:

Member	Present	Via Phone/Zoom	Absent
Lori Hack		X	
Richard Randolph	X		
Pat Bettinger	X		

Quorum - Yes

3. Approval of Agenda: Public Comment - Action

Motion to approve the agenda: Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Noes: 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 April 19, 2023:

Motion to approve the Consent Agenda by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Noes: 0

6. Chief Executive Officer's Report:

- BHCIP Application Update:

Dr. Smart: BHCIP is hopeful as they reached out for proof of matching funds. California (draft) budget is favorable to Behavioral Health.

7. Real Estate Review:

Mr. Randolph: Staff has taken care of a lease rent increase and the will work with CAM shortages for MTMC.

8. Accountant's Report:

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

Mr. Wood: Is happy to see the Clinic is in the black as planned 3 yrs. ago. CLASS was at 5.17% yesterday so investments are good and the organization is strong enough to allow larger investors. The property tax check came in and is at 45% of year.

Motion to approve the April Financials including the I&R Report by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Noes: 0

- Budget Will be Presented for 2023-2024 (Draft):

After discussion several adjustments were requested of which staff will make prior to taking to the BOD on Tues. May 23rd.

- Attached document should be used for encounter/revenue projections
- Enter projected external grant funding (received by district) of \$100,000
- Pg 27, R56- consult and management: increase to \$30,000
- Pg 27, R84-Recruiting: increase to \$40,000
- Pg 28, R14-depreciation: decrease to \$99,420
- Pg 29, R15-misc grants: increase to \$100,000 Footnote, pending grant committee approval/discussion

9. Treasurer's Report:

- CA Dept. of Human Services – Grant - Center for Data Insights and Innovation (CDII):

Ms. Hack: Will aid in applying for the grant. AB 131 is available to our District as well as MTMC. It provides funding to interface the sharing of medical information in real time. Kaiser is objecting to the process of sharing information.

10. Comments and Future Agenda Items:

Hearing None.

11. Next Meeting:

Next Finance Committee Meeting will be June 21, 2023 at 9:00am

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

Motion to Adjourn: Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Noes: 0

Time: 10:21am

	Visits	Mix	Avg Payment Per Visit	Payment	Avg Charges Per Visit	Gross Charges	Allowances
Medicare Advantage	1,425	5.5%	79	112,536	175	249,288	(136,752)
MediCal	16,058	62.0%	300	4,817,400	360	5,780,880	(963,480)
MediCare	3,756	14.5%	133	497,604	150	563,325	(65,721)
Commercial	3,885	15.0%	100	388,500	202	784,770	(396,270)
Self Pay	777	3.0%	85	66,045	100	77,700	(11,655)
	<u>25,900</u>	<u>100.0%</u>		<u>5,882,084</u>	<u>288</u>	<u>7,455,963</u>	<u>(1,573,878)</u>

*** As filed Medi-Cal cost report rate \$379; used \$300
** Medicare rate is blended \$126 and \$139

20706
Dental 3440
Medical 17266

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: May 17,2023 MTHCD Finance Committee Meeting

Time: May 17, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88517615406?pwd=K09SRUIwdVRTOfIaeVduY3pzM28yZz09>

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+1 305 224 1968 US

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 360 209 5623 US

+1 386 347 5053 US

+1 507 473 4847 US

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**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

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	Present	Via Zoom	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum YES

3. Approval of Agenda: Public Comment – Action

Dr. Smart requested to move section 6E program coordinator Intro to 5C. AED conversation to 6B.3.

Motion to approve agenda with changes by Mr. Randolph

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

This Institution is an Equal Opportunity Provider and Employer

Minutes May 23, 2023 MTHCD Special Board Meeting

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

B. Correspondence

- Gabby Gomez Thank you April 28, 2023:

Motion to Approve Consent agenda and minutes by Ms. Vermeltfoort

Second: Ms. Sellick

Ayes: 5

Nays: 0

Ms. Stout introduced the board to the new program coordinator Sierra Dickey.

6. MTHCD Reports:

A. President's Report:

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

- **Meetings With MTHCD CEO:**

Meetings with the CEO including topics on the agenda. Reviewed coverage for CEO absence.

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

Grant funding available for Rural Hospitals/Clinics for Data Info exchange.

B. Ad Hoc Community Grants:

- **San Andreas Fire District – Award Grant:**

The MTHCD awarded a \$15,000 grant to the San Andreas Fire District to help replace Self Contained Breathing Apparatus air bottles.

- **Calaveras County Search & Rescue – Award Grant:**

The MTHCD awarded the Calaveras County Search and Rescue team a \$15,000 grant to help with the purchase of a new equipment truck.

Liz Lazar presented a plan for Automated External Defibrillators (AED) distribution throughout Calaveras County.

C. MTMC Community Board Report:

No new report.

D. MTMC Board of Directors:

Meeting this Friday

E. Chief Executive Officer’s Report:

- **General Comments:**

Patricia Bettinger chair of the Calaveras Wellness Foundation reported the seating of
Michelle Phillips – Secretary
Peggy Stout – Treasurer
Dr. Randall Smart – Ex-Officio

- **Program Coordinator- Introduction:**

Moved to 5C

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

Board discussion MTMC discounted electric overage.

Motion to send 90-day notice for payment to MTMC by Ms. Hack

Second: Ms. Vermeltfoort

Ayes: 3

Nays: 0

Ms. Reed & Mr. Randolph recused themselves due to conflict.

- **Hospital Lease – Article IV of Lease- Informational:**

Review of lease

- **Strategic Planning & Projects Matrix:**

Behavior Health substance abuse mitigation project started. The Dental department added a new dentist to double capacity.

- **Automated External Defibrillator (AED) Via Heart Project Presentation:**

Moved to B3

- **Grant Report:**

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

Proposal sent to Finance Committee to discuss funding source/strategy.

- **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 – (Change 13 years to 12 years)
 - 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

Motion to Approve Policies with correction by Ms. Vermelthoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

F. VSHWC Quality Reports:

- Quality –April 2023:

Total patient visits are down due to provider illness/vacation.

Patient Satisfaction is at 95% Wait time for appointments is 1-2 days

- MedStatix – April 2023:

Most categories are above the national average in satisfaction.

7. Committee Reports:

A. Finance Committee:

- **Financial Statements** – April 2023: Public Comment – **Action**

The financials show a positive outcome for the Clinic for April.

Reserves are steadily doing very well

Motion to Approve April Financials with I & R Report by Mr. Randolph

Second: Ms. Sellick

Ayes: 5

Nays: 0

This Institution is an Equal Opportunity Provider and Employer

Minutes May 23, 2023 MTHCD Special Board Meeting

- **Proposed Budget for 2023-2024 FY (Draft) - Discussion Only:**

New hires are not in place yet. We are recruiting for a Family Practice doctor.
The clinic is expanding dental.
The budget will be presented and voted on at the June Board meeting.

B. Ad Hoc Policy Committee:

- **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

Motion to approve policies as listed by Mr. Randolph

Second: Ms. Sellick

Ayes: 5

Nays: 0

C. Ad Hoc Community Engagement Committee:

Nothing new to report

D. Ad Hoc Real Estate:

The common area maintenance (CAM) charges have been paid in full by the MTMC.

E. Ad Hoc Personnel Committee:

Meeting in June

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: Classes in room 2 at MTMC campus.
2nd Friday of the month (excluding August)

9. Next Meeting:

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

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

Dr. Smart would like to have Sierra Dickey with the Programs permanently added to Agenda.

Sept 13-15 ACHD meeting in Tahoe.

Motion to adjourn by Mr. Randolph

Second: MS. Hack

Ayes: 5

Nays: 0

Time: 11:07am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: May 23, 2023 MTHCD Special Board Meeting

Time: May 23, 2023 07:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83524751833?pwd=L2F6VGpWMIVFbDJIZS80L3M4WlowUT09>

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+1 564 217 2000 US

+1 646 931 3860 US

+1 689 278 1000 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 305 224 1968 US

+1 309 205 3325 US

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Meeting ID: 835 2475 1833

Passcode: 646004

Find your local number: <https://us02web.zoom.us/u/kbRYKyyGz9>



MEDICAL BOARD OF CALIFORNIA

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Gavin Newsom, Governor, State of California | Business, Consumer Services and Housing Agency | Department of Consumer Affairs

June 2, 2023

RANDALL W. SMART, M.D.
PO BOX 306
MURPHYS, CA 95247

Re: [REDACTED]
Control #. 8002022093415

Dear Dr. Smart:

This is to advise you the Medical Board of California has concluded its review of the complaint filed against you alleging you provided negligent treatment to the above-named patient. No further action is anticipated and the complaint file has been closed.

Thank you for your cooperation in this matter.

Sincerely,

CW

Christopher Wong
Consumer Services Analyst
(916) 576-3214

Since I started back in December of 2021, I've watched Robo doc become a huge hit in the nurses office. Kids come in seeking medication for a variety of different things such as allergies, headaches, aches & pains, and menstrual cramps. This has been so beneficial because it prevents kids from having to go home and miss essential class time, and it is also beneficial for parents because they do not have to drive over to bring their kid meds or take them home early for minor ailments.

Robo doc has also been a huge blessing in helping our students that do not have insurance or transportation. For example, this year we had an 18 year old student with no insurance report to the nurses office with a festering tooth infection. The parent was neglecting to take the student in to seek medical attention. Robo doc was absolutely amazing and the valley springs health and wellness center was so kind to see him not once, but multiple times in person, gave him antibiotics, and they even got him into the dentist to be evaluated. Another instance, was a student that ended up having a contagious skin infection and parents were unable to take him in to be evaluated due to transportation and financial issues. I did a Robo doc call with this student and we were able to get orders from the doctor via telehealth and antibiotics sent to the local pharmacy.

We are so thankful for this resource and so appreciate our Robo Doc contact Tonia, and the doctors and NP's that make this happen for our kids!

Brianna Adams, LVN
Licensed Vocational Nurse
BHUHSD, Nurses Office
badams@bhuhd.k12.ca.us
209-736-8381





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Special
Thank you to
Dr. Smart, Tonia,
Dr. Salam, MS Crowe,
Dr. Talia, MS Coleman
and Dr. Robbins
(and all providers)

You make
A
Difference

Bret Harte Families
Students and Nursing
Staff thank you for
all you do for our students!
Robo-Doc has been a
wonderful Resource to our campus.
we are so grateful for
all you do!

Thank you,
Bret Harte High School
Nurses Office

From: Gabriella Gomez <ggvb0524@gmail.com>
Sent: Wednesday, June 14, 2023 1:19 PM
To: rwsmart@pacbell.net; Peggy Stout <pstout@mthcd.org>
Subject: Life Update

I hope this email finds you well.

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 Physician Assistant Master's Programs. While shadowing at Valley Springs Health and Wellness Center I accumulated over 70 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 towards a program that specializes in rural healthcare and/or healthcare for underserved populations.

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

Sincerely,

Gabby Gomez



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate

June 2023

What's New This Month:

- Registration for [ACHD's 71st Annual Meeting](#) Now Open
- Advocacy Update
- Webinar: [Effective Decision-Making and Communications for Alignment, Consistency, and Accountability](#)
- Sponsor Insight: [Fiduciary Trust International](#)

CEO MESSAGE

ACHD is excited to announce that **registration is officially open** for [ACHD's 71st Annual Meeting: Moving Mountains Together](#). The conference is scheduled for **September 13-15** at [Everline Resort](#) in Olympic Valley. Our theme this year was chosen not only because of the beautiful location, but also to symbolize the unity of healthcare districts of all types, working together through ACHD to promote and preserve the health and wellness of their communities. Register before **August 15** to take advantage of the **Early Bird Rate**. [ACHD Certified districts](#) receive an additional discount as well. This year, our **BETA Eminent Keynote** will feature none other than [Cheryl Strayed](#), an American author, essayist, and podcast host, best known for her memoir "Wild," which recounts her 1,100-mile solo hike along the Pacific Crest Trail. We look forward to seeing many of you in September!



Cathy Martin
Chief Executive Officer

In addition, this month, we are thrilled to announce that [ACHD officially has a new website!](#) The new site features a **fresh new look** and incorporates **user-friendly elements**, such as our [Calendar of Events](#), [an easy-to-use page for submitting presentation proposals](#), and [up-to-date information on ACHD's position on current legislative proposals](#). Our new website also houses the portal for [nominating District, CEO, or Trustee of the Year Awards](#). Nominations are due by **July 15**. The new website will be updated to include information on the Annual Meeting agenda as we confirm additional speakers.

