



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**

**Wed. August 25, 2021  
9:00 am**

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

## **Agenda**

### Mark Twain Health Care District Mission Statement

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

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

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

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

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

**A. Un-Approved Minutes:**

- Un-Approved Special Finance Committee Meeting Minutes for July 21, 2021
- Un-Approved Special Board Meeting Minutes for July 28, 2021.

**B. Correspondence:**

- (\$328k) Gift to MTMC Agreement 7-29-2021 - Project TBD

**6. MTHCD Reports:**

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

- Association of California Health Care Districts (ACHD):
  - ACHD August 2021 Advocate:
    - ✓ Annual Meeting: Recover, Refocus & Adapt (Sept. 22-24) Olympic Valley, CA
  - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:....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

- Strategic Planning:
- District Projects Matrix – Monthly Report:
- COVID Vaccine Outreach:
- Grant Schedule:

- Valley Springs Health & Wellness Center:
  - VS H&W Center – Policies and Forms: Public Comment – **Action**
    - Staffing Changes:
    - Policies for Aug 2021 - Valley Springs Health & Wellness Center: Punctuation & Grammar Changes – Please Submit to District Office Staff.

**REVISED POLICIES**

- Flat Rate Fee Program
- Reference Resources
- Registration Of Established Patient
- Registration of New Patient
- BI-ANNUAL REVIEW POLICIES
- Age Restriction
- Autoclave Spore Testing
- Autoclave Use And Maintenance
- Auxiliary Aids and Services for Persons with Disabilities
- Business Hours
- Cash On Hand Management
- Communicable Disease Reporting
- Dental Emergencies
- Dissemination of Non-Discrimination Policy
- Litigation (Potential)
- Marketing
- Medi-Cal Eligibility Verification
- Medical Records Forms and Fees
- Medication, Supply, And Equipment Recalls/Warnings
- Patient Rights and Responsibilities Statement
- Peer Review
- Preventative Maintenance Inspections
- Radiology Safety
- Retention Of Records
- Return to Work – Clinic Personnel
- Security And Retention of Medical Records
- Universal Precautions
- Waste, Fraud, and Abuse

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

- Quality – July 2021:
- MedStatix:

F. **Stay Vertical Calaveras:**.....Mr. Shetzline

7. **Committee Reports:**

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

- Financial Statements – July 2021: Public Comment – **Action**.....Mr. Wood

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

- **Resolution 2021-04 - MTHCD Board Policies:**
  - Policies Posted 7-28-2021: Public Comment – **Action**
    - District Policy # 10 - Conduct of Meetings:
    - District Policy # 11 - Minutes, Resolutions and Closed Session Minutes:
    - District Policy # 23 - Request for Public Funds, Community Grants/Sponsorships:
- **Resolution 2021-07 – MTHCD Board Policies (30-day Notice)**
  - District Policy # 8 - Board Meeting Agenda
  - District Policy # 9 - Add to Policy # 8 then Retire
  - District Policy # 12 - Conflict of Interest Code & Ethics:
  - District Policy # 13 - Appointments to the District Board:
  - District Policy # 14 – Conduct Related to Elections:

C. **Ad Hoc Personnel Committee:** .....Ms. Reed

D. **Ad Hoc Grants Committee:**..... Ms. Sellick

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

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

- Calaveras Grown Farmers Market (Gov. Center) Opens in June each Thurs. 4-6 pm: Let Staff know when you can volunteer.

9. **Next Meeting:**

A. The next meeting has been changed to be Wednesday September 29, 2021 at 9am.

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

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

**Topic: August 25, 2021 MTHCD Board Meeting**

**Time: Aug 25, 2021 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/84896924474?pwd=N0hzbkl4WGw5TEgrbFFXK2NER3QxUT09>**

**Meeting ID: 848 9692 4474**

**Passcode: 587207**

**One tap mobile**

**+16699006833,,84896924474#,,,,\*587207# US (San Jose)**

**+12532158782,,84896924474#,,,,\*587207# US (Tacoma)**

**Dial by your location**

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

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

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

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

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

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

**Meeting ID: 848 9692 4474**

**Passcode: 587207**

**Find your local number: <https://us02web.zoom.us/u/ktqbuDg71>**

- 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 – Aug. 25, 2021 MTHCD Board Meeting



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

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

9:00 am  
 Wednesday July 21, 2021

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

**Un- Approved Minutes**

Mark Twain Health Care District Mission Statement

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

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

Meeting called to order by Ms. Hack at 9:00am.

**2. Roll Call:**

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

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 21, 2021 MTHCD Finance Committee Meeting

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

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

Hearing None

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

**A. Un-Approved Minutes:**

- Finance Committee Meeting Minutes for June 8, 2021:

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

**Dr. Smart:** The insurance rates for the upcoming year have increased due to Fires/Riots/COVID-19. Currently working on securing lower rates.

Two resolutions will be presented at the Board Meeting next week.

1) Copperopolis Clinic Funding

2) 3<sup>rd</sup> Foundation Grant \$328,000.

Need to commit the money before July 31, 2021

- Grant Summary:

Grant Summary Chart Handout

**7. Real Estate Review:**

**Mr. Randolph:** Parcel 1/6 (2.25 acres) received an updated Title Report. Restrictions on the deed regarding parcel leasing maybe available to lease to non-medical tenant. Checking into zoning restrictions.

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 21, 2021 MTHCD Finance Committee Meeting

8. **Accountant's Report:** Public Comment - **Action**

- June 2021 Financials Will Be Presented to The Committee:

**Mr. Wood:** The June 2021 financials will remain in DRAFT form until the Audit is completed later this year. The Balance Sheet shows a strong cash position.

- Annual Audit – July 1, 2020 – June 30, 2021 Update:

**Mr. Wood:** June 2021 Audit is in DRAFT form. Currently making sure all expenses are put into the proper Fiscal Year. Projected to be sent to Auditor end of September 2021.

Public Comment: None

Motion: To approve June 2021 DRAFT Financials & Interest & Reserve Report by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

9. **Treasurer's Report:**

- Foundation Grant (No. 3) \$328,000.00: Public Comment – **Action**

**Dr. Smart:** MTMC has a few projects coming up:

- 1) The Endoscopy Project.
- 2) Construction on the Heliport
- 3) Redoing the Emergency Room

Public Comment: None

Motion: To approve recommendation to allocate funds to MTMC by Ms. Hack

Second: \*

Vote: 1-0

*\*Mr. Randolph recused himself from voting.*

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

Hearing None

11. **Next Meeting:**

- Wed. August 18, 2021, at 9am.

Aug. 19- Copperopolis Clinic Private Foundation Donor Event 5:30-6:30

Aug. 25- Copperopolis Clinic Grand Opening

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 21, 2021 MTHCD Finance Committee Meeting



12. **Adjournment:** - **Action**

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

**Topic: July 21, 2021 Finance Committee Meeting**

**Time: Jul 21, 2021 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/86238454362?pwd=dE1mVUUtTNXc5Yi9HYmtXeFNhYkVHZz09>**

**Meeting ID: 862 3845 4362**

**Passcode: 659216**

**One tap mobile**

**+16699006833,,86238454362#,,,,\*659216# US (San Jose)**

**+12532158782,,86238454362#,,,,\*659216# US (Tacoma)**

**Dial by your location**

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

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

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

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

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

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

**Meeting ID: 862 3845 4362**

**Passcode: 659216**

**Find your local number: <https://us02web.zoom.us/j/kcD1DynK0L>**

This Institution is an Equal Opportunity Provider and Employer

Minutes – July 21, 2021 MTHCD Finance Committee Meeting

**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.



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**

**Wed. July 28, 2021  
 9:00 am**

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

**Un- Approved Minutes**

Mark Twain Health Care District Mission Statement

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

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

The meeting was called to order at 9:00 am by Ms. Sellick, Secretary.

**2. Roll Call:**

<b>Board Member</b>	<b>Present in Person</b>	<b>Present by Zoom</b>	<b>Arrival Time</b>
Ms. Reed			9:03 am
Ms. Sellick	X		
Ms. Hack	X		
Mr. Randolph	X		
Ms. Minkler	X		

This Institution is an Equal Opportunity Provider and Employer  
 Minutes – July 28, 2021 MTHCD Board Meeting

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

Motion: To move Mr. Wood's report after President's report.

Second: Ms. Hack

Vote:

4-0

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

Hearing None

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

**A. Un-Approved Minutes:**

- Un-Approved Special Finance Committee Meeting Minutes for June 8, 2021
- Un-Approved Special Board Meeting Minutes for June 16, 2021.

**B. Correspondence:**

- Piper Garcia-Thank you- Ken McInturf Scholarship:
- Compliance Team Medicare Accreditation Survey to Dec. 2023 (Ltr. 6-22-2021)
- SA Sanitary District's 75<sup>th</sup> Celebration on July 8, 2021 - Thank You (7-16-2021)

Dr. Smart: (1.) Referenced the Medicare Accreditation Survey letter by the Compliance Team (TCT) (pkt. pg. 20) stating Exemplary Provider Standards for Rural Health Clinics. (Expires Dec. 8, 2023). (2) San Andreas Sanitary District (pkt. pg. 21) Mr. Randolph and Ms. Stout attended their 75<sup>th</sup> year Celebration. The MTHCD was founded in the same year.

Public Comment: Hearing None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 5-0

**6. MTHCD Reports:**

**A. President's Report:**

- **Committee Assignments for Board Members:** Public Comment – **Action**

Public Comment: Hearing None

Motion: Ms. Reed, having talked to each Board member made a recommendation (pkt. pg. 22).

Second: Mr. Randolph

Vote: 5-0

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

- ACHD July 2021 Advocate:

- ✓ Annual Meeting: Recover, Refocus & Adapt (Sept. 22-24) Olympic Valley

Ms. Reed: Reminded Board of ACHD annual meeting and that their expenses will be District paid. ACHD is working on the possibility to attend virtually.

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

Ms. Hack: The Governor approved funding. RFP (due 9-1-2021) to explain the plan. Expecting money for homeless, respite childcare etc. Blue Shield of CA Grant (\$75-150k) for behavioral health in primary care in underserved areas.

- **Meetings with MTHCD CEO:** Discussed current and future agenda items.

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

Ms. Sellick: Will be joining the Oversight Committee of Dignity to decide how sterilization revenue will be allocated. They will meet in Oct: Gary Arvin has been promoted to VP of ancillary departments and is part of the "A" team.

## **C. MTMC Board of Director**

Ms. Reed: The Board meets later today: Mr. Archer, CEO/Pres. has been on staff for 2 yrs. and shows great leadership. Fiscal year-end census and finances were good: With CFO Chivers leaving Nikki Ochoa is the new CFO.

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

- **District Projects Matrix – Monthly Report:**

Dr. Smart: There are plans to interview a Coordinator this week, consider expanding behavioral health program and hiring a hygienist.

- **Valley Springs Health & Wellness Center:**

- **Grant Schedule:**

Dr. Smart: District Staff continues to work on acquiring additional grant funding. Applications equal \$532k (+/-) and the district has received to date \$333k (+/-).

- VS H&W Center – Draft Policies and Forms: Public Comment – **Action**
  - Policies for June 2021 - Valley Springs Health & Wellness Center:

**NEW POLICIES**

Butane Storage and Handling - 241

**REVISED POLICIES**

BLS and ACLS Certification – 230  
 Cash Collections – 34  
 Employee Dress Code Guidelines - 224  
 Emergency Codes – 221  
 Incident Reports – 87  
 Informed Consent – 90  
 On-Call Program - 126  
 Cleaning Duties – 38

**BI-ANNUAL REVIEW POLICIES**

AED Use and Maintenance -182  
 Active Shooter - 6  
 Ambulatory Blood Pressure Monitor Testing – 225  
 Animal Bite-Reporting -11  
 Annual Clinic Evaluation -12  
 Appointment Notification -15  
 Appointment Rescheduling -16  
 AR Credit Balance Management – 4  
 Aseptic Procedure – 18  
 Billing for Services Provided Off-Site – 229  
 Generator Management – 154  
 Management of Dental Patient Urgent Issues – 232  
 Medical Staff Credentialing and Governance – 113  
 Provider on Site – 233  
 Quality Assurance Guidelines – 147  
 Quality Assurance & Continued Quality Improvement Plan – 148  
 Shelter in Place for Patients and Staff – 161  
 Supply Ordering – 183  
 Visitors and Relatives – 199

Public Comment: Hearing None  
 Motion: Ms. Hack  
 Second: Ms. Minkler  
 Vote: 5-0

## E. VSHWC Quality Reports:

- **Quality – June 2021 (Fiscal Year End):**

Dr. Smart: Referenced (pkt. pg. 89) July 2020 as having 848 patient visits and June 2021 having 1,460 patient visits as a measure of how well the Clinic is doing.

Ms. Terradista: The Clinic has 4,400 (+/-) patients, provides vaccinations and has good team-work. Today Calaveras Unified School District started their 2021-2022 school year in-person so Clinic was exceptionally busy getting students vaccinated.

- **MedStatix:** (pkt. pgs 90 & 91)

Ms. Terradista: Is pleased with “Respected by Scheduling Staff and Check-out Staff” results in addition to Providers “Listening Carefully” scores.

## F. Stay Vertical Calaveras: Mr. Shetzline: On vacation:

## 7. Committee Reports:

### A. Finance Committee:

- Financial Statements – June 2021: Public Comment – **Action**

Mr. Wood: Referenced the June 2021 financials are in DRAFT form and will continue to be until the audit is completed later this year. He still needs information on fixed assets. The true-up for Calaveras County property tax (Period 13) is due anytime and he expects it to be good. Some budget items were a guess but is improving as the Clinic has “experience” to put in the next budget.

Public Comment: Hearing None

Motion: To accept and file June 2021 draft financials including Reserve and Investment Report by Mr. Randolph

Second: Ms. Hack

Vote: 5-0

- **Resolution 2021-05** MTMC Foundation: Public Comment – **Action**

- Provide Partial Grant Funding \$300k - Copperopolis Family Medical Center:

Dr. Smart: **Resolution 2021-05** is to compliment the Donation Agreement (pkt. pg. 103-106) signed on June 16, 2020 for the Partial Grant Funding of the Copperopolis Family Medical Center.

Public Comment: Hearing none.

Motion: Ms. Hack

Second: Ms. Minkler

Vote: 4-0 Mr. Randolph recused himself as he’s on the MTMC Foundation Board.

- **Resolution 2021-06** MTMC Foundation: Public Comment – **Action**

- Provide Grant Funding \$328k - Mutually Agreed Upon Project:

Dr. Smart: Recapped the motion (he introduced) to the lease negotiating team offering a \$1 million gift to the MTMC Foundation by the District. Dignity agreed to match the \$1 million gift in the lease agreement that was signed May 2019. To date the District has provided \$372k for MTMC mammogram equipment, \$300k (see above Resolution 2021-05) for the Copperopolis Family Medical Center and now **Resolution 2021-06** represents the remainder (\$328k) for a Board approved special project. This agreement puts \$2 million into Calaveras County health care.

Mr. Archer, CEO/Pres. Will provide a list of the MTMC’s top four projects, by priority, including due dates for the Finance Committee to consider and recommend to the Board by Dec. 4th equaling \$328k.

Public Comment: Hearing none.

Motion: Ms. Hack

Second: Ms. Sellick

Vote: 4-0 Mr. Randolph recused himself as he’s on the MTMC Foundation Board.

Mr. Archer: Anthem Update – As of July 16<sup>th</sup> Dignity is not in the network. Negotiations are friendly and continue but are still far apart. With grant funds they plan to push out vaccination education as 99% of deaths and those hospitalized are not vaccinated. Delta variant is affecting the younger population so a concern with school starting today. The percentage of hospital staff that are vaccinated is very low. They will continue to test.

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

- **Resolution 2021-04** – Change in MTHCD Board Policies (30-day Posting):
  - District Policy # 10 - Conduct of Meetings:
  - District Policy # 11 - Minutes, Resolutions and Closed Session Minutes:
  - District Policy # 23 - Request for Public Funds, Community Grants/Sponsorships:

**C. Ad Hoc Personnel Committee:**

Ms. Reed: The Committee will meet Aug. 11<sup>th</sup> to review the draft personnel manual



**D. Ad Hoc Grants Committee:**

Ms. Sellick: Will revisit when considering the next budget The mental health is at 23% at the hospital.

