



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

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

**Wednesday July 26, 2023
9:00am**

Agenda

Zoom – Public Invitation information is at the End of the Agenda

Mark Twain Health Care District Mission Statement

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

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

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

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

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting for June 21, 2023:
- Un-Approved Board Meeting for June 28, 2023:

B. Correspondence

- San Andreas Rotary Club Thank You - July 11, 2023:
- San Andreas Sanitary Dist. – Permit for Added Capacity - July 13, 2023

6. MTHCD Reports:

- A. President’s Report**Ms. Reed
 - **Association of California Health Care Districts (ACHD) June 2023 Advocate:**
 - **Meetings With MTHCD CEO:**
 - **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack
- B. MTMC Community Board Report:**.....Ms. Sellick
- C. MTMC Board of Directors:**.....Ms. Reed
- D. Chief Executive Officer’s Report**.....Dr. Smart
 - **General Comments:**
 - **MTMC Capital Improvement – Plan/Process:**
 - **401k Contribution:** Public Comment – **Action**
 - **Mi-Wuk Monument - Information:**
 - **Non-Electric Utilities – MTMC:**
 - **Strategic Planning & Projects Matrix:**
 - **Grant Report:**
 - **Programs Coordinator:**.....Ms. Dickey

- Robo-Doc
- Stay Vertical Calaveras
- AED For Life
- **VSH&W Center – Policies and Forms: Public Comment – Action**
 - Policies for July 2023 Valley Springs Health & Wellness Center:

New Policies

Periodontal Evaluation
 Standardized Procedure for Depo Provera Injection
 Toothache Policy

Revised Policies

Transfer Of Patient to A Hospital

Bi-Annual Review Policies (no changes to policy content)

Laboratory Electrical Safety
 Late Arriving Patients
 Laundry and Linen
 Medical Record Chart Audit Policy
 Non-Discrimination
 Non-Discrimination (Spanish)
 Organization of Nursing Personnel
 Patient With Urgent Complaint Or Distress
 Processing X-Ray Requests
 Registering Patient Complaints
 Scope of Services
 Staff Meetings
 Storage, Handling, and Delivery of Medications
 Threatening or Hostile Patient
 Waived Testing Hemoglobin A1C
 Waived Testing Hemoglobin
 Waived Testing - Fecal Occult Stool
 Waived Testing CoaguCheck XS PT
 Waived Testing Blood Glucose

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

- Clinic Overview: PowerPoint Presentation:
- Quality – June 2023:
- MedStatix – June 2023:

F. BHCiP – Round 5: Public Comment – Action – Roll Call Vote

Resolution 2023 - 06 Behavioral Health Continuum Infrastructure Program (BHCIP)

7. Committee Reports:

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

- **Financial Statements** – June 2023: Public Comment – **Action**
- **Reserve & Investment: From Finance Committee** - Presented for 30-Day Review:
 - Policy 25 – Reserves:

B. Ad Hoc Policy Committee Ms. Hack / Ms. Vermeltfoort

C. Ad Hoc Community GrantsMs. Sellick / Ms. Reed

- **Common Ground Senior Services:**

D. Ad Hoc Community Engagement Committee.....Ms. Reed

E. Ad Hoc Real Estate: Mr. Randolph

F. Ad Hoc Personnel Committee Ms. Reed / Ms. Vermeltfoort

- **Personnel Manual:** Public Comment – **Action**
- **Policy 18:** Presented 6-28-2023 for 30-day Review:
 - ◆ **Resolution 2023 – 05:** Compensation of the CEO Public Comment – **Action**

G. Closed Session: Chief Executive Officer (CEO) Annual Evaluation:

- **Public Performance Evaluation - Pursuant to Gov. Code Section 54957:**

H. Reconvene to Open Session:

- **Report of Action taken (if any) in Closed session:**

8. Board Comment and Request for Future Agenda Items:

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

- Angels-Murphys Rotary Shrimp Feed Sat. Aug. 19, 2023.
- ACHD 71st Annual Meeting Sept. 13-15, 2023.
- Barger Golf Outing- Sponsored by MTMC Foundation Sept. 17, 2023

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. August 23, 2023 at 9am.

10. Adjournment: Public Comment – Action

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: July 26, 2023 MTHCD Board of Directors Meeting

Time: Jul 26, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

[https://us02web.zoom.us/j/85272955908?](https://us02web.zoom.us/j/85272955908?pwd=eWVXSEVDOWpNZ3lzWWFpVjNzV0hIUT09)

pwd=eWVXSEVDOWpNZ3lzWWFpVjNzV0hIUT09

Meeting ID: 852 7295 5908

Passcode: 646713

One tap mobile

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• **+1 719 359 4580 US**

• **+1 312 626 6799 US (Chicago)**

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- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US

Meeting ID: 852 7295 5908

Passcode: 646713

Find your local number: <https://us02web.zoom.us/j/85272955908>



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**Special Finance Committee Meeting
 Mark Twain Medical Center Classroom 5
 768 Mountain Ranch Rd,
 San Andreas, CA**

Wednesday June 21, 2023

10:30am

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 10:31am

2. Roll Call:

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

Quorum – Yes

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

Motion to approve agenda by Mr. Randolph
Second: Ms. Hack
Ayes: 3
Nays: 0

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

Hearing none

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for May 17, 2023:

Correction on minutes for title of Bill to be AB133

Motion to approve consent agenda and correction of minutes by Mr. Randolph
Second: Ms. Hack
Ayes: 3
Nays: 0

6. Chief Executive Officer's Report:

- Capital Improvement Budget Update:

MTMC Capital Improvement Budget was discussed. MTHCD will present Capital Improvement Budget for discussion in Aug or Sept.

- BHCIP Application Update:

Governor Newsome will give a press release, Grant awards will be released after

- MTMC Window Upgrade:

Committee requesting the Window Project to go out for bid again.

- MTMC Utility Notice for calendar year 2022:

The 90-day notice to pay the non-electric overages per the lease will be given to MTMC this week.

7. Real Estate Review:

Correction to Rental Financial page. MOB rent Revenue is \$18,000. Stockton Cardiology is due for rent increase in Sept. MTMC due for rent increase Jul 1st.

8. Accountant's Report:

May 2023 Financials Will Be Presented: Public Comment – **Action**

May was a good month for the clinic.

Motion to approve May Financials with revised Rental Revenue and I&R Report by Mr. Randolph
Second: Ms. Bettinger

Ayes: 3

Nays: 0

- Proposed 2023-2024 Budget: Public Comment – **Action**

Changes by the Board of Directors to the Budget proposal in orange

Motion to approve recommendation of proposed budget to BOD by Mr. Randolph

Second: Ms. Bettinger

Ayes: 3

Nays: 0

9. Treasurer's Report:

Nothing to report

10. Comments and Future Agenda Items:

Requesting Doug Archer to come to the next meeting to explain the Capital Improvement Report supplied to the Committee.

11. Next Meeting:

Next Finance Committee Meeting will be July 19, 2023 at 9:00am

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

Motion to adjourn by Ms. Bettinger

Second: Mr. Randolph

Ayes: 3

Nays: 0

Time: 11:28am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: June 21, 2023 MTHCD Special Finance Committee Meeting

Time: Jun 21, 2023 10:30 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/85290285048?pwd=RWWwYStZelJhK3FJYm5rVy9ISUtGZz09>

Meeting ID: 852 9028 5048

Passcode: 701640

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- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US
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**Meeting of the Board of Directors
 Mark Twain Medical Center
 Classroom 5
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 9:00 AM**

Wednesday June 28, 2023

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UN- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Reed at 9:03am

2. Roll Call:

Member	In Person	Via Phone/Zoom	Absent	Time of Arrival
Linda Reed	X			
Debra Sellick	X			
Lori Hack	X			
Richard Randolph	X			
Johanna Vermeltoort	X			

Quorum **YES**

3. Approval of Agenda: Public Comment – Action

Dr. Smart: Section D of CEO report is information only.

Motion to approve agenda with corrections by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 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 for May 17, 2023:
- Un-Approved Board Meeting for May 23, 2023:

B. Correspondence

- Medical Board of California – Review of June 2, 2023.
- Robo-Doc - Thank You - Brianna Adams, LVN June 13, 2023
- Robo-Doc - Thank You - BH Nurses Office 6-14-2023
- Gabby Gomez - PA Progress Letter 6-14-2023

Motion to approve consent agenda and minutes by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

6. MTHCD Reports:

A. President's Report:

- **Association of California Health Care Districts (ACHD) June 2023 Advocate:**

- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

\$47mil grant for information exchange received 20 applicants. Next round of applications start July 15th 2023..

B. MTMC Community Board Report:

Board met and had a speaker on Conflict of Interest. May was a good month for the MTMC.

C. MTMC Board of Directors:

Meet & Greet for Woman's Health being held 6/29/23 at Camp's Restaurant. Pre-Registration required.

D. Chief Executive Officer's Report:

- **General Comments:**

Dr. Smart attended the Good Morning Calaveras breakfast put on by the Chamber of Commerce.

Recommended BOD attends future meetings.

Block grant applications through the Board of Supervisors open on July 31, 2023. Looking for \$230,000 to establish Behavior Health Navigator and Coordinator within the County.

MTHCD received a \$3.3 mil grant to expand the VSHWC Behavior Health Department

- **Programs Coordinator:**

- **Robo-Doc**

Consent for treatment forms have been made available for parents. Toyon and Calaveras High slated for carts in July. 91 Robo-Doc calls have come into the VSHWC. 95% of those students are staying in school. Average appointment lasted 9 min.

- **Stay Vertical Calaveras**

The program is currently running classes in San Andreas, Valley Springs, Murphys, Angels Camp, Arnold and Copperopolis. 8 instructors. Currently recruiting instructor for West Point.

- **AED For Life**

The task force met last week to gather inventory and locations of all AEDs already distributed throughout the County. Some community agencies seem to be willing to cost share where new AEDS units are needed.

- **Non-Electric Utilities – MTMC:**

90 days were given to MTMC to pay \$123k in non-electric overages for 2022 last week.

- **Strategic Planning & Projects Matrix:**

The Let's All Smile program is in preliminary discussions until Aug. 2023

- **Grant Report:**

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

- Policies for June 2023 Valley Springs Health & Wellness Center:

- New Policies**

- Scrub Allowance Policy

- Revised Policies**

- Appointment Scheduling

- Assessment and Treatment Planning

- Consent for Treatment 1.0

- Integrated Behavioral Health Peer Review

- Referrals to Community Service

- Depression/Anxiety Screening

- Bi-Annual Review Policies (no changes to policy content)**

- Adverse Medication Reaction

- After Hours Telephone Management

- Alternate Communications in Emergency Situations

- Answering A Phone Call

- Communication with Persons with Limited English Proficiency

- Conflict Of Interest

- Co-Signature of Mid-Level Medical Records

- Credit Card on File

- Critical Alert Value Notification

- Demonstrated Competency

- Emergency Ambulance Transfer

This Institution is an Equal Opportunity Provider and Employer

Minutes June 28, 2023 MTHCD Special Board Meeting

Equipment Management
Exam Table and Exam Room Cleaning And Disinfection
Exposure Control Plan
Flat Rate Fee Program
Fluoride Varnish for Medical Pediatric Patients
Formulary
Patient Privacy, Confidentiality & Release of Information

Motion to approve policies by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

E. VSHWC Quality Reports:

- Quality – May 2023:

2052 visits in May. 160 New Patients seen. No show rate down to 8%

- MedStatix – May 2023:

Patient satisfaction equal to or above the National Average in May.

7. Committee Reports:

A. Finance Committee:

- **Financial Statements** – May 2023: Public Comment – **Action**

The Balance Sheet shows a strong cash position. The Investment and Reserves Report is being revised as targets and allocations are out of date. Draft to come before the Finance Committee in July.