On the legislative front, last Friday was the deadline for bills to be approved by their house of origin in order to keep moving through the process. Please note, that **ACHD's co-sponsored legislation, SB 784**, is now a 2-year bill, which means it can be taken up again when the legislature reconvenes in January after fall interim. ACHD would like to thank **Ted Owens, Executive Director of Governance & Business at Tahoe Forest Health System**, for testifying in support of [AB 242](#). This bill would eliminate the sunset date for the pilot program

that allows critical access hospitals to directly employ physicians. Be sure to see [Sarah Bridge's](#) legislative update below for more information on legislation.

Last, as we mentioned in May, the ACHD Board of Directors has approved a new dues structure for the 2023-24 fiscal year. Dues memos were mailed to all members last week. Please do not hesitate to reach out to [me](#) if you have any questions about your dues. If paying by check, **please note our new address** referenced in the dues packet.

Have a wonderful summer everyone and I hope to see you at the [71st ACHD Annual Meeting!](#)



Ted Owens, Executive Director of Governance & Business at Tahoe Forest Health System

LEGISLATIVE UPDATE

With the house of origin deadline behind us, there are still hundreds of bills moving through the process. As is often the case, bills received a number of courtesy votes moving them further through the process. However, this year, the legislature has been hesitant to stop bills they normally would. Additionally, several bills have been made 2-year bills, which means they are eligible to be moved again in January (for better or worse).

We are also in the middle of budget season as the legislature constitutionally owes the Governor their balanced budget by midnight on June 15th. Following the [Governor's May Revision](#), California has amassed an additional deficit of \$9 billion, rounding the total shortfall out to \$30.5 billion. Behind-the-scenes, conversations regarding the October fiscal outlook are much bleaker. Budget folks believe the deficit may come closer to \$40 billion. Notably, the expansion for full-scope Medi-Cal for all Californians, regardless of immigration status, set to be fully implemented come January 1, 2024, remains. However, the Governor has proposed trigger cuts and funding delays to balance the budget. Currently, the Assembly and Senate are finalizing their plans and will negotiate a final agreement.

We fully expect—as is usually the case—that the June 15th budget will largely be a framework with subsequent trailer bills and budget bill “juniors” being

negotiated through August. As a reminder, this year the legislative session concludes on September 14th.

Bills of Note:

[AB 1637](#) (Irwin): *Local Government: Internet Websites*

Known as the “.gov” bill, AB 1637 would have required all local agencies to move to a “.gov” domain. On May 18, the bill was amended to remove districts, making the provisions no longer applicable to healthcare districts. ACHD has moved to a neutral position on the measure. - **ACHD Neutral**.

[SB 784](#)(Becker): *Health Care Districts: Employment*

ACHD’s sponsored bill to allow district hospitals to directly employ physicians has been parked for the year. Made a 2-year bill on the Senate floor, SB 784 will be eligible for a vote again in January. While unfortunate, moving the bill to January prevents competition between it and AB 242 (Wood). - **ACHD**

Sponsored

[AB 242](#) (Wood): *Critical Access Hospitals: Employment*

AB 242 (Wood) which would make the pilot program allowing critical access hospitals to directly employ physicians passed out of the Senate Business and Professions Committee on Monday. - **ACHD Support**

[SB 525](#) (Durazo): *Minimum Wage: Healthcare Workers*

SB 525 which would create a statewide healthcare worker minimum wage made it off the Senate floor after a tense and close vote. The bill was amended just days before it was heard to delay the implementation date and create a phase in, with wages starting at \$21/hr in June, 2024 with a ramp up to \$25 come 2025. Additionally, amendments removed the 2X requirement for salaried employees and instead made it 150% of hourly minimum wage, lowering the total slightly. Finally, amendments allow for the annual inflationary adjustment to be whichever is *lesser* instead of greater of 3.5% or the inflation rate. While these amendments did not move the needle on the opposition’s concerns, it was enough to secure enough votes to move it to the Assembly. - **ACHD Oppose**

SPONSOR INSIGHT

Jeffrey S. MacDonald, CFA, Head of Fixed Income Strategies at [Fiduciary Trust International](#) has published [Money Market Yields Are Back, But How long Will The Good Times Last?](#)



COVID's emergence in early 2020 sent shock waves through every corner of the U.S. economy. A series of aggressive fiscal stimulus responses was matched with a comprehensive easing of monetary policy, providing backstops for the market's credit sectors along with a cut in overnight policy rates down to zero percent.

These assertive policy moves also delivered unintended aftershocks with respect to inflation, forcing the Federal Reserve to embark on the most aggressive rate-hiking cycle in decades. While Fed tightening represents a headwind for the economy and borrowers in general, the move has largely been cheered by fixed investors since it has finally put the "income" back in fixed income. No one has been happier than money market managers-where yields are most sensitive to changes in the overnight policy rates set by global central banks as rates headed to 5% over the course of 2022.

Healthcare districts in California finally found some investment relief as working capital balance could begin to provide an income stream to assist in funding ongoing operations. But are higher yielding money markets the best option for districts in this environment, or is there a broader investment set that can help prepare for the future?

To continue reading, [click here](#).

UPCOMING EVENTS

Effective Decision-Making and Communications for Alignment, Consistency, and Accountability
June 20, 2023 | 10:00 - 11:00 am PST



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

WEBINAR

EFFECTIVE DECISION-MAKING & COMMUNICATIONS FOR

- ✓ Alignment
- ✓ Consistency
- ✓ Accountability

ACHD Webinar
June 20, 2023
10:00 AM

REGISTER NOW

PRESENTED BY
HURON
Todd Hendricks
Account Leader & Coach

ACHD's 71st Annual Meeting
Moving Mountains Together
September 13-15, 2023



Register for ACHD's 71st Annual Meeting

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.

Association of California Healthcare Districts
www.achd.org

A row of four social media icons: Facebook (blue square with white 'f'), Twitter (blue square with white bird), LinkedIn (blue square with white 'in'), and YouTube (red square with white play button).

ACHD | 1127 11th Street, Suite 905, Sacramento, CA 95814

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

June 16, 2023

Doug Archer
President & CEO
Dignity Health
Mark Twain Medical Center
768 Mountain Ranch Road
San Andreas, CA 95249

Dear Doug:

The purpose of this letter is to notify Mark Twain Medical Center (MTMC) that the District is exercising its option to require that MTMC reimburse the District for excess costs for the Non-Electrical Utilities.

MTMC and the District entered into a lease on May 31, 2019. In that document, Article 3.5(c) allows Landlord (the District) to request reimbursement for MTMC's Non-Electrical utilities that exceed \$300,000 for each of the first five years of the lease. After the first five years, the District may set a different amount for the threshold and seek reimbursement for costs beyond that threshold.

Our accounting department has completed an internal audit of these costs and determined that the District exceeded the threshold last year, 2022, by \$123,201.73. From a hospital perspective those costs are somewhat minor relative to the \$969,541.22 the District has provided in 2022 for all utilities. The District is requesting that MTMC pay this overage by September 16, 2023.

Going forward, the District hopes to collaborate with MTMC to find ways to mitigate utility costs for the hospital and its clinics. I am excited about pursuing the various cost-cutting strategies we've discussed, including federal grants, water-efficient landscaping, and energy-saving building improvements. We will schedule a follow-up meeting to assess the feasibility and impact of those options.

The District and MTMC have had a productive and collaborative relationship thus far and we believe we'll be able to continue to work together to find ways to reduce MTMC's utilities in a way that benefits both of us.

Respectfully and at the direction of the District Board,

Randy Smart, CEO
Mark Twain Health Care District

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

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
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	\$ 90,914.32		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	\$ -		None	RECEIVED		Online Referrals
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ -	12/31/2023		RECEIVED		LED Sign - VSHWC
	(NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
10	CCI (NON-COVID)	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		(Sierra) 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	\$ 15,000.00	\$ 15,000.00	\$ -		None	RECEIVED		to support Community programs - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 126,636.30	\$ 140,707.00	7/15/2023	YES	Use Funds by 9/30/23	YES	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	Yes	Pre-Application		
21	BHCIP	BH Expansion	\$ 3,322,000.00	\$ -	\$ -		Yes	Pending		VSHWC Expansion
22	FEMA # 3	Storm Damage	\$ 18,269.06	\$ -	\$ -			SUBMITTED		Tree Damage
23	CCI #2	Advancing BH	\$ 10,000.00	\$ 10,000.00	\$ -	9/1/2023	Yes	RECEIVED		
TOTALS			\$4,815,595.18	\$1,319,849.59	\$1,343,151.47					

6/22/2023
2:03 PM

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

POLICY: Scrub Allowance Policy	REVIEWED: 6/15/2023
SECTION:	REVISED:
EFFECTIVE: 6/28/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Employee Scrub Allowance

Objective: To clarify perimeters of employee scrub allowance

Response Rating:

Required Equipment:

Procedure:

Mark Twain Health Care District provides a scrub allowance of \$50.00 annually for all non-exempt employees.

Qualification:

Employees qualify after completing a successful first 90 days of employment, then annually. Annually is defined as the start of the new calendar year starting January 1st.

Procedure:

After meeting qualification requirements, an employee may purchase any amount of scrub tops and/or bottoms at whatever online or store they wish to purchase from. The employee will submit the receipt (totaling \$50.00 or more) for the purchased items to the Clinic Manager. The manager will complete an Employee Reimbursement form, listing the purchased items individually. The manager will sign and date the reimbursement form and fax or scan the form and printed receipt to Accounting Department for review and reimbursement. **The total reimbursed amount will not exceed \$50.00** despite the total of the receipts submitted.

Allowable Items for Reimbursement:

Items allowed for reimbursement include appropriate scrub tops or bottoms or work shoes. Items not covered for reimbursement include non-scrub items, undergarments, accessories (such as stethoscopes, name badges, compression socks, etc.).

All final decisions will be determined by Management.

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

POLICY: Appointment Scheduling	REVIEWED: 11/12/18; 2/12/20; 3/5/20; 5/04/21; 5/3/22; <u>6/05/23</u>
SECTION: Admitting	REVISED: 2/12/20; 3/5/20; <u>6/13/23</u>
EFFECTIVE: <u>5/25/22</u> <u>6/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Appointment Scheduling

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

Response Rating:

Required Equipment: EHR

Procedure:

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

7. Patients that arrive late for their appointment (10 minutes or more) ~~will be treated as walk-in patients and will be seen as patient volume allows. Patients will be advised of this change from scheduled to walk-in status upon their arrival at the Clinic.~~ will be asked to please wait. The staff will check with the Provider to see if they are still able to be seen. If time does not allow, the patient will be given the option to wait and be seen as a walk-in, or they may reschedule. (See Late Patient/No Show Policy).

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

POLICY: Assessment and Treatment Planning	REVIEWED: 1/12/2022; 2/22/23 ; 6/14/23
SECTION: Behavioral Health	REVISED: 6/14/23
EFFECTIVE: 1/26/2022 / 1/23 / 6/28/23 / 29/23	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Assessment and Treatment Planning

Objective: Assessment and treatment planning is an ongoing, collaborative and continuous process in Integrated Behavioral Health. This process is a mutual exploration of the patient’s issues and strengths, complemented by the staff’s professional perspective and recommendations resulting in a jointly created plan with mutually agreed upon goals.

Response Rating: This Guideline applies to all IBH personnel involved in direct service.

Required Equipment:

Procedure:

1. Assessment begins in the initial behavioral health consultation ~~interview~~ and builds on the information and presenting issues gathered during the BH ~~Intake~~Consult.
2. The initial assessment seeks to gather basic information, to explore patient strengths and issues, and determine the patient’s desired outcomes. Based on the assessment, staff will work with the patient to jointly create a working treatment plan with mutually agreed upon goals that is documented in the patient record.
3. Contextual information is gathered, as relevant and appropriate to the nature of the issues and outcomes desired, such as:
 - the patient’s presenting issue
 - history of the issues
 - patient’s strengths and resources
 - safety issues (e.g., abuse, current risk of self-harm, previous suicide attempts)
 - physical and mental health issues
 - social and environmental context (e.g., social supports, work situation, income, living situation, neighborhood, family background)
 - formulation of the problem/issue

4. The IBH Clinician and patient will agree on the working treatment ~~goals to be achieved~~plan, provide resources and referrals as needed and discuss various treatment options ~~the expected length of service and any potential interventions that may be required to achieve the stated goals.~~

5. Safety issues must be explored as appropriate. If there are any concerns, staff should follow the appropriate Guideline (e.g., child abuse, adult abuse, dealing with child custody situations, client suicide). Where there is a risk of imminent harm, the assessment of risk and the development of a safety plan takes precedence over all other activities.