Dr. Smart: Suggested a workshop might be in order to invite partners including mental health for kids.

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

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

- Calaveras Grown Farmers Market (Gov. Center) Opens in June each Thurs. 4-6 pm: Let Staff know when you can volunteer.
- Angels-Murphys Rotary Shrimp & Pasta Feed - Benefits Several Organizations Aug. 21, 2021 [info@angelsmurphysrotary.org](mailto:info@angelsmurphysrotary.org):
- Bear Valley Music Festival was a success.

**9. Next Meeting:**

**A.** The next meeting was to be Wednesday Aug 25, 2021 at 9am. But changed to Aug 27<sup>th</sup> to accommodate the Copper Clinic Opening.

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

Public Comment: Hearing None

Motion: Ms. Hack

Second: Ms. Minkler

Vote: 5-0

Time: 10: 59 am

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

**Topic: 2021-07-28 MTHCD Board Meeting**

**Time: Jul 28, 2021 09:00 AM Pacific Time (US and Canada)**

**Join Zoom Meeting**

**<https://us02web.zoom.us/j/81339117023?pwd=dThKYkM4em1MNUhKd3ZITTF1ZHJaZz09>**

**Meeting ID: 813 3911 7023**

**Passcode: 041226**

**One tap mobile**

**+16699006833,,81339117023#,,,,\*041226# US (San Jose)**

**+13462487799,,81339117023#,,,,\*041226# US (Houston)**

**Dial by your location**

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

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

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

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

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

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

**Meeting ID: 813 3911 7023**

**Passcode: 041226**

**Find your local number: <https://us02web.zoom.us/u/kbvj3sCrPp>**

- 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.

## GIFT AGREEMENT

This agreement, dated this July 29, 2021 between the Mark Twain Health Care District (Donor) and Mark Twain Medical Center Foundation, a non-for-profit corporation is as follows:

**WHEREAS**, the donor desires to make a gift to the Foundation.

**THEREFORE**, the parties do hereby agree as follows:

1. The Recitals to this Agreement are true and correct and are incorporated herein.
2. The Donor pledges to make a gift to the Foundation of \$328,000 payable by July 31, 2021.
3. Payment will be made payable to Mark Twain Medical Center Foundation and sent to 768 Mountain Ranch Road, San Andreas, CA 95249.
4. The gift will be used as follows:
  - a. The gift will be temporarily restricted to "Special Projects" on the Foundation's Fund Held Report through December 31, 2021. During which time the Foundation Board, in conjunction with Mark Twain Medical Center (MTMC) leadership, will present proposals for transfer of the funds to MTMC that meet the needs and strategy of the medical center. If one or more of the presented proposals are not accepted by the Donor, the gift will revert to unrestricted on January 1, 2022.
  - b. The parties agree that in recognition of and the Foundation's reliance on the donor's pledge of \$328,000, the Donor will be acknowledged with a plaque in the lobby or exterior entrance of the chosen proposal. If no proposal is accepted by the Donor, gift

recognition will be in accordance with the Foundation's future cumulative giving recognition program.

- c. The Donor grants the Foundation, Dignity Health, and Mark Twain Medical Center full and complete rights to use the name specified in the Agreement for all purposes related to MTMC and the Foundation.
5. The parties agree that the Donor's pledge obligation and the above recognition opportunity are contingent on and subject to approval by the resident and CEO of the medical center.
6. In the event the entire \$328,000 is not received by the Foundation as set forth herein, MTMC, may at its option, delete the Donor's name from the recognition,
7. The recognition shall continue until the earlier of: (a) MTMC ceases to use the building for its current purposes; (b) the building requires major renovation or re-building; or (c) MTMC ceases to operate in the building.
8. The parties agree that MTMC reserves the right to remove recognition in circumstances where its best interests are not served by the continued recognition, such as legal or other deemed impropriety on the part of the Donor.
9. The Donor understands that the Foundation and MTMC will rely to its detriment on the fulfillment of this pledge as set forth above.

**ADDENDUM TO GIFT AGREEMENT**

This document is in reference to the Gift Agreement dated July 29, 2021, between the parties named below.

BE IT KNOWN that the undersigned parties, for good consideration, agree to make the changes and/or additions outlined below. These additions shall be as if part of the original contract.

**Adding "Julie Eckardt-Cantrall" as a signer to the gift agreement dated July 29,2021**

**Correct "Randy Smart MD's Title"**

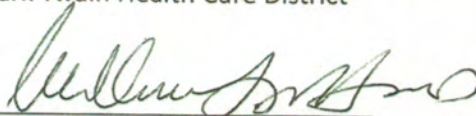
No other terms or conditions of the contract are negated or changed as a result of this addendum.

7/29/2021

By: 

Randy Smart, MD, Chief Executive Officer of Mark Twain Health Care District

7/30/2021

By: 

William Griffin MD, Foundation President

7/30/21

By: 

Julie Eckardt-Cantrall, MTMC Foundation  
Vice-President and Chief Philanthropy Officer

Reviewed and Approved:

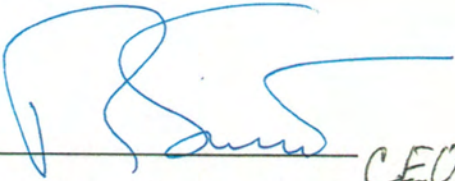
7/30/21

By: 

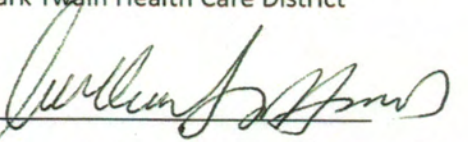
Doug Archer, Mark Twain Medical Center  
President and Chief Executive Officer

**IN WITNESS WHEREOF**, the parties hereto, intending to be legally bound, have executed this agreement on the day set forth above.

7/29/2021


By:  **CEO**  
Randy Smart, MD, Executive Director of  
Mark Twain Health Care District

7/30/2021

By:   
William Griffin MD, Foundation President

Reviewed and Approved:

7/29/21

By:   
Doug Archer, Mark Twain Medical Center  
President and Chief Executive Officer



# ACHD Advocate

## August 2021

### In This Edition:

- CEO Message: [Member Engagement](#): The Key to our Success
- Advocacy Update
- Upcoming Events: [Reopening and Avoiding Liability](#)

### A Message from the CEO, Cathy Martin

With the Legislature on summer recess, I've had some time to focus on how ACHD can build upon our foundational success in the coming months. I've been fortunate to get out and meet with members in person and hope to continue these meetings, public health guidelines permitting. These one-on-one meetings have been vital to developing a better understanding of our members' advocacy and educational needs. However, engaging with members on a deeper level requires a framework where both the Association and its members participate in continual dialogue and share with one another in real-time.



One way ACHD engages its membership is through the work of our standing committees. The Advocacy, Education, Finance, and Governance Committees are a great venue for dialogue, and each plays a crucial role in shaping ACHD's priorities. We are currently seeking members to serve on one or more of our committees for the upcoming Association year. If you are interested in serving, [please submit a statement of interest](#) by August 27<sup>th</sup>.

Speaking of excellent opportunities for dialogue and discussion, the ACHD team remains busy preparing for our upcoming [69th Annual Meeting: Recover, Refocus and Adapt](#). **Early Bird pricing has been extended through August 11<sup>th</sup>** so there's still time to take advantage of discounted registration. A high caliber speaker line up has been confirmed for this year, so don't miss out!

Improving member engagement is a top priority for the upcoming 2021-22 Association year. I hope all of you will join us in that effort, and thanks to many of you for your continued commitment to ACHD through active participation on our committees. Associations do not exist without their members. We cannot achieve

our objectives without you. We hope you will consider serving on one of our committees and please make plans to join us at the [69th Annual Meeting](#) for some valuable education and networking opportunities!

---

## Advocacy Update

Summer recess allows legislators take a break from Sacramento and return to their districts to meet with constituents. We strongly encourage you to utilize this time to meet with your legislators directly. You can find your representatives [here](#).

As a reminder, ACHD needs your help advocating for a **budget trailer bill to modernize disaster preparedness standards** and **urge legislative support** for this budget trailer bill. The California Hospital Association is leading the effort to refocus the 2030 hospital seismic requirements on post-event emergency services and provide an additional seven years for compliance. Key messaging, the full coalition letter and more can be found on our [Call to Action](#) webpage.

While we continue to work on policy over the summer recess, ACHD's Advocacy Team used this time to visit healthcare districts with newly elected Legislators. We had the distinct pleasure of visiting two districts, Morongo Basin Healthcare District with Assemblymember Thurston Smith, and Bear Valley Community Hospital District with Senator Rosilie Ochoa Bogh. The tours were extremely successful in sharing the important and unique work of healthcare districts. We look forward to continuing these tours after the legislature adjourns in September.



*Morongo Basin Healthcare District with Assemblymember Smith*



*Bear Valley Community Hospital with Senator Ochoa Bogh*

As a reminder, the legislature will return on August 16<sup>th</sup> for the final weeks of the 2021 session, which ends on September 10th. As we continue to work on policy over the coming months, keep up-to-date on ACHD's active bill positions by visiting our [Legislative Reports](#) webpage.

---



## Upcoming Events

### Reopening Amidst the Pandemic: How to Serve the Public and Avoid Liability

August 26, 2021 from 10:00 - 11:00 am PST

**Reopening Amidst the Pandemic: How to Serve the Public and Avoid Liability**

August 26th | 10:00 am - 11:00 am PST

Presented by: **Michael J. Maurer**  
*Partner*  
Best Best & Krieger LLP



ACHD Webinar  
Education Series

This webinar will review the legal and practical issues facing public agencies as they reopen their doors to the public during the pandemic. The webinar will cover the legal implications of pending legislation, the possible evolution of the Brown Act, health screenings and more.

[Register Here](#)

---

**ACHD's 69th Annual Meeting: Recover, Refocus and Adapt**  
September 22, 2021 to September 24, 2021



We hope to see you in-person this September! Be sure to register before August 11th to take advantage of our extended early bird rates! [Find event details on our webpage.](#)

[Register Here](#)

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 79 Healthcare Districts that play a profound role in responding to the specialized health needs of local communities by providing access to essential health services to tens of millions of Californians while also having direct accountability to the communities that Districts serve. In many areas, Healthcare Districts are the sole source of health, medical and well-being services in their communities.

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

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



<b>MTHCD Project Matrix</b>			
<b>PROGRAM</b>	<b>DESCRIPTION</b>	<b>LEAD</b>	<b>CURRENT STATUS</b>
<b>Pharmacy</b>	Retail Pharmacy, Valley Springs	Dr. Smart	Open
<b>RoboDoc</b>	TeleHealth Service for School Nurses	Dr. Smart/ Nancy Minkler Looking for new coordinator	Program is open. School starting. Still looking at coordinator applications.
<b>Behavioral Health</b>	VSHWC Service	Susan Deax-Keirns	Interviewing 3 <sup>rd</sup> Therapist. Looking at expansion. Grants and new applications.
<b>Dental</b>	DentiCal Service at VSHWC	Dr. Smart	New Dentist hired. Considering Dental Kids Day once a month. Will start looking for hygienist.
<b>Gynecology</b>	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete. Colposcopy service started.
<b>Stay Vertical</b>	Fall Prevention Program	Steve Shetzline	Returning to Pre-Covid services
<b>Children's Advocacy Center</b>	Medical Clearance Exams (MCE)	Peggy Stout	Collaborating to provide Medical Clearance Examinations.
<b>Hospital Lease</b>	District provides facility for hospital care	MTHCD Board	Stable: 2-yr anniversary
<b>Community Grant Program</b>	District provides grant funding for health initiatives	Debbie Sellick	No budgeting for 2021-2022.
<b>National Health Service Corps Application</b>	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Application submitted 5/17/21, pending
<b>Grant Applications and Awards</b>	See attachment: pg 26 Board Pkt	Total Applied for: \$ 676,525 Total Received: \$337,714	These numbers and activities change daily.
<b>Career Technical Education</b>	Calaveras County Office of Education partnership	\$25,000 Exploring student opportunities VSHWC	Funding in progress
<b>MOB subleases</b>	Space for healthcare services , subsidized	Rick Randolph	Stable
			Last Updated 8-20-2021

## GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN	\$ 100,000.00	\$ 100,000.00	\$ -	Interim 8/31/21 Expenditure 10/31/21	Yearly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation
2	CMS, MIPS	HI-TECH	\$ 17,000.00	\$ -	\$ -	9/15/2021	DONE	SUBMITTED	NO	\$8,500/EACH Nussbaum/Robbins
3	FEMA #1	COVID VACCINATION	\$ 37,995.00	\$ -	\$ 21,092.22	9/30/2021	Monthly	OBLIGATED	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	9/30/2021	DONE	UNDER REVIEW	YES	2020 Expenses
5	HRSA	COVID TESTING	\$ 49,461.42	\$ 49,461.42	\$ 24,265.00	3/31/2022	Monthly	RECEIVED	POSSIBLE	Abbott/McKesson
6	CARES (HRSA)	PROVIDER RELIEF (Unreimbursed Expenses)	\$ 103,253.23	\$ 103,253.23	\$ 15,528.91	3/31/2022		RECEIVED	YES	can use 21% of insurance premiums/Covid EMP
7	HRSA	COVID PR (Tony Jones)	\$ 49,529.00	\$ -	\$ -	12/1/2022	End of Term	APPROVED	POSSIBLE	Vaccination confidence
8	CHC	RURAL INTERNET	\$ 15,000.00	\$ -	\$ -	On Going	Monthly	PENDING	CHC	Bills sent to CHC
9	ANTHEM	<b>LIST BELOW</b>	<b>\$136,500.00</b>	<b>\$85,000.00</b>	<b>\$ 12,446.94</b>		Maybe	PORTION RECEIVED	NO	6 projects w/reporting
		Behavior Health	\$50,000.00	\$50,000.00	\$ -					
		Hepatology	\$30,000.00	\$30,000.00	\$ 10,427.64					
		ABPM	\$5,000.00	\$5,000.00	\$ 2,019.30					
		COVID Testing	\$14,000.00	-	\$ -					
		Student Vaccinations	\$35,000.00	-	\$ -					
		Mammography	\$2,500.00	-	\$ -					
10	CCI	Advancing BH Equity in Primary Care	\$100,061.00	-	\$ -	8/17/2021	8/20/2021	SUBMITTED		

**TOTALS**

**\$676,515.65**

**\$337,714.65 \$141,049.07**

Last Updated 8/17/21

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

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

**Subject:** Flat Rate Fee Program

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. The Flat Rate Fee Program is a pre-determined flat, all inclusive fee for uninsured, cash pay patients.
2. The flat fee is based upon the anticipated MediCal Prospective Reimbursement rate of \$145.00 per patient encounter.
3. The flat fee must be paid in full before the patient who has been assessed and is a non-emergency patient is seen by a provider, with any additional charges collected at the end of the visit prior to the patient leaving the Clinic

a. Flat fee includes:

-Physical examination by provider

-2-view x-ray (*additional charges apply if more than 2 views are taken*)

-Point-of-care lab testing

-Specimen collection for transfer of specimen to outside laboratory (outside laboratory fees are not included and need to be disclosed to the patient)

-Tetanus and/or flu shot; antibiotic and/or ketorolac injection; (*vaccines other than tetanus or flu are additional*)

-EKG

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

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

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

POLICY: Reference Resources	REVIEWED: 1/30/20; 3/5/20; <u>8/2/21</u>
SECTION: Medical Staff	REVISED: 3/5/20; <u>8/2/21</u>
EFFECTIVE: <u>3/25/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Medical Staff Reference Resources List

**Objective:** The Medical and Dental Staff, under direction of the Medical and Dental Directors, will maintain a list of approved medical reference resources. This list will be included in both the Policy and Procedure Manual and as a part of the Standardized Procedure Mid-Level Practitioners and will be reviewed and updated according to the Policy Development and Review policy.