Motion to approve May Financial with I & R Report by Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

- **Proposed Budget for 2023-2024 FY:** Public Comment – Action

Motion to approve 2023-2024 budget by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

B. Ad Hoc Policy Committee:

No Meeting

C. Ad Hoc Community Grants:

Meeting following Board Meeting today

D. Ad Hoc Community Engagement Committee:

No Meeting

E. Ad Hoc Real Estate:

Rental increase notices mailed out to tenants

F. Ad Hoc Personnel Committee:

- Policy 18-Compensation of the Chief Executive Officer (CEO): For 30-day Review

8. Board Comment and Request for Future Agenda Items:

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

- Common Ground Sr. Serv Fundraiser - Summer Lovin July 22, 2023
- Angels-Murphys Rotary Shrimp Feed Sat. Aug. 19, 2023.
- ACHD 71st Annual Meeting Sept. 13-15, 2023.
- Barger Golf Outing Sept. 17, 2023

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. July 26, 2023 at 9am.

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

Motion to adjourn by Ms. Vermeltfoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

Time: 10:43am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: June 28, 2023 MTHCD Board of Directors Meeting

Time: Jun 28, 2023 09:00 PM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/86341693470?pwd=aWZiVVFxM0dTLzIQaXhFMkxvTUpxZz09>

Meeting ID: 863 4169 3470

Passcode: 619699

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- **+1 929 205 6099 US (New York)**
- **+1 301 715 8592 US (Washington DC) Meeting ID: 863 4169 3470**

Passcode: 619699

Find your local number: <https://us02web.zoom.us/j/86341693470?pwd=aWZiVVFxM0dTLzIQaXhFMkxvTUpxZz09>



San Andreas Rotary Club

PO Box 1011 San Andreas, CA 95249

President:
Lynette Martinez

Treasurer:
Scott Bur

Secretary:
Dave Schmedes

Mark Twain Health Care District
Board of Directors
P.O. Box 95
San Andreas, CA 95249

July 11, 2023

Re: The Calaveras Ragin Cajun Festival Sponsorship

To:
Rick Randolph
Debbie Sellick, CMP
Lin Reed, MBA-OTR
Lori Hack, MBA
Johanna Vermeltfoort, BSN

On behalf of the Rotary of San Andreas, we would like to sincerely thank the Mark Twain Health Care District for their generous sponsorship of \$5000 to our 2023 Ragin Cajun event. The proceeds from this event are provided to Hospice of Amador and Calaveras. Your generous donation supports their mission and end-of-life quality care for our community, patients and families.

Thank you again!

Respectfully,

A handwritten signature in black ink, appearing to read "N. Hiteshew".

Nancy Hiteshew

(209) 772-2968

San Andreas Sanitary District
675 Gold Oak, P.O. Box 1630 San Andreas CA 95249
(209) 754-3281

Conditional Permit for Added Capacity

Date: 7/17/2023

Owner: Mark Twain Health Care District (MTHCD) SASD Account #: SASD-1042

Mailing Address: Post Office Box 95, San Andreas, CA 95249

Location of Property: 768 Mountain Ranch Road APN #: 042-043-012-000

Wastewater Commercial Category: Group 6 (High Flow / High Strength)

Use of Property: Hospital

Previous Wastewater Capacity Assigned: 13,928 gallons per day

Additional Capacity Assigned: 3,572 gallons per day

New Total Capacity Assigned: 17,500 gallons per day

Effective Date of New Capacity: July 1, 2023

Conditions:

1. Per the Application Submitted by MTHCD dated 6/27/2023, and discussions with MTHCD Officials on May 8, 2023, and June 20, 2023, SASD is prepared to issue additional sewer capacity of 3,572 gallons per day (Three Thousand Five Hundred Seventy Two) to the MTHCD property for a new total of 17,500 gallons per day (Seventeen Thousand Five Hundred gallons per day), *contingent on SASD Board of Directors approval and the payment of capacity fee in accordance with the terms of this Permit.*
2. Capacity Fee for this Permit is calculated as follows:
\$68.28/gallon X 3,572 gallons = \$243,896.16, with three installments as noted below.
3. MTHCD shall pay \$121,948.08 for additional sewer capacity under this Permit on or before July 17, 2023 (representing 50% of \$243,896.16). MTHCD shall pay the remaining amounts in two equal installments of \$60,974.04 (representing 25% of \$243,896.16) annually which shall each be due and payable in full by July 10, 2024, and by July 10, 2025 respectively.
4. If MTHCD fails, for any reason, to pay for the additional sewer capacity in accordance with this Permit, any remaining unpaid sewer capacity granted under this Permit will be surrendered to SASD and MTHCD's Total Capacity will be reduced to reflect only the additional capacity that was duly paid by MTHCD in accordance with this Permit. If after unpaid sewer capacity is surrendered to SASD, MTHCD desires additional sewer capacity, MTHCD shall submit a new application in accordance with SASD's Ordinance and rates in effect at the time of application.
5. In the event the sewer discharge from MTHCD's Property exceeds the Total Capacity for the Property at any time in the future, MTHCD, or current owner, shall like all SASD customers, be required to pay a 25% service charge penalty, cease discharge beyond the authorized capacity, and apply for additional sewer capacity in accordance with SASD's Ordinance and pay the capacity charge in effect at that time.

6. MTHCD acknowledges that all additional capacity will be issued at the rate that is in place at time of application, and the rate is subject to change annually to keep pace with the construction cost index. Additional capacity is issued by the District on a first come/first serve basis, and there is no capacity reserved for the MTHCD beyond the terms of this permit.

Initial 50% Installment Capacity Fee Paid: _____, 2023 Check #: _____

Randy Smart, Mark Twain Health Care District
Owners Representative

Hugh Logan, District Manager
San Andreas Sanitary District

(Signature)

(Signature)



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate

July 2023

What's New This Month:

- Legislature Breaks for Summer Recess
- Advocacy Update
- Sponsor Insight: [Wipfli - Strategic Planning: A Refresher](#)

CEO MESSAGE

At the end of this week, the California legislature will break for summer recess. Lawmakers will return on August 14 for the remainder of this first year of the legislative cycle and have until September 14 to send bills to the Governor for his signature. Earlier this week, several high-priority bills continued to make their way through the process, while another has become a two-year bill. SB 525, which would require a statewide minimum wage for health care workers, passed out of Assembly Labor and Employment. It is headed to Assembly Appropriations, where it will be heard after the legislature returns in August. Late last week, AB 869, which would provide five additional years for small, rural and district hospitals to meet the 2030 seismic mandate, became a two-year bill. This means the bill is on pause for now, but can be taken back up in January when the second year of this legislative cycle begins. For a comprehensive summary of major activity in the past few weeks, see Sarah Bridge's update below.



Cathy Martin
Chief Executive Officer

ACHD is very excited for our upcoming [71st Annual Meeting: Moving Mountains Together](#). Not only have we secured a phenomenal Keynote Speaker in [Cheryl Strayed](#), but we are also excited about the return of **Gurpreet Dhaliwal M.D.** Dr. Dhaliwal is a clinician-educator and professor of medicine at the University of California San Francisco, and he will be presenting on future trends in health care. You may remember Dr. Dhaliwal from 2021 when he presented virtually at the Annual Meeting and received rave reviews. We are excited to welcome him in person this year. Register for the Annual Meeting and reserve your hotel room by August 15 to receive the Early Bird Discount and take advantage of room block pricing.

ACHD is still accepting award nominations for CEO, Trustee, and District of the Year. You can nominate a colleague or healthcare district [directly through our website](#) using our online submission form. Award recipients will be announced on **September 14 at the Annual Meeting Awards Reception** at the [beautiful Everline Resort and Spa](#).

Have a wonderful, healthy summer everyone and we hope to see you in Olympic Valley in September.



LEGISLATIVE UPDATE

This week has been jam packed with committee hearings as hundreds of bills were heard in policy committee. The legislature now adjourns for summer recess and will return on August 14 for the final month of session.

June 30 marked the Assembly's transition to new leadership. Assemblymember **Robert Rivas is now the Assembly Speaker**, and his changes were immediate. Notably, **Cecilia Aguiar-Curry** who has been chair of Assembly Local Government Committee, will now assume the role of Speaker Pro Tem and **Isacc Bryan** will now be the Majority Leader. Assemblymember **Juan Carrillo** will replace Aguiar-Curry as chair of the Assembly Local Government Committee. The chair of the Assembly Appropriations Committee remains Assemblymember Holden. However, we expect that to change following this session. Additionally, it is well known in Sacramento that although Holden retains this position, all decisions will be decided through Rivas's team. You can read about the [speaker transition here](#). A complete list of the new committee assignments can be viewed [here](#).

Budget: Managed Care Organization Tax (MCO)

In what is becoming common place for the California legislature, deals on the budget were being hammered out well after the constitutional deadline of June 15. Notably, the deal on the MCO tax was inked in the budget bills that came the following week. Though the MCO tax has been approved, details on how exactly those funds will roll out to providers is still being negotiated. Additionally, the tax was approved for five years, so we anticipate negotiations will continue regarding disbursement in the out years. The tax is housed in [AB 119](#) for those interested in reading through its provisions. The following is a high-level summary of the appropriations. As we get more details on how this funding will be released and provider specifics, ACHD will provide a summary based on district and funding type to help districts better understand what funding is available.

Hospitals:

- Additional one-time allocation of \$150M to the Distressed Hospital Loan Fund.
- A one-time allocation of \$50M for small and rural hospital seismic relief.
- Starting in 2025, \$600 million annually will go toward hospitals.
- Starting in 2025, appropriates annually \$500M to support inpatient facilities, hospital emergency departments.

Medi-Cal Increases:

- \$200M to support Medi-Cal rate increases for emergency department physicians.
- Increases provider rates to 87.5% of Medicare for primary, non-specialty mental health services, and maternity care- beginning in 2024.
- Starting in 2025, annually appropriates \$1.38B to Medi-Cal primary care providers.
- Starting in 2025, annually appropriates \$1.15B annually to increase Medi-Cal rates for specialists.

Other items:

- Funds \$500M toward family-planning services in both the Family PACT program and Medi-Cal.
- Funds \$75M for increased graduate medical education, to increase residency slots for primary and specialty care providers.
- Starting in 2025, annually appropriates \$150M to increase the health care workforce.

Bills of Note:

AB 1577 (Low): General acute care hospitals: clinical placements: nursing – ACHD Oppose Unless Amended

AB 1577 would require hospitals, at the direction of the community colleges, to make available the requested amount of slots by a community college within 30-miles of their district. In addition, the bill requires hospitals to report specified data on clinical placement slot availability. The bill was stopped in Senate Health and will now be a two-year bill eligible to move again in January.

AB 557: Local Agencies: Teleconferences- ACHD Support

AB 557 would eliminate the sunset on the emergency remote meeting procedures and adjust the timeframe for the resolutions passed to renew an agency's temporary transition to emergency remote meetings to 45 days. AB 557 has moved to the Senate Floor.

AB 869 (Wood): Hospital Seismic Safety – ACHD Support

[AB 869](#), which would provide relief to small, rural and district hospitals with regard to meeting the 2030 seismic mandate, is now a two-year bill. This decision was made by the author, who released [this statement on July 7](#). The bill is eligible to move again in January. In the meantime, ACHD will assess other options addressing this pressing issue for our membership.

[SB 525 \(Durazo\): Minimum Wage: Healthcare Workers - ACHD Oppose](#)
[SB 525](#), which would create a statewide healthcare worker minimum wage, made it out of the Assembly Labor and Employment Committee on Wednesday. Since making it off the floor in the Senate, the bill has been amended only once removing waste management workers. In related news, the new speaker of the Assembly, Robert Rivas, indicated he supports the proposal, though he is only officially quoted as saying he wants to be respectful of the process. You can read about his [interview here](#).

SPONSOR INSIGHT

Wipfli has published [Strategic Planning: A Refresher](#)

WIPFLI

Strategic planning is an exercise every leader understands is important but is often overlooked as a foundational tool to attract and retain talent. As organizations continue to face labor and talent issues, leadership must use critical tools available. And strategic planning is one tool. Strategic planning allows team members to understand where your organization is headed, why certain decisions are being made, and their role in the process.