6. Staff will summarize or formulate the issues to the patient in a way the patient can understand for their consideration. Translation (language and cultural sensitivities) can be provided if necessary.

7. If more than one service provider is involved, staff should clarify who is ensuring service coordination, if needed, along with a clear direction from the patient about the nature of communication among service providers. If needed, ~~consents~~consent for the release of information should be obtained.

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

POLICY: Consent for Treatment 1.0	REVIEWED: 1/12/2022; 2/22/23; 5/23/23
SECTION: Behavioral Health	REVISED: 6/14/23
EFFECTIVE: 4/26/2023/29/23/1/23	MEDICAL DIRECTOR: Dr. Smart

Subject: Consent for Treatment 1.0

Objective: To identify what is consent for treatment for Behavioral Health services

Response Rating: This guideline applies to the VSHWC IBH service

Required Equipment:

Procedure:

Valley Springs Health and Wellness Center’s Integrated Behavioral Health program and services are voluntary, unless mandated by a court order. Participation in service is considered consent for service since patients are at liberty to withdraw from service at any time. VSHWC’s IBH program does not work with any patient who does not consent to service.

~~As all IBH patients have already consented are given an Integrated Behavioral Health Therapeutic Agreement and Informed Consent form to treatment (information describing the services, reporting laws, and limits of confidentiality) upon registration as a new patient, IBH services and guidelines are explained verbally at intake and no further consent is signed and the consent is signed. At the first appointment all patients will receive information describing the services, reporting laws, and limits to confidentiality. The patient will be asked for their verbal consent indicating that they understand the guidelines and consent to service. Verbal consent will be documented in the assessment.~~

To be valid, consent must be:

- Voluntarily given, without any misrepresentation or fraud
- Given by a person who is capable of making service decisions
- Informed (meaning the person has been given sufficient information about the service and any implications of giving the consent.)

DEFINITIONS

- ~~- Expressed consent is verbal or written consent for service.~~

~~–Implied consent is consent that is implied either by the words or the behavior of the patient or by the circumstances under which service is given. For example, where a patient arranges an appointment, attends that appointment and participates in service, consent can generally be implied.~~

Consent can be given by the patient or the patient's legally authorized representative (such as a legal guardian or a person having a power of attorney).

PROCEDURES

1. Patient Consent

1.1 The IBH provider will verbally provide information regarding IBH services, reporting laws, and limits to confidentiality to the patient and given the Integrated Behavioral Health Therapeutic Agreement and Informed Consent upon Intake. Paperwork and the patient will be asked to sign.

1.2 The patient will be asked to give their verbal consent acknowledging that the patient understands the information and consents to service.

1.3 Once assured of the patient's consent and acknowledgement, staff will document this consent in the BH Intake in the patient's health record.

2. Acknowledgement and Consent for Minors

2.1 Consent issues related to children under the age of 12 are addressed in the Consent and Information Sharing Regarding Children Guideline-discussed. Individuals 12 years of age and older may be deemed able to give consent.

~~3. Patient Withdrawal of Consent~~

~~3.1 A patient may choose not to participate in the IBH program.~~

~~3.2 Staff will document the patient's withdrawal of consent in the patient record.~~

4. Patients Who Lack the Capacity to Consent

4.1 In the event that employees are concerned that a client does not have the capacity to consent to the collection, use and disclosure of his or her personal information, employees should:

~~–Consider whether the client understands the decision they are being asked to make~~

~~–Question whether the person understands the reasonably foreseeable consequences of the decision or lack of decision~~

~~–Consult with their supervisor~~

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

POLICY: Integrated Behavioral Health Peer Review	REVIEWED: 1/12/2022; <u>2/24/23</u> ; <u>5/21/23</u>
SECTION: Behavioral Health	REVISED: <u>6/14/23</u>
EFFECTIVE: <u>3/29/23</u> ; <u>7/1/23</u> <u>6/28/23</u>	MEDICAL DIRECTOR: Dr. Randy Smart

Subject: Integrated Behavioral Health Peer Review

Objective: Peer Review is an essential component of the IBH quality standards and control. IBH providers and staff keep appropriate records according to the IBH Charting guideline and procedures, and these charts are audited on a quarterly basis to ensure that these quality standards are being met and that there is standardization in documentation across sites.

Response Rating/SCOPE: This Guideline applies to all IBH personnel.

Required Equipment: Clinic Behavioral Health Care Peer Review Form

PROCEDURES:

1. IBH staff will conduct Peer Reviews four times a year (quarterly) ~~(January, April, July, and October)~~ to ensure that all IBH staff are following the protocols outlined in the IBH Charting guidelines and procedures.
2. The Behavioral Health ~~Assistant Director~~ Administration randomly selects ~~510~~ charts for each staff to review and gives one month for the staff to complete the chart reviews when they have time during the workday.
3. IBH staff will submit a completed checklist tool for each chart assigned to the Behavioral Health Director and Medical Director for review. A copy of the checklist tool and feedback is supervisor and a second copy will be provided for the staff whose chart was audited.
- ~~4. Following the month given to complete the review, a discussion will be facilitated conducted during the monthly IBH staff meeting (or one on one with the Behavioral Health Director) in which feedback is reviewed as a team, and staff can clarify any questions around proper documentation. At the end of this meeting, staff will receive their checklists that were audited by their peers.~~
- ~~45.~~ Staff are expected to review their checklists that their peers completed on their charts, ask clarifying questions as needed and ~~to~~ integrate the feedback into their future documentation practices ~~in the future~~. If there remain any questions about the proper documentation or feedback, further ~~clarity clarification~~ can occur ~~through a future~~ at a team meeting or ~~a conversation by a discussion~~ with the supervisor and/or reviewer.

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

POLICY: Referrals to Community Service	REVIEWED: 1/12/2022; 6/14/23
SECTION: Behavioral Health	REVISED: <u>6/14/23</u>
- EFFECTIVE: <u>1/26/2022; 7/1/23</u> <u>6/28/23</u>	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Referrals to Community Service

Objective:

Response Rating:

Required Equipment:

Procedure:

Integrated Behavioral Health creates and maintains linkages and relationships with other service providers, organizations and professionals in the community in order to ensure that patients have the opportunity to access the most effective, coordinated and comprehensive services available.

IBH, with the informed consent and participation of the patient, may make referrals to community resources at any time in service delivery (i.e., prior to offering service, while service is ongoing or when service is being terminated).

SCOPE

This Guideline applies to all IBH personnel.

PROCEDURES

1. Internal Referrals – Within Program

1.12 ~~Once the new referral is received by IBH staff the patient will be contacted to establish the first BH consultation appointment.~~

1.24 If IBH providers determine that a patient would be better served by another team member or where it is indicated that more than one counselor is needed (i.e., to work with a couple or other family member separately; to have a formal assessment), providers ~~negotiate~~ coordinate this with other staff members and ensure that they have the informed consent of the patient.

~~1.2~~ ~~Once the new referral is received by IBH staff the patient will be contacted to establish the first BH consultation appointment.~~

2. External Referrals

2.1 The referral of an ongoing patient to a service outside of the organization may involve an active role for staff such as a IBH navigation/case management.

2.2 The following guidelines apply to external referrals:

- Make a careful assessment of the ~~patient's~~patient's expressed needs and the staff's perception of that need considering as well, the work in progress at that time.
- Ensure the patient's involvement in the process as well as in the decision made, including suggesting possibilities and alternatives.
- Support the referring staff member's active participation either through direct contact with the selected service or through encouraging the patient's initiation of service.
- Ensure referring staff member's continued contact (via IBH navigator/case manager, PCP, or direct care) with the patient and other service providers, as necessary and appropriate, including plans for ongoing IBH involvement, follow-up, and the necessary steps to support the process.
- Make sure that there is a clear and documented approach to service coordination where appropriate.
- Check that the necessary documents are signed (e.g. Release of Information) ~~with regards~~ to ensure informed consent and permission to share information between service providers throughout the referral and service delivery process and/or verbal consent to do so is documented in the patient record.
- Referrals will be closed upon confirmation of patient engaging in outside services or patient declining referral to said services.

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

POLICY: Anxiety/Depression / <u>Anxiety</u> Screening	REVIEWED: 1/12/2022; 6/14/23 / <u>6/14/23</u>
SECTION: Behavioral Health	REVISED: 6/14/23 / <u>6/14/23</u>
EFFECTIVE: 7/1/2023 / <u>6/28/23</u>	MEDICAL DIRECTOR: Dr. Randy Smart

Subject: ~~Anxiety/Depression~~/Anxiety-Screening

Objective: ~~Valley Springs Health and Wellness Center’s Integrated Behavioral Health program conducts regular depression screening utilizing the Patient Health Questionnaire PHQ-2 (and PHQ-9 if indicated) for all patients ages 12 and over.~~ Valley Springs Health and Wellness Center’s Integrated Behavioral Health program conducts regular anxiety/depression screening utilizing the Patient Health Questionnaire PHQ-4 (and PHQ-9/GAD-7 if indicated) for all patients ages 18 and over. The PHQ-9 and GAD-7 for teens is used for patients at each well child visit or as clinically indicated.

Response Rating: This Guideline applies to all VSHWC staff.

Required Equipment:

Procedure:

1. Administration of ~~PHQ-9~~-PHQ-4

~~1.1 The Patient Health Questionnaire (PHQ-9) will be provided to all patients 12 and over at each medical visit by the Medical Assistant or Primary Care Provider~~

~~1.2 If the patient needs assistance filling out the PHQ-9, the Medical Assistant is instructed to provide the patient with support in completing the questionnaire.~~

~~1.3 The PHQ-9 score will be input into the patient’s Electronic Health Record (Athena) by the Medical Assistant as part of the process of recording patient vitals and the scored questionnaire will be verbally given to the provider to address during the visit.~~

1.1 The Patient Health Questionnaire (PHQ-4) will be provided to all patients 18 and over at each medical visit by the front office staff.

1.2 If the patient needs assistance filling out the PHQ-4, the Medical Assistant will provide the patient with support in completing the questionnaire.

1.3 The PHQ-4 score will be input into the patient’s Electronic Health Record (Athena) by the Medical Assistant as part of the process of recording patient vitals and the scored questionnaire will be verbally given to the provider to address during the visit.

1.4 On each subscale, a score of 3 or greater is considered positive for screening purposes. If the depression subscale is 3 or greater, the PHQ-9 is administered. If the anxiety subscale is 3 or greater the
When a patient scores a 3 or higher on the PHQ-4 (score range is between 0-4) both the PHQ-9 and
GAD-7 are is administered.

1.5 When a patient scores a 10 or higher on the GAD-7 (score range is between 0-21) or the PHQ-9
(score range is between 0-27), scores positively on the suicidal ideation question (#9), or at the
discretion of the provider, a referral to behavioral health services will be initiatedNext steps are
determined by cross-referencing PHQ-9 & GAD-7 scores with the “Proposed Treatment
Recommendations” document created by the IBH Team. Providers are able to use clinical discretion
when using these guidelines.

1.6 If a patient does not accept services, staff may also provide the patient with community resources, as well as a follow-up call to monitor symptoms.

1.7 IBH staff will also provide the PCP with the outcome of the referral including whether the patient is interested in taking antidepressants/psychotropic medications, when indicated.

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

POLICY: Adverse Drug Reaction	REVIEWED: 2/1/19; 3/10/20; 5/04/21; <u>6/5/23</u>
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: 5/25/226/28/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Adverse Drug Reaction

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

Acuity Rating: Mild to Severe

Procedure:

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

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

Documentation:

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

Reporting:

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

Notify Pharmacy

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

Medication Administered in the Clinic

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

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

POLICY: After Hours Telephone Management	REVIEWED: 1/2/19; 3/10/20; 5/04/21; 5/3/22; <u>6/05/23</u>
SECTION: Operations	REVISED: 3/10/20; 5/5/22
EFFECTIVE: <u>5/25/22</u> <u>6/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: After Hours Telephone Management

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

Response Rating:

Required Equipment:

Procedure:

1. At the end of the business day, the phone system is programmed to automatically roll over to an ~~after hours~~after-hours recording.
2. At the start of the Clinic day, the phone program deactivates the call forwarding so that incoming calls may be answered by Clinic staff with the regular business day message.
3. On a weekday holiday, a holiday greeting message is updated by the Clinic Manager or designee. The holiday message will be activated on the holiday day as the greeting.
4. All after hours, alternative and holiday greetings are programmed to automatically forward to the after hours on call service after the message plays.
5. The practitioner schedule for coverage of the on-call service is managed by the Medical Staff Office and implemented with the approval of the Medical Director.

