



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

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

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

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

Agenda

Mark Twain Health Care District Mission Statement

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

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

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

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

5. Consent Agenda: Public Comment - Action

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

A. Un-Approved Minutes:

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

B. Correspondence:

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

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Committee Assignments for Board Members: Public Comment – Action
- Association of California Health Care Districts (ACHD):
 - ACHD July 2021 Advocate:
 - ✓ Annual Meeting: Recover, Refocus & Adapt (Sept. 22-24) Olympic Valley, CA
 - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:.....Ms. Hack
- Meetings with MTHCD CEO:

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

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

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

- District Projects Matrix – Monthly Report:
- Valley Springs Health & Wellness Center:
 - Grant Schedule:

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

NEW POLICIES

Butane Storage and Handling - 241

REVISED POLICIES

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

BI-ANNUAL REVIEW POLICIES

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

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

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

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

7. **Committee Reports:**

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

- Financial Statements – June 2021: Public Comment – **Action**.....Mr. Wood
- **Resolution 2021-05** MTMC Foundation: Public Comment – **Action**.....Dr. Smart
 - Provide Partial Grant Funding \$300k - Copperopolis Family Medical Center:
- **Resolution 2021-06** MTMC Foundation: Public Comment – **Action**.....Dr. Smart
 - Provide Grant Funding \$328k - Mutually Agreed Upon Project:

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

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

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

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

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

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

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

9. **Next Meeting:**

A. The next meeting will be Wednesday Aug 25, 2021 at 9am.

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: 2021-07-28 MTHCD Board Meeting

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

Join Zoom Meeting

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

Meeting ID: 813 3911 7023

Passcode: 041226

One tap mobile

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

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

Dial by your location

+1 669 900 6833 US (San Jose)

+1 346 248 7799 US (Houston)

+1 253 215 8782 US (Tacoma)

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

Meeting ID: 813 3911 7023

Passcode: 041226

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

- Effective - Mar 17, 2020.

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

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



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

Special Finance Committee Meeting
 MTHCD Administration Office
 Mark Twain Medical Center
 768 Mountain Ranch Road
 San Andreas, CA 95249

8:00 am
 Tuesday June 8, 2021

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

Un-Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Lori Hack at 8:00am.

2. Roll Call:

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

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Minutes – June 8, 2021 MTHCD Finance Committee Meeting

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

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

Hearing None.

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for May 18, 2021

Public Comment: None

Motion: Ms. Hack

Second: Mr. Randolph

Vote: 2-0

6. Chief Executive Officer's Report:

- State Budget:

The Federal Government has allocated \$100Mil for Special Districts. The state has access to distribute this money. Application process is unavailable at this time.

- Remote Meetings?

Possibility of no more remote meetings. Governor to announce on or about 6/15/21.

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Minutes – June 8, 2021 MTHCD Finance Committee Meeting

- HRSA – Grant COVID -19 Publicity:

Grant opportunity for \$50,000 to use towards COVID Vaccination Confidence Publicity.
Deadline to apply is June 23, 2021

7. **Real Estate Review:**

Lease renewal with Stockton cardiology signed and in place.

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

- May 2021 Financials Will Be Presented to The Committee:

Mr. Wood: Due to early meeting this month the Financials are in draft form for this meeting.
Financials will be accurate in time to present at the June 16 Board Meeting

Public Comment: None

Recommend updated financials to the Board meeting on June 16, 2021

No motion on Draft May Financials.

9. **Treasurer's Report:**

- 2021 - 2022 Budget: Public Comment – **Action**

Recommended to Board for approval with minor changes by Dr. Smart.

Public Comment: None

Motion: To approve budget template with minor changes by Mr. Randolph

Second: Ms. Hack

Vote: 2-0

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

Nomination of Financial Committee Open Public Seat

This Institution is an Equal Opportunity Provider and Employer

Minutes – June 8, 2021 MTHCD Finance Committee Meeting

11. Next Meeting:

- Wed. July 21, at 9am.

12. Adjournment: - Action

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 2-0

Time: 9:02am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: 2021-06-08 Special Finance Committee Meeting

Time: Jun 8, 2021 08:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/82135657681?pwd=djFzUUdOQUc4dlh3QXgvYlpmUGY5UT09>

Meeting ID: 821 3565 7681

Passcode: 973210

One tap mobile

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+13462487799,,82135657681#,,,,*973210# US (Houston)

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+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

+1 312 626 6799 US (Chicago)

Meeting ID: 821 3565 7681

Passcode: 973210

Find your local number: <https://us02web.zoom.us/j/82135657681>

Effective - Mar 17, 2020.

California Gov. Gavin Newsom issued [Executive Order \(N-29-20\)](#), which, in part, supersedes

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Minutes – June 8, 2021 MTHCD Finance Committee Meeting

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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Minutes – June 8, 2021 MTHCD Finance Committee Meeting



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 San Andreas, CA 95249
 (209) 754-4468 Phone
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**Special Meeting of the Board of Directors
 Wed. June 16, 2021
 9:00 am
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Rd,
 San Andreas, CA**

**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 Lin Reed at 9:03am.

2. Roll Call:

	Present	Via Zoom/Phone	Absent	Arrival Time
Lin Reed	X			
Debbi Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Nancy Minkler	X			

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

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

Public Comment: None

Motion: Mr. Randolph

Second: Ms. Hack

Vote: 5-0

5. Consent Agenda: Public Comment - Action

A. Un-Approved Minutes:

- Un-Approved Special Board Meeting on May 4, 2021
- Un-Approved Finance Committee Meeting Minutes for May 18, 2021
- Un-Approved Board Meeting Minutes for May 26, 2021.

Public Comment: None

Motion: Ms. Hack

Second: Mr. Randolph

Vote: 5-0

6. MTHCD Reports:

A. President's Report:

- Association of California Health Care Districts (ACHD):
 - ACHD June 2021 Advocate:
 - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:

RFP for Medicaid open for renewal in August. The program is underfunded at this time.

- Meetings with MTHCD CEO:

Meeting once a week

B. MTMC Community Board Report:

Meeting on Friday June 25, 2021

C. MTMC Board of Directors:

Meeting on Friday June 25, 2021. No meeting in May due to Holiday.

D. Chief Executive Officer's Report:

- Hospital Lease – Update:

The District is 2 years into the 10 year lease. Will discuss non-electric utilities in more depth in December 2021.

- District Projects Matrix (Last Updated 6-8-2021) – Monthly Report:

RoboDoc: Still meeting to discuss RoboDoc Coordinator position

Behavior Health: The team is overwhelmed with the need for Behavior Health. More support staff is needed.

- 401k – Consideration for Match: Public Comment - **Action**

The District is required to do a match consideration at the end of every year.

Public Comment: None

Motion: to match at 4% by Ms. Minkler

Second: Ms. Hack

Vote: 4-1

- Valley Springs Health & Wellness Center:

- Vaccination Hub (COVID - 19):

The Vaccination Clinic has been active on Thursday afternoons and Saturday mornings. Clinic is averaging approx. 15-20 patients per clinic day. The Staff has been promoting the vaccine to patients.

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

- Policies for June 2021 - Valley Springs Health & Wellness Center:

- NEW POLICIES**

- VSHWC Recruitment and Retention 240

- REVISED POLICIES**

- Alternate Communications in Emergency Situations 10

- Exposure Control Plan 71

- Formulary 83

- Management Of Referral Requests 103

- Processing X-Ray Requisitions 144

- Waived Testing - Fecal Occult Stool 203

- BI-ANNUAL REVIEW POLICIES**

- Conflict of Interest 30

- Critical Value 47

- Demonstrated Competency 50

- Earthquake Or Weather Emergency 58

- EKG 59

- Emergency Ambulance Transfer 61

- Equipment Management 68

- Exam Table And Exam Room Cleaning And Disinfection 69

- Fluoride Varnish for Medical Pediatric Patients 220

- Laboratory Electrical Safety 95

- Late Arriving Unscheduled Patients 97

- Laundry and Linen 98

- Liquid Nitrogen 223

- Registering Patient Complaints 151

- Staff Meetings 176

- Sterile Field 178

- Storage, Handling, and Delivery of Medications 181

- Transfer Of Patient To A Hospital 189

- Waived Testing Blood Glucose 204

This Institution is an Equal Opportunity Provider and Employer
Minutes – June 16, 2021 MTHCD Special Board Meeting

Waived Testing Hemoglobin A1C 206

Public Comment: None

Motion: Ms. Sellick

Second: Ms. Hack

Vote: 5-0

E. VSHWC “Quality” Report: (MedStatix):

The number of patient visits at the Valley Springs Health & Wellness Center (VSHWC) is continuing to increase. 1,282 visits in May. Staff is actively referring patients to the dental providers at the clinic. The new reception staff is continuing their training and progressing nicely. Patient Satisfaction is at 98%.

F. Stay Vertical Calaveras:

Mr. Shetzline was not in attendance for an update.

7. Committee Reports:

A. Finance Committee:

The open public seat on the Committee has been posted. Extensive review of the budget was done at the June 8th meeting.

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

May financials have been updated since the Finance Committee meeting last week. Due to the early meetings this month, the utility figures did not encompass the May bills that came in after said meeting. The District received a property tax payment from Calaveras County, which put us just over budget on the revenue side. The Balance Sheet shows a strong cash position.

Public Comment: None

Motion: to approve May Financials and the Interest & Investment Report by Mr. Randolph

Second: Ms. Hack

Vote: 5-0

- Budget: (2021-2022) Draft: Public Comment - Action

The Foundation/Grants page was updated by request of the Board of Directors at the last meeting.

Public Comment: None

Motion: to approve 2021-2022 Budget by Ms. Hack

Second: Mr. Randolph

Vote: 5-0

B. Ad Hoc Policy Committee:

- Next Meeting is Scheduled for July 20th.

C. Ad Hoc Personnel Committee:

D. Ad Hoc Grants Committee:

8. Board Comment and Request for Future Agenda Items:

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

- The Party to GO-GO: Calaveras Youth Mentoring Sat. June 19th Drive-Thru Dinner:
- Calaveras Grown Farmers Market (Gov. Center) Opens in June each Thurs. 4-6 pm: Let Staff know when you can volunteer.

Dr. Smart: Chamber of Commerce Awards Dinner had about 200 people attend. MTMC was awarded "Big Business of the Year".

Mr. Randolph represented the District at the farmer's market held on Thursday. He distributed brochures and pill boxes to the community to help raise awareness about the District.

9. Next Meeting:

A. The next meeting will be Wednesday July 28, 2021 at 9am.

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

Public Comment: None

Motion: Ms. Minkler

Second: Ms. Sellick

Vote: 5-0

Time: 10:54am

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: 2021-06-16 MTHCD Special Board Meeting

Time: Jun 16, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89340696035?pwd=VjZ5M1gwWDdnWWNPb1FwZmMwcEpydz09>

Meeting ID: 893 4069 6035

Passcode: 389421

One tap mobile

+16699006833,,89340696035#,,,,*389421# US (San Jose)

+13462487799,,89340696035#,,,,*389421# US (Houston)

Dial by your location

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+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: 893 4069 6035

Passcode: 389421

Find your local number: <https://us02web.zoom.us/u/kbFaUaY3qV>

- Effective - Mar 17, 2020.

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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.

Thank you 

Dear Scholarship Donor,

I am so grateful and honored to be awarded the Ken McInturf computer scholarship. Thank you for your generosity, which has allowed me to go to Folsom Lake college to pursue a nursing degree, then to transfer to a 4-year.

Thank you again for your generous gift.

Sincerely,

Piper Garcia

June 22, 2021

IMPORTANT NOTICE – PLEASE READ CAREFULLY

Rural Health Clinic Accreditation Program
Follow-Up
Accreditation Decision: Full accreditation

Mark Twain Health Care District
Valley Springs Health & Wellness Center
51 Wellness Way
Valley Springs, CA 95252
CCN: 558901

Dear Tina,

On June 09, 2021, a full follow-up Medicare accreditation survey was conducted at your facility by The Compliance Team, Inc. (TCT) to determine if your facility is in compliance with Medicare Conditions for Certification and the TCT Exemplary Provider Standards for rural health clinics (RHC's) participating in the Medicare/Medicaid programs.

As a result of your clinic's full compliance with the Medicare conditions for Certification and Exemplary Provider RHC quality standards, TCT is granting Mark Twain Health Care District dba Valley Springs Health & Wellness Center continued accreditation. The effective date of your accreditation is December 08, 2020. The accreditation expiration date is December 08, 2023.

