



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

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

**Wednesday October 26, 2022  
9:00 am**

**Participation: In Person or by  
Zoom - Invite 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.

This Institution is an Equal Opportunity Provider and Employer  
Agenda Oct. 26, 2022 MTHCD Board Meeting

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

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

**A. Un-Approved Minutes:**

- Finance Committee Meeting for Sept. 21, 2022 was Cancelled
- Un-Approved Board Meeting Minutes for September 28, 2022.

**B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3):**

- ◆ **Resolution 2022 - 19** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Oct.** 2022. (Informational Only)
- ◆ **Resolution 2022 - 21** Authorizing Remote - Extended Time To Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Nov.** 2022.

**C. Correspondence:**

- Livia Galli-Rasmussen, OD – CHS Grad (Sept. 14, 2022):

**6. MTHCD Reports:**

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

- **Association of California Health Care Districts (ACHD):**
  - ACHD Oct. 2022 Advocate:
  - Committee Assignments - Board Confirmation: Public Comment – **Action**
  - California Advancing & Innovating Medi-Cal Program (CalAIM):.....Ms. Hack
- **Meetings with MTHCD CEO:**

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

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

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

- **General Comments:**

This Institution is an Equal Opportunity Provider and Employer  
Agenda Oct. 26, 2022 MTHCD Board Meeting

- **CPPA Electric Option with MTMC 10-3-2022 (Letter):**
- **Strategic Planning & Projects Matrix:**
- **Grant Report:**
- **VS H&W Center – October Policies and Forms: Public Comment – Action**
  - **Policies for Valley Springs Health & Wellness Center:**

**New Policy**

Emerging Infectious Disease

**Reviewed Policies**

Active Shooter  
 AED Use and Maintenance  
 Appointment Notification  
 AR Credit Balance Management  
 Billing for Services Provided Off-Site  
 Billing Practices  
 Cash Collections  
 Cleaning Duties  
 Management of Dental Patient Urgent Issues  
 Medical Staff Credentialing and Governance  
 Provider on Site  
 Quality Assurance & Continued Quality Improvement Plan  
 Section 504 Grievance  
 Section 504 Grievance (Spanish)  
 Section 504 Notice Of Program Accessibility  
 Section 504 Notice Of Program Accessibility (Spanish)  
 Shelter in Place for Patients and Staff  
 Standardized Procedure for Employee Influenza Vaccine Administration  
 Unscheduled Downtime of Electronic Medical Record  
 Waste, Fraud, and Abuse

**Revised Policies**

Appointment Rescheduling  
 Autoclave Use and Maintenance  
 Employee Dress Code Guidelines  
 New Employee Onboarding and Annual Training  
 No Show  
 On-Call Program  
 Quality Assurance Guidelines  
 Sterile Shelf Life  
 Universal Precautions

This Institution is an Equal Opportunity Provider and Employer  
 Agenda Oct. 26, 2022 MTHCD Board Meeting

- **Program Manager:**.....Ms. Stanek

**E. VSHWC Quality Reports:**.....Ms. Terradista

- Quality – Sept.. 2022:
- MedStatix – Sept. 2022:

**7. Committee Reports:**

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

- Financial Statements – Aug. 2022: Public Comment – **Action**
- Financial Statements – Sept. 2022: Public Comment – **Action**
- 2021-2022 Audit Update:

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

**C. Ad Hoc Personnel Committee:**.....Ms. Reed / Dr. Smart

**D. Ad Hoc Community Grants:**.....Ms. Sellick / Ms. Reed

**E. Ad Hoc Community Engagement Committee:**.....Ms. Reed

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

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

- Chamber – State of the County Oct. 28, 2022 at the Met.

**9. Next Meeting:**

- November & December meetings will be combined and meet on Wed. November 30, 2022.
- The next MTHCD Board Meeting will be Wed. **November 30, 2022, at 10am.**
- The December Board Meeting has been cancelled.

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

**Peggy Stout is inviting you to a scheduled Zoom meeting.**

**Topic: MTHCD BOD Mtg Oct 26, 2022 at 9am**

**Time: Oct 26, 2022 0900 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/87389028611?pwd=ZGVtYzA2UWIUWDIEVG5Xa0hxUVBKUT09>**

**Meeting ID: 873 8902 8611**

**Passcode: 696112**

**One tap mobile**

**+16699006833,,87389028611#,,,,\*696112# US (San Jose)**

**+16694449171,,87389028611#,,,,\*696112# US**

**Dial by your location**

**+1 669 900 6833 US (San Jose)**

**+1 669 444 9171 US**

**+1 346 248 7799 US (Houston)**

**+1 719 359 4580 US**

**+1 253 215 8782 US (Tacoma)**

**+1 564 217 2000 US**

**+1 646 931 3860 US**

**+1 929 205 6099 US (New York)**

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

**+1 309 205 3325 US**

**+1 312 626 6799 US (Chicago)**

**+1 360 209 5623 US**

**+1 386 347 5053 US**

**Meeting ID: 873 8902 8611**

**Passcode: 696112**

**Find your local number: <https://us02web.zoom.us/j/kc3pYM45c>**

- Effective - Mar 17, 2020.

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

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

This Institution is an Equal Opportunity Provider and Employer  
Agenda Oct. 26, 2022 MTHCD Board Meeting



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

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

**Wednesday September 28, 2022  
 9:00 am**

**Participation: In Person or by  
 Zoom - Invite 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 9:00 am

**2. Roll Call:**

<b>Board Member</b>	<b>Present in Person</b>	<b>Present via Zoom</b>	<b>Arrival Time</b>
Linda Reed	X		
Debra Sellick	X		
Lori Hack	X		
Richard Randolph	X		
Johanna Vermeltoort	X		

Quorum: YES

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting

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

Dr. Smart requests to amend the agenda to move the CPPA Electric discussion to 6B and to move Finances after item 6B.

Motion to approve amended agenda: Mr. Randolph

Second: Ms. Vermeltfoort

Vote in favor: 5

**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 Minutes for August 17, 2022
- Un-Approved Board Meeting Minutes for August 24, 2022:

**B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3):**

- ◆ **Resolution 2022 – 17** Authorizing Remote - Extended Time to Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Sept.** 2022. (Informational Only)
- ◆ **Resolution 2022 - 19** Authorizing Remote - Extended Time to Teleconference: Meetings of the Board of Directors & Finance Committee (AB 361) for the Month of **Oct.** 2022.

**C. Correspondence:**

- Elections: Candidates to be Declared Elected by Calaveras County Board of Supervisors following Nov. 8, 2022, Election.
- Gabriella (Gabby) Gomez, PA Student Program - Thank You (8-24-2022).

Motion: Ms. Hack

Second: Ms. Sellick

Vote in favor: 5

**6. MTHCD Reports:**

**A. President's Report:**

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting

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

- Report ACHD Annual Meeting:

Attendees stated the meeting was informative and interesting. Great networking opportunity.

- ACHD Sept. 2022 Advocate:
- California Advancing & Innovating Medi-Cal Program (CalAIM):

Ms. Hack: Healthnet and Blue Shield have lost a lot of contracts. 4 mil. Patients are losing their current medical plan coverage.

- **Meetings with MTHCD CEO:**

Ms. Reed: Weekly phone calls with the CEO. Seismic committee to meet soon.

## **B. Meeting and Event Reports:**

- MTMC Health Community Resources Festival:

Turn out not as good as last year. Lots of information provided.

- CSDA Special Districts' Leadership Academy:

Mr. Randolph: Great classes. Recommends the course to all Board Members.

## **C. MTMC Community Board Report:**

Ms. Hack: Nothing new to report as the meeting was cancelled.

## **D. MTMC Board of Directors:**

Ms. Reed: August was not a very good month for MTMC financially. They have had a gap in surgery schedule due to Orthopedic Surgeon need. Dr. Mirza now on board as Ortho surgeon. The activity in the clinics has picked up. MTMC has calculated the cost of the manned COVID check-in stations as \$686,000 annually. As those stations are now unmanned, they should see a decrease in wages in the future.

## **E. Chief Executive Officer's Report:**

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting



- **CPPA Electric Rate Escalation:**

Mr. Archer: Due to the electric rate increases, MTMC will be looking at ways to lower energy costs. The MTMC team will create a proposal for potential solar, lighting, and other possible programs to implement.

- **Strategic Planning & Projects Matrix:**

Dr. Smart: The “Grow your own” project now has 2 CTE students working at the clinic. Tele-Health program has a Clinical Psychologist on board. Tele-Psych is currently interviewing psychiatric nurse practitioners.

- **Conflict of Interest & Resolution:**

- ◆ **Resolution 2022 – 18: Public Comment – Action**

Motion: Mr. Randolph

Second: Ms. Vermeltfoort

Vote in favor: 5

- **General Comments:**

Hearing none.

- **Grant Report:**

Dr. Smart applied for a new grant from Healthnet for Behavior Health services for \$25,000. Grant was approved.

- **CHS Scholarship – Class of 2023:**

Scholarship request – Informational Only.

- **Program Manager:**

Ms. Stanek: Robo-Doc received 5 calls this month. The active presents on campus on Thursdays at Michelson Elem. seems to be gaining interest in the program. Will begin training the on-site Health Care Technician tomorrow.

Stay Vertical Calaveras will be starting classes in San Andreas in October. There are 7 classes currently running. Facebook and Instagram pages have been getting a lot of interest.

- **Steve Shetzline – Stay Vertical Calaveras Program:**

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting

◆ **Resolution 2022 – 20 In Appreciation: Public Comment – Action**

Motion: Ms. Vermeltfoort  
Second: Mr. Randolph  
Vote in favor: 5

**F. VSHWC Quality Reports:**

• **Quality** – Aug. 2022:

Dr. Smart: Patient visits at the Valley Springs clinic went from 1303 in July to 1469 in August. 77 new patients and 92 new registered. The payor mix stands at 58% Medi-Cal patients and 24% Medicare. No Show rate still about 9%-10%.

• **MedStatix** – Aug. 2022:

Ms. Terradista: Most all categories are above 90% but will continue to research the “Informed About Delays” findings.

**7. Committee Reports:**

**A. Finance Committee:**

Nothing to report as no meeting was held.

• **Financial Statements** – July 2022: Public Comment – Action

Mr. Wood: The Financial reports for June 2022 will remain in DRAFT form until the Audit is complete. The financial reports are shown in the new format as well as the old one. Our investment income will start looking significantly better as the higher interest rates start impacting our interest income. As July is the beginning of our fiscal year, the year to date column will only show July 2022. The auditor has been sent everything he has requested and we hope to have a DRAFT of the audit for the November meeting.

Motion including the Investment & Reserves Report by Mr. Randolph  
Second: Ms. Vermeltfoort  
Vote in favor: 5

**B. Ad Hoc Policy Committee:**

Ms. Sellick: Nothing new to report.

**C. Ad Hoc Personnel Committee:**

Ms. Reed: Nothing new to report.

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting

**D. Ad Hoc Community Grants:**

Ms. Reed: Nothing new to report.

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

Ms. Reed: Nothing new to report.

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

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

- “The Party” for Youth Mentoring Oct. 8, 2022.
- Friends of the VS Library - Melodrama Sept 23-Oct. 1, 2022.
- Chamber – State of the County Oct. 28, 2022

**9. Next Meeting:**

- The next MTHCD Board Meeting will be Wed. October 26, 2022, at 9am.
- The November & December meetings will be combined and meet on November 30, 2022

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

Motion: Ms. Hack

Second: Mr. Randolph

Vote in favor: 5

Time of Adjournment: 10:59 am

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board Mtg. Sept. 28, 2022

Time: Sep 28, 2022, 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89337088409?pwd=Q1dYUWpVL3h0NWVGVFZb1JkcUF6UT09>

Meeting ID: 893 3708 8409

Passcode: 353802

One tap mobile

+16699006833,,89337088409#,,,,\*353802# US (San Jose)

+16694449171,,89337088409#,,,,\*353802# US

Dial by your location

+1 669 900 6833 US (San Jose)

+1 669 444 9171 US

+1 346 248 7799 US (Houston)

+1 719 359 4580 US

+1 253 215 8782 US (Tacoma)

+1 646 931 3860 US

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 309 205 3325 US

+1 312 626 6799 US (Chicago)

+1 386 347 5053 US

+1 564 217 2000 US

Meeting ID: 893 3708 8409

Passcode: 353802

Find your local number: <https://us02web.zoom.us/u/kb62Xo3n8>

- Effective - Mar 17, 2020.

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

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

This Institution is an Equal Opportunity Provider and Employer

Minutes Sept. 28, 2022, MTHCD Board Meeting



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

**Resolution No. 2022 - 19**  
**Authorizing Remote Teleconference Meetings**  
**for the Board of Directors & Finance Committee Meetings**  
**for the month of October 2022**

---

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

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

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

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

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

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

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

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

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

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

**NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:**

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

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

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

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

**Adopted, Signed, and Approved** this 28<sup>th</sup> day of September.

Linda Reed, President \_\_\_\_\_

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 – 19 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of **October 2022** by the following vote:

Ayes:

Nays:

Absent:

Abstain:

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

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer



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

**Resolution No. 2022 - 21**  
**Authorizing Remote Teleconference Meetings**  
**for the Board of Directors & Finance Committee Meetings**  
**for the month of November 2022**

---

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

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

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

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

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

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

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

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

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

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

**NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:**

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

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

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

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

**Adopted, Signed, and Approved** this 26<sup>th</sup> day of October 2022.

Linda Reed, President \_\_\_\_\_

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 - 21 was duly adopted by the Board of Directors of said District on behalf of the Board of Directors & Finance Committee Meetings to be held in the month of October 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

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

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer



Livia Galli Rasmussen, O.D.  
PO Box 1173  
Altaville, CA 95221

September 14, 2022

Dear Mark Twain Healthcare District:

In my senior year at Calaveras High School, I was selected to receive a scholarship by your organization. In 2013, your scholarship committee decided I was a worthy recipient to represent your group as a scholarship winner. I would like to express my sincerest gratitude for choosing me, at 18 years old, and believing in my dreams and future.

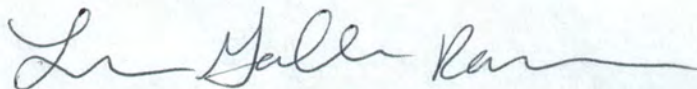
After graduating from Calaveras High School in 2013, I attended University of San Diego. In 2017, I received my Bachelor of Arts in Behavioral Neuroscience with a minor in Biomedical Ethics. While in undergrad, I worked for an optometry office, the marketing office on campus, and interned with a local ophthalmologist alumni of USD. After graduation, I chose to attend Marshall B. Ketchum University, Southern California College of Optometry. I am proud to say that I graduated with my Doctor of Optometry degree in May of 2022. This is my proudest achievement and my dreams of becoming an optometrist really did come true! Concurrently with my optometry degree, I have been completing a Masters of Science in Clinical Vision Research at Nova Southeastern University and am excited to defend my thesis in the coming months.

Throughout my education journey, I have continually reflected on all the people that have helped me get to this phase of life. I am writing to express my sincere appreciation for choosing me to be the recipient of your scholarship, almost 10 years ago. In addition to the financial support, your confidence in me and encouragement for my dreams and mission to become an eye doctor helped me achieve my goals. I am deeply appreciative of your support of our community and now hope to do the same for our local youth for years to come.

I am working with Dr. Chris Iwata, O.D. in Angels Camp as an eye doctor for the Gold Country. It is an honor to serve the patients in the community that helped raise me. It truly does take a village, and I very much appreciate the opportunity to be part of the village for the next generation.

My sincerest thanks - I am eternally grateful.

Sincerely,



Livia Galli Rasmussen, O.D.  
Doctor of Optometry  
Master of Science in Clinical Vision Research Candidate

**CHRIS H. IWATA, O.D., F.A.A.O.**

OPTOMETRIC PRACTICE  
**LIVIA S. GALLI, O.D.**

P.O. BOX 501  
595 STANISLAUS, SUITE C  
ANGELS CAMP, CA 95222  
TELEPHONE (209) 736-0908  
FAX (209) 736-9352



**ACHD**  
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

## ACHD Advocate October 2022

### What's New This Month:

- ACHD's 70th Annual Meeting Brings Members Back Together
- Congratulations to District, CEO and Trustee of the Year
- 2021-22 Legislative Session is closed

### CEO MESSAGE

Last month, [ACHD hosted our 70th Annual Meeting, Celebrating 70 Years Together](#), in Anaheim. It was an extra special celebration marking our first time back together in person in three years, as well as a platinum anniversary for the association. If you were able to join us, we hope you had a wonderful time taking advantage of the educational sessions and networking opportunities. [If photos from the event are any indication](#), a good time was had by all.



Cathy Martin  
Chief Executive Officer

We'd like to congratulate all the [ACHD Annual Award Nominees](#). We are humbled by their commitment and dedication to their communities. The final awardees for District, CEO, and Trustee of the Year were announced at the event. Please refer to the ACHD [Press Release](#) to learn more about each of the awardees.

**September 30th marked the final close of the 2021-22 legislative session** and the deadline for the Governor to sign bills sent to him by the legislature. Be sure to review the Legislative Update below for the final status of ACHD's priority bills. As always, please contact myself or [Sarah Bridge](#) with any legislative questions or concerns. The interim serves as a great opportunity for ACHD to identify your district's advocacy priorities.