If the patient is seen in the practice for dental care and their issue is dental in nature, the practitioner covering the on-call service will contact the dentist after speaking with the patient and provide the patient's demographics, contact information, and information regarding the patient's complaint/concern.

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

POLICY: Alternate Communications in Emergency Situations	DATE: 9/1/19; 2/25/20; 5/21/21; 5/3/22; <u>6/05/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20; 5/21/21; 5/5/22
EFFECTIVE: <u>5/25/22</u> 6/28/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Alternate communications in emergency situations

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

Response Rating: Mandatory

Required Equipment:

Procedure

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

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

POLICY: Answering A Phone Call	REVIEWED: 1/2/19; 2/12/20; 5/04/21; 5/3/22; <u>6/05/23</u>
SECTION: Operations	REVISED: 2/12/20
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Answering a phone call

Objective: To provide prompt, excellent customer service

Response Rating:

Required Equipment:

Procedure:

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

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

POLICY: Communication with Persons with Limited English Proficiency	REVIEWED: 11/9/18; 2/12/20; 5/04/21; 5/3/22; <u>6/05/23</u>
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Communication with Persons with Limited English Proficiency

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

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

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

Response Rating:

Required Equipment:

Procedure

1. Identifying Limited English Proficiency (LEP) Persons

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

2. Obtaining a Qualified Interpreter

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

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

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

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

3. Providing Written Translations

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

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

4. Providing Notice to LEP Persons

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

5. Monitoring Language Needs and Implementation

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

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

POLICY: Conflict Of Interest	REVIEWED: 8/12/19; 2/24/20; 5/21/21; 5/3/22; <u>6/05/23</u>
SECTION: District	REVISED: 2/24/20
EFFECTIVE: 25/226/28/23	EXECUTIVE DIRECTOR: <u>Randall Smart, MD</u>

Subject: Conflict of Interest

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

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

Response Rating: Mandatory

1. Definitions:

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

2. Procedure:

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

3. Violations of the ~~Conflict of Interest~~Conflict-of-Interest Policy:

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

Resources:

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

FPPC Form 700 Reference Pamphlet (2015/2016)

Special District Board Member/Trustee Handbook

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

POLICY: Co-Signature of Mid-Level Medical Records	REVIEWED: 7/1/19; 2/23/20; 5/04/21; 5/3/22; <u>5/2/23; 6/05/23</u>
SECTION: Medical Staff	REVISED: 2/23/20; 5/5/22
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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

Objective: To ensure compliance with current State of California regulations regarding the supervision of Nurse Practitioners and Physician Assistants; to ensure compliance with Peer Review standards in the Clinic: clinic notes completed by the mid-level practitioner (nurse practitioner, physician assistant, certified nurse midwife, LCSW) will be reviewed by the Physician Supervisor(s) for the timely review and co-signature of a minimum of 5% of the mid-level practitioners’ clinic notes.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A randomized list of 5% of the mid-level practitioner’s patients treated by each mid-level practitioner will be forwarded to the reviewer’s EHR inbox, monthly.
2. The Supervising Physician(s) will be able to access and review the randomized charts monthly through the EHR.
3. The Supervising Physician(s) will review the clinic note for a random 5% of patients listed, ensuring proper care was rendered and that said care was appropriately documented. This review will be documented.
4. Should the Supervising Physician(s) determine that the care rendered to the patient was not appropriate and/or sufficient:
 - a. They will counsel the mid-level practitioner(s) to ensure they contact the patient and supplement their treatment per the direction of the Supervising Physician(s).
 - b. Document on a peer review form that the mid-level practitioner(s) was counseled regarding their patient care.
5. The co-signature logs will be stored digitally, to ensure both HIPAA compliance and privacy relative to any personnel action documented.
6. The co-signature logs will be considered when the performance evaluation of the mid-level practitioner(s) are completed.

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

POLICY: Credit Card on File	REVIEWED: 8/15/19; 5/04/21;5/3/22; <u>6/05/23</u>
SECTION: Revenue Cycle	REVISED: 5/04/21
EFFECTIVE: <u>5/25/22</u> 6/28/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Credit Card on File

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

Response Rating:

Required Equipment:

Procedure:

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

b. Name the Card on File Agreement as follows:

- i. Patient Last Name, Patient First Name: Date Signed, One Year
(Jones, Mary: 081519 One Year)
- ii. Patient Last Name, Patient First Name: Date Signed Single Visit
(Jones, Mary: 081519 Single Visit)

5. If a patient has a One Year Card on File ~~Agreement~~Agreement, they may not also have a Single Visit Card on File ~~—Agreement~~.
6. A patient may establish a Payment Plan and utilize their existing One Year Card on File Agreement to satisfy that Payment Plan.
7. Enter the Card on File agreement details into the EMR following the approved workflow EMR.
8. The patient's credit/debit card must be swiped in the office to implement the Card on File agreement.

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

POLICY: Critical Alert Value Notification	REVIEWED: 2/1/19; 2/23/20; 5/21/21; 5/3/22; <u>6/05/23</u>
SECTION: Patient Care	REVISED: 2/23/20; 5/5/22
EFFECTIVE: <u>5/25/22</u> 6/28/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Critical alert value notification

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

Response Rating: Mandatory

Required Equipment:

Definition:

Critical: potential to be imminently life threatening

Alert: vital to patient management but not imminently life threatening

Procedure:

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

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

POLICY: Demonstrated Competency	REVIEWED: 3/1/19; 2/23/20; 5/21/21;5/3/22; <u>6/05/23</u>
SECTION: Workforce	REVISED: 2/23/20
EFFECTIVE: <u>5/25/22</u> 6/28/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Demonstrated Competency

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

Response Rating: Mandatory

Required Equipment:

Definitions:

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

Procedure:

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

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

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

POLICY: Emergency Ambulance Transfer	REVIEWED: 9/11/19; 2/23/20; 5/21/21; 5/3/22; <u>6/05/23</u>
SECTION: Patient Care	REVISED: 2/23/20
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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Subject: Emergency Ambulance Transfer documentation preparation

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

Response Rating:

Required Equipment:

Procedure:

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

Emergency Ambulance Transfer
Policy Number 61

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

POLICY: Equipment Management	REVIEWED: 11/12/18; 2/18/20; 5/21/21; 5/3/22; <u>6/05/23</u>
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Equipment Management

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

Response Rating:

Required Equipment:

Procedure:

1. All equipment in the Clinic will be evaluated for inclusion in a Preventative Maintenance program that will:
 - a. Prolong the life or improve the operation of the device.
 - b. Identify a failure or discrepancy not readily apparent to the normal user.
 - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
 - d. Provide management reporting of equipment history reports and failure modes.

2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available and updated when new equipment is delivered and used equipment is retired.

3. New equipment delivered to the Clinic may not be placed until it has received a Bio-Medical Inspection and sticker and is cleared for use. Where required, staff will be trained and competency documented before the equipment is placed into use.

4. Preventative Maintenance will be performed for all patient care equipment that is available to the Clinic. Inspections will be performed consistent with manufacturer recommended specifications. If no manufacturer recommendations are made, inspections will occur annually.

4. All equipment service will be documented.

Equipment Management
Policy Number 68

- a. A copy of all service work paperwork will be kept in the Clinic in the Manager's office.
- b. A summary of service history will be provided periodically to help identify failure trends.
- c. Repairs that may affect the calibration, operation, or electrical integrity of any device will have an inspection completed after the repair, and such will be documented.

5. Inspection and repair of equipment is the responsibility of the Clinic Manager and/or designee.

- a. Defective equipment discovered by personnel is to be marked defective, removed from use and reported to the Clinic Manager.
- b. A maintenance request form will be completed for each instance of equipment removed from use for malfunction. The maintenance form will be returned to the Clinic Manager upon completion of the repair with the completed form retained to demonstrate compliance with policy and procedure.
- c. Equipment requiring service or repair will be assigned to personnel or vendor(s) with appropriate training and necessary credentials.

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

POLICY: Exam Table And Exam Room Cleaning And Disinfection	REVIEWED: 3/1/19; 3/5/20; 5/21/21; 5/3/22; <u>6/05/23</u>
SECTION: Infection Control	REVISED: 3/5/20
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Exam Table and Exam Room Cleaning and Disinfection

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

Acuity Rating: Mandatory

Procedure:

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

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

POLICY: Exposure Control Plan	REVIEWED: 3/1/19; 2/18/20; 5/21/21;5/3/22; <u>6/05/23</u>
SECTION: Infection Control	REVISED: 2/18/20; 5/21/21
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Exposure control plan

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

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

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

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

3. Compliance methods

a. Universal precautions

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

b. Engineering and work practice controls

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

c. Hand washing facilities

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

d. Eyewash station

- i. The eyewash station will be easily accessible and unobstructed for ease of use to employees who are performing those tasks that may result in splashes of hazardous chemicals to the eye.
- ii. The employee will be able to access the eyewash station within 10 seconds of exposure. The eyewash station will operate with a one-hand movement to initiate water flow. Hot water will not be available to the station. Once water flow has been initiated, the station will operate hands free with water flowing from both sides to the face and with sufficient force for the water to meet in the middle.
- iii. The employee will flush eyes for 15 minutes holding both eyelids open.
- iv. The eyewash station will be inspected weekly for ease of access, one hand movement water flow initiation, and hands free operation. The inspection will last no less than 3 minutes.

e. Needles

- i. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared, or purposely broken. They shall be immediately discarded into a labeled sharps container easily accessible to personnel and close to the area of their use. The containers shall comply with OSHA regulations.
- ii. OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then recapping or removal of the needle must be done ~~by the use of~~using a mechanical device or a one-handed

technique.

f. Containers for reusable sharps

- i. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate, hard-sided containers for the purpose of moving the item(s) from the patient care area to the designated sterilization area.
- ii. Those containers should be sealable, puncture resistant, labeled with a biohazard label, and leak proof. The containers shall comply with OSHA regulations.

g. Work area restrictions

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

mucous membranes under normal conditions and for the duration of time, which the protective equipment shall be used.

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

- ii. All bins, pails, can, and similar receptacles shall be inspected and decontaminated monthly and as needed when there is evidence of leakage of waste onto the surface of the container. The Clinic staff shall assume responsibility and documentation of this shall be maintained.
- iii. Any broken glassware, which may be contaminated, shall not be picked up directly with their hands. Broken glass clean up shall be accomplished using a broom and dustpan.
- I. Regulated waste disposal
 - i. All contaminated sharps shall be discarded as soon as feasible in a sharps container. Sharps containers are located in each area in which sharps are used with potentially infectious materials.
- m. Waste handling
 - i. Waste that contains blood or other potentially infectious materials shall be placed in bags that confirm to the OSHA universal precautions in construction and color coding or labeling. They shall not be compressed and shall be collected and disposed in a manner consistent with the hazardous waste regulations of the state and federal government.
- n. Hepatitis B vaccine
 - i. All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.
 - ii. The vaccine shall be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.
- o. Employee tuberculosis protocol
 - i. Employee training
 - a. Upon employment all employees will be trained about TB transmission, symptoms, medical surveillance, and therapy.
 - ii. Employee surveillance
 - a. Upon employment, the Clinic offers PPD skin test at no charge to employees

- The PPD skin test is also immediately offered to any employee who is exposed to known or suspected TB patients.
- The PPD skin test is administered to any employee that presents with TB symptoms.
- The PPD skin tests are administered once as an initial baseline screen, annually for all employees, every six months for workers with known exposure.
- The physician/nurse practitioner will promptly evaluate any employee who has a positive PPD test.
- Any employee that has active TB will be placed under the care of a physician, local health department or physician of employee's choice (as circumstances dictate). The medical director will remain informed of the employee's TB status through frequent updates provided by the selected healthcare provider.
- Document exposures on the OSHA form 300, 300A, and 301.

b. Unless under the care of a providing physician, all TB test results should be CONFIDENTIALLY returned to the Clinic Manager

4. Post-exposure evaluation and follow-up

A. Post-exposure evaluation

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

B. Interaction with health care professionals

1. The physician shall provide a written opinion for the following post-exposure instances:
 - When the employee is sent to obtain the Hepatitis B vaccine.
 - Whenever the employee is sent to a health care professional following an exposure incident.

