



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

**Meeting of the Board of Directors  
Wed. October 28, 2020  
9:00 am  
Mark Twain Medical Center Classroom 5  
768 Mountain Ranch Rd,  
San Andreas, CA**

**Three Participation Options:**

- 1. Tele-Conference Meeting:  
Conference Call Information  
(605) 475-2875 Code 4864697**
  
- 2. In Attendance With The Following Guidelines:  
Social Distancing (6 ft)  
Face Covering is Required**
  
- 3. WebEx**

**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:**
  
- 2. Roll Call:**
  
- 3. Approval of Agenda: Public Comment - **Action****

This Institution is an Equal Opportunity Provider and Employer  
Agenda – October 28, 2020 MTHCD Board Meeting

**4. Public Comment on matters not listed on the Agenda:**

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

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

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

**A. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting Minutes for September 15, 2020
- Un-Approved Board Meeting Minutes for September 23, 2020.

**B. Correspondence:**

- Pharmacy Letter:

**6. MTHCD Reports:**

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

- Association of California Health Care Districts (ACHD):
  - ACHD October Advocate:
- Meetings with MTHCD CEO:

**B. MTMC Community Board Report:.....Ms. Al-Rafiq**

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

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

- Resolution to Recognize Artistic Accomplishments and Donations to the Clinic:....Ms. Stout
  - **Resolution 2020-07: Public Comment – **Action:****

- District Projects Matrix – Monthly Report:
- CPPA Board of Directors Position Ballot: Public Comment - Action:

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

**F. Valley Springs Health & Wellness Center:**.....Dr. Smart

- Construction Finance:
- VSHWC “Quality” Report: (MedStatix)
- Pharmacy – Room 400:
- VS H&W Center – Draft Policies and Forms: Public Comment – Action
  - Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

1. Bi-Annual Review - Age Restriction
2. Bi-Annual Review - Auxiliary Aids & Services for Person w Disabilities
3. Bi-Annual Review - Dissemination of Non-Discrimination Policy
4. Bi-Annual Review - Emergency Release of Patient Records
5. Bi-Annual Review - Medi-Cal Eligibility Verification
6. Bi-Annual Review - Medication, Supply, and Equipment Recall / Warnings
7. Revised - Autoclave Use and Maintenance
8. Revised - Business Hours
9. Revised - Cash on Hand Management
10. Revised - Litigation (Potential)
11. Revised - Marketing
12. New Policy - Standardized Procedure for Employee Influenza Vaccine Admin.
13. Revised - Patient Portal Information
14. Revised - Standardized Procedure for Administration of Flu Shots
15. Bi-Annual Review - Non-Discrimination
16. Bi-Annual Review – Par Levels
17. Bi-Annual Review – Patient Left: Not Seen or Treated (NSOT)
18. Bi-Annual Review – Patient Rights and Responsibilities Statement
19. Bi-Annual Review – Preventative Maintenance Inspections
20. Bi-Annual Review – Scope of Services
21. Bi-Annual Review – Section 504 Grievance
22. Bi-Annual Review – Section 504 Notice of Program Accessibility
23. Bi-Annual Review – Waste, Fraud, and Abuse

**G. Ad Hoc Real Estate:** .....Ms. Al-Rafiq

- Update on Valley Springs Property - Phase II: Public Comment: **Action**
- Assisted Living Development Project:

**7. Committee Reports:**

**A. Finance Committee:**.....Ms. Toepel / Ms. Hack

- Audit:.....Mr. Wood
- Financial Statements (Sept. 2020): Public Comment – **Action**.....Mr. Wood
- Treasurer Position – Open:.....Ms. Reed

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

- Appoint Member to Committee:.....Ms. Reed

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

**D. Ad Hoc Grants Committee:**.....Ms. Al-Rafiq / Ms. Sellick

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

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

**B. Community Connection:**

- Stepping Up for Women’s Health - Virtual Workshop Oct. 29<sup>th</sup>:
- VSHWC One-Year Anniversary:

**9. Next Meeting:**

**A.** Considering the Nov. & Dec. holidays there will not be a Nov. Board meeting instead the next meeting will be Wednesday December 9, 2020 starting at 9 am. The Finance Committee will consolidate their Nov and Dec. meetings as well and meet at 7:30 on Dec. 9<sup>th</sup>.

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

- 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  
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Finance Committee Meeting  
Mark Twain Medical Center Education Center – Classroom 5  
768 Mountain Ranch Road  
San Andreas, CA 95249  
9:00 am  
Tues. September 15, 2020

**Two Participation Options:**

**1. Tele-Conference Meeting  
Conference Call Information  
(605) 475-2875 Code 4864697**

**2. In Attendance With The Following Guidelines:  
Social Distancing (6 ft)  
No Screening but Face Covering is Required**

**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:**

The Meeting was called to order by Ms. Toepel at 9:02 am.

This Institution is an Equal Opportunity Provider and Employer

Minutes – September 15, 2020 MTHCD Finance Committee Meeting

**2. Roll Call:**

	In Person	By Phone	Absent/Excused	Time Arrived
Ms. Toepel	X			
Ms. Hack		X		

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

Public Comment: None

Motion: Ms. Hack

Second: Ms. Toepel

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 September 15, 2020

Public Comment: Hearing none

Motion: Ms. Hack

Second: Ms. Toepel

Vote 2-0

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

- VSHWC – Construction:
  - **Sunrise Pharmacy**

Dr. Smart: Pharmacy/Room 400 projected to be finished the end of October 2020. Landlord/Renter status starts 10/1/20. 9% of VSHWC utilities to be paid by Pharmacy.

**7. Accountant's Report: Public Comment – **Action****

- August 2020 Financials Will Be Presented to The Committee: Public Comment **Action**

This Institution is an Equal Opportunity Provider and Employer

Minutes – September 15, 2020 MTHCD Finance Committee Meeting

Mr. Wood: 3 things needed to be done to close out 2019-2020 Fiscal Year:

- Revenue report- To be completed by Mr. Hohenbrink
- Depreciation- Fixed Assets- To be completed by Mr. Wood
- Property Tax Reconciliation- Completed by Mr. Wood

Motion: Ms. Hack

Second: Ms. Toepel

Vote 2-0

- Closing 2019-2020 Update:

## **8. Treasurer's Report**

- Finance Committee Community Member – Policy # 28: Public Comment - **Action**
  - Firman Brown, Interview:

Attended numerous Board Meetings in the past. Withdrew Application prior to interview.

- Richard Randolph, Interview

Mr. Randolph was interviewed by the entire committee. All questions were answered and he expressed strong interest in serving the District as a member of the Finance Committee.

Motion: Ms. Hack moves to approve Richard Randolph for the open Community seat.

Second: Ms. Toepel

Vote 2-0

## **9. Comments and Future Agenda Items:**

Dr. Smart: Nov/Dec 2020 Board Meetings to be combined. Meeting on Dec 9, 2020 at 9 am.

## **10. Next Meeting:**

- The next meeting will be on Tues. Oct. 20, 2020.

## **11. Adjournment: **Action****

Motion: Ms. Hack

Second: Ms. Toepel

Vote 2-0

Time: 10:36 am.

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Minutes – September 15, 2020 MTHCD Finance Committee Meeting



Effective - Mar 17, 2020.

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

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Minutes – September 15, 2020 MTHCD Finance Committee Meeting



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9:00 am  
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**Un- Approved Minutes**

Mark Twain Health Care District Mission Statement

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

**1. Call to order:**

The meeting was called to order by Lin Reed, President, at 9:03 am.

**2. Roll Call:**

<b>Board Member</b>	<b>Present in Person</b>	<b>Present by Phone or WebEx</b>	<b>Absent / Excused</b>	<b>Time of Arrival</b>
Ms. Reed	X			
Ms. Sellick		Phone		
Ms. Al-Rafiq		WebEx		
Ms. Toepel	X			
Ms. Hack	X			

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

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Ms. Hack

Vote 5-0

**4. Public Comment on matters not listed on the Agenda:**

Hearing None

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

**A. Un-Approved Minutes:**

- Un-Approved Finance Committee Meeting Minutes for August 18, 2020.
- Un-Approved Board Meeting Minutes for August 26, 2020.