If you submitted an ACHD standing committee interest form, you should have received a welcome email from **ACHD Board Chair, Lin Reed**. Committee meetings pick back up in October through the fall and I look forward to working with all of you as we tackle association priorities.

Last, next week we will be announcing a call for **members interested in serving on the ACHD Board of Directors** to submit their interest forms. If you are interested in serving on the ACHD Board but would like to learn more, please contact [me](#) directly.

We have a very busy and ambitious association year ahead of us and on behalf of our entire team, we are grateful for the continued opportunity to serve healthcare districts.



## LEGISLATIVE UPDATE

September 30, marked the final day for the Governor to sign or veto bills. For a complete report of ACHD's bills, by position, visit our website, [here](#). Hurst Brooks Espinosa (HBE), ACHD's contract lobbying firm, put out this end of session report with more information on bill signatures and veto. Read the [special HBE report here](#).

### **Bills:**

#### **Signed by the Governor**

- [AB 32 \(Aguiar-Curry\)](#) **ACHD Support** – Implements various changes to Medi-Cal telehealth policy, including permitting the Department of Health Care Services (DHCS) to allow under specified circumstances new patients to be established with providers using audio-only synchronous and other modalities, and permits exceptions from requirements to ensure beneficiary choice of modalities.
- [SB 931 \(Leyva\)](#) **ACHD Oppose** - Authorizes an employee organization, or applicants to be public employees, to file a claim with the Public Employment Relations Board alleging a violation of Government Code Section 3550, related to employer actions that may “deter or discourage” union membership.
- [SB 1127 \(Atkins\)](#) **ACHD Oppose** -Alters longstanding rules and timeframes for determining eligibility for workers' compensation claims by substantially reducing the amount of time employers must approve or deny workers compensation claims and imposes massive new penalties on employers. Following signature, Michael Sullivan & Associates LLP, released a comprehensive [summary and analysis of the bill available here](#).

- [SB 1375 \(Atkins\)](#) **ACHD Support** - Makes necessary clarifying changes to ensure nurse practitioners practicing under AB 890 (Wood, 2020) can provide first trimester abortions.

#### **Vetoed by the Governor**

- [AB 2904 \(Bonta\)](#) **ACHD Support** – Would have provided Alameda Hospital a 2-year extension to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act.

#### **Hospital and Skilled Nursing Facility Covid-19 Worker Retention Payments (WRP)**

DHCS has issued instructions to assist employers in the application process for WRP. Beginning on October 21, 2022, employers will be required to register with DHCS to participate in WRP. Once registration has been completed a link to apply for the retention payment on behalf of eligible workers will be provided. Applications will be accepted between November 29 – December 30, 2022.

Please visit the [WRP webpage](#) to review the new information about the [registration and application submission processes](#) for the WRP and updated [Frequently Asked Questions document](#). Sign up for DHCS' [WRP stakeholder announcements](#) to stay informed of new developments.

#### **Legislative Tours:**

During the legislative interim, ACHD is working to meet with legislators and their staff in the districts. On September 12, ACHD partnered with CSDA to bus legislative staff from 27 offices and state departments through California to visit special districts. This tour included a presentation on the newly formed Pajaro Valley Healthcare District.

On September 23, ACHD and Desert Healthcare District partnered to give Assembly Candidate Juan Carrillo a comprehensive tour of the district including stops at district run and assisted vaccination and testing sites.

On October 14, ACHD will be partnering with Beach Cities Health District to provide a tour and meeting, centering around behavioral health for Assembly Candidate Corey Jackson. The tour will showcase portions of Beach Cities allcove project.

These tours serve as an important way to build relationships with legislators before they take office and provide a first hand look and experience with the important and unique work of healthcare districts.

### Can Your Hospital District Have a 403(b) Plan?



Of California's more than 75 public health care districts, a significant number of them maintain Internal Revenue Code (IRC) section 403(b) plans. The question is: of those that have them, are they "eligible" to have them? We raise this issue because we have become aware of a significant number of public health care districts with 403(b) plans that cannot demonstrate they are properly eligible to sponsor such plans.

According to IRC section 403(b) and the related regulations, the only employers that can maintain a 403(b) plan are public schools and IRC section 501(c)(3) tax-exempt organizations. Since most healthcare districts would not be considered public schools, they must be basing their 403(b) plan sponsorship on their status as a section 501(c)(3) organization.

Furthermore, unless an organization is "grandfathered" under specific rules relating to certain organizations organized before Oct. 10, 1969, it generally is required to apply to the IRS for formal recognition of its tax exempt status using Form 1023. There is a parallel application process that applies for California State Franchise Tax Board purposes. [To continue reading, click here.](#)

---

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

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



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

October 3, 2022

Doug Archer, President  
Mark Twain Medical Center (MTMC)  
768 Mountain Ranch RD  
San Andreas, CA 95249

The purpose of this letter is to notify MTMC that the Mark Twain Health Care District is exercising its option to discontinue reimbursement of the discounted electrical utilities at MTMC. This letter therefore serves as a 60-day notice of the District's intent to invoice MTMC for the discounted utilities, the first invoice to be delivered in December 2022.

When the hospital lease was first executed the cost of the discounted electricity expense was between \$20,000-\$25,000 per month. Those rates have been relatively stable until July of this year when they nearly doubled to \$50,000+ per month. Per our informal discussions with CPPA these higher rates will continue indefinitely. The District has no control over rates from the Calaveras Public Power Agency, nor can the District control its revenue from county taxes or clinic healthcare to offset rate increases. Thus, the increased rates create a financial hardship for the District.

Our understanding of the lease language is as follows: MTMC and the District consummated a 30-year lease on May 31, 2019. In that agreement the District agreed to pay MTMC electric utilities unless the District lost its discount or the **cost exceeded 125% of the 3-year average**. Unfortunately, that exact scenario is now occurring. Pursuant to Article III (3.5(d)) page 7, the District will continue to purchase electricity for the hospital at the discounted rate, then require MTMC to reimburse the District for the electrical costs on a monthly basis. We anticipate that the rent will be decreased as annotated in 3.5(d). MTMC prepaid the first 5 years of rent (6/1/2019-5/31/2024) so there will be a monthly refund due to MTMC until the relevant portion of the prepaid rent has been applied and interest included.

An example follows: Each month the District would purchase CPPA electricity at the higher rates ~ \$50,000. The District would owe MTMC a refund on the prepaid rent, ~\$25,000 plus interest. The District would then invoice MTMC ~ \$50,000 for the electricity. It would be desirable to enable accounting that would simplify this into a single payment each month, rather than the back-and-forth payments.

We appreciated your participation in our September 28<sup>th</sup> monthly board meeting. At that meeting we discussed the possibility of searching for creative solutions to review and decrease electricity use at MTMC. We are open to continuing this discussion and working together.

Please be assured that the District remains a strong partner and public supporter for MTMC. As the only inpatient facility in Calaveras County your services are absolutely critical to our healthcare infrastructure and are very appreciated. We also stand firm in our commitment to continue to purchase electricity at the 30% discounted rate for the hospital.

Respectfully,

Randy Smart MD  
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

**Mark Twain Health Care District  
Strategic Planning Matrix 2021-2022**

			Lead	Date	Goals	
I.		<b>Workforce Health and Stability</b>			Goals	Activity
	A.	Prevent Burnout, increase retention, emotional support			Ensure 1:1 employee checkups BH Mindfulness exercises Monitor Overtime Positive rewards	<b>Annual PicNic Oct 21st</b>
	B.	"Grow Your Own", CCOE CTE			Financial Partnerships Integrate HS CTE education	<b>Two CTE Students 2022-2023</b>
	C.	Recruiting and Graduate Medical Education Partnerships			Partner with training NP Partner with Tauro/MTMC Explore Stanislaus State NP precepting	<b>Hired New Pediatrician</b>
II.		<b>Relationships, Alignment, Collaboration</b>				
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			Joint Projects/Programs See III, A,B,C	<b>LED Sign operational Bicillin from County</b>
	B.	Links on Websites and Social Media			Public Education and Awareness	<b>District and Clinic Websites Active FB active for District and Clinic</b>
	C.	"Program of The Month, etc" (billboards, media)			Program Manager to select and implement, Public Awareness	<b>Billboards will transition in November</b>
III.		<b>District Community Programs</b>				
	A.	Robo-Doc			Kids stay in school Parents can stay at work	<b>Five Locations Anthem grant for remote services CHW Grant</b>
	B.	Stay Vertical			Identify and recruit seniors who are at risk to fall	<b>Multiple classes in multiple locations</b>

**Mark Twain Health Care District  
Strategic Planning Matrix 2021-2022**

	C.	Let's All Smile!			Design program where children get preventive dentistry	awaiting dental infrastructure New Grant from CHW
IV.		<b>Tele-Health Expansion</b>				
	A.	Remote and Distant Site at VSHWC			Review consultation demand and provide specialty care Provide video care for homebound and feeble	<b>July 2022 started Clinical Psychology Telehealth</b>
	B.	Tele-Health Kiosks, Senior Centers or Schools			Provide Video primary care for those who are challenged by transportation	CHW Grant
	C.	Tele-Psych: Behavioral Health VSHWC			Recruit and Hire Tele-psych provider	<b>Hired PMHNP</b>
V.		<b>School Based Clinics</b>				
	A.	Explore and plan			Keep active dialog with CCOE	<b>Coordinate ad hoc Community Engagement Committee with new Superintendent of Education</b>
	B.	School campus and day care 2024				



### GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN (RHCCTM)	\$ 100,000.00	\$ 100,000.00	\$ 73,150.54	Last day of every month	Qrtly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/COVID Pay/McKesson
3	FEMA #1	COVID VACCINATION CLINIC	\$ 37,995.00	\$ 37,995.00	\$ 38,104.59	Use Funds by 6/30/22	Monthly	<b>FUNDS USED</b>	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	12/31/2022	<b>DONE</b>	<b>UNDER FINAL REVIEW</b> a/o 8/17/22	YES	2020 Expenses
7	HRSA	COVID PR (Tony Jones)	\$ 49,529.00	\$ 49,529.00	\$ 51,151.22	Use Funds by 6/30/22 Final 10/31/22	<b>REPORT SENT 8/24/22</b> <b>FINAL REPORT SENT 9/14/22</b>	<b>DONE</b>	POSSIBLE	Vaccination confidence USED 50% MTMC LED SIGN
8	CHC	RURAL INTERNET (NON-COVID)	\$ 15,000.00	\$ 15,020.16	\$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$3,004.20
9	ANTHEM	<b>LIST BELOW</b>	<b>\$ 181,500.00</b>	<b>\$ 140,918.30</b>	<b>\$ 92,047.34</b>		<b>Maybe</b>	<b>PORTION RECEIVED</b>	<b>NO</b>	<b>8 projects w/reporting</b>
	(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	\$ 27,677.64		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)	COVID Testing	\$ 14,000.00	\$ -	\$ 3,844.27			PENDING		McKesson
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ 288.75			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	\$ 27,476.09	\$ 27,476.09	\$ 86,548.60		9/29/2021	Requesting Recalculation		Lost Revenue SS
		ARP (Part 2)	\$ 49,193.31	\$ 49,193.31	See Above					
12	CA. COVID RELIEF	(CSDA)	\$ 347,687.00	\$ 347,687.00	\$ 347,687.00	11/5/2021	12/1/2021	RECEIVED		ID# 373
13	ANTHEM	Remote Care	\$ 10,000.00	\$ -	\$ -	N/A		Pending		
14	HEALTHNET	Back to School	\$ 6,000.00	\$ 6,000.00	\$ -			RECEIVED		
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -	1/28/2023	Midterm/Final	Pending	Possible	#SG2211
16	Calif. Health & Wellness	Community Programs	\$ 15,000.00	\$ -	\$ -		None	Pending		to support Community programs
17	PHC - (CCI)	Physicians for Healthy Ca.	\$ 118,000.00	\$ -	\$ -			Pending		T2T = Test to Treat (COVID)

**TOTALS** **\$1,286,311.05** **\$1,001,283.51** **\$1,090,365.78**

Last Updated 10/19/2022  
1:34 PM

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

POLICY: Emerging Infectious Disease	REVIEWED: 9/07/22
SECTION:	REVISED:
EFFECTIVE: 10/26/2022	MEDICAL DIRECTOR: Randy Smart, MD

**Subject:** Emerging Infectious Disease

**Objective:** VSHWC seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations being prepared for the management of future Infectious Disease Outbreaks/Pandemics.

**Response Rating:** This Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

- facility employees;
- licensed practitioners;
- other contracted repair or maintenance persons
- students, trainees, and volunteers;
- and individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or other arrangement.
- These requirements **do not apply** to individuals who provide services 100% remotely, including fully remote telehealth or payroll services.

**Required Equipment: PPE**

**Procedure:** The Clinic will follow all current guidelines for Infectious disease outbreaks regarding safety requirements as put forth by the CDC, Federal and State authorities.

\*\*Refer to the Infection Control Policy

**Implementation:**

VSHWC will utilize resources, supplies and information updates with community resources including Calaveras, Amador and Tuolumne County Public Health Department, California Department of Health, Calaveras County Office of Emergency Service, FEMA, Department of Homeland Security (contacts are located in the Emergency Operations Binders Tab 7).

VSHWC will also utilize Quest, Yosemite Pathology and Mark Twain Medical Center for lab processing and/or lab draws or testing as may be required.

The VSHWC Clinic will monitor any updates on new Infectious disease threats to the local community through emergency service, CDPH resources and communications, and take action to protect our staff and patient population, while maintaining the ability to provide healthcare services safely for the community.

## **Patient Care:**

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

- **Before Arrival**

- When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever<sup>1</sup>) on the day they are scheduled to be seen.
- When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.
  - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever<sup>1</sup>) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).

- **Upon Arrival and During the Visit**

- Consider limiting points of entry to the facility.
- Take steps to ensure all persons with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
  - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
  - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 70-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
  - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
  - Prioritize triage of patients with respiratory symptoms.
  - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.

- Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
- Isolate the patient in an examination room with the door closed. If an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.
  - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
  - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
  - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
- Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

**Additional considerations during periods of community transmission:**

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

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

    - when to use PPE
    - what PPE is necessary

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

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

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

### 3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, [home care](#) is preferable if the individual's situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
  - Determine how staffing needs will be met as the number of patients with known or suspected COVID-19 increases and HCP become ill and are excluded from work.
  - During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
    - HCP must take care not to touch their eye protection and respirator or facemask .
    - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
  - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).
- Patients should wear a facemask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use PPE as described above.
- Whenever possible, perform procedures/tests in the patient's room.

### Collection of Diagnostic Respiratory Specimens

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

### Generalized NON-Covid Infection Control:

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

1. Wash hands with soap and water:
  - a. Before coming on duty
  - b. Before and after direct and indirect patient contact.

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

2. Other guidelines:

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

3. Disinfectant Guidelines:

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

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

- a. Clean article according to manufacture guidelines.

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

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

POLICY: Active Shooter	REVIEWED: 8/30/19; 6/11/21; <u>8/04/22</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR

**Subject:** Active shooter

**Objective:** When there is an active shooter in your vicinity, you have three options: run, hide, or fight. Therefore, precautions need to be taken for the safety of patients, staff, and guests.

**Response Rating:**

**Required Equipment:**

**Procedure:**

**Run**

1. Have an escape route in mind
2. Leave belongings (purse, backpack, computer, etc) behind
3. Evacuate regardless of whether others will follow
4. Helps others escape, if possible
5. Do not stop to help or move wounded
6. Stop others from entering the area
7. Call 911 when safe

**Hide**

1. Hide out of the shooter's view
2. Lock door or block entry, stay away from windows
3. Silent your cell phone, including vibrate, turn off lights



## **Fight**

1. Fight as a last resort, if your life is in danger
2. Improvise weapon or throw items at the active shooter
3. Act with as much aggression as possible. Your life depends on it.

Once law enforcement has arrived, keep hands visible and raised over your head. Provide information about location of shooter, wounded and description of shooter, if known.

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

POLICY: AED Use and Maintenance	REVIEWED: 04/13/20; 5/29/21; <u>8/04/22</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** AED

**Objective:** Proper use and maintenance of the AED

**Response Rating:** Mandatory

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

**Procedure:**

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

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

the EMR using the name Jane or John Doe until more information can be obtained.

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

#### **Automated External Defibrillator (AED) Procedure**

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

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

- o After 3 shocks, AED will prompt to check for pulse & breathing. If absent, start CPR.
- o AED will count one minute of CPR, then prompt rescuers to stop CPR and get clear so device can analyze rhythm again.
- o Continue cycles of analyses, shocks (if advised) and CPR until EMS arrives and disconnects AED and relieves rescuers.

**If no shock advised:**

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

**After Use:**

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

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

POLICY: Appointment Notification	REVIEWED: 11/12/18; 2/12/20; 4/2/20;5/29/21; <u>8/30/22</u>
SECTION: Admitting	REVISED: 2/12/20; 4/2/20: <u>8/30/22</u>
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Appointment Notification

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

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Each day, Clinic EMR will contact medical patients with scheduled appointments to provide a reminder of that appointment.
2. Two days prior to dental clinic days, designated Clinic staff will contact dental patients with scheduled appointments to provide a reminder of that appointment.
3. Patients will be asked to confirm that the time and date of the scheduled appointment are still convenient for them. In the event the patient would like to reschedule the appointment, they will be prompted to do so during the reminder call.
4. In the event an appointment is canceled, that appointment will be made available for other patients who may need to see the physician or mid-level practitioner.  
  