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

C. Training

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

D. Record keeping

1. Medical records
 - a. Shall contain requirements for documentation of incidents.

- b. Records cannot be disclosed without consent.
- c. Records must be maintained throughout employment plus thirty (30) years.

2. Training

- a. Dates, attendance, and SSN of attendees shall be documented.
- b. Records shall be maintained for a minimum of three (3) years.

5. Needlestick safety and prevention act

- A. Annually, the Clinic will review the Exposure Control Plan to ensure that it reflects changes in technology that will help eliminate or reduce exposure to blood borne pathogens.
- B. The Clinic will involve non-managerial workers in evaluating and selecting safety engineered devices-, in the event of a safety issue or change of device.

1. Sharps evaluation procedure

- a. The Medical Director will:
 - i. Determine which products are to be evaluated and provide at least four or more test samples for each individual evaluating the product. (Each evaluator should have enough samples to disassemble and examine the design thoroughly.) Employees chosen for the sharps evaluation procedure should currently use a similar category of product in the Clinic.
 - ii. Provide visual instructions and demonstrate the proper use of each device. Be sure testers can evaluate products in a simulated patient environment.
 - iii. Review the instructions and rating system with each evaluator.
 - iv. Require each evaluator to complete an evaluation form.
 - v. Review responses on evaluation forms; make conclusions, and recommendations.
- b. The evaluators will:
 - i. Re-enact all steps of intended or possible procedures performed with the device.

- ii. Attempt to misuse the device and circumvent or disable the safety feature.
 - iii. Answer each question on the evaluation form including any short answer sections at the end. If you do not understand a question, the evaluator will write their comments directly on the sheets.
- C. The Clinic will maintain a sharps injury log that ensures employee privacy and contain, at a minimum, the type and brand of device involved in the incident, if known; the location of the incident; and a description of the incident.

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

POLICY: Flat Rate Fee Program	REVIEWED: 11/12/18; 2/13/20; 5/13/20; 6/24/20; <u>8/2/21</u> ; <u>5/24/23</u>
SECTION: Admitting	REVISED: 2/13/20; 5/13/20; 6/24/20; <u>8/2/21</u>
EFFECTIVE: July Board Meeting <u>6/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Flat Rate Fee Program

Objective: To provide cash pay, uninsured patients with a fixed fee-for-service

Response Rating:

Required Equipment:

Procedure:

1. The Flat Rate Fee Program is a pre-determined flat, all inclusive fee for uninsured, cash pay patients.
2. The flat fee is based upon the anticipated MediCal Prospective Reimbursement rate of \$145.00 per patient encounter.
3. The flat fee must be paid in full before the patient who has been assessed and is a non-emergency patient is seen by a provider, with any additional charges collected at the end of the visit prior to the patient leaving the Clinic
 - a. Flat fee includes:
 - Physical examination by provider
 - 2-view x-ray (*additional charges apply if more than 2 views are taken*)
 - Point-of-care lab testing
 - Specimen collection for transfer of specimen to outside laboratory (outside laboratory fees are not included and need to be disclosed to the patient)
 - Tetanus and/or flu shot; antibiotic and/or ketorolac injection; (*vaccines other than tetanus or flu are additional*)

-EKG

-One follow-up for dressing change, suture removal, or follow-up for chief complaint; and a second antibiotic injection.

4. If more than one follow-up visit for dressing change or follow-up of chief complaint is required, the patient will be charged a \$40 fee which will cover up to two dressing change visits and the required supplies or one follow-up visit to evaluate status of chief complaint.
5. Flat Rate Fee Program was approved by the District Board of Trustees on 3/27/19 for implementation on the first day of service and has since been revised to include additional service elements.
6. Patients who require services beyond those included in the flat rate fee program outlined above will be advised the cost of those services in writing. The services will be priced as follows:
 - a. Vaccines: fee schedule in use on the day of service plus the current vaccine administration fee.
 - b. X-rays and other services: 100% of the fee schedule in use on the days of service less a 50% discount for cash payment.
 - c. Payment will be required on the day of service.
6. Each patient utilizing the Flat Rate Fee Program will be asked to review and sign a form titled Flat Rate Fee Schedule Acceptance Form (available in both English and Spanish). This form outlines the flat rate fee program benefits and limitations for the patient. Each Flat Fee Agreement is good for six (6) months and must be renewed if the patient wishes to continue with the program. The signed form will be scanned into the EMR and the original returned to the patient for their records.
7. The Behavioral Health Program is not included in the Flat Rate Fee Program.
8. In acknowledgement that some patient's insurance will not cover Behavioral Health Services, a discount of 50% from the Clinic's fee schedule will be extended.
9. Behavioral Health Services will be paid prior to service being rendered.

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

POLICY: Fluoride Varnish for Medical Pediatric Patients	REVIEWED: 7/8/19; 3/5/20; 5/21/21;5/3/22; <u>5/02/23</u>
SECTION: Patient Care	REVISED: 3/5/20
EFFECTIVE: <u>5/25/226/24/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Fluoride varnish use for pediatric patients

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

Response Rating:

Required Equipment: Single use fluoride varnish packets, gloves

Procedure for Medical Clinic

1. Screening requirements for patients – infants through age 5

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

2. Fluoride varnish application

- a. Practitioners and Clinic staff will be trained in the application of fluoride varnish and that training will be documented prior to the implementation of the fluoride varnish program.
 - b. Practitioners will provide a written order for the application of fluoride varnish, where it is determined such a service is appropriate for the pediatric patient. (Patients age 5 and less, no more than four times per year)
 - c. Apply the varnish according to the manufacturer's guidelines.
3. Post-application guidance for parents
- a. Child may drink water after application of fluoride varnish
 - b. Child should not eat any foods that are hard, crunchy, or chewy for the rest of the day
 - c. Do not brush or floss the child's teeth today or tonight
 - d. Brush and floss teeth beginning the next day
 - e. After application of the fluoride varnish, teeth will appear to have a yellowish coating. This yellowish coating will go away after the teeth are brushed.

Resources:

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

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

POLICY: Formulary	REVIEWED: 4/1/19; 3/2/20; 5/21/21;5/3/22; <u>6/05/23</u>
SECTION: Medication Management	REVISED: 3/2/20; 5/21/21
EFFECTIVE: <u>5/25/226/28/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Formulary

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

Response Rating:

Required Equipment:

Procedure

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

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

POLICY: Patient Privacy, Confidentiality & Release of Information	REVIEWED: 1/12/2022; 2/24/23 ; 6/14/23
SECTION: Behavioral Health	REVISED:
EFFECTIVE: 3/29/16/28/237/1/23	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Patient Privacy, Confidentiality & Release of Information

Objective: To clarify what ~~and how~~ PHI is collected and how it is used

Response Rating: This guideline applies to all VSHWC employees, students and volunteers involved in the care of IBH patients.

Required Equipment:

Procedure:

In the course of delivering its services and programs, Integrated Behavioral Health collects personal information from its patients. Protected health information (PHI) means any information that could be used on its own, or with other information, to establish the identity of a patient, the patient’s service provider or the patient’s substitute decision maker. Protected health information also includes any other information about a patient including information that is contained in a patient record.

IBH collects, utilizes, and shares patient information for the following purposes:

- Providing quality programs and services to patients
- Providing information to other people or organizations with patient consent (for example, making a referral for service)
- Contacting patients and members to evaluate IBH service and work
- Reviewing patient files to ensure high quality of service and documentation

IBH may also collect, utilize, and share personal information with consent or as permitted or required by law.

IBH is committed to protecting the privacy of its clients and ensuring that:

- the personal information it receives from patients is kept safe, secure, confidential, accurate, and up to date
- only the personal information necessary for the purposes listed above is collected from patients, unless otherwise consented to by the patient or permitted or required by law

- access to patient information is limited to Valley Springs Health and Wellness Center employees, volunteers, and students involved in delivering services to patients
- any external agents to whom VSHWC releases information have a need to know and only use and disclose patient information for the purposes for which it was originally provided
- patients have access to their record, except where IBH is entitled to refuse an access request, and are able to copy or correct their record and ask questions about IBH privacy guidelines and procedures
- complaints about IBH privacy guidelines and procedures are handled efficiently and effectively
- all legal and regulatory requirements regarding patient information are met and maintained

PROCEDURES

1. Obtaining Consent

1.1 As IBH services involve collaboration and consultation among employees, IBH employees will discuss the following with new patients:

- the nature and extent of consultation and collaboration in the IBH program which the new patient is accessing
- the personal information that IBH may collect
- the purposes for which VSHWC collects, utilizes, and shares personal information, as listed above

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2. Limits of Confidentiality and Disclosure without Consent

2.1 IBH patients will be informed of the confidential nature of the session, as well as the limits to confidentiality.

- Patients are informed that IBH will be consulting with other IBH and VSHWC staff.
- Patients are informed that IBH will not disclose the personal information of patients without their consent, except where:
 - When mandated to do so by law (child abuse, elder abuse, abuse to those who cannot help themselves)
 - When the individual is a danger to themselves or others (suicidal/homicidal)
 - When served warrants, summons, subpoenas, order or similar requirement issued in a proceeding.
- It is otherwise permitted or required by law.

3. Release of Information with Patient Consent

3.1 Subject to Section 2, personal information, whether all or part of a patient record, will not be released to third parties without the written consent of the patient or the patient's substitute decision maker, where applicable. Consents provided on these forms are valid for one year, unless otherwise limited or withdrawn by the patient in advance of that date. VSHWC may disclose a patient's personal information, provided that the disclosure, to the best of VSHWC knowledge, is for a lawful purpose.

3.2 Reports from third parties contained in a patient record may not be released without the written consent of the third party. Patients will be encouraged to pursue access to this information directly with the third party.

3.3 In exceptional circumstances, where written consent is not possible, the oral consent of the patient to the release of personal information will be accepted and will be recorded in the patient's file.

3.4 In response to requests to release information to third parties, the IBH service provider will ensure that the patient understands the purpose for which the information is being released and to whom the information is being released. The IBH service provider will also explain that IBH cannot guarantee the confidentiality of the information once it has been released.

4. Inquiries and Complaints

4.1 Questions, comments or complaints about the IBH privacy guidelines and procedures or about the collection, use or disclosure of personal information will be directed to the Clinic Manager.

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

POLICY: Patient Rights and Responsibilities Statement	REVIEWED: 11/7/18; 10/14/20; 8/2/21; <u>6/15/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>8/25/21</u> 6/28/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Patient Rights and Responsibilities

Objective: To ensure that all staff and patients are aware of Patient Rights; to ensure that patients have free access to exercise their rights as needed. The patient has the fundamental right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the Clinic. The Clinic has identified and established particular patient rights and has imposed specific requirements for consent under certain conditions.

Response Rating:

Required Equipment: None

Procedure

- A. Patient Rights include, but are not limited to:
1. The exercise of these rights without regard to sex, culture, economic status, education, religion, or the source of payment for care.
 2. Considerate and respectful care.
 3. Knowledge of the name of the practitioner who has primary responsibility for coordinating the care and the names and professional relationships of physicians and non-physicians who will see the patient.
 4. Receive information about the illness, the course of the treatment, and prospects for recovery in terms that the patient can understand.
 5. Receive as much information about any proposed treatment or procedure as the patient may need in order to give informed consent or to refuse this course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved in this treatment, alternate courses of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedures of treatment.

6. Participate actively in decisions regarding medical care. To the extent permitted by law, this includes the right to refuse treatment.
7. Full consideration of privacy concerning the medical care program. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual.
8. Confidential treatment of all communications and records pertaining to the care and treatment received at the clinic. Written permission shall be obtained before the medical records can be made available to anyone not directly concerned with the patient's care.
9. Reasonable responses to any reasonable requests made for service.
10. Reasonable continuity of care and to know, in advance, the time and location of appointment as well as the identity of persons providing the care.
11. Be advised if Clinic physician proposes to engage in or perform human experimentation affecting care or treatment. The patient has the right to refuse to participate in such research projects.
12. Be informed of continuing health care requirements following treatment.
13. Examine and receive an explanation of the bill regardless of source of payment.
14. Know which rules and policies apply to the patient's conduct while a patient.
15. Have all patient's rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.

