



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

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

**Wednesday February 23, 2022
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 Finance Committee Meeting Minutes for January 19, 2022
- Un-Approved Board Meeting Minutes for January 26, 2022:

B. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) - Extend The Time To Teleconference:

- **Resolution 2022 - 02:** Authorizing Remote Teleconference Meetings of the Board of Directors (AB 361) for a 30-day period – Expires Feb 25, 2022 (Information only).

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
 - ACHD February 2022 Advocate:
 - Board Self Assessment:
 - California Advancing & Innovating Medi-Cal Program (CalAIM):.....Ms. Hack
- Meetings with MTHCD CEO:

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

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

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

- COVID Vaccine Outreach:
- VS H&W Center – Policies and Forms: Public Comment – **Action**
 - Policies for February 2022 - Valley Springs Health & Wellness Center:

Policies for Review

Medical Staff Credentialing & Governance:

- Strategic Planning – Matrix:
- District Projects Matrix – Monthly Report:
- Grant Report:.....Ms. Tapps
- Program Manager:.....Ms. Stanek

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

- Quality – Jan. 2022:
- MedStatix - Jan. 2021:

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

7. Committee Reports:

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

- Financial Statements – January 2022: Public Comment – **Action**
- MTMC Non-Electric Utilities 2021: Public Comment – **Action**.....Dr. Smart

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

- Policy No. 22 – Investment - Public Comment – **Action**

C. Ad Hoc Personnel Committee:Ms. Reed / Ms. Minkler

D. Ad Hoc Grants Committee:.....Ms. Reed / Ms. Sellick

8. Board Comment and Request for Future Agenda Items:

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

9. Next Meeting:

- A. The next MTHCD Board Meeting will be Wednesday March 23, 2022 at 9am.**

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board Meeting Feb. 23, 2022

Time: Feb 23, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83207424239?pwd=N2ltdHhTVTNVMDJiMFVTSVE2OFcxQT09>

Meeting ID: 832 0742 4239

Passcode: 737465

One tap mobile

+16699006833,,83207424239#,,,,*737465# US (San Jose)

+13462487799,,83207424239#,,,,*737465# 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: 832 0742 4239

Passcode: 737465

Find your local number: <https://us02web.zoom.us/u/kbFssA7ge2>

- 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.



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

9:00 am
 Wednesday January 19, 2022

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 Lori Hack at 9:02am.

2. Roll Call:

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

3. Approval of Agenda: Public Comment - Action:

Public Comment: None
 Motion: to approve agenda by Mr. Randolph
 Second: Ms. Hack
 Vote: 2-0

This Institution is an Equal Opportunity Provider and Employer

Minutes – Jan. 19, 2022 MTHCD Finance Committee Meeting

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

Hearing None

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

A. Resolution 2022 – 01:

- Authorizing Remote Teleconference Meetings of the Board of Directors (AB 361) for a 30-day period – Expires Feb 18, 2022.

B. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Nov. 17, 2021:

Public Comment: None

Motion: to approve Consent Agenda, Resolution 2022-01 and 11/17/21 Finance Committee Minutes by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

6. Chief Executive Officer's Report:

- Grant Summary:

“See packet page 11

7. Cost Report – Medicare: July 1, 2020 – July 30, 2021

“See packet pages 12-24”

Page 23, Row 7 shows actual cost per appointment at \$230.61.

8. Real Estate Review:

Mr. Randolph has been collaborating with staff to review and track all maintenance agreements.

9. Accountant's Report:

- Nov. & Dec. 2021 Financials Will Be Presented to The Committee: Public Comment – **Action**

“See packet pages 25-57”

Public Comment: None

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Minutes – Jan. 19, 2022 MTHCD Finance Committee Meeting

Motion: to approve November 2021 Financials with Interest & Reserves Report by Mr. Randolph
Second: Ms. Hack
Vote: 2-0

Public Comment: None

Motion: to approve December 2021 Financials with Interest & Reserves Report by Mr. Randolph
Second: Ms. Hack
Vote: 2-0

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

“See packet pages 58-82”

10. Treasurer’s Report:

Ms. Hack is now on the Finance Committee for ACHD until August 2022.

11. Comments and Future Agenda Items:

No applicants for the Volunteer seat for the Finance Committee. Committee members encouraged to spread the word about the open seat.

Dr. Smart had a phone call with Cal AIM, California Health & Wellness & The Anthem Regional Manager to discuss a funding opportunity that could benefit patient care in Valley Springs.

12. Next Meeting:

- A. There is a need to change the February Finance Committee Meeting to Friday Feb. 11, 2022, at 9am.

13. Adjournment: - Action

Public Comment: None

Motion: to adjourn by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

Time: 9:53am

This Institution is an Equal Opportunity Provider and Employer

Minutes – Jan. 19, 2022 MTHCD Finance Committee Meeting

Traci Tapps is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

Time: Jan 19, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85077276618?pwd=RkZoVXNnNEE3ZU1iRUUpwNWIYc0k3dz09>

Meeting ID: 850 7727 6618

Passcode: 999519

One tap mobile

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+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

Meeting ID: 850 7727 6618

Passcode: 999519

Find your local number: <https://us02web.zoom.us/j/85077276618?pwd=RkZoVXNnNEE3ZU1iRUUpwNWIYc0k3dz09>

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:

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Minutes – Jan. 19, 2022 MTHCD Finance Committee Meeting



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 9:00 am**

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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 Linda Reed at 9:05am

2. Roll Call:

	In Person	Via Zoon/Phone	Absent	Time of Arrival
Linda Reed		X		
Debbie Sellick				9:06am
Lori Hack		X		
Richard Randolph		X		
Nancy Minkler		X		

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 Minutes – January 26, 2022 MTHCD Board Meeting

3. Approval of Agenda: Public Comment - Action

Public Comment: None
Motion to approve agenda by Mr. Randolph
Second: Ms. Hack
Vote: 4-0

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

5. Consent Agenda: Public Comment - Action

A. Un-Approved Minutes:

- Un-Approved Special Finance Committee Meeting Minutes for November 17, 2021:
- Un-Approved Special Board Meeting Minutes for November 17, 2021:
- There were no meetings or minutes for December 2021:

B. Correspondence:

- Calaveras Senior Center – Thank You (Nov. 23, 2021)
- Calaveras Community Foundation (Nov 2021)

C. Resolution: (AB 361) Gov. Code Sect. 54953(e)(3) - Extend the time to teleconference:

- **Resolution 2022 - 02:** Authorizing Remote Teleconference Meetings of the Board of Directors (AB 361) for a 30-day period – Expires Feb 25, 2022

Public Comment: None
Motion to approve minutes by Mr. Randolph
Second: Ms. Minkler
Vote: 4-0

* Ms. Sellick joined the meeting via Zoom

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):

- ACHD January 2022 Advocate:

“See packet pages 21-23”

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

Launched funded projects aimed at helping with Housing/Meals/Respite Care/Transportation and Sobering Centers for those in need.

- Meetings with MTHCD CEO:

Weekly calls, minus the holiday season. Most topics discussed are on the agenda for discussion today.

B. MTMC Community Board Report:

Ms. Sellick: Patient Satisfaction is up. 8 COVID inpatients as of last week.

C. MTMC Board of Directors:

Meets Friday, January 28, 2022

D. Chief Executive Officer’s Report:

Dr. Smart: VSHWC has been given NHSC site designation for Education Loan Forgiveness for potential clinic providers.

Calaveras Public Power Agency (CPPA) sent a notice stating there will be an annual increase of about \$65,000 beginning in the summer of 2022. Some members plan to attend CPPA Board meeting in May.

- Restatement MTHCD 401k Plan – Full Document is Available at the District Office:

- **Resolution 2022 – 03 MTHCD 401k Plan – Restatement:** Public Comment – **Action**

Public Comment: None

Motion to approve 401K reinstatement by Mr. Randolph

Second: Ms. Hack

Roll call vote called: Ms. Minkler – Aye. Ms. Sellick – Aye. Mr. Randolph – Aye. Ms. Hack – Aye. Ms. Reed – Aye.

Vote: 5-0

- Strategic Planning - Matrix:
“See packet pages 28-29”
- District Projects Matrix – Monthly Report:
“See packet page 30”
- Credentialing:
Dr. Smart: the policy for re-credentialing providers is in process.
- COVID Vaccine Outreach:
Clinic is running on Thursdays 1:30-3:30. Over 600 vaccinations given to date. 15-20 vaccines per clinic (Moderna) Sunrise Pharmacy offers Pfizer vaccinations
- MTMC Digital Sign - City Signs:
“See packet pages 31-32”
Director, Minkler asked for an MOU.
- Behavioral Health Program:
Presenter unavailable
- District Program Manager:
Ms. Stanek: RoboDoc is up and running at 4 sites. Next week to start on-site visits to help firsthand with staff and collect feedback as to how the program is working.
Stay Vertical classes started 1/11/22. Five classes in three locations, including Tai-Chi and strength training.

Board requests monthly reports on these programs.
- Grant Report:
“See packet page 33”
- ACHD Certification:

Application is 98% complete.

- Quality – Dec. 2022:

“See packet page 34”

- MedStatix - Dec. 2021:

“See packet pages 35-38”

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

- Policies for January 26, 2022 - Valley Springs Health & Wellness Center:

New Policies

Referrals to Community Service

Consent for Treatment 1.0

Depression Screening

Assessment and Treatment Planning

Consent and Information Sharing-Children

Integrated Behavioral Health Peer Review

Patient Engagement and Re-Engagement

Patient Privacy, Confidentiality & Release of Information

Employee COVID-19 Vaccine & Precautions Policy

Standardized Procedure for Employee COVID-19 Rapid Testing

Public Comment: None

Motion to approve new policies by Ms. Hack

Second: Ms. Minkler

Vote: 5-0

E. Stay Vertical Calaveras:

Stay Vertical classes started 1/11/22. Five classes in three locations, including Tai-Chi and strength training.

7. Committee Reports:

A. Finance Committee:

- 2020-2021 Audit: Public Comment – **Action**

“See packet pages 60-86”

Public Comment: None

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Minutes – January 26, 2022 MTHCD Board Meeting

Motion to accept 2021 Audit as presented by Ms. Sellick
Second: Mr. Randolph
Vote: 5-0

- Financial Statements Will be Presented for November & December 2021:

“See packet pages 87-102”

- November 2021: Public Comment – Action

“See packet pages 87-102”

Public Comment: None

Motion to approve November Financials and Interest & Reserve Report by Mr. Randolph

Second: Ms. Sellick

Vote: 5-0

- December 2021: Public Comment – Action

“See packet pages 103-119”

Public Comment: None

Motion to approve December Financials and Interest & Reserve Report by Mr. Randolph

Second: Ms. Minkler

Vote: 5-0

B. Ad Hoc Policy Committee:

Meeting in February 2022

C. Ad Hoc Personnel Committee:

Succession of Executive Staff has been put into place.

- Personnel Manual: Public Comment – Action

“See packet pages 120-158”

Public Comment: None

Motion to approve Personnel Manual with 20hr vacation accrual basis by Ms. Hack

Second: Ms. Sellick

Vote: 4-0

*Mr. Randolph lost connection to zoom.

D. Ad Hoc Grants Committee:

- Inner Wellness – Dana M. Nichols:

“See packet pages 159-160”

MTHCD will not be supplying grants for this fiscal year due to COVID related revenue reduction.

Inner Wellness program currently running with no district involvement.

8. Board Comment and Request for Future Agenda Items:

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

Hearing None

9. Next Meeting:

- A. The next MTHCD Board Meeting will be Wednesday February 23, 2022 at 9am.

10. Adjournment: Public Comment – Action:

Public Comment: None

Motion to adjourn by Ms. Minkler

Second: Ms. Hack

Vote: 4-0

Time: 11:17am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Jan. 26, 2022 Board Meeting

Time: Jan 26, 2022 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89642184578?pwd=YkNoV0RQaHZ2eHFiVVVhbjJMUXFRUT09>

Meeting ID: 896 4218 4578

Passcode: 205397

One tap mobile

+16699006833,,89642184578#,,,,*205397# US (San Jose)

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Dial by your location

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- Effective - Mar 17, 2020.

This Institution is an Equal Opportunity Provider and Employer
Minutes – January 26, 2022 MTHCD Board Meeting

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;”
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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.

**Resolution No. 2022 - 02
Authorizing Remote Teleconference Meetings of The Board of
Directors for A 30-Day Period – Expiring Feb 25, 2022**

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

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

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

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

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

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

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

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

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

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NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

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

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

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

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

Adopted, Signed, and Approved this 26th day of January 2022.

Linda Reed, President _____

STATE OF CALIFORNIA)

COUNTY OF)

CALAVERAS) ss

I, Debra Sellick, Secretary of the Mark Twain Health Care District Board of Directors Do Hereby Certify that the forgoing Resolution No. 2022 – 02 was duly adopted by the Board of Directors of said District at a Special Meeting held on the 26th day of January 2022 by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: Debra Sellick, Secretary: _____

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ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate February 2022

What's New This Month:

- New Models Needed to Train the Future Health Workforce
- Legislative & Budget Highlights
- Share your ideas for Education Today!

CEO MESSAGE

In recent conversations with healthcare district leaders, they have shared their pain points with regard to staffing and workforce shortages. One member singled out addressing workforce as **priority number one, two and three for their organization.**

Solving here-and-now staffing issues, while simultaneously developing the future workforce, is expensive and complicated. Statewide solutions can be controversial, take time, and may even require legislative or regulatory changes. One thing is clear, years of underinvestment in health care workforce development left California vulnerable when the pandemic hit, exacerbating an already looming workforce crises.

That's why ACHD was pleased that Governor Newsom's January budget included investments in the "care economy." Please find more details on his proposals below. While investments are key to ensuring an adequate health workforce pipeline into the future, innovation is also critical. New, innovative models for training health professionals into the future will be required. Utilizing apprenticeship-style training, allowing for additional simulation hours, and overcoming various scope of practice issues are just a few areas that are ripe for modernization, but complex to address.

In January, I was pleased to be invited to speak with **U.S. Department of Labor, Employment and Training Administration** grantees about closing the skills gap in health care through apprenticeship and other innovative models of training. You can view the panel presentation [here](#). The consensus was that it



Cathy Martin
Chief Executive Officer

will take a multi-faceted approach to address this crisis. Moving forward, it will take reimagining how we share resources across agencies and eliminating unnecessary barriers for those who want to join the “care economy”.

ACHD extends our deepest gratitude to our member districts who have responded to the needs of their residents throughout the COVID-19 pandemic. We are here to support you and thank you for your service to your community. It is our hope that through new investments, the state will eventually realize a health workforce supply that ensures access to care for all Californians.

LEGISLATIVE UPDATE



COVID Supplemental Paid Sick Leave

On Wednesday February 9, Governor Newsom signed [SB 114](#) reinstating supplemental paid sick leave for eligible employees, for up to 80 hours. The bill takes effect on February 19, and retroactively covers the period of January 1, 2022- September 30, 2022. Read Governor Newsom’s [press release here](#).

Kaiser Medi-Cal Managed Care Deal

DHCS announced a proposal to contract directly with Kaiser Permanente as a Medi-Cal managed care plan. The proposed five-year contract would take effect January 1, 2024. Under the contract Kaiser would operate as a Medi-Cal managed care plan, with the exception that it will not follow the traditional enrollment and plan choice methods. The DHCS [proposal is available here](#). The following articles are available that further detail the nuances and politics surrounding the deal: [LA Times](#), [Kaiser Health News \(KHN\)](#), and [Cal Matters](#).

State Budget Hearings

The Legislature is in full budget mode as they meet to hear proposal's included in the Governor's January budget. ACHD is closely monitoring and actively providing feedback on a number of proposals including the significant investment's in care economy workforce, workforce pipeline programs, and Medi-Cal expansions.

Earlier this week, the Assembly's Budget Sub Committee 1 on Health and Human Services heard the Governor's proposal on the Office of Health Care Affordability under HCAI. Director Elizabeth Landsberg touched on concerns raised specifically by ACHD on impacts to district hospitals. View the Committee's [materials here](#) and [watch the hearing here](#).

Bills of Note:

- **AB 1400 (Kalra) & ACA 11: Single Payer:** As many are aware, [AB 1400](#) (Kalra) the single payer bill sponsored by the California Nurses Association (CNA) failed to be taken up for a vote before meeting its two-year deadline. The measure's author shared the following press release echoing that he simply lacked the votes needed. Note that AB 1400's companion measure ACA 11 is not subject to the same deadline and could still move forward this year. [ACA 11](#) is a constitutional amendment that establishes the funding mechanisms needed to fund a single payer system - including a payroll tax.
- **SB 213 (Cortese): Workers' Compensation: Hospital Employees:** On the same day AB 1400 failed, [SB 213](#) (also sponsored by CNA) passed off the Senate floor by the minimum votes needed (21-9). SB 213 would radically change the workers' compensation system by creating new presumptions for hospital employees who provide direct patient care. ACHD is opposed to this bill and will continue to advocate against it as it moves to the Assembly.
- **SB 418 (Laird): Pajaro Valley Healthcare District:** [SB 418](#) was signed by the Governor last Friday. The measure establishes the Pajaro Valley Healthcare District and allows the newly formed district to purchase the Watsonville Community Hospital. You can read Senator Laird's [press release](#) on the bill's signing here.
- **AB 1882 (Rivas): Hospital Seismic Safety:** [AB 1882](#) is a newly introduced bill which would mandate hospitals post notices of their seismic compliance status and require reporting to state and local government agencies on their progress toward meeting the 2030 requirement. The Assemblymember [shared this press release](#) on twitter following the bill's introduction.

UPCOMING EVENTS



[Are you interested in presenting a session in 2022?](#)

ACHD is currently seeking content for the 2022 Education Calendar. These sessions are a great opportunity for partners and districts alike to share best practices or tools that would be successful at other healthcare districts. If you are

interested in learning more, or submitting a proposal for one of our events, [please click here](#).

To view all of ACHD's recorded education content, [please click here](#).

The Association of California Healthcare Districts (ACHD) represents Healthcare Districts throughout the state's urban, suburban and rural areas. California is home to 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.

Association of California Healthcare Districts
www.achd.org





SUMMARY RESULTS

Mark Twain Health Care District 2022 Governance Self-Assessment

Provided as a Member Service By



SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Self-Assessment Overview

In January—February 2022 the Mark Twain Health Care District Board of Directors assessed the board’s overall leadership performance. The board also identified issues and priorities for the future.

Board members assessed the board’s overall performance in eight leadership areas, including:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and processes;
- Community relationships;
- Relationship with the CEO;
- Financial leadership;
- Community health; and
- Organizational ethics.

Board members rated 132 total criteria in these eight areas.

How the Self-Assessment Was Conducted

The governance self-assessment was conducted using an online survey. All five Mark Twain Health Care District board members completed the self-assessment.

Respondents rated a variety of statements in the eight areas above, using a scale ranging from “Level 5 (Strongly Agree)” to “Level 1 (Completely Disagree).” “Not Sure” and “Not Applicable” choices were also available for each statement.

Mean scores for each statement were calculated using a five point scale (Level 5 - Level 1). No points were assigned to “Not Sure” and “Not Applicable” ratings.

Finally, board members provided insights about their priorities for the board in the next year; defined the board’s strengths and weaknesses; identified key issues that should occupy the board’s time and attention in the next year; provided insights about the most significant trends the board must be able to understand and deal with in the next year; and identified critical factors that must be addressed for the organization to successfully achieve its goals.

Rating Methodology

The following rating scale was used to evaluate overall board performance:

- **Level 5:** I *strongly agree* with this statement. We always practice this as a part of our governance. Our performance in this area is *outstanding*.
- **Level 4:** I *generally agree* with this statement. We usually practice this as a part of our governance, but not always. We perform *well* in this area.
- **Level 3:** I *somewhat agree* with this statement. We often practice this in our governance, but we are not consistent. We perform *fairly well* in this area.
- **Level 2:** I *somewhat disagree* with this statement. We inconsistently practice this as a part of our governance. We *do not perform well* in this area.
- **Level 1:** I *disagree* with this statement. We never practice this as a part of our governance. We perform *very poorly* in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.
- **N/A:** Not applicable.

Reviewing This Report

Board member ratings of board self-assessment criteria are depicted throughout this report in graphs.

The criteria in each graph are displayed in order from highest to lowest mean score. The mean score for each individual rating criterion appears to the right of the graph.