Examine some simple concepts by [clicking the link here](#).

UPCOMING EVENTS

[ACHD's 71st Annual Meeting](#)
Moving Mountains Together
September 13-15, 2023



Register for ACHD's 71st Annual Meeting

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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



District 401K Contribution for 2023

	2019/2020	2020/2021	2021/2022	2022/2023
Employee contribution	10,532.33	45,317.11	55,500.38	74,700.25
District Options:				
3%	315.97	1,359.51	1,665.01	2,241.01
4%	421.29	1,812.68	2,220.02	2,988.01
5%	526.62	2,265.86	2,775.02	3,735.01
6%	631.94	2,719.03	3,330.02	4,482.02
7%	737.26	3,172.20	3,885.03	5,229.02
8%	842.59	3,625.37	4,440.03	5,976.02
9%	947.91	4,078.54	4,995.03	6,723.02
10%	1,053.23	4,531.71	5,550.04	7,470.03

Board Approved in yellow

Column 2022-2023 (above) indicates the total amount contributed this fiscal year by employees.

The yellow indicates the contribution percentage voted by the BOD to those that had contributed the last 3 fiscal years.

GRANT SUMMARY

GRANT #	GRANT	DESCRIPTION	AMOUNT	RECEIVED	SPENT	REPORTING DEADLINE	REPORTING	STATUS	AUDIT	NOTES
8	CHC	RURAL INTERNET (NON-COVID)	\$ 38,230.41	\$ 37,156.29	\$ 38,230.41	On Going	Monthly	RECEIVED	CHC	Paid to CHC \$9,682.01
9	ANTHEM (NON-COVID)	LIST BELOW	\$ 182,500.00	\$ 155,918.30	\$ 90,914.32		Some	PORTION RECEIVED	NO	9 projects w/reporting Need 1 More Unit
		ABPM	\$ 5,000.00	\$ 5,000.00	\$ 2,019.30		10/20/2021	RECEIVED		
		Student Vaccinations	\$ 35,000.00	\$ 8,418.30	\$ 9,170.30		WEEKLY	RECEIVED		
		Mammography	\$ 2,500.00	\$ 2,500.00	-			RECEIVED		
		P.S.D.A	\$ 20,000.00	\$ 20,000.00	-			RECEIVED		
		ConferMed	\$ 15,000.00	\$ 15,000.00	-	12/31/2023	None	RECEIVED		Online Referrals
		COVID Messaging	\$ 25,000.00	\$ 25,000.00	-			RECEIVED		LED Sign - VSHWC
10	CCI (NON-COVID)	Advancing BH Equity in Primary Care	\$ 75,000.00	\$ 66,250.00	\$ -	8/17/2021	9/20/2021	PORTION RECEIVED		
11		Lost Revenue	\$ 49,193.31	\$49,193.31	\$49,193.31	9/30/2023		RECEIVED 2/24/22		Recalculating Request Payment
14	HEALTHNET	Back to School	\$ 6,000.00	\$ 6,000.00	\$ -			RECEIVED		RoboDoc - T. Cook hrs.
15	HEALTHNET	Behavior Health	\$ 25,000.00	\$ -	\$ -	4/28/2023 - written	Midterm/Final	Approved	Possible	#SG2211 - Centene
16	HEALTHNET	RoboDoc	\$ 15,000.00	\$ 15,000.00	\$ -		None	RECEIVED		to support Community programs - Centene
17	CDPH (T2T)	(PHC) Physicians for Healthy Ca.	\$ 140,707.00	\$ 126,636.30	\$ 140,707.00	7/15/2023	DONE	Use Funds by 9/30/23	YES	Test 2 Treat
18	ANTHEM	Recruiting	\$ 50,000.00	\$ 50,000.00	\$ 37,000.00			RECEIVED		
19	CPPA	Energy	\$ 30,000.00	\$ -	\$ -			Pending		
20	DXF	Data Exchange	\$ 50,000.00	\$ -	\$ -	2026	Yes	Pre-Application		
21	BHCIP	BH Expansion	\$ 3,322,198.00	\$ -	\$ -		Yes	Approved		VSHWC BH Expansion
22	FEMA # 3	Storm Damage	\$ 18,269.06	\$ -	\$ -			SUBMITTED		Tree Damage
23	CCI #2	Advancing BH	\$ 10,000.00	\$ 10,000.00	\$ 14,072.00	9/1/2023	Yes	RECEIVED		
24	Centene	?	\$ -	\$ 48,786.02	\$ -			RECEIVED 7/17/23		
TOTALS			\$4,805,793.18	\$1,368,635.61	\$1,305,796.18					

7/20/2023

2:20PM

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

POLICY: Periodontal evaluation	REVIEWED: 6/14/2023
SECTION: Dental	REVISED:
EFFECTIVE: 7/26/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patients with periodontal disease.

Objective: To follow up on the treatment after scaling and root planning is completed.

Response Rating:

Required Equipment:

- Basic dental set up.
- Periodontal probe

Things to be assessed:

- Periodontal healing
- Periodontal measurements
- Visible caries that were difficult to see prior to scaling and root planning treatment

Reasons: To make sure the patient is healing well from the scaling and root planning. After the gingiva has healed and calculus has been removed there may be more visible caries. Some teeth may be mobile before scaling and root planning but after treatment the ligament will tighten, and the teeth will stabilize. A new periodontal measurement will need to be done.

Scheduling: Make the appointment with the dentist 2 weeks after scaling and root planning is completed.

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

POLICY: Standardized Procedure for Depo Provera Injection	REVIEWED: 6/21/23
SECTION: Standardized Procedures	REVISED: //
EFFECTIVE: 7/26/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized Procedure for Depo Provera Injection

Objective: To establish guidelines for Medical Assistants to provide subsequent injections for patients receiving Depo Provera Injections for Birth Control

Response Rating: Administration of Medication – Nursing Staff (RN, LVN, MA)

Required Equipment: UA Pregnancy Testing, Medication, IM Injection supplies.

Procedure:

Temperature Requirements: DO NOT REFRIGERATE Should be kept at room temperature (67-77 degrees F)

1st Time Injection for Patients:

1. After being provided with appropriate training, an MA may administer an IM injection of Depo Provera that has been ordered by a provider.
2. Prior to a patient's 1st injection of Depo Provera, the MA must perform a pregnancy test. The patient will receive an initial consultation with the provider, if it is determined that it is an appropriate form of birth control, the provider will order the Depo Provera with 3 refills (for q 3-month injections) through the patient's preferred pharmacy.
3. The patient will schedule a Nurse visit, returning with the medication.
4. The patient should be advised to pick up the Depo Provera medication immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication.
5. Using the usual protocol of checking and verifying medication, the MA can then administer the Depo Provera medication as an IM injection.
6. Please have the patient wait 10 minutes prior to leaving the facility to ensure there is no (adverse) reaction.
7. The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

Patients Returning for Q 3 Month Injections

1. Patients returning for subsequent Depo Provera injections may make Nurse visit appointments q 3

months to receive the next injections. After 1 year (a total of 4 injections) the patient must schedule an appointment with their provider to check BP and to follow-up with other healthcare needs.

2. When the patient arrives with their medication, picked up immediately prior to the appointment to prevent any decrease in effectiveness (due to temperature requirements) to the medication, the MA will perform a urine pregnancy test to verify the patient is not pregnant, even if the patient is within the “window”.
3. Upon verification of a negative pregnancy test, the MA may proceed with the Depo Provera injection, IM, utilizing the proper medication verification procedure.

The MA will document per protocol on the medication injection, including medication provided, lot number, expiration date, who the medication was verified by and administered by, location of injection, how the patient tolerated the injection.

General Information:

- Depo-Provera CI is given as a shot into the muscle (intramuscular injection). The shot is given in the buttock or upper arm 1 time every 3 months. At the end of the 3 months, the patient will need to return to their healthcare provider for the next injection to continue protection against pregnancy.
- **To make sure that the patient is not pregnant before administration of Depo-Provera CI, the first injection should be given only:**
 - during the first 5 days of a normal menstrual period, or
 - within the first 5 days after giving birth, **if the patient is not breastfeeding**, or
 - at the 6th week after giving birth, **if the patient is feeding their baby only breastmilk.**
- Depo-Provera CI may be given at other times than those listed above, but the patient will need to have a pregnancy test first to show that they are not pregnant.
- During treatment with Depo-Provera CI, the patient should see their healthcare provider every year for a blood pressure check and other healthcare needs.

<https://www.pfizermedicalinformation.com/en-us/depo-provera-ci-next-injection-date-calculator>

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

POLICY: Toothache Policy	REVIEWED: 6/14/2023
SECTION: Dental	REVISED:
EFFECTIVE: 7/26/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patients with moderate to severe toothache.

Objective: To make sure our patients have exceptional care.

Response Rating:

Required Equipment:

Symptoms:

- Patient has severe pain.
- Swelling
- Fever
- Waking up at night from the pain.

Scheduling: Make sure to offer an appointment to the patient within 24 hours. If they are unable to get into dental, then schedule them in medical. They also have the option to do a walk-in appointment. Advise the patient that if the swelling increases or they have difficulty swallowing, breathing, or severe swelling then they need to go to the emergency room as soon as possible. If it's a Friday and they cannot make it into the facility, then advise the patient to go to the emergency room.

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

POLICY: Transfer Of Patient To A Hospital	REVIEWED: 3/1/19; 2/25/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20; <u>7/06/23</u>
EFFECTIVE: <u>6/29/22</u> / <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Transfer of the Patient to a Hospital

Objective: To ensure safe transport of a patient to the hospital with copies of all medical documentation.

Response Rating: Severe

Required Equipment: Patient chart, labs, pertinent paperwork, x-rays, Transfer Form, etc.

Policy: Patients requiring transport to the hospital should be informed of this decision by the practitioner. The practitioner will determine the appropriate mode of transportation based on patient condition.

The following guidelines should be followed prior to transport:

1. Call 911 as ordered by the practitioner.
2. All attempts to stabilize the patient prior to transport will be made by the practitioner and staff, in collaboration with EMS.
3. The practitioner will decide if the patient may be transported by private vehicle or ambulance.
4. Patients are to be properly prepared for transport with valuables given to family members or charge member of the ambulance.
5. AMA form will be completed and signed by patient or family member if the patient declines to go to the emergency room via the recommended transport or if they decline to go at all.
6. Copies of all test results and medical records should be made and given to the patient or charge member of the ambulance. If x-ray copying services are available, a copy of the film should be given to the patient. Original films should not be given out.
7. If being transferred by ambulance, the practitioner will provide the transport team with a verbal status report of the patient's condition.

Transfer of Patient to a Hospital
Policy Number 189

Formatted: List Paragraph, No bullets or numbering, Widow/Orphan control, Adjust space between Latin and Asian text, Adjust space between Asian text and numbers

7.8. If the patient is being transported to the ER via private vehicle, the Practitioner will call and provide verbal report to the ER prior to the patients arrival.

Note: It is against Clinic policy for staff members to transport patients in private vehicles. If transport is non-emergency and all other alternatives for travel exhausted, the patient should be transported to the hospital by a taxi or other commercial mode.

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

POLICY: Laboratory Electrical Safety	REVIEWED: 11/12/18; 2/18/20; 5/21/21; 5/5/22; <u>7/06/23</u>
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 6/29/22 / <u>26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Laboratory Electrical Safety

Objective: To present an overview of the Laboratory electrical safety policy.

Response Rating: Mandatory

Required Equipment:

Procedure:

All employees will be educated in and follow these guidelines for electrical safety:

- All electrical equipment will be regularly inspected and serviced per the Clinic's preventive maintenance program.
- All employees will be trained in the proper handling and operation of equipment prior to use.
- All electrical equipment will be inspected prior to use. If any damage is noted to the electrical cords, junction, or casing, do not use.
- Never use electrical equipment on wet surfaces.
- Never yank electrical cords from outlets.
- Never leave electrical cords across walkways or door openings.
- Never use electrical equipment that does not have a grounded plug.
- All laboratory instruments and appliances are adequately grounded and checked for current leakage before initial use, after repair or modification and when a problem is suspected. If a new instrument is installed or initially checked by the manufacturer, the laboratory will have the required check performed at the next preventive maintenance cycle.
- Charging cords will not be left in the outlet with an exposed connector.