**B. Correspondence:**

- Olivia Lilly (BH) Scholarship Thank you (9-17-2020)

Public Comment: Hearing None

Motion: Ms. Hack

Second: Ms. Toepel

Vote 5-0

## 6. MTHCD Reports:

### A. President's Report:

- Association of California Health Care Districts (ACHD):
  - ACHD September Advocate: (Ref. Pkt. Pg. 19).

Ms. Reed: Declined serving again on the Education Committee.

- Meetings with MTHCD CEO: (Ref. Agenda Items)
- **LAFCO Election:** (Ref. Pkt. Pg. 22) Public Comment – Action

Public Comment: Hearing None

Motion: Ms. Toepel moved to nominate Ms. Sellick as LAFCO representative for the District.

Second: Ms. Hack

Vote 5-0

### B. MTMC Community Board Report:

Ms. Al-Rafiq: Hospital has been impacted by COVID showing an operational loss.

Mr. Archer: Announced the hiring of CJ Singh, MTMC Philanthropy Manager; Copper Clinic expects an Oct. Start with grand opening in early 2021; PG&E loaned two large generators including maintenance for power outages (PSPS). In lieu of Health Fair blood testing is being done by appointment thru Oct.: the Miwuk Blessing took place last week and three new members will be joining the Community Board (Sal Lo Franco, Larry Smith and Tim Oskey).

### C. MTMC Board of Directors:

Ms. Reed: Will meet again on Fri. Sept. 25<sup>th</sup>.

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

Dr. Smart: The COVID Pandemic started in Mar. 2020. The FEMA deadline has been extended indefinitely.

- **Grant / Project Criteria:** Public Comment - Action

Public Comment: Hearing None

Motion: Ms. Hack

Second: Ms. Toepel

Vote 5-0

- CPPA Election: Public Comment - Action

The item died for lack of a motion.

- District Project Matrix-Monthly Report:

Dr. Smart: Will present a Project Matrix at future meetings; currently the Robo-Doc team (Staff, Ms. Minkler, Attorney and Volunteer and newly hired Cristi Canepa, Manager) is preparing to present the service to each of the school district boards.

#### **E. Stay Vertical Calaveras:**

Mr. Shetzline: Classes are on-going on Facebook Live and CTV is working on a video.

#### **F. Valley Springs Health & Wellness Center:**

- Construction Finance:

Dr. Smart: The March and September USDA loan payments were made.

- VSHWC “Quality” Report: (MedStatix)

Dr. Smart: The Clinic is still seeing excellent ratings and continue to work on local no shows.

- Pharmacy – Room 400:

Dr. Smart: Change Order #5 is progressing nicely with the pharmacy opening slated for Nov.

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

- Policies - Valley Springs Health & Wellness Center:

Punctuation & Grammar Changes – Please Submit to District Office Staff.

1. New Policy - Return to Work – Clinic Personnel
2. Revised Policy - Autoclave Spore Testing
3. Revised Policy - Autoclave Use and Maintenance

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Ms. Hack

Vote 5-0

**G. Ad Hoc Real Estate:** .....Dr. Smart

- Update on Valley Springs Property - Phase II:
  - **Proposal from OHC – Assisted Living – Contract Proposals:**

Dr. Smart: Will contact OHC for an updated proposal and bring it to the Oct. meeting. Board would like MOU with developer before proceeding.

**7. Committee Reports:**

**A. Finance Committee:**

Ms. Toepel: Considering the Nov. and Dec. holidays announced the Finance Committee will adjust their Nov. and their Dec. meeting to meet once at 7:30 am on Dec. 9<sup>th</sup> to coincide with the Board consolidating their Nov & Dec. meetings.

- Audit:

Mr. Wood: Is glad to do a Special District 101 training. The Finance Committee is paying close attention to the Clinic's unknown revenue knowing there would be losses in year one and two; the District has a good cash position

- Financial Statements (Aug. 2020): Public Comment – **Action**

Public Comment: Hearing None

Motion: Ms. Hack

Second: Ms. Toepel

Vote 5-0

- **Volunteer on Finance Committee:** Public Comment – **Action:**

- Richard (Rick) Randolph: (Resume Pkt. Pg. 56)

Ms. Toepel and Ms. Hack: Expressed the interview with Mr. Randolph was excellent and they are pleased to nominate him to the Board for consideration:

Public Comment: Hearing None

Motion: Ms. Hack

Second: Ms. Sellick

Vote 5-0

**B. Ad Hoc Policy Committee:**

Ms. Sellick: Stated the District policies are current and requested a Committee member be appointed to fill the empty seat (Ms. Atkinson).

**C. Ad Hoc Personnel Committee:**

Ms. Reed: The Committee hasn't had a need to meet.

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

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

**B.** Community Connection:

**9. Next Meeting:**

**A.** The next meeting will be Wednesday October 28, 2020 starting at 9 am.

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

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Ms. Hack

Vote 5-0

Time of Adjournment: 10:46 am

- Effective - Mar 17, 2020.

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

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**MARK TWAIN  
HEALTH CARE DISTRICT**

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

September 20, 2020

Kim Pham  
Sunrise Pharmacy  
1118 Hogarth Way  
El Dorado Hills CA 95762

Ms. Pham:

The purpose of the letter is to activate the lease we signed December 19, 2019. The lease start-date was delayed when the COVID-19 pandemic started. Although we originally envisioned a lease start-date of April 2020, the COVID-19 restrictions enacted by California and Calaveras County temporarily suspended construction plans and design. When you and I talked about those delays we agreed to delay the start of the Sunrise Pharmacy lease until such time as construction was underway. Construction started on August 24, 2020 after both of us approved the plans as required.

Pursuant to the signed lease your lease payments will begin on October 1, 2020. The lease amount is \$1,800 (eighteen hundred dollars) per month. There is also a security deposit due of \$1,800 (eighteen hundred dollars). The utility payments will be 9% of the previous month's utilities for the entire building. Your utility payments for October 2020 will be based on September's utility payments. The utility invoices will be sent to you about the middle of each month. We can't produce those invoices on the first of the month as most of our utility bills are received after the end of the month.

I'm really looking forward to our working together. The entire community is already talking about the Sunrise Pharmacy. They are anxious to get started. I can't thank you enough for this opportunity to provide essential services to our county.

Sincerely,

Randy Smart, MD  
CEO

Mark Twain Health Care District Mission Statement

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**ACHD**  
ASSOCIATION OF CALIFORNIA  
HEALTHCARE DISTRICTS

# ACHD Advocate

## October 2020

### In This Edition:

- A Message from Cathy Martin, CEO
- Legislative Update
- Upcoming Events
- Important Articles

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### A Message from Cathy Martin, CEO

First and foremost, I want to thank the attendees, sponsors, and speakers who made our virtual 68th Annual Meeting a success! We hope you found the content educational, informative and you connected with colleagues during the various networking sessions. Our educational sessions are available as [recordings for registered attendees here](#). We want to remind you that we rely on your feedback to shape and inform future events. So please, if you haven't, take a minute to [complete our event evaluation](#).



At our Annual Meeting, [we premiered this appreciation video](#), in recognition of all the hard work healthcare districts have been doing to keep their communities safe throughout this pandemic. Please feel free to share this video with your communities.

ACHD would like to announce that the Board of Directors is seeking nominations from member healthcare district Trustees and CEOs to immediately fill a vacant Director position on the Board. [More information on applying can be found here](#). Please note our deadline to receive nominations is **November 13, 2020**.

ACHD recognizes the challenges that districts are facing due to COVID-19 and as such we are happy to report that in addition to postponing dues collection from July until October, the dues rates have remained the same as last year. Your district should have received their dues notice this week via US mail and by email yesterday. Please contact [Amber King](#) at with any questions you may have regarding your dues notice.