To facilitate the identification of areas that may require governance and/or management attention, each graph includes the number of Level 5 - Level 1 responses to each statement in the color-coded bars. Responses are grouped and color coded, with “Level 5” appearing in dark green, “Level 4” in light green, “Level 3” in yellow, “Level 2” in orange, and “Level 1” in red. “Not Sure” responses appear in gray, and “Not Applicable” responses appear in white.

Longer lists of criteria have been separated into higher and lower rated sections for ease of display and analysis.

Board member responses to all open-ended questions appear throughout the report, where applicable, and on pages 22-23.

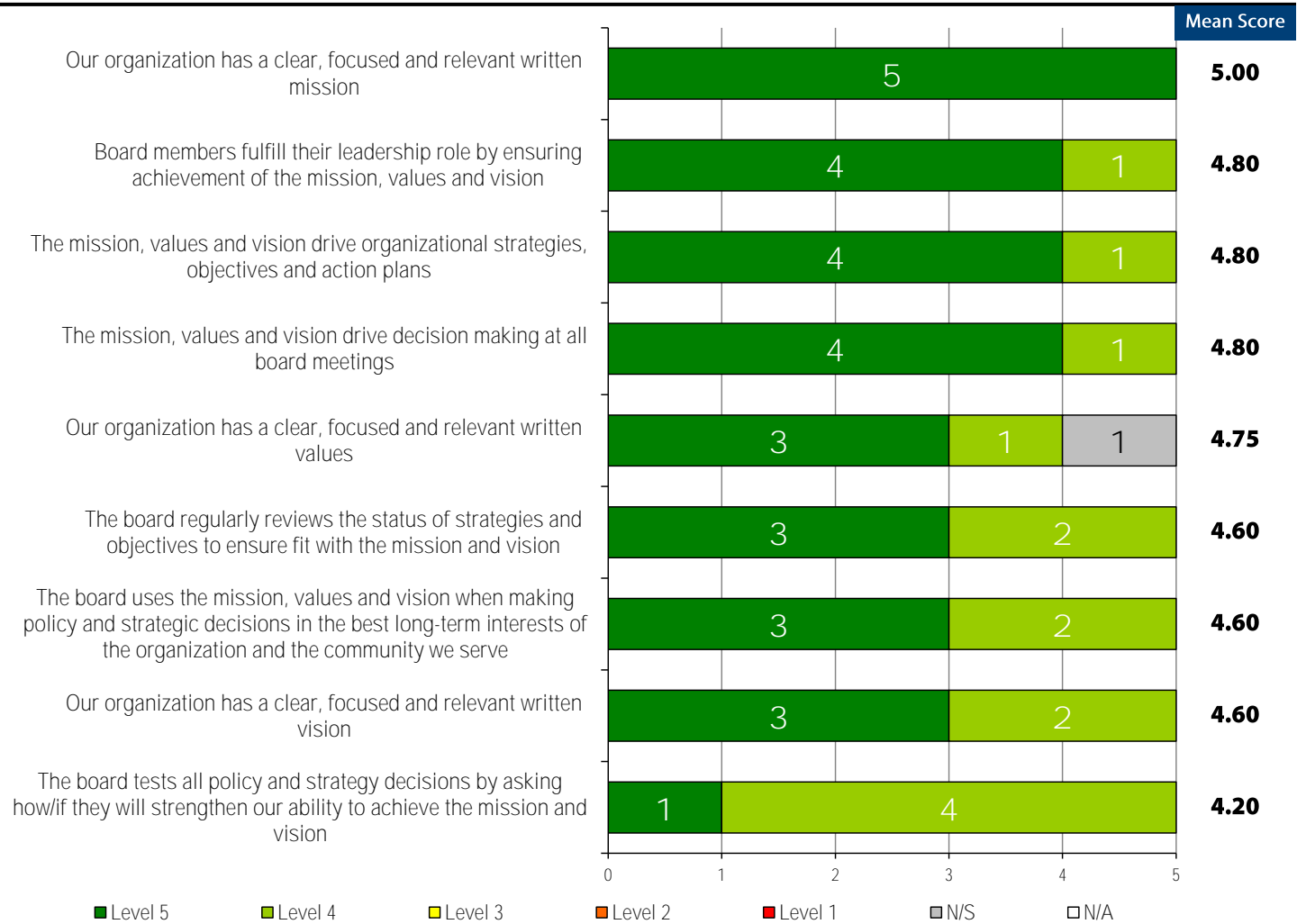
SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Mission, Values and Vision

Mission, Values and Vision

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- Continuity with checking major policy and strategy decisions against mission and vision.

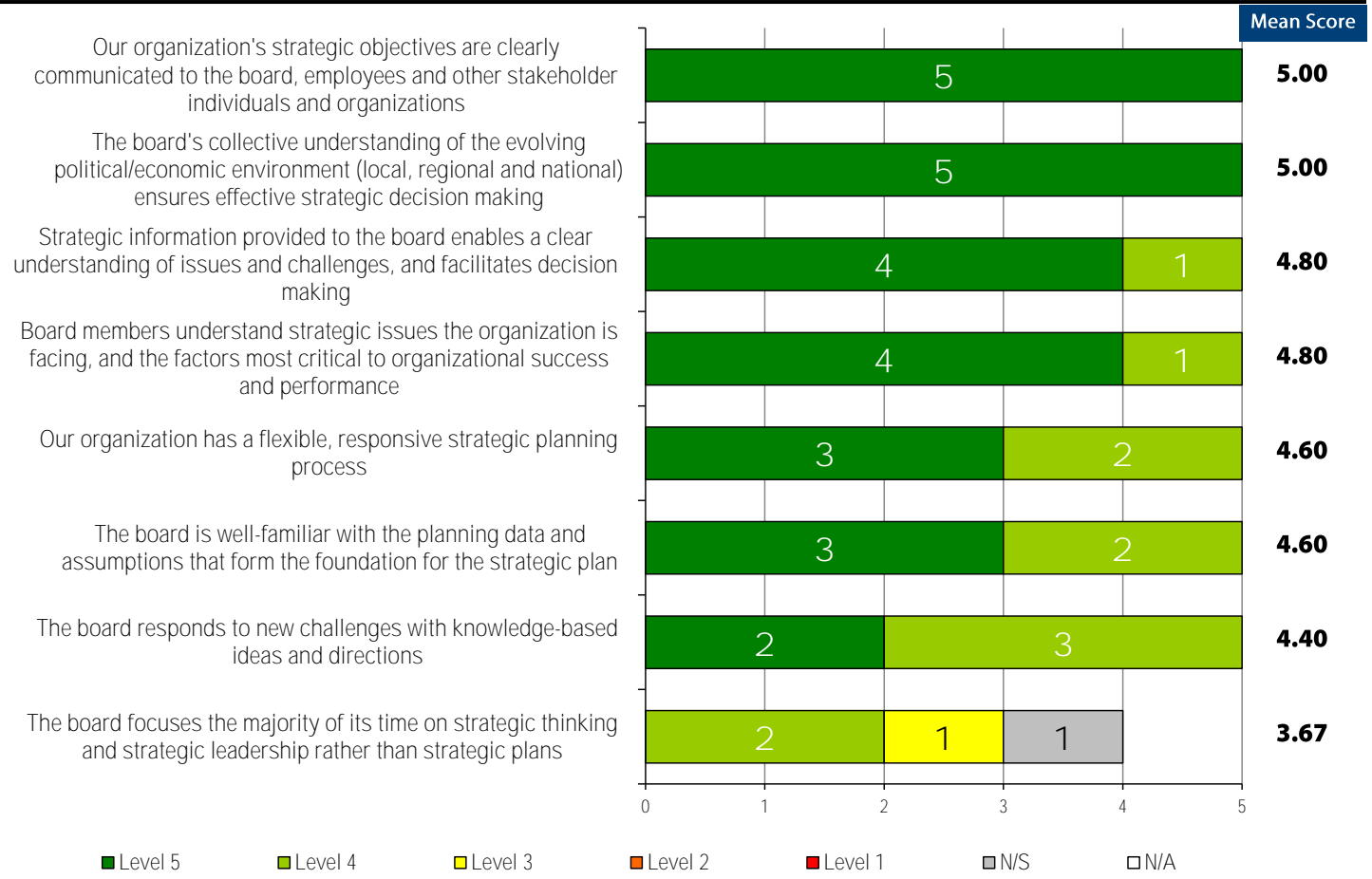
SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Strategic Direction

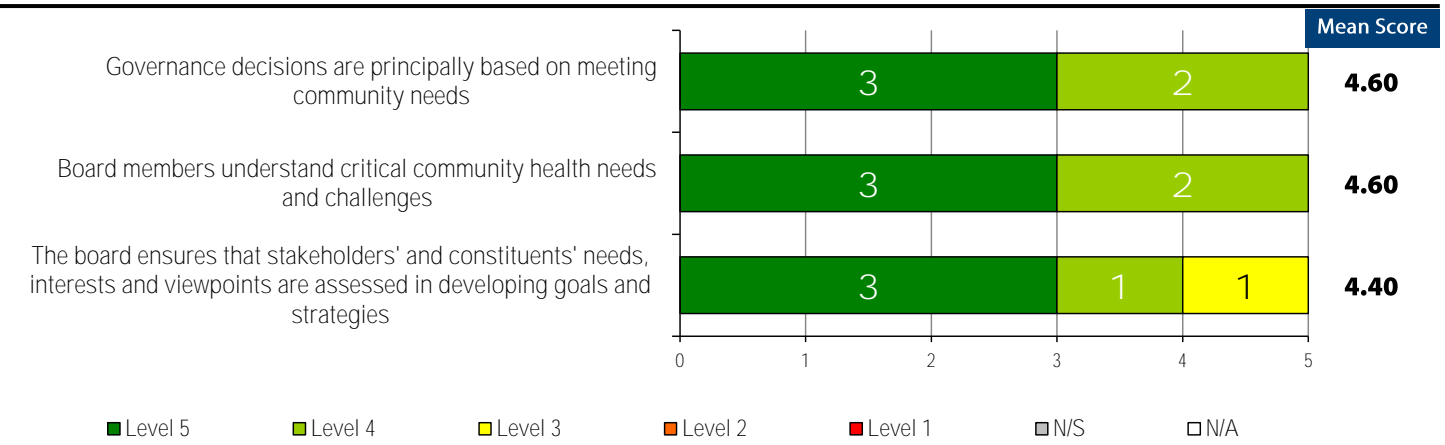
The Strategic Planning Process

(sorted by highest to lowest mean score)



Community and Stakeholder Perspectives

(sorted by highest to lowest mean score)

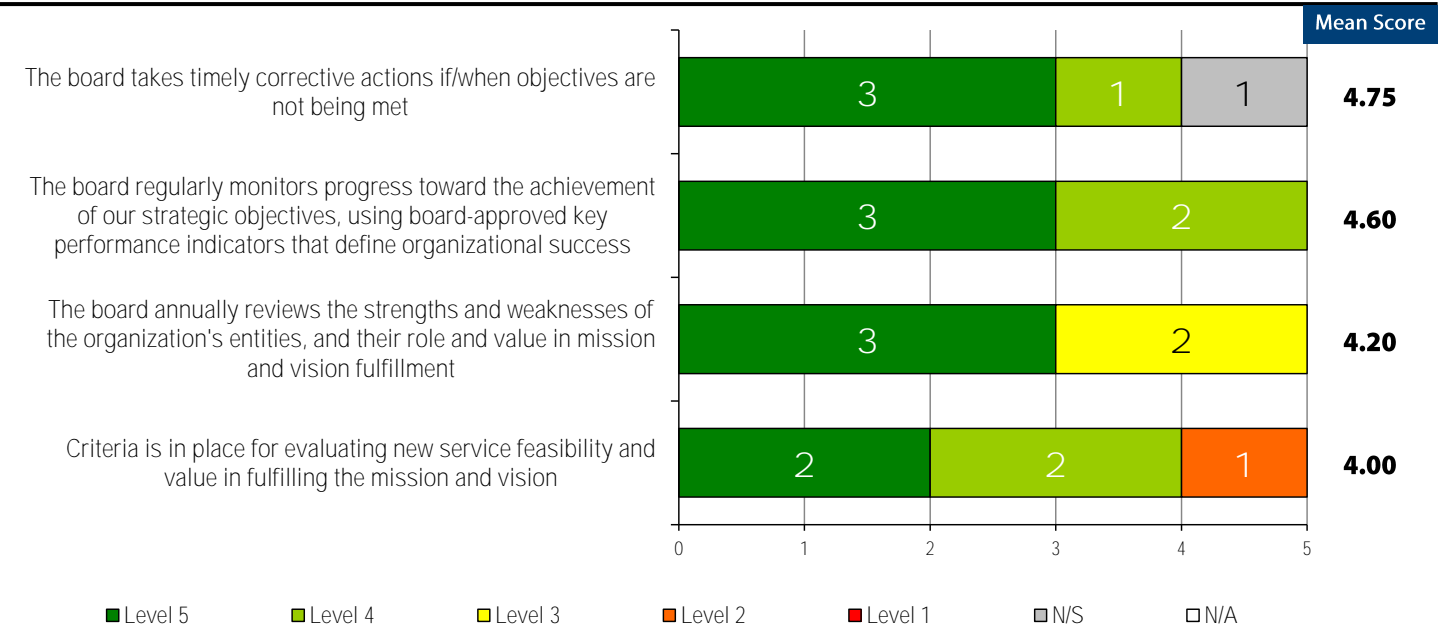


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- If not engaging in a formal annual strategic planning session, then annually reviewing strengths and weaknesses, role/value in mission and vision fulfillment, and gaining input from the community (town hall meetings in person and/or Zoom, website response, etc.).

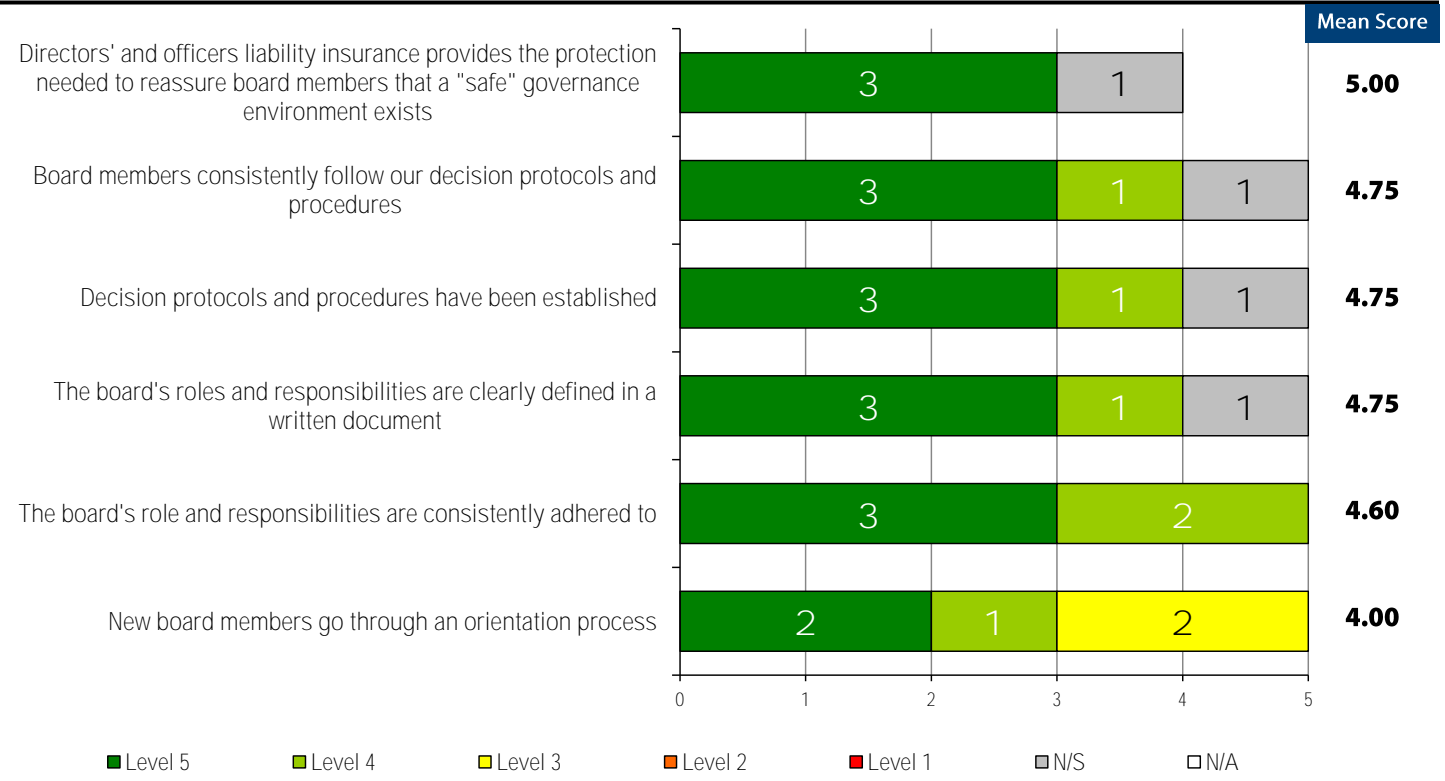
SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Leadership Structure and Processes

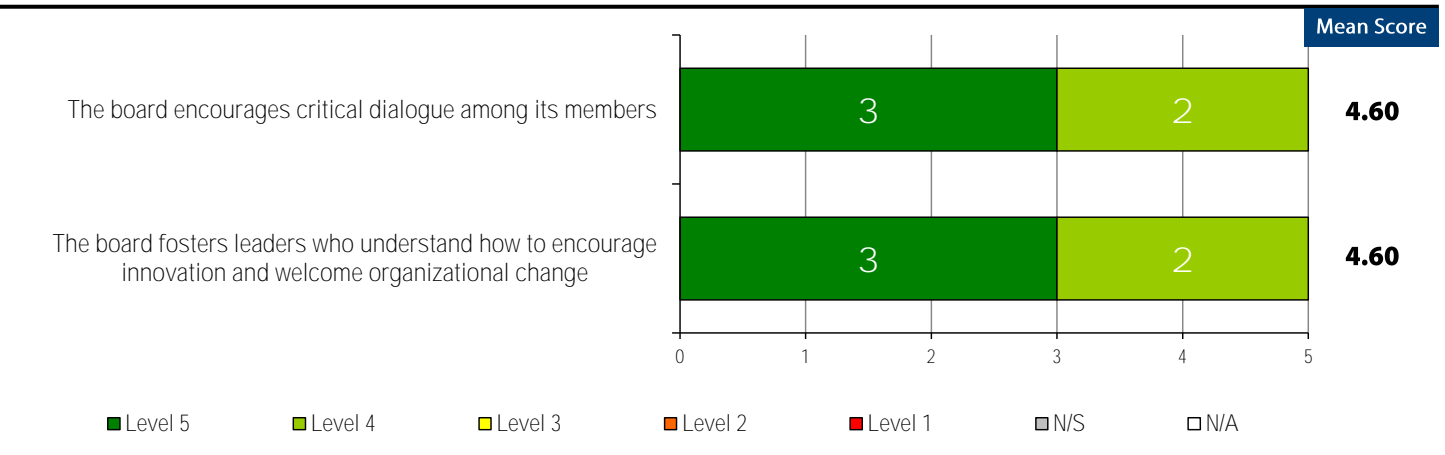
Board Roles and Responsibilities

(sorted by highest to lowest mean score)



Board Structure and Composition

(sorted by highest to lowest mean score)