If you have any questions or concerns, you may contact the Director of Clinical Services at (215) 654-9110.

Sincerely,

Steve Simmerman

Steve Simmerman

COO

The Compliance Team, Inc.

Cc: CMS Central Office

CMS RO Region #5

Attachments: Survey report

SAN ANDREAS SANITARY DISTRICT

DIRECTORS

Michael Walker
Michelle Turner
Erie "Don" Young
Terral Strange
Jeffrey Galli

675 Gold Oak Rd
Mailing Address: Post Office Box 1630
SAN ANDREAS, CALIFORNIA 95249
Telephone: (209) 754-3281 Fax: (209) 754-0778
Email: sasdooffice@comcast.net

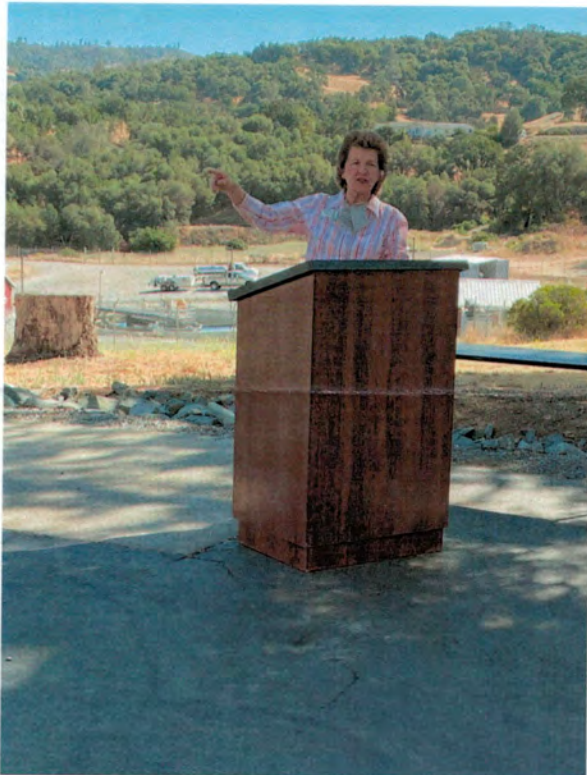
DISTRICT MANAGER
Hugh Logan

July 16, 2021

Peggy Stout
Executive Assistant & HR
Mark Twain Health Care District
P O Box 95
San Andreas, CA 95249-0095

Dear Peggy,

It was a pleasure having you as one of the guest speakers at our 75 Year Celebration. We would like to thank you for taking the time out of your busy schedule to gather and celebrate with us while honoring the District and our community. Your words of wisdom were well received by the audience and staff members alike. A big Thank You! to you and Rick for helping make this a great day.



Sincerely,

A handwritten signature in blue ink that reads "Hugh Logan".

Hugh Logan, District Manager

Committee	Chair	Member
Finance	Lori Hack	Richard Randolph
Real Estate	Richard Randolph	Nancy Minkler
Community Grants	Debra Sellick	Linda Reed
Personnel	Linda Reed	Nancy Minkler
Admin Policy Review	Lori Hack	Debra Sellick
		Last Updated 7-23-2021

In This Edition:

- CEO Message: [Reopening and the Road Ahead](#)
- Legislative Update
- ACHD's 69th Annual Meeting: [Recover, Refocus and Adapt](#)

A Message from the CEO, Cathy Martin

As the state reopens and I embark on my second year as CEO, I am feeling a new sense of energy as we once again begin to meet with colleagues in person. Navigating the road ahead will be challenging, but during recent visits with members I am reminded of all that healthcare districts have faced in the last year, how they've stepped up to serve their communities in innovative ways, and how their resiliency will serve them on the road ahead.



To that end, we are excited to announce that the [ACHD Annual Awards](#) are back! We look forward to recognizing a CEO, Trustee and District of the Year for their hard work at our [69th Annual Meeting: Recover, Refocus and Adapt](#). We are also seeking proposals from healthcare districts who would like to share a District Best Practice at the conference. Please [submit your proposal](#) by July 31 for consideration. Please note that all submission deadlines coincide with our Early Bird pricing, which ends on July 31. [Register](#) by then to take advantage of the best pricing available.

I'm also pleased to share that ACHD has been awarded additional funding from The California Wellness Foundation (TCWF). This third grant will provide additional support for our Diversity, Equity and Inclusion Training Pilot Program, enabling us to expand our reach and maximize impact. ACHD is grateful to TCWF for supporting this important work.

As always, our members are critical to our continued success and we are grateful for your support and engagement. I look forward to working alongside each of you as California reopens and we embark upon "a new normal". We hope to see many of you in September at the ACHD Annual Meeting!

[Click here to read the full CEO Message.](#)

Legislative Update

State Budget:

As the 2021-22 state budget negotiations continue, below is an update relating to high-priority budget issues for healthcare districts.

COVID-19 Relief for Special Districts

Unfortunately, ACHD's request for COVID-19 relief funding specifically for healthcare districts was not included in the Legislature's final budget bills, a one-time general fund allocation of \$100 million for special district relief was included.

Despite ACHD's strong advocacy, the language connected to this funding excludes districts that already received other state or federal funding. While some minor clarifications are anticipated, we do not anticipate many healthcare districts will be eligible for these funds. ACHD will plan to sponsor another healthcare districts budget proposal next year.

2030 Seismic Mandate

The California Hospital Association is leading the effort on a budget trailer bill to refocus and extend the 2030 hospital seismic requirements. Details on the [*Disaster Preparedness Modernization proposal can be found here.*](#)

For those districts who still need to meet the 2030 Seismic Mandate, please contact your legislator today to share your story and urge their support for this budget trailer bill. For more details on the proposal and how to take action, please visit ACHD's [Call to Action](#) page.

Telehealth

Along with a number of health related proposals, [AB 133](#) (Committee on Budget), includes an agreement on telehealth as negotiated by Assemblymember Aguiar-Curry, stakeholders and the Administration. The compromise language maintains current telehealth flexibilities, including payment parity for audio-only visits, through December 31, 2022, and requires the Department of Health Care Services to convene an advisory group to determine Medi-Cal telehealth policy beginning January 1, 2023.

While this agreement is critical in the short term, it fails to include important provisions contained in [AB 32](#) (Aguiar-Curry), including the explicit inclusion of healthcare districts on the advisory group. Assemblymember Aguiar-Curry continues to be committed to moving [AB 32](#), likely as a two year bill.

Other Important News:

While the state is experiencing a "re-opening", the Governor announced [Executive Order N-29-20](#), providing flexibilities with Brown Act compliance, will remain in place. Further, his office committed to giving local governments ample notice and time to adjust following the termination of the Executive Order.

ACHD's Advocacy Team will continue to monitor and advocate on the 2021-22 budget proposals and bills still moving through the legislature. For a complete list of ACHD's active bill positions, please see our [Legislative Reports](#) page.

ACHD's 69th Annual Meeting: Recover, Refocus and Adapt

September 22, 2021 to September 24, 2021



[Register Here](#)

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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	GUIDANCE	NOTES
1	ARPA (HRSA)	AMERICAN RESCUE PLAN	\$ 100,000.00	\$ 100,000.00	\$ -	Interim 8/31/21 Expenditure 10/31/21	Yearly until 2026	RECEIVED	POSSIBLE	+	COVID 19 testing/mitigation
2	CMS, MEANINGFUL USE	HI-TECH	\$ 17,000.00	\$ -	\$ -	9/15/2021	DONE	PENDING	NO	+	\$8,500/EACH Nussbaum/Robbins
3	FEMA #1	COVID VACCINATION	\$ 37,995.00	\$ -	\$ 23,373.88	9/30/2021	Monthly	OBLIGATED	YES	+	
4	FEMA #2	COVID EXPENSES (2020)	\$ 67,716.00	\$ -	\$ 67,716.00	9/30/2021	DONE	UNDER REVIEW	YES	+	
5	HRSA	COVID TESTING	\$ 49,461.42	\$ 49,461.42	\$ -	3/31/2022	Monthly	RECEIVED	?	+	
6	CARES (HRSA)	PROVIDER RELIEF (Unreimbursed Expenses)	\$ 103,253.23	\$ 103,253.23	\$ 10,238.93	3/31/2022		RECEIVED	YES	+	can use % of insurance premiums
7	HRSA	COVID PR	\$ 49,529.00	\$ -	\$ -	12/1/2022	End of Term	APPROVED	POSSIBLE	+	Vaccination confidence
8	CHC	RURAL INTERNET	\$ 15,000.00	\$ -	\$ -	On Going	Monthly	PENDING	CHC	+	Bills sent to CHC
9	ANTHEM	BH, HEP, COVID TEST, ABPM	\$ 93,000.00	\$ 80,000.00	\$ -		Maybe	PORTION RECEIVED	NO	+	4 projects w/reporting

TOTALS

\$432,954.65 \$232,714.65 \$101,328.81

Last Updated 7/22/21

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

POLICY: Butane Storage and Handling	REVIEWED: 6/11/21
SECTION: Dental	REVISED:
EFFECTIVE: July Board Meeting	MEDICAL DIRECTOR:

Subject: Butane for Dental Torch

Objective: Safe Handling and Storage of Butane for Use in the Dental Clinic

Response Rating: Mandatory

Required Equipment: Butane canister, Butane torch

Procedure:

Best Safety Practices When Handling Butane

Published: [19 September 2014](#)

Butane is one of the most powerful and popular fuel sources used around the world. As a highly flammable, colorless, and odorless easy liquefied gas, butane can be a health hazard when used improperly or for the wrong purposes. If you follow a simple set of safety guidelines, however, butane is one of the safest fuels to store and use both indoors and outdoors. Let's take a look at a few of the very real risks associated with misuse of butane as well as best practices to avoid these dangers.

1. What are the Dangers of Butane?

Although the health risks of butane are very low when used correctly, it is a highly flammable and toxic gas that will cause serious problems when handled improperly. The risks of incorrect butane use are brutal and can be fatal.

a. Inhalation

Some have turned to huffing the butane from bottles or aerosols for a quick and easily obtained high. Although inhaling butane can result in euphoria, it can also lead to a host of medical problems such as fluctuating blood pressure, temporary memory loss, frostbite, drowsiness, narcosis, asphyxia, cardiac arrhythmia and in the more severe cases, even death. Butane is one of the most commonly misused substances, and accounts for about half of solvent-related fatalities.

b. Explosion

As a highly flammable and pressurized gas, it's possible that butane may explode if exposed to heat or used improperly. This volatile substance has been known to injure or even kill people when used incorrectly, damaging property and causing fires. Because butane gas is heavier than air, it may travel long distances before it finds a material that ignites it and then travel back to its source at lightning pace.

c. Leaks

In its pure form, butane is an odorless and colorless gas that is not detectable to humans until it causes ill health effects or an explosion. Luckily, organic sulfur compounds are added to bottled butane that cause foul smells so that humans can detect a leak and vacate the premises before their safety is compromised.

d. Skin Exposure

If butane is poured on exposed skin or the eyes, it may cause frostbite or freeze burn. This is why butane refills must be handled carefully. Butane bottles that are designed for refilling will come with adaptors for refilling various types of appliances.

2. The Best Butane Safety Practices You Must Follow

Luckily, butane safety practices are just as important to butane companies as they are to consumers. Every butane company, from Lucienne butane to Puretane butane, is required to provide a material safety data sheet that gives customers specific information about the hazards associated with their product as well as safety precautions to follow. Be sure to read these thoroughly before using the product, but here are a few necessary steps that will help you to use butane safely and efficiently.

- a. Take precautions to avoid inhaling butane when using it for cooking, heating, or lighting.
 - b. Keep butane canisters away from heat, sparks, open flame, and hot surfaces.
 - c. Don't smoke near butane or light a cigarette when using it.
 - d. Store butane in a well-ventilated area away from direct sunlight and food and drink.
 - e. Let lighters or canisters cool off before refilling them.
 - f. Use only approved containers for storage.
 - g. Keep storage containers closed and clearly labeled.
 - h. Ground and bond containers during product transfers to avoid explosions. Use special slow load procedures if you're refilling a container that was previously storing another fuel.
 - i. When using butane industrially, cover eyes with goggles and wear an apron and protective, heat-resistant gloves.
 - j. Do not try to extinguish a butane-caused fire until the source of the gas can be turned off.
 - k. Never try to fight a large fire by yourself.
 - l. Wash or consider disposing of clothing that has come into contact with butane. Sometimes, the gas can start a fire in the washing machine.
 - m. And, as always, keep out of reach of children.
3. **If you're exposed to butane gas**, follow these essential safety procedures and obtain medical attention immediately.
- a. Get to fresh air. If someone's breathing is irregular or stops completely, give artificial respiration until medical personnel arrive.
 - b. Immediately run exposed skin under warm water.
 - c. Flush out eyes for at least fifteen minutes with warm water. Hold your eyelids open and away from the eye so that the whole surface is washed out.