In conclusion, ACHD would like to congratulate Mayers Memorial Hospital for the opening of their new wing which will be the new home of the hospital's emergency department, imaging center and laboratory services. We are happy to share the district's fantastic [virtual tour of the new wing](#).

In addition, ACHD would like to congratulate Peninsula Health Care District for the opening of their independent living homes. We were happy to be able to cheer them on virtually, and invite you to [watch their live ribbon cutting ceremony](#).

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## Legislative Update

### Legislature & Governor:

September 30, 2020 marked the final day for Governor Newsom to sign or veto legislation. We are excited to announce that [AB 890 \(Wood\): Nurse Practitioner: Scope of Practice](#), ACHD's high priority support bill, was signed by the Governor. The law will allow nurse practitioners to practice to the full extent of their education and training without physician supervision, after transition to practice requirements have been met.

The Governor also signed both bills relating to personal protective equipment (PPE). [AB 2537 \(Rodriguez\)](#) which will take effect April 1, 2021, requires general acute care hospitals to maintain a stockpile of three months PPE, as defined, at normal consumption rates. While we remained opposed to AB 2537, we are committed to continuing the conversation in the upcoming legislative session to reach a workable solution for healthcare districts, workers and patients. The Governor also signed [SB 275 \(Pan\)](#) which will take effect January 1, 2023, requires health care providers, as defined, to maintain a 90-day pandemic level of PPE. At the end of session, ACHD was able to go neutral on SB 275, as it establishes an advisory committee to create formal guidelines and affords time for a thorough stakeholder process. For a full list of bill outcomes, [ACHD's End of Session Legislative report is available here](#).

On Thursday December 10, 2020 from 10:00 am - 11:00 am, ACHD's Advocacy Team will be hosting a webinar [New Laws in 2021](#) to brief healthcare districts on new laws taking effect in January. Be sure to [register for the webinar here](#), registration is free for members!

### Telehealth: What's at stake?

Telehealth has proven to be an extremely useful tool during the COVID-19 pandemic. However, **advancements and flexibilities to utilize telehealth during the emergency are now at risk**. The Legislature and Administration have signaled that they need more information to understand and prioritize telehealth

policy. ACHD is working with a broad coalition to advance these efforts, and we are seeking meaningful data from healthcare districts.

Please complete our [Telehealth Questionnaire](#) to share your district's data on telehealth utilization. ACHD will be convening a formal working group to discuss the data and workshop actions we can take to support healthcare districts on this issue. Please [email](#) Sarah Bridge if you wish to participate in the telehealth working group. Submit completed telehealth questionnaires to [ACHD](#).

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## Upcoming Events

### [Upcoming Webinar: How Sequoia Healthcare District Utilizes LocateMyDistrict](#)

The banner features a dark blue background with yellow dots. On the left, the title 'How Sequoia Healthcare District Utilizes LocateMyDistrict™' is written in white, with the date 'Tuesday, October 13th, 10:00 am PST' below it. On the right, a yellow box contains the text 'ACHD Webinar Education Series' with a small logo. Below the title are three circular headshots of the speakers: Jenny Bratton, Cindi Jensen, and David Johnston. Under each headshot is their name and title in yellow text.

Name	Title
Jenny Bratton	Manager of Grants and Programs Sequoia Healthcare District
Cindi Jensen	Manager of Business Development Educational Data Systems/Planware
David Johnston	GIS Manager Educational Data Systems/Planware

Learn how the Sequoia Healthcare District used GIS (Geographical Information System) technology to present accurate, clear, and precise district boundaries on their Healthcare District website using a Software-as-a-Service called LocateMyDistrict™.

Jenny Bratton, Manager of Grants and Programs at Sequoia Healthcare District will be walking attendees through the uses and benefits their district has seen from using this mapping service, such as improving their grant reporting process. Cindi Jensen and David Johnston will share how the LocateMyDistrict service can be utilized to meet these goals.

**Member Price: Free**  
**Non-Member Price: \$90**

[Register Here](#)

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## Important Articles from ACHD's Corporate Sponsors

## Starving for Yield at the Siege of Constitution Avenue

The Fed is adopting a siege approach in terms of setting policy at its headquarters on Constitution Avenue in Washington, DC. The “target” is its mandate of price stability and full employment.



Meanwhile, investors seeking yield are left starving, trying to find places to put capital to work that provide at least some level of acceptable income. And the questions that are part of almost every conversation with investors are “How long will the siege last?” and “What are we supposed to do in the meantime?”

At Fiduciary Trust, our clients are asking the same questions. Jeff MacDonald, Head of Fixed Income Strategies, provides perspective on how we are managing fixed income portfolios with the expectation that the Siege of Constitution Avenue will be in place for the foreseeable future.

### [READ MORE](#)

For more information about how your healthcare district may benefit from our expertise, please contact Kate Freeman at (213) 595-8680.

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

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

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





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**Resolution 2020-07  
of the  
Mark Twain Health Care District**

**Resolution to Recognize the Artistic Accomplishments  
And Donations of Kathleen Dunphy and Antoinette Griffin**

**WHEREAS:** The Mark Twain Health Care District (MTHCD) was established in 1946 and has a mission of ensuring Calaveras County residents have access to care that is high quality, professional, and compassionate; and

**WHEREAS:** The Mark Twain Health Care District owns and operates a new Rural Health Clinic in Valley Springs; and

**WHEREAS:** The MTHCD Board of Directors committed to decorating the interior of the clinic with high quality local art designed to instill a peaceful healthcare ambiance; and

**WHEREAS:** Kathleen Dunphy and Antoinette Griffin are highly accomplished local artists who have graciously donated significant bodies of work to the District for purposes of decorating the Valley Springs Health & Wellness center, and

**WHEREAS:** Their art is likely to create calm and peace to patients requiring health care.

**NOW THEREFORE,** The Mark Twain Health Care District does by unanimous vote of the Board of Directors, hereby commend and express immense gratitude and appreciation for the accomplishments and donations of Kathleen Marie Dunphy and Antoinette Griffin.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on October 28, 2020 by the following vote:

Ayes:

Noes:

Abstain:

Absent:

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

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”.

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**Mailing Address:**  
**Government Center**  
**891 Mountain Ranch Road**  
**San Andreas, CA 95249-9709**

**Phone: (209) 293-7211**  
**Cell Phone (209) 768-4200**  
**Email: dda@volcano.net**

October 6, 2020

**TO:** Voting CPPA Member Agency Representatives  
**FROM:** Dennis Dickman  
**SUBJECT:** Voting Instructions

Nine Member Agencies were nominated for the At-Large position on the CPPA Board of Directors. Two declined and seven accepted the nomination.

Enclosed is a ballot with the names of the Member Agencies and their current Representative who accepted the nomination. Please read the following instructions for marking the ballot and returning it to CPPA.

1. Vote for only one candidate by placing an X by the Member Agency's name on the ballot.
2. Place the ballot in the CPPA self-addressed and stamped envelope and seal the envelope.
3. **SIGN** the outside of the envelope below your name and address (Note: for the ballot to be accepted the signature must be that of the Member Agency Representative).
4. Ballots shall be returned to CPPA no later the November 6, 2020.

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*Failure to: (1) mark the ballot properly; (2) return the ballot in the CPPA self-addressed envelope; and/or (3) have an unauthorized signature on the envelope, will make the ballot invalid.*

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**Ballot for At-Large CPPA Board of Director Position**

Vote for only one of the following:

- Calaveras County Resource Conservation District (Robert Dean)
- Ebbetts Pass Fire Protection District (Mike Johnson)
- Mark Twain Health Care District (Richard Randolph)
- Mokelumne Hill Fire Protection District (Suzanne Coe)
- Union Public Utility District (Ralph Chick)
- Vallecito Union School District (Gretchen McReynolds)
- 39<sup>th</sup> District Agricultural Association (Laurie Giannini)

Return Ballot within self-addressed stamped envelope, **signed**, so CPPA receives it by November 6, 2020

Calaveras Public Power Agency – Fall 2020

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Enclosed is a ballot with the names of the Member Agencies and their current Representative who accepted the nomination. Please read the following instructions for marking the ballot and returning it to CPPA.