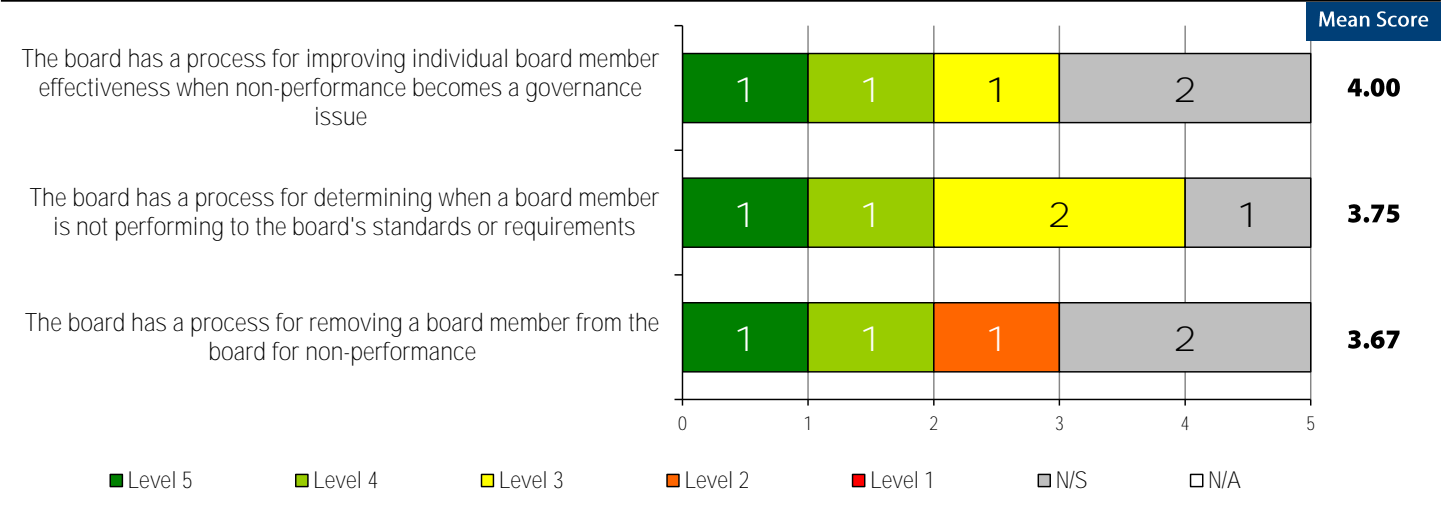


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

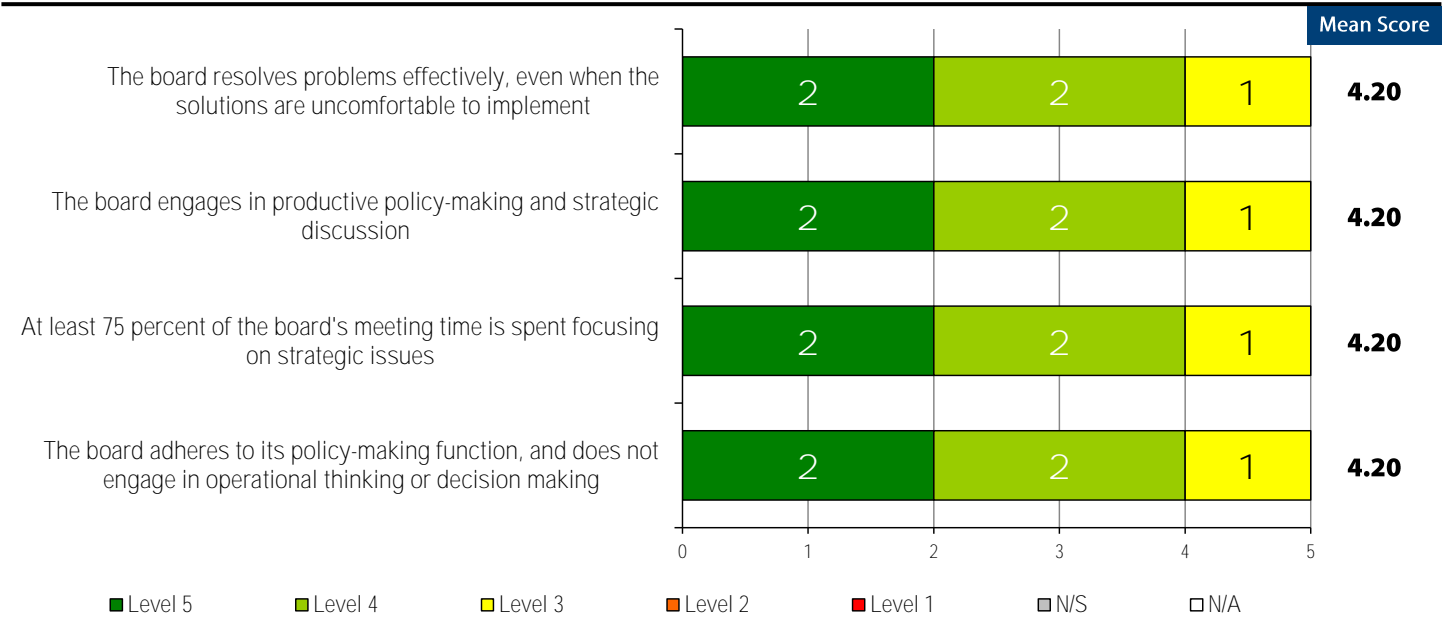
Board Member Performance

(sorted by highest to lowest mean score)



Strategic Focus

(sorted by highest to lowest mean score)

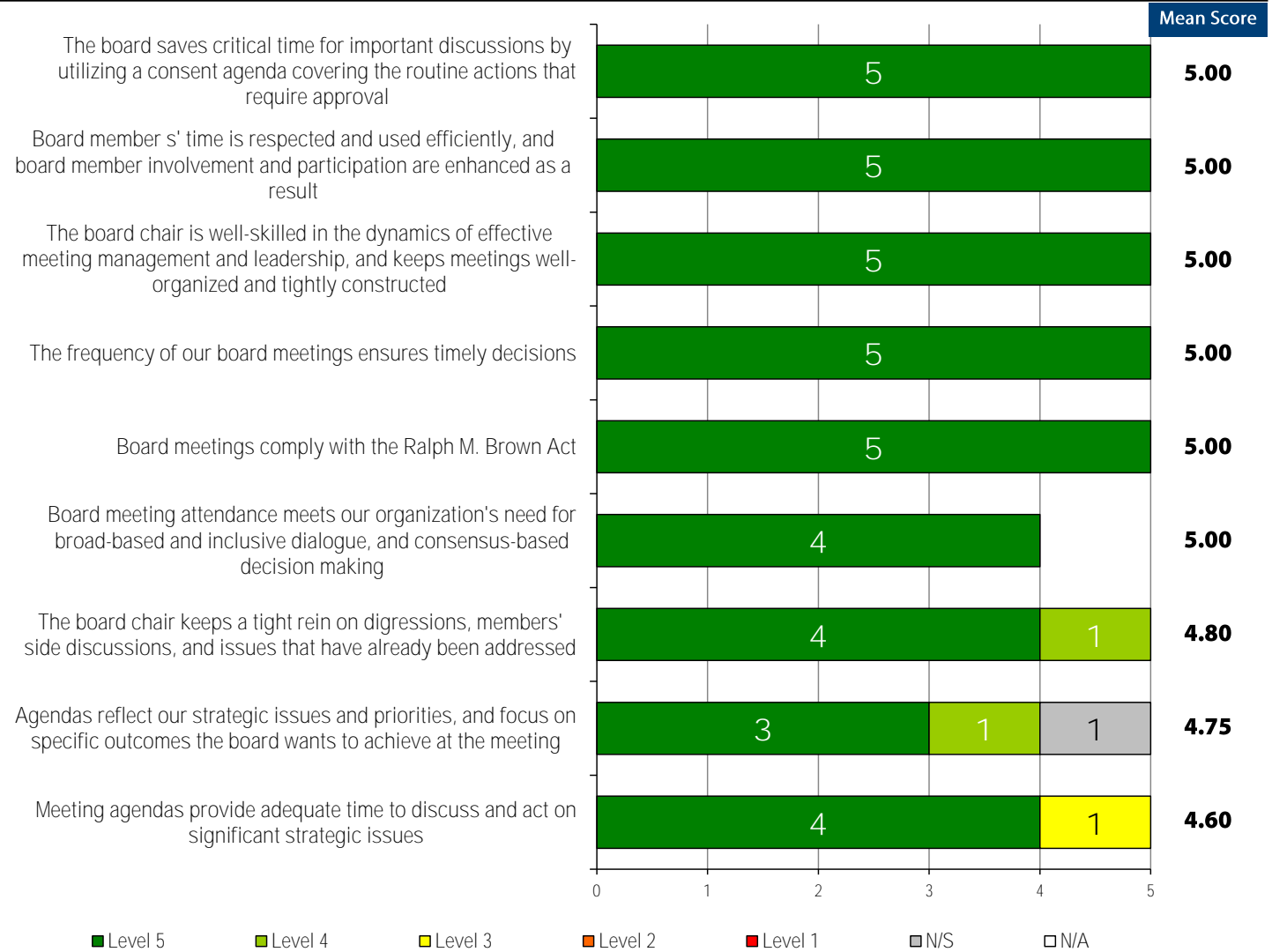


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Board Meetings

(sorted by highest to lowest mean score)

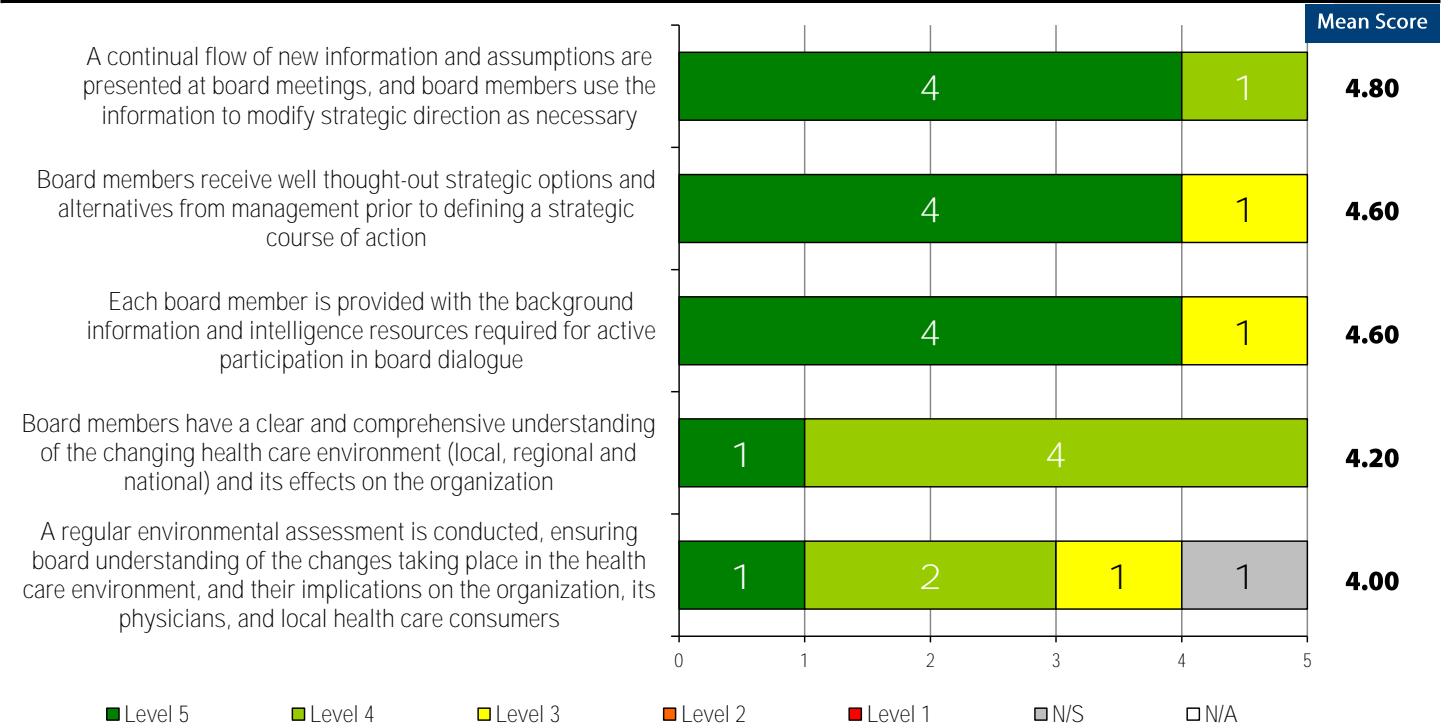


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

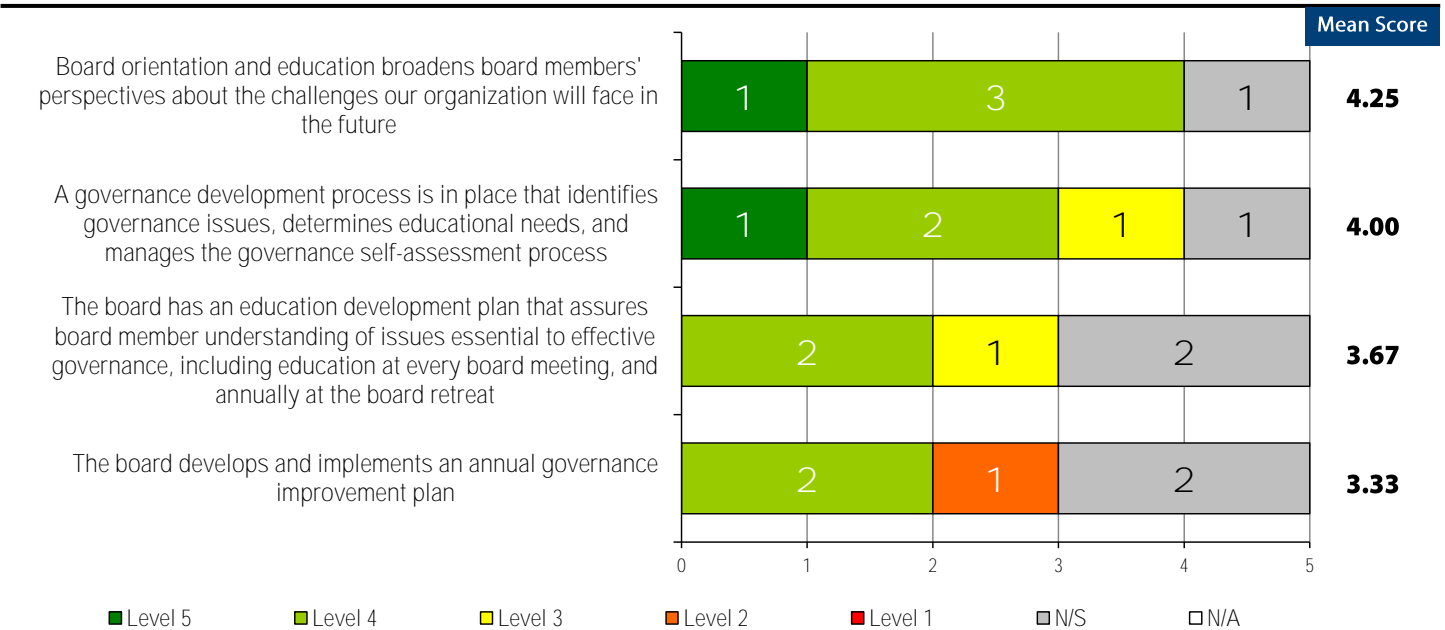
Board Member Knowledge

(sorted by highest to lowest mean score)



Governance Development

(sorted by highest to lowest mean score)

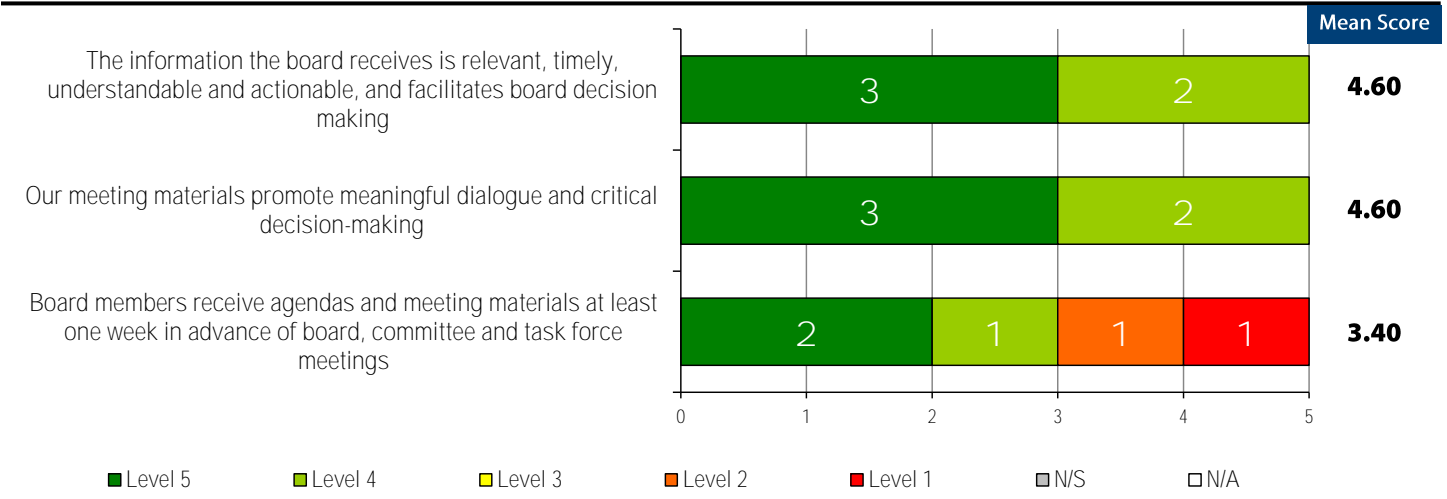


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

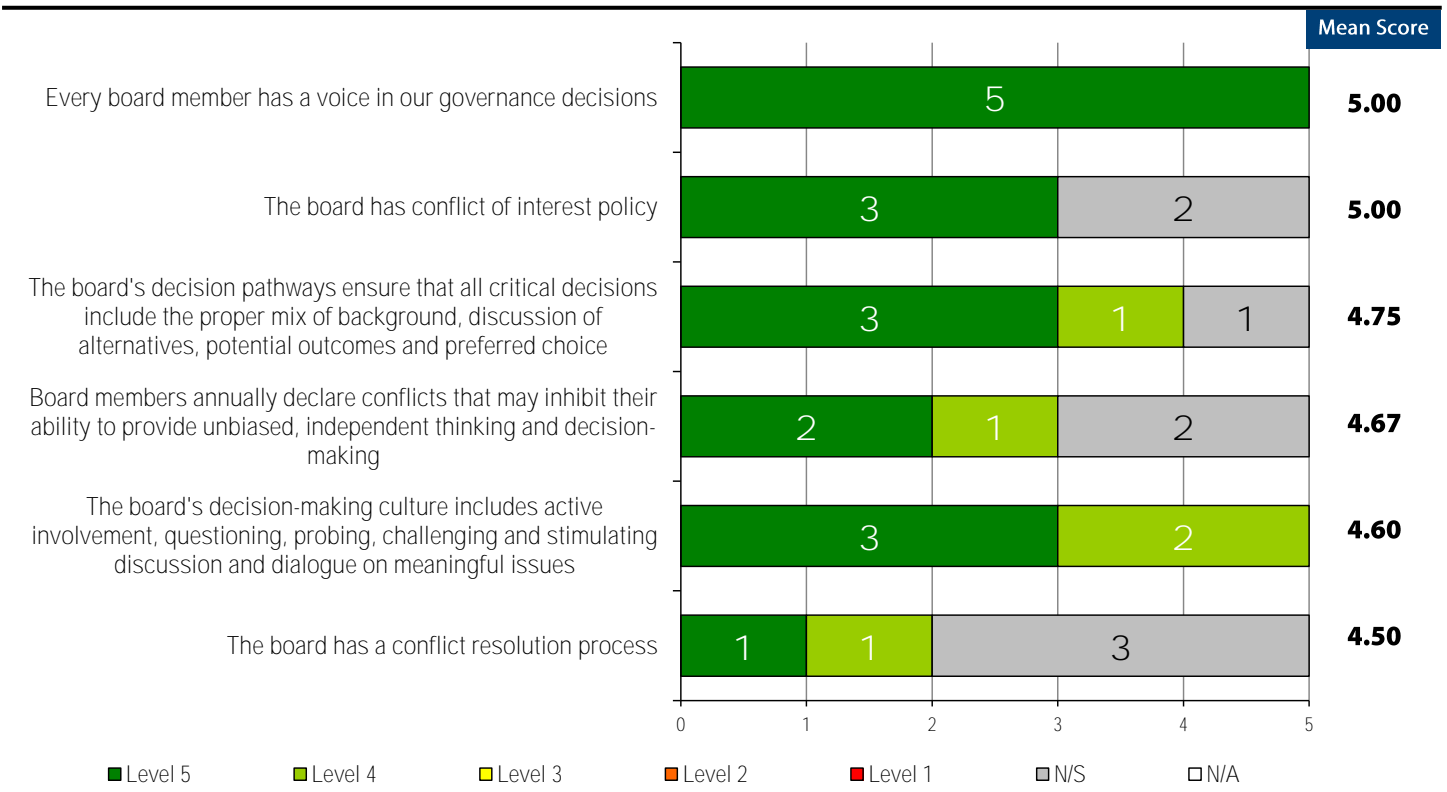
Meeting Materials

(sorted by highest to lowest mean score)