~~The practitioner will be notified if the patient has canceled and not rescheduled the appointment, so that appropriate follow-up contact with the patient may be initiated.~~
5. If an appointment slot becomes available, designed staff will refer to the dental appointment wait list and will contact the next patient on the list, offering the now available appointment slot. Staff will continue down the list until they identify a patient who wants to utilize the appointment slot.
5. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions.

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

POLICY: AR Credit Balance Management	REVIEWED: 3/10/20;5/29/21; <u>8/04/22</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Accounts Receivable Credit Balance Management

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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

- vi. The Biller will post the refund to the patient's account, scan the refund packet to athenaNet, and send the check with an explanation letter to the patient.

2. For credit balances that are due to insurance

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

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

POLICY: Billing for Services Provided Off-Site	REVIEWED: 4/1/20; 5/29/21; <u>8/04/22</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

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

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

**Response Rating:** Mandatory

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

**Procedure:**

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



d. CPT code(s)

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

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

POLICY: Billing Practices	REVIEWED: 7/1/19; 2/18/21; <u>8/04/22</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <del>3/23/22</del> <u>28/22</u>	MEDICAL DIRECTOR:

**Subject:** Billing practices

**Objective:** To define Clinic billing practices

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

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

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

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

POLICY: Cash Collections	REVIEWED: 7/1/19; 2/18/20; 5/29/21; <u>8/04/22</u>
SECTION: Revenue Cycle	REVISED: 2/18/20; 5/29/21
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Collection of cash payments from patients

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

**Response Rating:** Mandatory

**Required Equipment:**

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

**Co-pay**

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

**Flat rate fees and/or sliding fees**

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

**Current remainder balance**

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

### **Aged remainder balance/payment plan**

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

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

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

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

### **Balances in collections**

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

### **Bad debt balances**

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

### **Non-sufficient fund (NSF) checks**

When a patient's check is returned for non-sufficient funds (NSF), the Accounting Office is responsible for documenting the return of the check and for entering the NSF fund charge in recordkeeping system. The biller would then be notified by Accounting for the charge to be re-entered onto the patient's account to show as a balance owed, with the possibility of an additional fee for the returned check.

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

POLICY: Cleaning Duties	REVIEWED: 3/1/19; 2/14/20; 4/2/20; 5/29/21; <u>8/04/22</u>
SECTION: Infection Control	REVISED: 2/14/20; 4/2/20; 6/14/21
EFFECTIVE: <del>7/28/21</del> <u>10/26/22</u>	MEDICAL DIRECTOR:

**Subject:** Cleaning Duties

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

**Acuity Rating:** Mandatory

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

**Applies to:** All Personnel

**Procedure**

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

**Daily Cleaning**

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

- Infection Control policy).
- f. Equipment contaminated with body fluids will be cleaned immediately.
  - g. Door handles will be wiped.
  - h. Waiting room, and restrooms will be monitored throughout the shift and shall be kept free of debris and remain in clean status.
  - i. Staff will clean dirty dishes as soon as possible after use.

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

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

### **Weekly Cleaning**

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

### **Monthly Duties**

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

### **Communication with Janitorial Service**

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

### **Hazardous Conditions/ Broken Equipment/Building Damage**

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



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

POLICY: Management of Dental Patient Urgent Issues	REVIEWED: 3/10/20;6/7/21; <u>8/04/22</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Management of Dental Patient Urgent Issues

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

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

POLICY: Medical Staff Credentialing and Governance	REVIEWED: 3/30/20; 6/07/21; <u>8/04/22</u>
SECTION: Medical Staff	REVISED: 3/30/20
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR: Dr. Randy Smart

**Subject:** Medical Staff Appointment Credentialing Process

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

**Response Rating:**

**Required Equipment: None**

**Procedure:**

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

- a. Primary Source Verification
- b. Criminal Records search
- c. Urine drug screening
- d. Health care compliance search (OIG)

## **5. Responsibilities**

- A. The Governing Body assumes the responsibility for establishing the overall goals and objectives for the Clinic. Among these goals are:
1. Deliver and maintain the highest quality care to its patients.
  2. Provide for the safety and welfare of patients and staff.
  3. Develop policies and procedures that will result in accreditation by regulatory agencies.
  4. Assure the hiring and training of competent personnel through credentialing and orientation process.
  5. Encourage the staff to take part in appropriate continuing education.
  6. Acknowledge its fiscal responsibilities for controlling the cost to patients.
  7. Periodically evaluate its methods as to improve services offered to the community.
  8. Assure that the Clinic is integrated into the medical community.
  9. Monitor the results of the Quality Assurance/Performance Improvement program.
  10. Exercise general supervision of construction of all improvements of and acquisition of new equipment.

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

## **6. Administration**

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

The Chief Executive Officer shall be responsible for:

1. Overall operation of the facility as defined within the Policy and Procedure Manual.
2. The operation of the facility within the applicable local, regional, state, and federal laws.

3. For the central utilization and conversion of the physical and financial assets of the Clinic and recruitment and director of the facility staff assisted by the WSHCD Board of Directors.
4. Assisting the Governing Body in formulating policy pertaining to the operation and growth of the Clinic.

## **7. Medical Staff**

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

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

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

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

- A. If any member of the Medical Staff makes or exhibits acts, statements, demeanor, or professional conduct, either inside or outside the Clinic, which is reasonably likely to be:
  - a. Detrimental to patient safety or to the delivery of care of an acceptable quality within the Clinic;
  - b. Display disruptive behavior or conduct to the Center and/or its operations;
  - c. Violation of the Clinic or Medical Staff rules and regulations or policies

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

- B. The Medical Director shall have authority to rescind immediately the Medical Staff membership status and all or any portion of the clinical privileges of the physician to protect health, safety, and/or patient's welfare.
- C. The Director shall have the authority and responsibility to provide for alternative medical coverage of the patients of the suspended physician still in the Clinic at the time of the suspension. The wishes of the patient shall be considered in selecting an alternative physician and treatment plan.
- D. Each Medical Staff member is subject to automatic suspension under the following conditions:
  - a. The Practitioner's license, certificate, or other legal credential authorizing him/her to practice in the State of California is revoked;
  - b. The Practitioner's Drug Enforcement Agency (DEA) or other controlled substance number is

revoked or suspended;

- c. In the event the Practitioner receives notification that the policy or professional liability insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;
- d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

## **9. Officers**

General Information:

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

Duties of the Medical Staff Committee:

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

## **10. Medical Staff Committees**

Committees of the staff shall either be standing committees or special committees assigned by the Governing Body or CEO. Special committees are those the Director or Governing Body from time to time, may create on an ad hoc basis for a function expected to be completed within a limited period of time. Since, by design, the Medical Staff is quite small, and the actual total patient care number is not great, committees will be kept to a

minimum in number, will be multi-functional, and may, if needed, meet in combination at the same time. All committee chairmen shall be appointed by the Director. The Chairman of the Committee may, additionally, appoint more members subject to the approval of the Director and/or Governing Body.

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

POLICY: Provider on Site	REVIEWED: 4/6/20; 6/07/21; <u>9/6/22</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Provider on Site

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

Reference: CMS §491.8(a)(6)

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

POLICY: Quality Assurance & Continued Quality Improvement Plan	REVIEWED: 2/1/19; 12/31/20; 6/07/21; <u>9/6/22</u>
SECTION: Operations	REVISED:
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Quality Assurance & Continued Quality Improvement Plan

**Policy:** The Clinic will maintain an active Quality Assurance/Performance Improvement Plan (QAPI Plan) covering operational, administrative, and clinical areas. Data will be reviewed by Clinic Manager and Medical Director on a regular basis. Periodic reports regarding the QAPI program will be made to the District Board.

**Objective:** Undertake an active, ongoing process of evaluation, corrective action, and re-evaluation of the Quality Assurance Plan. Continually evaluate procedures and performances in order to increase the quality of services being provided both medically and administratively. In addition, all Protocols, Policies and Procedures will be reviewed and updated accordingly on an annual basis by the Clinic Manager and Medical Director.

**Response Rating:** Mandatory

**Procedure Quality Assurance Plan:**

1. Questions answered by the Quality Assurance Performance Plan
  - a. Are quality-related activities present?
  - b. Are quality-related activities being performed correctly?
  - c. Are quality-related activities contributing to quality care for the patients?
  - d. Are activities contributing to improved patient outcomes?
  
2. Importance of the Quality Assurance Performance Improvement Plan
  - a. Accurate assessment of patient services.
  - b. Risk Management.
  
3. Components of the Quality Assurance Performance Improvement Plan
  - a. A written Plan.
  - b. Staff familiarization of the plan.
  - c. Successful implementation of the plan.
  
4. Clinical Information as Components of the Quality Assurance Performance Improvement Plan
  - a. Accurate patient demographics.
  - b. Medical records and charts.
  - c. Updated logs of medication, refrigerators, sterilizer maintenance, crash cart, immunizations, abnormal labs, and referrals



5. Internal Review Components of the Quality Assurance Performance Improvement Plan

- a. Provide information for staff performance.
- b. Support staff performance.
- c. Provide continuity of patient care.
- d. Minimize patient risk.
- e. Increase patient satisfaction.
- f. Increase patient compliance.
- g. Provide accessibility to information.
- h. Provide appropriate services.
- i. Control cost of services.

6. Quality Assurance Performance Improvement Committee

The primary role of the Quality Assurance Performance Improvement Committee is to monitor and evaluate the quality related activities of the organization in a structured way.

The Quality Assurance Performance Improvement Committee will be composed of the Medical Director, representatives from the staff and management. The representatives will meet regularly. This committee will perform periodic reviews of pre-selected indicators against pre-determined standards. The committee will report via written minutes of its meetings. Any problems will be referred to management for consideration and resolution.

The primary role of the Quality Assurance Performance Improvement Committee is to review current procedures and actions and determine how they can be improved and implemented.

**Procedure:**

1. Perform time and analysis studies
  - a. Staffing verses patient arrival analysis.
  - b. Patient length-of-visit studies.
2. Medical evaluations
  - a. Diagnosis and determination methods.
  - b. Physician cost analysis.
3. Patient Call Backs
  - a. Perceptions of care.
  - b. Treatment results.
4. Review of operations data including but not limited to logs, reports, raw data concerning clinic operations.

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

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; 10/14/20; 10/29/20; 8/25/21; <u>9/6/22</u>
SECTION: Civil Rights	REVISED: 10/29/2020
EFFECTIVE <u>09/27/229/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Section 504 Grievance

**Objective:** It is the policy of the Clinic not to discriminate on the basis of disability. The Clinic has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”The Law and Regulations may be examined in the office of Clinic Manager, (209) 772-7070 who has been designated to coordinate the efforts of The Clinic to comply with Section 504.

Any person who believes she or he has been subjected to discrimination on the basis of disability may file a grievance under this procedure. It is against the law for the Clinic to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Grievances must be submitted to the Section 504 Coordinator within seven (7) days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
2. A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
3. The Section 504 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it must be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 504 Coordinator will maintain the files and records of Mark Twain Health Care District relating to such grievances.
4. The Section 504 Coordinator will issue a written decision on the grievance no later than 30 days after its filing.

5. The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to Mark Twain Health Care District Executive Director within 15 days of receiving the Section 504 Coordinator's decision.
6. The Mark Twain Health Care District Executive Director shall issue a written decision in response to the appeal no later than 30 days after its filing.
7. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the:
  - a. U. S. Department of Health and Human Services
  - b. Office for Civil Rights

The Clinic will make appropriate arrangements to ensure that disabled persons are provided other accommodations if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing interpreters for the deaf, providing taped cassettes of material for the blind, or assuring a barrier-free location for the proceedings. The Section 504 Coordinator will be responsible for such arrangements.

8. In the event your complaint remains unresolved with Valley Springs Health & Wellness Center, you may file a complaint with our accreditor, The Compliance Team, Inc. via their website [www.thecomplianceteam.org](http://www.thecomplianceteam.org) or by phone at 1-888-291-5353.

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

POLICY: Section 504 Grievance <a href="#">(Spanish)</a>	REVIEWED: 11/8/18; 11/03/20;8/25/21; <a href="#">9/6/22</a>
SECTION: Civil Rights	REVISED: 11/03/20
EFFECTIVE: <a href="#">9/29/219/28/22</a>	MEDICAL DIRECTOR:

**Asunto:** Queja de la Sección 504

**Objetivo:** es política de la Clínica no discriminar por discapacidad. La Clínica ha adoptado un procedimiento interno de queja que proporciona una resolución rápida y equitativa de las quejas alegando cualquier acción prohibida por la Sección 504 de la Ley de Rehabilitación de 1973 (29 U.S.C.794) o las regulaciones del Departamento de Salud y Servicios Humanos de los EE. UU. La Sección 504 establece, en parte, que "ninguna persona discapacitada calificada de otro modo ... será, únicamente por su discapacidad, será excluido de la participación, se le negarán los beneficios o será objeto de discriminación bajo cualquier programa o actividad que reciba fondos federales asistencia ... "La Ley y el Reglamento pueden ser examinados en la oficina del Director de la Clínica, (661) 765-1935, quien ha sido designado para coordinar los esfuerzos de la Clínica para cumplir con la Sección 504.

Cualquier persona que crea que él o ella ha sido objeto de discriminación por discapacidad puede presentar una queja bajo este procedimiento. Es ilegal que la Clínica tome represalias contra cualquier persona que presente una queja o coopere en la investigación de una queja.

Calificación de respuesta:

**Equipo requerido:**

**Procedimiento:**

1. Las quejas deben presentarse al Coordinador de la Sección 504 dentro de los siete (7) días posteriores a la fecha en que la persona que presenta la queja toma conocimiento de la supuesta acción discriminatoria.
2. Una queja debe ser por escrito, con el nombre y la dirección de la persona que la presenta. La queja debe indicar el problema o la acción alegada como discriminatoria y el remedio o la reparación solicitada.
3. El Coordinador de la Sección 504 (o su designado) llevará a cabo una investigación de la queja. Esta investigación puede ser informal, pero debe ser exhaustiva y brindar a todas las personas interesadas la oportunidad de presentar pruebas relevantes para la queja. El Coordinador de la Sección 504 mantendrá los archivos y registros de Mark Twain Health Care District en relación con dichos reclamos.
4. El Coordinador de la Sección 504 emitirá una decisión por escrito sobre la queja a más tardar 30 días

después de su presentación.

5. La persona que presenta la queja puede apelar la decisión del Coordinador de la Sección 504 escribiendo al Director Ejecutivo del Distrito de Atención Médica de Mark Twain dentro de los 15 días de haber recibido la decisión del Coordinador de la Sección 504.
6. El Director Ejecutivo de Mark Twain Health Care District emitirá una decisión por escrito en respuesta a la apelación a más tardar 30 días después de su presentación.
7. La disponibilidad y el uso de este procedimiento de queja no impide que una persona presente una queja de discriminación por discapacidad con:
  - a. Departamento de Salud y Servicios Humanos de EE. UU.
    - si. Oficina de Derechos Civiles

La Clínica hará los arreglos apropiados para garantizar que las personas discapacitadas reciban otras adaptaciones si es necesario para participar en este proceso de queja. Dichos arreglos pueden incluir, pero no se limitan a, proporcionar intérpretes para sordos, proporcionar casetes de material con cinta adhesiva para ciegos o asegurar una ubicación sin barreras para los procedimientos. El Coordinador de la Sección 504 será responsable de tales arreglos.

8. En el evento que su queja no sea resuelta con el Centro de Valley Springs Health & Wellness, usted puede someter una queja con nuestra acreditación, The Compliance Team, Inc. vía su sitio web [www.thecomplianceteam.org](http://www.thecomplianceteam.org) o por teléfono al 1-888-291-5353.

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

POLICY: Section 504 Notice Of Program Accessibility	REVIEWED: 11/8/18; 10/14/20; 8/25/21; <u>9/6/22</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>9/29/219/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Section 504 Notice of Program Accessibility

**Objective:**

The Clinic will post a Section 504 Notice of Program Accessibility in the Clinic waiting area. Such notice will state:

The regulation implementing Section 504 requires that an agency/facility "*...adopt and implement procedures to ensure that interested persons, including persons with impaired vision or hearing, can obtain information as to the existence and location of services, activities, and facilities that are accessible to and usable by disabled persons.*" **(45 C.F.R. §84.22(f))**

The Clinic and all of its programs and activities are accessible to and useable by disabled persons, including persons who are deaf, hard of hearing, or blind, or who have other sensory impairments. Access features include:

- Convenient off-street parking designated specifically for disabled persons.
- Curb cuts and ramps between parking areas and buildings.
- Level access into first floor level.
- Fully accessible offices, meeting rooms, bathrooms, public waiting areas, patient treatment areas, including examining rooms.
- A full range of assistive and communication aids provided to persons who are deaf, hard of hearing, or blind, or with other sensory impairments. There is no additional charge for such aids. Some of these aids include:
  - Qualified sign language interpreters for persons who are deaf or hard of hearing.
  - A twenty-four hour (24) telecommunication device (TTY/TDD) which can connect the caller to all extensions within the facility and/or portable (TTY/TDD) units, for use by persons who are deaf, hard of hearing, or speech impaired.
  - Readers and taped material for the blind and large print materials for the visually impaired.
  - Flash Cards, Alphabet boards and other communication boards.
  - Assistive devices for persons with impaired manual skills.