We'd like to stress that these health and safety risks are extremely unlikely to occur, especially if you follow these few simple rules for properly handling butane. Use every precaution when refilling and storing butane, and think twice before engaging in any unauthorized uses of the gas. To find out more about butane safety, visit [Butane Source](#) and read the Material Safety Data Sheet for the butane brands that you carry.



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

POLICY: BLS and ACLS Certification	REVIEWED: 2/25/20; <u>5/29/21</u>
SECTION: Workforce	REVISED: <u>5/29/21</u>
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Clinic Medical Staff and Clinic personnel will maintain current Health Care Basic Life Support (BLS) and Advanced Cardiac Life Support (ACLS) certification as outlined to ensure readiness in the case of a medical emergency in the Clinic.

Objective: Obtain and retain current Health Care BLS and ACLS certifications

Response Rating: Mandatory

Required Equipment:

Procedure:

Basic Life Saving (BLS)

1. The following positions require a current Health Care BLS certification
 - a. Clinic Manager
 - b. Physicians
 - c. Nurse Practitioner
 - d. Physician Assistant
 - e. Dentist
 - f. Registered Nurse
 - g. Licensed Vocational Nurse
 - h. Phlebotomist
 - i. Medical Assistant
 - j. Dental Assistant
 - k. Dental Hygienist
 - l. Licensed Marriage and Family Therapist
 - m. Certified Diabetic Educator
 - n. Radiology Technician
 - o. Receptionist
 - p. Biller

2. Clinic Manager will ensure individuals are reminded when their Health Care BLS certificate nears expiration.

3. The Clinic Manager will ensure personnel whose Health Care BLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties in order to attend their recertification class.
4. Personnel whose BLS certificates have expired will immediately enroll and attend a certification class or risk a disciplinary action

Advanced Cardiac Life Support (ACLS)

1. The following positions require a current ACLS certification is strongly recommended.
 - a. Internal Medicine Physician
 - b. Family Medicine Physician
 - c. General Practice Physician
 - d. Nurse Practitioner
 - e. Physician Assistant
 - f. Registered Nurse
2. Clinic Manager will ensure individuals are reminded when their ACLS certificate nears expiration.
3. The Clinic Manager will ensure personnel whose ACLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties in order to attend their recertification class.
4. Personnel whose ACLS certificates have expired will be counseled by the Medical Director.

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

POLICY: Cash Collections	REVIEWED: 7/1/19; 2/18/20: <u>5/29/21</u>
SECTION: Revenue Cycle	REVISED: 2/18/20: <u>5/29/21</u>
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Collection of cash payments from patients

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

Response Rating: Mandatory

Required Equipment:

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

Co-pay

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

Flat rate fees and/or sliding fees

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

Current remainder balance

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

Aged remainder balance/payment plan

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

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

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

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

Balances in collections

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

Bad debt balances

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

Non-sufficient fund (NSF) checks

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

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

POLICY: Employee Dress Code Guidelines	REVIEWED: 8/13/2019; <u>5/29/21</u>
SECTION: Workforce	REVISED: <u>5/29/21</u>
EFFECTIVE: <u>9/20/19 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Employee Dress Code Guidelines

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

Response Rating: All employees.

Required Equipment: N/A

Statement of Policy:

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

General guidelines for all staff:

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

Employee Dress Code
Policy Number 224

Examples of Inappropriate Attire:

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

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Medical Providers and Managers:

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

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

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

Health Information Services/Medical Billing:

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

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

POLICY: Emergency Codes	REVIEWED: 8/26/19; 3/31/20; <u>5/29/21</u>
SECTION: Safety and Emergency Planning	REVISED: 3/31/20; <u>5-29/21</u>
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Emergency Codes for Staff Use

Objective: Develop and utilize a uniform set of codes for Clinic emergency and safety purposes

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain a list of uniform codes relative to emergency and safety situations.
2. Code Blue – Dental and Medical Emergency, including cardiac arrest
Refer to policy Cardiovascular Resuscitation – Code Blue
3. Code Red – Fire
Refer to policy Disaster - Fire
4. Code Gray – Combative person
Refer to policy Threatening or Hostile Patient
Refer to policy Shelter in Place for Patients and Staff
5. Code Black –Armed/Active Shooter on site
Refer to policy Shelter in Place for Patients and Staff – RUN-HIDE-FIGHT
6. Code Silver – Person with a Weapon/Hostage
Refer to policy Threatening or Hostile Patient
Refer to policy Shelter in Place for Patients and Staff
Refer to policy Bioterrorism Threat

7. Code Pink – Baby/Child Abduction

- a. Upon hearing a Code Pink called using the paging system or staff member “call out” all available staff will lock, block or watch any exits to the building. 911 will be immediately called by a designated employee who will state location, verify the Center address and that there is a missing baby/child/abduction with a description, if known. Rooms will be searched, including bathrooms and storage rooms. Any person attempting to leave the building, prior to the child being located, will be searched, any child or baby in their company must be properly identified prior to their exit.

8. Code Orange – External Hazardous Material Disaster

Refer to policy External Hazmat Incident

9. Code External Triage -

Refer to policy Mass Casualty Response

Refer to policy Earthquake or Weather Emergency

9. Rapid Response

Refer to policy Cardiovascular Resuscitation – Code Blue

- a. Upon hearing Rapid Response called using the paging system or staff member “call out”, any available staff will respond to assist.
- b. The Crash Cart and AED will be brought to the location at the time of response.
- c. If physical and/or medical emergency assistance is required, the designated RN/NP, Provider and a Medical Assistant should remain to provide any needed assessment, treatments or tasks to resolve the emergency.
- d. Additional employees or resources may participate if need is determined by the assisting Provider or RN/NP. If not requested, additional staff will continue with the daily routine, assisting as requested.
- e. No employee shall provide care out of their normal scope during a Rapid Response.
- f. Refer to policies regarding specific emergency responses.

10. Code Yellow – Bomb Threat

Refer to policy Bomb Scare

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

POLICY: Incident Reports	REVIEWED: 11/12/18; 2/18/20; <u>5/29/21</u>
SECTION: Operations	REVISED: 2/18/20; <u>5/29/21</u>
EFFECTIVE: <u>3/25/20 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Incident Reports

Objective: All unusual events shall be documented on an incident report form to provide proper documentation and follow-up and to support risk identification and trends.

Response Rating:

Required Equipment:

Procedure:

1. An incident report shall be completed promptly when any of the following events occur:
 - a. Medication error
 - b. Adverse drug reaction
 - c. Non-reconcilable narcotic medication inventory error
 - d. Patient accident
 - e. Employee accident
 - f. Visitor accident
 - g. Cardiac or respiratory arrest
 - h. Newborn delivery
 - i. Death
 - j. Hostile or threatening person
 - k. Theft of Clinic, patient, or employee possessions
 - l. Vandalism
 - m. Any "out of the ordinary" events with possible risk management consequences
2. The completed Incident Report will be forwarded to the ~~Executive Director~~Clinic Manager as soon as possible after the event occurs, but no later than 24 hours after the event.
3. The problem description will be precise, concise, and accurate. It is not necessary to include details regarding any patient care treatment rendered. The description should include the result of action(s) taken and disposition(s).
4. All Incident Reports will be reviewed by both the Medical Director and Clinic ~~Manager~~Director. Follow-

Incident Reports
Policy Number 87

up action(s) shall be recorded in the Quality Assurance Performance Improvement meeting minutes.

5. The Incident Report is a confidential document and will be handled as such. Incident Reports are not part of the patient's medical record and will not be filed therein.

6. The Incident Report will be printed on yellow copy paper, will not be photocopied, or be removed from the clinic site.

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

POLICY: Informed Consent	REVIEWED: 2/1/19; 3/2/20; <u>5/29/21</u>
SECTION: Patient Care	REVISED: 3/2/20; <u>5/29/21</u>
EFFECTIVE: <u>April 22, 2020 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Consents

Objective: To assure that patients have a full understanding of recommended invasive procedures and give full consent for Clinic physicians/nurse practitioners/physician assistants and staff to perform them.

Response Rating: Mandatory

Required Equipment: Consent Form

Applies to: All Personnel and All Practitioners

Procedure:

1. Procedure consents will be used for all invasive procedures to include but not limited to:

- a. Biopsies
- b. Suture Repair
- c. Incision and drainage of an abscess or mass
- d. Mole removal
- e. Growth removal
- f. Nail trimming and/or removal
- g. Reductions
- h. Steroid injections (joints)
- i. Immunizations
- j. Tooth extraction
- k. Any other procedure considered invasive

2. Consents will be provided to patients receiving flu shots.

2-3. A consent must include the procedure spelled out with no abbreviations, the location including left or right side and must include risks of the procedure.

3-4. Physician/dentist/nurse practitioner/physician assistant will explain the procedure, risks, and options to the patient. This cannot be performed by the MA, RN, or other staff.

4-5. Physician/dentist or designee will have the patient or guardian sign the consent form.

Informed Consent
Policy Number 90

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~~5-6.~~ Any questions posed by the patient regarding the procedure will be answered by the physician/dentist/nurse practitioner/physician assistant only.

~~6-7.~~ Consents will be signed prior to any medication being administered to the patient.

~~7-8.~~ Consents will be scanned into the patient record.

REVISED

Informed Consent
Policy Number 90

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

POLICY: On-Call Program	REVIEWED: 11/12/18; 2/19/20; <u>6/07/21</u>
SECTION: Operations	REVISED: 2/19/20; <u>6/07/21</u>
EFFECTIVE: <u>3/25/20-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: On Call Program

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

5. A relationship will be established with an ~~local~~ answering service who will respond to ~~after hours~~afterhours calls in the manner outlined by the practice, which may be revised from time to time.

6. Content of the message patients will hear when they contact the clinic after hours is the responsibility of the Clinic Manager, who will ensure the message is current and accurately reflects how the practice wants after hours contacts managed.
 - a. Message content will include:
 - a. Statement that the Clinic is closed
 - b. Statement that the message is available in English and Spanish
 - c. A Reminder that if the patient is calling to report a medical emergency they must hang up and contact 911 immediately
 - d. Statement that Anthem and California Health and Wellness patients may call the appropriate ~~24 hour~~24-hour Nurses Line for advice
 - e. Options to schedule an appointment by phone, leave a message for someone, or contact the practitioner on-call.

7. Practitioners will be expected to be available to cover the on-call schedule a minimum of one shift/day a month, unless otherwise notified by the Medical Director. The Medical Director will then assign shifts/days; first, on a volunteer basis; and, then as required in rotation to ensure fairness. Holiday shifts/days will be rotated as necessary.

8. Practitioners on-call will be required to respond to patient outreach within a ~~30 minute~~30-minute timeframe. Compliance will be confirmed by daily reports from the answering service.

9. Practitioners will document their interaction with the patient using the EMR based upon the complexity of care and whether any orders (~~i.e.~~i.e., medications) are given to ensure the patient's medical record is accurately updated.

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

POLICY: Cleaning Duties	REVIEWED: 3/1/19; 2/14/20; 4/2/20; <u>5/29/21</u>
SECTION: Infection Control	REVISED: 2/14/20; 4/2/20; <u>6/14/21</u>
EFFECTIVE: <u>April 22, 2020 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Cleaning Duties

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

Acuity Rating: Mandatory

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

Applies to: All Personnel

Procedure

1. All surfaces will be cleaned with an approved germicidal solution on a daily basis.
2. Exam tables will be covered with disposable paper covers and cleaned between patients with an approved germicidal solution.
3. All exam tables will be wiped with approved sanitizing wipe or spray at the end of the shift. This includes the underside of the table.
4. Dental equipment will be covered with equipment sleeves and covers as appropriate and sleeves will be replaced between patients.
5. Blood or body fluids spilled will be cleaned up immediately by staff using an approved spill kit.
6. Sinks and door knobs will be cleaned in each examination room and dental operatory, between each patient encounter.
7. Thorough cleaning by a janitorial service will be performed 56 days per week after business hours.
- 7.8. All supplies will be put away and stored properly in a neat and organized manner.