Board Relationships and Communication: Higher-Rated

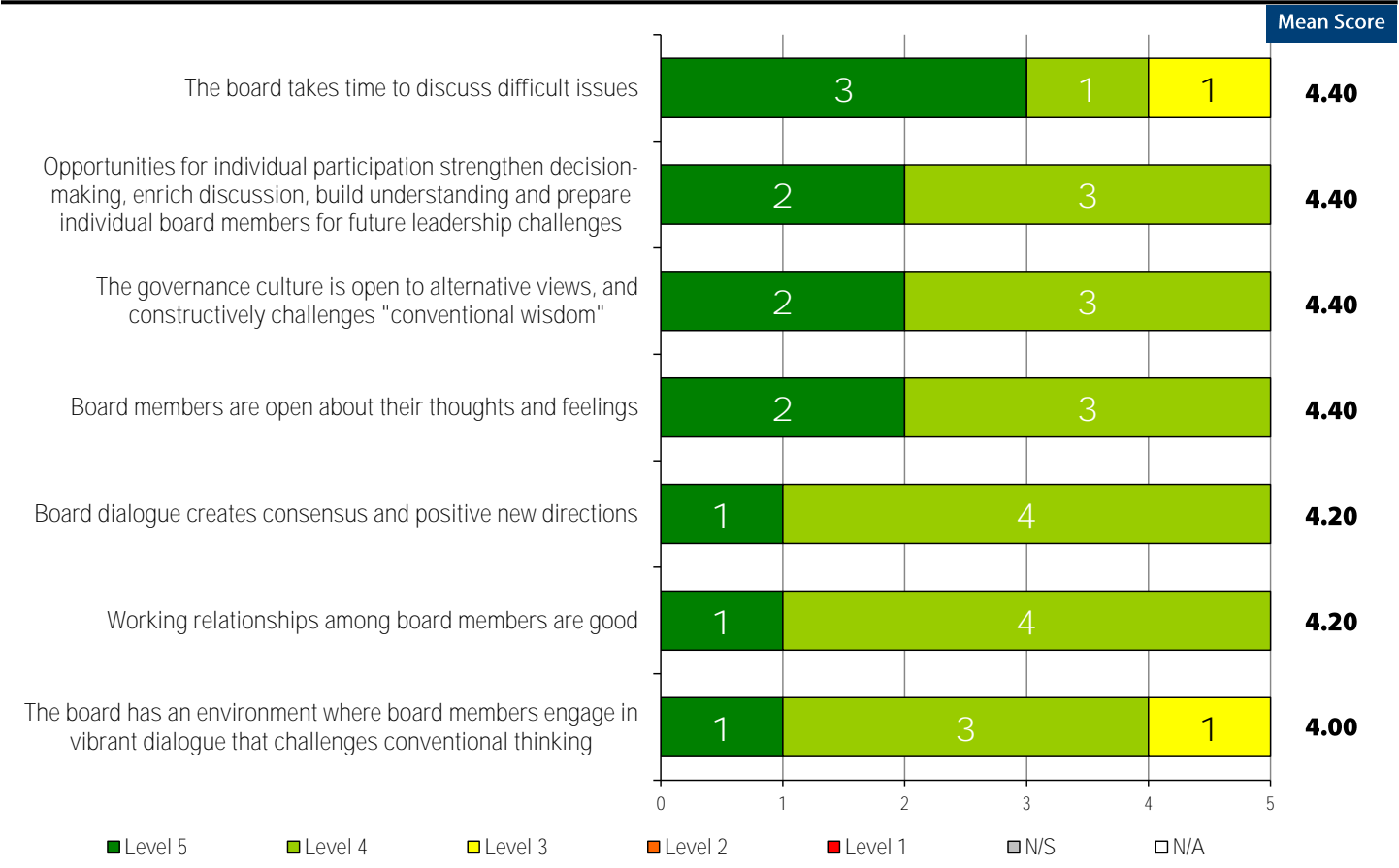
(sorted by highest to lowest mean score)



SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Board Relationships and Communication: Lower Rated (sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

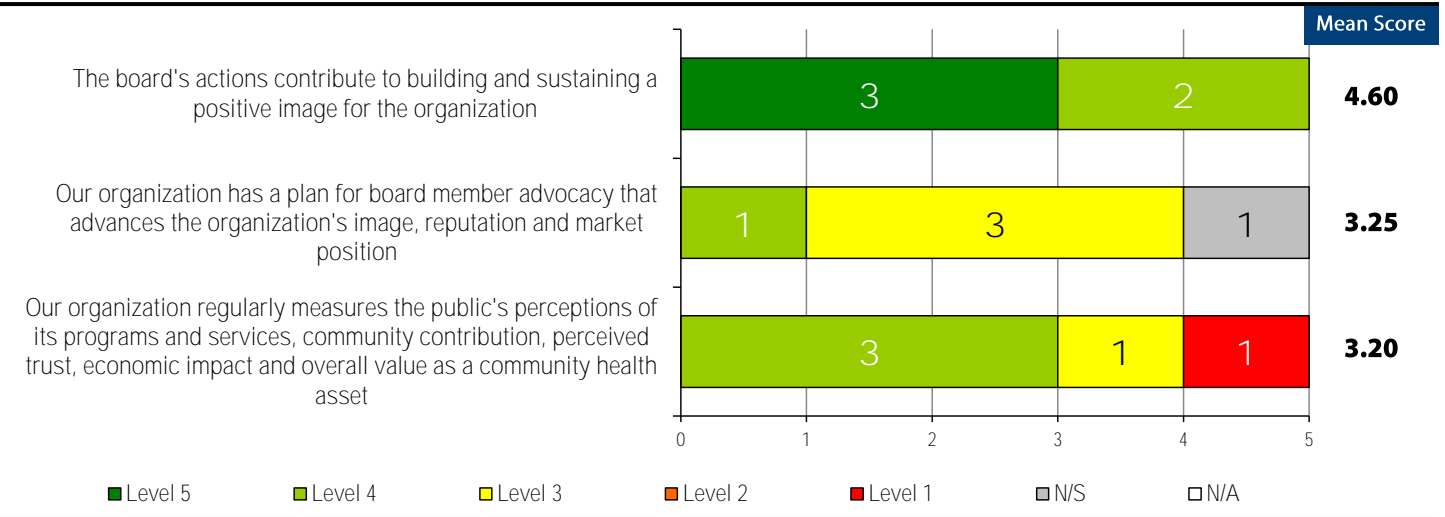
- It is more difficult with Zoom to have some conversations. I enjoy being in the same room, but mostly, the board functions well.
- Board Chair could check in with the Board and ask some of the above questions at end of board meetings.

SUMMARY RESULTS

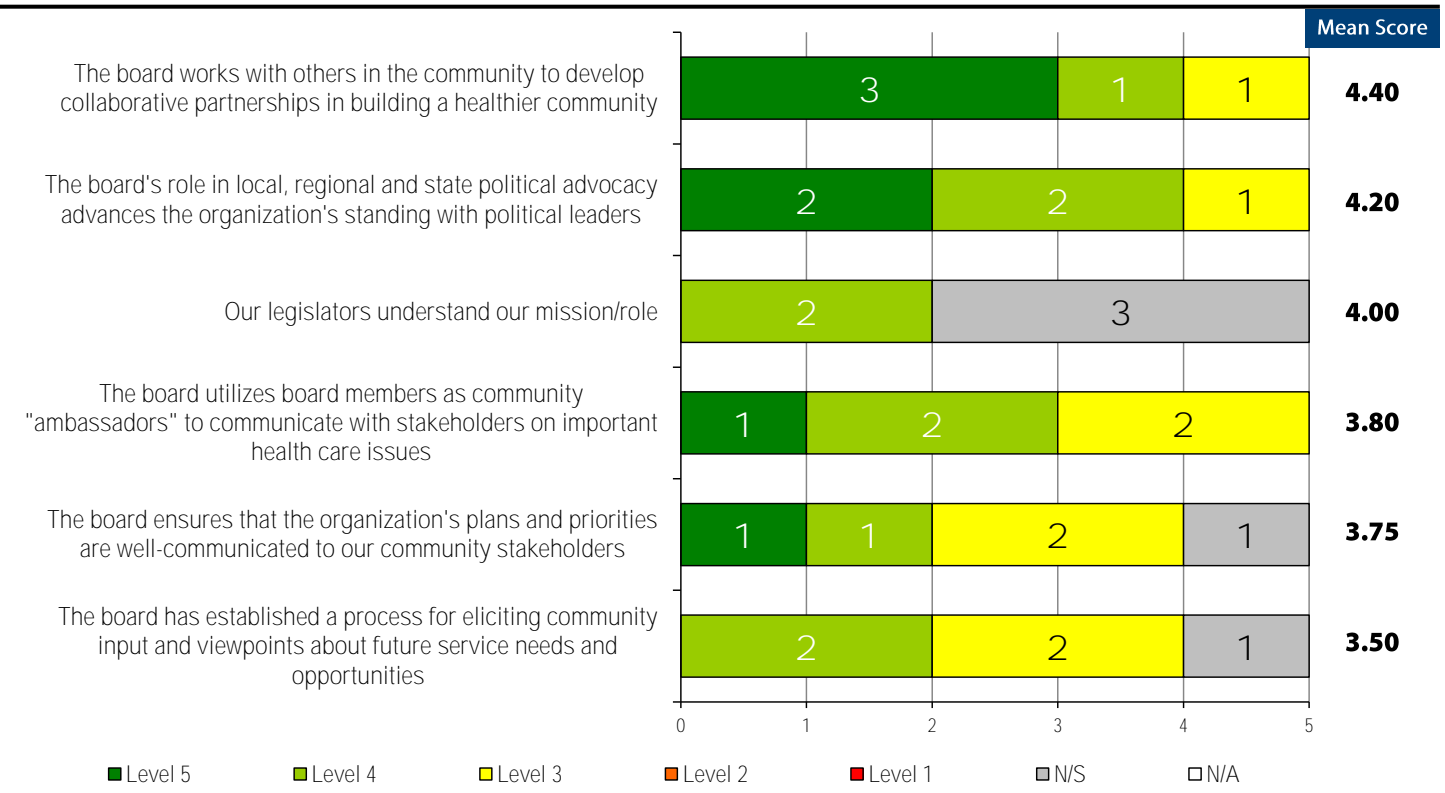
2022 Mark Twain Health Care District Governance Self-Assessment

Community Relationships

Ensuring Public Trust and Confidence (sorted by highest to lowest mean score)



Ensuring Community Communication and Feedback (sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- We have a fairly new Board. We could develop talking points or elevator speeches for Board members. Survey our Board members as to what other organizations they are involved with and list ones we should have a presence with, and develop a plan to gain that presence/relationship.
- I know members of the board do this, but I personally could step up more.

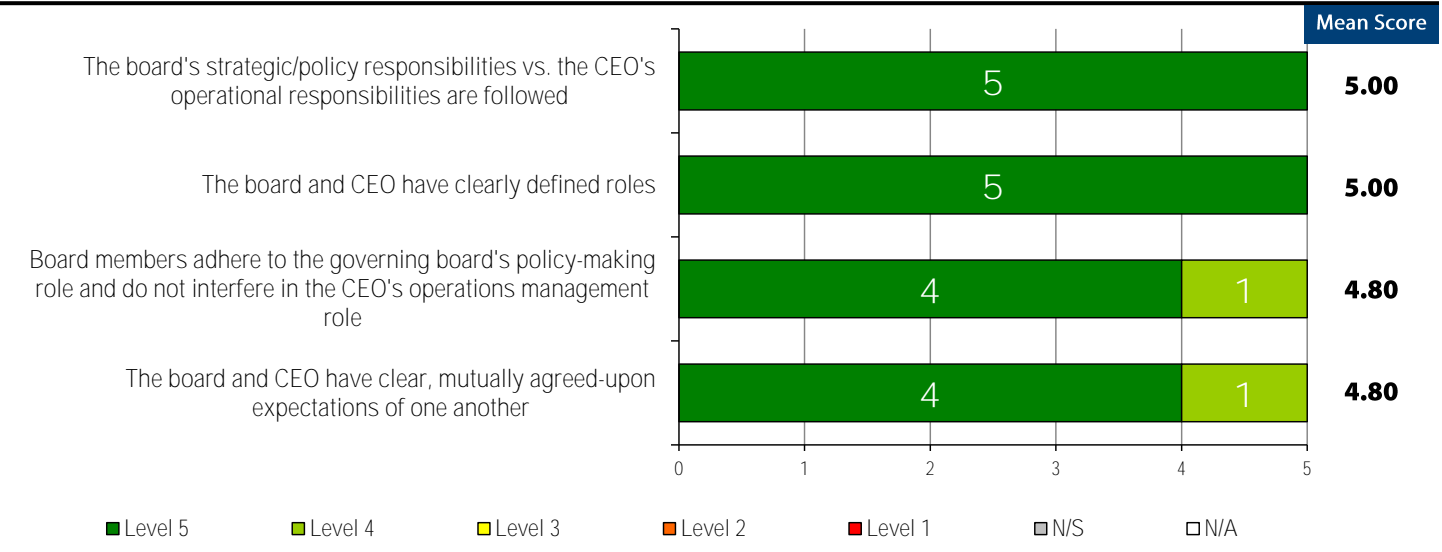
SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Relationship with the CEO

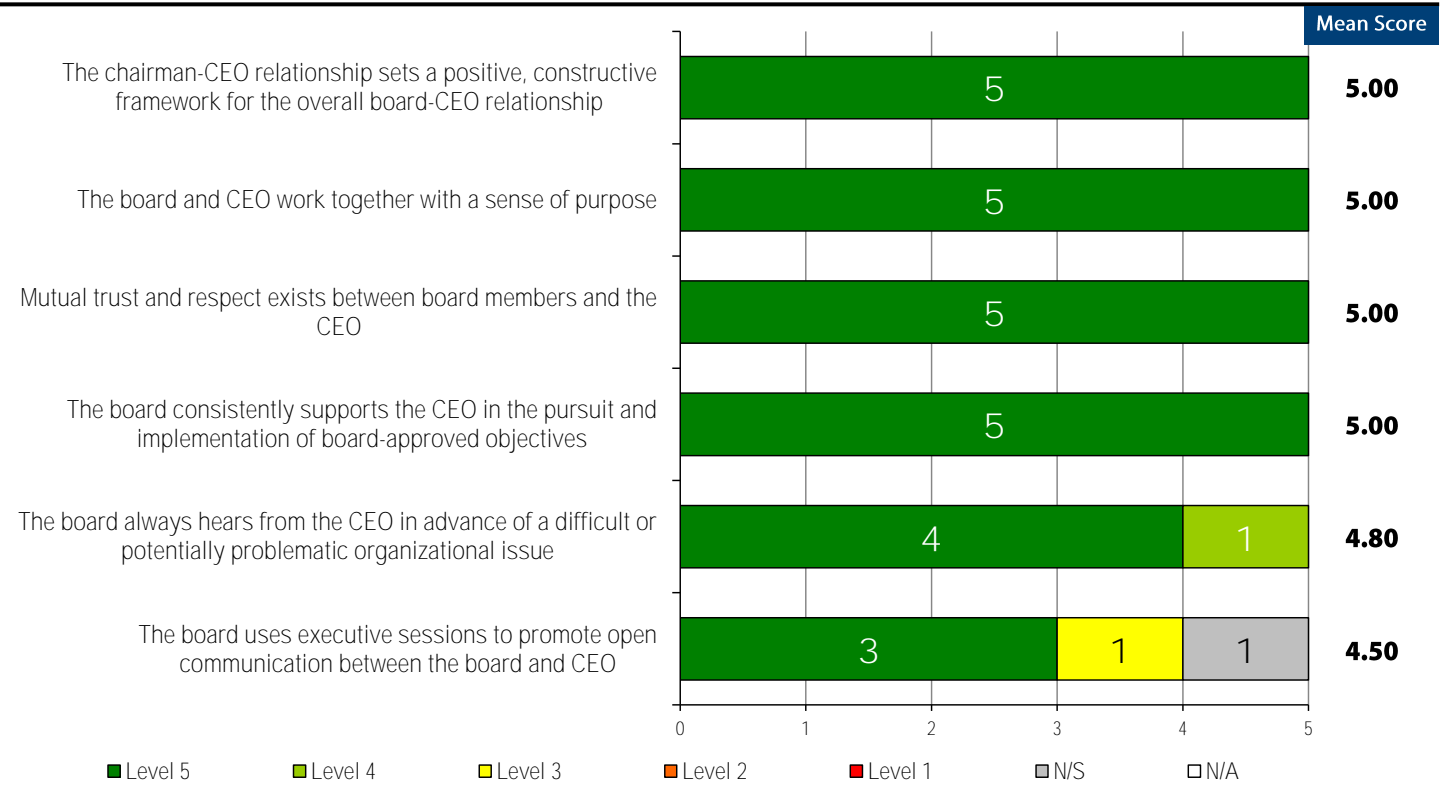
Board and CEO Roles

(sorted by highest to lowest mean score)



Communication, Support and Shared Goals

(sorted by highest to lowest mean score)