If you require any of the aids listed above, please let the receptionist or your medical assistant know.

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

POLICY: Section 504 Notice Of Program Accessibility Spanish	REVIEWED: 11/8/18; 10/14/20; 8/25/21; <u>9/06/22</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>9/29/21/28/22</u>	MEDICAL DIRECTOR:

**Asunto:** Sección 504 Aviso de Accesibilidad del Programa

**Objetivo:**

La Clínica publicará un Aviso de Accesibilidad del Programa de la Sección 504 en el área de espera de la Clínica. Dicho aviso indicará:

El reglamento que implementa la Sección 504 requiere que una agencia/instalación "...adopte e implemente procedimientos para garantizar que las personas interesadas, incluidas las personas con problemas de visión o audición, puedan obtener información sobre la existencia y ubicación de los servicios, actividades e instalaciones que son accesibles y utilizable por personas discapacitadas". (45 CFR §84.22(f))

La Clínica y todos sus programas y actividades son accesibles y utilizables por personas discapacitadas, incluidas las personas sordas, con problemas de audición o ciegas, o que tienen otros impedimentos sensoriales. Las funciones de acceso incluyen:

- Práctico estacionamiento fuera de la calle designado específicamente para personas discapacitadas.
- Cortes de acera y rampas entre áreas de estacionamiento y edificios.
- Nivel de acceso al nivel del primer piso.
- Oficinas, salas de reuniones, baños, áreas de espera públicas, áreas de tratamiento de pacientes, incluidas las salas de examen, totalmente accesibles.
- Una gama completa de ayudas de asistencia y comunicación proporcionadas a personas sordas, con problemas de audición o ciegas, o con otros impedimentos sensoriales. No hay cargo adicional por dichas ayudas.

Algunas de estas ayudas incluyen:

- o Intérpretes calificados de lenguaje de señas para personas sordas o con dificultades auditivas.
  - o Un dispositivo de telecomunicaciones (TTY/TDD) de veinticuatro horas (24) que puede conectar a la persona que llama a todas las extensiones dentro de las instalaciones y/o unidades portátiles (TTY/TDD), para uso de personas sordas, con problemas de audición, o dificultad para hablar.
  - o Libros de lectura y material grabado para ciegos y materiales con letra grande para personas con problemas de visión.
  - o Flash Cards, tableros del alfabeto y otros tableros de comunicación.
  - o Dispositivos de asistencia para personas con discapacidad manual.
- Si necesita alguna de las ayudas enumeradas anteriormente, informe a la recepcionista o a su asistente médico.

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

POLICY: Shelter in Place for Patients and Staff	REVIEWED: 8/30/19; 2/25/20; 6/07/21; <u>9/6/22</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR

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

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

**Response Rating:**

**Required Equipment:**

**Procedure**

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



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

POLICY: Standardized Procedure for Employee Influenza Vaccine Administration	REVIEWED: 10/09/2020; 8/25/21; <u>9/6/22</u>
SECTION:	REVISED:
EFFECTIVE: <u>9/29/21</u> <del>9/28/22</del>	MEDICAL DIRECTOR:

**Subject:**

**Objective:** To reduce morbidity and mortality from seasonal influenza by vaccinating all employees who meet the criteria established by the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices.

**Response Rating:** Under these standing orders, eligible RNs and Medical Assistants allowed by state law and who have demonstrated competence in administration of routine immunizations, may vaccinate patients who meet any of the criteria below.

**Required Equipment:**

**Procedure:**

1. Identify adult employees in need of influenza vaccination based on meeting any of the following criteria:

- a. Want to reduce the risk of becoming ill with influenza or of transmitting it to others
- b. Age 18 years or older
- c. Having any of the following conditions: chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immuno- suppression, including that caused by medications or HIV
- d. Being pregnant during the influenza season
- e. All healthcare personnel
- g. All adults who are household contacts, caregivers, or workplace contacts of persons listed in category 1.c.

2. Screen all persons for contraindications and precautions to influenza vaccine prior to administration:

- a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

For a list of vaccine components, go to:

[www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf](http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/B/excipient-table-2.pdf).

- b. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant or who has any of the conditions described in 1.c. or 1.d. above.
  - c. Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation
3. Provide all vaccine recipients with a copy of the most current federal Vaccine Information Statement (VIS). You must document on the office log and if requested, the employee's medical record, the publication date of the VIS and the date it was given. Provide non-English speaking persons with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).
  4. Provide all influenza vaccine recipients with a vaccine consent form to read and sign prior to administration.
  5. Administer inactivated influenza vaccine IM per manufacturer guidelines.
  6. Document each employee's vaccine administration information on the **consent and Employee flu shot log**:
    - a. Medical chart: If the employee has a medical record with the clinic, it is ok to chart the vaccination in their medical record as historical, or record the reason(s) for non-receipt of the vaccine (e.g., medical contraindication, patient refusal).
    - b. Personal immunization record card: It is OK to record the date of vaccination and the name/location of the administering clinic on the patient's record, or to document the vaccine in RIDE.
  7. Maintain a log of Immunizations given per unit guidelines. All Medical Records, including vaccine logs, visit notes, and consents are maintained by the VSHWC guidelines.
  8. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.
  9. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

This policy and procedure shall remain in effect for all patients of the Valley Springs Health & Wellness Center for 1 year or until rescinded.

Medical Director's signature: Dr. Randy Smart

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library ~~8/25/2021~~9/28/22.

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

POLICY: Unscheduled Downtime of Electronic Medical Record	REVIEWED: 3/1/19; 11/23/20; 8/25/21; <u>9/6/22</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>9/29/21/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Unscheduled Downtime of Electronic Medical Record

**Objective:** To ensure documentation of patient care in the event of an unscheduled disruption of access to the Electronic Medical Record (EMR), practitioners and staff will document patient care using approved downtime paper forms.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Procedure:**

1. In the event of an unscheduled disruption of access to the Electronic Medical Record, approved downtime paper forms will be utilized to document patient care.
2. Clinic Leadership or designee will report the service disruption to IT Department and/or the EMR vendor.
3. Approved downtime paper forms (including administrative and patient care documentation) will be maintained in a central location in a binder marked "Downtime Forms" as well as in an online shared folder labeled Forms.
4. Clinic Leadership or designee will access the paper forms, making sufficient copies of the appropriate documents to accommodate patients currently being examined/treated and those scheduled to be seen in the Clinic through the balance of the Clinic day.
5. Paper forms will be utilized to capture patient demographics and payor information required to successfully complete patient intake.
6. Paper forms will be provided to all practitioners and will be marked with the patient's name, birth date, medical record number (if available), and visit date.

7. Patients requesting appointments will be listed, along with their phone number and the purpose of the visit/visit type. After the system has been restored, patients on the list will be contacted and appointments scheduled in the Electronic Medical Record scheduling application.
8. When access to the Electronic Medical Record is restored, completed paper documents will be scanned into the electronic chart.
9. After confirming the scanned documents have been placed appropriately in the Electronic Medical Record, the paper forms will be collected and given to the Administrative Medical Assistant so that they may be used to create claims. Once all claims have been created and submitted to the proper payor, they will be destroyed to protect patient privacy.

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

POLICY: Waste, Fraud, and Abuse	REVIEWED: 11/9/18; 10/14/20; 8/2/21: <u>9/6/22</u>
SECTION: District	REVISED:
EFFECTIVE: <u>8/29/219/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Prevention, Detection, and Reporting of Waste, Fraud, and Abuse

**Objective:** The Clinic will utilize ethical and conscientious practices in the care of patients, use of clinic resources, in documentation and billing practices.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

Fraud: wrongful or criminal deception intended to result in financial or personal gain.

Abuse: practices that, either directly or indirectly, result in unnecessary costs to the health insurance program. includes any practice that is not consistent with the goals of providing patients with services that are medically necessary, meet professionally recognized standards, and are priced fairly.

False claim: overcharging or selling substandard goods and/or services

Kick-Back: pay, solicit, or receive remuneration (payment) directly or indirectly to induce or reward referrals of items or services reimbursable by a health care program.

Physician Self-Referral: physicians are prohibited from making a referral for certain designated health services to an entity in which the physician or a member of their immediate family has an ownership/investment interest or with which they have a compensation arrangement unless a specific exception applies.

Identity theft: the appropriation or misuse of a patient’s or [provider’s] unique medical identifying information to obtain or bill public or private payers for fraudulent medical goods or services.

**Procedure:**

1. The following actions, considered fraud, are forbidden by employees, contractors, and/or vendors of the Clinic:

- A. Knowingly submitting false statements or making misrepresentations of fact to obtain a health care payment for which no entitlement would otherwise exist
  - B. Knowingly soliciting, paying, and/or accepting remuneration to induce or reward referrals for items or services for which reimbursement is received
  - C. Making prohibited referrals for certain designated health services as defined by Medicare (CMS).
  - D. Knowingly bill for services not furnished supplies not provided or both
  - E. Falsifying records that show delivery of services or supplies that were not provided
  - F. Billing Medicare for appointments that patients did not keep
  - G. Knowingly billing for services at a level of complexity higher than the service actually provided or documented in the medical record
2. The following actions, considered abuse are forbidden by employees, contractors, and/or vendors of the Clinic:
- A. Billing for services that were not medically necessary
  - B. Charging excessively for service or supplies
  - C. Misusing codes on a claim, such as upcoding or unbundling codes
3. Fraud and abuse expose personnel to criminal and civil liability.
4. Federal laws, including the False Claims Act, Anti-Kickback Statute, Physician Self-Referral Law (Stark Law), the Criminal Health Care Fraud statute, Social Security Act and United States Criminal Code govern Medicare and Medicaid (Medi-Cal) fraud and abuse.
5. Scheduled and random audits of billing practices will be performed and documented.
- A. The Chief Compliance Officer (the District Executive Director) and the Medical Director will ensure billing audits are performed and resulting documentation reviewed and discussed during the course of regularly scheduled Quality Assurance Performance Improvement meetings.
6. In addition to billing practice audits, personnel are encouraged to report any concerns regarding waste, fraud, and/or abuse to the Compliance Officer.

7. Reports of suspected waste, fraud, and/or abuse will be thoroughly investigated utilizing Clinic resources, vendors, consultants, or other qualified persons or entities.
  - A. Written documentation including the medical record.
  - B. Statements from the reporting party, as well as other witnesses.
  - C. Ancillary information from third parties, including but not limited to payors, vendors, billings services.
8. If research identifies that waste, fraud, and/or abuse have occurred, the Compliance Officer will ensure proper consequences are applied, up to and/or including termination and reporting to governing bodies.
9. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports a compliance concern.

Reference:

“Medicare Fraud \*& Abuse, Prevention, Detection, And Reporting”, Medicare Learning Network . Downloaded May 19 from [https://www.cms.gov/Outreach-Education/Medicare-Learning-Network-MLN/MNLProducts/downloads/Fraud\\_and\\_Abuse.pdf](https://www.cms.gov/Outreach-Education/Medicare-Learning-Network-MLN/MNLProducts/downloads/Fraud_and_Abuse.pdf).

“Common Types of Health Care Fraud”, Medicare Learning Network. Downloaded June 2, 2016 from <https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Education/downloads/fwa-factsheet.pdf> .

<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education>

Page Last Modified:

07/22/2020 10:34 AM

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

POLICY: Appointment Rescheduling	REVIEWED: 11/12/18; 10/28/19; 3/5/20;5/29/21; <u>8/30/22</u>
SECTION: Admitting	REVISED: 10/28/19; 3/5/20: <u>8/30/22</u>
EFFECTIVE: <u>7/28/219/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Appointment Rescheduling

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

**Response Rating:**

**Required Equipment:**

**Procedure**

1. The EMR Communicator function will contact medical patients who have missed their scheduled appointment, if the patient has provided a telephone number.
  2. Dental department staff designated will contact dental patients who have missed their scheduled appointment, if the patient has provided a telephone number.
  3. ~~A list of patients who fail to keep their scheduled appointments will be given to the practitioner with whom the patient had the appointment.~~
  4. ~~The practitioner will review the patient's EMR and indicate how/if they would like the patient to be contacted by staff to reschedule.~~
  5. ~~The patient's EMR will be marked NO SHOW for the missed appointment. The practitioner's instructions for staff follow-up will be noted in the medical record.~~
  6. When directed, the designated staff member will contact the patient by telephone and offer alternate appointment dates and times, explaining why the follow-up is necessary per guidance from the practitioner.
- ~~1. 76. If unable to reach the patient by telephone, the designated staff member will contact the patient by mail and request they contact the office, either by coming in or calling to reschedule. Correspondence will include the reason for the patient's appointment that was missed. Daily staff will identify patients in "no show" status and contact the patient to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, staff will make one additional~~



attempt within seven days, documenting both attempts. If the patient condition warrants, staff may send a message through the patient portal.

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

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

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

POLICY: Autoclave Use And Maintenance	REVIEWED: 10/1/19; 9/09/20; 8/2/21: <u>10/17/22</u>
SECTION: Infection Control	REVISED: 9/09/20: <u>10/17/22</u>
EFFECTIVE: <del>08/25/2021</del> <u>10/26/22</u>	MEDICAL DIRECTOR:

**Subject:** Autoclave Use and Maintenance

**Objective:** To safely sterilize, by steam, instruments and other utensils, and to ensure integrity of the sterilization procedure. No cold sterilization will be utilized at this facility.

**Response Rating:** Mandatory

**Required Equipment:** Autoclave, sterilization pouches (assorted sizes), biological indicator strips

**Procedure:**

1. All instruments, equipment and medicine cups for laceration trays or I&D trays should be scrubbed with approved enzymatic cleaner only.
  - a. Hinged implements will be cleaned in the open position.
2. After cleaning the instruments, they are placed in approved disinfectant for 20 minutes and then one minute in lubricant.
  - a. Hinged implements will be disinfected in the open position.
  - b. Dental instruments will be placed in the Midmark Ultrasonic per manufacturer instructions
3. Allow instruments to air dry.
  - a. Hinged implements will dry in the open position.
4. Instruments will be placed into sterilization pouches.
  - a. ~~a.~~ Hinged implements will be placed into sterilization pouches in the open position.
  - b. A biological Indicator strip will be placed in the center of each pouch with the implement.
5. Packets will be labeled with name of instrument and date of sterilization.
- ~~6.~~ Place packets on shelf in autoclave. DO NOT STACK ITEMS.

Formatted: Font: (Default) Calibri, 12 pt

Formatted: List Paragraph, Numbered + Level: 2 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at: 0.75"

Formatted: Font: (Default) Calibri, 12 pt

76. Select and press appropriate preprogrammed button.

8. Place spore tests in opposite corners (rotating) of the autoclave with each sterilization load. For Dental, the 2 spore tests are to be placed in opposite corners (rotating) of the autoclave with the first load of the day, but all following batches will still be documented.

87. Press the start button.

98. Record autoclave load on the autoclave log. Medical and Dental Departments will maintain separate load logs.

### Autoclave Maintenance

#### Weekly:

1. Clean external surfaces with a soft dry cloth and occasionally with a damp cloth and mild detergent.
2. Wipe internal surfaces with damp cloth.
3. Drain water from reservoir using drain tube on front of unit. Drain into large basin.
4. Using Speed-Clean Autoclave Cleaner and distilled water, wash inside of chamber, trays, door, door gasket, and door gasket mating surface. Examine door gasket for possible damage that could prevent a good sealing surface.
5. Refill reservoir with clean distilled water.

Record cleaning on Autoclave Log. Medical and Dental Departments will maintain separate maintenance and cleaning logs.

6.

#### Monthly:

1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.
2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.
3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one unwrapped cycle.
4. Drain reservoir and allow unit to cool.
5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. A small stiff brush will aid procedure.

After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.

6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on end of tray plate and slide assembly of the chamber.
7. Locate chamber filters on bottom and back of chamber. Grasp filter and pull outward while twisting slightly. If necessary a pair of pliers may be used. Filter may be cleaned with mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. If cleansing methods do not effectively clean the filter, replacement may be necessary. Reinstall filters by pressing inward and twisting slightly.
8. DO NOT OPERATE UNIT WITHOUT FILTERS.
9. Wipe off all trays, tray rack, and tray plate. Reinstall assembly by placing back edge of tray plate in chamber. Pushing downward on top of tray rack, slowly push assembly into chamber.
10. Angles on end of plate must be toward back of chamber to prevent interference with temperature probe in back of chamber.
11. Fill the reservoir with clean distilled water.
12. Sterilizer is now ready for use.
13. Record cleaning on Autoclave Log. Medical and Dental Departments will maintain separate cleaning logs.

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

POLICY: Employee Dress Code Guidelines	REVIEWED: 8/13/2019;5/29/21; <u>8/04/22</u>
SECTION: Workforce	REVISED: 5/29/21; <u>8/30/22</u>
EFFECTIVE: <u>7/28/21</u> <del>9/28/22</del>	MEDICAL DIRECTOR:

**Subject:** Employee Dress Code Guidelines

**Objective:** To provide guidelines for acceptable employee work attire and appearance.

**Response Rating:** All employees.

**Required Equipment:** N/A

**Statement of Policy:**

Dress, grooming and personal cleanliness standards contribute to the morale of all employees and affect the business image we present to patients and visitors. During business hours, employees are expected to present a professional, business-like appearance and to dress according to the requirements of their positions. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstance, employees will not be compensated for their time away from work. Supervisors are responsible for ensuring appearance is appropriate. Supervisors will consider extent of contact with the public, physical requirements of each job and hours of work when interpreting this Policy. The guidelines established for appearance and dress cannot be all inclusive. Consequently, when a decision regarding the appropriateness of work attire is needed, management will decide.