**Response Rating:** Required

**Required Equipment:**

**Procedure:**

1. In-house protocols

- a. List of scheduled drugs (as a part of the formulary)
- b. Schedule II Patient Specific Protocol for Acute Conditions; Chronic, Acute, Recurring, and Persistent Limited Conditions; Severe Pain, Attention Deficit Hyperactivity Disorder

2. Examples of References

- a. Up-to-Date (online resource, quick link on all computers)
- b. Epocrates (embedded in athenaHealth EMR, quick link on all computers)
- c. Taber's Cyclopedic Medical Dictionary
- d. The 5 Minute Clinical Consult (29<sup>th</sup> Edition 2020)
- e. Epidemiology and Prevention of Vaccine Preventable Diseases (13<sup>th</sup> Edition)
- f. The Harriet Lane Handbook
- f.g. Wolters Kluwer Nursing 2020 Drug Handbook
- g.h. Drug Information Handbook for Dentistry
- h.i. CDT-2020 (Current Dental Terminology)
- i. SDS sheets for all medications and supplies where available
- k. Red Book (Pediatrics)
- i.l.

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

POLICY: Registration Of Established Patient	REVIEWED: 11/12/18; 2/14/20; 7/1/20; <u>8/2/21</u>
SECTION: Admitting	REVISED: 2/14/20; 7/1/20; <u>8/2/21</u>
EFFECTIVE: <del>July Board Meeting</del> <u>August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Registration of established patient

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. Greet the patient in a friendly and professional manner. If there are no other patients waiting, ask the patient for their name and date of birth, locating them in the EMR for registration purposes.
2. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient. Insurance cards and photo identification are required for every patient registration. In the case of telemedicine visits, the ~~patient may be asked to show their insurance card to the~~ Receptionist or Medical Assistant should run an insurance verification prior to the visit, so that information can be verified against what is currently present in the EMR.
3. Ask the patient to be seated and indicate you will be with them momentarily.
4. Using the information provided ~~on the sign in sheet or as a result of information received~~ directly from the patient, search patient's date of birth and name
5. Select the correct patient.
6. If a walk-in patient, add to the schedule for the time of arrival by clicking time slot on schedule and adding name, then notify the Provider and/or MA of the walk-in patient.
7. Verify patient's insurance eligibility.
8. Verify correct information is entered in the patient's demographics in EMR.
7. Verify the patient's emergency contact name and phone number.



- a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"
  - b. If the patient denies an emergency contact state "declined" and enter "000-000-0000" for the emergency contact number.
- 9 Scan the patient's insurance cards and photo identification into the EMR.
11. Ask the patient to sign any required admitting forms after confirming the patient's PCP and entering same in the EMR.
12. Scan the signed forms into the EMR.
13. Collect any required co-payments. Provide the patient with a receipt for their payment.
14. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient's insurance or arrival time.

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

POLICY: Registration of New Patient	REVIEWED: 11/12/18; 2/14/20; 6/24/20; <u>8/2/21</u>
SECTION: Admitting	REVISED: 2/14/20; 6/24/20; <u>8/2/21</u>
EFFECTIVE: <del>July Board Meeting</del> <u>UGUST Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Registration of a new patient

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. Greet the patient in a friendly and professional manner, asking them to sign in on the sign-in sheet.
2. Ask the patient for their insurance card and photo identification. For minor patients, obtain the photo identification of the adult accompanying the patient. Insurance cards and photo identification are required for every patient registration. In the case of telemedicine visits, the ~~patient may be asked to show their insurance card to the~~ Receptionist or Medical Assistant should run an insurance verification prior to the visit, so that information can be verified against what is currently present in the EMR.
3. Ask the patient to be seated and indicate you will be with them momentarily.
4. Using the information provided ~~by the patient or guardian/representative on the sign-in sheet~~, search patient's date of birth in the Electronic Medical Record (EMR) using the search function, then check for a patient with the same name and date of birth.
5. If patient is not found in the EMR, this indicates the patient is new to the Clinic.
6. Add the patient's demographic information.
7. Add the patient's emergency contact name and phone number.
  - a. Ensure there is an alternative emergency contact phone number other than the patient's primary phone number. If there is no other phone number document in the EMR "declines alternative emergency contact phone number"
  - b. If the patient denies an emergency contact state "declined" and enter "000-000-0000" for the

emergency contact number.

7. Verify patient's insurance eligibility.
8. Scan the patient's insurance cards and photo identification into the EMR.
9. Ask the patient to sign the required admitting forms, after confirming the patient's PCP and entering same in the EMR.
10. Scan the signed forms into the EMR.
11. Collect any required co-payments. Provide the patient with a receipt for their payment.
12. If the patient arrives with a serious illness or injury that requires immediate medical attention, treatment will begin immediately regardless of the patient's insurance or arrival time.

REVISSED

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

POLICY: Age Restriction	REVIEWED: 11/9/18; 9/23/20; <u>8/2/21</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>10/28/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Age Restriction

**Objective:** The Clinic does not discriminate on the basis of age in admission or access to its programs and activities.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. It is the policy of the Clinic to extend services to persons under and over the age of 18.

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

POLICY: Autoclave Spore Testing	REVIEWED: 12/1/19; 3/25/20; 8/31/20; <u>8/2/21</u>
SECTION: Infection Control	REVISED: 08/31/20
EFFECTIVE: <u>9/23/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Objective:** To prevent the spread of nosocomial infections, and assure sterility of all sterile products autoclaved, spore testing will be performed daily.

**Response Rating:** Mandatory

**Required Equipment:** Autoclave, EZTest biological indicators

**Procedure:**

1. EZTest biological indicators will be utilized to monitor every sterilizer load in Medical and Dental Departments.
2. Utilize two EZTest units in each sterilizer load.
  - A. In a horizontal position with the items being sterilized.
  - B. In least lethal locations in the load
3. Document the load on the autoclave log, Medical and Dental will keep separate sterilization load logs.
4. Select the required cycle and process the load.
5. Remove the load and EZTest biological indicators from the sterilizer and allow to cool for at least 10 minutes.
6. Retrieve the cooled EZTest biological indicators for incubation.
  - A. Activate the media by placing the indicator in an upright position in a plastic crusher.
  - B. Gently squeeze the crusher to break the glass ampoule.
  - C. Place the activated sterilized indicator in the incubator rack and incubate immediately for a minimum of 24 hours at 55-60 degrees Celsius.

7. Review the EZTest chemical and biological indicators.
  - A. Confirm the chemical indicator on the label has changed from blue to black.
    - i. Indicator should turn from blue to black when exposed to steam.
    - ii. Black color of the label does not indicate acceptable sterilization.
  - B. Examine the biological media indicator at periodic intervals for color change.
    - i. The incubation time is 24 hours minimum per US FDA/RIT protocol.
    - j. The appearance of a yellow color indicates bacterial growth. No color change indicates adequate sterilization.
    - k. Record incubation results at minimum 24 hours after incubation time on the autoclave load log.
8. Act on a positive test (a color change of yellow) as soon as the color change is noted. Notify Clinic ~~Director~~ Manager and do not release the load.
  - A. Retest the sterilizer with several EZTest biological indicators if a positive test is noted.
  - B. Dispose of positive media indicators in biohazard, to be incinerated.
9. Abnormal results are to be reported to the Clinic Director immediately. The unit will be tagged and removed from service until device is determined to be functioning correctly and/or needs servicing by a Licensed Service Technician.
10. If service is required, complete a maintenance request form and present it to the Clinic ~~Director~~Manager.
11. Clinic ~~Director~~ Manager will schedule servicing for the equipment or will delegate that responsibility to a staff member.
12. Daily Media Controls.
  - A. Place an activated, un-sterilized EZTest biological indicator in the incubator daily for Medical and on days of operation for the Dental Departments, as a positive growth control.
  - B. Examine the biological media indicator at regular periods for color change.
  - C. The incubation time is minimum 24 hours per US FDA/RIT protocol.
  - D. The yellow color is evidence of bacterial growth.
  - E. Record incubation results at minimum 24 hours after incubation time on the autoclave spore testing daily log.
  - F. Remove all positive indicators as the yellow color is noticed, and dispose of in biohazard waste.

- G. If the positive control does not grow, stop use of units from open box and notify Clinic ~~Director~~Manager.
  - H. Clinic ~~Director~~Manager or designee will contact MesaLabs to confirm that remaining EZTest biological indicator of current box should be discarding or retained for use.
  - I. EZTest products are stored at room temperature.
  - J. Do not store indicators near sterilants or other chemicals.
  - K. EZTest products have a shelf-life designated on each box.
  - L. After sterilization, the contents of the EZTest biological indicator are hot and under pressure. Always allow to cool for at least 10 minutes. Failure to cool at least 10 minutes may cause the glass ampule to burst and may result in injury from hot liquid.
13. Should the user observe yellow media in the biological indicator upon removal from the product box, this unit should be discarded in the biohazard waste container.

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

POLICY: Autoclave Use And Maintenance	REVIEWED: 10/1/19; 9/09/20; <u>8/2/21</u>
SECTION: Infection Control	REVISED: 9/09/20
EFFECTIVE: <u>9/23/20 August Board Meeting</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)

**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. Hinged implements will be placed into sterilization pouches in the open position.
5. Packets will be labeled with name of instrument and date of sterilization.
5. Place packets on shelf in autoclave. DO NOT STACK ITEMS.
6. Select and press appropriate preprogrammed button.



7. Press the start button.
8. 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: Auxiliary Aids and Services for Persons with Disabilities	REVIEWED: 11/9/18; 9/23/20; <u>8/2/21</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>10/28/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Auxiliary Aids and Services for Persons with Disabilities

**Objective:** The Clinic will take appropriate steps to ensure that persons with disabilities, including persons who are deaf, hard of hearing, or blind, or who have other sensory or manual impairments, have an equal opportunity to participate in our services, activities, programs and other benefits. The procedures outlined below are intended to ensure effective communication with patients/clients involving their medical conditions, treatment, services and benefits. The procedures also apply to, among other types of communication, communication of information contained in important documents, including waivers of rights; consent to treatment forms, financial and insurance benefits forms. All necessary auxiliary aids and services shall be provided without cost to the person being served.

All staff will be provided written notice of this policy and procedure, and staff that may have direct contact with individuals with disabilities will be trained in effective communication techniques, including the effective use of interpreters.

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Identification and assessment of need:

The Clinic provides notice of the availability of and procedure for requesting auxiliary aids and services through notices in our outreach documents and print advertisements and through notices posted in waiting rooms and treatment rooms. When an individual self-identifies as a person with a disability that affects the ability to communicate or to access or manipulate written materials or requests an auxiliary aid or service, staff will consult with the individual to determine what aids or services are necessary to provide effective communication in particular situations.

2. Provision of Auxiliary Aids and Services:

The Clinic shall provide the following services or aids to achieve effective communication with persons with disabilities:

a. For Persons Who Are Deaf or Hard of Hearing

- i. For persons who are deaf/hard of hearing and who use sign language as their primary means of communication, the Clinic Manager (209) 772-7070 is responsible for providing effective interpretation or arranging for a qualified interpreter when needed.

In the event that an interpreter is needed, the Clinic Manager is responsible for:

Maintaining a list of qualified interpreters on staff showing their names, phone numbers, qualifications and hours of availability;

Contacting the appropriate interpreter on staff to interpret, if one is available and qualified to interpret; or obtaining an outside interpreter if a qualified interpreter on staff is not available.

Language Line Solutions has agreed to provide interpreter services. The agency's telephone number(s) is (staff has access code), 24 hours per day, seven days per week, holidays included.

- ii. Communicating by Telephone with Persons Who Are Deaf or Hard of Hearing

The Clinic utilizes relay services for external telephone with TTY users. We accept and make calls through a relay service. The state relay service number is:

**California Relay Service:**

*(For Deaf and Hard of Hearing Callers)*

*TTY/TDD                      Dial 711 or*

*English TTY/TDD            (800) 735-2929*

*Spanish TTY/TDD            (800) 855-3000*

*Voice                            (800) 735-2922*

iii. For the following auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner: Note-takers; computer-aided transcription services; telephone handset amplifiers; written copies of oral announcements; assistive listening devices; assistive listening systems; telephones compatible with hearing aids; closed caption decoders; open and closed captioning; telecommunications devices for deaf persons (TDDs); videotext displays; or other effective methods that help make aurally delivered materials available to individuals who are deaf or hard of hearing.

iv. Some persons who are deaf or hard of hearing may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the person will not be used as interpreters unless specifically requested by that individual and after an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy and

conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided.

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

2. For Persons who are Blind or Who Have Low Vision

- i. Staff will communicate information contained in written materials concerning treatment, benefits, services, waivers of rights, and consent to treatment forms by reading out loud and explaining these forms to persons who are blind or who have low vision.
- ii. The following types of large print, taped, Braille, and electronically formatted materials are available: patient forms, patient education materials. These materials may be obtained by calling the Clinic Manager at (209) 772-7070.
- iii. For the following auxiliary aids and services, staff will contact the Clinic Manager who is responsible to provide the aids and services in a timely manner:

Qualified readers; reformatting into large print; taping or recording of print materials not available in alternate format; or other effective methods that help make visually delivered materials available to individuals who are blind or who have low vision. In addition, staff are available to assist persons who are blind or who have low vision in filling out forms and in otherwise providing information in a written format.

3. For Persons with Speech Impairments

To ensure effective communication with persons with speech impairments, staff will contact the Clinic Manager (209) 772-7070, who is responsible to provide the aids and services in a timely manner:

Writing materials; TDDs; computers; communication boards; and other communication aids.

4. For Persons with Manual Impairments

Staff will assist those who have difficulty in manipulating print materials by holding the materials and turning pages as needed, or by providing one or more of the following: note-takers; computer-aided transcription services; speaker phones; or other effective methods that help to ensure effective communication by individuals with manual impairments. For these and other auxiliary aids and services, staff will contact the Clinic Manager (209) 772-7070 who is responsible to provide the aids and services in a timely manner.

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

POLICY: Business Hours	REVIEWED: 11/9/18; 9/23/20; <u>8/2/21</u>
SECTION: Operations	REVISED: 9/23/20
EFFECTIVE: <u>10/28/20</u> August Board Meeting	MEDICAL DIRECTOR:

**Subject:** Business Hours

**Objective:** To ensure a predictable and organized operation of the Clinic, the Clinic will maintain posted hours of operation and will report permanent revisions to District Administration and California Department of Public Health.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. The Clinic will be open Monday through Friday, between 8:00am and 5:00pm
2. The Clinic will be closed for holidays.

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

POLICY: Cash On Hand Management	REVIEWED: 11/12/18; 9/23/20; 8/2/21
SECTION: Admitting	REVISED: 9/23/20
EFFECTIVE: <del>10/28/20</del> August Board Meeting	MEDICAL DIRECTOR:

**Subject:** Cash on hand management

**Objective:** The Clinic will maintain cash drawers with a specific amount of cash on hand for the efficient operation of the Clinic. The cash drawer funds will be available to provide change for patients who make cash payments either at the time of service or upon receipt of a bill from the Clinic.

**Response Rating:**

**Required Equipment:**

**Procedure**

**Cash Drawer**

1. The Clinic will have a cash drawer/box that will be located adjacent to the first receptionist during the course of the business day.
2. The cash drawer/box will be removed from the receptionist area at the end of the business day and placed in the agreed upon secure location.
3. As part of the Clinic Opening Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer funds and confirm the amount of money on hand. Cash on hand will equal the cash drawer fund total.
4. The amount of cash on hand will be documented in the cash box log in the Starting Balance column. The two staff members will sign the log, attesting to the amount.
5. During the course of the business day, change may be made for patients who make cash payments.
6. As part of the Clinic Closing Procedure, and on a daily basis, the Front Office Coordinator or their designee and a second staff member will count the cash drawer fund and confirm the amount of money on hand. Cash on hand will equal the Cash Drawer fund total. The cash box will be locked up. Any funds in excess of the cash drawer fund total will be put aside, into the "DAY END MONEY" payment envelope, as they are payments received from patients.