1. Vote for only one candidate by placing an X by the Member Agency's name on the ballot.
2. Place the ballot in the CPPA self-addressed and stamped envelope and seal the envelope.
3. **SIGN** the outside of the envelope below your name and address (Note: for the ballot to be accepted the signature must be that of the Member Agency Representative).
4. Ballots shall be returned to CPPA no later than November 6, 2020.

Failure to: (1) mark the ballot properly; (2) return the ballot in the CPPA self-addressed envelope; and/or (3) have an unauthorized signature on the envelope, will make the ballot invalid.

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

POLICY: Age Restriction	REVIEWED: 11/9/18; 9/23/20
SECTION: Civil Rights	REVISED:
EFFECTIVE: <del>1/30/19</del> October Board Meeting	MEDICAL DIRECTOR:

**Subject:**

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

**Response Rating:**

**Required Equipment:**

**Procedure**

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

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

POLICY: Auxiliary Aids and Services for Persons with Disabilities	REVIEWED: 11/9/18; <u>9/23/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>1/30/19 October Board Meeting</u>	MEDICAL DIRECTOR:

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

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

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

**Response Rating:**

**Required Equipment:**

**Procedure**

1. Identification and assessment of need:

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

2. Provision of Auxiliary Aids and Services:

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

a. For Persons Who Are Deaf or Hard of Hearing

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

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

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

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

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

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

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

**California Relay Service:**

*(For Deaf and Hard of Hearing Callers)*

*TTY/TDD                      Dial 711 or*

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

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

*Voice                            (800) 735-2922*

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

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

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

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

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

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

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

3. For Persons with Speech Impairments

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

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

4. For Persons with Manual Impairments

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

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

POLICY: Dissemination of Non-Discrimination Policy	REVIEWED: 11/20/18; <u>9/24/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <del>1/30/19</del> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

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

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

The Clinic disseminates the nondiscrimination statement in the following ways:

**To the General Public:**

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

**For the Patients:**

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

**To Employees:**

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

Bi-Annual Review

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

POLICY: Emergency Release Of Patient Records	REVIEWED: 11/30/18; <u>9/24/20</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: <u>4/24/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Emergency release of patient medical records

**Objective:** For the purpose of continuity of Clinic patient care, the Clinic will act immediately on a request for patient records from a requesting emergency room in lieu of standard medical record release procedures.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. On request from a hospital emergency room, Clinic employees will immediately respond to fulfill the request for transfer of patient medical records to the emergency physician.
2. In lieu of the procedure for release of patient information, the staff member receiving a request for patient records from an emergency room shall immediately notify the Clinic staff member responsible for release of medical records.
3. The employee assigned to transfer the medical record will prepare chart notes to reflect what the hospital emergency room has requested from the medical record, the name of the physician requesting the information and the date and time of the request.
4. The records requested will be faxed to a secure fax number provided by the requesting emergency department. A notation will be recorded indicating the date and time the medical records were sent, as well as the fax number to which the records are sent.

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

POLICY: Medi-Cal Eligibility Verification	REVIEWED: 11/12/18; <u>9/24/20</u>
SECTION: Admitting	REVISED:
EFFECTIVE: <u>12/18/18</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Medi-Cal Eligibility Verification

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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



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

Bi-Annual Review

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

POLICY: Medication, Supply, And Equipment Recalls/Warnings	REVIEWED: 11/12/18; <u>9/24/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

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

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

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

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

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

**Procedure:**

**Medication Black Box Warnings**

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

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

1. Supply, medication, and equipment recalls are conducted by a company's own initiative, by FDA request, or by FDA order under statutory authority.
2. Upon notification from the manufacturer, supplier, or the FDA on the recall of a supply, medication, or patient care equipment item, the Clinic will initiate removal of items from the patient care area.
  - a. After printing the Notice of Recall, review Supply Listing, Clinic Formulary List, and/or Equipment Inventory List to determine whether recalled item is being utilized in the Clinic.

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

2. Patient will be given the recall information during their next Clinic visit.
5. The Clinic Manager will update the Clinic Supply List, Clinic Formulary List and Clinic Equipment Inventory List should any items be removed due to recall.
    1. Note on the current list the date of the recall notice next to the name of the affected medication.
    2. Save the appropriate Clinic List by renaming the file with the current date, replacing the former date.
    3. Remove the affected medication from the appropriate Clinic list.
  6. When the Clinic Manager has completed these tasks, they will notify the Medical Director, in writing, that the process has been completed.

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

POLICY: Autoclave Use And Maintenance	REVIEWED: 10/1/19; 9/09/20
SECTION: Infection Control	REVISED: 9/09/20; <u>9/30/20</u>
EFFECTIVE: <del>September-October</del> Board Meeting	MEDICAL DIRECTOR:

**Subject:** Autoclave Use and Maintenance

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

**Response Rating:** Mandatory

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

**Procedure:**

1. All instruments, equipment and medicine cups for laceration trays or I&D trays should be scrubbed with approved enzymatic cleaner only.
    - a. Hinged implements will be cleaned in the open position.
  2. ~~After cleaning the instruments, they are placed~~ Soak instruments in approved disinfectant for 20-30 minutes. Allow to air dry and spray with ~~and then minute in~~ lubricant.
    - a. Hinged implements will be disinfected in the open position.
    - b. Dental instruments will be placed in the Midmark Ultrasonic per manufacturer instructions
  3. Allow instruments to air dry.
    - a. Hinged implements will dry in the open position.
  4. Instruments will be placed into sterilization pouches.
    - a. Hinged implements will be placed into sterilization pouches in the open position.
  5. Packets will be labeled with ~~name of instrument and~~ date of sterilization, batch #, initials of person packaging the instruments and expiration date.
- ~~56.~~ Place packets on shelf in autoclave. DO NOT STACK ITEMS.

- 6.7. Select and press appropriate preprogrammed button.
- 7.8. Press the start button.
- 8.9. Record autoclave load on the autoclave log. Medical and Dental Departments will maintain separate load logs.

**Autoclave Maintenance**

**Weekly:**

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

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

6.

**Monthly:**

- 1. Flush system-drain reservoir and fill with clean distilled water. Add 1 oz. of Speed-Clean Sterilizer to a cool chamber.
- 2. Run one pouch cycle. Instrument **WILL NOT** be done with this cycle.
- 3. Drain cleaning solution from reservoir. Refill reservoir with clean distilled water and run one unwrapped cycle.
- 4. Drain reservoir and allow unit to cool.
- 5. Remove door and dam gaskets from gasket housing channel. Clean channel and gaskets using a mild soap or Speed-Clean Sterilizer Cleaner and clean distilled water. A small stiff brush will aid procedure. After cleaning gaskets, inspect for damage, shrinkage, or swelling and replace if necessary. Press gasket into the channel and reinstall dam gasket.
- 6. Remove trays, tray rack, and tray plate. Pressing downward on top band of tray rack pull upward on

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end of tray plate and slide assembly of the chamber.

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



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

POLICY: Business Hours	REVIEWED: 11/9/18; <u>9/23/20</u>
SECTION: Operations	REVISED: <u>9/23/20</u>
EFFECTIVE: <u>1/30/19 October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Business Hours

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. The Clinic will be open Monday through Friday, between 8:00am and 5:00pm ~~and Saturday between 9:00am and 12:00pm.~~
2. The Clinic will be closed for holidays.