**General guidelines for all staff:**

- ID badges will be issued by the District and should always be visible and positioned at shoulder height, so patients can differentiate between staff and the public. ID badges should be kept clean and nothing may cover the name or photo on the ID badge. ID badges can be worn with a collar clip, breakaway lanyards by exception.
- Clothes should be clean, free from stains, tears and/or excessive wrinkles.
- Hair (including sideburns, mustaches and beards) should be clean, combed and neatly trimmed. Long hair should be tied back or restrained when providing direct patient care.
- Make-up, fragrances and accessories will be worn in moderation.
- Fingernails should be clean and groomed, nail polish without chips, no acrylic nails.
- Fit and length of clothing should look professional and be appropriate for the physical requirements of the employee’s position.
- Appropriate undergarments will always be worn.
- Shoes will be appropriate for the job, low heeled, closed toe (in patient care areas), in good condition and clean/polished.
- Exceptions will be made for Holiday shirts to be worn, per Management discretion, or scheduled “Theme” days (i.e.: Cowboy dress for Rodeo Week) which will be decided by Management.

**Examples of Inappropriate Attire:**

- Shorts, sweats, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.
- Beach thong style sandals, athletic sandals, open toe shoes of any kind while providing direct patient care in a patient care area.
- Visible body piercing (to include ear gauges, tongue bars and nasal piercing) other than earrings (maximum 2)
- Tattoos and body art should be covered as much as possible, no facial or neck tattoos are to be visible. Lewd or explicit markings may not be exposed.
- Unnatural hair colors (i.e., pink, purple, green, etc.).

**Medical Providers and Managers:**

- Providers and Managers may wear business or business casual dress.
- Shoes should be comfortable, closed toe in patient care areas and low heeled.
- A solid color lab coat is optional, but not required.
- Providers may wear solid, coordinating scrubs, pants, and shirts preferably in shades of greens, blues, burgundy, purples, or grays.

**Nurses, Dental Staff (RDA, Hygienists), Medical Assistants, Lab, Phlebotomist and Radiology Staff:**

- Staff may wear solid, coordinating scrubs, pants, and shirts in shades of greens, blues, burgundy, purples, or grays.
- A similar solid color or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe and low heeled.

**Health Information Services/Medical Billing:**

- HIM/Billing staff may wear business or business casual attire.
- HIM/Billing staff may wear solid, coordinating scrubs, pants, and shirts in shades of greens, blues, burgundy, purples, or grays.
- A similar solid color or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe (if working in patient care areas) and low heeled.

---

Print Name

Sign Name

Date

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

POLICY: New Employee Onboarding and Annual Training	REVIEWED: 2/8/20; 12/02/2020; 6/08/21; <u>8/31/22</u>
SECTION: Workforce	REVISED: 12/02/2020; 6/08/21; <u>8/31/22</u>
EFFECTIVE: <u>109/286/22</u>	MEDICAL DIRECTOR:

Formatted: Font color: Red

**Policy:** This policy applies to all employees who were successful in receiving an offer of employment and have accepted it according to the specified protocol. As each new employee is hired to work for the Health Care District, the following items must be completed before the new employee can be put on the schedule. Documentation and training that will be required annually are listed below.

**Objective:** In addition to ensuring that the onboarding process is a positive experience for both the new employee and the organization, onboarding will ensure the organization is compliant with governing Standards. This policy governs the onboarding process and sets roles and responsibilities to ensure all new employees are appropriately oriented and trained. This policy applies to all employees: full time, part time, or per diem.

To ensure that compliance measures are met, this policy governs the process and roles of the District as well as the employee initially and annually basis.

**Procedure:**

A. After the new employee has been offered a job the following items need to be completed and returned to the Human Resources for processing:

1. Resume /CV
2. Current phone number and email
3. A color copy of their CDL or current legal photo identification and -social security card

B. Upon receipt of these items, HR will:

1. Arrange for a background check and urine drug test.
2. Upon successful completion, HR will enter the employee into the payroll system - -
1. 3. HR will provide a copy of the Employee **Personnel** manual (**which includes the Drug-Free Workplace Policy**) and have employee sign receipt of manual form.
4. The background check - will be verified and uploaded.
5. Employee will enter in iSolved Program:
  - a) Direct Deposit
  - b) W-4
  - c) I-9
  - d) Emergency contact information

Formatted: List Paragraph, Indent: Left: 0.5", Hanging: 0.5". Add space between paragraphs of the same style, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0.5" + Indent at:

6. **Medical Insurance Enrollment Packet (if employee qualifies) or waiver will be provided and signed.**  
They will be eligible the 1<sup>st</sup> day of the month after the first 60 days.

Formatted: Font: 12 pt, Font color: Custom Color(RGB(34,34,34))

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 6 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"

5.

Formatted: Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 5 + Alignment: Left + Aligned at: 0.75" + Indent at: 1"

76. New Employee will be introduced to CEO and Medical Director.

~~8.7.~~ The Clinic Manager will be notified that the employee is ready to start work

C. Once the above information is returned, the new employee has been entered into the database, online training will be issued (assignments are made by the Clinic Manager).  
The employee will then be scheduled to start in the clinic by the Clinic Manager.

D. On the 1<sup>st</sup> day, the employee will be provided with a tour of the Clinic, the Manager will collect:

1. Photocopies of all Professional Licenses
2. CPR cards
3. Certificates of Completion
4. Copies of current PPD/TB tests
5. Signed Employee ~~Handbook~~ Personnel Manual acknowledgement
6. Copy of Covid-19 vaccinations with booster (or exemption)

E. The Manager will have employees review and sign copies of:

- ~~1.2.~~ Confidentiality Statement
- ~~2.3.~~ Dress Code
- ~~3.4.~~ Job Description
- ~~4.5.~~ Standards of Conduct
- ~~5.6.~~ Child Abuse Mandated Reporter
- ~~6.7.~~ Elder Abuse Mandated Reporter
- ~~7.8.~~ Hep B Acknowledgement
- ~~8.9.~~ Language Services Form
- ~~9.~~ TB Screening form (if no current PPD is available within the past year)

F. The Manager will Provide:

1. A New Employee Orientation Checklist
2. User-names and passwords for: Initial computer access, email access, AthenaNet and Dentrix, as indicated.
3. A copy of the Org Chart
4. A temporary name badge
5. A door access badge
6. Required keys
7. A Holiday Schedule
8. 401K Information ~~(if employee qualifies) They All employees~~ will be eligible ~~after 90 days~~ immediately.
- ~~9.1.~~ Medical Insurance Enrollment Packet (if employee qualifies) They will be eligible the 1<sup>st</sup> day of the month after the first 60 days.
- ~~10.9.~~ Enrollment for RIDE (if clinical role indicates)
- ~~11.10.~~ HIE access for local hospitals (Dignity, Sutter, Adventist – if clinical role indicates)
- ~~12.11.~~ Competency Checklists - to be completed as they train, then returned to the Manager when completely signed off.

Formatted: Font: 12 pt, Font color: Custom Color(RGB(34,34,34))

Formatted: Normal, Indent: Left: 0.5", No bullets or numbering



G. After all of the above documents have been completed, the Manager will scan them to HR for upload into the payroll system. The Manager will also keep hard copies in the event of downtime, and or audits.

H. The modular training assignment (at minimum) is as follows (additional training courses may be added at the discretion of the Manager or Medical Director, based on Clinic requirements/needs):

- 1) HIPAA Basics
- 2) HazCom, the GHS, and You
- 3) EZIZ Vaccines for Children Requirements (MAs)
- 4) EZIZ Storing Vaccines(MAs)
- 5) EZIZ Refrigerator and Freezer Temperature Logs(MAs)
- 6) EZIZ Monitoring Storage Unit Temperatures(MAs)
- 7) EZIZ Conducting a Vaccine Inventory(MAs)
- 8) EZIZ Preparing Vaccines(MAs)
- 9) EZIZ Administering Vaccines(MAs)
- 10) Policy and Procedure Review and Test
- 11) CHDP Fluoride Varnish Application(MAs and Dental employees)
- 12) MedPro: Medication Waste Stream, OSHA Compliance and Biohazardous Waste Management
- 13) Patient Rights and Responsibilities
- 14) Sensitive Services
- 15) Child, Elder, and Dependent Adult Abuse Reporting
- 16) Mandatory Reporting
- 17) Donning and Doffing PPE
- 18) Infection Control Including Blood Borne Pathogens
- 19) Active Shooter: Surviving an Attack
- 20) Active Shooter and Workplace ~~Violence~~Violence
- 21) Bloodborne Pathogens: The Unexpected Hazard
- 22) Anti-Harassment Training for Employees
- 23) Ethics for Employees
- 24) Waste, Fraud, and Abuse
- ~~25)~~26) [Cybersecurity](#)

**I. Required Annual Training will include:**

- 1) HIPAA Basics
- 2) Infection Control Including Blood Borne Pathogens
- 3) HazCom, the GHS, and You
- 4) Anti-Harassment Training for Employees
- 5) EZIZ Vaccines for Children Requirements(MAs)
- 6) EZIZ Storing Vaccines(MAs)
- 7) EZIZ Refrigerator and Freezer Temperature Logs(MAs)
- 8) EZIZ Monitoring Storage Unit Temperatures(MAs)
- 9) EZIZ Conducting a Vaccine Inventory(MAs)
- 10) EZIZ Preparing Vaccines(MAs)
- 11) EZIZ Administering Vaccines(MAs)

**J. Annual Requirements:**

1. TB Test Results or Waiver (Manager)
2. Fit Testing (Manager)
3. Photocopies of all updated Professional Licenses and/or Certificates of Completion (Manager)
4. CPR (Manager)
5. Annual Competency Checklist
6. OIG (Office of Inspector General) Screening (HR)

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

POLICY: No Show	REVIEWED: 1/28/20; 5/04/21; 5/6/22; <u>8/30/22</u>
SECTION: Admitting	REVISED: 5/04/21; 5/25/22; <u>8/30/22</u>
EFFECTIVE: <u>6/29/22</u> <del>9/28/22</del>	MEDICAL DIRECTOR:

**Subject:** Patient No Show

**Objective:** Management and minimization of patient “no shows” which are defined as appointments not attended without the patient contacting the Clinic to reschedule or cancel the appointment.

**Response Rating:**

**Required Equipment:** None

**Procedure:**

Medical, Behavioral Health and Dental Departments

1. The EMR will contact each patient who is in “no show” status, reminding them they have failed to keep their appointment and directing them to contact the Clinic to reschedule.
2. Daily staff will identify patients in “no show” status and contact the patient to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, staff will make one additional attempt within seven days, documenting both attempts.
3. A monthly “no show” report will be generated after month end and will be forwarded to the CEO for the purpose of inclusion on the Dashboard Report submitted to the Board of Trustees each month.
4. A historical “no show” report will be generated for the most recent six-month period and will be analyzed for the purpose of identifying all patients who are chronically missing their appointments.
5. Patients who chronically miss their appointments (3 or more “no shows” -defined as not attending their appointment without contacting the office to reschedule or cancel, prior to the appointment, preferably over the course of six months) will have a warning letter mailed to the address on file notifying them of the multiple missed appointments.
6. The list will be ~~aggregated~~aggregated, and the Clinic Manager or designee will meet with the patient’s practitioner of record to determine whether the “no show” status of the patient should be addressed with the patient or if there are mitigating circumstances that should be considered.
7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.

No Show  
Policy Number 227

8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.
9. If the patient continues to “no show” and reaches a total of 4 “no shows” over the course of ~~seven~~ six months, the patient will receive a letter advising that ~~after their next “no show”~~ they will only be allowed to schedule same day appointments (Medical/Dental). Behavioral Health patients will have existing appointments canceled and patients will only be allowed to make same day appointments for a six month period. Extenuating circumstances will be reviewed on a case-by-case basis.
10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inability of the practice to manage the patient’s medical diagnoses.

Formatted: Font: Bold

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

POLICY: On-Call Program	REVIEWED: 11/12/18; 2/19/20; 6/07/21; <u>8/31/22</u>
SECTION: Operations	REVISED: 2/19/20; 6/07/21; <u>8/31/22</u>
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** On Call Program

**Objective:** To ensure the development and operation of an after-hours on-call program in compliance with contractual obligations and to meet patient need.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. The Medical Director, with the support of the Clinic Manager will be responsible for establishing the schedule to staff the On-Call Program.
2. Medical staff members (Physicians and Mid-level providers) will participate in the On-Call Program, with staffing determined based first, upon volunteer’s availability; and, then assignments made by the Medical Director to cover any open slots.
3. Maintenance of the calendar is the responsibility of the Medical Director.
  - a. The on-call “shift-day” schedule template will be as follows:
    - i. Monday 1700 – Tuesday 0800
    - ii. Tuesday 1700 – Wednesday 0800
    - iii. Wednesday 1700 – Thursday 0800
    - iv. Thursday 1700 – Friday 0800
    - v. Friday 1700 – Monday 0800

Holiday hours from 0800 – 1700 will be covered by the Provider scheduled for the prior evening through 8am

4. Maintenance of the on-call schedule with the practitioners assigned to each day is the responsibility of the Clinic Manager.

5. A relationship will be established with an answering service vendor who will respond to after-hours calls in the manner outlined by the practice, which may be revised from time to time.
6. Content of the message patients will hear when they contact the clinic after hours is the responsibility of the Clinic Manager, who will ensure the message is current and accurately reflects how the practice wants after hours contacts managed.
  - a. Message content will include:
    - a. Statement that the Clinic is closed
    - b. Statement that the message is available in English and Spanish
    - c. A Reminder that if the patient is calling to report a medical emergency they must hang up and contact 911 immediately
    - d. Statement that Anthem and California Health and Wellness patients may call the appropriate 24-hour Nurses Line for advice
    - e. Options to schedule an appointment by phone, leave a message for someone, or contact the practitioner on-call.
7. Practitioners will be expected to be available to cover the on-call schedule a minimum of one shift/day a month, unless otherwise notified by the Medical Director. The Medical Director will then assign shifts/days; first, on a volunteer basis; and, then as required in rotation to ensure fairness. Holiday shifts/days will be rotated as necessary.
8. Practitioners on-call will be required to respond to patient outreach within a 30-minute timeframe. Compliance will be confirmed by daily reports from the answering service.
9. Practitioners will document their interaction with the patient using the EMR based upon the complexity of care and whether any orders (i.e., medications) are given to ensure the patient's medical record is accurately updated.

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

POLICY: Quality Assurance Guidelines	REVIEWED: 2/1/19; 10/15/19; 11/23/20; 6/07/21; <u>9/6/22</u>
SECTION: Operations	REVISED: 10/15/19; <u>9/6/22</u>
EFFECTIVE: <del>7/28/21</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Quality Assurance Guidelines

**Objective:** To define Clinic Quality Assurance Guidelines for application in the development and management of the Quality Assurance/Performance Improvement Program.

**Response Rating:**

**Required Equipment:** None

**Quality Assurance Definition:**

An ongoing process designed to objectively and systematically monitor and evaluate patient services in accordance with established standards, identify and resolve problems and pursue opportunities to improve patient care and outcomes.

**Quality Assurance Objectives:**

- a. Monitor statistics and the utilization of clinic services
- b. Monitor compliance with criteria established for health maintenance and disease specific categories, as well as the correct documentation in the medical record
- c. Recognize system problems
- d. Review protocols and procedures
- e. Provide a mechanism for staff continuing education
- f. Enhance teamwork
- g. Comply with regulating requirements for internal chart review
- h. Ensure correct and complete documentation

**Procedure**

1. Quality Assurance/Peer Review general guidelines
  - a. Review and signing by the supervising Medical Director *within 30 days* of medical records for 10% of patients treated by the mid-level practitioner for whom medication or devices are prescribed or dispensed during the first month and 5% every month thereafter.

- b. Medical chart audits, peer review, Dental and ~~nursing~~ Behavior Health chart audits will be conducted during the month and will be reported to the QAPI Committee during scheduled meetings.
  - c. Charts will be audited for adherence to criteria for conditions treated frequently in the clinic. Criteria will include standards for historical data, physical exam, laboratory procedures, treatment, patient education and follow-up
  - d. Each audit will consist of at least ten charts quarterly
2. Audit Process and Forms
    - a. A review form will be used for each chart.
    - b. When a significant problem is noted in the review (i.e. failure to follow up an abnormal lab result or acute illness), the Medical Director will be notified and responsible for assuring that follow-up is carried out.
    - c. Charts that do not require active follow-up (i.e. missing historical data) will be given to the Clinic staff for completion.
    - d. All chart reviews, quality issues, problems, changes made and follow-up will be documented in the minutes of the QAPI meetings.
    - e. Nursing audit data will be given to the staff for follow-up and completion.
3. Criteria Development
    - a. Criteria for both audits will be based on current medical practice, professional organization recommendations, regulatory standards, and Clinic policy.
    - b. Criteria shall reflect accepted standards for care and cost effective practice.
    - c. Criteria shall be reviewed at least annually by the Medical Director and the Quality Assurance Committee. It will be updated and /or modified as necessary.
4. Staff meetings, missed appointments, pharmacy outdates
    - a. To assure that quality care is provided, the Clinic staff members shall participate in staff meetings at least monthly.
    - b. The front office personnel will carry out the policy for missed appointments daily.
    - c. Pharmacy outdates will be checked monthly as outlined.