7. Should the Starting or Ending Balance not match the total anticipated, the staff members will document their findings on the cash box log and will notify the Clinic Manager immediately.
8. The Clinic Manager or their designee will recount the contents of the cash box. Should it be confirmed that funds are missing, the Clinic Manager will investigate the shortage and document their findings, completing an Incident Report.
  - a. If necessary, staff will be counseled regarding proper cash management and documentation.
  - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.
9. It is the goal of the Clinic that the cash box will accurately reconcile each day. If the funds do not reconcile, the Clinic Manager will request replacement funds from the District Accounting Department.
10. The cash box logs will be maintained as a part of the Clinic's operational records.

### **Patient Payments**

1. The Clinic will have a cash drawer/box that will be located adjacent to each receptionist during the course of the business day.
2. During the course of the business day, change may be made for patients who make cash payments.
3. As part of Clinic Closing procedure, each person who logged into the EMR who functioned as a receptionist must close their daily batch and submit. The cash drawer will be counted per the process outlined above. The cash total for each drawer should equal the total of patient payments collected by that receptionist plus the cash drawer fund amount.
4. On a daily basis, the Front Office Coordinator or their designee and a second staff member will count the deposit and confirm that the amount equals the patient payment receipts. These receipts will be signed by both employees and will be placed in the "DAY END MONEY" payment envelope and placed in the designated locked area.
8. Should the starting or ending balance not match the total anticipated, the staff members will document their findings on the receipt paperwork and notify the Clinic Manager and District Accounting office immediately.
9. The Clinic Manager, designee, or District Accounting office personnel will recount the deposit. Should it be confirmed that funds are missing, the Clinic Manager, designee and/or District Accounting office personnel will investigate the shortage and document their findings, completing an Incident Report.
  - a. If necessary, staff will be counseled regarding proper cash management and documentation.
  - b. If necessary, staff will be reprimanded regarding the missing funds. This reprimand will be documented and in keeping with approved Personnel Policies.



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

POLICY: Communicable Disease Reporting	REVIEWED: 7/1/19; 7/14/20; <u>8/2/21</u>
SECTION: Mandatory Reporting	REVISED: 7/14/20
EFFECTIVE: <del>July Board Meeting</del> <u>August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Communicable Disease Reporting

**Objective:** To comply with State and CDC Communicable Disease Reporting.

**Response Rating:** Mandatory

**Required Equipment:** Morbidity Report Form

**1. REPORTING GUIDELINES**

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the “Confidential Morbidity Report” (CMR) for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies (<https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/infectious-diseases/>)

**2. CONDITIONS TO BE REPORTED IMMEDIATELY**

The following conditions should be reported immediately by telephone to (209) 754-6460. In light of existing outbreaks and the potential for epidemics, the Calaveras County Health Department has included those diseases marked with an asterisk (\*) as being of utmost importance and are requesting that these diseases be reported immediately by telephone.

- a. Anthrax (human or animal)
- b. Botulism (infant, foodborne, wound)
- c. Brucellosis, human
- d. Cholera
- e. Ciguatera fish poisoning
- f. Dengue virus infection
- g. Diphtheria
- h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- i. Escherichia Coli 0157:H7 Infection
- j. Flavivirus infection of undetermined species
- k. Hemolytic Uremic Syndrome
- l. Influenza, novel strains (human)
- m. \*Measles (Rubeola)

- n. \*Meningococcal Infections
- o. Novel virus infection with pandemic potential
- p. Paralytic Shellfish Poisoning
- q. Plague (Human or Animal)
- r. Rabies (Human or Animal)
- s. Scomboroid Fish Poisoning
- t. Shiga toxin (detected in feces)
- u. Smallpox (Variola)
- v. Tularremia, human
- w. Viral Hemorrhagic Fevers
- x. Yellow Fever
- y. Zika virus
- z. Occurrence of any unusual disease
- aa. Outbreaks of any disease

For outbreaks of any disease the report should specify if institutional and/or open community.

### **3. CONDITIONS TO BE REPORTED WITHIN ONE (1) WORKING DAY**

- a. Amebiasis
- b. Babesiosis
- c. Campylocacteriosis
- d. Chickenpox
- e. Chikungunya virus
- f. Cryptosporidiosis
- g. Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- h. \*Foodborne Disease
- i. Haemmophilus Influenza Invasive Disease, all serotypes
- j. Hantavirus infection
- k. \*Hepatitis A (acute infection)
- k. Human Immunodeficiency Virus (HIV), acute infection
- l. Listeriosis
- m. Malaria
- n. Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- \*Pertussis (Whooping Cough)
- o. Poliovirus Infection
- p. Psittacosis
- q. Q Fever
- r. Relapsing Fever
- s. Salmonellosis (other than typhoid fever)
- t. Shigellosis
- u. Streptococcal Infections (Outbreaks of any type and Individual cases of food handlers and dairy workers only).
- v. Syphilis
- w. Trichnosis
- x. \*Tuberculosis/Tuberculosis suspect

- y. Typhoid Fever, cases and carriers
- z. Vibrio Infections
- aa. West Nile Virus (WNV) Infection
  
- bb. Yersiniosis
- bb. COVID-19 (Coronavirus)

**4. CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS:**

- a. Anaplasmosis
- b. Brucellosis, animal
- c. Chancroid
- d. Chlamydial Infections
- e. Coccidiomycosis
- f. Colorado Tick Fever
- g. Creutzfeldt-Jacob disease and other transmissible Spongiform Encephalopathies
- h. Cyclosporiasis
- i. Cysticercosis ot taeniasis
- j. Ehrlichiosis
- k. Giardiasis
- l. Gonococcal Infections
- m. Hepatitis B (specify acute case or chronic)
- n. Hepatitis C (specify acute case or chronic)
- o. Hepatitis Delta (D) (specify acute or chronic case)
- p. Hepatitis Em acute infection
- q. Legionellosis
- r. Leprosy (Hansens Disease)
- s. Leptospirosos
- t. Lyme Disease
- u. Mumps
- v. Respiratory Syncytial Virus (report a death of a patient less than five years of age)
- w. Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
- x. Rocky Mountain Spotted Fever
- y. Rubella (German Measles)
- z. Rubella Syndrome, Congenital
- aa. Tetanus
- bb. Tulaemeia, animal

**5. NON-COMMUNICABLE DISEASES AND CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS.**

The following conditions should be reported within seven (7) calendar days from the time of identification:

- a. Alzheimer’s Disease and related conditions

- b. Disorders characterized by lapses of consciousness
- c. Cancer

6. **COVID-19 RESPONSE:** Clinic will test and report based current on State and County requirements.

7. **FOLLOW-UP PROCEDURES**

The provider will notify the Clinic Manager and the staff who have been in contact with these patients and recommend follow-up procedures.

8. **INTERNAL DOCUMENTATION**

A copy of all reporting documents is kept on file in the Clinic Manager's Office.

REVIEW

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

POLICY: Dental Emergencies	REVIEWED: 4/9/20; <u>8/11/21</u>
SECTION: Patient Care	REVISED: <u>8/11/21</u>
EFFECTIVE: <del>April 22, 2020</del> <u>August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Defining Dental Emergencies

**Objective:** During days when dental services are provided in the Clinic, appointment slots will be available for patients presenting with emergency conditions. This policy will identify dental emergencies to ensure proper escalated scheduling of patients where required

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. Within the scope of the dental services provided by the Clinic, dental emergencies will be defined as:
  - a. Broken appliance that cannot be removed by the patient or the patient's kin and/or is sharp, causing adjacent tissue damage and/or can be swallowed and/or aspirated. ~~(example: Patients with broken braces or wires should be seen by their treating orthodontist).~~
  - b. Broken tooth caused either by trauma or decay and/or pain is present.
  - c. Swollen face/alveolar tissues denoting a dental abscess. Swelling in the throat and neck area or swelling at the base of the tongue should be sent for evaluation in the ER. The patient may complain of feeling their "tongue is elevated".
  - d. Cut or bitten tongue, lip, or cheek
    - i. Patient will be directed to come to the office to be seen by the dentist
    - ii. If the dentist is not present but the RDA is in the office, the patient will be directed to come to the office to be seen by the RDA
    - iii. If the dentist is not present in the office and/or the RDA is unable to resolve the issue, staff will take a message and contact the after-hours dentist for guidance and/or with information so that the after-hours dentist may contact the patient directly.
  - e. Trauma to the jaw or alveolar tissues  
Most cases should be directed to the emergency room as the concern is for brain injury.
  - f. Knocked out tooth
    - i. Patient will be directed to hold the tooth by the crown and rinse off the root of the tooth in water if dirty. Do not scrub or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn't possible, put the tooth in a cup of milk and get to a dentist as quickly as possible, bringing the tooth.

- ii. If the dentist is not present in the office, staff will take a message and contact the after-hours dentist with information so that the after-hours dentist may contact the patient directly.

REVISED

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

POLICY: Dissemination of Non-Discrimination Policy	REVIEWED: 11/20/18; 9/24/20; <u>8/2/21</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <del>10/28/20</del> <u>August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Dissemination of Non-Discrimination Policy

**Objective:** To inform staff, patients, and the general public that the Clinic does not discriminate on the basis of race, color, national origin, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, or status as a parent.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

The Clinic disseminates the nondiscrimination statement in the following ways:

**To the General Public:**

- A copy of the nondiscrimination statement is posted in our facility for visitors, clients/patients to view.
- The nondiscrimination statement is printed in the brochure which is available for distributed to patients, referral sources, and the community.

**For the Patients:**

- The nondiscrimination statement is included in the patient admissions packet and contained within the Statement of Patient’s Rights.
- The nondiscrimination statement is discussed with patients upon their initial visit with the facility.
- A copy of the nondiscrimination statement is available upon request.

**To Employees:**

- The nondiscrimination statement is included in employee advertisements.
- The nondiscrimination statement is included in the employee handbook.
- The nondiscrimination statement is discussed and distributed during employee orientation.

REVIEW



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

POLICY: Litigation (Potential)	REVIEWED: 11/12/18; 9/24/20; <u>8/2/21</u>
SECTION: Operations	REVISED: 09/24/20
EFFECTIVE: <u>10/28/20</u> August Board Meeting	MEDICAL DIRECTOR:

**Subject:** Litigation and requested documentation

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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

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

POLICY: Marketing	REVIEWED: 1/12/18; 9/24/20; <u>8/2/21</u>
SECTION: District	REVISED: 9/24/20
EFFECTIVE: <u>10/28/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Marketing and Community Outreach

**Objective:** Develop and implement a successful marketing and community outreach plan consistent with the organization’s mission. Plan will be developed by the Leadership Team and under the supervision of the CEO.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. The Clinic will maintain an active Marketing and Community Outreach Program that will include, but not be limited to:
  - a. Signage (temporary and permanent), including billboards
  - b. Website
  - c. Direct mail pieces focused on clinic services and operations
  - d. Social media, including Facebook, Twitter, Instagram
  - e. Community outreach and service projects, such as:
    - i. Health fairs
    - ii. School and Recreation Department sports physicals
    - iii. Employer-based flu shot clinics
    - iv. Service group and church-based health-related functions
    - v. District developed and managed wellness programs
  - f. Bulletin boards and “of-the moment” postings at the Clinic

2. Marketing and Community Outreach plans will be developed by the Leadership Team with input and participation from Clinic personnel. The Plan(s) will be submitted to the Board of Directors for input and approval.
3. The website will be maintained by the District's designee under supervision of CEO.
4. The official Facebook page and other social media outlets will be maintained by District personnel under supervision of the District.
5. Clinic medical staff and personnel will be encouraged to submit content for the website and social media sites.
6. Advertising materials will focus on Clinic services, Clinic personnel, and health and wellness topics. Advertising materials will not compare Clinic services to other community service providers and will not disparage or demean other medical care providers.
7. Should advertising materials include photographs of patients or community members, photo releases will be obtained and kept on file to demonstrate that permission was obtained before the images were utilized.
8. Where appropriate, the Clinic will partner with the health department, service organizations, insurance plans and area physicians to develop additional outreach opportunities in an effort to improve the health and wellness of community members.
9. Where appropriate, budgets will be developed and program progress tracked/reported.
10. With the approval of the Executive Director and Medical Director, the Clinic may utilize posters, flyers, brochures and other third party developed materials to enhance existing Marketing efforts, including but not limited to, materials developed by nationally recognized organizations such as:
  - a. American Cancer Society
  - b. American Heart Association
  - c. Arthritis National Research Foundation
  - d. American Lung Foundation
  - e. Susan G. Komen Foundation
  - f. American Stroke Association
  - g. National Institutes of Health
  - h. Juvenile Diabetes Foundation
  - i. American Diabetes Association

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

POLICY: Medi-Cal Eligibility Verification	REVIEWED: 11/12/18; 9/24/20; <u>8/2/21</u>
SECTION: Admitting	REVISED:
EFFECTIVE: <u>10/28/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Medi-Cal Eligibility Verification

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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

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

REVISED

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

POLICY: Medical Records Forms And Fees	REVIEWED: 4/1/19; 3/8/20; 5/4/20; <u>8/2/21</u>
SECTION: Medical Records	REVISED: 3/8/20; 5/4/20
EFFECTIVE: <del>May Board Meeting</del> <u>August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Medical Records Forms and Fees

**Objective:** To cover the costs of document production and printing, in some instances fees will be assessed to complete forms on behalf of the patient and to provide copies of some documents.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. The following forms will be completed at the patient’s request during the office visit
  - a. Personal disability insurance forms (income, mortgage, credit)
  - b. Supplemental forms related to State or Federal disability insurance
    1. Initial forms will be completed without charge
    2. Supplemental or secondary forms will be completed at a cost of \$10 per form, due and payable at the time the form is brought to the Clinic.
  
2. Completed forms will be scanned into the patient’s medical record
  
3. Patients requesting copies of their medical record may be charged for those copies unless those copies are requested and transmitted via the Patient Portal:
  - a. Copies of current laboratory results will be provided at no charge.
  - b. Copies of the medical record being sent to a referral physician will be sent at no charge.
  - c. Copies of the medical record being sent when the patient is moving their care to another practice will be sent at no charge.
  - d. Copies of the patient’s immunization card will be provided at a cost of \$5, due and payable at the time the copy is made.
  - e. Copies of the patient’s medical record, for the patient’s use and not for transfer to another physician, will be provided at a cost of \$0.25 per page but not to exceed \$25.00, due and payable at the time the copy is made.

- f. A current signed medical records release form must be submitted at the time of the request and payment.
4. Subpoenas will be managed as follows:
  - a. Subpoena received Clinic or District Office
    1. If received at the District Office, subpoena is forwarded to the Clinic via fax to 209-772-1011
  - b. Clinic Manager takes possession of the subpoena via the Clinical Inbox
  - c. Clinic Manager will CEO advise of subpoena
  - d. Clinic Manager will advise Medical Director of subpoena (when/if the Medical Director isn't the CEO)
  - e. Medical Director reviews the medical record as soon as possible and advises Clinic Manager that the review has been completed, which authorizes the release process to proceed
  - f. Clinic Manager responds to the subpoena using athenaNet chart export functionality (secure faxing)
  - g. Clinic Manager documents that subpoena has been responded to and notifies CEO/Medical Director of same
5. A fee of \$35.00, payable in advance, will be collected for each subpoenaed record and will be logged upon receipt and deposited into the Clinic's bank account per policy.
6. Patient requests for medical records will be forwarded to the medical records office and responded to by the Medical Records Clerk.
  - a. Exceptions will be processed in the Clinic
  - b. Exceptions will be limited to: immunization card, most recent lab results, most recent physical examination report, most recent discharge/visit summary
7. A medical records release form will be required for each request.
8. All requests will be logged upon receipt and all records sent, released, or mailed will be logged when leaving the Clinic.
9. Funds collected for records copies will be logged upon receipt and deposited into the Clinic's bank account per policy.

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

POLICY: Medication, Supply, And Equipment Recalls/Warnings	REVIEWED: 11/12/18; 10/14/20; <u>8/2/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>10/28/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Medication, Supply, and Equipment Recalls and Warnings

**Objective:** To ensure patient safety, recall/Blacks Box warnings will be addressed immediately upon receipt, with the items in question removed from patient care areas and inventory. Medical staff and Clinic personnel will be advised of the recalls and warnings (including Black Box warnings) immediately upon issuance and after affected items are removed from service.