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

POLICY: Patient Rights and Responsibilities Statement Spanish	REVIEWED: 11/7/18; 10/14/20; 8/2/21; 6/15/23
SECTION: Civil Rights	REVISED:
EFFECTIVE: 6/28/23	MEDICAL DIRECTOR: Randall Smart, MD

Asunto: Derechos y responsabilidades del paciente

Objetivo: Asegurar que todo el personal y los pacientes conozcan los derechos del paciente; para garantizar que los pacientes tengan libre acceso para ejercer sus derechos según sea necesario. El paciente tiene el derecho fundamental a la existencia digna, la autodeterminación, la comunicación y el acceso a las personas y servicios dentro y fuera de la Clínica. La Clínica ha identificado y establecido derechos particulares de los pacientes y ha impuesto requisitos específicos para el consentimiento bajo ciertas condiciones.

Calificación de respuesta:

Equipo Requerido: Ninguno

Procedimiento:

A. Los derechos del paciente incluyen, pero no se limitan a:

1. El ejercicio de estos derechos sin distinción de sexo, cultura, situación económica, educación, religión o fuente de pago de la atención.
2. Atención considerada y respetuosa.
3. Conocimiento del nombre del médico que tiene la responsabilidad principal de coordinar la atención y los nombres y relaciones profesionales de los médicos y no médicos que verán al paciente.
4. Recibir información sobre la enfermedad, el curso del tratamiento y las perspectivas de recuperación en términos que el paciente pueda entender.
5. Recibir toda la información sobre cualquier tratamiento o procedimiento propuesto que el paciente pueda necesitar para dar su consentimiento informado o rechazar este curso de tratamiento. Excepto en emergencias, esta información deberá incluir una descripción del procedimiento o tratamiento, los riesgos médicamente significativos involucrados en este tratamiento, cursos alternativos de tratamiento o no tratamiento y los riesgos involucrados en cada uno y saber el nombre de la persona que llevará los procedimientos de tratamiento.
6. Participar activamente en las decisiones sobre atención médica. En la medida permitida por la ley, esto incluye el derecho a rechazar el tratamiento.
7. Plena consideración de la privacidad en relación con el programa de atención médica. La discusión del caso, la consulta, el examen y el tratamiento son confidenciales y deben llevarse a cabo con discreción. El paciente

tiene derecho a ser informado del motivo de la presencia de cualquier individuo.

8. Tratamiento confidencial de todas las comunicaciones y registros relacionados con la atención y el tratamiento recibido en la clínica. Se debe obtener un permiso por escrito antes de que los registros médicos puedan estar disponibles para cualquier persona que no esté directamente relacionada con la atención del paciente.

9. Respuestas razonables a cualquier solicitud razonable de servicio.

10. Continuidad razonable de la atención y conocer con anticipación la hora y el lugar de la cita, así como la identidad de las personas que brindan la atención.

11. Ser informado si el médico de la Clínica propone participar o realizar experimentos humanos que afecten la atención o el tratamiento. El paciente tiene derecho a negarse a participar en dichos proyectos de investigación.

12. Ser informado de los requisitos continuos de atención médica después del tratamiento.

13. Examinar y recibir una explicación de la factura sin importar la fuente de pago.

14. Saber qué reglas y políticas se aplican a la conducta del paciente mientras es paciente.

15. Hacer que todos los derechos del paciente se apliquen a la persona que pueda tener la responsabilidad legal de tomar decisiones sobre la atención médica en nombre del paciente.

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

POLICY: Statement of Ownership and Governance	REVIEWED: 11/1/18; 2/1/20; 11/05/20; 8/25/21; 7/11/22; 6/15/23
SECTION: Civil Rights	REVISED: 2/1/20; 11/05/20; 9/29/21;7/11/22; 6/15/23
EFFECTIVE: 6/28/23	MEDICAL DIRECTOR:

Subject: Clinic Ownership and Governance

Objective: To make available to the public a clear and concise statement of Clinic ownership and governance.

Response Rating:

Required Equipment:

Procedure:

The Mark Twain Health Care District owns and operates Rural Health Clinic(s).

The District was formed in 1946 and governance is comprised of a Board of five members who are elected during the general election or appointed as/if required in accordance with Sec 32000 et. seq of the State Code. Board members serve four-year terms. As of June 2023 Board Members are:

Lin Read, MBA, OTR/L: Board President

Debbie Sellick, CMP: Secretary

Lori Hack: Treasurer

Richard Randolph: Member-at-Large

Johanna Bermeltoort: Member-at-Large

The District has appointed a District Executive Director who is responsible for the overall supervision of the District and its operations, including the Clinic(s).

The District has engaged a physician to serve as Medical Director/Laboratory Director. The Medical Director will provide patient care and Medical Staff leadership, including supervision of mid-level practitioners (nurse practitioner, physician assistant) and licensed physicians providing medical care to patients.

The District has appointed a Clinic Manager who, in cooperation with the District Administrator and Medical Director, is responsible for the daily operation of the Clinic and the supervision of the non-provider staff members.

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

POLICY: Ownership and Governance Statement Spanish	REVIEWED: 11/1/18; 2/1/20; 11/5/20; 8/25/21; 7/11/22; 6/15/23
SECTION: Civil Rights	REVISED: 2/1/20; 11/5/20; 9/29/21; 7/11/22
EFFECTIVE: 6/28/23	MEDICAL DIRECTOR: Randall Smart, MD

Asunto: Propiedad y gobernanza de la clínica

Objetivo: poner a disposición del público una declaración clara y concisa de la propiedad y el gobierno de la clínica.

Calificación de respuesta:

Equipo requerido:

Procedimiento: El distrito de atención médica Mark Twain posee y opera clínicas de salud rurales.

El Distrito se formó en 1946 y el gobierno está compuesto por una Junta de cinco miembros que son elegidos durante las elecciones generales o nombrados como / si se requiere de acuerdo con la Sec. 32000 et. seq del Código del Estado. Los miembros de la junta sirven términos de cuatro años. A partir de junio de 2023, los miembros de la Junta son:

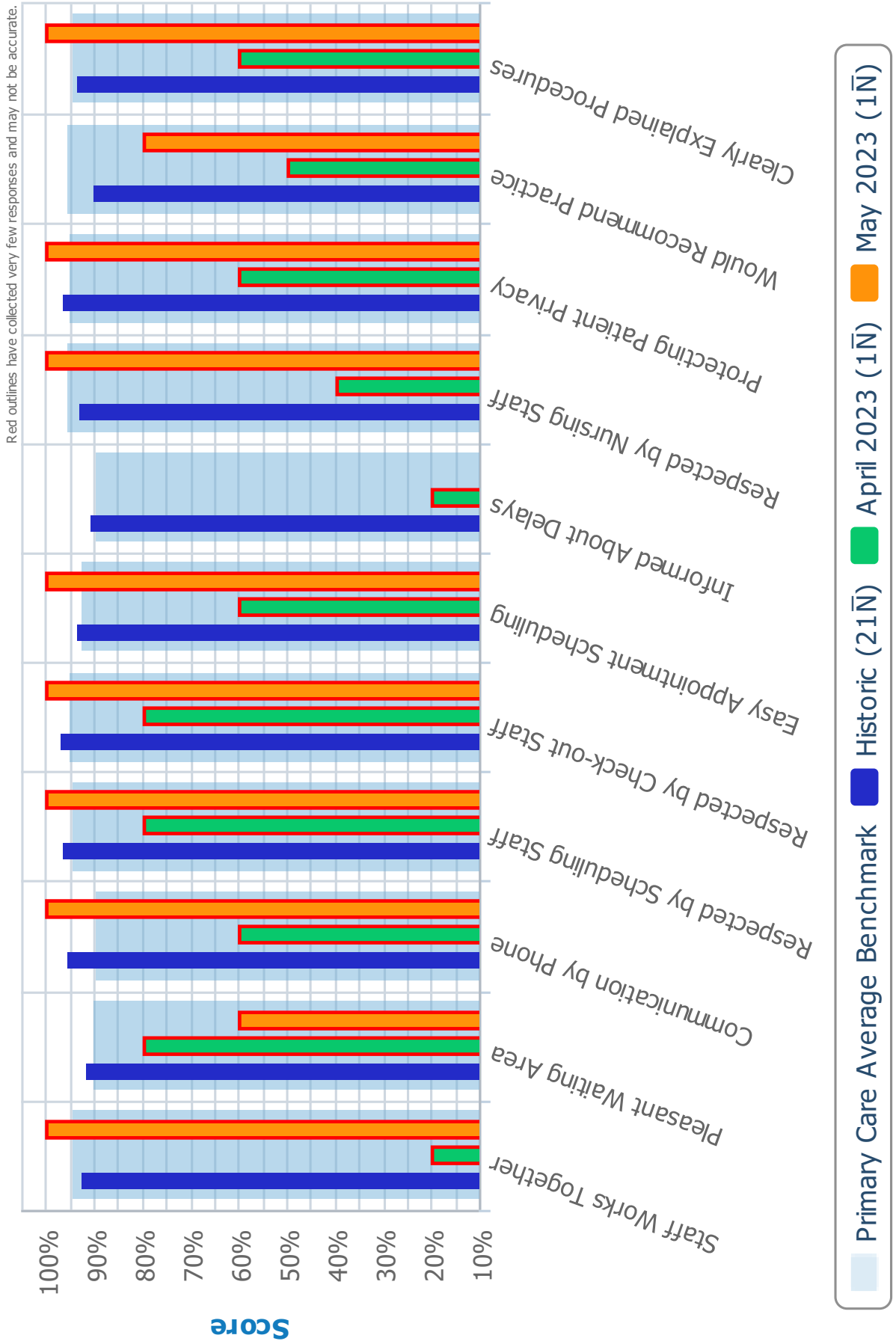
- Lin Read, MBA, OTR / L: Presidente de la Junta
- Debbie Sellick, CMP: Secretaria de la Junta
- Lori Hack: Tesorera
- Richard Randolph : miembro en general
- Johanna Bermeltfoort: miembro en general

El Distrito ha designado un Director Ejecutivo del Distrito que es responsable de la supervisión general del Distrito y sus operaciones, incluidas las Clínicas.

El Distrito ha contratado a un médico para que sirva como Director Médico / Director de Laboratorio. El director médico brindará atención al paciente y liderazgo del personal médico, incluida la supervisión de profesionales de nivel medio (enfermero practicante, asistente médico) y médicos con licencia que brinden atención médica a los pacientes.

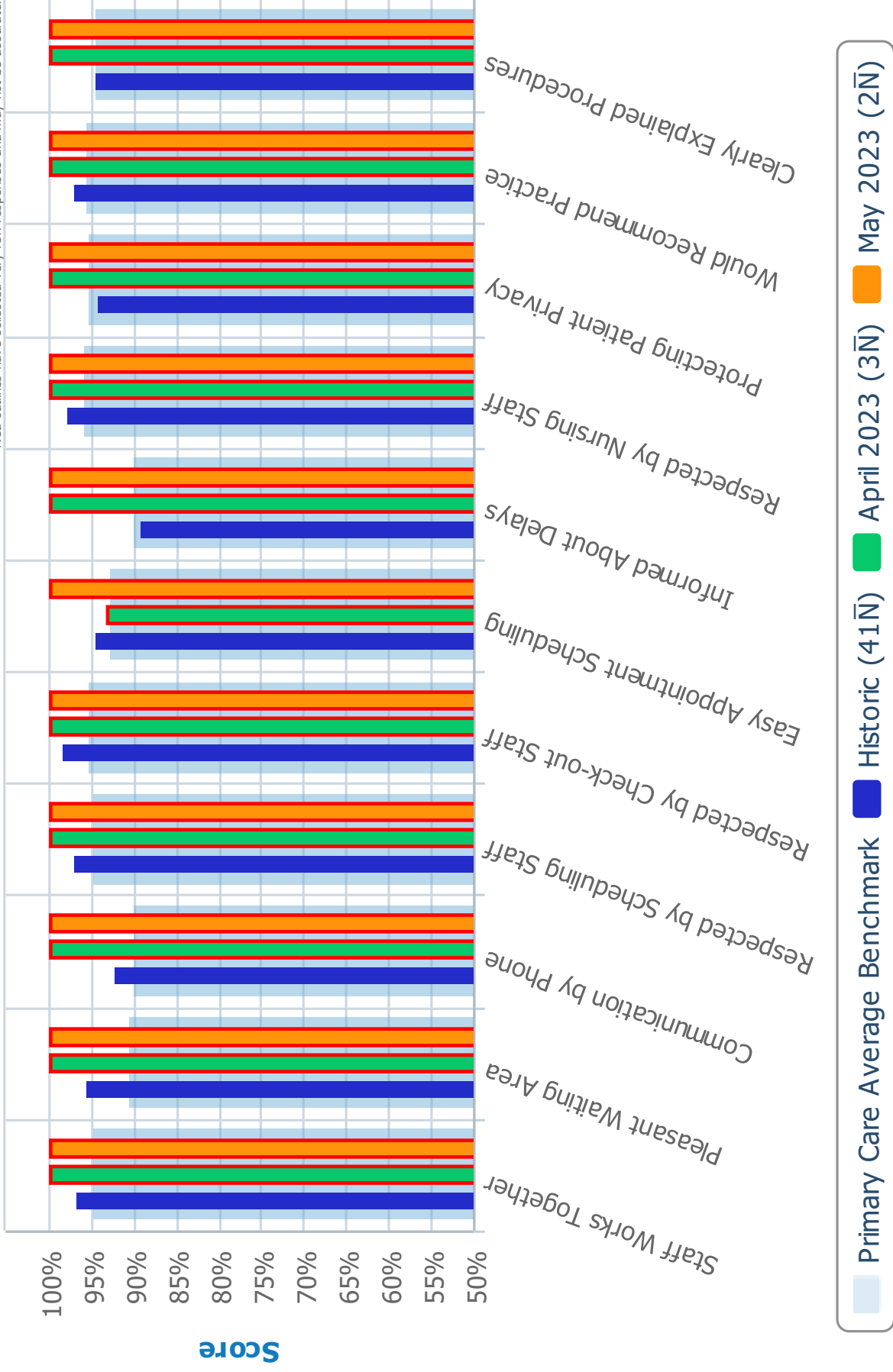
El Distrito ha designado un Gerente de la Clínica que, en cooperación con el Administrador del Distrito y el Director Médico, es responsable del funcionamiento diario de la Clínica y de la supervisión de los miembros del personal que no son proveedores.