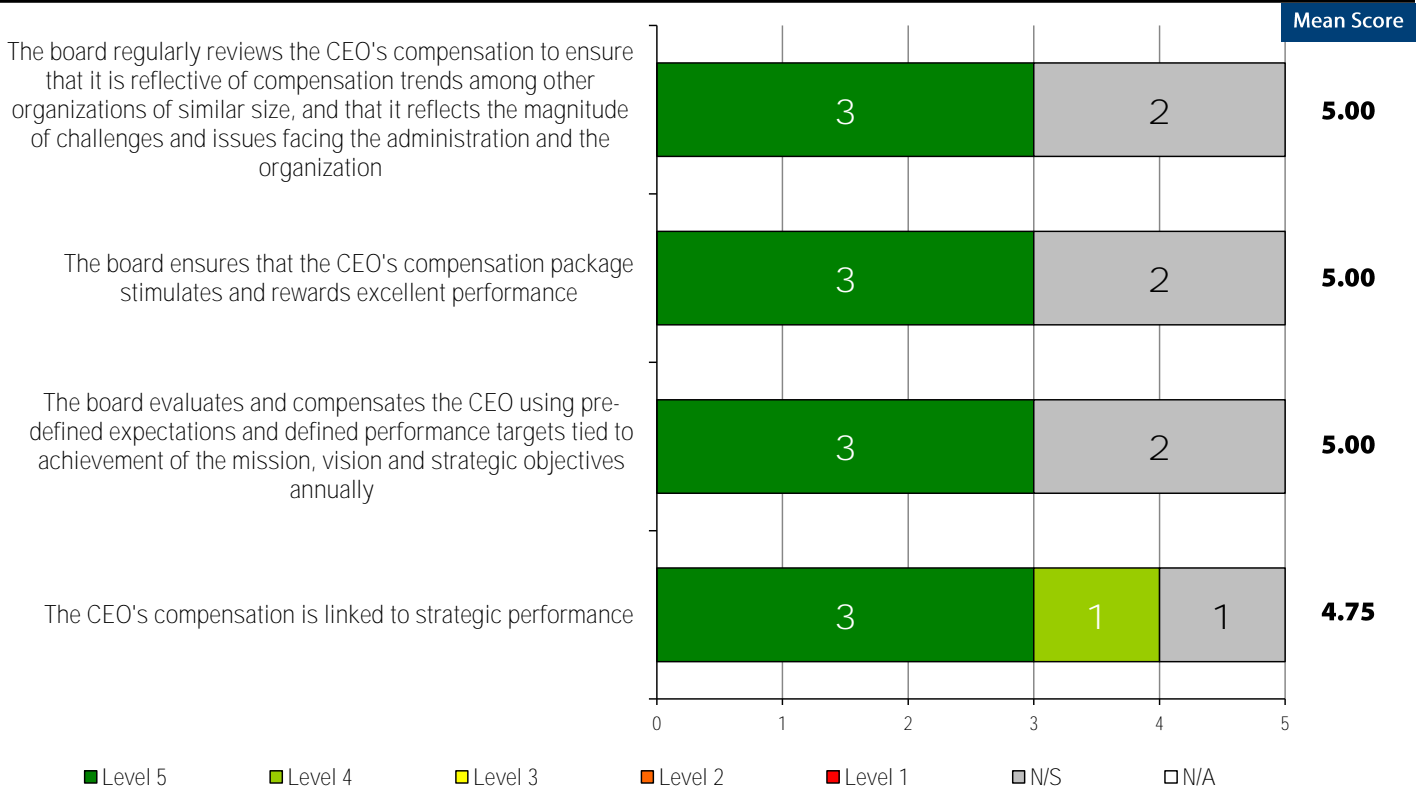


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

CEO Evaluation

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

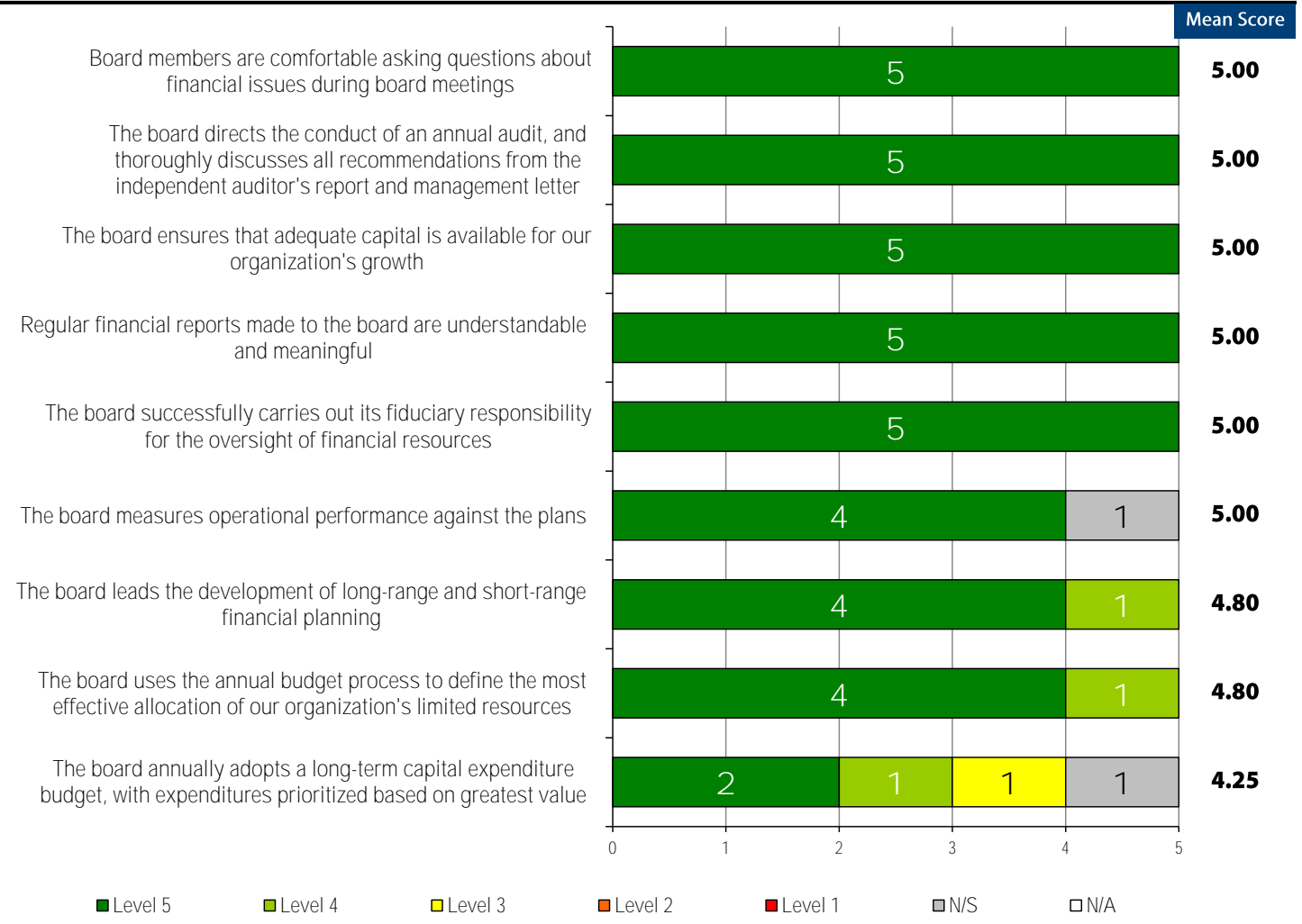
- Make the CEO review timeline the same every year. Put on annual calendar so no time lapses occur and new board members are aware.

SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Financial Leadership

The Fiduciary Responsibility (sorted by highest to lowest mean score)

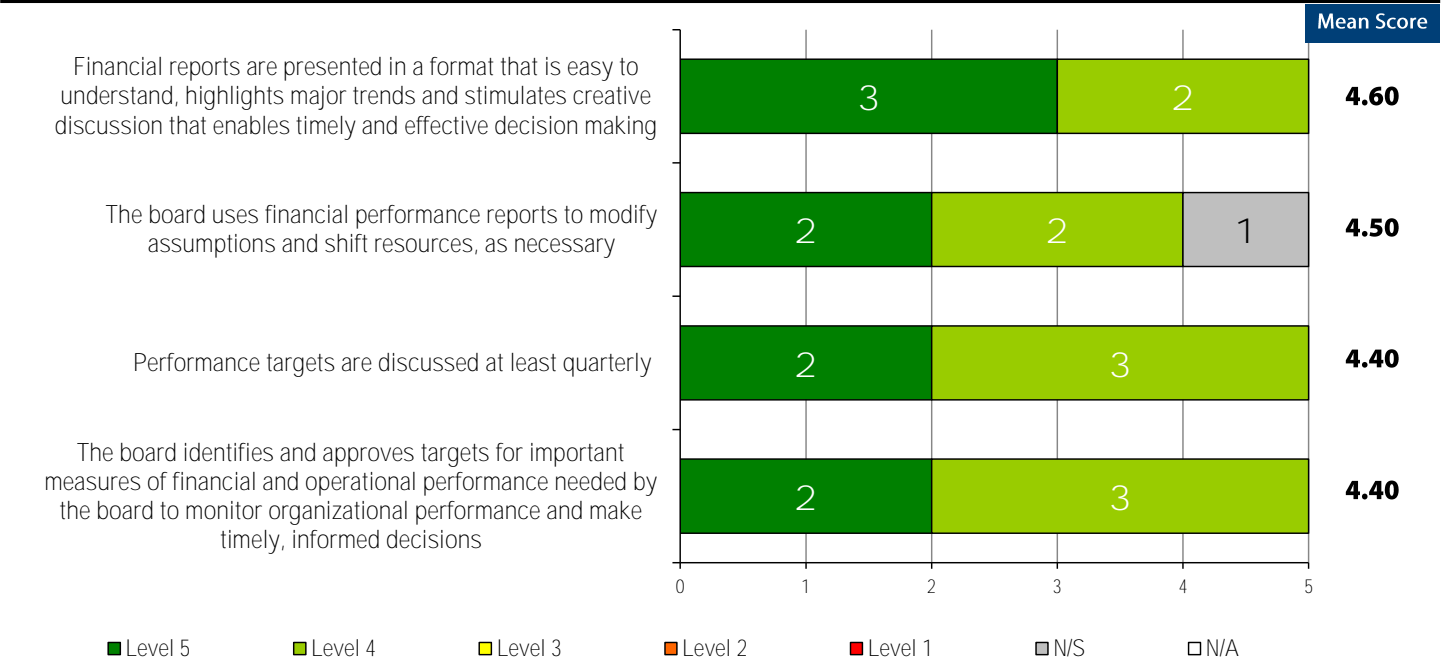


SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Monitoring Progress

(sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- I would like to see more measurable outcomes to better pivot as needed. So far so good, but could be an issue in the future.
- Finance committee is strong in this area as are the consultant, CEO and administrative staff. In turn, they ensure the entire Board is made aware.
- Continuity with financial accountability focus is critical to the future of the district in being able to meet mission, vision and strategic plan goals (i.e., needs of the community).

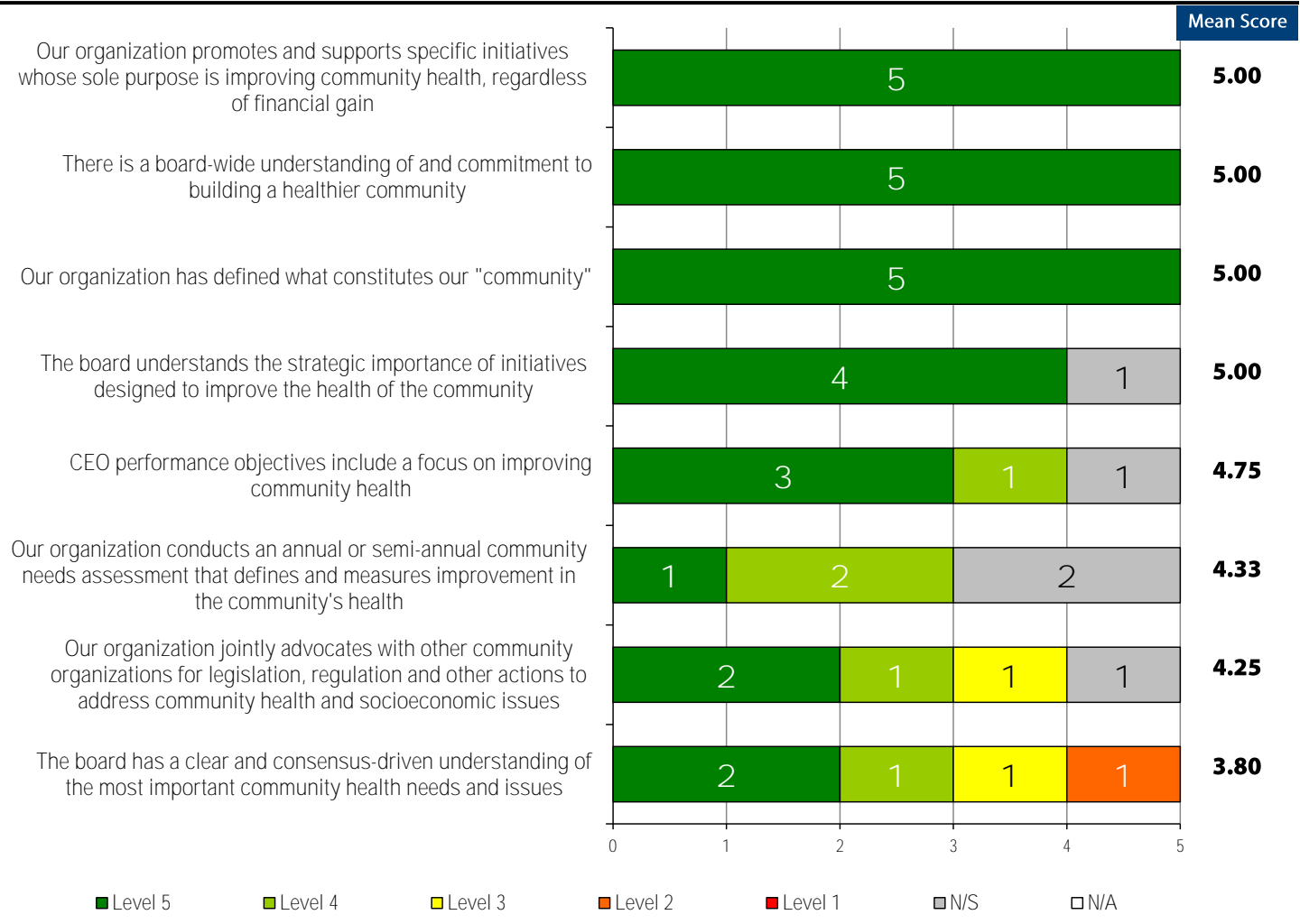
SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Community Health

Development and Support of Community Health Initiatives

(sorted by highest to lowest mean score)



SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

Community Involvement and Communication (sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

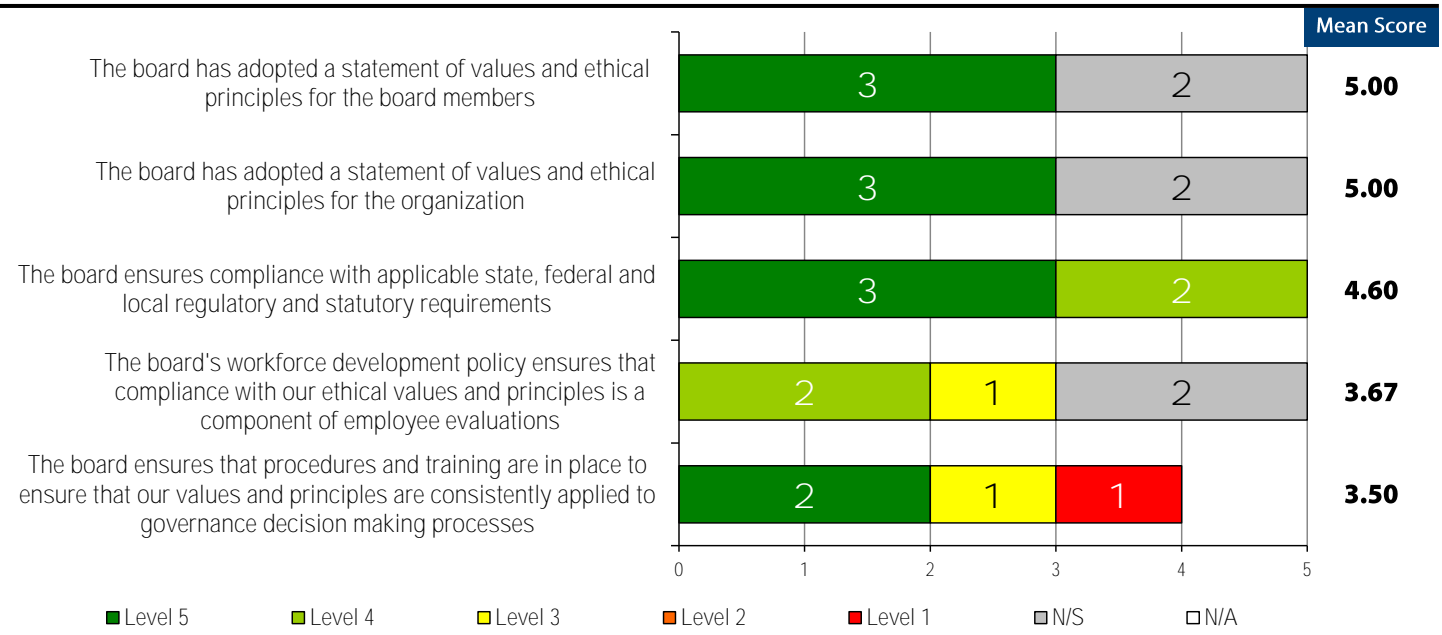
- Share performance objectives with all new board members.
- Our CEO is highly engaged with other local organizations. Board member involvement could be expanded locally and regionally, though it is the highest amount of diverse involvement I have seen on the Board. More is better!

SUMMARY RESULTS

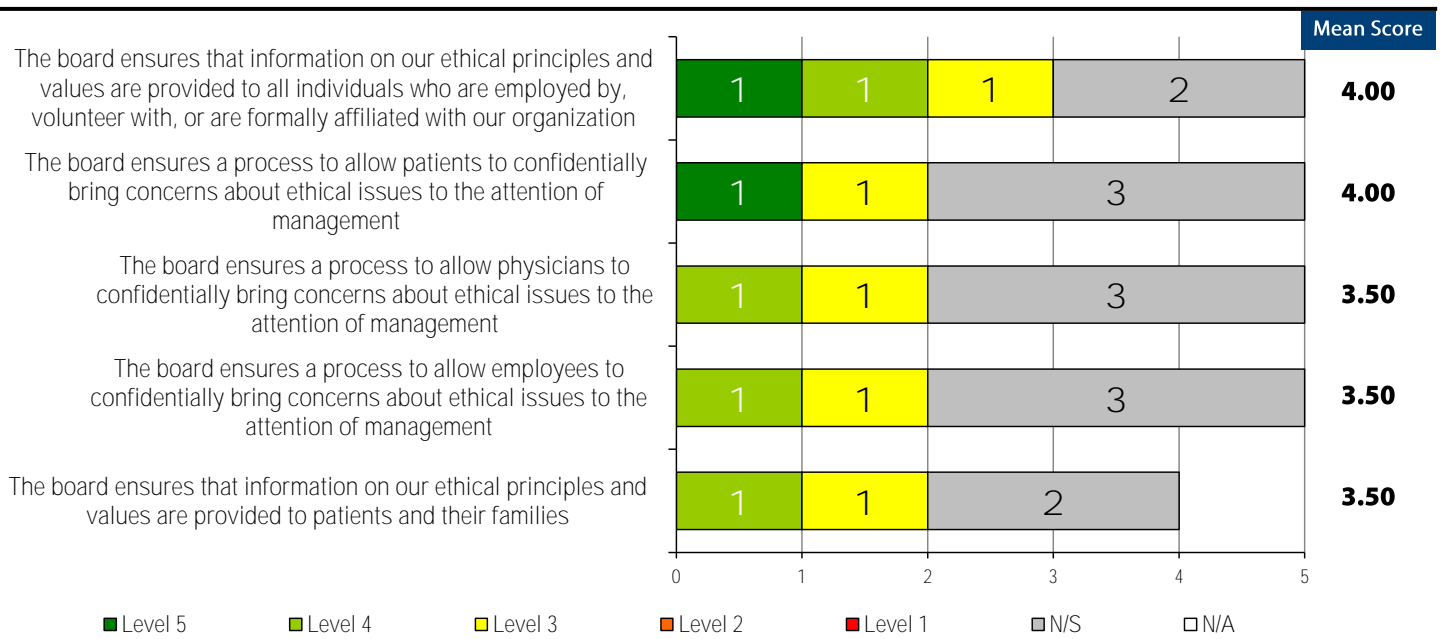
2022 Mark Twain Health Care District Governance Self-Assessment

Organizational Ethics

Ensuring Development and Implementation of Organizational Ethics (sorted by highest to lowest mean score)



Awareness of Ethical Issues (sorted by highest to lowest mean score)



Suggestions for Governance Improvement

Board members provided the following suggestions for governance improvement in this section:

- I may need education here, but I don't know that there is a confidential "hotline" or way to reach out to a compliance officer in the traditional sense to express concerns. I believe Dr. Smart is acting as Compliance Officer along with his many hats. Not sure how Districts work at that level but curious to learn more.
- Review all programs that support this area.
- Annually review and re-adopt statements of values and ethics.

Issues and Priorities

Highest Priority for the Board in the Next Year

Question: *What is your single highest priority for the board in the next year?*

- We have identified an ambitious strategic plan and want to be sure to assist the organization in achieving that plan.
- Continuity of service. We have experienced high turnover past two years.
- To be able to go out to the community and see what the community needs are.
- Better coordinate efforts with other similar organizations within the county.

Most Significant Strengths

Question: *What are the board's most significant strengths?*

- The board has a very good working relationship with a variety of strengths ranging from finance, legal, business, clinical and community based.
- Very knowledgeable members that care for the needs of our county.
- Critical thinking skills, openness to new ideas and diverse opinions, agreement with mission, interest in ensuring operational and governance decision making are aligned with mission and strategic plan.
- Values for the community.
- To support all who are on committees.

Most Significant Weaknesses

Question: *What are the board's most significant weaknesses?*

- Fairly new board with limited personal history of major changes to the HCD just 3 years ago. Not all have knowledge of health care (however, they have strengths in areas other board members do not, which is extremely valuable to the board such as legal and real estate).
- Lack of time working together and setting milestones to track long term success against.
- Time to know what all board members are feeling about the community.
- I suppose we can always learn more about the community.

Key Issues for Board Focus in the Next Year

Question: *What key issues should occupy the board's time and attention in the next year?*

- Developing a deeper understanding of the specific health care needs of the county, what other organizations are doing and how to best coordinate efforts.
- Connecting to the community to see if the resources are well received and utilized.

SUMMARY RESULTS

2022 Mark Twain Health Care District Governance Self-Assessment

- Advancing relationship and joint activities with the schools and community health as well as with the hospital.
- Community health role in COVID recovery.
- Community needs.
- Financial success of the VSHW clinic.