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

POLICY: Cash On Hand Management	REVIEWED: 11/12/18; <u>9/23/20</u>
SECTION: Admitting	REVISED: <u>9/23/20</u>
EFFECTIVE: <u>12/19/18 October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Cash on hand management

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

**Response Rating:**

**Required Equipment:**

**Procedure**

**Cash Drawer**

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

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

### **Patient Payments**

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

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

POLICY: Litigation (Potential)	REVIEWED: 11/12/18; <u>9/24/20</u>
SECTION: Operations	REVISED: <u>09/24/20</u>
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Litigation and requested documentation

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

**Response Rating:**

**Required Equipment:**

**Procedure:**

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

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

POLICY: Marketing	REVIEWED: 1/12/18; <u>9/24/20</u>
SECTION: District	REVISED: <u>9/24/20</u>
EFFECTIVE: <u>3/27/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Marketing and Community Outreach

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

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

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

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

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

POLICY: Standardized Procedure for Employee Influenza Vaccine Administration	REVIEWED: 10/09/2020
SECTION:	REVISED:
EFFECTIVE: October Board Meeting	MEDICAL DIRECTOR:

**Subject:**

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

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

**Required Equipment:**

**Procedure:**

1. Identify adult employees in need of influenza vaccination based on meeting any of the following criteria:
  - a. Want to reduce the risk of becoming ill with influenza or of transmitting it to others
  - b. Age 18 years or older
  - c. Having any of the following conditions: chronic pulmonary (including asthma), cardiovascular (excluding hypertension), renal, hepatic, cognitive, neurologic/neuromuscular, hematologic, or metabolic (including diabetes) disorders; immuno- suppression, including that caused by medications or HIV
  - d. Being pregnant during the influenza season
  - e. All healthcare personnel
  - g. All adults who are household contacts, caregivers, or workplace contacts of persons listed in category 1.c.
  
2. Screen all persons for contraindications and precautions to influenza vaccine prior to administration:
  - a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a previous dose of influenza vaccine or an influenza vaccine component.

For a list of vaccine components, go to:

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

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

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

Medical Director's signature: Dr. Randy Smart

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 10/14/2020



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

POLICY: Patient Portal Information	REVIEWED: 11/12/18; <u>7/30/20; 10/14/20</u>
SECTION: Operations	REVISED: <u>10/14/20</u>
EFFECTIVE: <del>1/30/19</del> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Policy:** Patients, parents and/or guardians are entitled and encouraged to have access to their health information to enable them to understand and participate in their care and treatment with our Clinic providers. Such information will be made available by granting secure access through a patient portal in the Mark Twain Health Care District website.

**Objective:** Each patient, parent or guardian will be informed on how to access the online patient portal. An information flyer or brochure will be developed that indicates the website is available for general information regarding the portal. An individual portal on the website will enable the patient to have private and secure access to make/keep appointments; view their medical record, view selected laboratory/radiology results and update their demographic information.

**Required Equipment:** None

**Procedure:**

1. During the patient check-in process, the clinic will provide the patient with an instructional flyer on how to register on the online patient portal. The flyer will include the following instructions:
  - a. Go to the Clinic website, [VSHWC.org](http://VSHWC.org)
  - b. Click on 'Patient Portal Login' link
  - c. Click on 'Sign up today' link
  - d. Enter required information and click 'continue'
  - e. Choose an option to receive a temporary passcode
  - f. Retrieve temporary passcode and enter passcode
  - g. Choose a primary care provider and click 'continue'
  - h. Set a new password, click 'I have read and accepted Terms...' and click 'continue'

2. Minor patients 13 years and older are permitted to change portal access so that they are the sole recipients of their medical information, especially in the case of sensitive services. Parents/Guardians would then only have access to the billing and financial portions of the minor's records per COPPA and Anthem Blue Cross.

Revised

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

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POLICY: <u>Standardized Procedure for Administration of Flu Shots</u>	REVIEWED: 11/12/18; 9/11/19; <u>10/14/20</u>
SECTION: Patient Care	REVISED: 9/11/19; <u>10/14/20</u>
EFFECTIVE: <u>10/23/19 October Board Meeting</u>	MEDICAL DIRECTOR:

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**Subject:** Flu Shots

**Objective:** To provide flu shots to appropriately screened clinic patients, flu shots will be administered in accordance with current recommendations from the National Institutes of Health and documentation prepared to support submittal with required cost reports.

**Response Rating:** Mandatory

**Required Equipment:**

**Procedure:**

1. The Clinic will obtain flu vaccine from the pharmacy vendor and, where applicable, from Vaccines for Children.
  - a. Staff will perform Vaccines for Children eligibility screening for all patients 18 years and younger prior to administering flu vaccine. Vaccines for Children inventory will be used for qualified children only. Private vaccine may not be exchanged for VFC provided vaccines once the RHC is a VFC Participant.
  - b. Vaccines purchased from the pharmacy vendor will be used for children who do not qualify for the Vaccines for Children program and all adults who require a flu shot.
2. Flu shots will not be given prior to the established "start date" which is recommended annually by the National Institutes of Health, unless the patient is deemed "high risk" and meets current high risk criteria established by NIH.
3. Pre-scheduled Appointments are needed for Medi-Cal patients. Preferred, but not required with a Provider, for other patients requesting a flu shot. A Nursing visit will be scheduled for any patients not needing a Provider appointment.
4. Screen all patients for contraindications and precautions to influenza vaccine prior to administration:
  - a. Contraindications: serious reaction (e.g., anaphylaxis) after ingesting eggs or after receiving a

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Flu Shots  
Policy Number 80

previous dose of influenza vaccine or an influenza vaccine component.

For a list of vaccine components, go to:

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

b. Do not give live attenuated influenza vaccine (LAIV; nasal spray) to an adult who is pregnant or has any contraindications for receiving a live vaccine.

c. Precautions: moderate or severe acute illness with or without fever; history of Guillain Barré syndrome within 6 weeks of a previous influenza vaccination; for LAIV only, close contact with an immunosuppressed person when the person requires protective isolation

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4. For pediatric patients presenting for a “flu shot only”, staff will complete a flu shot screening form and follow instructions found there, after the parent/guardian has signed the flu shot release form.

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5. For adult patients presenting for a “flu shot only”, staff will take patient vital signs and administer the shot only if the patient is afebrile and they have signed the flu shot release form.

6. ~~Current vaccine information sheet (VIS) will be distributed to all patients prior to the patient being asked to sign the flu shot release form.~~ Provide all vaccine recipients with a copy of the most current Federal Vaccine Information Statement (VIS). Provide non-English speaking persons with a copy of the VIS in their native language, if available and preferred; these can be found at [www.immunize.org/vis](http://www.immunize.org/vis).

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7. All flu shots will be recorded on the “Flu Shot Log”. ~~for Medicare patients will be recorded on the flu shot log.~~ ~~Follow the directions included on the flu shot log, as well as on the daily Medicare specific log, including the requirement of a patient signature.~~ This daily Medicare specific log will be kept with the RN for submission of the annual cost report for reimbursement.

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8. The practitioner will enter an order in the EMR for the patient’s vaccine administration.

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9. Administer inactivated influenza vaccine IM per manufacturer guidelines.

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9. The staff member administering the vaccine (MD, DO, NP, PA, RN, LVN, MA) will document administration of the vaccination and issuance of the VIS (including the name and publication date), location of injection and how the patient tolerated the injection, the name and credentials of the administerer, in addition to uploading the consent to the patient record in the EMR.

119. Ordering practitioners are reminded to be vigilant of the CDC recommendations for young patients:

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Ages 6 months – 3 years and

Age 3 years – age 8 years

There are specialized recommendations such as: no preservatives and specialized vaccine schedules.

Practitioner is reminded to review the differences and order according to the patient's age-specific needs.

12. Be prepared for management of a medical emergency related to the administration of vaccine by having a written emergency medical protocol available, as well as equipment and medications.

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13. Report all adverse reactions to influenza vaccine to the federal Vaccine Adverse Event Reporting System (VAERS) at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or (800) 822-7967. VAERS report forms are available at [www.vaers.hhs.gov](http://www.vaers.hhs.gov).

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Revised

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

POLICY: Non-Discrimination	REVIEWED: 11/9/18; <u>10/14/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Non-discrimination

**Objective:** As a recipient of Federal financial assistance, the Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the Clinic directly or through a contractor or any other entity with which the Clinic arranges to carry out its programs and activities.

**Response Rating:**

**Required Equipment:**

**Procedure**

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91.