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

**Black Box warning:** The strictest warning put in the labeling of prescription drugs or drug products by the Food and Drug Administration (FDA) when there is reasonable evidence of an association of a serious hazard with the drug.

**Recall:** A recall is a method of removing or correcting products that are in violation of laws administered by the Food and Drug Administration (FDA). Recall is a voluntary action that takes place because manufacturers and distributors carry out their responsibility to protect the public health and well-being from products that present a risk of injury or gross deception or are otherwise defective. [21 CFR 7](#) provides guidance so that responsible firms may conduct an effective recall.

Medical device recalls are usually conducted voluntarily by the manufacturer under [21 CFR 7](#). In rare instances, where the manufacturer or importer fails to voluntarily recall a device that is a risk to health, FDA may issue a recall order to the manufacturer under [21 CFR 810](#), Medical Device Recall Authority. [21 CFR 810](#) describes the procedures the FDA will follow in exercising its medical device recall authority under section 518(e) of the Federal Food, Drug, and Cosmetic Act (Act).

**Procedure:**

**Medication Black Box Warnings**

1. Black box warnings will be transmitted to the Clinic’s designated contact(s) by the pharmacy vendor using US Mail and email transmission. Designated contacts include but are not limited to Clinic Manager and Health Care District Office Manager.

Medication, Supply and Equipment Recall  
Policy Number 119

Formatted: Space After: 0 pt, No widow/orphan control



2. Immediately upon notice from the pharmacy vendor, the Clinic Manager will review the Clinic Formulary to confirm whether the medication in question is on the Formulary List.
3. If the medications are on the Formulary List, the Clinic Director will follow the Removal of Recalled Medications protocol and segregate the medication in question and remove it from the active inventory.
4. The Clinic Manager will document on the written Black Box Warning notice that the Clinic Formulary has been reviewed, indicate the actions taken, and will date that entry.
5. The Clinic Manager will print a copy of the written Black Box Warning notice for each Clinic practitioner and ensure each practitioner receives that notice.
6. Distribution of notice to practitioners will be documented on the Clinic Manager copy of the Black Box Warning.
7. The documented notice will be placed in the file titled Recall/Black Box Warning (Year).
  - a. Medication Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not be deleted.
8. The Clinic Manager will update the Clinic Formulary List.
  - a. Note on the current list the date of the Black Box warning next to the name of the affected medication.
  - b. Save the Clinic Formulary List by renaming the file with the current date, replacing the former date.
  - c. Remove the affected medication from the Clinic Formulary list.
9. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

**Product (supply, medication, equipment) Recall**

1. Supply, medication, and equipment recalls are conducted by a company's own initiative, by FDA request, or by FDA order under statutory authority.
2. Upon notification from the manufacturer, supplier, or the FDA on the recall of a supply, medication, or patient care equipment item, the Clinic will initiate removal of items from the patient care area.
  - a. After printing the Notice of Recall, review Supply Listing, Clinic Formulary List, and/or Equipment Inventory List to determine whether recalled item is being utilized in the Clinic.
  - b. If the medication is not found, document on the printed recall notice that the list was reviewed and the item was not found. Date the notice.
    1. The documented printed recall notice will be placed in an online file titled Recall (Year).

Medication, Supply and Equipment Recall  
Policy Number 119

2. Medication Recall (Year) files will be retained in the Clinic's permanent files and not removed to off-site storage.
3. If the item is found, remove the item from the Clinic appropriate inventory. If a supply or medication, place it in a zip-top plastic bag with a copy of the recall notice. Document on the printed recall notice that the list was reviewed, the item found and removed from inventory. Date the documentation.
  - a. The documented printed recall notice will be placed in a file titled Recall/Black Box Warning (Year).
  - b. Recall/Black Box Warning (Year) files will be retained in the Clinic's permanent files and not deleted.
  - c. Place recalled, packaged medications in the DO NOT USE box. Contents of the box will be removed and destroyed.
4. Upon notification from the manufacturer, supplier, or the FDA on the recall of a drug product, the Clinic will initiate review of patient medical records to determine whether patients were given prescriptions for the recalled medications.
  - a. Utilizing the Clinic's Electronic Medical Record, the Clinic Manager or designee will generate a drug utilization report, requesting a list of all patients to whom the medication was prescribed.
  - b. Based upon the type of recall action necessary, individual patients will be contacted by telephone, e-mail or letter. The content and method of notification will be determined after consultation with the Medical Director.
  - c. The report listing the patients affected, along with a copy of the correspondence sent to those patients will be filed with the recall notice and retained in the Recall/Black Box Warning (Year) file.
  - d. The Electronic Medical Record of all patients contacted regarding recalled medications will be noted with the date of recall, medication name, type of recall, and type of contact initiated to notify the patient.
    1. If correspondence advising the patient of the recall is returned as undeliverable, this information will also be entered into the patient's Medical Record.
    2. Patient will be given the recall information during their next Clinic visit.
5. The Clinic Manager will update the Clinic Supply List, Clinic Formulary List and Clinic Equipment Inventory List should any items be removed due to recall.

1. Note on the current list the date of the recall notice next to the name of the affected medication.
  2. Save the appropriate Clinic List by renaming the file with the current date, replacing the former date.
  3. Remove the affected medication from the appropriate Clinic list.
6. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

REVIEW

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

POLICY: Patient Rights and Responsibilities Statement	REVIEWED: 11/7/18; 10/14/20; <u>8/2/21</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>10/28/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Patient Rights and Responsibilities

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

**Response Rating:**

**Required Equipment:** None

**Procedure**

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

treatment and the risks involved in each and to know the name of the person who will carry out the procedures of treatment.

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

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

POLICY: Peer Review	REVIEWED: 7/1/19; 2/12/20; 8/2/21
SECTION: Medical Staff	REVISED: 2/12/20
EFFECTIVE: <del>2/26/20</del> August Board Meeting	MEDICAL DIRECTOR:

**Subject:** Peer review of medical records

**Objective:** Peer review will be conducted for the Clinic in accordance with guidelines established by the Medical Director, in collaboration with the Executive Director and Clinic practitioners. Those guidelines will be reviewed regularly and revised as deemed necessary.

**Response Rating:**

**Required Equipment:** None

**Procedure**

1. The Medical Director in collaboration with the Executive Director and Clinic practitioners will develop criteria for the selection of clinic medical records for chart review. Peer review will be accomplished on a quarterly basis.
2. Per the agreed upon criteria, clinic charts will be selected and presented to the Medical Director or his designee(s) for review.
3. Chart review will be completed and documented using the Clinic Peer Review data capture tool or other appropriate worksheet. Peer review will be confidential within the medical/provider group and reports thereof will be summarized and reported in a confidential manner through QAPI reports to the Board.
4. Medical Director may modify the selection criteria at any time. Peer review may be performed by qualified physicians from outside the District at the direction of the Medical Director and with approval of the leadership.
5. Medical Director may alter the data capture tool utilized for Peer Review at their discretion.
6. The results of the Peer Review process will be shared and distributed to each provider whose work was reviewed.

7. After review by the Medical Director, the results of the Peer Review process will be maintained with other pertinent Medical Staff information.
8. Peer review results will be considered during scheduled practitioner performance evaluation periods.
9. Non-physician practitioners (Certified Diabetic Educator, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist) will have their medical records reviewed as follows:
  - a. The first ten (10) charts
  - b. A minimum of 10% or 10 charts (whichever is greater) each month.

REVIEW

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

POLICY: Preventative Maintenance Inspections	REVIEWED: 11/12/18; 10/14/20; <u>8/2/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>10/28/20</u> August Board Meeting	MEDICAL DIRECTOR:

**Subject:** Preventative maintenance inspections

**Objective:** The Clinic will interface with an appropriate Biomedical vendor to provide a Preventive Maintenance program that will ensure all equipment used in the diagnosis, treatment, and therapy of patients is properly maintained and will meet the standards required by Title 22 and community standards. Designated equipment in service for the care and treatment of patients will be inspected, safe and in good working order, inspected annually, with inspections and repairs documented.

**Response Rating:**

**Required Equipment:**

**General Information:**

1. All equipment in the Clinic will be evaluated for inclusion in a preventative maintenance program that will:
  - a. Prolong the life or improve the operation of the device.
  - b. Identify a failure or discrepancy not readily apparent to the normal user.
  - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
  - d. Provide management reporting of equipment history reports and failure modes.
  
2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available.
  
3. A Preventative Maintenance process will be developed for each equipment type that is available to the Clinic. Each process will:
  - a. Identify inspection frequency.
  - b. Include manufacturer recommended specifications, where applicable.
  - c. Verify compliance with JCAHO and/or Title 22



4. All service to equipment will be documented.
  - a. A copy of all service work will be kept in the department.
  - b. A summary of service history will be provided periodically to help identify failure trends.
  - c. Repairs that may affect the calibration, operation, or electrical integrity of any device will have an inspection completed after the repair, and such will be documented.
5. Inspection and request for repair of equipment is the responsibility of the Clinical Manager and/or designee.

**Procedure:**

1. The Bio-Medical Vendor will make annual inspections on all Clinic equipment.
2. New or borrowed equipment will be inspected by the Bio-Medical Vendor and tagged as inspected before being put into service.
3. The Clinic Manager will insure new equipment is added to the asset list and retired equipment removed from the asset list, as the asset list must be accurate at all times.
5. Defective equipment discovered by personnel is to be marked defective, removed from use and reported to the Clinical Manager.
6. Clinic Manager or their designee will contact complete Maintenance Request form and contact appropriate vendor.
7. Equipment requiring service or repair will be assigned to personnel or vendor(s) with appropriate training and any necessary credentials.

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

POLICY: Radiology Safety	REVIEWED: 4/1/19; 3/1/20; <u>8/2/21</u>
SECTION: Operations	REVISED: 3/1/20
EFFECTIVE: <u>3/25/20 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Radiation Safety

**Objective:** Safety of personnel and patients in Radiology Department

**Response Rating:** Mandatory

**Procedure:** Radiation Safety and Protection Program

**Organization and Administration**

1. Senior Radiological Technician will be responsible for the implementation and enforcement of all Radiation Safety and Protection procedures.

**ALARA Program**

1. The radiology department shall use, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA).
2. All technicians working in the radiology department will be required to use tested and approved techniques posted at the x-ray console in the radiology department to achieve the principles of the ALARA program.

**Dosimetry Program**

1. All technicians will be required to wear approved film badges that will monitor their doses of radiation while working within the radiology department.

- a. Film badges will be left in the radiology office upon end of shift. Badges are NOT to be taken out of the radiology department.
  - b. A Control film badge will be kept in the radiology department at all times conspicuously located in the designated drawer.
2. Film badges will be monitored, checked, and documentation will be provided on a quarterly basis.
  3. Radiation dosimetry reports will be reviewed and initialed by the Clinic Manager on a quarterly basis. Copies of these reports will be made available to all technicians involved in the dosimetry program.
  4. Technicians will be instructed on the proper use of individual monitoring devices including consequences of over exposure to radiation.

### **Radiological Controls**

#### 1. Entry and Exit Controls

- a. The two doors entering the radiology department will be closed at all times when an exam is in progress.

#### 2. Posting Requirements

- a. The two doors entering the radiology department will be posted with a sign indicating a radiologic exam is in progress and to Not Enter
- b. A current copy of Department Form RH-2364 (Notice to Employees) will be posted in the radiology department office for all employees to read.
- c. A copy of the CCR 17 (California Code of Regulations) with a copy of operating and emergency procedures applicable to work will be available to employees in the radiology department for review.

## **Disposal of Equipment**

1. Any sale, transfer, or discontinuance of use of any reportable source of radiation will be reported in writing to the Department.

## **Other Controls**

1. Positioning aids, gonadal shielding, and protective aprons are available within the radiology department for shielding patients from over exposure to radiation.
  - a. These aids will be tested annually and logged to ensure the integrity of the devices.
  - b. Protective aids will be placed on the x-ray table and an x-ray image will be taken to ensure efficacy of the protective devices

## **Record Keeping and Reporting**

1. Supervision of all record keeping will be the responsibility of the Senior Radiologic Technician.
2. Records kept on hand are in the Radiology Department and will be scanned into the shared drive:
  - a. Daily log of patients and exams
  - b. Records release forms (disc's of digital images for patients)
  - c. Radiation Dosimetry Reports
  - d. Digest of new regulations to CCR 17
  - e. Log of testing of Radiation Protection devices

## **Training**

1. Operating and Safety Procedures: Safety Procedures for radiology equipment are delineated in the Operational Manual provided by the equipment manufacturer. These procedures are located in the Radiology Department.

2. On a quarterly basis all radiological technicians will be instructed in the health protection problems associated with exposure to radiation, in precautions or procedures to minimize exposure, instruct such individuals in, and instruct them to observe, to the extent within their control, the applicable provisions of Department regulations for the protection of personnel from exposures to radiation occurring in the radiology room.
  - a. These training sessions will be documented and that documentation will be kept in the radiology department office.
3. Technicians will be reminded of their responsibility to report promptly to the administrative staff of the Health Care District any condition that may lead to or cause a violation of department regulations or unnecessary exposure to radiation.
4. Technicians will be instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation and advise them as to the radiation exposure reports which they may request.

### **Quality Assurance Programs**

1. Every six (6) months the radiology equipment will be subjected to a preventative maintenance inspection by qualified radiological maintenance personnel.
  - a. Any repairs necessary to maintain the safety and functionality of the equipment will be documented and that documentation will be kept in the radiology department office for later review.
  - b. It will be the responsibility of the Clinic Manager to keep and maintain these records.

### **Internal Audit Procedures**

1. This procedure will be reviewed on an annual basis.
  - a. The procedure will be reviewed by the Senior Radiologic Technician.

- |
- b. All Radiologic Technicians in the Radiology Department will review and sign the procedure after each annual review.
  2. A copy of this procedure will be available in the Radiology Department for review by personnel.
  3. This procedure will also be placed in the Policy and Procedures manual of the Mark Twain Health Care District.

Reference: California Code Regulations, Title 17

REVIEW

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

POLICY: Retention Of Records	REVIEWED: 4/1/19; 12/31/20; <u>8/2/21</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>1/29/2021 August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Retention of medical records

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

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

POLICY: Return to Work – Clinic Personnel	REVIEWED: 9/2/20; <u>8/2/21</u>
SECTION: Workforce	REVISED:
EFFECTIVE: <u>9/23/20 August Board Meeting</u>	MEDICAL DIRECTOR:

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

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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



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

POLICY: Security And Retention Of Medical Records	REVIEWED: 7/1/19; 7/1/20; <u>8/2/21</u>
SECTION: Medical Records	REVISED: 7/1/20
EFFECTIVE: <del>July Board Meeting</del> <u>August Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Security and retention of medical records

**Objective:** Patient medical records will be maintained in an Electronic Medical Record application (EMR). Should downtime processes be required, all paper medical records in the Clinic shall be kept in a secure locked location until they can be scanned into the EMR.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. The Clinic will utilize an Electronic Medical Record (EMR) to record patient demographics, problem list, medication list, and documentation of treatment rendered.
2. Should the EMR be unavailable due to downtime of the system, power failure or other unexpected event, paper forms will be used to document patient demographics, problem list, medication list, and treatment rendered.
3. Any paper records generated will be stored in the secure, locked location (drawer, cabinet, desk) located in the receptionist work area until Clinic staff can scan those paper records into the EMR.
4. After being scanned into the EMR, the paper records will be forwarded to the Administrative Medical Assistant to ensure claims are created for each patient encounter.
5. Medical records may be handled only by providers involved in the care of the patient, designated Clinic employees and employees of copy services who have signed authorizations to duplicate records.
6. MediCal Medical and Dental programs require patient records, including radiographs, must be retained for a minimum of 10 years after the last date of service.

7. Back-up functionality is maintained by the electronic medical record vendor(s) to ensure access to historical medical and dental records.
8. Should the practice disengage from an EMR, a copy of the legacy medical and/or dental records will be obtained, stored on the local server, and made available via the new software for patient care and patient access.

REVIEW

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

POLICY: Universal Precautions	REVIEWED: 3/1/19; 3/5/20; <u>8/02/21</u>
SECTION: Infection Control	REVISED: 3/5/20
EFFECTIVE: <u>April 22, 2020 August Board Meeting</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

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<sup><</sup> 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.