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Daily Cleaning

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

Cleaning Duties
Policy Number 38

sprays. (Increased frequency during infectious disease outbreaks ie.i.e.: flu/viral infections per the Infection Control policy).

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

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

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

Weekly Cleaning

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

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Monthly Duties

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

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Communication with Janitorial Service

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

Hazardous Conditions/ Broken Equipment/Building Damage

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

Cleaning Duties
Policy Number 38

resolved.

REVISED

Cleaning Duties
Policy Number 38

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

POLICY: AED Use and Maintenance	REVIEWED: 04/13/20; <u>5/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: April 22, 2020 July Board Meeting	MEDICAL DIRECTOR:

Subject: AED

Objective: Proper use and maintenance of the AED

Response Rating: Mandatory

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

Procedure:

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

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

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

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

Automated External Defibrillator (AED) Procedure

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

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

If shock is advised:

- o Clear area making sure no one is touching the victim.
- o Push shock button when prompted to do so.
- o AED will analyze and shock up to 3 times.

o After 3 shocks, AED will prompt to check for pulse & breathing. If absent, start CPR.

o AED will count one minute of CPR, then prompt rescuers to stop CPR and get clear so device can analyze rhythm again.

o Continue cycles of analyses, shocks (if advised) and CPR until EMS arrives and disconnects AED and relieves rescuers.

If no shock advised:

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

After Use:

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

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

POLICY: Active Shooter	REVIEWED: 8/30/19: <u>6/11/21</u>
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: <u>9/20/19 July Board Meeting</u>	MEDICAL DIRECTOR

Subject: Active shooter

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

Response Rating:

Required Equipment:

Procedure:

Run

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

Hide

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

Fight

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

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

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

POLICY: Ambulatory Blood Pressure Monitor Testing	REVIEWED: 04/02/21; <u>5/29/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>April-July</u> Board Meeting	MEDICAL DIRECTOR:

Subject: Ambulatory Blood Pressure Monitoring, 24 Hr. (Outpatient)

Objective: For Advanced (24 Hour) Outpatient monitoring of patient blood pressures

Response Rating: Mandatory

Indications: Continuous Non-activated Recorder (e.g.e.g., Ambulatory Blood Pressure Monitor): 24- to 48-hour continuous external unattended blood pressure monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of abnormal blood pressures.

Required Equipment: An Ambulatory Blood Pressure monitor with case and strap, Patient Acknowledgement Form, Ambulatory Blood Pressure Monitor Test Patient Instructions.

Procedure:

1. Upon receipt of a signed Provider order, Staff will:
 - a. Provide the patient with a copy of the Ambulatory Blood Pressure Monitor Test Patient Instructions and Ambulatory Blood Pressure Monitor Patient Acknowledgement Form.
 - b. The patient will review and sign the Ambulatory Blood Pressure Monitor Patient Acknowledgement Form and staff will scan the completed form into the EMR.
 - c. The staff will schedule a follow-up nurse visit appointment for the patient to return for removal of the device after the ordered test duration is complete.
 - d. The staff member will initiate placement of the Ambulatory Blood Pressure monitor on the same day of the order by:
 - Preparing the Ambulatory Blood Pressure for a new patient test
 - Preparing the patient and placing the blood pressure cuff and monitor per protocol.
 - e. The staff will verify the patient has a complete understanding of the test and instructions.

2. When patient returns for the follow-up nurse visit:
 - a. Staff will remove the Ambulatory Blood Pressure cuff and monitor from the patient.

- b. Staff will verify the unit has been returned in good working condition and signed off on the Patient Acknowledgement Form.
 - c. Staff will disinfect the Ambulatory Blood Pressure unit.
 - d. Staff will collect the patient diary for Provider review.
 - e. Staff will download the Ambulatory Blood Pressure information to the software per protocol.
 - f. Staff will document as needed in the EMR.
 - g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Ambulatory Blood Pressure monitoring period to 48 hours. In this event, staff will verify blood pressure cuff placement.
3. It is understood that placement of the Ambulatory Blood Pressure monitor on a day the patient has been examined by the ordering Provider is preferred.
 4. Charges will be entered upon placement of the Ambulatory Blood Pressure monitor, but the claim will be held until the device is returned by the patient.

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

POLICY: Animal Bite-Reporting	REVIEWED: 7/1/19; 4/15/20; <u>5/29/21</u>
SECTION: Mandatory Reporting	REVISED: 4/15/20
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Animal Bites

Objective: To report Animal bites in accordance ~~to~~with State regulations, the Clinic will follow State and local requirements regarding bites sustained by Clinic patients.

Response Rating: Mandatory

Required Equipment: Calaveras County Animal Bite Report Form

Procedure

1. All animal (mammal) bites must be reported to the Calaveras County Animal Control as soon as possible.
2. Mammals include but are not limited ~~to~~to dogs, cats, raccoons, bats, horses, cows, possums, skunks, ~~squirrels~~squirrels, and foxes.
3. **ALL** animal bites will be reported to the Animal Control Office. This includes animals owned by the victim.
4. Bites to the patient's face, head, or neck, requires a report to the Animal Control by telephone immediately followed by a mailed report.
5. All other animal bites will be reported as soon as possible by completing the Animal Bite Report Form on the Calaveras County Animal Control website: www.calaveras.gov.us
6. If the animal bite is not to the face, ~~head~~head, or neck, but the animal is running loose and may not be located later, telephone the Calaveras County Animal Control immediately for pick up. (209)-754-6509 8AM-5PM or fax (209) 754-6815 after hours
7. Reports will be completed as follows:
 - a. A Report of Animal Bite Form must be filled out and faxed to both Animal Services 209-754-6815 **AND** Public Health 209-754-4691
 - b. Report forms can be found in the Library; Operations Forms.
 - c. Report will be scanned into the patient's electronic medical ~~record~~record.

d. After scanning, the original report will be sent to the Clinic Manager.

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

POLICY: Annual Clinic Evaluation	REVIEWED: 7/24/19; 3/25/20; <u>5/29/21</u>
SECTION: Operations	REVISED: 3/25/20
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Annual Clinic Evaluation

Objective: Review of clinic operations will be completed monthly and compiled monthly by the Clinic Manager, in part to develop an Annual Clinic Evaluation Report to be submitted to the District Chief Executive Officer and Board of Directors. Additional reports and review will be completed to address the CMS required topics listed below.

Response Rating:

Required Equipment:

Procedure

1. Annual Evaluation is to determine if:
 - a. Utilization of services is appropriate
 - b. Established policies are followed
 - c. Budgetary goals are being met
 - d. Any amendments or additions to policies, operations, or services are required.
 - e. Quality Assurance/Performance Improvement elements are being performed, documented, and acted upon

2. The annual evaluation includes review of the following:
 - a. Utilization of clinic service, including number of patients served
 - b. A representative sample of clinical records (See QA Policies)
 - c. Clinic policies, processes, forms
 - d. Formulary
 - e. Laboratory processes and procedures, including Quality Control records
 - f. Financial analysis, by location, payment source, and/or service line
 - g. Staffing effectiveness
 - h. Staff development
 - i. Performance Improvement/Quality Assurance
 - j. Guidelines for medical management of health problems.

The evaluation shall be shared and discussed with the staff and Board of Directors, and if necessary, correction action initiated, documented and reviewed.

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

POLICY: Appointment Notification	REVIEWED: 11/12/18; 2/12/20; 4/2/20; <u>5/29/21</u>
SECTION: Admitting	REVISED: 2/12/20; 4/2/20
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Appointment Notification

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

Response Rating:

Required Equipment:

Procedure

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

5. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions.

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

POLICY: Appointment Rescheduling	REVIEWED: 11/12/18; 10/28/19; 3/5/20; <u>5/29/21</u>
SECTION: Admitting	REVISED: 10/28/19; 3/5/20
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Appointment Rescheduling

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

Response Rating:

Required Equipment:

Procedure

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

7. If the patient does not respond to phone call or letter and the acuity of the patient's condition requires it, a certificated letter will be sent to the patient's last known address outlining the risks associated with missing their appointment.
8. Results of attempted contact with the patient will be recorded in the EMR. Copies of any letters sent will be scanned into the medical record.

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

POLICY: AR Credit Balance Management	REVIEWED: 3/10/20; <u>5/29/21</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <u>April 22, 2020</u> July Board Meeting	MEDICAL DIRECTOR:

Subject: Accounts Receivable Credit Balance Management

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

Response Rating:

Required Equipment:

Procedure:

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

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

2. For credit balances that are due to insurance

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

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

POLICY: Aseptic Procedure	REVIEWED: 3/1/19; 3/1/20; <u>5/29/21</u>
SECTION: Patient Care	REVISED: 3/1/20
EFFECTIVE: <u>April 22, 2020</u> July Board Meeting	MEDICAL DIRECTOR:

Subject: Aseptic Procedures

Objective: To prevent surgical infections in patients undergoing procedures in the Clinic.

Acuity Rating: Mandatory

Required Equipment: Various re-useable instruments that require sterilization or sterile single use disposable instruments.

PURPOSE: Micro-organisms are naturally present in every patient environment. Some may be harmless to most people while others are harmful to many. An important part of providing care is to prevent the patient from acquiring infections by decreasing the spread of micro-organisms. Open wounds, either surgical or traumatic, are especially prone to infection.

Knowledge of sterile technique (surgical asepsis) is important in order to carry out certain procedures with minimal risk of infection. This is a basic skill for all medical assistants and providers.

The principles of surgical asepsis:

1. The sterile object or area becomes contaminated when touched by a non-sterile object.
2. For an infection to occur there must be:
 - a. A sufficient number of organisms strong enough to produce infection.
 - b. A susceptible host. Factors include age, nutrition, stress, exposure to heat or cold, allergies, chronic disease, and amount of rest.
 - c. A means for organisms to reach the host, either directly (e.g. animal bite), indirectly (e.g. contaminated articles) or droplets (e.g. talking, sneezing, coughing).

Implementation:

1. Surgical Asepsis requires the use of sterile:
 - a. Surgical gloves
 - b. Instruments specific to the procedure being performed
 - c. Medications (solutions, anesthetics, ointments)
 - d. Suturing material and needles, as required
 - e. Dressing supplies (i.e. gauze, telfa, etc.), as required

- f. Containers to hold any of above supplies
 - g. Drapes (fenestrated or non-fenestrated)
2. Surgical aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic medical staff.
- a. Suture removal
 - b. Dressing change
 - c. IV insertion
 - d. Venipuncture
 - e. Minor surgical procedures to include (but not limited to):
 - 1. Laceration repair
 - 2. Wart removal
 - 3. Removal of other skin growths/biopsies
 - 4. Excision of ingrown toenail
 - 5. I & D abscess/paronychia
 - 6. Release of subungual hematoma
3. Dental aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic dental staff:
- a. Suture removal
 - b. Tooth extraction

Additional information:

See specific procedures for equipment and set-up for procedures such as laceration repair, burn treatment, wart removal, etc.

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

POLICY: Billing for Services Provided Off-Site	REVIEWED: 4/1/20; <u>5/29/21</u>
SECTION: Revenue Cycle	REVISED:
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

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

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

Response Rating: Mandatory

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

Procedure:

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

d. CPT code(s)

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

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

POLICY: Generator Management	REVIEWED: 3/11/20; <u>5/29/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Generator

Objective: To outline generator use and maintenance to maintain maximum effectiveness in the event of a power failure.