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

POLICY: Sterile Shelf Life	REVIEWED: 2/1/19; 12/31/20; 9/29/21; <u>10/03/22</u>
SECTION: Operations	REVISED: <u>10/03/22</u>
EFFECTIVE: <del>10/27/21</del> <u>10/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Sterile Shelf Life

**Objective:** To ensure delivery of sterile, quality product for patient care, with sterility being determined by proper sterilization technique and uncompromised package integrity rather than by date on the package. As maintenance of sterility is event related, not time related, all items sterilized are to be labeled “sterile unless package is damaged or opened”. The user will have the ultimate responsibility to examine packaging prior to use to determine the integrity of the packaging.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure**

1. Each sterilized package is to have the ~~name of the contents, the~~ date of sterilization and the sterilizer load number. It will also have the initials of the person who prepared and processed the package and the. ~~No~~ expiration date will be present. See the Sterile Supplies and Instruments Policy for expirations.
2. All items processed for sterilization are to be properly wrapped and processed in such a manner as to provide an effective barrier to microorganisms. Infrequently used items will be packaged in peel pouches. Items that are properly packaged and sterilized from the manufacturer will remain sterile indefinitely unless opened or the integrity of the package is compromised, or will expire by the manufacturer’s expiration date for the package.
3. Packages that contain medications are to have an expiration date that reflects the expiration date of the medication. Materials that deteriorate with the passage of time will have an expiration date.
4. Stock is to be rotated so that it is current and paper wrappers do not age to the point of brittleness. Supplies are to be pulled from the right, front or top of the shelf, depending on how the shelf is arranged and newly processed supplies will be added to the shelf from the left, back or bottom.
5. All packages are to be inspected before use. If the package is torn, wet, has a broken seal or has been damaged in any way, it is to be considered contaminated and reprocessed.

6. Sterile supplies are to be stored in a clean, dust free environment and in a manner that does not aid in the compromise of the packaging of the product.
7. Sterile items will remain unused on the shelf for longer than two (2) years are to be evaluated for continued need for sterile storage. These items will either be removed from sterile storage or reprocessed.
8. Commercially processed supplies are to have a shelf life label indicating the date beyond which the items should not be used. This will generally apply when something in the package may deteriorate with time rather than loss of sterility unless labeled otherwise, or if the package is damaged.

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

POLICY: Universal Precautions	REVIEWED: 3/1/19; 3/5/20; 8/02/21; <u>9/6/22</u>
SECTION: Infection Control	REVISED: 3/5/20; <u>9/6/22</u>
EFFECTIVE: <del>August Board Meeting</del> <u>9/28/22</u>	MEDICAL DIRECTOR:

**Subject:** Universal Precautions

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

**General Guidelines:**

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

Universal Precautions  
Policy Number 229

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

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

**Use and disposal of needles and “sharps”:**

1. Precautions should be taken to prevent accidental injuries with needles, scalpels, or other sharp devices used during procedures, when cleaning reusable instruments, during disposal of needles, or when handling sharp instruments during or after procedures.
2. Contaminated needles and other contaminated “sharps” shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulate by hand.
3. If the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure, the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.
4. After use, needles and syringes, scalpel blades, and other sharp disposable items should be placed in a puncture resistant container for disposal. Reusable “sharps” containers should be sealable, puncture resistant, labeled with a biohazard label and leak proof.
5. All collection containers when filled shall be sealed and put in the appropriate place for disposal. Containers shall be disposed of when  $\frac{3}{4}$  full or every 90 days.
6. Although saliva has not been implicated in the transmission of HIV, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas where the need for resuscitation might arise.

Universal Precautions  
Policy Number 229

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

#### **Sterilization and Disinfection:**

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

#### **Specimens:**

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

#### **Management of Exposures:**

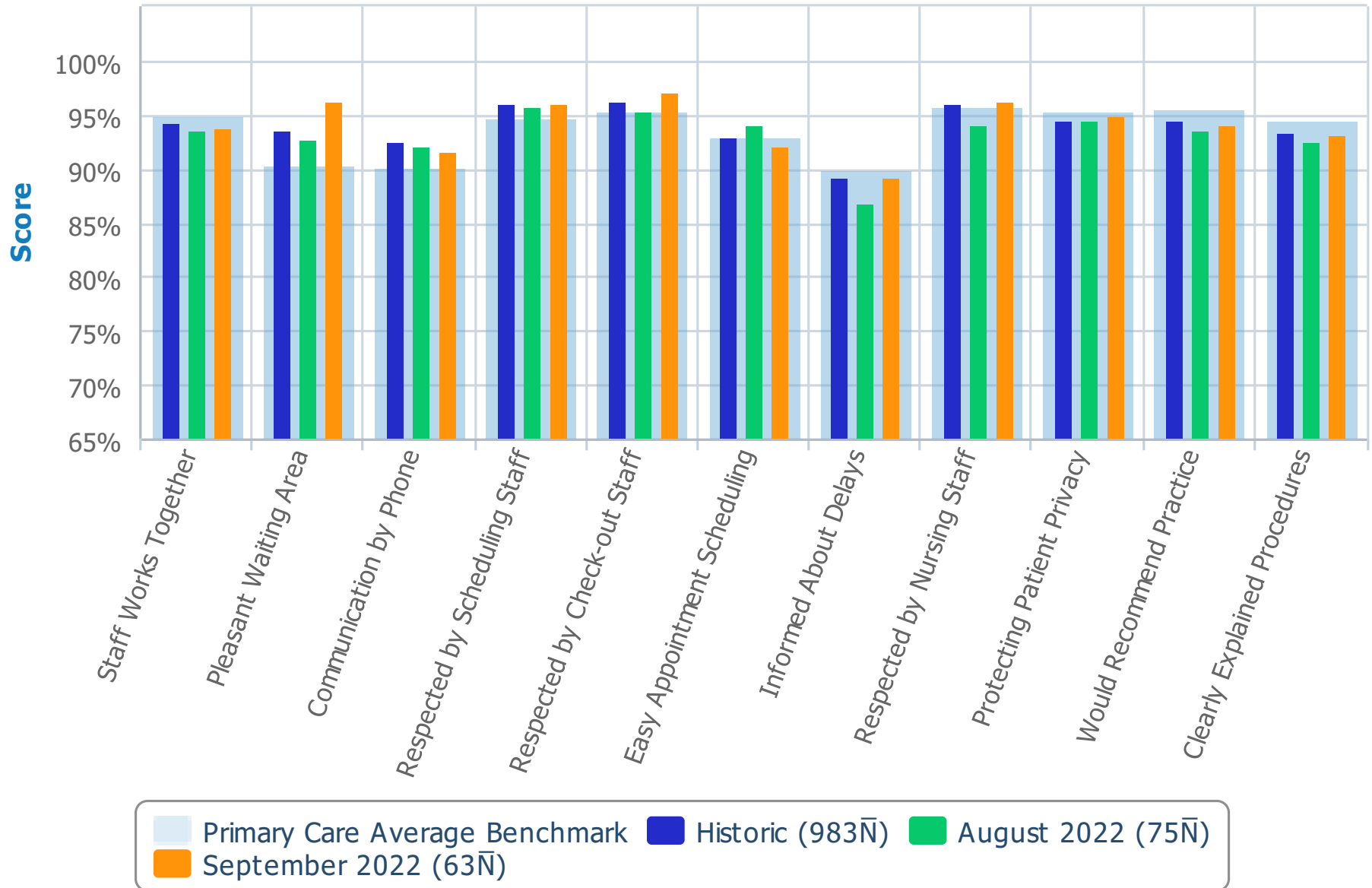
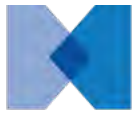
1. An incident must be documented on a Personal Accident/Incident and OSHA 300, 300A, and 301 report forms (see Personal Accident/Incident Policy Exposure Control Policy) in the event there is a:
  - a. Parenteral (e.g. needle stick or cut) or mucous membrane (e.g. splash of the eye or mouth) exposure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

Formatted: Indent: Left: 0", Hanging: 0.5"

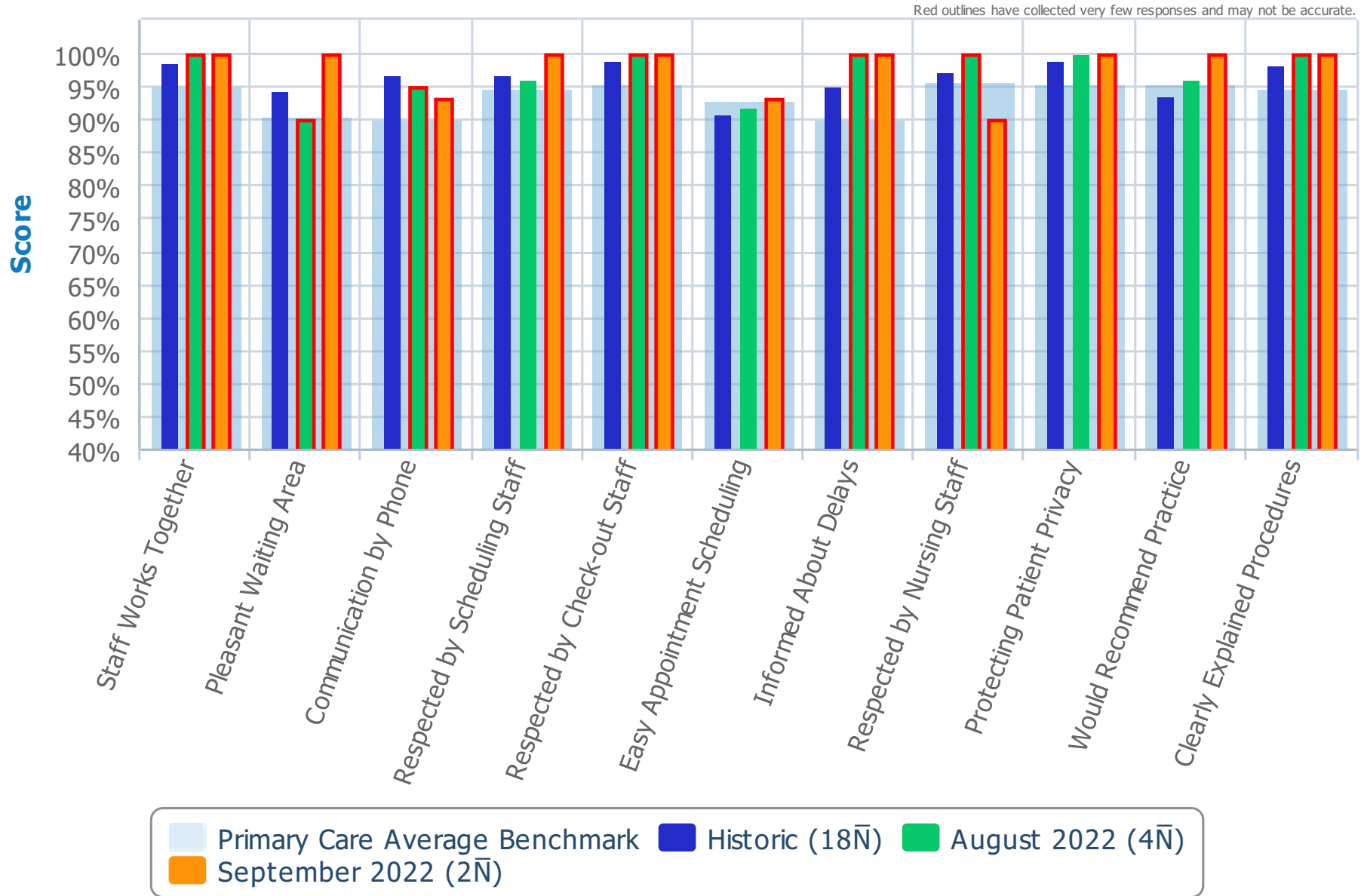
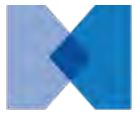
Universal Precautions  
Policy Number 229

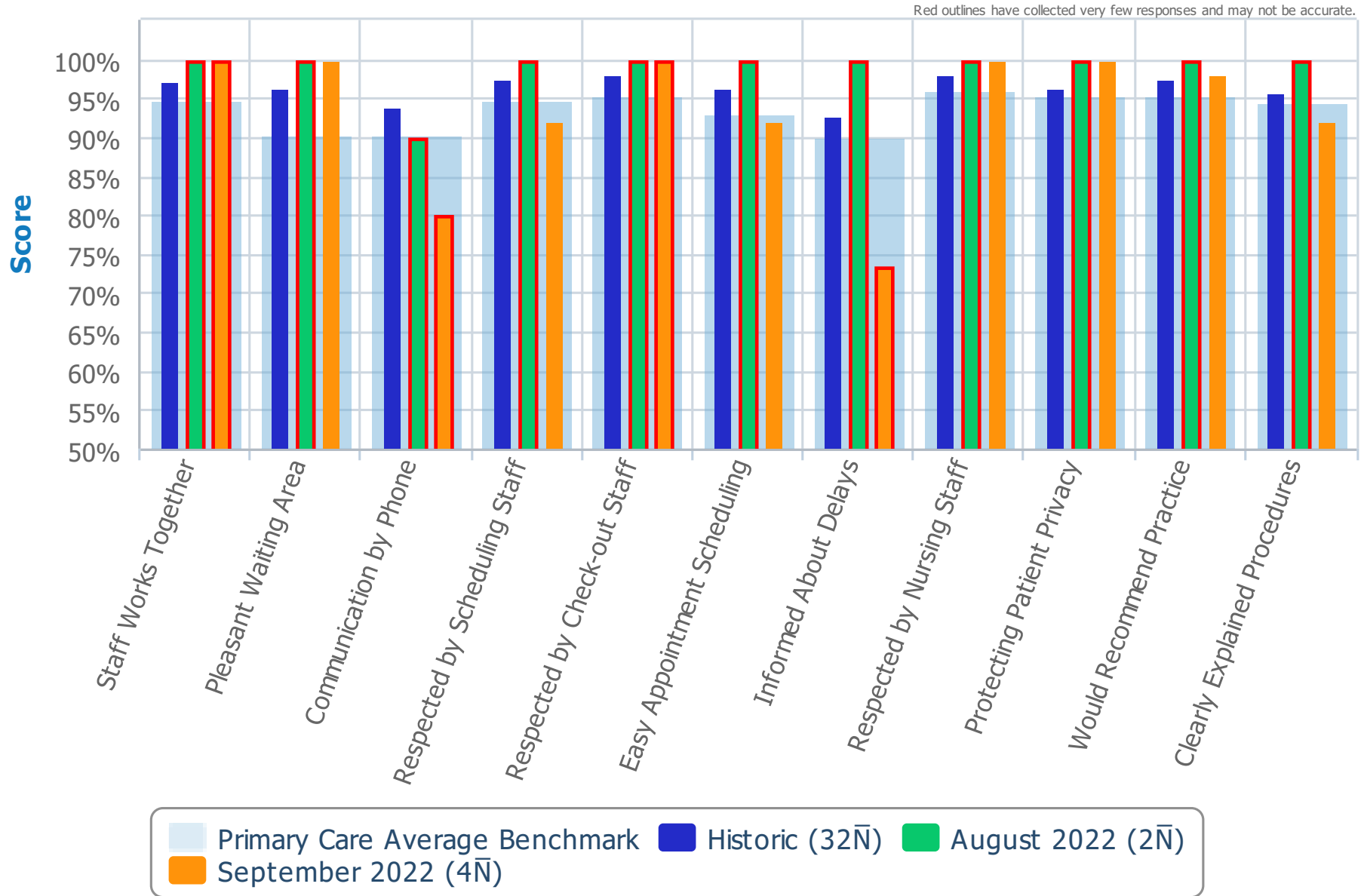
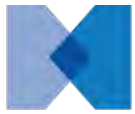
3. If the source refused testing, follow the procedure for an unknown source.
4. If the source is unknown, the employee should be advised to have blood drawn as soon as possible following the incidents and this blood should be tested for HIV, Hepatitis B and C.
5. If on the basis of clinical history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