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

POLICY: Late Arriving Unscheduled Patients	REVIEWED: 4/28/19; 2/19/20; 5/21/21; 5/5/22; <u>7/06/23</u>
SECTION: Operations	REVISED: 3/27/17; 7/10/18; 2/19/20; 5/25/22; <u>7/06/23</u>
EFFECTIVE: <u>6/29/22/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Late Arriving Patients

Objective: To ensure effective operation of the Clinic and to reduce unnecessary overtime costs, the Clinic will not schedule patient appointments after 4:30pm and will not register patients for care after 4:30pm unless the patient has a medical emergency. Patients will be expected to arrive at the Clinic promptly relative to their appointment time.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. The Clinic electronic scheduling module will support the scheduling of physical examinations, appointments for acute illness, follow-up, and health maintenance visits.
2. Patients will be expected to arrive promptly for their appointments.
 - a. If a patient arrives more than 10 minutes late for their medical appointment, or 7 minutes late for their Dental appointment, reception may ask the provider if there is time to see the late patient, if not, the late patient will be rescheduled.
 - b. Patients will be advised that tardiness will be tracked and, if habitual, will affect the patient's ability to schedule appointments in the future.
2. Adult and Child comprehensive physical examinations will not be scheduled after 4:00pm. Sports physicals may be performed after 4:00pm with confirmation from the practitioner.
3. Patients arriving at the Clinic without an appointment after 4:30pm with an acute complaint will be assessed by the registered nurse or provider on duty -who will:
 - a. Assess chief complaint
 - b. Take and document vitals signs, if indicated.

In absence of a registered nurse or provider, the licensed vocational nurse or medical assistant will document chief complaint and vital signs.

4. The registered nurse, licensed vocational nurse, or medical assistant will consult with the practitioner and present chief complaint and vital signs information.
5. Patients with urgent medical complaints will be triaged/seen by a medical practitioner:
 - a. Acute chest pain
 - b. Acute abdominal pain
 - c. Active labor
 - d. Disabling headache
 - e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
 - f. Uncontrollable vomiting
 - g. Uncontrollable bleeding
 - h. Possible fracture
 - i. Head trauma
 - j. Shortness of breath
 - k. Altered mental status
 - l. Critical values on vital signs
 - m. Dental abscess/pain
6. Patients with urgent dental complaints will be seen by the dentist:
 - a. Dental abscess/pain
 - b. Broken tooth
 - c. Facial swelling
 - d. Facial pain

If the dentist is not present, schedule a same day appointment with a medical practitioner, if unable to be seen by a provider, advise the patient to go to the ER.

7. Patients whose complaints are not deemed medically urgent will be scheduled for an appointment on the following day.
8. Patients requesting medication refills will be scheduled for an appointment on the following day.

9. Patients requesting physician “school notes” will have their medical record researched to determine whether they were seen by a Clinic practitioner during the timeframe in question. If the patient was seen, the previously provided note will be re-printed. If the patient was not seen, the Clinic will decline to provide a “school note”.

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

POLICY: Laundry and Linen	REVIEWED: 11/12/18; 2/18/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Operations	REVISED: 2/18/20
EFFECTIVE: 6/29/22 / <u>26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Laundry and linen

Objective: To ensure use of sanitary gowns, drapes, and other laundry/linen, wherever possible disposable patient gowns, drapes, and sheets will be utilized.

Response Rating:

Required Equipment:

Procedure

1. Disposable patient gowns will be available in a variety of sizes, consistent with the patients served in the Clinic.
2. Disposable drapes will be available in a variety of sizes, consistent with the procedures performed in the Clinic.
3. Disposable table paper will be utilized to cover examination tables/chairs and will be replaced between patients.
4. Disposable will be utilized to cover any gurney located in the Clinic and will be replaced between patients.
5. Should cloth sheets be utilized, soiled sheets will be placed in a covered soiled laundry bin which will ~~be located in~~be in the locked housekeeping closet.

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

POLICY: Medical Record Chart Audit Policy	REVIEWED: 6/15/22; <u>7/06/23</u>
SECTION:	REVISED:
EFFECTIVE: <u>8/31/22/26/23</u>	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Medical Record Chart Review

Objective: To ensure accurate and complete charting is performed

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Medical Record Chart Audits will be performed using the most current Anthem Blue Cross Managed Medi-Cal Standards Tool and chart audit forms.
2. Charts will be audited at a minimum of 3 charts per Provider quarterly.
3. Chart audits may be completed by any Provider, RN or Medical Assistant or designee and, upon completion, will be submitted to the Clinic Manager for further review and record keeping.
4. The data will be reviewed at QAPI meetings.
5. Feedback will be provided to the audited employees and/or Providers with corrections and possible retraining, to eliminate problem areas.

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

POLICY: Non-Discrimination	REVIEWED: 11/9/18; 5/04/21; 5/6/22; <u>7/06/23</u>
SECTION: Civil Rights	REVISED: 5/04/21
EFFECTIVE: <u>6/29/22</u> / <u>7/26/23</u>	MEDICAL DIRECTOR: Randall Smart MD

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 the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity 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.

Required Equipment: None
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

Voice (800) 735-2922

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

POLICY: Non-Discrimination Spanish	REVIEWED: 11/9/18; 5/04/21; 5/6/22; <u>7/6/23</u>
SECTION: Civil Rights	REVISED: 5/04/21
EFFECTIVE: 7/26/23	MEDICAL DIRECTOR: Randall Smart MD

Asunto: No discriminación

Objetivo: Como receptora de asistencia financiera federal, la Clínica no excluye, niega beneficios ni discrimina de ningún otro modo a ninguna persona por su incapacidad de pago; si el pago de esos servicios se haría bajo Medicare, Medicaid o CHIP; la raza, el color, el sexo, el origen nacional, la discapacidad, la religión, la edad, la orientación sexual o la identidad de género de la persona en la admisión, participación o recepción de los servicios y beneficios bajo cualquiera de sus programas y actividades, ya sea llevados a cabo por el Clínica directamente o a través de un contratista o cualquier otra entidad con la que la Clínica acuerde llevar a cabo sus programas y actividades.

Equipo Requerido: Ninguno Procedimiento

Esta declaración está de acuerdo con las disposiciones del Título VI de la Ley de Derechos Civiles de 1964, la Sección 504 de la Ley de Rehabilitación de 1973, la Ley de Discriminación por Edad de 1975 y las Regulaciones del Departamento de Salud y Servicios Humanos de los EE. UU. emitidas de conformidad con estas estatutos en el Título 45 Código de Regulaciones Federales Partes 80, 84 y 91.

En caso de preguntas, comuníquese con: Nombre del centro: Centro de Salud y Bienestar de Valley Springs

Persona de contacto/Coordinadora de la Sección 504: Tina Terradista (Gerente de la clínica)

Número de teléfono: 209-772-7070

Número de retransmisión estatal:

Servicio de retransmisión de California:

(Para personas sordas o con dificultades auditivas)

TTY/TDD

Marque 711 o

TTY/TDD en inglés (800) 735-2929

TTY/TDD en español (800) 855-3000

Voz (800) 735-2922

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

POLICY: Organization o f Nursing Personnel	REVIEWED: 7/1/19; 5/04/21; 5/6/22; <u>7/06/23</u>
SECTION: Workforce	REVISED:
EFFECTIVE: 6/29/22 / <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Organization of nursing personnel

Objective: Under the direction of the Clinic Manager, who functions as the liaison between nursing personnel and the medical staff, nursing care is delivered according to policies and procedures which have been authorized by the Medical Staff and the Governing Body.

1. To clarify administrative and supervisory responsibilities for nursing personnel.
2. To delineate areas of responsibility.
3. To clarify determination of nursing care hours.
4. To determine the evaluation of patient care.
5. To identify the methods used for patient care delivery.

Response Rating:

Required Equipment:

Procedure:

1. Nursing hours are determined based on the Clinic's hours of operation. A physician or a nurse practitioner/physician assistant will remain in the Clinic during hours of operation.
2. Nursing staff is organized according to the details outlined in the approved job descriptions, which define staff relationships and details of responsibility for each category of nursing personnel.
3. Nursing Administrative personnel
 - a. The Clinic Manager has 24-hour responsibility for the administration of the Clinic.
 - b. The Manager's designee shall be appointed to act in the absence of the Manager. The Medical Director and staff will be notified of the designee in the absence of the Manager.
 - c. Staff, licensed nurses, and Medical Assistants are delegated nursing care responsibilities by the ~~physician providers~~ and the Clinic Manager.

4. Evaluation of Nursing care to determine quality and appropriateness of nursing care will be completed using the following methods
 - a. Review of incident reports
 - b. Quality Assurance Program
 - c. Patient needs satisfaction (verbal and/or written)
 - d. Nursing staff needs satisfaction (verbal and/or written)
 - e. Medical Staff needs satisfaction (verbal and/or written)

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

POLICY: Patient With Urgent Complaint Or Distress	REVIEWED: 7/1/19; 2/14/20; 5/04/21; 5/6/22; <u>7/06/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: <u>6/29/22/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Patient with Urgent Complaint or Distress

Objective: To assure patients with urgent medical conditions are directed to care as required based on their medical condition.

Response Rating:

Required Equipment:

Procedure:

When a patient presents to the Clinic with an urgent complaint or in distress:

1. Registration personnel will immediately request the nurse and direct the nurse to the patient in question.
2. The nurse will follow the current Initial Patient Contact and Medical Emergency policy.
3. If the patient is accompanied by a friend or family member, ask that individual for patient demographic information ~~so as to~~ complete a registration and open the EMR for use.
4. If the patient is unaccompanied or their companion is unable to provide the requested information, obtain the information from the patient after the practitioner has seen them and they are deemed able to respond to queries.
5. If the patient is unable to complete a sign in sheet, personnel may interview the patient and obtain the information verbally and enter that information into the EMR.
6. If the patient is in extreme distress/duress provide ~~life-saving~~ lifesaving treatment and call 911. Input of demographic information into the EMR becomes a low priority task.

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

POLICY: Processing X-Ray Requisitions	REVIEWED: 2/1/19; 3/1/20; 5/21/21; 5/6/22; 7/06/23
SECTION: Patient Care	REVISED: 3/1/20; 5/21/21
EFFECTIVE: 6/29/22 /26/23	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Processing X-Ray Requisitions

Objective: To ensure efficient and timely processing of radiology orders and the subsequent access to newly available images.

Response Rating:

Required Equipment:

Procedure:

1. Confirm that patient has been registered at the registration desk.
2. Confirm and ~~Identify~~identify correct patient
3. Upon receipt of any x-ray request/order, -the tech opens the order on the Viztech System computer.
-
4. Take images as ordered then transfer the images to Novarad PACS.
5. For Clinic patients, after images have been taken:
 - a. Track exams in the EMR (click on x-ray check exam complete)
 - b. Notify provider that the x-rays are ready on the patient (specify)
6. All x-ray requests are -located ~~at~~in the PACS System for radiologist reference.
7. Copy of completed order is given to billing for confirmation purposes.
8. Upon reading, report is -sent from PACS -to the EMR for review by the ordering provider.
-

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

POLICY: Registering Patient Complaints	REVIEWED: 2/1/19; 12/26/19; 2/14/20; 3/5/20; 5/21/21;5/6/22; <u>7/06/23</u>
SECTION: Operations	REVISED: 12/26/19; 2/14/20; 3/5/20
EFFECTIVE: 6/29/22 <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Patient complaints

Objective: To give consideration of all complaints and concerns and correct processes that are problematic, all patient complaints and concerns will be addressed in a timely manner.