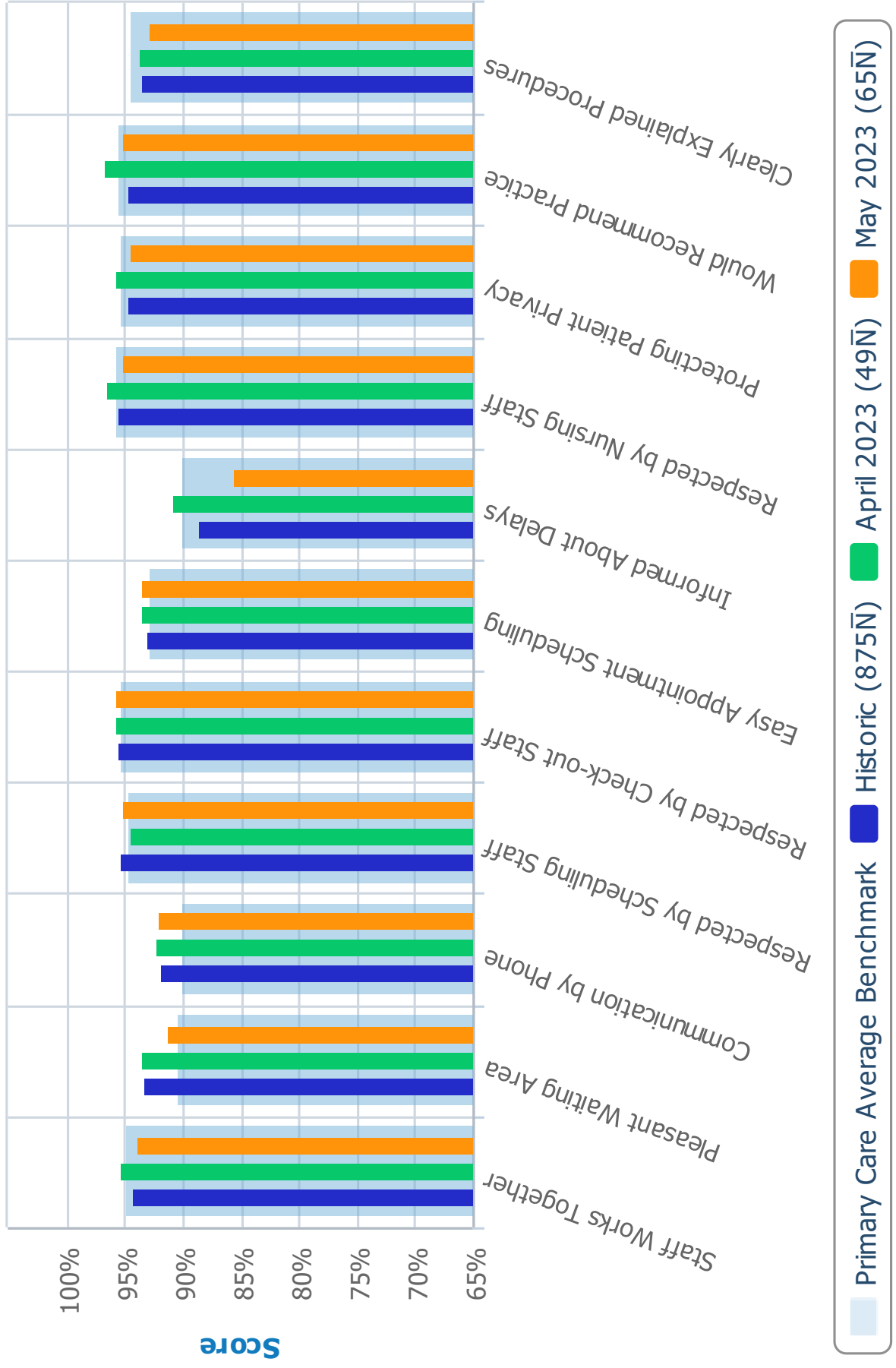






Red outlines have collected very few responses and may not be accurate.







**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 May 2023
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

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

I like this snapshot version of the financial report. May was another good month for the Clinic ☺ As we mentioned at the last meeting, 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				
		5/31/23		
		Actual	Y-T-D	2022/2023
		Month	Actual	Budget
4083.49	Urgent care Gross Revenues	444,241	3,951,691	5,903,144
4083.60	Contractual Adjustments	(54,889)	(872,392)	(1,531,379)
	Net Patient revenue	389,352	3,079,299	4,371,765
9108.00	Other - Plan Incentives & COVID Relief		180	0
		0	180	0
	Total Other Revenue	389,352	3,079,479	4,371,765
	Non labor expenses	(192,291)	(2,807,203)	(2,891,624)
	Total Expenses	(407,592)	(4,611,100)	(4,902,293)
	Net Expenses over Revenues	(18,240)	(1,531,622)	(530,528)

Mark Twain Health Care District						
Annual Budget Recap						
	05/31/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	6,829,204	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	6,829,204	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(7,681,164)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Total Expenses	(7,681,164)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Surplus(Deficit)	(851,960)	463,237	(526,528)	213,028	(35,000)	811,737
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		5/31/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget	
9260.01	Rent Hospital Asset amortized	89,870	89,689	(181)	99.80%	988,568	988,789	221	100.02%	1078438	
Rent Revenues		89,870	89,689	(181)	99.80%	988,568	988,789	221	100.02%	1,078,438	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(90,161)	(26,827)	142.36%	(696,667)	(1,011,196)	(314,529)	145.15%	(760,000)	
9520.85	Telephone & Communications	(3,750)	(159)	3,591	4.24%	(41,250)	(5,115)	36,135	12.40%	(45,000)	
9520.72	Depreciation	(8,777)	(8,596)	181	97.94%	(96,545)	(114,561)	(18,016)	118.66%	(105,322)	
9520.82	Insurance										
Total Costs		(75,860)	(98,916)	(23,055)	130.39%	(834,462)	(1,130,871)	(296,409)	135.52%	(910,322)	
Net		14,010	(9,226)	(23,236)	-65.86%	154,106	(142,082)	(296,188)	-92.20%	168,116	
9260.02	MOB Rents Revenue	18,905	18,000	(905)	95.21%	207,954	197,728	(10,226)	95.08%	226,859	
9521.75	MOB rent expenses	(21,336)	(40,240)	(18,904)	188.60%	(234,700)	(256,576)	(21,876)	109.32%	(256,036)	
Net		(2,431)	(22,240)	(19,809)	914.70%	(26,746)	(58,848)	(32,102)	220.03%	(29,177)	
9260.03	Child Advocacy Rent revenue	770	796	26	103.32%	8,471	8,544	73	100.86%	9,241	
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(2,200)	0	2,200	0.00%	(2,400)	
Net		570	796	226	139.57%	6,271	8,544	2,273	136.25%	6,841	
9260.04	Sunrise Pharmacy Revenue	1,854	1,872	18	100.97%	0	20,376	20,376	0.00%	22,248	
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(2,200)	0	0	0.00%	(2,400)	
Total Revenues		111,399	110,357	(1,042)	99.06%	1,204,993	1,215,438	10,444	100.87%	1,336,786	
Total Expenses		(97,597)	(139,156)	(41,559)	142.58%	(1,073,562)	(1,387,447)	(313,886)	129.24%	(1,171,158)	
Summary Net		13,802	(28,799)	(42,601)	-208.65%	131,432	(172,010)	(303,441)	-130.87%	165,628	

Mark Twain Health Care District										
Projects, Grants and Support										
		5/31/2023								
			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)	(32,083)	(38,464)	(356,771)	419.73%
8890.00	Community Grants			(3,754)		(50,000)		(35,000)	(35,000)	
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)	(32,083)	(3,464)	(21,771)	62.20%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	Project grants and support		(465,163)	(20,325)	(667,000)	(85,000)	(32,083)	(38,464)	(356,771)	419.73%

Mark Twain Health Care District										
General Administration Financial Projections										
		5/31/23				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	35,842	27,508	430.10%	91,667	291,152	199,485	317.62%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	1,145,833	1,145,833	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		27,587			0	27,587			
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		23,000				248,411			
9205.03	Miscellaneous Income (1% Minority Interest)		0			0	(32,872)			
	Summary Revenues	112,500	190,595	78,095	169.42%	1,237,500	1,680,111	442,611	135.77%	1,350,000
8610.09	Other salaries and wages	(21,644)	(26,904)	(5,260)	124.30%	(238,088)	(225,316)	12,772	94.64%	(259,732)
8610.10	Payroll taxes	(1,661)	(1,511)	150	90.98%	(18,273)	(9,586)	8,686	52.46%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(14,285)	0	14,285	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(11,098)	0	11,098	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	0	866	0.00%	(9,523)	(3,614)	5,909	37.95%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(2,381)	0	2,381	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(1,511)	3,540	29.92%	(55,560)	(13,200)	42,360	23.76%	(60,611)
	Labor Costs	(26,695)	(28,416)	(1,720)	106.44%	(293,648)	(238,516)	55,131	81.23%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(303)	3,864	7.27%	(45,833)	(27,518)	18,316	60.04%	(50,000)
8610.23	Legal	(417)	(2,192)	(1,775)	525.96%	(4,583)	(2,560)	2,024	55.84%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(2,115)	1,218	63.46%	(36,667)	(45,455)	(8,789)	123.97%	(40,000)
8610.05	Marketing	(667)	0	667	0.00%	(7,333)	(20,240)	(12,907)	276.00%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(1,833)	0	1,833	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(710)	123	85.23%	(9,167)	(8,169)	998	89.12%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	(525)	(108)	126.00%	(4,583)	(12,033)	(7,450)	262.54%	(5,000)
8610.69	Other- IT Services	(833)	(877)	(44)	105.30%	(9,167)	(10,218)	(1,051)	111.47%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(11,038)	0	11,038	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	(4,549)	451	90.98%	(55,000)	(43,827)	11,173	79.69%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(92)	575	13.81%	(7,333)	(16,618)	(9,284)	226.61%	(8,000)
8610.87	Outside Trainings	(417)	(60)	357	14.40%	(4,583)	(10,228)	(5,645)	223.16%	(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%	(9,167)	(4,900)	4,267	53.45%	(10,000)
8610.95	Other Misc. Expenses	-	2,900			0	(879)	0		
	Non-Labor costs	(18,753)	(9,023)	6,830	48.12%	(206,288)	(203,310)	3,857	98.56%	(225,041)
	Total Costs	(45,449)	(37,439)	5,109	82.38%	(499,935)	(441,826)	58,988	88.38%	(545,384)
	Net	67,051	153,156	83,204	228.42%	737,565	1,238,284	501,599	167.89%	804,616