Significant Trends the Board Must Understand and Deal with in the Next Year

Question: *What do you see as the most significant trends that the board must be able to understand and deal with in the next year?*

- Continued grant funds available for variety of health services.
- Watch the financial.
- Inflation.
- Sources of skilled personnel and funding.
- COVID and its impact on service delivery and expansion of related chronic health conditions.
- Pandemic.
- Health and well being of community.
- To see the needs of the community.

Critical Factors to Address to Successfully Achieve Goals

Question: *What factors are most critical to be addressed if the hospital is to successfully achieve its goals?*

- Funding/focused and timely projects that address community needs.
- Ongoing...Financial success, operational success and staffing.
- Securing skilled personnel.
- Communication.

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

POLICY: Medical Staff Credentialing and Governance	REVIEWED: 3/30/20: 6/07/21
SECTION: Medical Staff	REVISED: 3/30/20 12-30-2021 by PS
EFFECTIVE: 7/28/21	MEDICAL DIRECTOR: Dr. Randy Smart

Subject: Medical Staff Appointment Credentialing Process

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

Response Rating:

Required Equipment: None

Procedure:

1. Prior to medical staff appointment, each applicant's credentials from their medical staff application shall be verified by MTHCD Credentialing staff, under the direction of the Chief Executive Officer and Medical Director. The application form will be the California Participating Physician application, 5/97 (MTMC).
2. Initial Credentialing
 - 2.1 The following information will be required from the practitioner to complete the initial credentialing process:
 - a. Medical School/Internship OR Nurse Practitioner program OR physician assistant program. Primary Source Verification
 - b. Board Certifications
 - c. Residency Certificates
 - d. Hospital Affiliation(s)
 - e. Personal references (2)
 - f. State licensure
 - g. DEA/BNDD
 - h. Work history
 - i. Any legal or litigation actions, past and present
 - j. COVID-19 Vaccination Status
 - 2.2 All Providers will be Credentialed by Mark Twain Medical Center
 - 2.3 When all requirements are met or attempted, the final application will be submitted to the

governing board by the Medical Director for consideration of approval/denial or returned for more information.

3. Re-Credentialing

3.1 Every two years clinic providers must be re-credentialed by the governing Board.

3.2 Re-Credentialing requires verification of the following:

- A. State Licensure
- B. DEA Certificate
- C. Review of insurance claims
- D. Review of COVID-19 vaccination status
- E. Review of Clinic performance
 - i. EHR in-box management
 - ii. Peer Review
 - iii. Patient Comments

3.3 Re-Credentialing Requires a recommendation from the Medical Director to the governing Board.

3.4 Re-Credentialing can be approved or denied or returned to the Medical Director for further information.

4. MTHCD Credentialing staff and/or their designee will be responsible for submitting completed insurance plan credentialing packets to payors with whom the District has contracts to ensure providers are recognized and accepted by those plans. This may include online application submissions (CAQH) as well as paper application submission.

5. The organization may outsource the following credentialing requirements:

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

6. Responsibilities

A. The Governing Body assumes the responsibility for establishing the overall goals and objectives for the Clinic. Among these goals are:

- 1. Deliver and maintain the highest quality care to its patients.
- 2. Provide for the safety and welfare of patients and staff.
- 3. Develop policies and procedures that will result in accreditation by regulatory agencies.
- 4. Assure the hiring and training of competent personnel through credentialing and orientation process.

5. Encourage the staff to take part in appropriate continuing education.
6. Acknowledge its fiscal responsibilities for controlling the cost to patients.
7. Periodically evaluate its methods as to improve services offered to the community.
8. Assure that the Clinic is integrated into the medical community.
9. Monitor the results of the Quality Assurance/Performance Improvement program.
10. Exercise general supervision of construction of all improvements of and acquisition of new equipment.

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

7. Administration

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

The Chief Executive Officer shall be responsible for:

1. Overall operation of the facility as defined within the Policy and Procedure Manual.
2. The operation of the facility within the applicable local, regional, state, and federal laws.
3. For the central utilization and conversion of the physical and financial assets of the Clinic and recruitment and director of the facility staff assisted by the WSHCD MTHCD Board of Directors.
4. Assisting the Governing Body in formulating policy pertaining to the operation and growth of the Clinic.

8. Medical Staff

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

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

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

9. Reduction, Suspension, or Denial of Privileges of Staff Membership

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

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

- B. The Medical Director shall have authority to rescind immediately the Medical Staff membership status and all or any portion of the clinical privileges of the physician to protect health, safety, and/or patient's welfare.
- C. The Director shall have the authority and responsibility to provide for alternative medical coverage of the patients of the suspended physician still in the Clinic at the time of the suspension. The wishes of the patient shall be considered in selecting an alternative physician and treatment plan.
- D. Each Medical Staff member is subject to automatic suspension under the following conditions:
- a. The Practitioner's license, certificate, or other legal credential authorizing him/her to practice in the State of California is revoked;
 - b. The Practitioner's Drug Enforcement Agency (DEA) or other controlled substance number is revoked or suspended;
 - c. In the event the Practitioner receives notification that the policy or professional liability insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;
 - d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

10. Officers

General Information:

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

Duties of the Medical Staff Committee:

1. The Director shall serve as the Chief of the Medical Staff, and in this capacity shall:

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

11. Medical Staff Committees

Committees of the staff shall either be standing committees or special committees assigned by the Governing Body or CEO. Special committees are those the Director or Governing Body from time to time, may create on an ad hoc basis for a function expected to be completed within a limited period of time. Since, by design, the Medical Staff is quite small, and the actual total patient care number is not great, committees will be kept to a minimum in number, will be multi-functional, and may, if needed, meet in combination at the same time. All committee chairmen shall be appointed by the Director. The Chairman of the Committee may, additionally, appoint more members subject to the approval of the Director and/or Governing Body.

(Last Updated 12-30-2021)

**Mark Twain Health Care District
Strategic Matrix 2021-2023**

			Lead	Date	Goals	
I.		Workforce Health and Stability			Goals	Activity
	A.	Prevent Burnout, increase retention, emotional support			Ensure 1:1 employee checkups BH Mindfulness exercises Monitor Overtime Positive rewards	Monitoring employees daily; provided jackets for holiday gift
	B.	"Grow Your Own", CCOE CTE			Financial Partnerships Integrate HS CTE education	Meeting with CTE Coordinator
	C.	Recruiting and Graduate Medical Education Partnerships			Partner with training NP Partner with Tauro/MTMC Explore Stanislaus State NP precepting	MTMC moving forward with St Josephs program
II.		Relationships, Alignment, Collaboration				
	A.	MTMC, HHS, Public Health, Non-Profits, Schools, CCOE			Joint Projects/Programs See III, A,B,C	"Long Covid" program: MTMC CCMU Program Anthem Rural
	B.	Links on Websites and Social Media			Public Education and Awareness	
	C.	"Program of The Month, etc" (billboards, media)			Program Manager to select and implement, Public Awareness	
III.		District Community Programs				
	A.	Robo-Doc			Kids stay in school Parents can stay at work	Adding Michelson
	B.	Stay Vertical			Identify and recruit seniors who are at risk to fall	Classes started
	C.	Let's All Smile!			Design program where children get preventive dentistry	awaiting dental infrastructure
	D.	Covid-19 Vaccination Hub			Continue to follow CDC guidance for community	Site closed

**Mark Twain Health Care District
Strategic Matrix 2021-2023**

IV.	Tele-Health Expansion				
	A.	Remote and Distant Site at VSHWC		Review consultation demand and provide specialty care Provide video care for homebound and feeble	New remote provider
	B.	Tele-Health Kiosks, Senior Centers or Schools		Provide Video primary care for those who are challenged by transportation	Pending
	C.	Tele-Psych: Behavioral Health VSHWC		Recruit and Hire Tele-psych provider	Pending: all providers virtual now..
V.	School Based Clinics				
	A.	Explore and plan		Keep active dialog with CCOE	Pending
	B.	School campus and day care 2024			

MTHCD Project Matrix 01-19-2022

PROGRAM	DESCRIPTION	LEAD	CURRENT STATUS
Calaveras HHS CCMU Grant	Crisis Mobile Units	Dr. Smart	Partnership
RoboDoc	TeleHealth Service for School Nurses	Dr. Smart/ Nancy Minkler Looking for new coordinator	Program is open. School starting. Coordinator active: Laurel Stanek Opened West Point
Behavioral Health	VSHWC Service	Susan Deax-Keirns	New CCI Grant Active Hired new "Navigator"
Dental	DentiCal Service at VSHWC	Dr. Smart	Open 4 days a week. Considering Dental Kids Day once a month. Hired Dental Assistant
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete. Colposcopy service started.
Stay Vertical	Fall Prevention Program	Steve Shetzline	Returning to Pre-Covid services Laurel Stanek to Oversee 2022 Classes have started Recruiting instructors
Children's Advocacy Center	Medical Clearance Exams (MCE)	Peggy Stout	Open
Hospital Lease	District provides facility for hospital care	MTHCD Board	Stable: NON Electric Utilities recon
Community Grant Program	District provides grant funding for health initiatives	Debbie Sellick	No budgeting for 2021-2022.
National Health Service Corps Application	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Application submitted 5/17/21, pending Approved, posting started
Grant Applications and Awards	See attachment: pg 26 Board Pkt	Total Applied for: \$ 676,525 Total Received: \$337,714	These numbers and activities change daily. See Grant spreadsheet.
Career Technical Education	Calaveras County Office of Education partnership	\$25,000 Exploring student opportunities VSHWC	Meeting with coordinator
MOB subleases	Space for healthcare services , subsidized	Rick Randolph	Stable

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN (RHCCTM)	\$ 100,000.00	\$ 100,000.00	\$ 39,629.65	Last day of every month	Qrtly until 2026	RECEIVED	POSSIBLE	COVID 19 testing/mitigation/COVID Pay/McKesson
2	CMS, MIPS	HI-TECH (NON-COVID)	\$ 8,500.00	\$ 8,500.00	N/A	9/15/2021	DONE	FINISHED	NO	\$8,500 = Robbins
3	FEMA #1	COVID VACCINATION CLINIC	\$ 37,995.00	\$ 37,995.00	\$ 33,630.91	Use Funds by 3/31/2022	Monthly	RECEIVED	YES	Vax Clinic Costs
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	9/30/2021	DONE	UNDER FINAL REVIEW a/o 11/16/21	YES	2020 Expenses
5	HRSA	COVID TESTING (RHCCT)	\$ 49,461.42	\$ 49,461.42	\$ 49,541.65	3/31/2022	DONE	FINISHED	POSSIBLE	McKesson
6	CARES (HRSA)	PROVIDER RELIEF (PRF) (Unreimbursed Expenses)	\$ 103,253.23	\$ 103,253.23	\$ 269,398.68	Use Funds by 12/31/21 3/31/2022	DONE	FINISHED	YES	21% 1099/utilities/Lost Revenue -- \$165,145.45 left unreimbursed
7	HRSA	COVID PR (Tony Jones)	\$ 49,529.00	\$ 29,659.20	\$ 40,866.14	10/30/2022	Qrtly starting 10/31/21	PORTION DRAWN	POSSIBLE	Vaccination confidence USED 50% MTMC LED SIGN
8	CHC	RURAL INTERNET (NON-COVID)	\$ 15,000.00	\$ 15,020.16	\$ 15,020.16	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$3,004.20
9	ANTHEM	LIST BELOW	\$ 181,500.00	\$ 140,918.30	\$ 86,358.59		Maybe	PORTION RECEIVED	NO	8 projects w/reporting
	(NON-COVID)	Behavior Health	\$ 50,000.00	\$ 50,000.00	\$ 49,047.08		10/1/2021	RECEIVED		27% BH wages
	(NON-COVID)	Hepatology	\$ 30,000.00	\$ 30,000.00	\$ 22,277.64		10/1/2021	RECEIVED		Gish/Velacur
	(NON-COVID)	ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		Need 1 More Unit
	(NON-COVID)	COVID Testing	\$ 14,000.00	\$ -	\$ 3,844.27			PENDING		McKesson
	(NON-COVID)	Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	Mammography	\$ 2,500.00	\$ 2,500.00	\$ -			RECEIVED		
	(NON-COVID)	P.S.D.A	\$ 20,000.00	\$ 20,000.00	\$ -			RECEIVED		
	(NON-COVID)	COVID Messaging	\$ 25,000.00	\$ 25,000.00	\$ -			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
11	PROVIDER RELIEF FUND	PHASE 4 - REVENUE LOSS	\$ 27,476.09	\$ 27,476.09	\$ 86,548.60		9/29/2021	RECEIVED		Lost Revenue SS
12	CA. COVID RELIEF	(CSDA)	\$ 347,687.00	\$ 347,687.00	\$ 347,687.00	11/5/2021	12/1/2021	RECEIVED		ID# 373

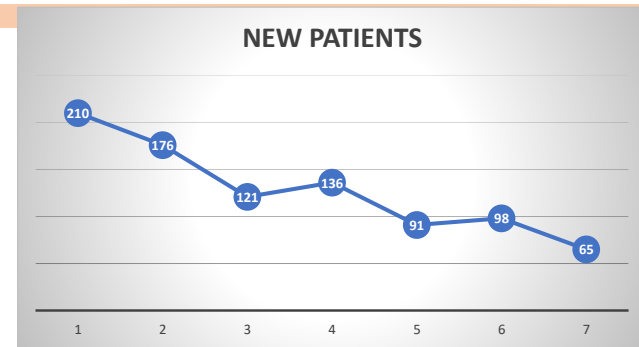
TOTALS

\$1,063,117.74 \$926,220.40 \$1,036,397.38

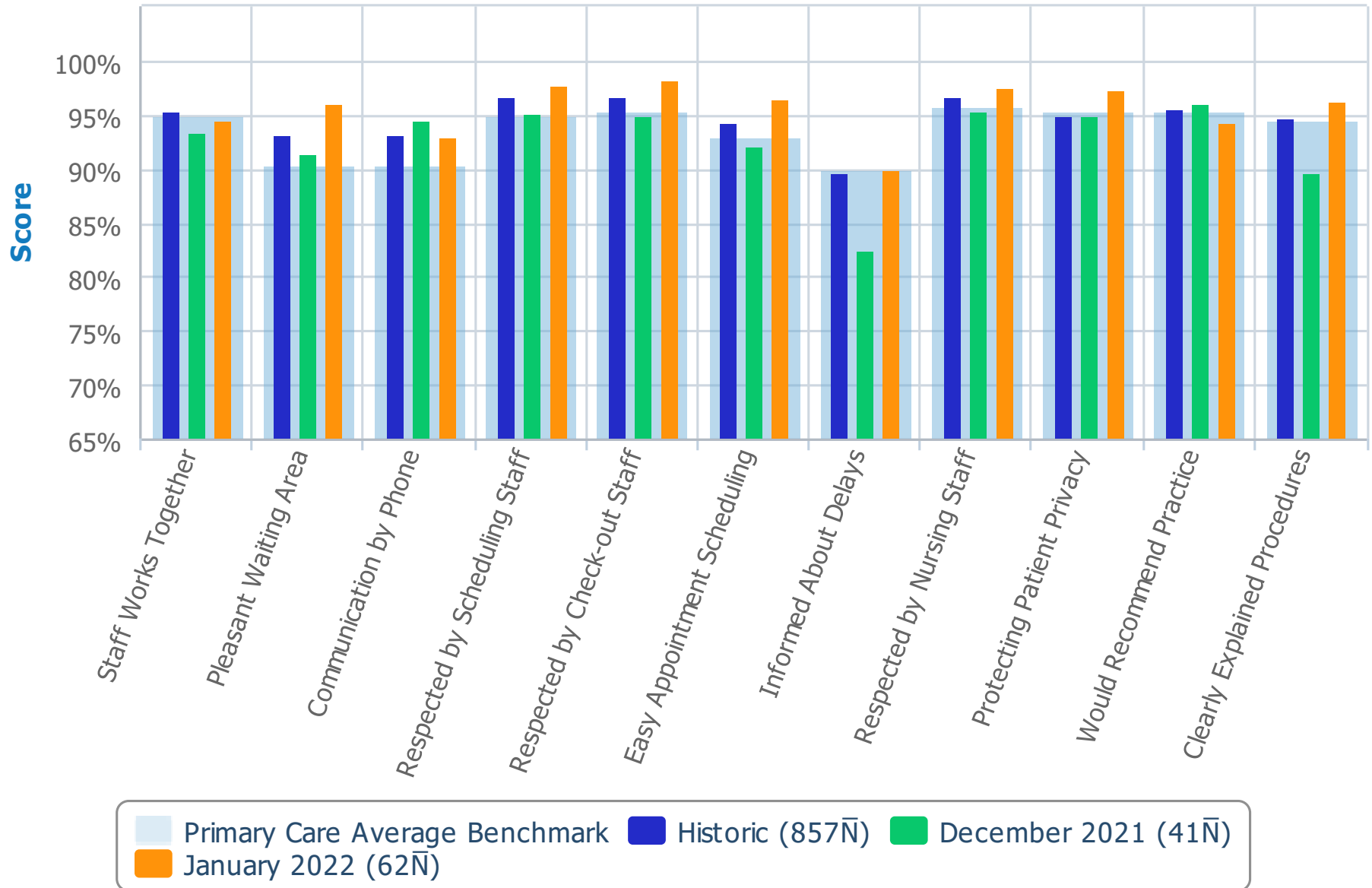
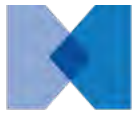
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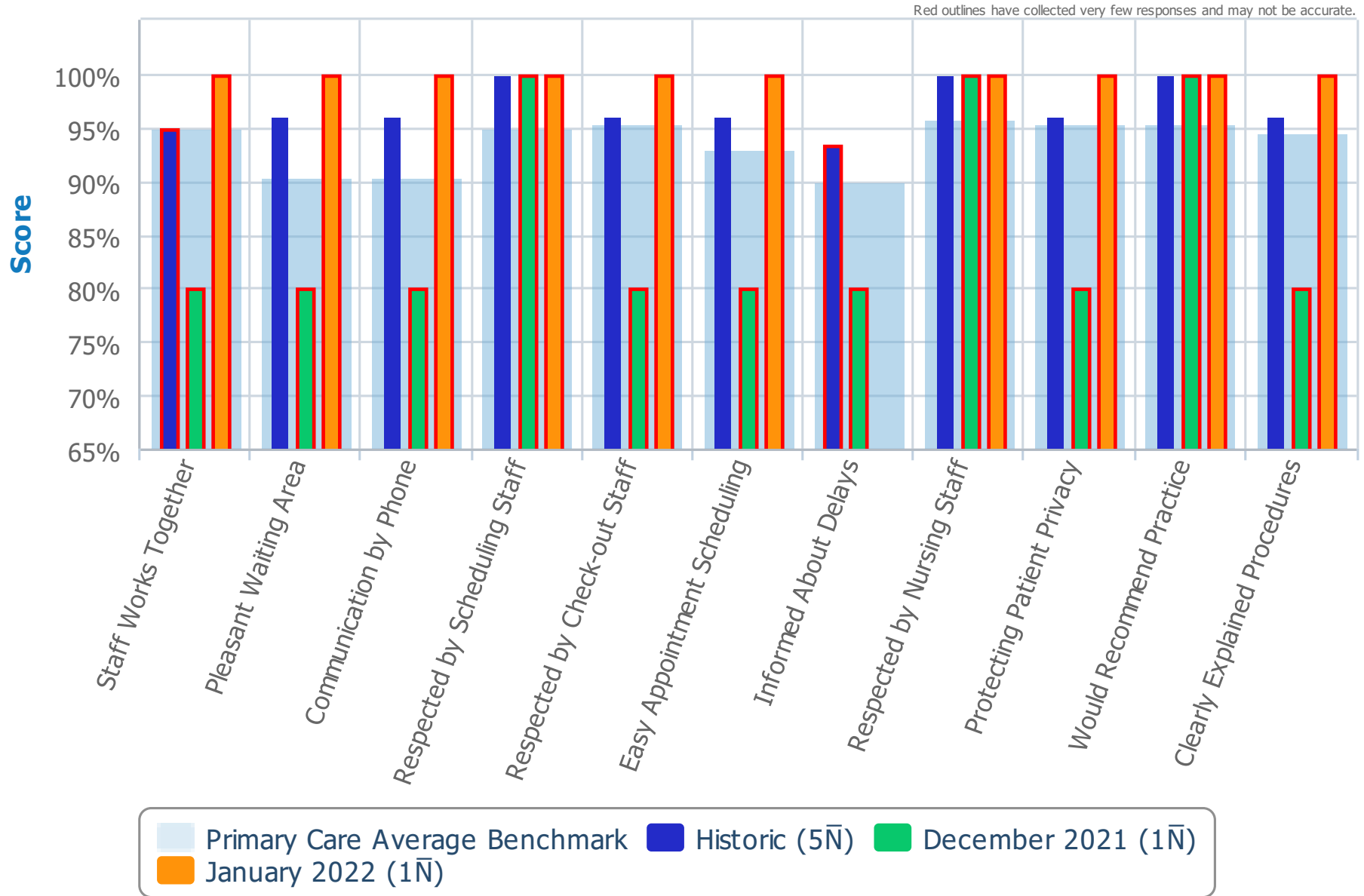
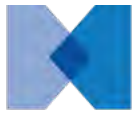
Quality Metric ¹	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22 Total	Census Fiscal YTD	MTD Payor Mix	Fiscal YTD Payor Mix	Historical Payor Mix (Payor Mix 10/16/19 to present)	
Patient Visits Total	1531	1516	1297	1149	1186	1073	1223						8975	8975			
Medi-Cal	682	683	573	535	583	491	567						4114	4114	46%	46%	46%
Medicare	408	369	362	319	303	286	358						2405	2405	29%	27%	27%
Cash Pay	23	28	25	23	13	10	10						132	132	1%	1%	1%
Other	418	436	337	272	287	286	288						2324	2324	24%	26%	26%
Total Empanelled Patients	3563	3806	3932	4051	4104	4142	4207										