In case of questions, please contact: Facility Name: Valley Springs Health and Wellness Center

Contact Person/Section 504 Coordinator: Tina Terradista (Clinic Manager)

Telephone number: 209-772-7070

State Relay number:

**California Relay Service:**

(For Deaf and Hard of Hearing Callers)

TTY/TDD

Dial 711 or

English TTY/TDD (800) 735-2929

Spanish TTY/TDD (800) 855-3000

# Bi-Annual Review

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

POLICY: Par Levels	REVIEWED: 11/12/18; <u>10/14/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/30/19</u> October Board Meeting	MEDICAL DIRECTOR:

**Subject:** Par Levels

**Objective:** To ensure that the Clinic is not overstocked with materials that may outdate and be wasted, the Clinic will be provided with inventory par levels for general medical supply and medications inventories.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. As a part of Clinic Operations and QAPI processes, Clinic Manager and Medical Director will consult, at least quarterly, and determine appropriate par levels of medical supplies and medications based upon current patient census projections and historical census data. Should a new service line be added or an unanticipated spike in patient census occur, review of par levels will happen immediately.
2. The par level information will be documented on a spreadsheet and available for reference purposes.
3. The par level document may also serve as an order form.
4. Medications will not be added to the Clinic formulary without consideration by the Medical Director and Clinic Manager and completion of the appropriate documentation and staff orientation.



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

POLICY: Patient Left: Not Seen Or Treated (NSOT)	REVIEWED: 11/12/18; <u>10/14/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Patient left without being seen or treated (NSOT)

**Objective:** To track patients that leave the Clinic before being seen/treated by the practitioner.

**Response Rating:**

**Required Equipment:**

**Procedure:**

1. When a patient advises a staff member that they are leaving before being seen or treated by the practitioner, advise the nurse or medical assistant and have him/her speak with the patient.
2. The nurse or medical assistant will review the sign in sheet and complete the NSOT form, documenting whether the patient was interviewed, had their vital signs taken and recorded, and their observations of the patient's condition.
3. If the patient refuses to speak with the nurse or medical assistant before they leave, ask the patient why they are leaving before seeing the practitioner.
4. Mark the sign in sheet "NSOT" and document the reason the patient gave for leaving before seeing the practitioner.
5. Add the patient to the electronic scheduler by choosing the NSOT appointment type and adding the patient's reason for leaving.
6. Scan the sign in sheet into the patient's EMR under other and mark as NSOT add the current date.
7. Place all documentation in the NSOT binder.

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

POLICY: Patient Rights and Responsibilities Statement	REVIEWED: 11/7/18; <u>10/14/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Patient Rights and Responsibilities

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

**Response Rating:**

**Required Equipment:** None

**Procedure**

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

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

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

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

POLICY: Preventative Maintenance Inspections	REVIEWED: 11/12/18; <u>10/14/20</u>
SECTION: Operations	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Preventative maintenance inspections

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

**Response Rating:**

**Required Equipment:**

**General Information:**

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

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

**Procedure:**

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

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

POLICY: Scope of Services	REVIEWED: 11/8/18; <u>10/14/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Scope of Services

**Objective:** The Clinic’s scope of services shall include, but not be limited to, the following list of services:

**Response Rating:**

**Required Equipment:** None

**Procedure:**

Services shall be rendered to anyone, regardless of sex, race, color, creed, age, national origin, handicap or ability to pay for services rendered.

**Professional:**

A physician and/or a physician assistant (PA, PA-C) or family nurse practitioner (FNP) shall staff the Clinic during posted working hours to provide medical services within the scope of his/her training.

Medical staff will be available to perform:

- Complete medical histories
- Physical examinations (pre-employment, sports, school, health maintenance)
- Assessment of health status, routine laboratory and diagnostic testing
- Treatment for common acute and chronic health problems and medical conditions

**Laboratory:**

Point-of-care testing, under a CLIA Certificate and California Laboratory license will be provided for some modalities.

Unaffiliated laboratories will provide reference laboratory services.

Unaffiliated laboratories will provide pathology laboratory services.

### X-Ray:

Plain film x-rays are performed in the Clinic and over read by a radiologist.

Patients requiring other testing modalities will be referred to the service provider authorized by their insurance coverage.

### Medical Procedures:

Minor surgical procedures and basic diagnostic procedures shall be performed within the scope of the medical staff's training; including but not limited to minor laceration repairs, IV hydration, IV antibiotic therapy, splinting, and medical stabilization of medical emergencies for transfer to high acuity facilities.

### Pharmacy:

The Clinic will provide stock pharmacy items according to the Clinic formulary.

Prescriptions will be submitted to the patient's pharmacy via ePrescribe.

### Higher Level of Care:

Referral for medical cause when the Clinic is operating will be provided on an as needed basis.

Hospitals used for transfer of patients requiring a higher level of care include:

Mark Twain Medical Center

### Discharge Instructions:

All patients will be given written notes instructions, and explanations of the treatment they received in the Clinic, as well as written follow up instructions.

### Policies and Procedures:

Written policies and procedures and medical protocols/Standardized Procedures governing the services of the Clinic providers are developed, executed, and annually evaluated by the Medical Committee and the Governing Body. The Committee will consist of the Medical Director, physician assistants/nurse practitioners, Clinic Director, Executive Director and any other assigned personnel.

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

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; <u>10/14/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

**Subject:** Section 504 Grievance

**Objective:** It is the policy of the Clinic not to discriminate on the basis of disability. The Clinic has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”The Law and Regulations may be examined in the office of Clinic ~~Director~~Manager, (664209) 765-1935772-7070 who has been designated to coordinate the efforts of The Clinic to comply with Section 504.

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

**Response Rating:**

**Required Equipment:**

**Procedure**

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



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

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

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

POLICY: Section 504 Notice Of Program Accessibility	REVIEWED: 11/8/18; <u>10/14/20</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

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

**Objective:**

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

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

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

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

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

Section 504 Notice of Program Accessibility  
Policy Number 158

# Bi-Annual Review

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Section 504 Notice of Program Accessibility  
Policy Number 158

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

POLICY: Waste, Fraud, and Abuse	REVIEWED: 11/9/18; <u>10/14/20</u>
SECTION: District	REVISED:
EFFECTIVE: <u>1/30/19</u> <u>October Board Meeting</u>	MEDICAL DIRECTOR:

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

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

**Response Rating:** Mandatory

**Required Equipment:**

**Definitions:**

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

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

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

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

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

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

**Procedure:**

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

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

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

Reference:

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

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



# 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 September, 2020)  
**Item Type:** Action  
**Submitted By:** Rick Wood, Accountant  
**Presented By:** Rick Wood, Accountant

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## **BACKGROUND:**

The September 30, 2020 financial statements are attached for your review and approval.

- Please note that the June 30, 2020 financial reports will remain in DRAFT form until the 2019 – 2020 Audit has been completed. While the revenue shouldn't change dramatically, our depreciation expense and the Balance Sheet will go through a couple more adjustments.
- As of 9/30/20 the Clinic has collected \$80,164 through the regular checking accounts.
- District revenue (property tax) has been reconciled as of June 30, 2020. The District's final property tax revenue for this past fiscal year was \$1,126,504.
- We made our first principal & interest payment of \$260,960.72 on the clinic loan in September.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report will now show the reserve allocations, along with the interest income allocations. This report is now complete, and will be updated and provided to the Board on a monthly basis.