Mark Twain Health Care District
Balance Sheet
As of May 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	124,837
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	244,934
1001.40 Five Star Bank - MTHCD Checking	444,920
1001.45 Five Star Bank - MTHCD Checking NEW	103,322
1001.50 Five Star Bank - Money Market	148,561
1001.60 Five Star Bank - VSHWC Checking	97,888
1001.65 Five Star Bank - VSHWC Payroll	198,720
1001.90 US Bank - VSHWC	839,304
1820 VSHWC - Petty Cash	400
Total Bank Accounts	2,209,331
Accounts Receivable	
1201.00 Accounts Receivable	3,658
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	516,118
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	28,883
1004.10 CLASS Lease & Contract Reserve Fund	2,490,710
1004.20 CLASS Loan Reserve Fund	2,075,607
1004.30 CLASS Capital Improvement Reserve Fund	2,511,431
1004.40 CLASS Technology Reserve Fund	1,035,142
1150.05 Due from Calaveras County	-66,094
1150.60 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	217,827
1205.51 Cash To Be Reconciled	-293,108
Total Other Current Assets	8,172,871
Total Current Assets	10,898,320
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622

1220.20 VSHWC - Equipment	933,754
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
Total Fixed Assets	6,815,626
Other Assets	
1710.10 Minority Interest in MTMC - NEW	362,609
1810.60 Capitalized Lease Negotiations	309,892
1810.65 Capitalized Costs Amortization	10,926
Total Intangible Assets	320,818
2219.00 Capital Lease	5,899,092
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,424,293
TOTAL ASSETS	25,138,239
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	160,594
Total 200.00 Accts Payable & Accrued Expenses	160,594
2001.00 Other Accounts Payable (Credit Card)	27,953
Total 200.00 Accts Payable & Accrued Expenses	27,953
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	1,042
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Others	3,100
2270.00 Deferred Revenue	102,894
Total Other Current Liabilities	485,342
Total Current Liabilities	673,890
Long-Term Liabilities	
2128.01 Deferred Capital Lease	423,845
2128.02 Deferred Utilities Reimbursement	773,935
2129.00 Other Third Party Reimbursement - Calaveras County	104,167
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
Total Long-Term Liabilities	8,888,168
Total Liabilities	9,562,058
Equity	
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	-4,069,301
Net Income	-851,960
Total Equity	15,576,181
TOTAL LIABILITIES AND EQUITY	25,138,239

**Investment & Reserves Report
31-May-23**

Annual

Reserve Funds	Minimum Target	6/30/2022 Balance	2022/2023 Allocated	2022/2023 Interest	5/31/2023 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	14,087	903,900	
Capital Improvement Fund	12,000,000	2,436,516	0	75,614	2,512,130	
Technology Reserve Fund	1,000,000	1,003,323	0	30,919	1,034,242	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	83,435	2,491,411	
Loan Reserve Fund	2,000,000	2,006,647	0	69,510	2,076,157	
Reserves & Contingencies	19,600,000	8,744,275	0	273,565	9,017,840	0

Reserves	2022-2023	
	5/31/2023	Interest Earned
Valley Springs HWC - Operational Reserve Fund	903,900	14,087
Total Cal-Trust Reserve Funds	903,900	14,087
Lease & Contract Reserve Fund	2,491,411	83,435
Loan Reserve Fund	2,076,157	69,510
Capital Improvement Fund	2,512,130	75,614
Technology Reserve Fund	1,034,242	30,919
Total Cal-CLASS Reserve Funds	8,113,940	259,478

Five Star		
General Operating Fund	140,572	388
General Operating Fund - NEW	151,833	24
Money Market Account	148,561	7,434
Valley Springs - Checking	97,888	91
Valley Springs - Payroll	199,620	64
Total Five Star	738,474	8,002

Umpqua Bank		
Checking	116,934	0
Money Market Account	6,445	0.59
Investments	0	0
Total Savings & CD's	123,380	0.59

Bank of Stockton	244,934	61
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Total in interest earning accounts	10,124,627	281,629
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Beta Dividends 1 & 2	6,276
CSDA Training Scholarship	1,200
Anthem Rebate	4,230

Total Without Unrealized Loss	293,335
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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.

	A	B	C	E	F	G	H	I	J
1	Mark Twain Health Care District								
2	Annual Budget Recap								
3									
4	2023 - 2024 Annual Budget								
5		Total							
6		District	Clinic	Rental	Projects	Admin			
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	(10,411,272)	(8,363,862)	(1,303,690)	(137,900)	(605,820)			
14	Total Expenses	(10,411,272)	(8,363,862)	(1,303,690)	(137,900)	(605,820)			
15									
16	Surplus(Deficit)	27,446	(907,899)	29,065	(137,900)	1,044,180			

	A	B	C	K	L	AB	AC	AE	AF
1		Mark Twain Health Care District							
2		Direct Clinic Financial Projections							
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		Total Other Revenue		1,405,803	2,597,399	269,114	1,986,422	4,371,765	5,882,085
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)	(240,000)
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)	(601,858)
51		Labor related costs		(1,189,404)	(1,666,872)	(187,395)	(1,209,773)	(2,010,669)	(2,913,125)
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)	(681,500)
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)	(25,100)
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)	(3,350)
84	7083.89	Recruiting		(4,475)	(57,418)		(59,196)	(55,000)	(40,000)
85	8895.00	Let's All Smile							(25,000)
86		Non labor expenses		(2,011,842)	(2,772,367)	(830,826)	(2,368,085)	(2,879,270)	(3,876,859)
87		Total Expenses		(3,201,246)	(4,439,239)	(1,018,221)	(3,577,858)	(4,889,939)	(6,789,984)
88		Net Expenses over Revenues		(1,795,443)	(1,841,840)	(749,107)	(1,591,437)	(518,174)	(907,899)

	A	B	G	H	K	L	N	O
1		Mark Twain Health Care District						
2		Rental Financial Projections	Rental					
3					Thru February 2023			
4					2022-2023			
5			2020/2021	2021/2022	Actual	Actual	2022/2023	2023/2024
6			Actual	Actual	Month	Y-T-D	Budget	Budget
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		Rent Revenues	1,090,174	1,084,806	89,811	719,600	1,078,438	1,072,000
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		Total Costs	(1,474,124)	(833,943)	(73,638)	(830,971)	(910,322)	(1,036,280)
18								
19		Net	(383,950)	250,863	16,172	(111,371)	168,116	35,720
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		Net	(54,505)	(33,341)	(4,223)	(25,643)	(29,177)	(38,883)
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		Net	3,564	8,873	773	6,180	6,841	9,548
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		Summary Net	(424,276)	248,211	14,594	(116,073)	165,628	29,065

	A	B	C	E	F	K	L	T	U
1	Mark Twain Health Care District								
2	Projects, Grants and Support								
3			2/28/2023						
4				Projects		Thru February 2023			
5						2022-2023			
6				2020/2021	2021/2022	Actual	Actual	2022/2023	2022/2024
7				Actual	Actual	Month	Y-T-D	Budget	Budget
8		Project grants and support		(20,325)	(367,181)	(300,873)	(312,067)	(85,000)	(177,900)
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)	(37,900)
20	8890.00	AED Project							(40,000)
21	8890.00	Golden Health Grant Awards							
22	8890.00	High school ROP (CTE) program			(2,436)				
23	8890.00	Auditor Adjustment							
24		Project grants and support		(20,325)	(367,181)	(300,873)	(312,067)	(85,000)	(177,900)
25									
26									

	A	B	K	L	AB	AC	AE	AF	AH	AI	AJ	AK	AL
1		Mark Twain Health Care District											
2		Direct Clinic Financial Projections											
3		Programs											
4					Stay Vertical Calaveras								
5					Thru February 2023								
6					2022-20223								
7				2021/2022	Actual	Actual	2022/2023	2023/2024					
8				Actual	Month	Y-T-D	Budget	Budget					
9	8890.00	Marketing	Newspaper ads, flyers, postcards	(2,050)	(13)	(1,071)	(500)	(5,000)				2022/2023	2023/2024
10	8890.00	Other Care Materials and Supplies	Instructor Supplies				(2,648)	(700)	Total			Budget	Budget
11	8890.00	Office & Admin Supplies					(750)						
12	8890.00	Instructors/Venues	Instructor pay, venue cost		(360)	(11,072)		(28,000)					
13	8890.00	Food	water, fruit for participants, gifts			(9)	(300)	(200)					
14	8890.00	Outside Training	Classes for Instructors					(2,000)					
15	8890.00	travel	Mileage	(155)			(2,755)	(2,000)					
16		Total Expenses		(2,204)	(373)	(12,152)	(6,953)	(37,900)					
17													
18													
19													
20					Robo-Doc								
21					Thru February 2023								
22					2022-20223								
23				2021/2022	Actual	Actual	2022/2023	2023/2024					
24				Actual	Month	Y-T-D	Budget	Budget					
25												2022/2023	2023/2024
26	7083.05	Marketing	Newspaper ads, tri-folds, flyers	(134)	(70)	(2,986)		(5,000)				Budget	Budget
27	7083.26	Other Contracted Services	RjPro	(1,968)	(246)	(2,067)		(3,000)	Total			Budget	Budget
28	7083.41	Other Care Materials and Supplies	Carts, Cart supplies	(8,236)	(49)	(125)	(2,645)	(7,000)					
29	7083.46	Office & Admin Supplies	binders, paper, ink			(125)		(100)					
32	7083.88	Travel	Mileage	(382)		(423)	(2,755)	(2,000)					
33		Total Expenses		(10,720)	(365)	(5,725)	(5,400)	(17,100)					
34													
35													
36													
37					Let's All Smile								
38												2023/2024	
39												Budget	
40													
41								(25,000)					
42													
43		Total Expenses						(25,000)					
44													
45													
46													
47												Total Budget for New Programs	(65,000)
48													
49					AED For Life								
50												2023/2024	
51												Budget	
52													
53								(40,000)					
54													
55		Total Expenses						(40,000)					

	A	B	C	K	L	P	Q	S	T
1		Mark Twain Health Care District							
2		General Administration Financial Projections			Admin				
3						Thru February 2023			
4						2022-2023			
5				2020/2021	2021/2022	Actual	Actual	2022/2023	2023/2024
6				Actual	Actual	Month	Y-T-D	Budget	Budget
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		Summary Revenues		1,506,070	1,900,775	161,714	1,160,182	1,350,000	1,750,000
15									
16									
17	8610.09	Other salaries and wages		(273,071)	(243,983)	(20,254)	(157,537)	(259,732)	(326,606)
18									
19	8610.10	Payroll taxes		(10,079)	(11,174)	(1,002)	(6,043)	(19,934)	(24,985)
20	8610.12	Vacation, Holiday and Sick Leave						(15,584)	(16,976)
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)	(11,317)
24	8610.16	Workers Compensation insurance		924	(924)			(2,597)	(2,829)
25	8610.18	Other payroll related benefits		(800)					
26		Benefits and taxes		(13,691)	(16,106)	(1,002)	(9,461)	(60,611)	(73,714)
27		Labor Costs		(286,762)	(260,089)	(21,256)	(166,998)	(320,343)	(400,320)
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)	(605,820)
52		Net		1,026,981	1,452,637	136,318	814,189	804,616	1,144,180

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 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 every two (2) years not to exceed every four (4) years.
- D. When circumstances require a non-payroll compensation or re-imbusement to the CEO: and that amount is greater than \$50.00 then the check must be signed by the District Board President or Treasurer.

**Join us for Common Ground Senior Services
2nd Annual
Meals on Wheels & Silver Streak Transport
Fundraiser**

Summer Loun

\$50.00
Per Person

Saturday, July 22, 2023 / 5pm-8pm

GREENHORN CREEK RESORT

711 McCauley Ranch, Angels Camp

**Dinner Buffet - Bocce Tournament
Raffle: Silent & Live Auction**

DJ Phil Baker

Rockin' & Groovin' to music from the 60s & 70s

Tickets now on Sale!

Visit our website commongroundseniorservices.org

For more information 209-223-3015 ext 204 or Mary Paca 415-265-8235

The Banger Golf Outing



16th Annual



Mark Twain
Medical Center Foundation

Save the Date!

Sunday, September 17th, 2023

12:30 Shotgun Start

Greenhorn Creek Golf Resort
Angels Camp, California

Supporting Health Care in Calaveras County!