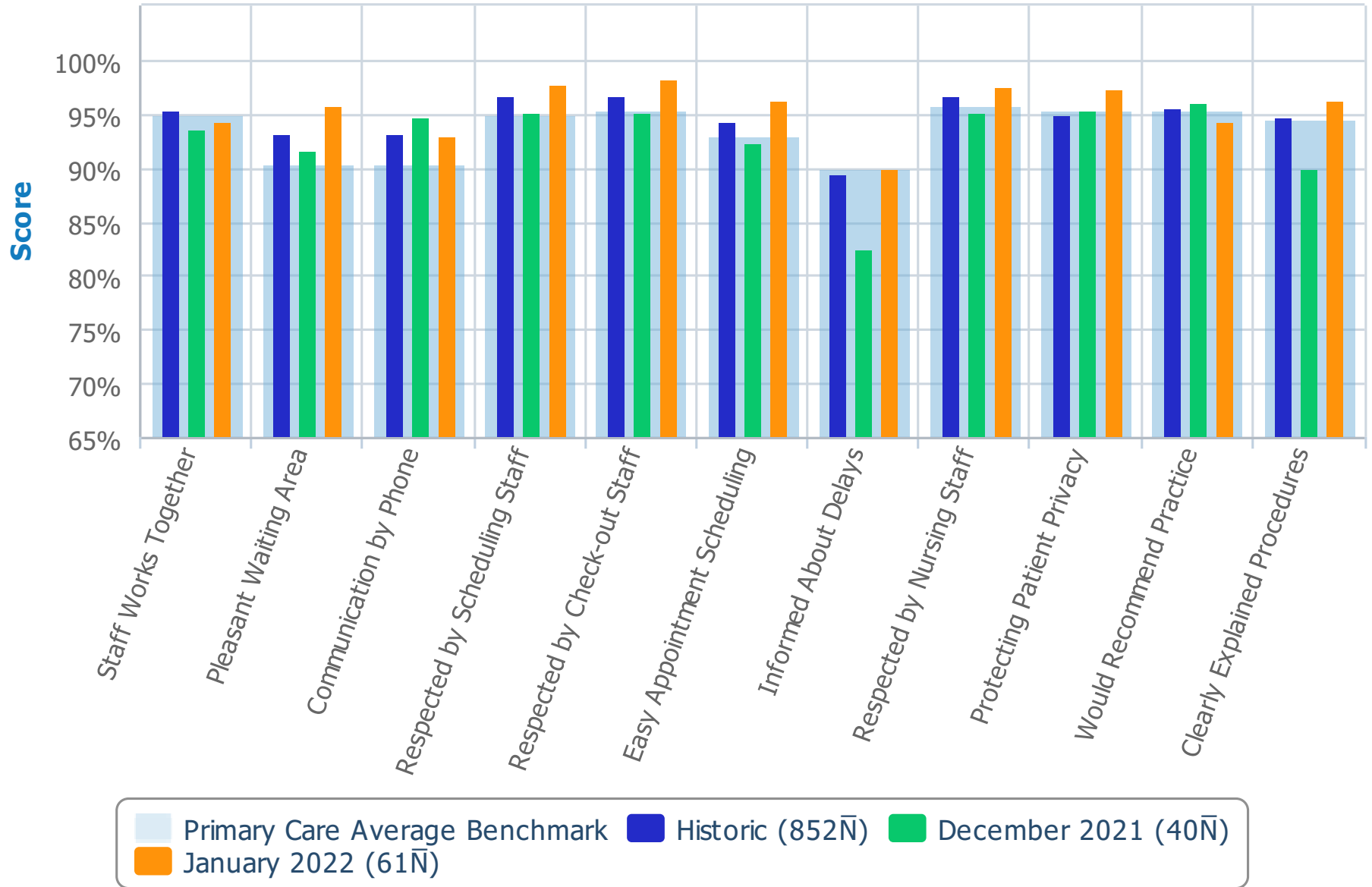
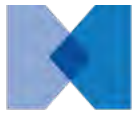
Total New Patients seen	210	176	121	136	91	98	65										
Incident Reports	1		tbd														2
Patient Satisfaction	95%		93%	96%		98%	97%										
Peer Review/Fallouts	0		3	3		2	NA										
Wait time for appointments	1-2 wks		2-3 wks	2-3 wks		1-2 wks	2-3 wks										
Patient No-shows	130 8.50%	162	138 10.60%	131 11.40%	120	155 14.40%	97 7.90%										
Employee Satisfaction																	

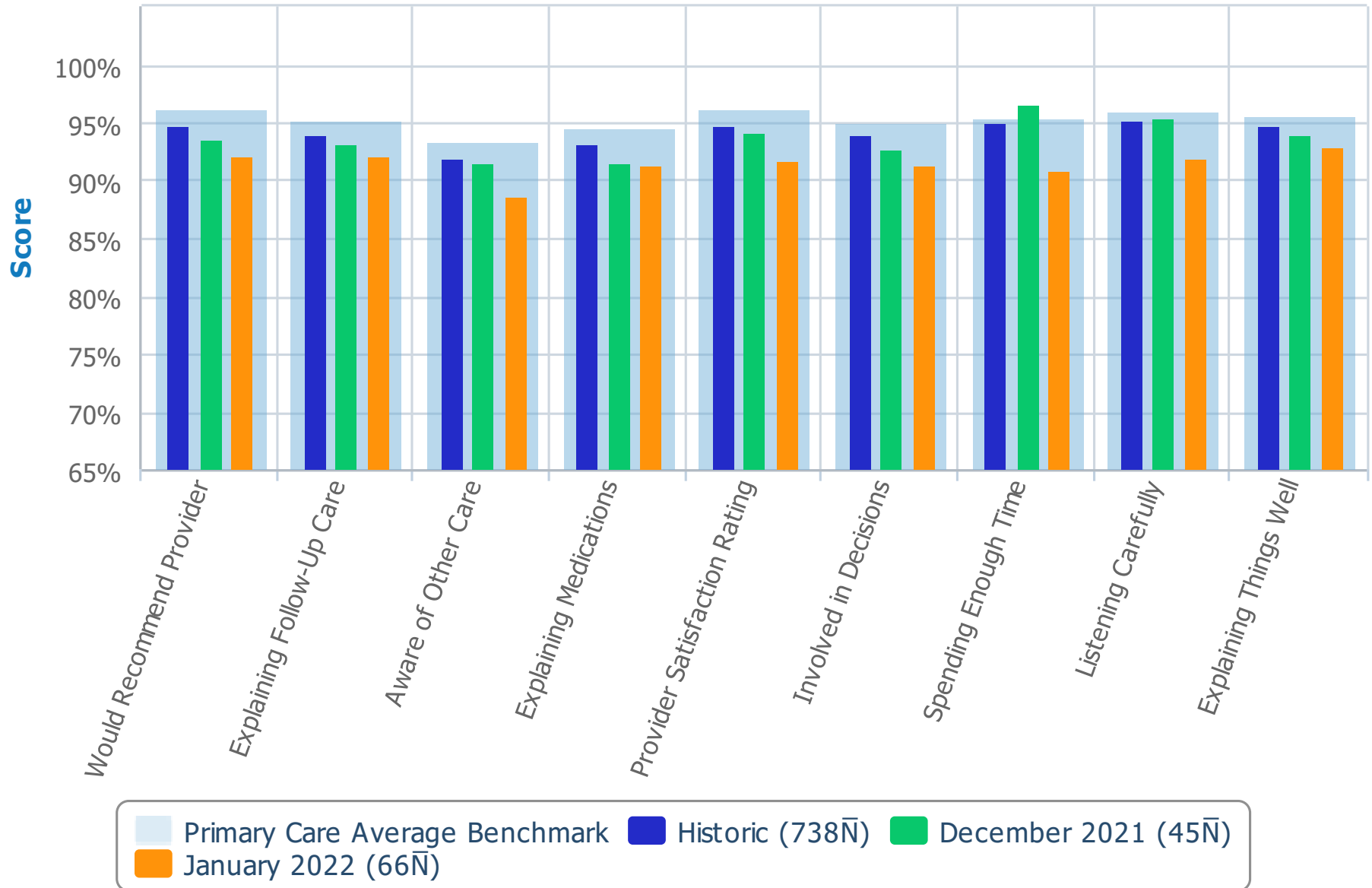
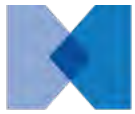


¹=All Financial data in Finance Report











**MARK TWAIN
HEALTH CARE DISTRICT**

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

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

BACKGROUND:

The January, 2022 financial statements are attached for your review and approval.

- We are very happy to have received a final copy of the Audit for the past fiscal year for your review and approval. Huge thank you to Traci for all her hard work on a tough audit cycle!!!!
- We have received our mid-year property tax funds and COVID relief funds of \$347K. The CEO, Finance Committee, and the Board will have the ability to determine how best to apply the COVID relief money, since it has very limited strings attached. This money is currently sitting in deferred revenue on the Balance Sheet. Recognition of this revenue will go a long way to helping the District's bottom line 😊
- The Balance Sheet still shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.
- Total COVID expenses/lost revenue to date: \$938,862.90
- Total COVID expenses in January 2022: \$25,455.31

Mark Twain Health Care District						
Annual Budget Recap						
	01/31/22	2021 - 2022 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	3,366,122	5,865,872	3,191,007	1,374,865	0	1,300,000
Total Revenue	3,366,122	5,865,872	3,191,007	1,374,865	0	1,300,000
Expenses	(4,002,716)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Total Expenses	(4,002,716)	(6,499,106)	(4,318,135)	(1,165,257)	(667,000)	(348,715)
Surplus(Deficit)	(636,595)	(633,235)	(1,127,128)	209,608	(667,000)	951,285
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)					
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22

Mark Twain Health Care District										
Direct Clinic Financial Projections										
						VSHWC				1/31/2022
						2021 - 2022				
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual	
		Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs Budget	
4083.49	Urgent care Gross Revenues	1,170,321	2,824,838	4,674,075	5,013,050	2,924,279	292,400	1,891,226	37.73%	
4083.60	Contractual Adjustments	(953,773)	(1,038,761)	(1,087,124)	(1,848,793)	(1,078,463)	(109,643)	(858,799)		
	Net Patient revenue	216,548	1,786,077	3,586,951	3,164,257	1,845,816	182,757	1,032,427	32.63%	
						0				
4083.90	Flu shot, Lab income, physicals			1,000	1,000	583			0.00%	
4083.91	Medical Records copy fees			750	750	438			0.00%	
4083.92	Other - Plan Incentives			30,000	25,000	14,583			0.00%	
			0	31,750	26,750	15,604	0	0	0.00%	
	Total Other Revenue	216,548	1,786,077	3,618,701	3,191,007	1,861,421	182,757	1,032,427	32.35%	
7083.09	Other salaries and wages	(648,607)	(1,030,670)	(1,008,540)	(1,503,975)	(877,319)	(758,527)	(758,527)	50.43%	
7083.10	Payroll taxes	(53,339)	(80,787)	(78,666)	(108,979)	(63,571)	(10,751)	(59,861)	54.93%	
7083.12	Vacation, Holiday and Sick Leave			(9,077)	(90,239)	(52,639)			0.00%	
7083.13	Group Health & Welfare Insurance	(31,164)	(132,724)	(49,982)	(169,346)	(98,785)	(15,773)	(91,625)	54.11%	
7083.14	Group Life Insurance			(1,614)		0				
7083.15	Pension and Retirement		(632)	(25,214)	(1,987)	(1,159)			0.00%	
7083.16	Workers Compensation insurance	(13,597)	(16,697)	(10,085)	(15,040)	(8,773)			0.00%	
7083.18	Other payroll related benefits			(1,513)	(376)	(219)			0.00%	
	Total taxes and benefits	(98,100)	(230,841)	(176,151)	(385,967)	(225,147)	(26,523)	(151,486)	39.25%	
	Labor related costs	(746,706)	(1,261,511)	(1,184,691)	(1,889,942)	(1,102,466)	(785,050)	(910,013)	48.15%	
7083.05	Marketing	(7,096)	(1,911)		(1,500)		(1,296)	(28,048)		
7083.20	Medical - Physicians	(607,191)	(766,094)	(905,244)	(970,115)	(565,900)	(58,148)	(480,049)	49.48%	
7083.22	Consulting and Management fees	(261,571)	(106,677)	(75,000)	(35,000)	(20,417)	(1,219)	(15,573)	44.49%	
7083.23	Legal - Clinic	(27,900)	1,258	0	(15,000)			(4,845)	0.00%	
7083.25	Registry Nursing personnel			(3,000)	0	0				
7083.26	Other contracted services	(65,565)	(199,535)	(126,907)	(100,000)	(58,333)	(25,992)	(170,480)	170.48%	
7083.29	Other Professional fees	(11,199)	(16,639)	(80,932)	(10,000)	(5,833)	(1,558)	(8,198)	81.98%	
7083.36	Oxygen and Other Medical Gases	(533)	(916)	(3,703)	(1,200)	(700)	(35)	(210)	17.53%	
7083.38	Pharmaceuticals			(139,504)	(40,000)	(23,333)			0.00%	
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(211,072)	(25,714)	(95,000)	(55,417)	(16,359)	(169,133)	178.03%	
7083.41.02	Dental Care Materials and Supplies - Clinic		(5,425)				(3,583)	(45,833)		
7083.41.03	Behavior Health Materials							(2,024)		
7083.44	Linens			(1,200)	0	0				
7083.48	Instruments and Minor Medical Equipment			(24,248)	(20,000)	(11,667)			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)	(2,917)			0.00%	
7083.72	Depreciation - Bldgs & Improvements			(311,017)	(560,000)	(326,667)			0.00%	
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(90,749)	(95,083)	(80,000)	(46,667)	(7,580)	(44,468)	55.59%	
8870.00	Interest on Debt Service	(158,161)	(435,495)	(257,355)	(190,000)	(110,833)			0.00%	
7083.43	Food	(935)	(1,070)	(2,000)	(2,000)	(1,167)	(26)	(1,769)	88.45%	
7083.46	Office and Administrative supplies	(30,108)	(56,948)	(15,428)	(15,000)	(8,750)	(1,775)	(30,366)	202.44%	
7083.69	Other purchased services	(50,362)	(70,531)	(232,076)	(229,727)	(134,008)	(940)	(6,755)	2.94%	
7083.81	Insurance - Malpractice	(8,814)		(16,854)	(25,000)	(14,583)			0.00%	
7083.82	Other Insurance - Clinic	(23,332)	(45,829)	(31,102)	(1,050)	(613)	(3,776)	(44,491)	0.00%	
7083.83	Licenses & Taxes			(1,500)	(1,500)	(875)				
7083.85	Telephone and Communications	(5,253)	(12,906)	(20,903)	(5,100)	(2,975)	(3,342)	(15,291)	299.82%	
7083.86	Dues, Subscriptions & Fees	(19,274)	(4,766)	(1,500)	(5,000)	(2,917)	(2,655)	(7,393)	147.87%	
7083.87	Outside Training	(199)	(299)	(15,000)	(10,000)	(5,833)			0.00%	
7083.88	Travel costs	(3,704)	(995)	(4,000)	(2,500)	(1,458)	(620)	(2,042)	81.67%	
7083.89	Recruiting	(25,209)	(40,159)	(40,000)	(10,000)	(5,833)	(9,359)	(39,641)	396.41%	
8895.00	RoboDoc		(22,086)	(60,000)	0	0				
	Non labor expenses	(1,502,306)	(2,088,844)	(2,695,428)	(2,428,192)	(1,416,446)	(138,264)	(1,116,609)	45.99%	
	Total Expenses	(2,249,012)	(3,350,355)	(3,880,119)	(4,318,135)	(2,518,912)	(923,314)	(2,026,622)	46.93%	
	Net Expenses over Revenues	(2,032,464)	(1,564,278)	(261,418)	(1,127,128)	(657,491)	(740,557)	(994,195)	88.21%	

Mark Twain Health Care District									
Rental Financial Projections					Rental				
									1/31/2022
		2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Unaudited	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	637,392	90,321	633,041	57.94%
				0	0				
	Rent Revenues	1,095,293	1,089,434	1,092,672	1,092,672	637,392	90,321	633,041	57.94%
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)	(442,448)	(67,966)	(407,205)	53.69%
9520.85	Telephone & Communications						(4,278)	(29,777)	
9520.72	Depreciation	(673,891)	(116,408)	(148,679)	(148,679)	(86,729)	(9,228)	(65,390)	43.98%
9520.82	Insurance								
	Total Costs	(1,331,134)	(805,003)	(907,162)	(907,162)	(529,178)	(81,471)	(502,372)	55.38%
	Net	(235,841)	284,431	185,510	185,510	108,214	8,849	130,669	113.31%
9260.02	MOB Rents Revenue	220,296	195,608	251,016	251,593	146,763	18,394	124,155	49.35%
9521.75	MOB rent expenses	(240,514)	(263,451)	(261,016)	(247,095)	(144,139)	(21,125)	(145,551)	58.90%
	Net	(20,218)	(67,842)	(10,000)	4,498	2,624	(2,731)	(21,397)	-475.69%
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	9,000	5,250	750	5,250	58.33%
9522.75	Child Advocacy Expenses	(297)	(1,140)	(11,000)	(11,000)	(6,417)			0.00%
	Net	8,703	7,860	(2,000)	(2,000)	(1,167)	750	5,250	-262.50%
9260.04	Sunrise Pharmacy Revenue		14,400		21,600		1,836	12,636	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(3,785)	(2,250)		0			
		1,324,589	1,308,442	1,352,688	1,374,865	802,005	111,300	775,081	56.38%
		(1,574,119)	(1,073,380)	(1,181,428)	(1,165,257)	(679,733)	(102,596)	(647,923)	55.60%
	Summary Net	(249,530)	235,063	171,260	209,608	122,271	8,704	127,158	60.66%

Mark Twain Health Care District										
Projects, Grants and Support										
		1/31/2022								
			2019/2020	2020/2021	2020/2021	2021/2022	Month	Actual	Actual	Actual
			Actual	Unaudited	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
	Project grants and support			(14,000)	(31,000)	(667,000)	(389,083)	(9)	(358,445)	53.74%
8890.00	Foundation		(465,163)			(628,000)			(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								(2,436)	
8890.00	Doris Barger Golf			0	(2,000)	0	0		0	
8890.00	Stay Vertical			(14,000)	(14,000)	(14,000)	(8,167)	(9)	(9)	0.06%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals								(3,000)	
8890.00	High school ROP (CTE) program					(25,000)			(25,000)	
	Project grants and support		(465,163)	(14,000)	(31,000)	(667,000)	(8,167)	(9)	(358,445)	53.74%