Response Rating:

Required Equipment: Clinic patient complaint form; patient complaint forms provided by payor groups

Procedure:

1. Patient complaint regarding billing
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will explain the charges and insurance billing procedure.
 - c. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Biller(s) for further breakdown of charges.
 - i. If the Biller(s) is not available, the Clinic Manager will speak with the patient.
 - d. If patient concerns are not resolved to the patient's satisfaction, the patient will be referred to the Chief Executive Office for problem resolution.

2. Patient complaint regarding services rendered
 - a. Patients will be given access to the appropriate patient complaint forms and advised/assisted in the completion and submission of said form.
 - b. The registration staff will refer patient and complaint to the Clinic Manager who will review and explain services rendered and attempt to resolve the patient's complaint.

- c. If the patient is not satisfied with the Clinic Manager's explanation, the patient and their complaint will be referred to the attending physician, dentist, or mid-level provider for review and recommendation for resolution.
 - d. If the patient is not satisfied with this explanation, the patient will be referred to the Executive Director for further discussion.
 - e. All patient complaints are to be routed to the Clinic Manager, regardless of their resolution status, so that the Clinic Manager can review complaints and determine whether changes in clinic operations are required.
 - f. Complaints will be included in the QAPI meeting agenda and addressed in that venue.
3. Patient complaint regarding Section 504 issues
 - a. Refer to Section 504 Grievance policy
 4. Patients will have access to the Patient Grievance forms specific to their insurance carrier. Upon request, these forms will be provided to the patient.
 5. Patient grievances will be ~~analyzed~~analyzed, and trends identified as part of the Clinic Annual Review process with findings and recommendations shared with the leadership team.
 6. Patients are requested to contact Clinic Manager, the Clinic's accreditation agency should they have a complaint or grievance. Clinic Manager can be reach by telephone at 209-772-7070 or via the internet via <https://www.mthcd.org/valley-springs-health-wellness-center/vshwc.org>.

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

POLICY: Scope of Services	REVIEWED: 11/8/18; 10/14/20; 8/25/21; <u>7/06/23</u>
SECTION: Civil Rights	REVISED:
EFFECTIVE: <u>9/29/21</u> / <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

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~~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~~overread 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~~causes 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~~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 Manager, Executive Director and any other assigned personnel.

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

POLICY: Staff Meetings	REVIEWED: 2/1/19; 3/5/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Operations	REVISED: 3/5/20
EFFECTIVE: <u>6/29/22</u> / <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Staff meetings

Objective: To ensure timely communication, knowledge-sharing, and issue resolution amongst all Clinic personnel in a leadership managed setting, mandatory, scheduled, agenda-driven staff meetings will be conducted on a regular basis, with advance notice to staff members, ensuring maximum participation.

Response Rating:

Required Equipment:

Procedure

1. Staff meetings will be scheduled on a routine basis, typically the first Wednesday of each month, at at the same time as the Medical Staff meeting so as not to interrupt the Clinic’s patient care schedule.
2. An agenda will be prepared in advance of each meeting, comprised of old business (not resolved at previous meetings) and new business.
3. Attendance will be taken at each meeting.
 - a. Employees may be absent from a meeting if they are ill, on a leave of absence, or vacation.
 - b. Employees not able to attend for one of the reasons noted above will review meeting minutes and sign-off.
 - c. Employees must attend a minimum of 10 mandatory meetings each year.
4. Minutes will be prepared during each meeting and made available to staff for their reference and for review if the staff member was absent from the meeting.
5. Staff is encouraged to offer agenda items to the Clinic Manager for inclusion on the meeting agenda.
6. Staff is encouraged to actively participate in each meeting, offering insight and recommendations.

7. Meetings may contain educational components relative to Clinic operations, new programs or devices, software, and/or technology.
8. The agenda may include outside speakers/presenters in addition to Clinic personnel.

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

POLICY: Storage, Handling, and Delivery of Medications	REVIEWED: 7/1/19; 2/18/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Medication Management	REVISED: 2/18/20
EFFECTIVE: 6/29/22 <u>7/26/23</u>	MEDICAL DIRECTOR:

Subject: Storage, handling, and delivery of medications

Objective: To ensure the safe storage and management of medication in the Clinic.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

Storage and Control

1. All pharmaceuticals are stored according to the manufacturer’s recommendations or, in the absence of such recommendations, according to a pharmacist’s instructions.
2. All pharmaceuticals are stored under proper environmental conditions (i.e., proper temperature, light, humidity, conditions of sanitation and segregation).
3. Storage areas must be secure, fixtures and equipment used to store drugs will be constructed to limit access only to designated and authorized personnel.
4. Proper consideration is given to the safe storage of poisons and flammable compounds.
5. Internal medications are stored separately from external medications.
6. Non-medications and flammables are not to be stored in medication refrigerators.
7. Room Temperature – Room temperature, as it applies to medication storage shall be between 15°C (59°F) and 30°C (86°F). Medication rooms and drug storage area temperatures will be maintained within this range. A log will be maintained for each medication room to document the temperature daily. Clinic Manager and/or Designee will be notified immediately if the temperature in the storage area falls below or is above this specified range. Medications will be relocated to another storage area until the problem is corrected. The Clinic Manager will be consulted to insure proper relocation.

8. Refrigerator Temperature - Refrigerator temperature, as it applies to medication storage shall be between 2.0°C (36°F) and 8.0°C (46°F). Medication refrigerator temperatures will be maintained within this range.
9. If the temperature is not within the specified range, the Clinic Manager will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. Action(s) taken will be documented ~~either directly~~directly on the Refrigerator Temperature Log.
 - a. Freezer Temperature - Freezer temperature, as it applies to medication storage shall be below -20°C (4°F). Medication freezer temperatures will be maintained within this range. A log will be maintained for each medication freezer to document the temperature daily. If the temperature is not within the specified range, the Clinic Manager and/or Designee will be notified immediately. Medications will be relocated to another storage area until the problem is corrected. The manufacturer will be consulted to insure the proper relocation of medications. Action(s) taken will be documented either directly on the Freezer Temperature Log or through a Plant Maintenance Work order or an Incident Form.

Note: *Only freezers rated for cryogenic temperatures (below -20°C) are acceptable for medication storage. Freezer compartments of refrigerators are not acceptable for medication storage.*

11. Each refrigerator/freezer will have a serviceable temperature-recording device capable of monitoring temperatures within the range required.
 - a. For all medication refrigerators and freezers within the organization, it is the responsibility of the Clinic Manager or designee to check and document the temperature twice daily.
 - b. Medication Rooms – Medication room(s) are to remain locked at all times. Only authorized personnel will have access to medication room(s). Authorized personnel will include, but are not limited to Providers, Registered Nurses, Licensed Vocational Nurses, ~~and~~ Medical Assistants, and Dental Assistants. Other employees needing access to a medication room must be given authorization by Clinic leadership.
 - c. Med Dispense – Lockable medication cabinets are used to store unit-of-use medications in the patient medication dose system. These medication cabinets will be locked when not attended. Access to medication cabinets will be limited to designated clinical staff. The Med Dispense cabinets maintain control and storage of medications and ~~keeps~~keep specific documentation of all transactions in regards to distribution and administration.

Medical Sales Representatives

1. Medical Sales Representatives are restricted from any non-prior approved activities at the Clinic. All representatives MUST sign-in with the Clinic Manager and are allowed ONLY to the Clinic if approved by the Clinic Manager and/or Medical Director. Medical Sales Representatives are restricted from promoting their products and/or services anywhere within Clinic without PRIOR approval from the Medical Director.

Distribution of Medications

1. The Clinic will obtain all drugs in single unit of use (unit dose) packaging whenever practical.
 - a. Medications are contained in, and administered from, single unit or unit dose packages.
2. Medications are dispensed in ready-to-administer form to the extent possible.
3. For most medications, not more than a 14 ~~days~~days' supply of doses is provided to or available at any time.

Ordering to Meet Par Level Minimums

1. The Clinic will maintain a formulary that is approved by Medical Staff.
2. Clinic Leadership, in cooperation with the Medical Director, will establish par levels for each medication listed on the formulary.
3. After placement of the initial order, re-orders will be achieved by obtaining use data from the Medication Management System machine and refilling inventory based on use as identified by the Medication Management System report.
4. During regular pharmacy inspections/audits of the Clinic, inventory will be audited to ~~insure~~ensure counts are accurate based upon use/waste of medications.

Emergency Medications

1. Based on a list developed and approved by the Medical Staff, an inventory of emergency medications will be maintained in both the adult and pediatric crash carts
2. In keeping with Clinic policy, Crash Carts will be checked for inventory status and outdates on a monthly basis and after each use of the cart, with each inventory check documented and the documentation retained as a part of the active Quality Assurance/Performance Improvement program.

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

POLICY: Threatening Or Hostile Patient	REVIEWED: 3/1/19; 2/14/20; 5/04/21; 5/6/22; <u>7/06/23</u>
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: 6/29/22 / <u>26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Threatening or Hostile Patient

Objective: To ensure the safety and well-being of patients, visitors, and Clinic staff

Response Rating:

Required Equipment:

Procedure:

If someone in the Clinic displays hostile behavior and/or is threatening you or others:

1. Attempt to defuse the situation by speaking calmly with the person. Do not approach the person or touch them.
2. Call for the Supervisor and or the practitioner, asking for their back-up and support.
3. If the person does not calm down and de-escalate their behavior, request intervention by the Clinic Manager. If the Clinic Manager is not available, tell the person that they must leave the premises.
4. Call 911 if the person does not comply with your request to leave the premises.
5. If escalating:
 - a. Use the overhead page "code gray" and location if the patient is combative.
 - b. Use the overhead page "code silver" If the patient has a weapon and call 911.
 - c. Move other patients and guests from the area. Consider Shelter in Place policy.
6. Call local law enforcement's non-emergency line to report the hostile person and ask for drive-by observation during the balance of the business day.
7. Complete an Incident Report according to policy and ~~forward~~forward it to the Clinic Manager, who will ensure the report is also reviewed by both the Medical and Executive Directors.

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

POLICY: Waived Testing Hemoglobin A1C	REVIEWED: 12/27/19; 2/20/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 6/29/22 / <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Waived Testing using the A1C Now Professional for Hemoglobin A1C

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin A1C level will be performed in the Clinic using approved waived testing technologies and techniques, a A1C Now Professional analyzer.

Response Rating: Mandatory

Required Equipment: A1C Now Analyzer, A1C Now Hemoglobin A1C Reagent Kit, lint-free tissue, gloves, cotton ball/gauze 2x2, dot band-aid,

Procedure:

1. Store the kits in temperatures below 122 degrees F in the designated laboratory up to four (4) months prior to use.
 - a. If the temperature label, place on the outside of every kit, is exposed to a temperature in excess of 122 degrees F the dot on the label will turn red and the product should not be used.
 - b. Run the rest with all parts of the test kit at the same temperature within the specified range.
 - c. If the kit has recently been at high temperatures (above 82 degrees F) or in the refrigerator, keep the kit at room temperature for at least one hour before use.
 - d. Avoid running the test in direct sunlight, on hot or cold surfaces, or near sources of heat or cold.
 - e. Quality control materials should be used to confirm the test kit is working properly. Refer to the product insert for information on when to run controls.
 - i. Quality control is run automatically with each test.
 - ii. Completed quality control will show QCOK on the device’s display window.
 - f. Use analyzer only with the materials included in the original kit. The analyzer will expire after the programmed number of tests have been run. If another test cartridge is inserted, the analyzer will display “00TL”.
2. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin A1C level.
 - a. Open plastic shaker pouch by tearing plastic pouch open at the perforation line.