Response Rating: Mandatory

Required Equipment: Generator

Procedure:

1. The generator is located on a concrete pad in the Southwest corner of the building, adjacent to the staff lounge, in front of the electrical room access door.
2. The generator doors and fuel box will always be locked with padlocks.
 - a. The Director of Facilities, Clinic Manager and the Nursing key ring have the generator padlock keys.
 - b. The Director of Facilities, Clinic Manager and Nursing key ring have a generator door key.
3. The Director of Facilities will inspect the exterior and interior of the generator for any leakage or abnormalities on a monthly basis.
 - a. Inspection will be logged and log will be retained.
 - b. Any abnormalities will be addressed/repared.
4. The fuel gauge will be monitored by the Director of Facilities or designated staff monthly and after any power outage incident when the generator runs to ensure the fuel tank has an adequate amount of fuel.
 - a. Inspection will be logged and log will be retained.
5. The scheduled generator maintenance will be performed by the contracted provider on the schedule outlined on the attached contract addendum, which is outlined below:
 - a. Semi-annual PM Service –
 - i. Visual inspection of the site and genset with associated equipment
 - ii. Inspect and service the filtration system
 - iii. Inspect exhaust system

- iv. Inspect turbocharger
 - v. Inspect cooling system
 - vi. Inspect engine block heater assembly
 - vii. Inspect fuel system indication, fuel fill and associated piping
 - viii. Inspect and test lube oil system
 - ix. Inspect and test engine starting system
 - x. Inspect and test engine monitoring and safety controls
 - xi. Inspect generator assembly
 - xii. Generator controls
 - xiii. Inspect Automatic transfer switch
- b. Annual Service – which includes the following and the semi-annual services elements:
- i. Inspect air elements and clean housing
 - ii. Check turbocharger and endplay of impeller
 - iii. Check and adjust valves as necessary and at the recommendation of manufacturer
 - iv. Inspect and test radiator cap for correct pressure rating and operation
 - v. Replace fuel filter and service primary filter
 - vi. Drain and replace lube oil and filters
 - vii. Check engine monitoring for accuracy. Test engine shutdown safeties
 - viii. Inspect generator end bearing for condition and lubricate as necessary. Inspect exciter, generator conductors, connections and generator fan assembly
 - ix. Inspect generator circuit breakers and tighten connections. Inspect and clean engine/generator control panel and connection panel
 - x. Inspect and service Automatic Transfer Switch and enclosure. Check for proper operation and timing of ATS and controls.
6. Any alarms or immediate service needs will be reported to the Clinic Manager.
7. The Director of Facilities will be responsible for any needed extra service or repairs through the contracted provider.
8. The generator is programmed to self-start and operate for a 15-minute run time cycle, including cool down, every 1st Friday of the month at 0800.
9. In case of an emergency the contact is as follows:
- Kirk Stout, Director of Facilities 209-743-1201
 - Rich Hodge – Service Manager 209-652-8282 (cell)
 - Industrial Electrical Company 209-527-2800



Annual PM Service

The following is a scope of services performed under the Annual PM Service, which also includes all Semi-Annual Services.

- 1- Inspect air filter elements and clean housing. **Replace element as necessary additional to quote.**
- 2- Check turbocharger and endplay of impeller.
- 3- Check and adjust valves as necessary and recommendation of manufacturer.
- 4- Inspect and test radiator cap for correct pressure rating and operation.
- 5- Replace fuel filter and service primary filter.
- 6- Drain and replace engine lube oil and filters.
- 7- Check engine monitoring for accuracy. Test engine shutdown safeties.
- 8- Inspect generator end bearing for condition and lubricate as necessary. Inspect exciter, generator conductors, connections and generator fan assembly.
- 9- Inspect generator circuit breakers and tighten connections. Inspect and clean engine/generator control panel and connection panel.
- 10- Inspect and service Automatic Transfer Switch and enclosure. Check for proper operation and timing of ATS and controls.



Resistive Load Testing-Annual

Each generator unit is recommended to have an annual resistive load test to ensure proper operation of the unit at factory rated output. This test also reduces the affects of operation throughout the year at less than rated load. Minimizing the carbon buildup, unburned fuel and moisture that accumulates in the engine and exhaust system, also known as “wet stacking”. This will also reduce the excessive black exhaust smoke that so often accompanies this condition.

- The generator will be placed on a resistive load bank capable of providing a load at 100% nameplate rating of the generator unit. This load will be supplied for a minimum of 2 hours. During the load test, all displayable operating parameters will be monitored and logged. If any discrepancies are noted, a quote for all necessary repairs will provided. Approval of the quote will be necessary before any repairs will commence.

Liability Statement:

INDUSTRIAL ELECTRICAL under this agreement will only be responsible for the services listed in the following pages under “Scope of Services”. Industrial Electrical cannot and will not guarantee that there will not be a failure of a unit from a worn component or breakage of a component. We do use all common means during our inspection for reducing failures of the generator units. The customer agrees to release Industrial Electrical of all liability or claims due to any failures that are directly or indirectly the result of the services provided by Industrial Electrical.

Terms of Agreement:

This PM program agreement is valid for 1 calendar year from the date signed by both parties and the price quote is valid for sixty (60) days from today.

With your signature below and initials by the appropriate service, Industrial Electrical agrees to provide the services listed for the quoted price. **Valley Springs Health Clinic** agrees to the terms and authorizes Industrial Electrical to schedule and perform the services listed in this proposal.

Rich Hodge	Date	Representative	Date
Service Manger			
Industrial Electrical			

Approval of Service: Initials

1- Kohler 40REOZK SN#33FYMGMR0005		
Annual PM Service & Resistive Load Test	\$825.00	_____
Semi Annual	\$350.00	_____
Annual Resistive Load Test (2hr)	\$500.00	_____
Annual Resistive Load Test (4hr)	\$1,000.00	_____
Annual Fuel Sample/Lab Analysis	\$250.00	_____



February 28, 2020
Valley Springs Health Clinic
Hwy 26 & Vista Del Lago
51 Wellness Way
Valley Springs, Ca 95249

RE: Preventive Maintenance for Emergency Generator and Automatic Transfer Switch(s) at your facility.

We at Industrial Electrical Company appreciate the opportunity to quote a PM program for your emergency standby generator and controls.

We recommend the following PM schedule for optimum reliability and machinery life. The cost of each service is included in this schedule.

Kohler 40REOZK SN#33FYMGMR0005	
Annual PM Service	\$825.00
Semi Annual	\$350.00
Annual Resistive Load Test (2hr)	\$500.00
Annual Resistive Load Test (4hr)	\$1,000.00
Annual Fuel Sample/Lab Analysis	\$250.00



Semi-Annual PM Service

The following is a scope of services performed under the Semi-Annual PM Service:

- 1- Visual inspection of the site and genset with associated equipment.
- 2- Inspect and service air filtration system.
- 3- Inspect exhaust system- this includes manifold, piping and muffler/silencer.
- 4- Inspect turbocharger- oil leaks or abnormal noise.
- 5- Inspect cooling system- radiator, hoses, water pump, belts, and pulleys and fan assy.
- 6- Inspect engine block heater- proper operating temperature, coolant flow, hoses and block heater assy.
- 7- Inspect fuel system- fuel lines, fuel filters, fuel tanks, priming pumps, transfer pumps, fuel level indication, fuel fill and associated piping.
- 8- Inspect and test lube oil system- oil level, proper oil pressure, crankcase breather and excessive blow-by.
- 9- Inspect and test engine starting system- inspect and test batteries, clean and service connections, treat with anti-corrosion chemicals, inspect and test charging system, test starter motor operation and alternator operation.
- 10- Inspect and test engine monitoring and safety controls- ensure proper safety functions and remote annunciator operation.
- 11- Inspect generator assembly- check overall condition of unit and associated components.
- 12- Generator Controls- inspect control panel condition and operation, start/stop/auto operation, all meter operation.
- 13- Inspect Automatic Transfer Switch- check proper operation and record AC voltage readings at ATS.

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

POLICY: Management of Dental Patient Urgent Issues	REVIEWED: 3/10/20; <u>6/7/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Management of Dental Patient Urgent Issues

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

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

POLICY: Medical Staff Credentialing and Governance	REVIEWED: 3/30/20: <u>6/07/21</u>
SECTION: Medical Staff	REVISED: 3/30/20
EFFECTIVE: <u>April 22, 2020 July Board Meeting</u>	MEDICAL DIRECTOR: Dr. Randy Smart

Subject: Medical Staff Appointment Credentialing Process

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

Response Rating:

Required Equipment: None

Procedure:

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

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

5. Responsibilities

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

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

6. Administration

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

The Chief Executive Officer shall be responsible for:

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

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

7. Medical Staff

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

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

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

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

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

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

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

revoked or suspended;

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

9. Officers

General Information:

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

Duties of the Medical Staff Committee:

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

10. Medical Staff Committees

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

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

BI-ANNUAL REVIEW

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

POLICY: Provider on Site	REVIEWED: 4/6/20; <u>6/07/21</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>April 22, 2020-July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Provider on Site

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

Reference: CMS §491.8(a)(6)

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

POLICY: Quality Assurance Guidelines	REVIEWED: 2/1/19; 10/15/19; 11/23/20: <u>6/07/21</u>
SECTION: Operations	REVISED: 10/15/19
EFFECTIVE: <u>12/09/20 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Quality Assurance Guidelines

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

Response Rating:

Required Equipment: None

Quality Assurance Definition:

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

Quality Assurance Objectives:

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

Procedure

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

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

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

POLICY: Quality Assurance & Continued Quality Improvement Plan	REVIEWED: 2/1/19; 12/31/20: <u>6/07/21</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/29/2021 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Quality Assurance & Continued Quality Improvement Plan

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

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

Response Rating: Mandatory

Procedure Quality Assurance Plan:

1. Questions answered by the Quality Assurance Performance Plan
 - a. Are quality-related activities present?
 - b. Are quality-related activities being performed correctly?
 - c. Are quality-related activities contributing to quality care for the patients?
 - d. Are activities contributing to improved patient outcomes?

2. Importance of the Quality Assurance Performance Improvement Plan
 - a. Accurate assessment of patient services.
 - b. Risk Management.

3. Components of the Quality Assurance Performance Improvement Plan
 - a. A written Plan.
 - b. Staff familiarization of the plan.
 - c. Successful implementation of the plan.

4. Clinical Information as Components of the Quality Assurance Performance Improvement Plan
 - a. Accurate patient demographics.

- b. Medical records and charts.
 - c. Updated logs of medication ~~samples~~, refrigerators, sterilizer maintenance, crash cart, immunizations, abnormal labs, and referrals
5. Internal Review Components of the Quality Assurance Performance Improvement Plan
- a. Provide information for staff performance.
 - b. Support staff performance.
 - c. Provide continuity of patient care.
 - d. Minimize patient risk.
 - e. Increase patient satisfaction.
 - f. Increase patient compliance.
 - g. Provide accessibility to information.
 - h. Provide appropriate services.
 - i. Control cost of services.
6. Quality Assurance Performance Improvement Committee

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

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

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

Procedure:

1. Perform time and analysis studies
 - a. Staffing verses patient arrival analysis.
 - b. Patient length-of-visit studies.
2. Medical evaluations
 - a. Diagnosis and determination methods.
 - b. Physician cost analysis.
3. Patient Call Backs
 - a. Perceptions of care.
 - b. Treatment results.

- |
4. Review of operations data including but not limited to logs, reports, raw data concerning clinic operations.

BI-ANNUAL REVIEW

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

POLICY: Shelter in Place for Patients and Staff	REVIEWED: 8/30/19; 2/25/20: <u>6/07/21</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: <u>April 22, 2020 July Board Meeting</u>	MEDICAL DIRECTOR

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

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

Response Rating:

Required Equipment:

Procedure

1. Shelter-in-place for active shooter or other public safety emergency
 - a. Stop work and shut down business operations.
 - b. Share the notification with staff members and patients, using Code Silver.
 - c. Close all windows, exterior doors, and lock same, if possible.
 - d. Move patients, guests, and staff to an interior room, preferably offices which have locking doors, the breakroom, bathrooms, and/or medical supply storage room.
 - e. Block the door using the exam table.
 - f. Move persons to the wall furthest from the door, placing children and elders behind adults.
 - g. Use cell phone to call 911 and report the emergency.
 - h. All cell phones should be turned off or to silent mode, including no vibration.
 - i. Remain in place until given the all clear by law enforcement or other trusted source.

2. Shelter-in-place for severe weather
 - a. Determine whether it is appropriate to stop work and shut down business operations.
 - b. Share the notification with staff members and patients; do not leave the building.
 - c. Close all windows and exterior doors.
 - d. Ensure all exhaust fans are turned off and HVAC is turned off.
 - e. Select one or more interior rooms that will accommodate patients, guests, and staff being seated.
 - i. Utilize offices as they have doors that lock.
 - f. Ensure at least one staff member or provider is in each room with patients and guests and document who is in each space for future reference.

- g. Remain in place, monitoring weather via radio or online weather reporting sources.
- h. When the all clear is given, ask patients to remain in place and ensure it is safe to leave the room by checking the hallway for obstructions.

BI-ANNUAL REVIEW

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

POLICY: Supply Ordering	REVIEWED: 2/1/19; 3/31/20; <u>6/07/21</u>
SECTION: Operations	REVISED: 3/31/20
EFFECTIVE: <u>April 22, 2020 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Ordering office, utility, and medical and dental supplies

Objective: To ensure adequate supplies are available for Clinic operations.