Mark Twain Health Care District								
General Administration Financial Projections				Admin			1/31/2022	
				BUDGET				
		2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Unaudited	Budget	to-Date	Month	Y-T-D	vs Budget
9060.00	Income, Gains and losses from investments	390,802	44,279	100,000	58,333	111	7,572	7.57%
9160.00	Property Tax Revenues	1,126,504	1,168,243	1,200,000	700,000	100,000	700,000	58.33%
9010.00	Gain on Sale of Asset							
9400.00	Miscellaneous Income					3,657	3,657	
5801.00	Rebates, Sponsorships, Refunds on Expenses					72,899	152,938	
9205.03	Miscellaneous Income (1% Minority Interest)	(43,680)	(20,782)		0	(16,366)	(11,415)	
	Summary Revenues	1,473,626	1,191,740	1,300,000	758,333	160,301	852,752	65.60%
8610.09	Other salaries and wages	(352,591)	(216,730)	(137,592)	(80,262)	(18,243)	(145,230)	105.55%
8610.10	Payroll taxes	(23,244)	(10,079)	(10,526)	(6,140)	(849)	(6,586)	62.57%
8610.12	Vacation, Holiday and Sick Leave	(3,173)		(8,256)	(4,816)			0.00%
8610.13	Group Health & Welfare Insurance	(17,474)		(11,827)	(6,899)			0.00%
8610.14	Group Life Insurance	(564)		0	0			
8610.15	Pension and Retirement	(8,815)	(2,588)	(703)	(410)		(1,704)	242.18%
8610.16	Workers Compensation insurance	(3,526)		(1,376)	(803)			0.00%
8610.18	Other payroll related benefits	(529)	(800)	(34)	(20)			0.00%
	Benefits and taxes	(57,325)	(13,467)	(32,723)	(19,088)	(849)	(8,290)	25.33%
	Labor Costs	(409,916)	(230,197)	(170,315)	(99,350)	(19,092)	(153,520)	90.14%
8610.22	Consulting and Management Fees	(61,500)	(4,548)	(3,000)	(1,750)	(305)	(5,755)	191.83%
8610.23	Legal	(30,000)	(928)	(10,000)	(5,833)	(189)	(1,423)	14.23%
8610.24	Accounting /Audit Fees	(125,000)	(59,302)	(40,000)	(23,333)	(4,776)	(27,963)	69.91%
8610.05	Marketing					(1,663)	(4,468)	
8610.43	Food	(2,000)		(1,500)	(875)			0.00%
8610.46	Office and Administrative Supplies	(18,000)	(14,380)	(15,000)	(8,750)	(815)	(4,814)	32.09%
8610.62	Repairs and Maintenance Grounds	0	(4,296)	(5,000)	(2,917)		(1,250)	25.00%
8610.69	Other- IT Services		(10,905)	0	0	(691)	(5,556)	
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)	(24,442)		(33,444)	79.82%
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)	(8,750)	(2,086)	(20,222)	134.81%
8610.87	Outside Trainings	(15,000)	(760)	(15,000)	(8,750)		(581)	3.87%
8610.88	Travel	(15,000)		(7,500)	(4,375)			0.00%
8610.89	Recruiting	(2,000)	(3,567)	(2,000)	(1,167)		(209)	10.45%
8610.90	Other Direct Expenses	(32,000)	(69,999)	(20,000)	(11,667)	(500)	(4,660)	23.30%
8610.95	Other Misc. Expenses							
	Non-Labor costs	(358,200)	(194,986)	(178,400)	(102,608)	(11,024)	(110,345)	61.85%
	Total Costs	(768,116)	(425,183)	(348,715)	(201,958)	(30,115)	(263,865)	75.67%
	Net	431,884	766,557	951,285	556,375	130,185	588,887	61.90%

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

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	101,053
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	83,068
1001.40 Five Star Bank - MTHCD Checking	278,549
1001.50 Five Star Bank - Money Market	769,789
1001.60 Five Star Bank - VSHWC Checking	126,177
1001.65 Five Star Bank - VSHWC Payroll	108,600
1001.90 US Bank - VSHWC	37,263
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,511,343
Accounts Receivable	
1200 Accounts Receivable	-3,956
Total Accounts Receivable	-3,956
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	9,561,774
115.05 Due from Calaveras County	522,950
115.20 Accrued Lease Revenue	-15,232
1202.00 Prior Year Grant Revenue	5,234
1205.50 Allowance for Uncollectable Clinic Receivables	321,006
130.30 Prepaid VSHWC	441
Total Other Current Assets	10,397,687
Total Current Assets	11,905,074
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	705,422
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 - Buildngs	5,942,457
1220.20 VSHWC - Equipment	889,822
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
Total Fixed Assets	9,224,414
Other Assets	

1710.10 Minority Interest in MTMC - NEW	431,330
180.60 Capitalized Lease Negotiations	326,777
180.65 Capitalized Costs Amortization	29,797
Total Intangible Assets	356,574
2219 Capital Lease	6,201,514
Total Other Assets	6,989,418
TOTAL ASSETS	28,118,906
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	49,739
Total 200.00 Accts Payable & Accrued Expenses	49,739
2000.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenses	0
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	44,157
227 Deferred Revenue	459,197
Total Other Current Liabilities	608,556
Total Current Liabilities	658,295
Long-Term Liabilities	
2128.01 Deferred Capital Lease	993,440
2128.02 Deferred Utilities Reimbursement	1,805,820
2129 Other Third Party Reimbursement - Calaveras County	500,000
2210 USDA Loan - VS Clinic	7,020,001
Total Long-Term Liabilities	10,319,261
Total Liabilities	10,977,556
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,590,843
Net Income	-636,595
Total Equity	17,141,349
TOTAL LIABILITIES AND EQUITY	28,118,906

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

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

Annual

Reserve Funds	Minimum Target	6/30/2021 Balance	2021/2022 Allocated	2021/2022 Interest	1/31/2022 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,206,398	0	913	2,207,312	
Capital Improvement Fund	12,000,000	2,935,435	500,000	1,081	2,436,516	
Technology Reserve Fund	1,000,000	1,002,908	0	415	1,003,323	
Lease & Contract Reserve Fund	2,400,000	2,406,980	0	997	2,407,976	
Loan Reserve Fund	2,000,000	2,005,816	0	830	2,006,647	
Reserves & Contingencies	19,600,000	10,557,538	500,000	4,236	10,061,774	0

2021 - 2022

CalTRUST	1/31/2022	Interest Earned
Valley Springs HWC - Operational Reserve Fund	2,207,312	913
Capital Improvement Fund	2,436,516	1,081
Technology Reserve Fund	1,003,323	415
Lease & Contract Reserve Fund	2,407,976	997
Loan Reserve Fund	2,006,647	830
Total CalTRUST	10,061,774	4,236

Five Star

General Operating Fund	421,867	182.77
Money Market Account	769,789	219.75
Valley Springs - Checking	126,177	38.87
Valley Springs - Payroll	108,800	48.73
Total Five Star	1,426,633	490.12

Umpqua Bank

Checking	101,053	0.00
Money Market Account	6,444	0.38
Investments	1,514	
Total Savings & CD's	109,011	0.38

Bank of Stockton	83,068	13.09
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Total in interest earning accounts	11,680,486	4,740
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Beta Dividend	2,709
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One Time Pay	24
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Anthem Incentive	100
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Total Without Unrealized Loss	7,572
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the 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.

Memorandum

TO: MTHCD Board of Directors

Date: February 7, 2022

FROM: R Smart, CEO

RE: MTMC Reimbursement of Non-Electric Utilities

1. The District consummated a lease to CommonSpirit (Dignity Health) on May 31, 2019. In that document there are specific provisions for the payment of hospital utilities. Utilities are divided into electric and non-electric because of the important discount the District receives from the Joint Powers Authority, Calaveras Public Power Agency.
2. On page 7 of the lease document is a provision for the District to request, and the tenant to provide, an annual reimbursement on a calendar basis. That provision is attached to this memo. If the District's estimated costs for non-electric utilities exceeds the \$300,000 threshold then the District may request reimbursement for the costs exceeding \$300,000.
3. Our accounting Department has completed an internal audit of these costs and determined that the District exceeded the threshold by \$53,298.42. From a hospital perspective those costs are minor relative to the \$721,238.98 the District has provided in 2021 for all utilities. I am happy to report that the District's utility payments to the hospital have provided tremendous financial stability in the county's only hospital.
4. The Board of Directors now needs to consider exercising its option to request reimbursement of \$53,198.42. The hospital leadership has been briefed and is aware that this discussion will occur at the February Board meeting. Should the board choose to request reimbursement, District administration will issue a ninety-day notice as stipulated in the lease.

(b) Landlord shall have no obligation to pay any other utilities at the Leased Premises except for the Utilities, as delineated above, except as may otherwise be set forth in the underlying occupancy agreement(s) between the Landlord and Tenant respecting the particular Landlord Ancillary Premises.

(c) Landlord may, on not less than ninety (90) days' prior written notice to Tenant, require that Tenant make an Annual Reimbursement to Landlord for Landlord's good faith estimated costs for the Non-Electrical Utilities, subject to reconciliation as provided below, and without otherwise altering Tenant's obligation to pay fixed monthly Rent (except as expressly provided in this Lease). Such Annual Reimbursement of Non-Electrical Utilities shall be determined annually on a calendar basis (the first such period of which may be a prorated partial period ending December 31st). Such "Annual Reimbursement" shall be the amount by which Landlord's costs of such Non-Electrical Utilities exceeds the "Threshold." As used herein, the "Threshold" shall be (i) \$300,000 per calendar year during the first five (5) years of the Initial Term, and (ii) thereafter, such annual amount (not less than zero) as established (no more frequently than annually) by the Landlord in its sole discretion. Landlord may require Tenant to make monthly or quarterly progress payments toward such Annual Reimbursement based on good faith estimates of the Annual Reimbursement, provided that a final reconciliation and true up shall be completed no later than March 31st following the close of each calendar year.

(d) If, for reasons beyond Landlord's control, Landlord becomes ineligible to purchase discounted Electrical Utilities, then Landlord may, on not less than sixty (60) days' prior written notice to Tenant, terminate Landlord's obligation to pay Electrical Utilities. Similarly, if at any time for any reason the total annual cost of Electrical Utilities paid by Landlord exceeds one hundred twenty five percent (125%) of the average annual cost of Electrical Utilities paid by Landlord for the three (3) years prior to the Commencement Date, then Landlord shall continue to purchase the Electrical Utilities at the discounted rate, but on not less than sixty (60) days' prior written notice to Tenant, and except as set forth in the last sentence of this paragraph, Tenant shall be required to reimburse Landlord for the cost of the discounted Electrical Utilities within thirty (30) days following Tenant's receipt of invoice from Landlord (including reasonable documentation evidencing such amounts). In either case (i.e. if Landlord so elects to terminate its obligation to pay Electrical Utilities or elects to require Tenant to reimburse Landlord for the Electrical Utilities due to the cost exceeding the 125% threshold), then the total monthly rental amount shall be decreased by an amount equal to the Landlord's average monthly cost for Electrical Utilities to the Leased Premises during the most recent prior twelve (12) month period during which the Landlord was able to purchase discounted Electrical Utilities. If there is a change of ten percent (10%) or more in the total square footage of the Combined Premises as the result of the addition or removal of Ancillary Premises during the term, such monthly average shall be equitably adjusted up or down, as reasonably determined by the parties, to reflect the actual total square footage of the Combined Premises as of the date Landlord stops paying for Electrical Utilities. Notwithstanding the foregoing, if Landlord terminates its obligation to pay Electrical Utilities pursuant to the terms of this Section during the first five (5) years of the Initial Term (for which the Prepaid Rent has already been received by Landlord), then Landlord shall pay such average monthly cost of Electrical Utilities to Tenant on a monthly basis on or before the 5th day of each month until the commencement of the sixth (6th) year of the Term (j.e. until such time as Tenant's Prepaid Rent is fully applied, and Tenant resumes payment of monthly rent).

Note: Forwarded to CFO to Review then

Present draft to Finance Committee then to the Board.

Mark Twain Health Care District

Policy No. 22

Investments:

22.1 Policy

It is the policy of the Mark Twain Health Care District (“District”) to provide guidelines for the prudent investment of District funds and to maximize the efficiency of the District’s cash management. The ultimate goal is to enhance the economic status of the District consistent with the prudent protection of the District’s investments. This investment policy has been prepared in conformance with all pertinent existing laws of the State of California including California Government Code Sections 53600, *et seq.*

22.2 Scope

This policy covers all funds and investment activities of the District except for (1) the proceeds of bond issues, which are invested in accordance with provisions of their specific bond indentures, and (2) funds invested in retirement or deferred compensation plans. All funds covered by this policy are defined and accounted for in the District’s audited annual Basic Financial Statements Report. Further, any new funds created shall be covered by this policy unless specifically excluded by District management and the Board of Directors.

22.3 Prudent Investor Standard

The District operates its investment portfolio under the Prudent Investor Standard (California Government Code Section 53600.3) which states, that “when investing, reinvesting, purchasing, acquiring, exchanging, selling, or managing public funds, a trustee shall act with care, skill, prudence, and diligence under the circumstances then prevailing, including, but not limited to, the general economic conditions and the anticipated needs of the District, that a prudent person in a like capacity and familiar with those matters would use in the conduct of funds of a like character and with like aims, to safeguard the principle and maintain the liquidity needs of the District.”

This standard shall be applied in the context of managing the overall portfolio. Investment officers, acting in accordance with written procedures and this investment policy and exercising the above standard of diligence shall be relieved of personal responsibility for an individual security's credit risk or market price changes, provided deviations from expectations are reported in a timely fashion and appropriate action is taken to control adverse developments.

22.4 Investment Objectives

- A. When investing, reinvesting, purchasing, acquiring, exchanging, selling or managing the District's funds,
1. The primary objective is to safeguard the principle of the funds.
 2. The secondary objective is to meet the liquidity needs of the District.
 3. The third objective is to achieve a reasonable market rate of return on invested funds.

It is the policy of the District to invest public funds in a manner to obtain the highest yield obtainable with the maximum security while meeting the daily cash flow demands of the District as long as investments meet the criteria established by this policy for safety and liquidity and conform to all laws governing the investment of District funds.

B. Safety of Principle

Safety of principle is the foremost objective of the District. Each investment transaction shall seek to first ensure that capital losses are avoided, whether they arise from securities defaults, institution default, broker-dealer default, or erosion of market value of securities. The District shall mitigate the risk to the principle of invested funds by limiting credit and interest rate risks. Credit Risk is the risk of loss due to the failure of a security's issuer or backer. Interest Rate Risk is the risk that the market value of the District's portfolio will fall due to an increase in general interest rates.

1. Credit risk will be mitigated by:
 - a. Limiting investments to only the most creditworthy types of securities;
 - ~~b. Prequalifying the financial institutions with which the District will do business, using a questionnaire or other screening tool (see exhibit A); and~~
 - c. Diversifying the investment portfolio so that the potential failure of any one issue or issuer will not place undue burden on the District.

2. Interest rate risk will be mitigated by:

- a. Structuring the District's portfolio so that securities mature to meet the District's cash requirements for ongoing obligations, thereby reducing the possible need to sell securities on the open market at a loss prior to their maturity to meet those requirements; and
- b. Investing a portion of the portfolio in shorter-term securities.

C. Liquidity

Availability of sufficient cash to pay for current expenditures shall be maintained in money market funds, local government investment pools that offer daily liquidity, repurchase agreements, or short-term securities that can easily be converted into cash because they have secondary markets. The accounting management system of the District shall be designed to accurately monitor and forecast expenditures and revenues to ensure the investment of monies to the fullest extent possible.

D. Rates of Return

Yield on investments shall be considered only after the basic requirements of safety and liquidity have been met. The investment portfolio shall be designed to attain a market average rate of return throughout economic cycles, taking into account the District's risk constraints, the composition and cash flow characteristics of the portfolio, and applicable laws.

22.5 Delegation of Authority

A. Responsibilities of the Accounting Department

The Accounting Department is charged with the responsibility for maintaining custody of all public funds and securities belonging to or under the control of the District, and for the deposit and investment of those funds in accordance with principles of sound treasury management and with applicable laws and ordinances.

B. Responsibilities of the Chief Financial Officer, or contracted financial services vendor

The Chief Financial Officer, or contract financial services vendor, shall perform the monthly review and reconciliation of accounting investments as well as be responsible for the conduct of all Accounting Department functions.

C. Responsibilities of the Executive Director

The Executive Director is responsible for directing and supervising the assigned designee and is responsible further to keep the Board of Directors fully advised as to the financial condition of the District.

~~D. Responsibilities of the District's Auditing Firm~~

~~The District's auditing firm's responsibilities shall include but not be limited to the examination and analysis of fiscal procedures and the examination, checking and verification of accounts and expenditures. A review of the District's investment program is a part of the responsibility described above.~~

E. Responsibilities of the Board of Directors

The Board of Directors shall annually review the written Investment Policy. As provided in the Policy, the Directors shall receive, review, and accept quarterly investment reports which may be included in the Consent Calendar of the regularly scheduled meeting of the Board of Directors in the month following the meeting of the Finance/Investment Committee.

F. Responsibilities of the Finance/Investment Committee

There shall be a Finance Committee consisting of two (2) members of the Board of Directors and no more than two (2) citizens having experience in accounting, banking, or financial investments. No members of the Finance/Investment Committee shall profit in any way from activities of the Committee. The Executive Director and assigned designee(s) shall serve as staff liaison to the Committee. The Committee shall meet no less than quarterly to discuss the quarterly investment reports, investment strategy, investment and banking procedures, as well as the anticipated cash flow projection and any other significant investment-related activities being undertaken. The Committee's meetings will be summarized in minutes, which are distributed to the Board of Directors with the quarterly investment report.

22.6 Ethics and Conflicts of Interest

Officers and employees involved in the investment process shall refrain from personal business activity that could conflict with proper execution of the investment program or which could impair their ability to make impartial investment decisions. Employees and investment officers shall disclose any material financial interest in financial institutions that conduct business with this District, and they shall further disclose any large personal financial / investment positions that could be related to the performance of the District's portfolio.

22.7 Authorized Financial Dealers and Institutions

- A. The Executive Director will establish and maintain a list of the financial institutions and broker / dealers authorized to provide investment and depository services to the District. ~~The District shall initially send a copy of its current Investment Policy to all financial institutions and broker / dealers approved to do business with the District. Receipt of the Investment Policy including confirmation that it has been received and reviewed by the person (s) handling the District's account, shall be acknowledged in writing within thirty (30) days. The District's investment status shall be reported to the Board at least annually by participating investment institutions.~~

1. Depositories

In selecting depositories, the creditworthiness of institutions shall be considered, and the Executive Director shall conduct a comprehensive review of prospective depositories' credit characteristics and financial history as part of the application process.

2. ~~Brokers and Dealers~~

~~To become a broker or dealer qualified to do business with the District, a firm must respond to the District's "Broker Dealer Questionnaire" and submit related documents relative to eligibility. Required documents include a current audited financial statement, proof of state registration, proof of FINRA registration, and a certification that the firm has received and reviewed the District's Investment Policy and agrees to offer the District only those securities that are authorized by the Investment Policy. The Executive Director may establish any additional criteria deemed appropriate to evaluate and approve any financial services provider.~~

~~If a third party investment advisor is authorized to conduct investment transactions on the District's behalf, the investment advisor may use its own list of approved broker/dealers and financial institutions. The investment advisor's approved list must be made available to the District upon request.~~

22.8 Diversification and Risk

The District recognizes that investment risks can result from issuer defaults, market price changes, or various technical complications leading to temporary illiquidity. To minimize the District's exposure to these types of risk, the portfolio should be diversified among several types of institutions, instruments, and maturities. The Executive Director with the Finance Committee shall minimize default risk by prudently selecting only instruments and institutions, which at the time of placement have been evaluated for their financial viability and compliance with this policy. No individual investment transaction shall be undertaken that jeopardizes the total capital position of the overall portfolio.

22.9 Performance Standards

The investment portfolio will be managed in accordance with the standards established within this Investment Policy and should obtain a market rate of return throughout budgetary and economic cycles, taking into account the District's investment risk constraints, cash flow needs, and maturities of the investments. ~~The basis to determine whether market yields are being achieved shall be the total return of the portfolio. The Bank of America Merrill Lynch 1-5 Year U.S. Government/Corporate AAA-A Index is the benchmark that will be compared to the portfolio's sector composition, maturity structure, current investment strategy, and total return. The Finance Committee will periodically review the District's portfolio performance against the benchmark.~~

22.10 Reporting

The District has adopted California Government Code **53607 and** 53646 et seq to define the District's reporting responsibilities.