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 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.
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.

REVIEW

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

POLICY: Waste, Fraud, and Abuse	REVIEWED: 11/9/18; 10/14/20; <u>8/2/21</u>
SECTION: District	REVISED:
EFFECTIVE: <u>10/28/20 August Board Meeting</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:

Waste, Fraud, and Abuse  
Policy Number 215

- 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.

Waste, Fraud, and Abuse  
Policy Number 215



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>

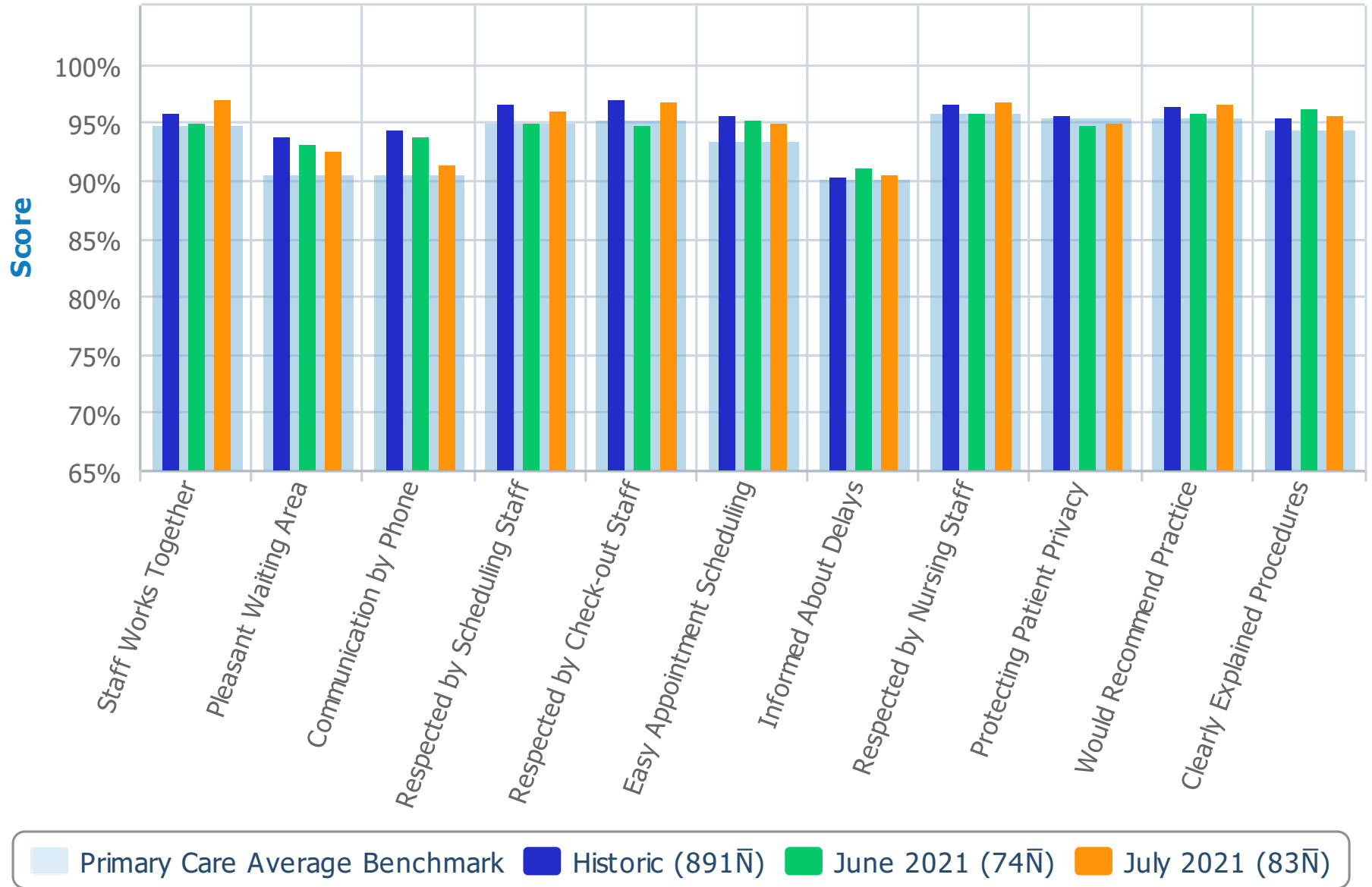
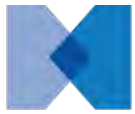
Page Last Modified:

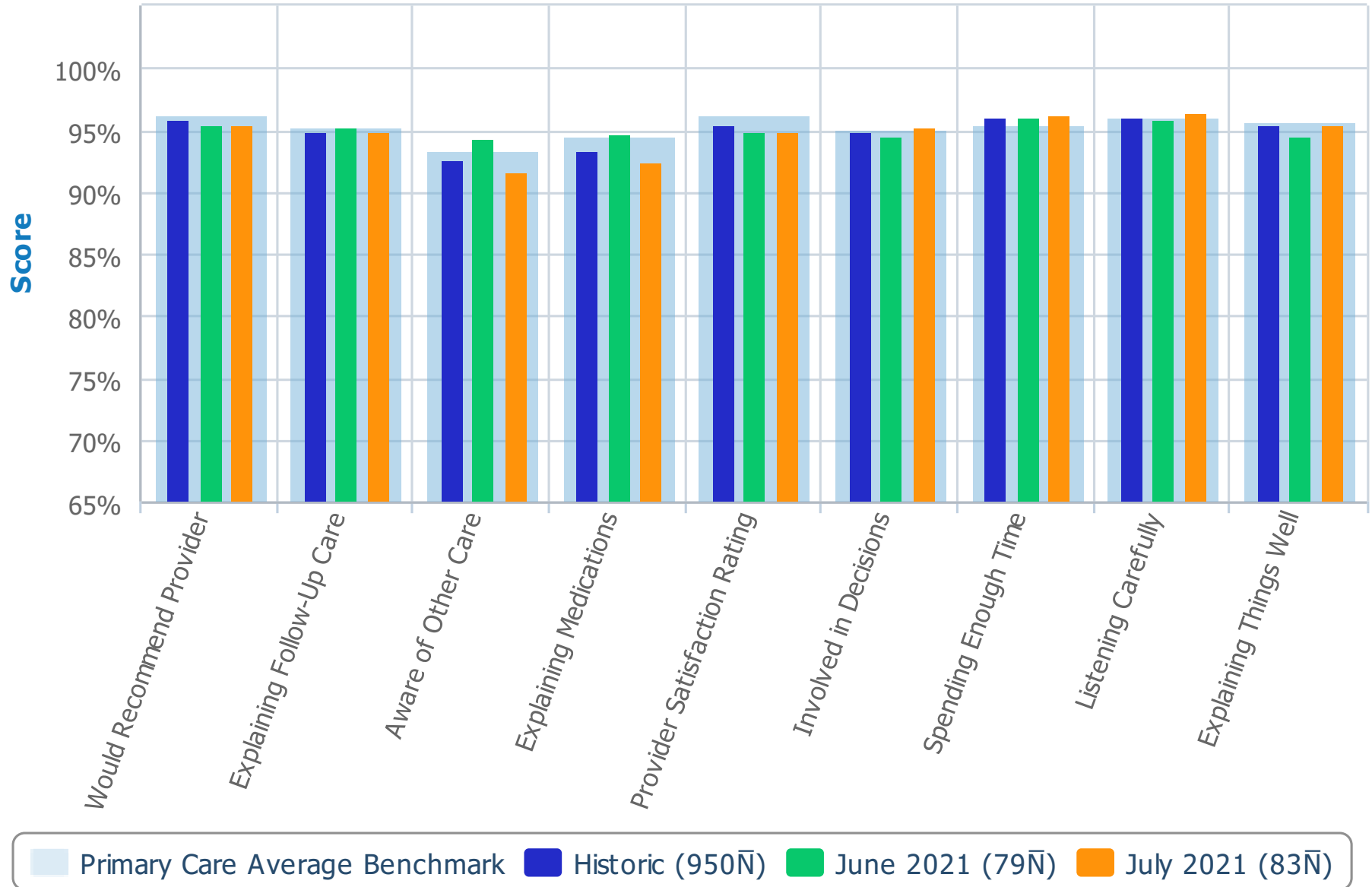
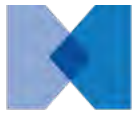
07/22/2020 10:34 AM

Waste, Fraud, and Abuse  
Policy Number 215

Formatted: Left, Space After: 10 pt, Line spacing: Multiple 1.15 li

Field Code Changed







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

**Agenda Item:** Financial Reports (as of July, 2021)  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

---

**BACKGROUND:**

The July, 2021 financial statements are attached for your review and approval.

- The July 2021 financials are presented here. Please remember the June 30, 2021 financials (our previous Fiscal Year) will stay in “DRAFT” form until the Audit is completed later this year.
- The County of Calaveras sent us our final payment for the previous fiscal year, but we are still waiting for the final reconciliation documents.
- Losses from the clinic operation appear to be getting significantly smaller 😊
- The biggest item contributing to the District’s overall loss for the month was the \$328K payment to the Foundation.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District						
Annual Budget Recap						
	07/31/21	2021 - 2022 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	517,516	5,865,872	3,191,007	1,374,865	0	1,300,000
Total Revenue	517,516	5,865,872	3,191,007	1,374,865	0	1,300,000
Expenses	(1,004,890)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Total Expenses	(1,004,890)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Surplus(Deficit)	(487,374)	(633,235)	(1,127,128)	209,608	(667,000)	951,285
<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)					

Mark Twain Health Care District									
Direct Clinic Financial Projections									
VSHWC									
7/31/2021									
2021 - 2022									
2019/2020 Actual 2020/2021 Budget 2021/2022 Budget Month to-Date 2021 Actual Month Actual Y-T-D Actual vs Budget									
Actual Y-T-D Budget Budget to-Date Actual Month Y-T-D vs Budget									
4083.49	Urgent care Gross Revenues	1,170,321	2,824,838	4,674,075	5,013,050	417,754	308,302	308,302	6.15%
4083.60	Contractual Adjustments	(953,773)	(1,038,761)	(1,087,124)	(1,848,793)	(154,066)	(176,817)	(176,817)	
	Net Patient revenue	216,548	1,786,077	3,586,951	3,164,257	263,688	131,485	131,485	4.16%
						0			
4083.90	Flu shot, Lab income, physicals			1,000	1,000	83			0.00%
4083.91	Medical Records copy fees			750	750	63			0.00%
4083.92	Other - Plan Incentives			30,000	25,000	2,083			0.00%
			0	31,750	26,750	2,229	0	0	0.00%
	<b>Total Other Revenue</b>	<b>216,548</b>	<b>1,786,077</b>	<b>3,618,701</b>	<b>3,191,007</b>	<b>265,917</b>	<b>131,485</b>	<b>131,485</b>	<b>4.12%</b>
7083.09	Other salaries and wages	(648,607)	(1,030,670)	(1,008,540)	(1,503,975)	(125,331)	(135,376)	(135,376)	9.00%
7083.10	Payroll taxes	(53,339)	(80,787)	(78,666)	(108,979)	(9,082)	(10,985)	(10,985)	10.08%
7083.12	Vacation, Holiday and Sick Leave			(9,077)	(90,239)	(7,520)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(49,982)	(169,346)	(14,112)	(11,994)	(11,994)	7.08%
7083.14	Group Life Insurance			(1,614)		0			
7083.15	Pension and Retirement		(632)	(25,214)	(1,987)	(166)			0.00%
7083.16	Workers Compensation insurance	(13,597)	(16,697)	(10,085)	(15,040)	(1,253)			0.00%
7083.18	Other payroll related benefits			(1,513)	(376)	(31)			0.00%
	Total taxes and benefits	(98,100)	(230,841)	(176,151)	(385,967)	(32,164)	(22,979)	(22,979)	5.95%
	<b>Labor related costs</b>	<b>(746,706)</b>	<b>(1,261,511)</b>	<b>(1,184,691)</b>	<b>(1,889,942)</b>	<b>(157,495)</b>	<b>(158,356)</b>	<b>(158,356)</b>	<b>8.38%</b>
7083.05	Marketing	(7,096)	(1,911)		(1,500)		(339)	(339)	
7083.20	Medical - Physicians	(607,191)	(766,094)	(905,244)	(970,115)	(80,843)	(78,770)	(78,770)	8.12%
7083.22	Consulting and Management fees	(261,571)	(106,677)	(75,000)	(35,000)	(2,917)	(1,070)	(1,070)	3.06%
7083.23	Legal - Clinic	(27,900)	1,258	0	(15,000)		(3,131)	(3,131)	0.00%
7083.25	Registry Nursing personnel			(3,000)	0	0			
7083.26	Other contracted services	(65,565)	(199,535)	(126,907)	(100,000)	(8,333)	(22,033)	(22,033)	22.03%
7083.29	Other Professional fees	(11,199)	(16,639)	(80,932)	(10,000)	(833)	(817)	(817)	8.17%
7083.36	Oxygen and Other Medical Gases	(533)	(916)	(3,703)	(1,200)	(100)	(70)	(70)	5.84%
7083.38	Pharmaceuticals			(139,504)	(40,000)	(3,333)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(211,072)	(25,714)	(95,000)	(7,917)	(27,462)	(27,462)	28.91%
7083.41.02	Dental Care Materials and Supplies - Clinic		(5,425)				(1,794)	(1,794)	
7083.41.03	Behavior Health Materials						(1,626)	(1,626)	
7083.44	Linens			(1,200)	0	0			
7083.48	Instruments and Minor Medical Equipment			(24,248)	(20,000)	(1,667)			0.00%
7083.74	Depreciation - Equipment			(150,476)	0	0			
7083.45	Cleaning supplies			(47,578)	0	0			
7083.62	Repairs and Maintenance Grounds	(1,122)		(8,104)	(5,000)	(417)			0.00%
7083.72	Depreciation - Bldgs & Improvements			(311,017)	(560,000)	(46,667)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(90,749)	(95,083)	(80,000)	(6,667)	(9,392)	(9,392)	11.74%
8870.00	Interest on Debt Service	(158,161)	(435,495)	(257,355)	(190,000)	(15,833)			0.00%
7083.43	Food	(935)	(1,070)	(2,000)	(2,000)	(167)	(211)	(211)	10.56%
7083.46	Office and Administrative supplies	(30,108)	(56,948)	(15,428)	(15,000)	(1,250)	(1,586)	(1,586)	10.57%
7083.69	Other purchased services	(50,362)	(70,531)	(232,076)	(229,727)	(19,144)	(997)	(997)	0.43%
7083.81	Insurance - Malpractice	(8,814)		(16,854)	(25,000)	(2,083)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(45,829)	(31,102)	(1,050)	(88)	(21,834)	(21,834)	0.00%
7083.83	Licenses & Taxes			(1,500)	(1,500)	(125)			
7083.85	Telephone and Communications	(5,253)	(12,906)	(20,903)	(5,100)	(425)	(474)	(474)	9.29%
7083.86	Dues, Subscriptions & Fees	(19,274)	(4,766)	(1,500)	(5,000)	(417)			0.00%
7083.87	Outside Training	(199)	(299)	(15,000)	(10,000)	(833)			0.00%
7083.88	Travel costs	(3,704)	(995)	(4,000)	(2,500)	(208)			0.00%
7083.89	Recruiting	(25,209)	(40,159)	(40,000)	(10,000)	(833)	(4,755)	(4,755)	47.55%
8895.00	RoboDoc		(22,086)	(60,000)	0	0			
	Non labor expenses	(1,502,306)	(2,088,844)	(2,695,428)	(2,428,192)	(202,349)	(176,359)	(176,359)	7.26%
	Total Expenses	(2,249,012)	(3,350,355)	(3,880,119)	(4,318,135)	(359,845)	(334,715)	(334,715)	7.75%
	<b>Net Expenses over Revenues</b>	<b>(2,032,464)</b>	<b>(1,564,278)</b>	<b>(261,418)</b>	<b>(1,127,128)</b>	<b>(93,927)</b>	<b>(203,230)</b>	<b>(203,230)</b>	<b>18.03%</b>