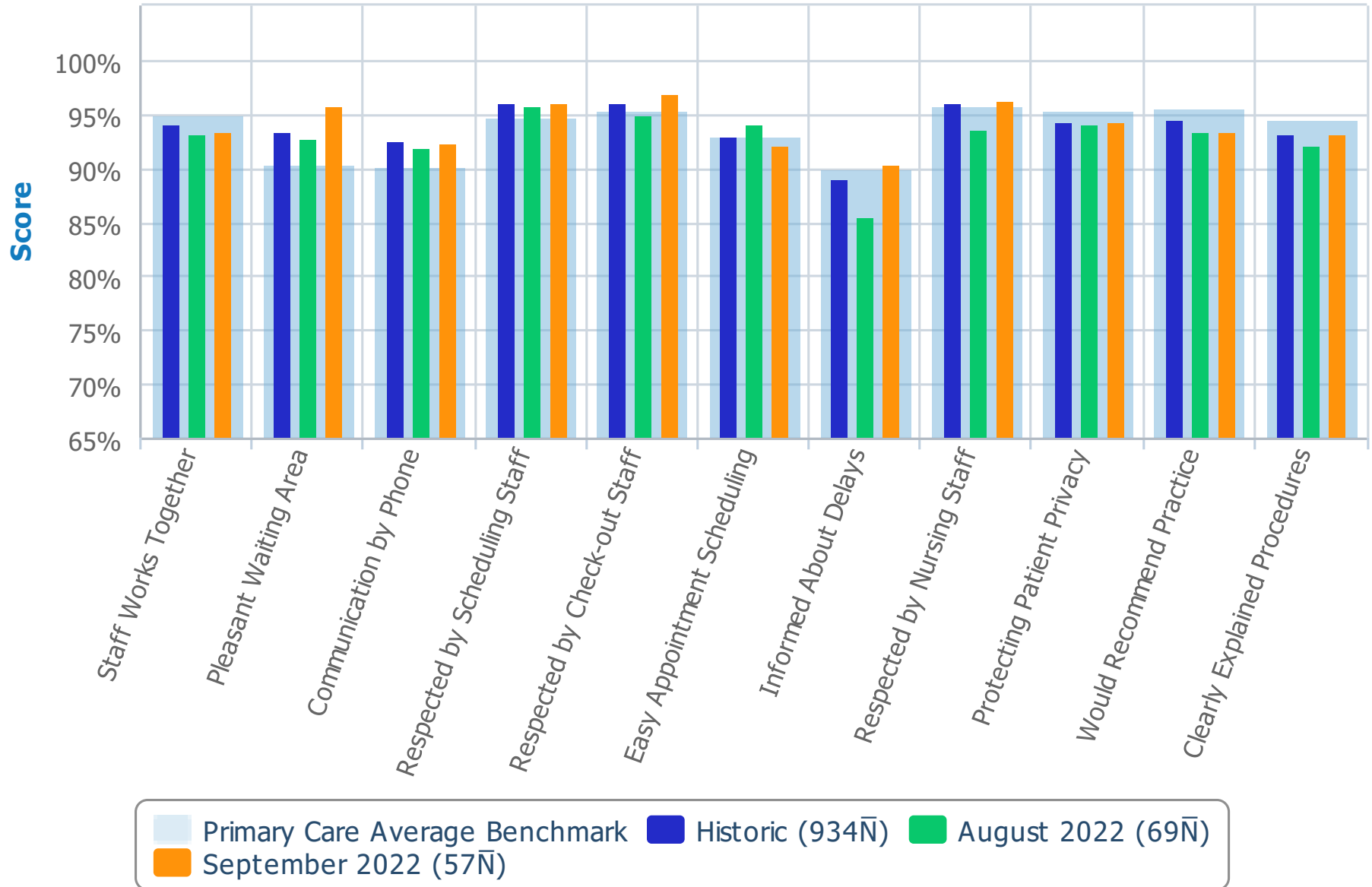
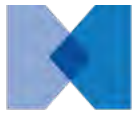
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1															Census	MTD	Fiscal YTD	Historical			
2	Quality Metric'	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Total	Fiscal YTD	Payor Mix	Payor Mix	Payor Mix			(Payor Mix 10/16/19 to present)
3																					
4	Patient Visits Total	1303	1469	1372										4144	4144						
5	Medi-Cal	671	850	787										2308	2308	57%	56%	56%			
6	Medicare	342	357	330										1029	1029	24%	25%	25%			
7	Cash Pay	13	12	15										40	40	1%	1%	1%			
8	Other	277	250	240										767	767	17%	19%	19%			
9																					
10	Pediatrics 0-16 yrs	119	212	190																	
11	Behavioral Health	128	185	148																	
12	Dental	122	141	128																	
13	Medical	934	931	906																	
14																					
15	Total Empanelled Patients	4621	4671	4738																	
16																					
17	Total New Patients SEEN	67	77	77										221							
18																					
19	Total New Pt's REGISTERED	72	92	81										245							
20																					
21	Incident Reports																				
22																					
23	Patient Satisfaction			95%																	
24																					
25	Peer Review/Fallouts			2																	
26																					
27																					
28																					
29	Wait time for appointments			1-2 wks																	
30																					
31	Patient No-shows	135	126	115																	
32																					
33																					
34																					
35																					
36	1=All Financial data in Finance Report																				













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

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

---

**BACKGROUND:**

The August, 2022 Profit & Loss statement is attached for your review and approval.

- The DRAFT June 2022 financial reports are still in DRAFT form until the Audit is complete.
- The annual audit has commenced, and we have been in communication with Mr. Jackson over the past couple weeks, and he has stated he is confident we can have a DRAFT Audit Report for the November Finance Committee and Board Meetings. Traci has begun sending him the additional information he has requested.
- The August 31, 2022 financial reports are attached for your review.
- On the “Rental” page, utilities for the month were very high, which has been a huge topic lately, and is unlikely to come down anytime soon 😞
- Our investment income will start looking significantly better as the higher interest rates start impacting our interest income. This will be realized very quickly with our new investment in the California CLASS program.

	08/31/22	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	1,047,587	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	1,047,587	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(1,260,367)	(8,125,814)	(6,429,672)	(1,123,758)	(35,000)	(537,384)
Total Expenses	(1,260,367)	(8,125,814)	(6,429,672)	(1,123,758)	(35,000)	(537,384)
Surplus(Deficit)	(212,780)	464,116	(526,528)	213,028	(35,000)	812,616
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)				

Mark Twain Health Care District										
Direct Clinic Financial Projections										
		Monthly	Actual	Variance	Variance	Y-T-D	Y-T-D	Variance	Variance	2022/2023
		Budget	Month	\$\$\$	%	Budget	Actual	\$\$\$	%	Budget
4083.49	Urgent care Gross Revenues	491,929	303,722	(188,207)	61.74%	983,857	620,186	(363,671)	63.04%	5,903,144
4083.60	Contractual Adjustments	(127,615)	(153,485)	(25,870)	120.27%	(255,230)	(303,148)	(47,918)	118.77%	(1,531,379)
	Net Patient revenue	364,314	150,237	(214,077)	41.24%	728,628	317,038	(411,589)	43.51%	4,371,765
						0				
4083.90	Flu shot, Lab income, physicals					0				0
4083.91	Medical Records copy fees					0				0
9108.00	Other - Plan Incentives & COVID Relief		-			0	180			0
			0			0	180			0
	<b>Total Other Revenue</b>	<b>364,314</b>	<b>150,237</b>	<b>(214,077)</b>	<b>41.24%</b>	<b>728,628</b>	<b>317,218</b>	<b>(411,409)</b>	<b>43.54%</b>	<b>4,371,765</b>
7083.09	Other salaries and wages	(129,397)	(114,700)	14,697	88.64%	(258,795)	(205,819)	52,976	79.53%	(1,552,769)
7083.10	Payroll taxes	(9,931)	(8,166)	1,766	82.22%	(19,863)	(15,551)	4,311	78.30%	(119,175)
7083.12	Vacation, Holiday and Sick Leave	(7,764)	0	7,764	0.00%	(15,528)	0	15,528	0.00%	(93,166)
7083.13	Group Health & Welfare Insurance	(13,993)	(13,876)	117	99.16%	(27,987)	(29,573)	(1,586)	105.67%	(167,920)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(5,176)	0	5,176	0.00%	(10,352)	0	10,352	0.00%	(62,111)
7083.16	Workers Compensation insurance	(1,294)	0	1,294	0.00%	(2,588)	0	2,588	0.00%	(15,528)
7083.18	Other payroll related benefits					0	0			
	Total taxes and benefits	(38,158)	(22,041)	16,117	57.76%	(76,317)	(45,124)	31,193	59.13%	(457,900)
	<b>Labor related costs</b>	<b>(167,556)</b>	<b>(136,742)</b>	<b>30,814</b>	<b>81.61%</b>	<b>(335,112)</b>	<b>(250,943)</b>	<b>84,169</b>	<b>74.88%</b>	<b>(2,010,669)</b>
7083.05	Marketing	(333)	(725)	(392)	217.50%	0	(1,811)	(1,811)		(4,000)
7083.20.01	Medical - Physicians	(87,680)	(37,885)	49,795	43.21%	(175,359)	(70,946)	104,413	40.46%	(1,052,155)
7083.20.02	Dental - Providers		(15,400)			0	(15,400)			
7083.22	Consulting and Management fees	(1,742)	(1,015)	726	58.30%	(3,483)	(1,152)	2,332	33.06%	(20,900)
7083.23	Legal - Clinic	(833)	(193)	641	23.10%	0	(193)	(193)		(10,000)
7083.25	Registry Nursing personnel									
7083.26	Other contracted services	(15,000)	(22,202)	(7,202)	148.01%	(30,000)	(45,745)	(15,745)	152.48%	(180,000)
7083.29	Other Professional fees	(1,417)	(6,250)	(4,833)	441.18%	(2,833)	(6,250)	(3,417)	220.59%	(17,000)
7083.36	Oxygen and Other Medical Gases	(58)	0	58	0.00%	(117)	0	117	0.00%	(700)
7083.38	Pharmaceuticals	(292)		292	0.00%	(583)	0	583	0.00%	(3,500)
7083.41.01	Other Medical Care Materials and Supplies	(39,917)	(14,795)	25,121	37.07%	(79,833)	(25,360)	54,474	31.77%	(479,000)
7083.41.02	Dental Care Materials and Supplies - Clinic		(2,739)	(2,739)		0	(7,704)	(7,704)		
7083.41.03	Behavior Health Materials		(882)	(882)		0	(933)	(933)		
7083.44	Linens									
7083.48	Instruments and Minor Medical Equipment	(1,754)		1,754	0.00%	(3,508)	0	3,508	0.00%	(21,050)
7083.74	Depreciation - Equipment	(11,446)	0	11,446	0.00%	(22,892)	0	22,892	0.00%	(137,349)
7083.45	Cleaning supplies	(17)		17	0.00%	(33)	0	33	0.00%	(200)
7083.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(833)	0	833	0.00%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(28,807)	(63,379)	(34,572)	220.01%	(57,615)	(126,758)	(69,144)	220.01%	(345,687)
7083.80	Utilities - Electrical, Gas, Water, other	(6,667)	(5,924)	743	88.86%	(13,333)	(14,132)	(798)	105.99%	(80,000)
8870.00	Interest on Debt Service	(22,958)	0	22,958	0.00%	(45,916)	0	45,916	0.00%	(275,495)
7083.43	Food	(108)	0	108	0.00%	(217)	(128)	89	58.85%	(1,300)
7083.46	Office and Administrative supplies	(3,438)	(672)	2,765	19.56%	(6,875)	(1,566)	5,309	22.78%	(41,250)
7083.69	Other purchased services	(2,437)	(690)	1,747	28.33%	(4,874)	(1,527)	3,347	31.33%	(29,246)
7083.81	Insurance - Malpractice	(3,167)	0	3,167	0.00%	(6,333)	0	6,333	0.00%	(38,000)
7083.82	Other Insurance - Clinic	(2,644)	(3,757)	(1,113)	142.10%	(5,288)	(26,474)	(21,186)	500.65%	(31,728)
7083.83	Licenses & Taxes	(442)	0	442	0.00%	(883)	0	883	0.00%	(5,300)
7083.85	Telephone and Communications	(2,333)	(2,272)	61	97.38%	(4,667)	(4,436)	230	95.06%	(28,000)
7083.86	Dues, Subscriptions & Fees	(167)	(4,072)	(3,905)	2443.20%	(333)	(4,997)	(4,664)	1499.10%	(2,000)
7083.87	Outside Training	(783)	(1,500)	(717)	191.49%	(1,567)	(1,500)	67	95.74%	(9,400)
7083.88	Travel costs	(501)	(1,650)	(1,149)	329.45%	(1,002)	(2,177)	(1,175)	217.29%	(6,010)
7083.89	Recruiting	(4,583)	(146)	4,437	3.19%	(9,167)	(212)	8,955	2.31%	(55,000)
8895.00	RoboDoc	(1,030)	0	1,030	0.00%	(2,059)	0	2,059	0.00%	(12,354)
	Non labor expenses	(240,969)	(186,148)	54,821	77.25%	(479,604)	(359,399)	120,205	74.94%	(2,891,624)
	Total Expenses	(408,524)	(322,890)	(85,635)	79.04%	(814,716)	(610,342)	204,373	74.91%	(4,902,293)
	<b>Net Expenses over Revenues</b>	<b>(44,211)</b>	<b>(172,653)</b>	<b>(299,712)</b>	<b>390.52%</b>	<b>(86,088)</b>	<b>(293,124)</b>	<b>(207,036)</b>	<b>340.49%</b>	<b>(530,528)</b>

Mark Twain Health Care District										
Rental Financial Projections		Rental								
		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	90,049	179	100.20%	179,740	180,138	398	100.22%	1078438
	<b>Rent Revenues</b>	89,870	90,049	179	100.20%	179,740	180,138	398	100.22%	1,078,438
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(98,090)	(34,757)	154.88%	(126,667)	(183,137)	(56,470)	144.58%	(760,000)
9520.85	Telephone & Communications	(3,750)	(1,089)	2,661	29.03%	(7,500)	(2,226)	5,274	29.68%	(45,000)
9520.72	Depreciation	(8,777)	(8,956)	(179)	102.04%	(17,554)	(17,952)	(398)	102.27%	(105,322)
9520.82	Insurance									
	Total Costs	(75,860)	(108,135)	(32,275)	142.54%	(151,720)	(203,314)	(51,594)	134.01%	(910,322)
	<b>Net</b>	14,010	(18,086)	(32,095)	-129.09%	28,019	(23,177)	(51,196)	-82.72%	168,116
9260.02	MOB Rents Revenue	18,905	17,973	(932)	95.07%	37,810	35,946	(1,864)	95.07%	226,859
9521.75	MOB rent expenses	(21,336)	(20,882)	455	97.87%	(42,673)	(41,695)	977	97.71%	(256,036)
	<b>Net</b>	(2,431)	(2,909)	(477)	119.64%	(4,863)	(5,750)	(887)	118.24%	(29,177)
9260.03	Child Advocacy Rent revenue	770	773	2	100.31%	1,540	1,545	5	100.31%	9,241
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(400)	0	400	0.00%	(2,400)
	<b>Net</b>	570	773	202	135.51%	1,140	1,545	405	135.51%	6,841
9260.04	Sunrise Pharmacy Revenue	1,854	1,836	(18)	99.03%	0	3,672	3,672	0.00%	22,248
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(400)	0	0	0.00%	(2,400)
	Total Revenues	111,399	110,631	(768)	99.31%	219,090	221,300	2,211	101.01%	1,336,786
	Total Expenses	(97,597)	(129,017)	(31,420)	132.19%	(195,193)	(245,010)	(49,817)	125.52%	(1,171,158)
	<b>Summary Net</b>	13,802	(18,386)	(32,188)	-133.21%	23,897	(23,709)	(47,606)	-99.22%	165,628

Mark Twain Health Care District										
Projects, Grants and Support										
		8/31/2022								
			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)	(14,167)	(783)	(1,779)	2.09%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)					
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)	(5,833)	(783)	(1,779)	5.08%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	<b>Project grants and support</b>		<b>(465,163)</b>	<b>(20,325)</b>	<b>(667,000)</b>	<b>(85,000)</b>	<b>(5,833)</b>	<b>(783)</b>	<b>(1,779)</b>	<b>2.09%</b>



Mark Twain Health Care District										
General Administration Financial Projections										
		Monthly	Actual	Variance	Variance	Y-T-D	Y-T-D	Variance	Variance	2022/2023
		Budget	Month	\$\$\$	%	Budget	Actual	\$\$\$	%	Budget
9060.00	Income, Gains and losses from investments	8,333	26,491	18,157	317.89%	16,667	27,195	10,528	163.17%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	208,333	208,333	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9205.03	Miscellaneous Income (1% Minority Interest)		(10,777)			0	(29,608)			
	<b>Summary Revenues</b>	112,500	119,881	7,381	106.56%	225,000	205,920	(19,080)	91.52%	1,350,000
8610.09	Other salaries and wages	(21,644)	(16,204)	5,440	74.87%	(43,289)	(29,167)	14,121	67.38%	(259,732)
8610.10	Payroll taxes	(1,661)	(693)	968	41.70%	(3,322)	(1,247)	2,075	37.53%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(2,597)	0	2,597	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(2,018)	0	2,018	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	(194)	672	22.39%	(1,732)	(194)	1,538	11.20%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(433)	0	433	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(887)	4,164	17.55%	(10,102)	(1,441)	8,661	14.26%	(60,611)
	<b>Labor Costs</b>	(26,695)	(17,091)	9,605	64.02%	(53,391)	(30,608)	22,782	57.33%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(254)	3,913	6.09%	(8,333)	(288)	8,045	3.45%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(833)	0	833	0.00%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(6,375)	(3,041)	191.24%	(6,667)	(6,276)	391	94.14%	(40,000)
8610.05	Marketing	(667)	(579)	88	86.87%	(1,333)	(2,022)	(688)	151.62%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(333)	0	333	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(392)	442	46.99%	(1,667)	(1,386)	281	83.14%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(833)	0	833	0.00%	(5,000)
8610.69	Other- IT Services	(833)	(783)	50	93.96%	(1,667)	(1,630)	37	97.80%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(2,007)	0	2,007	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(10,000)	(38,928)	(28,928)	389.28%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(205)	462	30.73%	(1,333)	(14,311)	(12,977)	1073.31%	(8,000)
8610.87	Outside Trainings	(417)	(782)	(365)	187.68%	(833)	(3,125)	(2,291)	374.95%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		(123)	(123)		0	(615)	(615)		
8610.90	Other Direct Expenses	(833)	(400)	433	48.00%	(1,667)	(900)	767	54.00%	(10,000)
8610.95	Other Misc. Expenses	-	0			0	0			
	Non-Labor costs	(18,753)	(9,892)	8,862	52.75%	(37,507)	(69,479)	(31,972)	185.24%	(225,041)
	<b>Total Costs</b>	(45,449)	(26,983)	18,466	59.37%	(90,897)	(100,087)	(9,190)	110.11%	(545,384)
	<b>Net</b>	67,051	92,898	25,847	138.55%	134,103	105,833	(28,270)	78.92%	804,616