Response Rating:

Required Equipment:

Procedure:

1. Regularly inventory should be reviewed for office, utility, medical and dental supplies. A weekly routine is recommended.
2. If a supply is at or below acceptable levels (see Par Level policy), document the quantity required to return to Par Level using the Supply Order Form.
3. Office and utility supplies (toilet tissue, facial tissue, hand soap, ~~ete~~etc.) inventory is the responsibility of the Clinic Manager or their designee.
4. Medical and dental supplies and medication inventory is the responsibility of the Clinic Manager or their designee.
5. Retain a copy of the supply order form and compare the packing slip and items received against the order that was placed when accepting and placing delivered items into their storage location.
6. The order form, packing list and other appropriate documentation will be given to Accounting and attached to the invoice upon receipt and prior to approval for payment.

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

POLICY: Visitors and Relatives	REVIEWED: 2/1/19; 3/31/20: <u>6/07/21</u>
SECTION: Operations	REVISED: 3/31/20
EFFECTIVE: <u>April 22, 2020 July Board Meeting</u>	MEDICAL DIRECTOR:

Subject: Visitors and relatives

Objective: One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room

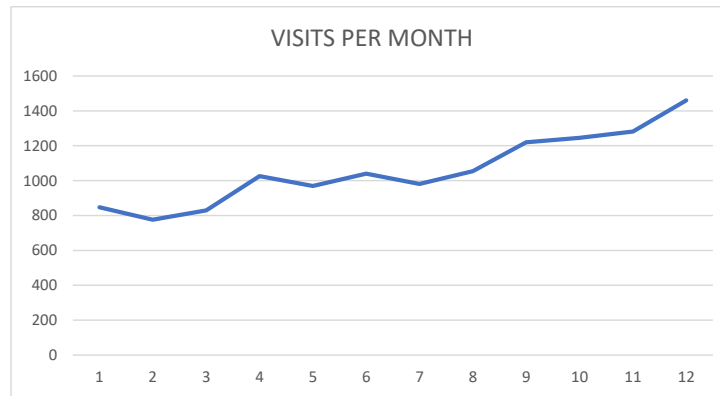
Response Rating:

Required Equipment: None

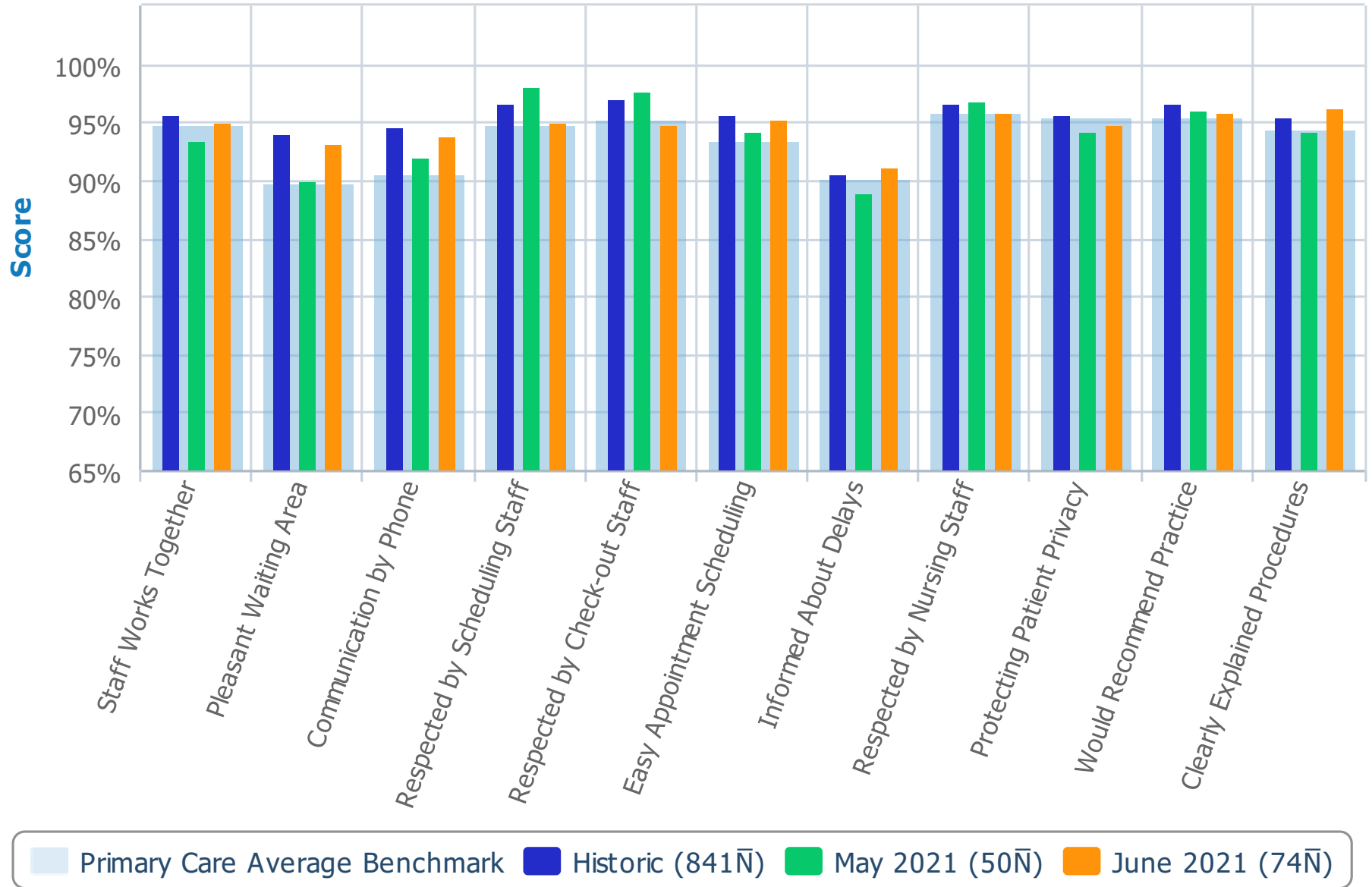
Procedure

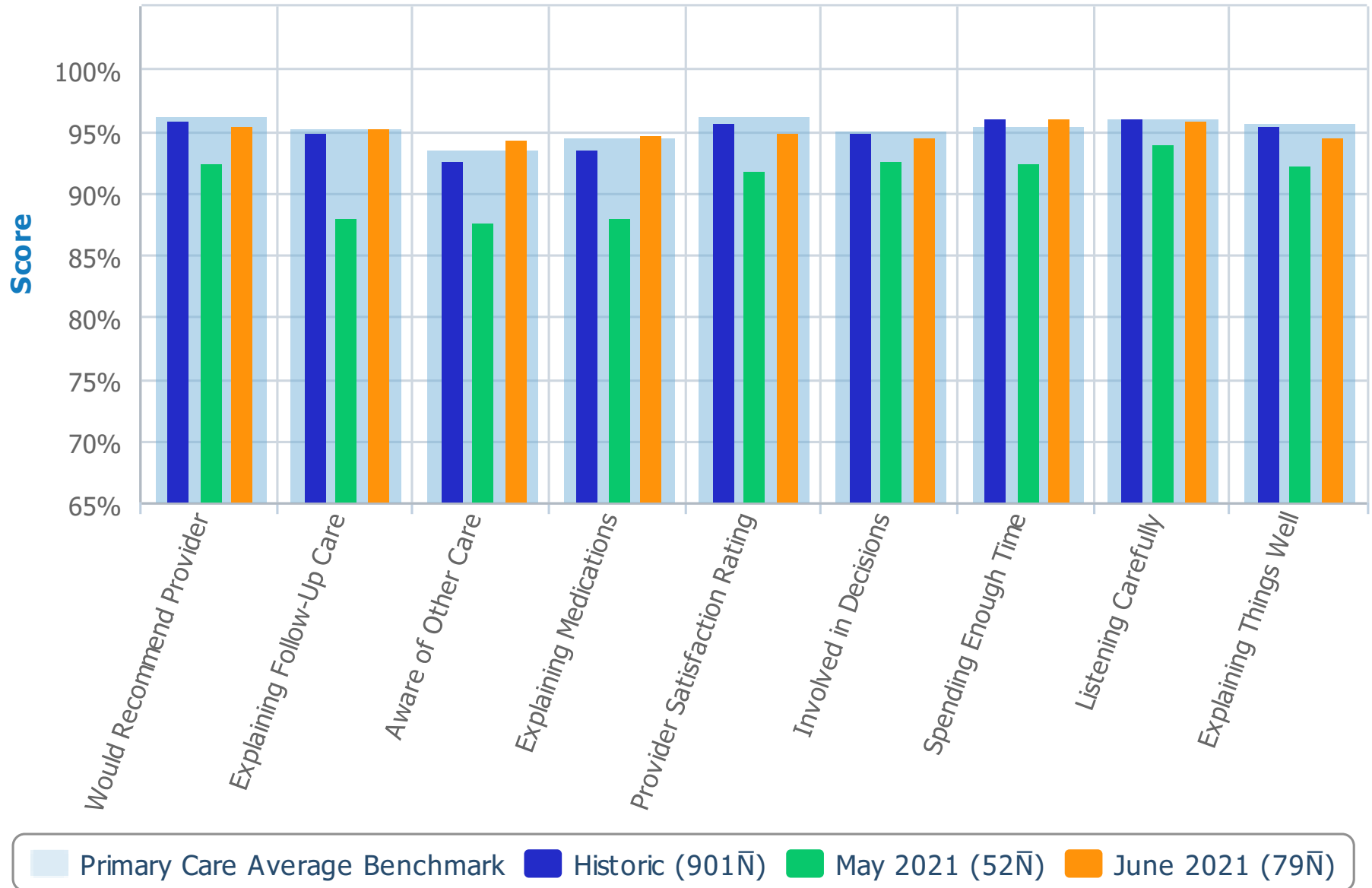
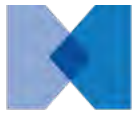
1. One individual accompanying the patient, preferably the next of kin, shall be requested to act as a representative for the patient to give and receive information necessary with regard to the registration, patient's course of care, etc. This individual may stay with the patient at the request of the practitioner or the patient.
2. Visitors/relatives may be requested to leave the examination room when:
 - a. The patient's condition warrants.
 - b. Practitioner's orders/treatments are being carried out by nursing staff and/or supportive ancillary personnel.
 - c. At the patient's request.
 - d. When privacy is needed or confidential issues need to be discussed.
3. Visitors/relatives are not allowed to smoke in any area of the facility.
4. One parent or guardian must stay with a minor patient unless otherwise requested by the practitioner or if the minor patient is receiving family planning services and requests their parent/guardian leave the room.
5. Exceptions in the Medical department would be: both parents to accompany a minor child and/or minor children who must join the patient in the exam room as they have no supervision in the waiting area.
6. Exceptions will not be allowed in the Dental department as a result of space constraints in each dental operatory.