Mark Twain Health Care District									
Rental Financial Projections					Rental				
									7/31/2021
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	DRAFT	Budget	Budget	to-Date	Month	Y-T-D	vs BudHet
9260.01	Rent Hospital Asset amortized	1,095,293	1,089,434	1,092,672	1,092,672	91,056	90,547	90,547	8.29%
				0	0				
	<b>Rent Revenues</b>	<b>1,095,293</b>	<b>1,089,434</b>	<b>1,092,672</b>	<b>1,092,672</b>	<b>91,056</b>	<b>90,547</b>	<b>90,547</b>	<b>8.29%</b>
9520.62	Repairs and Maintenance Grounds	(6,079)		0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(651,164)	(688,595)	(758,483)	(758,483)	(63,207)	(53,149)	(53,149)	7.01%
9520.85	Telephone & Communications						(3,968)	(3,968)	
9520.72	Depreciation	(673,891)	(116,408)	(148,679)	(148,679)	(12,390)	(9,454)	(9,454)	6.36%
9520.82	Insurance								
	<b>Total Costs</b>	<b>(1,331,134)</b>	<b>(805,003)</b>	<b>(907,162)</b>	<b>(907,162)</b>	<b>(75,597)</b>	<b>(66,571)</b>	<b>(66,571)</b>	<b>7.34%</b>
	<b>Net</b>	<b>(235,841)</b>	<b>284,431</b>	<b>185,510</b>	<b>185,510</b>	<b>15,459</b>	<b>23,976</b>	<b>23,976</b>	<b>15.63%</b>
9260.02	MOB Rents Revenue	220,296	195,608	251,016	251,593	20,966	17,504	17,504	6.96%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(20,591)	(20,260)	(20,260)	8.20%
	<b>Net</b>	<b>(20,218)</b>	<b>(67,842)</b>	<b>(10,000)</b>	<b>4,498</b>	<b>375</b>	<b>(2,757)</b>	<b>(2,757)</b>	<b>-61.29%</b>
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	750	750	750	8.33%
9522.75	Child Advocacy Expenses	(297)	(1,140)	(11,000)	(11,000)	(917)			0.00%
	<b>Net</b>	<b>8,703</b>	<b>7,860</b>	<b>(2,000)</b>	<b>(2,000)</b>	<b>(167)</b>	<b>750</b>	<b>750</b>	<b>-37.50%</b>
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1800	1800	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,308,442	1,352,688	1,374,865	114,572	110,601	110,601	8.04%
		(1,574,119)	(1,073,380)	(1,181,428)	(1,165,257)	(97,105)	(86,832)	(86,832)	7.45%
	<b>Summary Net</b>	<b>(249,530)</b>	<b>235,063</b>	<b>171,260</b>	<b>209,608</b>	<b>17,467</b>	<b>23,769</b>	<b>23,769</b>	<b>11.34%</b>

Mark Twain Health Care District										
Projects, Grants and Support										
		7/31/2021								
			2019/2020	Actual	2020/2021	2021/2022	Month	Actual	Actual	Actual
			Actual	Y-T-D	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
	Project grants and support			(14,000)	(31,000)	(667,000)	(55,583)		(328,000)	49.18%
8890.00	Foundation		(465,163)			(628,000)		(328,000)	(328,000)	
8890.00	Veterans Support			0	(5,000)	0	0		0	
8890.00	Mens Health			0	(5,000)	0	0		0	
8890.00	Steps to Kick Cancer - October			0	(5,000)	0	0		0	
8890.00	Ken McInturf Laptops									
8890.00	Doris Barger Golf			0	(2,000)	0	0		0	
8890.00	Stay Vertical			(14,000)	(14,000)	(14,000)	(1,167)			0.00%
8890.00	Golden Health Grant Awards									
8890.00	High school ROP (CTE) program					(25,000)				
	<b>Project grants and support</b>		<b>(465,163)</b>	<b>(14,000)</b>	<b>(31,000)</b>	<b>(667,000)</b>	<b>(55,583)</b>	<b>(328,000)</b>	<b>(328,000)</b>	<b>49.18%</b>



Mark Twain Health Care District								
General Administration Financial Projections			6/30/2021	Admin				7/31/2021
				BUDGET				
		2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Budget	DRAFT	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	100,000	44,279	100,000	8,333	1,667	1,667	1.67%
9160.00	Property Tax Revenues	1,100,000	1,168,243	1,200,000	100,000	100,000	100,000	8.33%
9010.00	Gain on Sale of Asset							
9205.03	Miscellaneous Income (1% Minority Interest)		(20,782)		0	(3,054)	(3,054)	
	<b>Summary Revenues</b>	<b>1,200,000</b>	<b>1,191,740</b>	<b>1,300,000</b>	<b>108,333</b>	<b>98,613</b>	<b>98,613</b>	<b>7.59%</b>
8610.09	Other salaries and wages	(352,591)	(216,730)	(137,592)	(11,466)	(27,103)	(27,103)	19.70%
8610.10	Payroll taxes	(23,244)	(10,079)	(10,526)	(877)	(1,253)	(1,253)	11.91%
8610.12	Vacation, Holiday and Sick Leave	(3,173)		(8,256)	(688)			0.00%
8610.13	Group Health & Welfare Insurance	(17,474)		(11,827)	(986)			0.00%
8610.14	Group Life Insurance	(564)		0	0			
8610.15	Pension and Retirement	(8,815)	(2,588)	(703)	(59)			0.00%
8610.16	Workers Compensation insurance	(3,526)		(1,376)	(115)			0.00%
8610.18	Other payroll related benefits	(529)	(800)	(34)	(3)			0.00%
	Benefits and taxes	(57,325)	(13,467)	(32,723)	(2,727)	(1,253)	(1,253)	3.83%
	<b>Labor Costs</b>	<b>(409,916)</b>	<b>(230,197)</b>	<b>(170,315)</b>	<b>(14,193)</b>	<b>(28,356)</b>	<b>(28,356)</b>	<b>16.65%</b>
8610.22	Consulting and Management Fees	(61,500)	(4,548)	(3,000)	(250)	(232)	(232)	7.75%
8610.23	Legal	(30,000)	(928)	(10,000)	(833)	(147)	(147)	1.47%
8610.24	Accounting /Audit Fees	(125,000)	(59,302)	(40,000)	(3,333)	(2,489)	(2,489)	6.22%
8610.05	Marketing					(124)	(124)	
8610.43	Food	(2,000)		(1,500)	(125)			0.00%
8610.46	Office and Administrative Supplies	(18,000)	(14,380)	(15,000)	(1,250)	(355)	(355)	2.37%
8610.62	Repairs and Maintenance Grounds	0	(4,296)	(5,000)	(417)			
8610.69	Other- IT Services		(10,905)	0	0	(646)	(646)	
8610.74	Depreciation - Equipment	(2,500)		0	0			
8610.75	Rental/lease equipment	(9,200)		0	0			
8610.80	Utilities	(1,000)		0	0			
8610.82	Insurance	(25,000)	(16,653)	(41,900)	(3,492)	(33,094)	(33,094)	78.98%
8610.83	Licenses and Taxes	0		0				
8610.85	Telephone and communications	0		(2,500)				
8610.86	Dues, Subscriptions & Fees	(20,000)	(9,648)	(15,000)	(1,250)	(8,135)	(8,135)	54.23%
8610.87	Outside Trainings	(15,000)	(760)	(15,000)	(1,250)	(2,479)	(2,479)	16.53%
8610.88	Travel	(15,000)		(7,500)	(625)			0.00%
8610.89	Recruiting	(2,000)	(3,567)	(2,000)	(167)	(209)	(209)	10.45%
8610.90	Other Direct Expenses	(32,000)	(69,999)	(20,000)	(1,667)	(2,260)	(2,260)	11.30%
8610.95	Other Misc. Expenses							
	Non-Labor costs	(358,200)	(194,986)	(178,400)	(14,658)	(50,170)	(50,170)	28.12%
	Total Costs	(768,116)	(425,183)	(348,715)	(28,851)	(78,526)	(78,526)	22.52%
	<b>Net</b>	<b>431,884</b>	<b>766,557</b>	<b>951,285</b>	<b>79,482</b>	<b>20,087</b>	<b>20,087</b>	<b>2.11%</b>

**Mark Twain Health Care District**  
**Balance Sheet**  
As of July 31, 2021

	<b>Total</b>
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	98,631
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	159,184
1001.40 Five Star Bank - MTHCD Checking	167,169
1001.50 Five Star Bank - Money Market	99,664
1001.60 Five Star Bank - VSHWC Checking	44,409
1001.65 Five Star Bank - VSHWC Payroll	110,476
1001.90 US Bank - VSHWC	102,789
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>789,166</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	64,224
<b>Total Accounts Receivable</b>	<b>64,224</b>
<b>Other Current Assets</b>	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,559,064
115.05 Due from Calaveras County	-65,593
115.20 Accrued Lease Revenue	-15,232
1205.00 Due from insurance proceeds	593,635
1205.50 Allowance for Uncollectable Clinic Receivables	-163,712
130.30 Prepaid VSHWC	1,270
<b>Total Other Current Assets</b>	<b>10,910,945</b>
<b>Total Current Assets</b>	<b>11,764,335</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	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,624,427
1220.10 VSHWC - Buildings	5,942,457
1220.20 VSHWC - Equipment	881,552
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
<b>Total Fixed Assets</b>	<b>9,208,877</b>
<b>Other Assets</b>	

1710.10 Minority Interest in MTMC - NEW	439,690
180.60 Capitalized Lease Negotiations	356,574
<b>Total Intangible Assets</b>	<b>356,574</b>
2219 Capital Lease	6,314,956
<b>Total Other Assets</b>	<b>7,111,221</b>
<b>TOTAL ASSETS</b>	<b>28,084,433</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000 Accounts Payable	47,047
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>47,047</b>
200.10 Other Accounts Payable	
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>0</b>
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	25,287
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	24,997
227 Deferred Revenue	332,715
<b>Total Other Current Liabilities</b>	<b>462,915</b>
<b>Total Current Liabilities</b>	<b>509,961</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	1,206,479
2128.02 Deferred Utilities Reimbursement	2,192,781
2129 Other Third Party Reimbursement - Calaveras County	-100,000
2210 USDA Loan - VS Clinic	7,296,052
<b>Total Long-Term Liabilities</b>	<b>10,595,312</b>
<b>Total Liabilities</b>	<b>11,105,273</b>
<b>Equity</b>	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,902,253
Net Income	-487,374
<b>Total Equity</b>	<b>16,979,160</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>28,084,433</b>

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

**Investment & Reserves Report  
31-Jul-21**

<b>Reserve Funds</b>	<b>Minimum Target</b>	<b>6/30/2021 Balance</b>	<b>2021/2022 Allocated</b>	<b>2021/2022 Interest</b>	<b>7/31/2021 Balance</b>	<b>Annual Funding Goal</b>
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	0	319	2,206,717	
Capital Improvement Fund	12,000,000	2,935,435	0	424	2,935,860	
Technology Reserve Fund	1,000,000	1,002,908	0	145	1,003,053	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	348	2,407,328	
Loan Reserve Fund	2,000,000	2,005,816	0	290	2,006,106	
<b>Reserves &amp; Contingencies</b>	<b>19,600,000</b>	<b>10,557,538</b>	<b>0</b>	<b>1,526</b>	<b>10,559,064</b>	<b>0</b>

<b>CalTRUST</b>	<b>2021 - 2022</b>	
	<b>7/31/2021</b>	<b>Interest Earned</b>
Valley Springs HWC - Operational Reserve Fund	2,206,717	319
Capital Improvement Fund	2,935,860	424
Technology Reserve Fund	1,003,053	145
Lease & Contract Reserve Fund	2,407,328	348
Loan Reserve Fund	2,006,106	290
<b>Total CalTRUST</b>	<b>10,559,064</b>	<b>1,526</b>

<b>Five Star</b>		
General Operating Fund	588,776	30.43
Money Market Account	99,664	94.93
Valley Springs - Checking	44,439	4.35
Valley Springs - Payroll	112,783	9.07
<b>Total Five Star</b>	<b>845,662</b>	<b>138.78</b>

<b>Umpqua Bank</b>		
Checking	98,631	0.00
Money Market Account	6,444	0.06
Investments	1,514	
<b>Total Savings &amp; CD's</b>	<b>106,589</b>	<b>0.06</b>

<b>Bank of Stockton</b>	<b>159,184</b>	<b>2.70</b>
-------------------------	----------------	-------------

<b>Total in interest earning accounts</b>	<b>11,670,499</b>	<b>1,667</b>
---	-------------------	--------------

<b>Umpqua Rebate</b>		<b>0</b>
----------------------	--	----------

<b>Anthem Donation to Mamo Screening</b>		<b>0</b>
--	--	----------

<b>Total Without Unrealized Loss</b>		<b>1,667</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 Telephone  
(209) 754-2537 Fax

**Resolution 2021 – 04**

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

**Change in MTHCD Board Policies**

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

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

**WHEREAS:** The *ad hoc* policy committee has reviewed policies No. 10, 11 & 23 and have recommended changes in those policies, and presented changes to the public at the July 28, 2021, Board of Directors Meeting;

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

**RESOLVED:** That policies Number 10, 11 and 23 be amended as published in the July 28, 2021, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 25th day of August 2021, by the following vote:

**Ayes:**

**Noes:**

**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

**Conduct of Meetings:**

The President of the Board of Directors shall preside at all Board meetings at which he or she is present. The President shall have the same rights as other Board members in voting, ~~introducing~~ or seconding motions and resolutions and participating in discussions. The Board's meetings shall be conducted in accordance with *Robert's Rules of Order*, to the extent consistent with the Brown Act and these Policies.

In the event the Board President shall be unable to act please refer to MTHCD *Policy No. 4. Officers of the District.*

**Minutes Resolutions and Closed Session Minutes:**

The Secretary shall cause to be kept at the principal office of the District, a record of all meetings of the Board of Directors, showing the time and place, whether regular or special, and if special, how authorized, the notice given, the names of the Directors present, and a statement of the vote of the Directors on all motions and resolutions.

Pursuant to the Brown Act, the District Board may designate a clerk or other officer or employee of the District who shall attend each closed session of the District Board and keep, a record of topics discussed, and decisions made at the meeting. Any record made pursuant to this Policy is not a public record subject to inspection and shall be kept confidential. The record shall be available only to members of the District Board, the CEO and General Counsel, or to a court of general jurisdiction wherein the District is located, if a violation of the Brown Act is alleged to have occurred at a closed session. Such a record may, but need not, consist of a written record of the closed session.

All resolution and ordinances adopted by the Board shall be numbered consecutively, starting new at the beginning of each year.

## Request for Public Funds, Community Grants & Sponsorships:

Under the law, the District may provide assistance to health care programs, services and activities at any location within the District for the benefit of the District and the people served by the District and to non-profit provider groups and clinics functioning in Calaveras County in order to provide adequate health services to people in communities served by the District. (Calaveras Health and Safety Code Sections 32121(j) and 32126.5)

B. The community's health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women's Issues, Children's needs, Areas of consideration, **Social determinants of health and access to food**, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.

C. POLICY: The District shall have a Golden Health Community Grants and Sponsorship program, as finances allow, to address identified community health care needs as envisioned by the Mission Statement and the Strategic Plan. In conjunction with setting the District's annual budget each year, the District shall determine the amount to be budgeted to help fund these grant and sponsorship needs. It is the District's policy not to sponsor fundraising events. The District shall advertise a Call for Grant and Sponsorship Requests. Information regarding the availability of Community Grant funding and the application process will be posted on the District's website and publicized appropriately so that eligible applicants may make timely applications. The final decision regarding grant and sponsorship recipients shall be made by the District Board.

### D. GRANT and SPONSORSHIP REQUESTS:

#### 1. Requirements:

- a. All Grant and Sponsorship requests must be submitted in writing on the MTHCD Golden Health Community Grant and Sponsorship Form and must be filled out in accordance with instructions provided. Completed Golden Health Community Grant and Sponsorship Request Forms shall be returned to the District Grants Committee by mail or email within the specified time frame.
- b. Requests for Grant and Sponsorship applications will go out in **February**. Grant and Sponsorship applications will be reviewed and recipients will be selected in March. All applicants will receive notification letters of grant awards or denials in April. Recipients will receive grant awards in April and press releases will follow.
- c. When requesting Grant funding for health care related equipment, requestors should consider service contract pricing, warranty pricing, supplemental equipment pricing, training, and related expenses, etc. to arrive at the total estimated price. Copies of price quotes should be attached to the request form.