Mark Twain Health Care District						
Annual Budget Recap						
	09/30/20	2020 - 2021 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	689,738	6,171,389	3,618,701	1,352,688	0	1,200,000
Total Revenue	689,738	6,171,389	3,618,701	1,352,688	0	1,200,000
Expenses	(1,188,888)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Total Expenses	(1,188,888)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)
Surplus(Deficit)	(499,150)	310,726	(261,418)	171,260	31,000	431,884



Mark Twain Health Care District Direct Clinic Financial Projections							
VSHWC							9/30/2020
	DRAFT	2020/2021	Month	Actual	Actual	Actual	
	2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget	
4083.49	Urgent care Gross Revenues	437,285	4,674,075	1,168,519	26,635	80,164	1.72%
4083.60	Contractual Adjustments	(51,948)	(1,087,124)	(271,781)	0	0	
	Net Patient revenue	385,337	3,586,951	896,738	26,635	80,164	2.23%
4083.90	Flu shot, Lab income, physicals		1,000	250			0.00%
4083.91	Medical Records copy fees		750	188			0.00%
4083.92	Other - Plan Incentives		30,000	7,500			0.00%
			31,750	7,938	0	0	0.00%
	<b>Total Other Revenue</b>	<b>385,337</b>	<b>3,618,701</b>	<b>904,675</b>	<b>26,635</b>	<b>80,164</b>	<b>2.22%</b>
7083.09	Other salaries and wages	(823,638)	(1,008,540)	(252,135)	(68,522)	(221,812)	21.99%
7083.10	Payroll taxes	(52,045)	(78,666)	(19,667)	(4,634)	(13,934)	17.71%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(2,269)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(12,496)	(8,278)	(18,824)	37.66%
7083.14	Group Life Insurance		(1,614)	(404)			0.00%
7083.15	Pension and Retirement		(25,214)	(6,304)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(2,521)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(378)			0.00%
	Total taxes and benefits	(96,806)	(176,151)	(44,038)	(12,912)	(50,087)	28.43%
	<b>Labor related costs</b>	<b>(920,444)</b>	<b>(3,184,691)</b>	<b>(296,173)</b>	<b>(81,434)</b>	<b>(271,900)</b>	<b>22.95%</b>
7083.05	Marketing	(7,096)				(250)	
7083.20	Medical - Physicians	(422,491)	(905,244)	(226,311)	(59,382)	(166,017)	18.34%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(18,750)	(8,977)	(38,418)	51.22%
7083.23	Legal - Clinic	(27,900)	0				0.00%
7083.25	Registry Nursing personnel		(3,000)	(750)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(31,727)	(13,557)	(32,248)	25.41%
7083.29	Other Professional fees	(11,199)	(80,932)	(20,233)	(1,640)	(1,640)	2.03%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(926)		(35)	0.95%
7083.38	Pharmaceuticals		(139,504)	(34,876)			0.00%
7083.41	Other Medical Care Materials and Supplies	(135,157)	(25,714)	(6,429)	(4,544)	(40,321)	156.81%
7083.44	Linens		(1,200)	(300)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(6,062)			0.00%
7083.74	Depreciation - Equipment		(150,476)	(37,619)			0.00%
7083.45	Cleaning supplies		(47,578)	(11,895)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(2,026)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(77,754)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(52,509)	(95,083)	(23,771)	(15,376)	(21,395)	22.50%
8870.00	Interest on Debt Service	(60,469)	(257,355)	(64,339)	(187,961)	(187,961)	73.04%
7083.43	Food	(935)	(2,000)	(500)			0.00%
7083.46	Office and Administrative supplies	(27,450)	(15,428)	(3,857)	(7,461)	(12,391)	80.32%
7083.69	Other purchased services	(52,143)	(232,076)	(58,019)	(977)	(13,462)	5.80%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(4,214)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(7,776)	(2,089)	(28,191)	0.00%
7083.83	Licenses & Taxes		(1,500)	(375)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(5,226)	(1,426)	(3,974)	19.01%
7083.86	Dues and Subscriptions	(19,274)	(1,500)	(375)	(35)	(1,985)	132.33%
7083.87	Outside Training	(199)	(15,000)	(3,750)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(1,000)			0.00%
7083.89	Recruiting	(25,209)	(40,000)	(10,000)		(1,525)	3.81%
8895.00	RoboDoc		(60,000)	(15,000)	(807)	(807)	
	Non labor expenses	(1,211,926)	(2,695,428)	(673,857)	(304,231)	(550,622)	20.43%
	Total Expenses	(2,132,370)	(3,880,119)	(970,030)	(385,665)	(822,521)	21.20%
	<b>Net Expenses over Revenues</b>	<b>(1,747,033)</b>	<b>(261,418)</b>	<b>(65,355)</b>	<b>(359,030)</b>	<b>(742,358)</b>	<b>283.97%</b>
	Non Labor		1,149,297	287,324			
	Non Labor		725,910	181,477			
	Non Labor		260,695	65,174			
	Sub total Non Labor		2,135,902	533,975			

Mark Twain Health Care District							
Rental Financial Projections		Rental					
		Budget					
		DRAFT	2020/2021	Month	Actual	Actual	Actual
		2019/2020	Budget	to-Date	Month	Y-T-D	vs Budget
		9/30/2020					
9260.01	Rent Hospital Asset amortized	1,094,553	1,092,672	273,168	90,914	272,848	24.97%
			0				
	<b>Rent Revenues</b>	<b>1,094,553</b>	<b>1,092,672</b>	<b>273,168</b>	<b>90,914</b>	<b>272,848</b>	<b>24.97%</b>
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(619,840)	(758,483)	(189,621)	(46,136)	(155,088)	20.45%
9520.72	Depreciation	(121,437)	(148,679)	(37,170)	(9,821)	(29,569)	19.89%
9520.82	Insurance						
	<b>Total Costs</b>	<b>(747,356)</b>	<b>(907,162)</b>	<b>(226,791)</b>	<b>(55,957)</b>	<b>(184,657)</b>	<b>20.36%</b>
	<b>Net</b>	<b>347,197</b>	<b>185,510</b>	<b>46,378</b>	<b>34,957</b>	<b>88,191</b>	<b>45.33%</b>
9260.02	MOB Rents Revenue	223,552	251,016	62,754	25,109	39,190	15.61%
9521.75	MOB rent expenses	(240,514)	(261,016)	(65,254)	(20,261)	(61,798)	23.68%
	<b>Net</b>	<b>(16,962)</b>	<b>(10,000)</b>	<b>(2,500)</b>	<b>4,848</b>	<b>(22,608)</b>	<b>226.08%</b>
9260.03	Child Advocacy Rent revenue	7,500	9,000	2,250	750	3,750	41.67%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(2,750)	(260)	(260)	2.36%
	<b>Net</b>	<b>7,203</b>	<b>(2,000)</b>	<b>(500)</b>	<b>490</b>	<b>3,490</b>	<b>-174.50%</b>
9260.04	Sunrise Pharmacy Revenue						
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(563)	(350)	(3,714)	
		1,325,605	1,352,688	338,172	116,772	315,787	23.35%
		(990,341)	(1,181,428)	(295,357)	(76,478)	(246,714)	20.88%
	<b>Summary Net</b>	<b>335,264</b>	<b>171,260</b>	<b>42,815</b>	<b>40,295</b>	<b>69,073</b>	<b>40.33%</b>

Mark Twain Health Care District							
Projects, Grants and Support							
9/30/2020							
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)	(7,750)		0	0.00%	
8890.00 Foundation	(465,163)						
8890.00 Veterans Support		(5,000)	(1,250)		0		
8890.00 Mens Health		(5,000)	(1,250)		0		
8890.00 Steps to Kick Cancer - October		(5,000)	(1,250)		0		
8890.00 Doris Barger Golf		(2,000)	(500)		0		
8890.00 Stay Vertical		(14,000)	(3,500)		0	0.00%	
8890.00 Golden Health Grant Awards							
<b>Project grants and support</b>	<b>(465,163)</b>	<b>(31,000)</b>	<b>(7,750)</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>	