Quality Metric'	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total	Census	MTD	Fiscal YTD	Historical					
														Fiscal YTD	Payor Mix	Payor Mix	Payor Mix					
Patient Visits Total	848	776	830	1026	969	1040	981	1054	1220	1246	1282	1460	12732	12732								
Medi-Cal	325	265	371	465	446	483	441	445	510	554	566	668	5539	5539	46%	44%	44%					
Medicare	273	279	246	303	342	374	261	334	352	354	342	401	3861	3861	27%	30%	30%					
Cash Pay	50	33	21	34	21	24	13	20	43	17	18	15	309	309	1%	2%	2%					
Other	200	199	192	224	223	243	253	239	315	307	356	376	3127	3127	26%	25%	25%					
Total Empanelled Patients	1965	1951	2218	2396	2536	2575	2682	2826	2972	3141	3309	3449										
Total New Patients	245	170	202	231	183	122	107	208	148	179	155	137										
Incident Reports			6	11	4	7	8			3	4	1										
Patient Satisfaction			98	98	95	98	95	93	94%	100%	98%	95%										
Peer Review/Fallouts			none	0	0	1	3	0	2	1	0	2										
Employee turnover			0	0	0	0	0	1	0	0		0										
Wait time for appointments													1 wk	1-2 wk								
Patient No-shows	44	52	57	111	103	69	61	94	114	106	117	144	6.80%	10.80%	10.60%	6.60%	6.20%	8.90%	9.30%	8.50%	9%	9.80%



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 June, 2021)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

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

- The DRAFT June 2021 financials are presented here. These will stay in “DRAFT” form until the Audit is completed later this year.
- The County of Calaveras will be sending us a report reconciling the property tax for the 2020 – 2021 fiscal year. We usually see this report in late August or early September. Our property tax revenue has remained strong, which is a reflection of this “Recession” being very different from those in the past 😊
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District						
Annual Budget Recap						
	06/30/21	2020 - 2021 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	5,325,020	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	5,325,020	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(5,901,678)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Total Expenses	(5,901,678)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Surplus(Deficit)	(576,658)	310,726	(261,418)	171,260	31,000	431,884

Mark Twain Health Care District							
Direct Clinic Financial Projections							
							6/30/2021
							VSHWC
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
4083.49	Urgent care Gross Revenues	1,170,321	4,674,075	4,674,075	352,359	2,824,838	60.44%
4083.60	Contractual Adjustments	(953,773)	(1,087,124)	(1,087,124)	(201,552)	(1,038,761)	
	Net Patient revenue	216,548	3,586,951	3,586,951	150,807	1,786,077	49.79%
4083.90	Flu shot, Lab income, physicals		1,000	1,000			0.00%
4083.91	Medical Records copy fees		750	750			0.00%
4083.92	Other - Plan Incentives		30,000	30,000			0.00%
			31,750	31,750	0	0	0.00%
	Total Other Revenue	216,548	3,618,701	3,618,701	150,807	1,786,077	49.36%
7083.09	Other salaries and wages	(648,607)	(1,008,540)	(1,008,540)	(87,580)	(1,030,670)	102.19%
7083.10	Payroll taxes	(53,339)	(78,666)	(78,666)	(7,427)	(80,787)	102.70%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(9,077)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(49,982)	(11,886)	(132,724)	265.54%
7083.14	Group Life Insurance		(1,614)	(1,614)			0.00%
7083.15	Pension and Retirement		(25,214)	(25,214)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(10,085)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(1,513)			0.00%
	Total taxes and benefits	(98,100)	(176,151)	(176,151)	(19,313)	(230,841)	131.05%
	Labor related costs	(746,706)	(1,184,691)	(1,184,691)	(106,893)	(1,261,511)	106.48%
7083.05	Marketing	(7,096)			(387)	(1,911)	
7083.20	Medical - Physicians	(607,191)	(905,244)	(905,244)	(89,655)	(766,094)	84.63%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(75,000)	(35,737)	(106,677)	142.24%
7083.23	Legal - Clinic	(27,900)	0			1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	(3,000)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(126,907)	(31,585)	(199,535)	157.23%
7083.29	Other Professional fees	(11,199)	(80,932)	(80,932)		(16,639)	20.56%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(3,703)		(916)	24.72%
7083.38	Pharmaceuticals		(139,504)	(139,504)			0.00%
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(25,714)	(523)	(211,072)	820.85%
7083.41.02	Dental Care Materials and Supplies -Clinic				(5,058)	(5,425)	
7083.44	Linens		(1,200)	(1,200)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(24,248)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(150,476)			0.00%
7083.45	Cleaning supplies		(47,578)	(47,578)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(8,104)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(311,017)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(95,083)	(95,083)	(6,638)	(90,749)	95.44%
8870.00	Interest on Debt Service	(158,161)	(257,355)	(257,355)		(435,495)	169.22%
7083.43	Food	(935)	(2,000)	(2,000)	(177)	(1,070)	53.51%
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(15,428)	(2,365)	(56,948)	369.12%
7083.69	Other purchased services	(50,362)	(232,076)	(232,076)	(1,045)	(70,531)	30.39%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(16,854)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(31,102)	(2,089)	(45,829)	0.00%
7083.83	Licenses & Taxes		(1,500)	(1,500)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(20,903)	(474)	(12,906)	61.74%
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(1,500)		(4,766)	317.77%
7083.87	Outside Training	(199)	(15,000)	(15,000)	(299)	(299)	1.99%
7083.88	Travel costs	(3,704)	(4,000)	(4,000)	(379)	(995)	24.88%
7083.89	Recruiting	(25,209)	(40,000)	(40,000)	(659)	(40,159)	100.40%
8895.00	RoboDoc		(60,000)	(60,000)	(246)	(22,086)	
	Non labor expenses	(1,502,306)	(2,695,428)	(2,695,428)	(177,317)	(2,088,844)	77.50%
	Total Expenses	(2,249,012)	(3,880,119)	(3,880,119)	(284,209)	(3,350,355)	86.35%
	Net Expenses over Revenues	(2,032,464)	(261,418)	(261,418)	(133,403)	(1,564,278)	598.38%

Mark Twain Health Care District							
Rental Financial Projections			Rental				6/30/2021
		Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,095,293	1,092,672	1,092,672	90,585	1,089,434	99.70%
			0				
	Rent Revenues	1,095,293	1,092,672	1,092,672	90,585	1,089,434	99.70%
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(651,164)	(758,483)	(758,483)	(59,635)	(688,595)	90.79%
9520.72	Depreciation	(673,891)	(148,679)	(148,679)	(9,492)	(116,408)	78.29%
9520.82	Insurance						
	Total Costs	(1,331,134)	(907,162)	(907,162)	(69,126)	(805,003)	88.74%
	Net	(235,841)	185,510	185,510	21,458	284,431	188.44%
9260.02	MOB Rents Revenue	220,296	251,016	251,016	18,294	195,608	77.93%
9521.75	MOB rent expenses	(240,514)	(261,016)	(261,016)	(26,698)	(263,451)	100.93%
	Net	(20,218)	(10,000)	(10,000)	(8,404)	(67,842)	678.42%
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	750	9,000	100.00%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(11,000)	(191)	(1,140)	10.37%
	Net	8,703	(2,000)	(2,000)	559	7,860	-392.98%
9260.04	Sunrise Pharmacy Revenue				1,800	14,400	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(2,250)		(3,785)	
		1,324,589	1,352,688	1,352,688	111,428	1,308,442	96.73%
		(1,574,119)	(1,181,428)	(1,181,428)	(96,015)	(1,073,380)	90.85%
	Summary Net	(249,530)	171,260	171,260	15,413	235,063	137.25%

Mark Twain Health Care District								
Projects, Grants and Support								
		6/30/2021						
			Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual	
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
	Project grants and support		(31,000)	(31,000)		(14,000)	45.16%	
8890.00	Foundation	(465,163)						
8890.00	Veterans Support		(5,000)	(5,000)		0		
8890.00	Mens Health		(5,000)	(5,000)		0		
8890.00	Steps to Kick Cancer - October		(5,000)	(5,000)		0		
8890.00	Doris Barger Golf		(2,000)	(2,000)		0		
8890.00	Stay Vertical		(14,000)	(14,000)		(14,000)	100.00%	
8890.00	Golden Health Grant Awards							
	Project grants and support	(465,163)	(31,000)	(31,000)	0	(14,000)	45.16%	

Mark Twain Health Care District									
General Administration Financial Projections					Admin			6/30/2021	
					Budget				
		2016/2017	2017/2018	DRAFT 2019/2020	2020/2021 Budget	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	100,000	5,012	44,279	44.28%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	1,100,000	91,667	1,168,243	106.20%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	1,507	(20,782)	
Summary Revenues		939,844	1,004,488	1,473,626	1,200,000	1,200,000	98,186	1,191,740	99.31%
8610.09	Other salaries and wages	(33,587)	(235,531)	(133,415)	(352,591)	(352,591)	(18,593)	(216,730)	61.47%
8610.10	Payroll taxes			(14,875)	(23,244)	(23,244)	(876)	(10,079)	43.36%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(3,173)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(17,474)			0.00%
8610.14	Group Life Insurance				(564)	(564)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(8,815)	(191)	(2,588)	29.36%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(3,526)			0.00%
8610.18	Other payroll related benefits				(529)	(529)		(800)	151.23%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(57,325)	(1,066)	(13,467)	23.49%
Labor Costs		(33,587)	(236,194)	(163,804)	(409,916)	(409,916)	(19,659)	(230,197)	56.16%
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(61,500)	(218)	(4,548)	7.40%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(30,000)		(928)	3.09%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(125,000)	(967)	(59,302)	47.44%
8610.43	Food			(868)	(2,000)	(2,000)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,595)	(18,000)	(18,000)	(497)	(14,380)	79.89%
8610.62	Repairs and Maintenance Grounds				0	0		(4,296)	
8610.69	Other- IT Services - District			(12,877)		0	(971)	(10,905)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(2,500)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(9,200)			0.00%
8610.80	Utilities			(420)	(1,000)	(1,000)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(25,000)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(20,000)	(24)	(9,648)	48.24%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(15,000)		(760)	5.07%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(15,000)			0.00%
8610.89	Recruiting			(2,368)	(2,000)	(2,000)	(885)	(3,567)	178.37%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(62,405)	(32,000)	(32,000)	(5,788)	(69,999)	218.75%
8610.95	Other Misc. Expenses			(4,844)					
Non-Labor costs		(521,817)	(532,071)	(226,130)	(358,200)	(358,200)	(9,351)	(194,986)	54.44%
Total Costs		(555,404)	(768,265)	(389,934)	(768,116)	(768,116)	(29,010)	(425,183)	55.35%
Net		384,440	236,223	1,083,692	431,884	431,884	69,175	766,557	177.49%

Mark Twain Health Care District Balance Sheet

As of June 30, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	80,718
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	159,187
1001.40 Five Star Bank - MTHCD Checking	333,893
1001.50 Five Star Bank - Money Market	449,569
1001.60 Five Star Bank - VSHWC Checking	54,014
1001.65 Five Star Bank - VSHWC Payroll	182,180
1001.90 US Bank - VSHWC	110,236
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,376,643
Accounts Receivable	
1200 Accounts Receivable	-1,816
Total Accounts Receivable	-1,816
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,557,538
1069 Due from Calaveras County	0
115.20 Accrued Lease Revenue	-15,232
1205.00 Due from insurance proceeds	593,635
1205.50 Allowance for Uncollectable Clinic Receivables	-99,790
130.30 Prepaid VSHWC	1,270
Total Other Current Assets	11,038,933
Total Current Assets	12,413,760
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	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,624,427
1220.10 VSHWC - Buildngs	5,942,457
1220.20 VSHWC - Equipment	877,552
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
Total Fixed Assets	9,204,877
Other Assets	

1710.10 Minority Interest in MTMC - NEW	442,745
180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	356,574
2219 Capital Lease	6,333,863
Total Other Assets	7,133,182
TOTAL ASSETS	28,751,819
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	79,772
Total 200.00 Accts Payable & Accrued Expenes	79,772
200.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenes	0
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	18,202
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	23,146
227 Deferred Revenue	252,715
Total Other Current Liabilities	373,978
Total Current Liabilities	453,751
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,241,986
2128.02 Deferred Utilities Reimbursement	2,257,274
2129 Other Third Party Reimbursement - Calaveras County	0
2210 USDA Loan - VS Clinic	7,296,052
Total Long-Term Liabilities	10,795,312
Total Liabilities	11,249,063
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,289,373
Net Income	-576,658
Total Equity	17,502,757
TOTAL LIABILITIES AND EQUITY	28,751,819

Investment & Reserves Report						
30-Jun-21						
						Annual
	Minimum	6/30/2020	2020/2021	2020/2021	6/30/2021	Funding
Reserve Funds	Target	Balance	Allocated	Interest	Balance	Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	6,398	2,206,398	
Capital Improvement Fund	12,000,000	2,926,923	0	8,512	2,935,435	
Technology Reserve Fund	1,000,000	1,000,000	0	2,908	1,002,908	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	6,980	2,406,980	
Loan Reserve Fund	2,000,000	2,000,000	0	5,816	2,005,816	
Reserves & Contingencies	19,600,000	10,526,923	0	30,615	10,557,538	0
		2020 - 2021				
CalTRUST	6/30/2021	Interest Earned				
Valley Springs HWC - Operational Reserve Fund	2,206,398	6,398				
Capital Improvement Fund	2,935,435	8,512				
Technology Reserve Fund	1,002,908	2,908				
Lease & Contract Reserve Fund	2,406,980	6,980				
Loan Reserve Fund	2,005,816	5,816				
Total CalTRUST	10,557,538	30,615				
Five Star						
General Operating Fund	422,064	400.52				
Money Market Account	449,569	8,033.85				
Valley Springs - Checking	54,014	91.76				
Valley Springs - Payroll	182,280	112.92				
Total Five Star	1,107,928	8,639.05				
Umpqua Bank						
Checking	80,718	0.00				
Money Market Account	6,444	3.22				
Investments	1,514					
Total Savings & CD's	88,676	3.22				
Bank of Stockton	159,187	63.40				
Total in interest earning accounts	11,913,329	39,321				
Umpqua Rebate		2,458				
Anthem Donation to Mamo Screening		2,500				
Total Without Unrealized Loss		44,279				
<p>Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.</p>						