- d. When requesting Sponsorship funding for health fairs, health education and training projects, etc. requestors should provide complete information about the event/project and how it relates directly to providing health-related services to people in this District.
- e. The District shall have the option to sponsor student scholarships in human health-related fields of higher learning, health education classes or other community services, at its own discretion, outside of the above sponsorship process, as deemed appropriate.

## 2. Processing Grant and Sponsorship Requests

a. Decision Tree will be used to guide the Committee in processing applications (Attachment # 2)

- b. Once Grant requests are received, they will be reviewed by the District Grants Committee and recommendations will be made to the MTHCD Board for approval.
- c. The Grants Committee will assess the grant applicant's ability to effectively administer the project being funded.
- d. The Grants Committee may make pre-award site visits to assess the appropriateness of grant requests. Visits may be unannounced.
- e. Those items marked as urgent need will have priority consideration when reviewing grant opportunities.
- f. Requests for emergency or interim funding that fall outside the normal grants application cycle may be presented to the Board for Approval after review and recommendation by the Board President and Executive Director, or the Grants Committee.
- g. Completed grant requests shall be processed in accordance with the subsection below.
- h. Grant and Sponsorship notification letters for awards and denials shall be provided to all applicants. This information will be tracked and recorded in a database by the District Administrative Assistant or Executive Director.

## 3. Approved Grants and Sponsorship Requests

- a. The Grants Committee shall notify the applicant and the District Finance Committee of the grant or sponsorship award.
- b. Grants and Sponsorships shall be awarded for a period not to exceed one year.
- c. The Grant or Sponsorship recipient, Grants Committee and the District Executive Director will work together to develop and distribute a press release.

## E. ACCOUNTABILITY:

- 1. The Grants Committee may make post-award site visits to assess the appropriate use of the grant award. Visits may be unannounced.

2. Grant recipients will be asked to make a brief 5-minute presentation to the Board, approximately 6 months after receiving the grant award, to account for the appropriate intended use of the grant.
3. Grant recipients shall provide the Board with a final accounting of grant awards at the end of each fiscal year.
4. Grant recipients who do not effectively administer their grant funding as intended, may be asked to return unused grant money and may become ineligible to apply for future grants for a period of up to 2 years.



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

**Policy # 23 - Attachment # 1  
GOLDEN HEALTH COMMUNITY GRANTS APPLICATION**

Name of Group or Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Provide your 501 (c) 3 Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Description of Project, Including Purpose, Date and Target Population:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Total Cost of Project: \_\_\_\_\_

Please Submit Project Budget: Other Sources of Funding: \_\_\_\_\_

Please describe how this grant will impact the health of the community within the scope of the MTHCD health priorities. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send your completed application to: MTHCD Golden Health Community Grants, P O Box 95, San Andreas, CA 95249 or email to [pstout@mthcd.org](mailto:pstout@mthcd.org)

Below is for District Use:

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed Date: \_\_\_\_\_

Denied Date: \_\_\_\_\_

Date Board Approved: \_\_\_\_\_



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

**Policy # 23 - Attachment # 2**

<b>Decision Tree</b>			
<b>Requests For District Participation</b>			
		<b>Reviewer</b>	
<b>1. Is The Project Within The District Jurisdiction (County Borders)?</b>	<b>Yes, Go To Question # 2</b>	<b>CEO</b>	<b>No, Reject.</b>
<b>2. Is The Project Health Care?</b>	<b>Yes, Go To Question # 3</b>	<b>CEO</b>	<b>No, Reject.</b>
<b>3. Is The Project Legal?</b>	<b>Yes, Go To Question # 4</b>	<b>CEO</b>	<b>No, Reject.</b>
<b>4. Does The District Have Capacity, Infrastructure, Funding To Do The Project?</b>	<b>Yes, Go To Question # 5</b>	<b>CEO</b>	<b>No, Refer To Grants Committee</b>
<b>5. Is There Liability To The District?</b>	<b>No, Go To Question # 6</b>	<b>CEO</b>	<b>Yes. Check With District Carrier</b>
<b>6. Refer To Grants Committee</b>	<b>Yes. Refer To Board</b>	<b>Chair</b>	<b>No, Inform Board.</b>
<b>Other Considerations: Is There History?</b>			
<b>Is It Political?</b>			
<b>Is It A Fundraiser? For What?</b>			
<b>Are There Legal Contracts, MOU's</b>			
<b>Is It Within Budget?</b>			



**MARK TWAIN  
HEALTH CARE DISTRICT**

P. O. Box 95  
San Andreas, CA 95249-0095  
(209) 754-4468 Fax (209) 754-2537

**Policy # 23 - Attachment # 3**

**MTHCD GRANT TIMELINE**

<b>TimeLine</b>	<b>Action</b>	<b>Responsibility</b>	<b>Approval/Oversite</b>
<b>June</b>	Establish Budget	Executive Director Grants Committee	MTHCD Board
<b>November-December</b>	Previous Year's Recipients to present results to Board	Executive Assistant	Executive Director
<b>January</b>	Develop Advertising	Executive Director Administrative Assistant	Grants Committee
<b>January February</b>	Post on Website Post on Social Media	Executive Assistant	Executive Director
<b>February</b>	Advertise	Executive Assistant	Executive Director
<b>March</b>	Deadline for applications	Executive Assistant	Grants Committee
<b>March</b>	Review applications Consider on-site review	Grants Committee	Grants Committee
<b>March-April</b>	<b>Final Selection</b>	<b>Grants Committee? Special workshop?</b>	<b>Board ?</b>
<b>April</b>	All Applicants receive letters	Executive Assistant	Signature, Grant Committee Chair
<b>May</b>	Recognition Ceremony	Board Meeting?	
<b>May-June</b>	Recipients Sign Contracts	Executive Assistant	Executive Director
<b>May-June</b>	Previous year's recipients to provide final accounting	Executive Assistant	Executive Director
<b>June</b>	Maintain Database	Executive Assistant	Executive Director
<b>June</b>	Establish Next Budget	Executive Director Grants Committee	MTHCD Board
<b>August-September</b>	Consider Site Visits	Grants Committee	Last Updated 4-17-2021



**MARK TWAIN  
HEALTH CARE DISTRICT**

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

**Attachment # 4**

Today's Date: \_\_\_\_\_

Recipient Address

Attn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Re: Letter of Agreement for [Recipient] for (Program) \_\_\_\_\_

Dear \_\_\_\_\_:

The Mark Twain Health Care District ("**MTHCD**") agrees to provide [Recipient] with funds to help support its (Program) \_\_\_\_\_ that will serve members of the community who live, work, or obtain an education within the boundaries of MTHCD ("**Program**"); specific details of which are incorporated into this funding agreement through the proposal submitted by [Recipient] and attached hereto as Exhibit A. MTHCD agrees to provide support with funds as follows:

1. MTHCD will provide \_\_\_\_\_ Dollars (\$\_\_\_\_\_) to [Recipient] to use to support the Program ("**Funds**"). [Recipient] represents and warrants that Funds will be expended exclusively to support the Program, as set forth in Exhibit A attached hereto, and not for any other use or purpose. Any and all Funds not expended to support the Program must immediately be returned to MTHCD.

2. [Recipient] will comply with all recordkeeping and reporting requirement as outlined in Mark Twain Health Care District Recordkeeping & Reporting Requirements, attached hereto as Exhibit B, including reporting to MTHCD on the dates following six (6) months and twelve (12) months following the date of this letter.

3. MTHCD has the right to verify the proper use of the Funds and may, upon five (5) days written notice, audit and inspect all of the [Recipient]'s books, records, and documents of every kind related to the operation, administration, and expenditures of the Program.

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

Last updated 4-17-2021 to Baord 7-28-2021

4. MTHCD funds shall be applied only for the benefit of program recipients living, working, or attending school within the district and shall only be used to fund the Program.

5. If the Program is terminated or substantially modified at any time during the grant period, MTHCD may withdraw any remaining Funds not yet paid.

6. [Recipient] shall indemnify, defend, and hold harmless, MTHCD, its directors, officers, staff and authorized representatives, from and against all costs, expenses, and attorney’s fees, arising directly or indirectly, out of, in connection with, or relating to the MTHCD’s participation in [Recipient]’s Program pursuant to this Agreement. This obligation shall not be qualified or eliminated by any allegation, finding, judgment, or verdict that any indemnitee is responsible for a passively negligent act or omission, except where such negligence was the principal cause.

The foregoing sets forth the terms and conditions of the agreement between MTHCD and [Recipient], and shall be effective immediately upon signing by both parties. By their signatures below, each of the following represent and warrant that they have authority to execute this agreement and to bind the party on whose behalf their execution is made.

Very Truly Yours,

Mark Twain Health Care District  
Board of Directors

Dated: \_\_\_\_\_, 202\_\_

By: \_\_\_\_\_

Randall Smart MD, Chief Executive Officer  
P O Box 95, San Andreas CA 95249-0095

\_\_\_\_\_  
(Recipient)

Dated: \_\_\_\_\_, 202\_\_

By: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_  
(Print Name) (Title)

Address: \_\_\_\_\_

**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

Last updated 4-17-2021 to Board 7-28-2021



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

**Resolution 2021 – 07**

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

**Change in MTHCD Board Policies**

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

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

**WHEREAS:** The *ad hoc* policy committee has reviewed policies No. 8, 9-Retired, 12, 13 and 14 and have recommended changes in those policies, and presented changes to the public at the August 25, 2021, Board of Directors Meeting;

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

**RESOLVED:** That policies Number 8, 9-Retired, 12, 13 and 14 be amended as published in the Sept. 29, 2021, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 29th day of September 2021, by the following vote:

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

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

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer



Board Meeting Agenda:

**8.1 Agenda Preparation.** The General Manager, **Chief Executive Officer** in cooperation with the Board President, shall prepare an agenda for each regular and special meeting of the Board of Directors in accordance with the Brown Act. Any Director may contact the Executive Director and request an item to be placed on the agenda no later than 5:00 P.M. on the day that is 48 hours prior to the closing of the agenda for the next meeting date.

**8.2 Public Requests.** **Five days prior to posting**, any member of the public may request that a matter directly related to District business be placed on the agenda of a regularly scheduled meeting of the Board of Directors, subject to the following conditions:

**8.2.1** The request must be in writing and be submitted to the ~~Executive Director~~ **Chief Executive Officer** [or other responsible managing employee] together with supporting documents and information, if any, at least seven business days prior to the date of the meeting.

**8.2.2** The ~~Executive Director~~ **Chief Executive Officer** shall be the sole judge of whether the public **shall advise the Board if the request** is or is not a matter directly related to District business."

**8.2.3** The ~~Executive Director~~ **Chief Executive Officer** shall ~~determine the~~ **advise the Board of the** timing of when the item will be placed on the agenda.

**8.2.4** The public member requesting the agenda item may appeal the ~~General Manager's~~ **President's** decision at the next regular meeting of the Board of Directors. Any Director may request that the item be placed on the agenda of the Board's next regular meeting.

**8.2.5** ~~No matter which is legally a proper~~ **issues which are legally and proper** subject for consideration by the Board in closed session will be accepted under this policy.

**8.2.6** The Board of Directors may place limitations on the total time to be devoted to a public request issue at any meeting and may limit the time allowed for any one person to speak on the issue at the meeting.

**8.3 Agenda Descriptions.** All Board agendas shall include an unambiguous description of each item on the agenda to be discussed, including closed session items. The Executive Director shall ensure that the description gives notice to the public of the essential nature of business to be considered.

**8.4 Agenda Posting.** Agendas for regular meetings shall be posted 72 hours in advance of the meeting and agendas for special meetings shall be posted 24 hours in advance of the meeting. The posting must occur in a place that is freely accessible to the public and on the District's website. A touch screen electronic kiosk may take the place of the paper posting. ~~On or before January 1, 2019, the~~ internet posting shall occur on the District's primary website homepage through a prominent, direct link to the current agenda. The agenda shall also be accessible in an open format ~~by that date.~~

**8.5 Agenda Packages.** When distributing agenda packages and other materials to members of the Board of Directors, those materials should be provided to all members at the same time. Agenda packages, except for closed session materials, should also be made available to the public once distributed to the Board.

**8.6 Public Comment.**

9.6.1 For regular meetings the Board shall provide the public with an opportunity to address not only any item on the agenda but any item within the subject matter jurisdiction of the District.

9.6.2 For special meetings, the Board shall provide the public with an opportunity to address any item on the agenda.

9.6.3 The Board may not prohibit public criticism, but shall control the order of the proceedings, including placing reasonable time limits on public comment.

9.6.4 The Board may not require members of the public to give names or sign a register as a condition of attendance or speaking.

**8.7 Closed Sessions.** The Board may conduct a closed session during a noticed meeting for certain matters, as identified on the agenda, where it is necessary to conduct business in private. Major reasons for permissible closed sessions, as authorized by the Brown Act, include real property transactions, labor negotiations, and pending litigation. The Board shall allow public comment on any closed session item before going into closed session.

**8.8 Items Not On The Agenda.** The Board shall not discuss or take action on any item that does not appear on the posted agenda except that the Board may act on items not on the agenda to address emergency situations, subsequent need items, and hold-over items from a continued previous meeting held within the prior five days. The Board may also respond to public comments and make announcements.

**8.9 Topics for Discussion at Board Meetings.** Pursuant to the Brown Act, no action or discussion shall be taken on any item not appearing on the posted agenda, except as provided by law.

**Topics for Discussion at Board Meetings:**

~~Pursuant to the Brown Act, no action or discussion shall be taken on any item not appearing on the posted agenda, except as provided by law.~~

The above has been added to Policy No. 8 and Policy No. 9 will be retired.

**Conflict of Interest Code and Ethics:**

**12.1 CONFLICT OF INTEREST CODE.**

The Board approved Resolution No. ~~2014-6 on December 10, 2104~~ **2020-06 on August 26, 2020** which adopted the terms of Section 18730 of Title 2 of the California Code of Regulations and any amendments to said provision approved by the Fair Political Practices Commission, as the District's Conflict of Interest Code.

**12.2 DISCLOSURE OF ECONOMIC INTERESTS.**

Individuals required to file statements of economic interests under the District's Conflict of Interest Code must submit those statements to ~~the Executive Director,~~ **Chief Executive Officer** as the District's filing officer. The Executive Director shall retain the statements and make them available for public inspection and reproduction, as required by the Political Reform Act, or forward them to the County of Calaveras or the Fair Political Practices Commission as required by law.

**12.3 AB 1234 ETHICS TRAININGS**

The ~~Executive Director~~ **Chief Executive Officer** shall be responsible for scheduling ethics training for all members of the Board of Directors on a biennial basis as required by Assembly Bill 1234 ("AB 1234"). The AB 1234 trainings shall also be held within three (3) months of a newly elected member of the Board of Directors assuming office. The trainings shall conform to the content and length requirements of AB 1234.

**Appointments to the District Board:**

Any vacancy upon the Board of Directors may be filled by appointment by the remaining members of the Board of Directors or by special election, for such term and under such conditions as may be specified bylaw.

**Conduct Related To Elections:**

Public elections shall be held to fill all seats on the Board of Directors, except seats becoming vacant prior to the expiration of a Director's elected term, or as otherwise provided by law. Elections shall be conducted as provided in the Local Health Care District Law and the California Elections Code.

Elections shall be held in even-numbered years and consolidated with general elections, when feasible. The person receiving the highest number of votes for each office to be filled shall be elected. The election of the Directors shall be staggered in alternatively even-numbered years so that three (3) Directors will be elected in a given even-numbered year and the remaining Directors will be elected in the following even-numbered year.

Note: For Further Information Refer to:  
The County Clerk-Recorder  
Calaveras County Elections Office  
891 Mountain Ranch Rd  
San Andreas, CA 95249  
(209) 754-6376  
Fax (209) 754-6733