**Mark Twain Health Care District**  
**Balance Sheet**  
As of August 31, 2022

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	80,443
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	352,720
1001.40 Five Star Bank - MTHCD Checking	338,007
1001.50 Five Star Bank - Money Market	542,322
1001.60 Five Star Bank - VSHWC Checking	145,783
1001.65 Five Star Bank - VSHWC Payroll	90,540
1001.90 US Bank - VSHWC	62,262
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,618,922</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	20,586
<b>Total Accounts Receivable</b>	<b>20,586</b>
<b>Other Current Assets</b>	
1003.30 CalTRUST	4,346,945
1004.10 CLASS	4,423,180
115.05 Due from Calaveras County	1,250,000
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	-396,780
130.30 Prepaid VSHWC	415
<b>Total Other Current Assets</b>	<b>9,629,972</b>
<b>Total Current Assets</b>	<b>11,269,479</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	938,687
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-7,555,689
<b>Total Fixed Assets</b>	<b>7,622,475</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	360,349

180.60 Capitalized Lease Negotiations	319,824
180.65 Capitalized Costs Amortization	12,912
<b>Total Intangible Assets</b>	<b>332,736</b>
2219 Capital Lease	6,069,255
<b>Total Other Assets</b>	<b>6,762,340</b>
<b>TOTAL ASSETS</b>	<b>25,654,295</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	142,210
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>142,210</b>
2001 Other Accounts Payable (CC)	-3,478
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>-3,478</b>
2010.00 USDA Loan Accrued Interest Payable	91,034
2021 Accrued Payroll - Clinic	47,981
2022.00 Accrued Leave Liability	27,902
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	63,939
227 Deferred Revenue	122,371
<b>Total Other Current Liabilities</b>	<b>356,503</b>
<b>Total Current Liabilities</b>	<b>495,235</b>
Long-Term Liabilities	
2128.01 Deferred Capital Lease	744,149
2128.02 Deferred Utilities Reimbursement	1,354,371
2129 Other Third Party Reimbursement - Calaveras County	1,041,667
2210 USDA Loan - VS Clinic	6,691,454
<b>Total Long-Term Liabilities</b>	<b>9,831,641</b>
<b>Total Liabilities</b>	<b>10,326,876</b>
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3900 Retained Earnings	-4,828,589
Net Income	-212,780
<b>Total Equity</b>	<b>15,327,419</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,654,295</b>

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

**Investment & Reserves Report  
31-Aug-22**

Annual

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2022 Balance</b>	<b>2022/2023 Allocated</b>	<b>2022/2023 Interest</b>	<b>8/31/2022 Balance</b>	<b>Funding Goal</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	3,554	893,367	
Capital Improvement Fund	12,000,000	2,436,516	0	9,732	2,446,248	
Technology Reserve Fund	1,000,000	1,003,323	0	4,007	1,007,330	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	4,668	2,412,644	
Loan Reserve Fund	2,000,000	2,006,647	0	3,890	2,010,537	
<b>Reserves &amp; Contingencies</b>	<b>19,600,000</b>	<b>8,744,275</b>	<b>0</b>	<b>25,850</b>	<b>8,770,125</b>	<b>0</b>

<b>Reserves</b>	<b>2022-2023</b>	
	<b>8/31/2022</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve Fund	893,367	3,554
Capital Improvement Fund	2,446,248	9,732
Technology Reserve Fund	1,007,330	4,007
Lease & Contract Reserve Fund	2,412,644	4,668
Loan Reserve Fund	2,010,537	3,890
<b>Total Reserve Funds</b>	<b>8,770,125</b>	<b>25,850</b>

<b>Five Star</b>		
General Operating Fund	218,213	107
Money Market Account	542,322	1,196
Valley Springs - Checking	145,783	18
Valley Springs - Payroll	90,640	16
<b>Total Five Star</b>	<b>996,958</b>	<b>1,337</b>

<b>Umpqua Bank</b>		
Checking	80,443	0
Money Market Account	6,445	0.10
Investments	0	
<b>Total Savings &amp; CD's</b>	<b>86,888</b>	<b>0.10</b>

<b>Bank of Stockton</b>	<b>352,720</b>	<b>8</b>
-------------------------	----------------	----------

<b>Total in interest earning accounts</b>	<b>10,206,691</b>	<b>27,195</b>
---	-------------------	---------------

**Beta Dividends 1 & 2**

**One Time Pay**

**Anthem Rebate**

<b>Total Without Unrealized Loss</b>	<b>27,195</b>
--------------------------------------	---------------

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.



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

**Agenda Item:** **DRAFT Financial Reports (as of September, 2022)**

**Item Type:** **Action**

**Submitted By:** **Rick Wood, Accountant**

**Presented By:** **Rick Wood, Accountant**

---

**BACKGROUND:**

The September, 2022 Profit & Loss statement is attached for your review and approval.

- The DRAFT June 2022 financial reports are still in DRAFT form until the Audit is complete.
- As mentioned with the August financials, the annual audit has commenced, and we have been in communication with Mr. Jackson over the past couple weeks, and he has stated he is confident we can have a DRAFT Audit Report for the November Finance Committee and Board Meetings. Traci has begun sending him the additional information he has requested.
- The September 30, 2022 financial reports are attached for your review.
- I was a little prematurely hopeful our new billing rates would have a bigger impact on the Clinic revenue. I was reminded that “just because our rates went up per visit, doesn’t mean they were paid in the same month”. Guess I need to be more patient.
- On the “Rental” page, utilities for the month continue to be very high 😞
- Our investment income is looking significantly better as the higher interest rates are impacting our interest income. This will be realized very quickly with our investment in the California CLASS program.

	09/30/22	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	1,556,894	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	1,556,894	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(1,887,058)	(8,125,814)	(6,429,672)	(1,123,758)	(35,000)	(537,384)
Total Expenses	(1,887,058)	(8,125,814)	(6,429,672)	(1,123,758)	(35,000)	(537,384)
Surplus(Deficit)	(330,165)	464,116	(526,528)	213,028	(35,000)	812,616
<b>Historical Totals</b>	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						<b>DRAFT</b>
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	(330,165)			



Mark Twain Health Care District											
Rental Financial Projections		Rental									
		9/30/22									
		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	90,010	140	100.16%	269,610	270,148	538	100.20%	1078438	
	<b>Rent Revenues</b>	89,870	90,010	140	100.16%	269,610	270,148	538	100.20%	1,078,438	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(90,535)	(27,201)	142.95%	(190,000)	(273,671)	(83,671)	144.04%	(760,000)	
9520.85	Telephone & Communications	(3,750)	(1,345)	2,405	35.87%	(11,250)	(3,571)	7,679	31.74%	(45,000)	
9520.72	Depreciation	(8,777)	(8,917)	(140)	101.60%	(26,331)	(26,869)	(538)	102.04%	(105,322)	
9520.82	Insurance										
	Total Costs	(75,860)	(100,797)	(24,936)	132.87%	(227,581)	(304,111)	(76,530)	133.63%	(910,322)	
	<b>Net</b>	14,010	(10,787)	(24,796)	-76.99%	42,029	(33,963)	(75,992)	-80.81%	168,116	
9260.02	MOB Rents Revenue	18,905	17,973	(932)	95.07%	56,715	53,918	(2,796)	95.07%	226,859	
9521.75	MOB rent expenses	(21,336)	(20,814)	523	97.55%	(64,009)	(62,509)	1,500	97.66%	(256,036)	
	<b>Net</b>	(2,431)	(2,841)	(409)	116.84%	(7,294)	(8,591)	(1,296)	117.77%	(29,177)	
9260.03	Child Advocacy Rent revenue	770	773	2	100.31%	2,310	2,318	7	100.31%	9,241	
9522.75	Child Advocacy Expenses	(200)	0	200	0.00%	(600)	0	600	0.00%	(2,400)	
	<b>Net</b>	570	773	202	135.51%	1,710	2,318	607	135.51%	6,841	
9260.04	Sunrise Pharmacy Revenue	1,854	1,836	(18)	99.03%	0	5,508	5,508	0.00%	22,248	
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(600)	0	0	0.00%	(2,400)	
	Total Revenues	111,399	110,591	(808)	99.27%	328,635	331,891	3,257	100.99%	1,336,786	
	Total Expenses	(97,597)	(121,610)	(24,014)	124.61%	(292,790)	(366,620)	(73,830)	125.22%	(1,171,158)	
	<b>Summary Net</b>	13,802	(11,019)	(24,821)	-79.84%	35,845	(34,728)	(70,573)	-96.88%	165,628	



Mark Twain Health Care District										
Projects, Grants and Support										
		9/30/2022								
			2019/2020	2020/2021	2021/2022	2022/2023	Month			
			Actual	Actual	Budget	Budget	to-Date	Actual	Actual	Actual
							Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(21,250)	(1,078)	(2,857)	3.36%
8890.00	Community Grants			(3,754)		(50,000)				
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)					
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)	(8,750)	(1,078)	(2,857)	8.16%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	<b>Project grants and support</b>		<b>(465,163)</b>	<b>(20,325)</b>	<b>(667,000)</b>	<b>(85,000)</b>	<b>(8,750)</b>	<b>(1,078)</b>	<b>(2,857)</b>	<b>3.36%</b>

Mark Twain Health Care District										
General Administration Financial Projections										
9/30/22										
		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	16,737	8,404	200.84%	25,000	43,932	18,932	175.73%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	312,500	312,500	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9205.03	Miscellaneous Income (1% Minority Interest)		0			0	(29,608)			
	<b>Summary Revenues</b>	112,500	120,904	8,404	107.47%	337,500	326,824	(10,676)	96.84%	1,350,000
8610.09	Other salaries and wages	(21,644)	(18,498)	3,146	85.46%	(64,933)	(47,665)	17,268	73.41%	(259,732)
8610.10	Payroll taxes	(1,661)	(868)	793	52.27%	(4,984)	(2,115)	2,868	42.45%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(3,896)	0	3,896	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(3,027)	0	3,027	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	0	866	0.00%	(2,597)	(194)	2,403	7.46%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(649)	0	649	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(868)	4,183	17.19%	(15,153)	(2,309)	12,844	15.24%	(60,611)
	<b>Labor Costs</b>	(26,695)	(19,366)	7,329	72.55%	(80,086)	(49,974)	30,111	62.40%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(258)	3,909	6.19%	(12,500)	(546)	11,954	4.37%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(1,250)	0	1,250	0.00%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(3,090)	243	92.70%	(10,000)	(9,366)	634	93.66%	(40,000)
8610.05	Marketing	(667)	(1,113)	(446)	166.89%	(2,000)	(3,134)	(1,134)	156.71%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(500)	0	500	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(55)	779	6.55%	(2,500)	(1,440)	1,060	57.61%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(1,250)	0	1,250	0.00%	(5,000)
8610.69	Other- IT Services	(833)	(1,282)	(448)	153.80%	(2,500)	(2,912)	(412)	116.47%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(3,010)	0	3,010	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(15,000)	(38,928)	(23,928)	259.52%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(25)	642	3.74%	(2,000)	(14,336)	(12,336)	716.79%	(8,000)
8610.87	Outside Trainings	(417)	(5,046)	(4,629)	1210.96%	(1,250)	(8,170)	(6,920)	653.62%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		0	(615)	(615)		
8610.90	Other Direct Expenses	(833)	(500)	333	60.00%	(2,500)	(1,400)	1,100	56.00%	(10,000)
8610.95	Other Misc. Expenses	-	0			0	0			
	Non-Labor costs	(18,753)	(11,367)	7,386	60.62%	(56,260)	(80,847)	(24,586)	143.70%	(225,041)
	<b>Total Costs</b>	(45,449)	(30,734)	14,715	67.62%	(136,346)	(130,821)	5,525	95.95%	(545,384)
	<b>Net</b>	67,051	90,170	23,119	134.48%	201,154	196,003	(5,151)	97.44%	804,616

**Mark Twain Health Care District**  
**Balance Sheet**  
As of September 30, 2022

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	99,113
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	79,272
1001.40 Five Star Bank - MTHCD Checking	112,300
1001.50 Five Star Bank - Money Market	442,833
1001.60 Five Star Bank - VSHWC Checking	129,238
1001.65 Five Star Bank - VSHWC Payroll	52,770
1001.90 US Bank - VSHWC	342,864
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>1,265,236</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	21,096
<b>Total Accounts Receivable</b>	<b>21,096</b>
<b>Other Current Assets</b>	
1003.30 CalTRUST	4,346,280
1004.10 CLASS	4,432,661
115.05 Due from Calaveras County	1,250,000
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	-535,256
130.30 Prepaid VSHWC	415
<b>Total Other Current Assets</b>	<b>9,500,311</b>
<b>Total Current Assets</b>	<b>10,786,642</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	941,377
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-7,619,068
<b>Total Fixed Assets</b>	<b>7,561,786</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	360,349

180.60 Capitalized Lease Negotiations	318,831
180.65 Capitalized Costs Amortization	13,905
<b>Total Intangible Assets</b>	<b>332,737</b>
2219 Capital Lease	6,050,348
<b>Total Other Assets</b>	<b>6,743,434</b>
<b>TOTAL ASSETS</b>	<b>25,091,862</b>
<b>LIABILITIES AND EQUITY</b>	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	171,351
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>171,351</b>
2001 Other Accounts Payable (CC)	-3,478
<b>Total 200.00 Accts Payable &amp; Accrued Expenses</b>	<b>-3,478</b>
2010.00 USDA Loan Accrued Interest Payable	91,034
2021 Accrued Payroll - Clinic	47,981
2022.00 Accrued Leave Liability	27,902
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	67,349
227 Deferred Revenue	122,371
<b>Total Other Current Liabilities</b>	<b>359,913</b>
<b>Total Current Liabilities</b>	<b>527,786</b>
Long-Term Liabilities	
2128.01 Deferred Capital Lease	708,642
2128.02 Deferred Utilities Reimbursement	1,289,878
2129 Other Third Party Reimbursement - Calaveras County	937,500
2210 USDA Loan - VS Clinic	6,418,021
<b>Total Long-Term Liabilities</b>	<b>9,354,041</b>
<b>Total Liabilities</b>	<b>9,881,828</b>
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3900 Retained Earnings	-4,828,589
Net Income	-330,165
<b>Total Equity</b>	<b>15,210,034</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>25,091,862</b>

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

**Investment & Reserves Report  
30-Sep-22**

Annual

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2022 Balance</b>	<b>2022/2023 Allocated</b>	<b>2022/2023 Interest</b>	<b>9/30/2022 Balance</b>	<b>Funding Goal</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	0	3,417	893,230	
Capital Improvement Fund	12,000,000	2,436,516	0	9,358	2,445,874	
Technology Reserve Fund	1,000,000	1,003,323	0	3,853	1,007,176	
Lease & Contract Reserve Fund	2,400,000	2,407,976	0	9,839	2,417,815	
Loan Reserve Fund	2,000,000	2,006,647	0	8,199	2,014,846	
<b>Reserves &amp; Contingencies</b>	<b>19,600,000</b>	<b>8,744,275</b>	<b>0</b>	<b>34,666</b>	<b>8,778,941</b>	<b>0</b>

<b>Reserves</b>	<b>2022-2023</b>	
	<b>9/30/2022</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve Fund	893,230	3,417
Capital Improvement Fund	2,445,874	9,358
Technology Reserve Fund	1,007,176	3,853
Lease & Contract Reserve Fund	2,417,815	9,839
Loan Reserve Fund	2,014,846	8,199
<b>Total Reserve Funds</b>	<b>8,778,941</b>	<b>34,666</b>

<b>Five Star</b>		
General Operating Fund	216,471	130
Money Market Account	442,833	1,707
Valley Springs - Checking	129,238	30
Valley Springs - Payroll	52,870	21
<b>Total Five Star</b>	<b>841,412</b>	<b>1,887</b>

<b>Umpqua Bank</b>		
Checking	99,113	0
Money Market Account	6,445	0.16
Investments	0	
<b>Total Savings &amp; CD's</b>	<b>105,558</b>	<b>0.16</b>

<b>Bank of Stockton</b>	<b>79,272</b>	<b>10</b>
-------------------------	---------------	-----------

<b>Total in interest earning accounts</b>	<b>9,805,183</b>	<b>36,564</b>
---	------------------	---------------

<b>Beta Dividends 1 &amp; 2</b>		<b>3,138</b>
---------------------------------	--	--------------

<b>One Time Pay</b>		
---------------------	--	--

<b>Anthem Rebate</b>		<b>4,230</b>
----------------------	--	--------------

<b>Total Without Unrealized Loss</b>		<b>43,932</b>
--------------------------------------	--	---------------

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.