- b. Collect blood using the fingerstick method and available lancets, then utilize the blood collector and fill just to the top of the collection tube.
 - c. Fully insert the blood collector into the shaker body. You may use a twisting motion.
 - d. Mix the specimen by shaking the shaker body vigorously 6-8 times which will mix the blood with the testing solution. Stand the shaker on the counter while preparing the cartridge.
 - e. Open the foil cartridge pouch by tearing at the notches on the sides.
DO NOT OPEN the pouch until you are ready to use it immediately. Use within 2 minutes of opening. If the foil pouch is damaged, do not use.
 - f. Insert the cartridge by clicking the test cartridge into place. The analyzer and test cartridge codes must match. If codes do not match, call Customer Service at 1-877-870-5610.
 - g. Prepare the shaker base by removing it from the package. Wait for SMPL to display. This indicates the shaker base is ready for the shaker.
 - h. Dispense the sample into the cartridge. Ensure the analyzer is on a level surface. Push down completely to dispense the diluted sample. Then remove quickly. DO NOT handle the analyzer again until the test is complete.
 - i. Results will display in five (5) minutes. The display counts down. The result cycle remains displayed for 15 minutes or until the next test cartridge is inserted.
 - j. Dispose of the cartridge in an approved biohazard bin.
 - k. Record results in the patient's medical record.
3. Between uses, the analyzer may be sanitized using a Super Sani Wipe.

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

POLICY: Waived Testing Hemoglobin	REVIEWED: 8/28/19; 2/20/20; 5/04/21; 5/6/22; <u>7/06/23</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 6/29/22 / <u>26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Waived Testing using the Consult Diagnostics Hemoglobin Analyzer

Objective: Testing of blood specimens for the purpose of determining the patient’s Hemoglobin level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Consult Diagnostics device.

Response Rating: Mandatory

Required Equipment: Consult Hemoglobin Analyzer, lancet, microcuvette, gloves, cotton ball/gauze 2x2, dot bandaid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient’s Hemoglobin level.
 - a. Ensure machine is plugged into the wall.
 - b. Turn machine on.
 - c. Don gloves.
 - d. Assemble microcuvette (confirm in date), band aid, cotton ball or gauze.
 - e. Warm patient’s finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient’s fingertip, along the side of finger. Lancet to sharps container.
 - i. Squeeze fingertip to express drop of blood and wipe specimen 3 times before collection

- j. Squeeze fingertip to express drop of blood and fill microcuvette with blood and ensure capture area is full.
 - k. Wipe excess blood from microcuvette before inserting in machine.
 - l. Look for air bubbles in the filled microcuvette. If present, take a new sample. Small bubbles around the edge can be ignored.
 - m. Insert microcuvette in machine and press down. Result displays within seconds. Remove microcuvette immediately after results are displayed.
 - n. Record results in EMR.
 - o. Dispose of microcuvette in the biohazardous waste container.
2. To clean machine
- a. Turn machine off.
 - b. Wipe exterior of machine with germicidal wipe.
3. If error message EO3 displays on machine it means that the microcuvette has been left in the machine too long or was removed too slowly.
- a. Turn machine off.
 - b. Remove table.
 - c. Using red handled cleaning tool thoroughly wipe inside of machine.
 - d. Wait 15 minutes
 - e. Insert table into machine, click to engage, and close.

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

POLICY: Waived Testing - Fecal Occult Stool	REVIEWED: 2/20/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Clinical	REVISED: 5/21/21
EFFECTIVE: 6/29/22 / <u>26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Occult Stool, waived test

Objective: To ensure accurate waived test processed and resulting

Response Rating:

Required Equipment:

Procedure:

1. Upon receipt of written order from the provider, give the patient the hemocult packet that contains instructions on how to prepare for the test, such as diet and medication to take or not before performing the test, along with the specimen collection tool.
2. If the patient will be taking the kit home to collect the specimen, instruct the patient to bring the card back to the Clinic when specimen collection is completed
3. Once completed, the nurse or medical assistant will don PPE and then place two drops of hemocult developer on the backside (opposite side of the collected specimen) of the card along with one drop on the control dots. A positive result should appear blue/purple in color. Upon seeing this result, the test must be repeated.
4. The result must be read within one minute of applying the developer to the card.
5. The control performance monitor should be read within ten seconds of applying the developer on the control dot.
6. Document the results in the patient's medical record.
7. When the test is done in the Clinic ~~during the course of~~during a clinic visit, place the stool specimen on the card on the front specimen side.
8. Let the specimen dry on the card for three to five minutes before applying the developer as noted above and record the results in the EMR.
9. Complete the result as noted above.

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

POLICY: Waived Testing CoaguCheck XS PT	REVIEWED: 1/5/20; 5/04/21; 5/6/22; <u>7/06/23</u>
SECTION: Waived Testing	REVISED:
EFFECTIVE: 6/29/22 / <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: INR testing using CoaguChek XS PT waived testing kit

Objective: Accurate, timely point-of-care testing to determine quantitative prothrombin time testing for monitoring warfarin therapy using fresh capillary or nonanticoagulated venous whole blood.

Response Rating:

Required Equipment: CoaguChek MS meter, gloves, test strip, test strip code chip, lancet, alcohol swap, dot Band-Aid

Procedure:

1. Test strips are to be stored in their original container with the cap tightly closed. They may be stored at room temperature or in the refrigerator (2-30 degrees C or 36-86 degrees F).
2. Discard test strips that are past their expiration date.
3. Gather supplies as listed above.
4. If using test strips from a new, unopened box, you must change the test strip code chip. The 3-number code on the test strip container must match the 3-number code on the code chip. Refer to the User Manual to correctly install the Code Chip.
5. Ensure the meter is on a flat surface (counter, table, or hold it in a horizontal position so that it will not vibrate or move during testing).
6. Wipe the patient's finger with alcohol. Allow the patient's finger to dry completely before performing the fingerstick.
7. Take a test strip out of the container and close the container tightly.
8. Insert the test strip as far as you can. The meter will then power on.
9. Confirm that the number displayed matches the number on the test strip container, then press M. If the

numbers are different, make sure you are using the code chip that came with the test strips you are using.

10. An hourglass flashes as the meter warms the test strip, which takes up to 30 seconds.
11. When the test strip is warmed, a flashing test strip and blood drop symbol appear and the meter begins a countdown. You have 180 seconds to apply blood to the test strip.
12. Using the lancet and appropriate technique, obtain a good drop of blood from the patient's fingertip.
13. Apply one (1) drop of blood to the top or side of the target area. You must apply blood to the test strip with 15 seconds of lancing the finger and within 30 seconds when using venous blood. Applying blood later than that may produce an inaccurate result as the coagulation process will have begun.
14. Do not add more blood. Do not touch or remove the test strip when a test is in progress. The flashing blood drop symbol changes to an hourglass symbol when the meter detects sufficient samples. If the meter's beeper is turned on, a beep sounds as well.
15. The result appears in about a minute. Record the result.
16. Properly dispose of the lancet and test strip.
17. Power the meter off.
18. Perform QC per the manufacturer's guidelines.

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

POLICY: Waived Testing Blood Glucose	REVIEWED: 8/28/19; 2/21/20; 5/21/21; 5/6/22; <u>7/06/23</u>
SECTION: Waived Testing	REVISED: 2/21/20
EFFECTIVE 6/29/22 ; <u>7/26/23</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Waived Testing using the Quintet AC device

Objective: Testing of blood specimens for the purpose of determining the patient's blood glucose level will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Quintet AC device.

Response Rating: Mandatory

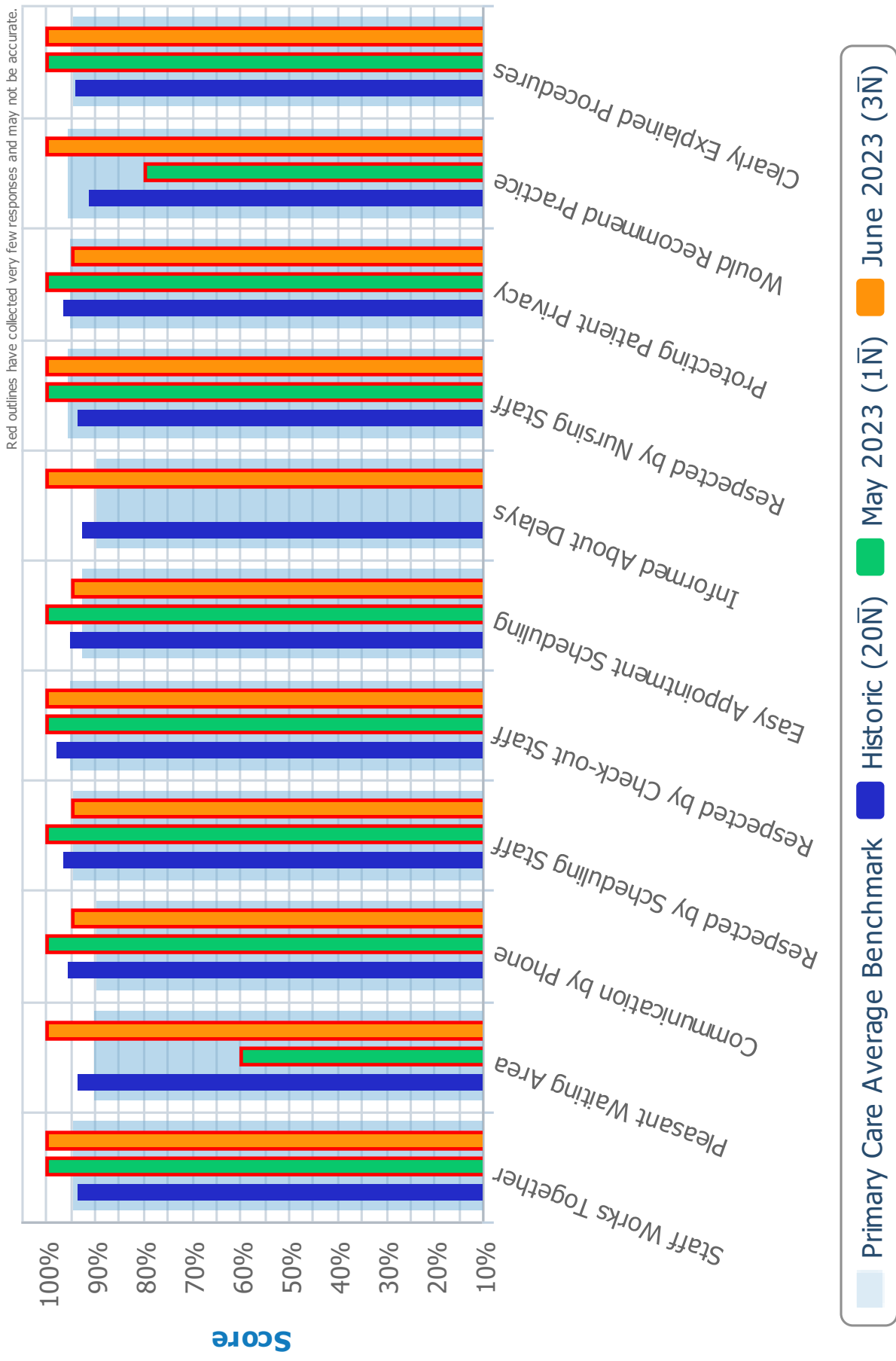
Required Equipment: Quintet AC, test strip, lancet, gloves, cotton ball/gauze 2x2, dot band-aid

Procedure:

1. Upon receipt of a written order or by Standardized procedure, a capillary blood specimen will be collected and tested to determine the patient's blood glucose level.
 - a. Ensure ~~machine~~the machine has batteries installed.
 - b. Turn ~~machine~~the machine on so that you may insert the test strip. Alternatively, ~~machine~~the machine turns on when the test strip is inserted.
 - c. Don gloves.
 - d. Assemble lancet, test strip (confirm in date), band-aid, cotton ball or gauze.
 - e. Warm patient's finger and press finger at or below first joint.
 - f. Use alcohol prep pad to wipe fingertip.
 - g. Allow fingertip to air dry or use clean gauze to dry fingertip.
 - h. Use lancet to obtain specimen on patient's fingertip, on the side of ~~the finger~~the finger.
 - i. Squeeze fingertip to express drop of blood and wipe away first drop of blood before collection.
 - j. Squeeze fingertip to express drop of blood and fill test strip with blood and ensure capture area is full.