RESOLUTION NO. 2021 - 05

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
Mark Twain Health Care District**

To Provide Partial Grant Funding for the Copperopolis Family Medical Center

WHEREAS, the Mark Twain Health Care District (“District”) is a healthcare district duly formed and operating under the Local Health Care District Law set forth in Health & Safety Code section 32000 et. seq.; and

WHEREAS, the District desires to support and promote healthcare within the District’s jurisdiction; and

WHEREAS, Calaveras County is a federally recognized Medically Underserved Area (MUA) and Health Professional Shortage Area (HPSA),

WHEREAS, The District entered into a hospital lease agreement with Dignity Health on May 31, 2019, within which the Pre-Lease Agreement contained Article 3.2 which provided the opportunity for the District to make cash grants to the Mark Twain Medical Center Foundation and those cash grants were to be matched by Dignity Health, not to exceed \$1,000,000; and

WHEREAS, On June 16, 2020 the District and Dignity Health amended the Pre-Lease agreement to extend the deadline for the District cash grant award to no later than July 31, 2021; and

WHEREAS, Mark Twain Medical Center Corporation has complied, or intends to comply with the District’s requests for:

1. A final construction budget for the Copperopolis Family Medical Center
2. Evidence of previous Dignity Health cash matches for previous awards from the District under Article 3.2 of the Pre-Lease agreement
3. MTMC occupancy and operations of the Copperopolis Family Medical Center, and
4. A plaque recognizing the District’s contributions

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Mark Twain Health Care District as follows:

1. THE DISTRICT WILL AUTHORIZE A GIFT OF \$300,000.00 FOR CONSTRUCTION OF THE COPPEROPOLIS FAMILY MEDICAL CENTER, TO BE PAID TO THE MARK TWAIN MEDICAL CENTER FOUNDATION; AND

2. The recitals set forth above are incorporated herein and made an operative part of this Resolution; and

3. The District CEO is authorized to sign a gift agreement; and

4. A CHECK WILL BE ISSUED ON COMPLETION OF THE DISTRICT'S REQUESTS OUTLINED IN THE RECITALS ABOVE.

**SIGNATURE PAGE
TO
RESOLUTION NO. 2021- 05**

ADOPTED this 28th day of July 2021

Linda Reed, President

ATTEST:

Debbra Sellick, Secretary

DONATION AGREEMENT

THIS DONATION AGREEMENT (“Agreement”) is dated as of June 16, 2020 is made and entered into by and among **Mark Twain Health Care District, a political subdivision of the State of California** (“District”), **Mark Twain Medical Center Foundation, a California non-profit public benefit corporation** (“Foundation”) and **Dignity Health, a California non-profit public benefit corporation** (“Dignity”). Each of District, Foundation and Dignity is referred to as a “Party” and, together the “Parties.”

RECITALS

A. Dignity and District entered into a Pre-Lease Agreement dated April 15, 2019, pursuant to which Dignity agreed that if within one year after the Closing (which occurred on May 31, 2019) the District makes one or more cash grants to the Foundation, Dignity will make a one-time cash donation to the Foundation of the same amount as the District grant (the “Matching Grant”), not to exceed One Million Dollars (\$1,000,000).

B. On August 28, 2019 the District made a cash contribution of \$372,000 to the Foundation in satisfaction of a pledge dated June 6, 2019.

C. On January 4, 2020 the District entered into a gift agreement (“January 4, 2020 Agreement”) with the Foundation pursuant to which the District pledged \$300,000, payable on February 14, 2020, to be used for the benefit of Mark Twain Medical Center’s Rural Health Clinic in Copperopolis, CA, with the funds to be credited to the Copper Valley Temporarily Restricted Fund. Pursuant to the January 4, 2020 Agreement, the proceeds are to be used to fund tenant improvements at 421 Sawmill, Copperopolis, CA and medical technologies to benefit the residents of Copperopolis and surrounding area. As of the date of this Agreement, the pledge has not been funded.

D. On February 20, 2020, the District entered into a letter of intent (“February 20, 2020 Letter”) with the Foundation to make a one time monetary donation of \$300,000 to be used for Tenant Improvements and medical technologies to benefit the residents of Copperopolis and surrounding areas, and the Parties wish to clarify that the pledge by the District to the Foundation pursuant to the January 4, 2020 Agreement and the February 20, 2020 Letter represent a single pledge of \$300,000.

E. At various times during early 2020, leadership for the District and Dignity Health convened to discuss the timing of the District’s contributions to the Foundation and Dignity Health’s Matching Grant, and the parties wish to document their understanding.

AGREEMENT

NOW, THEREFORE, the Parties agree as follows:

1. Matching Grant. Section 3.2 of the Pre-Lease is modified to read as follows:

“3.2 Foundation Grant. The District has an established grant making process that provides financial support for selected Calaveras County community health purposes. If, by July 31, 2021, the District makes one or more cash grants to the Mark Twain Medical Center Foundation, a California public benefit corporation (the “*Foundation*”) for the benefit of one or more Medical Center programs or projects (“*District Grant*”) Dignity Health shall make a one-time cash unrestricted donation to the Foundation of the same amount as the additional District Grant not to exceed One Million Dollars (\$1,000,000). Dignity Health’s contribution shall be due and payable to the Foundation sixty (60) days after the District notifies Dignity in writing of the District’s cash grant, shall be made via wire transfer to the bank account of the Foundation identified in the District’s written notice, and, if not made within said sixty (60) days, shall bear interest at the Wall Street Journal Prime rate plus one percent (1%) from the due date until paid.”

2. Existing Pledge. The outstanding pledge amount by the District to the Foundation pursuant to the January 4, 2020 Agreement and the February 20, 2020 Letter represent a single pledge of \$300,000 (the “Existing Pledge”), which amount remains unpaid.
3. Extension of Time to Fund Existing Pledge. The District agrees to fund the Existing Pledge within one (1) year of the opening of the Copperopolis Rural Health Clinic at 421 Sawmill, Copperopolis, CA. Cash payments made by the District to the Foundation will be credited first toward satisfaction of the Existing Pledge, prior to qualifying for additional Dignity matching donations under the Pre-Lease Agreement.
4. Dignity Matching Grants. Dignity has not yet made a donation to the Foundation to match the District’s August 28, 2019 cash contribution of \$372,000. Dignity will make that unrestricted matching donation to the Foundation, with interest, by June 30, 2020. By June 30, 2020, Dignity will make an additional unrestricted matching donation matching the Existing Pledge, notwithstanding the delayed funding of that pledge by the District as provided in Section 3 of this Agreement. Following the contribution of these matching donations to the Foundation, Dignity will have satisfied \$672,000 of the maximum \$1,000,000 in matching contributions under the Pre-Lease Agreement.
5. Choice of Law. This Agreement shall be governed by and construed in accordance with the laws of the State of California without regard to such State’s conflicts of laws rules.
6. Entire Agreement; Amendment. This Agreement modifies the terms of the Pre-Lease Agreement only as set forth herein. All other terms of the Pre-Lease Agreement remain unaltered. This Agreement may not be amended except in a written instrument executed by the Parties.
7. Drafting. No provision of this Agreement shall be interpreted for or against any Person on the basis that such Person was the draftsman of such provision, and no presumption or burden of proof shall arise favoring or disfavoring any Person by virtue of the authorship of any provision of this Agreement.

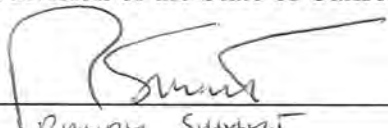
8. Counterparts: Facsimile Transmittal. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original copy of this Agreement and all of which, when taken together, will be deemed to constitute one and the same agreement. Facsimile or email transmission of a true scanned copy of any signed original counterpart transmission shall be deemed the same as the delivery of an original.

*[Remainder of this page intentionally blank.
Signatures follow on next page.]*

IN WITNESS WHEREOF, the Parties have caused this Agreement to be executed by their duly authorized officers as of the date first mentioned above.


DISTRICT:

MARK TWAIN HEALTH CARE DISTRICT, a political subdivision of the State of California

By: 
Name: RAMON SIMENT
Title: CEO, MTHCD

DIGNITY:

DIGNITY HEALTH
a California non-profit public benefit corporation

By: 
Name: DOUG ARCHER
Title: PRESIDENT / CEO MTMC

FOUNDATION

MARK TWAIN HOSPITAL FOUNDATION,
a California non-profit public benefit corporation

By: 
Name: _____
Title: _____

RESOLUTION NO. 2021 - 06

**RESOLUTION OF THE BOARD OF DIRECTORS OF THE
Mark Twain Health Care District**

**To Provide Grant Funding to Mark Twain Medical Center Foundation
For the Purposes of Funding a Mutually Agreed Upon Project**

WHEREAS, the Mark Twain Health Care District (“District”) is a healthcare district duly formed and operating under the Local Health Care District Law set forth in Health & Safety Code section 32000 et. seq.; and

WHEREAS, the District desires to support and promote healthcare within the District’s jurisdiction; and

WHEREAS, Calaveras County is a federally recognized Medically Underserved Area (MUA) and Health Professional Shortage Area (HPSA),

WHEREAS, The District entered into a hospital lease agreement with Dignity Health on May 31, 2019, within which the Pre-Lease Agreement contained Article 3.2 which provided the opportunity for the District to make cash grants to the Mark Twain Medical Center Foundation and those cash grants were to be matched by Dignity Health, not to exceed \$1,000,000; and

WHEREAS, On June 16, 2020 the District and Dignity Health amended the Pre-Lease agreement to extend the deadline for the District cash grant award to no later than July 31, 2021;

NOW, THEREFORE, BE IT RESOLVED by the Board of Directors of the Mark Twain Health Care District as follows:

1. THE DISTRICT WILL AUTHORIZE A GIFT OF \$328,000.00 TO BE PAID TO THE MARK TWAIN MEDICAL CENTER FOUNDATION; AND
2. The District CEO is authorized to sign a gift agreement; and
3. The District and the Mark Twain Medical Center Foundation will use the funds on a mutually agreed upon project, to be determined no later than December 31, 2021.

**SIGNATURE PAGE
TO
RESOLUTION NO. 2021 - 06**

ADOPTED this 28th day of July 2021

Linda Reed, President

ATTEST:

Debra Sellick, Secretary



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

Resolution 2021 – 04

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

Change in MTHCD Board Policies

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

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

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

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

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

This resolution shall take effect immediately upon adoption.

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

Ayes: Ms. Reed, Ms. Sellick, Ms. Hack, Mr. Randolph and Ms. Minkler
Noes: -0-
Absent: -0-
Abstain: -0-

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

Conduct of Meetings:

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

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

Minutes Resolutions and Closed Session Minutes:

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

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

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

Request for Public Funds, Community Grants & Sponsorships:

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

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

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

D. GRANT and SPONSORSHIP REQUESTS:

1. Requirements:

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

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

2. Processing Grant and Sponsorship Requests

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

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

3. Approved Grants and Sponsorship Requests

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

E. ACCOUNTABILITY:

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

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



P.O. Box 95
San Andreas, CA 95249
(209) 754-4468 Telephone
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**Policy # 23 - Attachment # 1
GOLDEN HEALTH COMMUNITY GRANTS APPLICATION**

Name of Group or Individual: _____

Address: _____

Provide your 501 (c) 3 Number: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

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

Amount Requested: _____ Total Cost of Project: _____

Please Submit Project Budget: Other Sources of Funding: _____

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

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

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____



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Policy # 23 - Attachment # 2

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



**MARK TWAIN
HEALTH CARE DISTRICT**

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Policy # 23 - Attachment # 3

MTHCD GRANT TIMELINE

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



MARK TWAIN HEALTH CARE DISTRICT

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

Attachment # 4

Today's Date: _____

Recipient Address

Attn: _____

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

Dear _____:

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

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

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

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

Mark Twain Health Care District Mission Statement

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

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

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

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

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

Very Truly Yours,

Mark Twain Health Care District
Board of Directors

Dated: _____, 202__

By: _____

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

(Recipient)

Dated: _____, 202__

By: _____

_____, _____
(Print Name) (Title)

Address: _____

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