Mark Twain Health Care District									
General Administration Financial Projections				Admin				9/30/2020	
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	25,000	1,220	21,255	21.26%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	275,000	91,667	275,000	25.00%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	3,372	(2,468)	
	<b>Summary Revenues</b>	<b>939,844</b>	<b>1,004,488</b>	<b>1,473,626</b>	<b>1,200,000</b>	<b>300,000</b>	<b>96,259</b>	<b>293,787</b>	<b>24.48%</b>
8610.09	Other salaries and wages	(33,587)	(235,531)	(210,028)	(352,591)	(88,148)	(17,555)	(45,191)	12.82%
8610.10	Payroll taxes			(14,875)	(23,244)	(5,811)	(796)	(2,151)	9.26%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(793)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(4,369)			0.00%
8610.14	Group Life Insurance				(564)	(141)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(2,204)	(189)	(189)	2.14%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(882)			0.00%
8610.18	Other payroll related benefits				(529)	(132)			0.00%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(14,331)	(985)	(2,340)	4.08%
	<b>Labor Costs</b>	<b>(33,587)</b>	<b>(236,194)</b>	<b>(240,418)</b>	<b>(409,916)</b>	<b>(102,479)</b>	<b>(18,539)</b>	<b>(47,531)</b>	<b>11.60%</b>
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(15,375)	(212)	(433)	0.70%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(7,500)			0.00%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(31,250)	(4,936)	(16,168)	12.93%
8610.43	Food			(868)	(2,000)	(500)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,992)	(18,000)	(4,500)	(592)	(1,003)	5.57%
8610.62	Repairs and Maintenance Grounds				0	0	(1,070)	(1,070)	
8610.69	Other			(12,877)		0	(2,311)	(3,093)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(625)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(2,300)			0.00%
8610.80	Utilities			(420)	(1,000)	(250)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(6,250)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues and Subscriptions	(12,554)	(14,731)	(12,529)	(20,000)	(5,000)	(39)	(495)	2.47%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(3,750)			0.00%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(3,750)	(910)	(910)	6.07%
8610.89	Recruiting			(2,368)	(2,000)	(500)		(1,714)	85.70%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(67,249)	(32,000)	(8,000)	(1,495)	(26,868)	83.96%
	<b>Non-Labor costs</b>	<b>(521,817)</b>	<b>(532,071)</b>	<b>(226,527)</b>	<b>(358,200)</b>	<b>(89,550)</b>	<b>(11,564)</b>	<b>(68,408)</b>	<b>19.10%</b>
	<b>Total Costs</b>	<b>(555,404)</b>	<b>(768,265)</b>	<b>(466,945)</b>	<b>(768,116)</b>	<b>(192,029)</b>	<b>(30,103)</b>	<b>(115,939)</b>	<b>15.09%</b>
	<b>Net</b>	<b>384,440</b>	<b>236,223</b>	<b>1,006,681</b>	<b>431,884</b>	<b>107,971</b>	<b>66,156</b>	<b>177,849</b>	<b>41.18%</b>

## Mark Twain Health Care District

### Balance Sheet

As of September 30, 2020

	Total
<b>ASSETS</b>	
<b>Current Assets</b>	
<b>Bank Accounts</b>	
1001.10 Umpqua Bank - Checking	16,468
1001.20 Umpqua Bank - Money Market	6,442
1001.30 Bank of Stockton	102,858
1001.40 Five Star Bank - MTHCD Checking	209,515
1001.50 Five Star Bank - Money Market	1,546,516
1001.60 Five Star Bank - VSHWC Checking	76,734
1001.65 Five Star Bank - VSHWC Payroll	111,557
1001.90 US Bank - VSHWC	25,335
1820 VSHWC - Petty Cash	400
<b>Total Bank Accounts</b>	<b>2,095,825</b>
<b>Accounts Receivable</b>	
1200 Accounts Receivable	12,850
<b>Total Accounts Receivable</b>	<b>12,850</b>
<b>Other Current Assets</b>	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,541,732
1069 Due from Calaveras County	1,100,000
115.20 Accrued Lease Revenue	
1205 Due from insurance proceeds	337,860
1301.40 Prepaid VSHWC	736,417
<b>Total Other Current Assets</b>	<b>12,717,522</b>
<b>Total Current Assets</b>	<b>14,826,198</b>
<b>Fixed Assets</b>	
1200.00 District Owned Land	286,144
1205.00 VSHWC Land	903,112
1210.00 District Land Improvements	150,308
1220.00 District - Building	2,123,678
1220.20 District - Building Improvements	2,276,956
1220.30 District - Building Service Equipment	168,095
1221.00 Clinic - Buildngs	7,181,787
1221.50 Pharmacy Construction	3,536
1225.00 Clinic - Equipment	85,426
1226.00 District - Equipment	698,156
160.00 Accumulated Depreciation	-5,342,090
<b>Total Fixed Assets</b>	<b>8,535,108</b>
<b>Other Assets</b>	
1710.10 Minority Interest in MTMC - NEW	241,546

180.60 Capitalized Lease Negotiations	356,574
<b>Total Intangible Assets</b>	<b>356,574</b>
2219 Capital Lease	6,504,116
<b>Total Other Assets</b>	<b>7,102,236</b>
<b>TOTAL ASSETS</b>	<b>30,463,542</b>
<b>LIABILITIES AND EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
<b>Accounts Payable</b>	
2000 Accounts Payable	77,925
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>77,925</b>
200.10 Other Accounts Payable	25,127
<b>Total 200.00 Accts Payable &amp; Accrued Expenes</b>	<b>25,127</b>
2021 Accrued Payroll - Clinic	33,961
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	1,321
226 Deferred Revenue	141,647
<b>Total Other Current Liabilities</b>	<b>205,331</b>
<b>Total Current Liabilities</b>	<b>283,257</b>
<b>Long-Term Liabilities</b>	
2128.01 Deferred Capital Lease	1,562,291
2128.02 Deferred Utilities Reimbursement	2,837,709
2129 Other Third Party Reimbursement - Calaveras County	825,000
2210 USDA Loan - VS Clinic	6,764,507
<b>Total Long-Term Liabilities</b>	<b>11,989,507</b>
<b>Total Liabilities</b>	<b>12,272,763</b>
<b>Equity</b>	
290.00 Fund Balance	648,149
291.00 PY - Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-1,678,859
Net Income	-499,150
<b>Total Equity</b>	<b>18,190,778</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>30,463,542</b>

Investment & Reserves Report						
30-Sep-20						
	Minimum	6/30/2020	2020	2020	9/30/2020	Annual
Reserve Funds	Target	Balance	Allocated	Interest	Balance	Funding
						Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	3,092	2,203,092	
Capital Improvement Fund	12,000,000	2,934,975	0	4,125	2,939,100	
Technology Reserve Fund	1,000,000	1,000,000	0	1,406	1,001,406	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	3,374	2,403,374	
Loan Reserve Fund	2,000,000	2,000,000	0	2,811	2,002,811	
Reserves & Contingencies	19,600,000	10,534,975	0	14,808	10,549,783	0
		<b>2019 - 2020</b>		<b>Annualized</b>		
<b>CalTRUST</b>	<b>9/30/2020</b>	<b>Interest Earned</b>		<b>Rates</b>	<b>Duration</b>	
Valley Springs HWC - Operational Reserve Fund	2,203,092	3,092				
Capital Improvement Fund	2,939,100	4,125				
Technology Reserve Fund	1,001,406	1,406				
Lease & Contract Reserve Fund	2,403,374	3,374				
Loan Reserve Fund	2,002,811	2,811				
<b>Total CalTRUST</b>	<b>10,549,783</b>	<b>14,808</b>			1 Year or Less	
		<b>Five Star</b>				
General Operating Fund	105,979	136.94				
Money Market Account	1,993,945	4,980.78				
Valley Springs - Checking	129,300	46.92				
Valley Springs - Payroll	42,936	41.83				
<b>Total Five Star</b>	<b>2,272,160</b>	<b>5,206.47</b>			1 Year or Less	
		<b>Umpqua Bank</b>				
Checking	212,910	0.00				
Money Market Account	4,927	0.81				
Investments	1,514					
<b>Total Savings &amp; CD's</b>	<b>219,351</b>	<b>0.81</b>				
<b>Bank of Stockton</b>	<b>363,779</b>	<b>39.57</b>			1 Year or Less	
<b>Total in interest earning accounts</b>	<b>13,405,073</b>	<b>20,055</b>				
<b>Beta Dividend</b>		<b>1,200</b>				
<b>Total Without Unrealized Loss</b>		<b>21,255</b>				
<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. The report for this period does reflect any deviation from the District's Investment Policy.</p>						