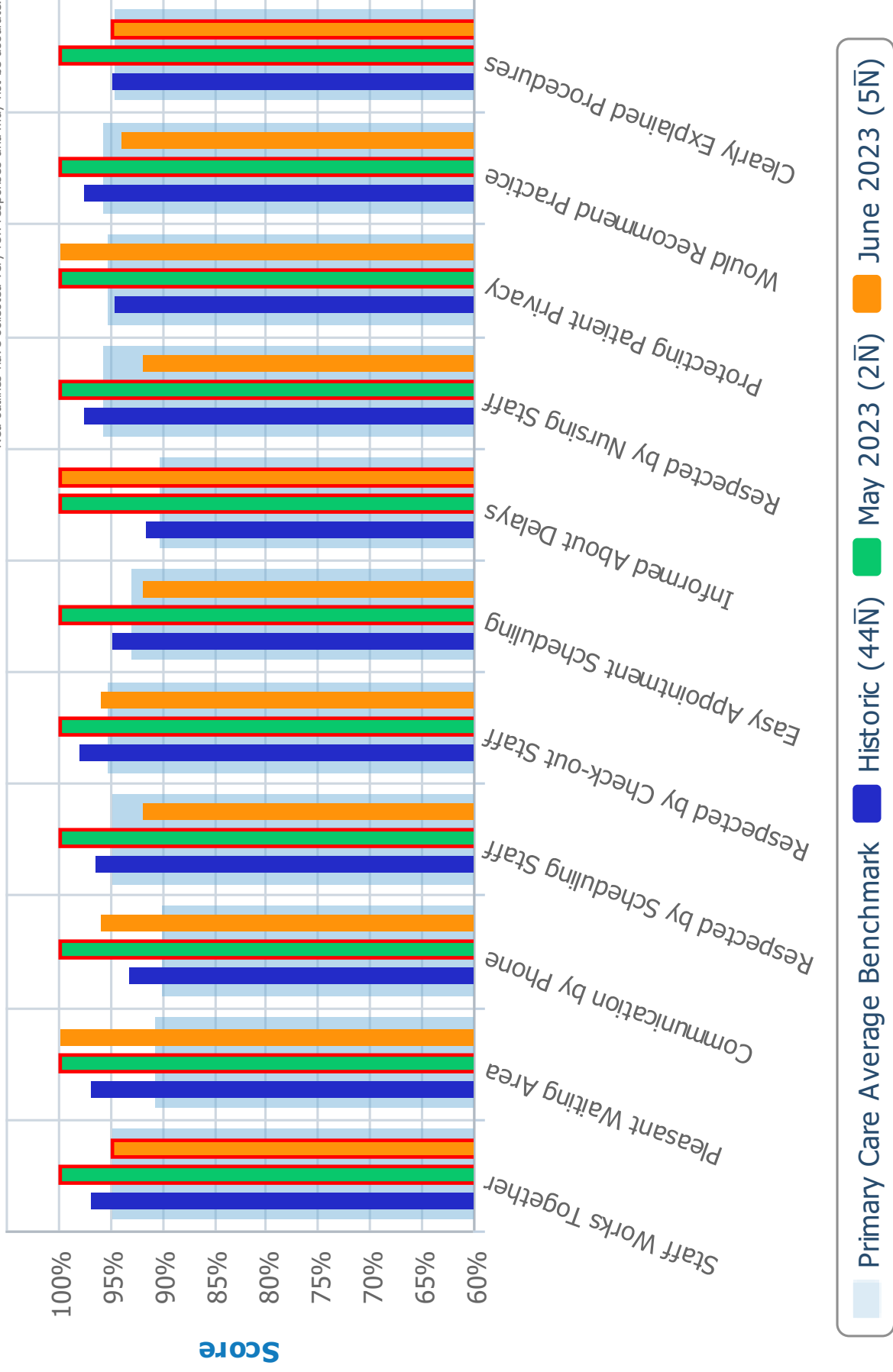
- l. Results should appear in 5 seconds.
 - m. Record results in EMR.
 - n. Remove test strip and dispose ~~of it~~ in sharps container.
 2. Alert the ordering practitioner of the patient's results (in between patient encounters) if the test is abnormal (>126mg% fasting, > 140mg% non-fasting).
 3. To clean machine
 - a. Turn ~~machinethe machine~~ off.
 - b. Wipe ~~exteriorthe exterior~~ of machine with germicidal wipe.







Red outlines have collected very few responses and may not be accurate.







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(209) 754-2537 Fax

AUTHORIZING RESOLUTION NO. 2023-06

A RESOLUTION OF THE [MEMBERS/SOLE MEMBER/MANAGING MEMBER/MANAGER] OF [Mark Twain Health Care District], A California Special District, and subdivision of the State of California, AUTHORIZING APPLICATION TO AND PARTICIPATION IN THE BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM ("BHCIP")

WHEREAS:

- A. The California Department of Health Care Services, through its contractor Advocates for Human Potential, Inc., (“**Department**”) has issued a Request for Applications, dated January 31, 2022 (“**RFA**”), for the BHCIP Program (“**Program**”). The Department has issued the RFA for Program grant funds pursuant to Welfare and Institutions Code Sections 5960-5960.45. Program grant funds are derived primarily from the federal Coronavirus State and Local Fiscal Recover Funds, which was established by the American Rescue Plan Act of 2021, and in part from the State of California General Fund.
- B. [Mark Twain Health Care District], a [California] **Special District, and subdivision of the State of California** (“**Applicant**”), desires to apply for Program grant funds and has submitted an application for Program funds (“**Application**”) to the Department for review and consideration.
- C. The Department is authorized to administer BHCIP pursuant to Welfare and Institutions Code Section 5960-5960.45. Program funding allocations are subject to the terms and conditions of the RFA, the Application, Program Funding Agreement (“**Program Funding Agreement**”), and all other legal requirements of the Program.

THEREFORE, IT IS RESOLVED THAT:

1. Applicant is hereby authorized and directed to submit an Application to the Department in response to the RFA, and to apply for Program grant funds in a total amount not to exceed [Three-million three-hundred twenty-two thousand one-hundred ninety-eight dollars and no cents (\$3,322,198.00)].

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

2. If the Application is approved, Applicant is hereby authorized and directed to enter into, execute, and deliver a Program Funding Agreement in a total amount not to exceed [Three-million three-hundred twenty-two thousand one-hundred ninety-eight dollars and no cents (\$ 3,322,198.00)], any and all other documents required or deemed necessary or appropriate to secure the Program funds from the Department and to participate in the Program, and all amendments thereto (collectively, the “**Program Documents**”).

3. Applicant acknowledges and agrees that it shall be subject to the terms and conditions specified in the Program Funding Agreement. Any and all activities, expenditures, information, and timelines represented in the Application are enforceable through the Program Funding Agreement. Funds are to be used for the allowable expenditures and activities identified in the Program Funding Agreement.

4. [Randall Smart] (the “**Authorized Signatory**”), is authorized to execute the Application and the Program Documents on behalf of Applicant for participation in the Program; and Applicant further agrees and authorizes the Authorized Signatory to execute the Declaration of Restrictions and Performance Deed of Trust to be recorded against the Project located at [51 Wellness Way, Valley Springs, CA 95252], as more particularly described in the Program Funding Agreement.

ADOPTED this 26th day of July, 2023, by the [Mark Twain Health Care District Board of Directors].

The undersigned, **Ms. Debbie Sellick, Secretary, Mark Twain Health Care District Board of Directors** [does] hereby attest and certify that the foregoing is a true and full copy of a resolution of Applicant’s governing body adopted at a duly convened meeting, or hereby consent in lieu of a meeting, as of the date last executed below, and that the resolution has not been altered, amended, or repealed.

SIGNATURE: _____
 NAME: Debbie Sellick, Secretary

DATE: _____

SIGNATURE: _____
 NAME: Dr. Randall Smart, CEO

DATE: _____

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NOTICE AND INSTRUCTIONS

1. **Notice.** The Department is providing this template Authorizing Resolution as informational guidance only. The Department encourages each Applicant to consult with professional legal counsel during the development of its own formal, legally binding statement that it is authorized to apply to and participate in the Program.
 - a. Please note, however, that any limitations or conditions on the authority of the signatory or signatories to execute the Application or the Program Documents may result in the Department rejecting the Authorizing Resolution.
2. **Accuracy, Verification.** The Department will verify that this Authorizing Resolution comports with Applicant's operative organizational documents (including but not limited to the Certificate of Organization and Operating/LLC Agreement). Applicant must timely notify the Department, in writing, of any discrepancies between its Authorizing Resolution and its organizational documents, along with a written explanation of same.
3. **Dollar Amounts of Grant Awards.** The Department recommends identifying an authorized dollar amount that is exactly the award amount stated in the Award Letter. If Applicant is ultimately awarded an amount in excess of the amount identified in the Authorizing Resolution, the Department will require a new Authorizing Resolution from Applicant before execution of a Standard Agreement.
4. **Authorized Signatory or Signatories, Designee.** Applicant may authorize multiple signatories, so long as there is clarifying language as to whether the signatories are authorized to execute the Program Documents individually or collectively.

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**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 for June 2023 DRAFT

Item Type: Action

Submitted By: Rick Wood, Accountant

Presented By: Rick Wood, Accountant

BACKGROUND:

The June 2023 DRAFT financial reports are attached for your review and approval.

I like this snapshot version of the financial report. June was another good month for the Clinic. 😊 As you are aware, The June financial Report will stay in DRAFT form until the audit is complete. We have already heard from the Auditor Rick Jackson. We will begin sending information over the next few months.

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		6/30/2023 2022-2023		
		Actual Month	Actual Y-T-D	2022/2023 Budget
4083.49	Urgent care Gross Revenues	436,333	4,388,024	5,903,144
4083.60	Contractual Adjustments	(91,266)	(963,658)	(1,531,379)
	Net Patient revenue	345,067	3,424,365	4,371,765
9108.00	Other - Plan Incentives & COVID Relief	0	180	
	Total Other Revenue	345,067	3,424,545	4,371,765
	Non labor expenses	(82,256)	(2,889,458)	(2,891,624)
	Total Expenses	(335,461)	(4,946,561)	(4,902,293)
	Net Expenses over Revenues	9,606	(1,522,015)	(530,528)

Mark Twain Health Care District

Annual Budget Recap

	06/30/23	2022 - 2023 Annual Budget				
	Actual	Total				
	Y-T-D	District	Clinic	Rental	Projects	Admin
Revenues	7,567,903	8,589,930	5,903,144	1,336,786	0	1,350,000
Total Revenue	7,567,903	8,589,930	5,903,144	1,336,786	0	1,350,000
Expenses	(8,247,663)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Total Expenses	(8,247,663)	(8,126,693)	(6,429,672)	(1,123,758)	(35,000)	(538,263)
Surplus(Deficit)	(679,760)	463,237	(526,528)	213,028	(35,000)	811,737
Historical Totals	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)
						DRAFT
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			6/30/23			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
4083.49	Urgent care Gross Revenues	491,929	436,333	(55,596)	88.70%	5,903,144	4,388,024	(1,515,120)	74.33%	5,903,144
4083.60	Contractual Adjustments	(127,615)	(91,266)	36,349	71.52%	(1,531,379)	(963,658)	567,721	62.93%	(1,531,379)
	Net Patient revenue	364,314	345,067	(19,247)	94.72%	4,371,765	3,424,365	(947,400)	78.33%	4,371,765
						0				
4083.90	Flu shot, Lab income, physicals					0				0
4083.91	Medical Records copy fees					0				0
9108.00	Other - Plan Incentives & COVID Relief					0	180			0
			0			0	180			0
	Total Other Revenue	364,314	345,067	(19,247)	94.72%	4,371,765	3,424,545	(947,220)	78.33%	4,371,765
7083.09	Other salaries and wages	(129,397)	(217,886)	(88,489)	168.39%	(1,552,769)	(1,710,818)	(158,049)	110.18%	(1,552,769)
7083.10	Payroll taxes	(9,931)	(17,735)	(7,804)	178.58%	(119,175)	(138,070)	(18,895)	115.85%	(119,175)
7083.12	Vacation, Holiday and Sick Leave	(7,764)	0	7,764	0.00%	(93,166)	0	93,166	0.00%	(93,166)
7083.13	Group Health & Welfare Insurance	(13,993)	(16,433)	(2,440)	117.44%	(167,920)	(187,361)	(19,441)	111.58%	(167,920)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(5,176)	0	5,176	0.00%	(62,111)	0	62,111	0.00%	(62,111)
7083.16	Workers Compensation insurance	(1,294)	(1,150)	144	88.90%	(15,528)	(15,853)	(325)	102.09%	(15,528)
7083.18	Other payroll related benefits		0			0	(5,000)			
	Total taxes and benefits	(38,158)	(35,319)	2,840	92.56%	(457,900)	(346,284)	111,616	75.62%	(457,900)
	Labor related costs	(167,556)	(253,205)	(85,649)	151.12%	(2,010,669)	(2,057,102)	(46,433)	102.31%	(2,010,669)
7083.05	Marketing	(333)	(2,693)	(2,360)	807.90%	0	(15,925)	(15,925)		(4,000)
7083.20.01	Medical - Physicians	(87,680)	(74,194)	13,486	84.62%	(1,052,155)	(652,823)	399,332	62.05%	(1,052,155)
7083.20.02	Dental - Providers		(8,388)			0	(87,588)			
7083.20.03	Behavior Health - Providers						(13,883)			
7083.22	Consulting and Management fees	(1,742)	(1,297)	445	74.47%	(20,900)	(65,073)	(44,173)	311.35%	(20,900)
7083.23	Legal - Clinic	(833)	0	833	0.00%	0	(1,264)	(1,264)		(10,000)
7083.25	Registry Nursing personnel									
7083.26	Other contracted services	(15,000)	(30,597)	(15,597)	203.98%	(180,000)	(326,477)	(146,477)	181.38%	(180,000)
7083.29	Other Professional fees	(1,417)	0	1,417	0.00%	(17,000)	(24,339)	(7,339)	143.17%	(17,000)
7083.36	Oxygen and Other Medical Gases	(58)	(13)	45	23.11%	(700)	(419)	281	59.86%	(700)
7083.38	Pharmaceuticals	(292)		292	0.00%	(3,500)	0	3,500	0.00%	(3,500)
7083.41.01	Other Medical Care Materials and Supplies	(39,917)	38,085	78,002	-95.41%	(479,000)	(243,929)	235,071	50.92%	(479,000)
7083.41.02	Dental Care Materials and Supplies - Clinic		12,624	12,624		0	(37,904)	(37,904)		
7083.41.03	Behavior Health Materials		(86)	(86)		0	(3,007)	(3,007)		
7083.44	Linens									
7083.48	Instruments and Minor Medical Equipment	(1,754)		1,754	0.00%	(21,050)	0	21,050	0.00%	(21,050)
7083.74	Depreciation - Equipment	(11,446)	0	11,446	0.00%	(137,349)	(201,933)	(64,584)	147.02%	(137,349)
7083.45	Cleaning supplies	(17)		17	0.00%	(200)	0	200	0.00%	(200)
7083.62	Repairs and Maintenance Grounds	(417)	(723)	(306)	173.40%	(5,000)	(7,766)	(2,766)	155.33%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(28,807)	0	28,807	0.00%	(345,687)	(735,862)	(390,175)	212.87%	(345,687)
7083.80	Utilities - Electrical, Gas, Water, other	(6,667)	(2,994)	3,672	44.91%	(80,000)	(77,914)	2,086	97.39%	(80,000)
8870.00	Interest on Debt Service	(22,958)	0	22,958	0.00%	(275,495)	(124,923)	150,572	45.34%	(275,495)
7083.43	Food	(108)	(402)	(293)	370.68%	(1,300)	(5,012)	(3,712)	385.55%	(1,300)
7083.46	Office and Administrative supplies	(3,438)	(883)	2,555	25.68%	(41,250)	(22,159)	19,091	53.72%	(41,250)
7083.69	Other purchased services	(2,437)	(1,107)	1,330	45.44%	(29,246)	(12,101)	17,145	41.37%	(29,246)
7083.81	Insurance - Malpractice	(3,167)	(2,607)	560	82.32%	(38,000)	(31,282)	6,718	82.32%	(38,000)
7083.82	Other Insurance - Clinic	(2,644)	0	2,644	0.00%	(31,728)	(18,960)	12,768	59.76%	(31,728)
7083.83	Licenses & Taxes	(442)	0	442	0.00%	(5,300)	0	5,300	0.00%	(5,300)
7083.85	Telephone and Communications	(2,333)	(3,071)	(737)	131.59%	(28,000)	(43,850)	(15,850)	156.61%	(28,000)
7083.86	Dues, Subscriptions & Fees	(167)	(958)	(791)	574.80%	(2,000)	(24,734)	(22,734)	1236.72%	(2,000)
7083.87	Outside Training	(783)	0	783	0.00%	(9,400)	(32,413)	(23,013)	344.82%	(9,400)
7083.88	Travel costs	(501)	(2,954)	(2,453)	589.80%	(6,010)	(18,564)	(12,554)	308.89%	(6,010)
7083.89	Recruiting	(4,583)	0	4,583	0.00%	(55,000)	(59,356)	(4,356)	107.92%	(55,000)
8895.00	RoboDoc	(1,030)	0	1,030	0.00%	(12,354)	0	12,354	0.00%	(12,354)
	Non labor expenses	(240,969)	(82,256)	158,713	34.14%	(2,877,624)	(2,889,458)	(11,834)	100.41%	(2,891,624)
	Total Expenses	(408,524)	(335,461)	(73,064)	82.12%	(4,888,293)	(4,946,561)	(58,268)	101.19%	(4,902,293)
	Net Expenses over Revenues	(44,211)	9,606	(92,311)	177%	(516,528)	(1,522,015)	(1,005,487)	180%	(530,528)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		6/30/23									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget	
9260.01	Rent Hospital Asset amortized	89,870	89,648	(222)	99.75%	1,078,438	1,078,438	(0)	100.00%	1078438	
Rent Revenues		89,870	89,648	(222)	99.75%	1,078,438	1,078,438	(0)	100.00%	1,078,438	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(63,333)	(61,700)	1,633	97.42%	(760,000)	(1,072,896)	(312,896)	141.17%	(760,000)	
9520.85	Telephone & Communications	(3,750)	(158)	3,592	4.21%	(45,000)	(5,272)	39,728	11.72%	(45,000)	
9520.72	Depreciation	(8,777)	(8,555)	222	97.48%	(105,322)	(123,116)	(17,794)	116.89%	(105,322)	
9520.82	Insurance										
Total Costs		(75,860)	(70,413)	5,447	92.82%	(910,322)	(1,201,284)	(290,962)	131.96%	(910,322)	
Net		14,010	19,235	5,225	137.30%	168,116	(122,847)	(290,963)	-73.07%	168,116	
9260.02	MOB Rents Revenue	18,905	10,514	(8,391)	55.61%	226,859	208,242	(18,617)	91.79%	226,859	
9521.75	MOB rent expenses	(21,336)	(22,046)	(710)	103.33%	(256,036)	(260,308)	(4,272)	101.67%	(256,036)	
Net		(2,431)	(11,532)	(9,101)	474.30%	(29,177)	(52,066)	(22,889)	178.45%	(29,177)	
9260.03	Child Advocacy Rent revenue	770	796	26	103.32%	9,241	9,340	99	101.07%	9,241	
9522.75	Child Advocacy Expenses	(200)	(468)	(268)	233.81%	(2,400)	(468)	1,932	19.48%	(2,400)	
Net		570	328	(242)	57.55%	6,841	8,872	2,031	129.69%	6,841	
9260.04	Sunrise Pharmacy Revenue	1,854	1,872	18	100.97%	0	22,248	22,248	0.00%	22,248	
7084.41	Sunrise Pharmacy Expenses	(200)	0	200	0.00%	(2,400)	0	0	0.00%	(2,400)	
Total Revenues		111,399	102,830	(8,569)	92.31%	1,314,538	1,318,267	3,729	100.28%	1,336,786	
Total Expenses		(97,597)	(92,927)	4,670	95.22%	(1,171,158)	(1,462,060)	(290,902)	124.84%	(1,171,158)	
Summary Net		13,802	9,903	(3,899)	71.75%	143,380	(143,793)	(287,173)	-100.29%	165,628	

Mark Twain Health Care District										
Projects, Grants and Support										
		6/30/2023								
			2019/2020	2020/2021	2021/2022	2022/2023	Month to-Date	Actual	Actual	Actual
			Actual	Actual	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support			(20,325)	(667,000)	(85,000)	(35,000)	(3,715)	(360,487)	424.10%
8890.00	Community Grants			(3,754)		(50,000)			(35,000)	
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation		(465,163)		(628,000)				(300,000)	
8890.00	Veterans Support			0	0		0		0	
8890.00	Mens Health			0	0		0		0	
8890.00	Steps to Kick Cancer - October			0	0		0		0	
8890.00	Ken McInturf Laptops			(2,571)						
8890.00	Doris Barger Golf			0	0		0			
8890.00	Stay Vertical			(14,000)	(14,000)	(35,000)	(35,000)	(3,715)	(25,487)	72.82%
8890.00	Golden Health Grant Awards									
8890.00	Calaveras Senior Center Meals									
8890.00	High school ROP (CTE) program				(25,000)					
	Project grants and support		(465,163)	(20,325)	(667,000)	(85,000)	(35,000)	(3,715)	(360,487)	424.10%

Mark Twain Health Care District										
General Administration Financial Projections										
		6/30/23				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2022/2023 Budget
9060.00	Income, Gains and losses from investments	8,333	37,319	28,986	447.83%	100,000	328,471	228,471	328.47%	100,000
9160.00	Property Tax Revenues	104,167	104,167	0	100.00%	1,250,000	1,250,000	0	100.00%	1,250,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		12,682				261,093			
9205.03	Miscellaneous Income (1% Minority Interest)		45,370			0	12,497			
	Summary Revenues	112,500	199,537	87,037	177.37%	1,350,000	1,852,061	502,061	137.19%	1,350,000
8610.09	Other salaries and wages	(21,644)	(50,638)	(28,993)	233.95%	(259,732)	(275,953)	(16,221)	106.25%	(259,732)
8610.10	Payroll taxes	(1,661)	(3,054)	(1,392)	183.82%	(19,934)	(12,640)	7,294	63.41%	(19,934)
8610.12	Vacation, Holiday and Sick Leave	(1,299)	0	1,299	0.00%	(15,584)	0	15,584	0.00%	(15,584)
8610.13	Group Health & Welfare Insurance	(1,009)	0	1,009	0.00%	(12,107)	0	12,107	0.00%	(12,107)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(866)	(196)	669	22.69%	(10,389)	(3,810)	6,579	36.68%	(10,389)
8610.16	Workers Compensation insurance	(216)	0	216	0.00%	(2,597)	0	2,597	0.00%	(2,597)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(5,051)	(3,250)	1,801	64.34%	(60,611)	(16,450)	44,161	27.14%	(60,611)
	Labor Costs	(26,695)	(53,887)	(27,192)	201.86%	(320,343)	(292,404)	27,939	91.28%	(320,343)
8610.22	Consulting and Management Fees	(4,167)	(324)	3,842	7.78%	(50,000)	(27,842)	22,158	55.68%	(50,000)
8610.23	Legal	(417)	0	417	0.00%	(5,000)	(2,560)	2,440	51.19%	(5,000)
8610.24	Accounting /Audit Fees	(3,333)	(882)	2,451	26.46%	(40,000)	(46,337)	(6,337)	115.84%	(40,000)
8610.05	Marketing	(667)	(323)	344	48.46%	(8,000)	(20,563)	(12,563)	257.04%	(8,000)
8610.43	Food	(167)	0	167	0.00%	(2,000)	0	2,000	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(833)	(831)	2	99.78%	(10,000)	(9,001)	999	90.01%	(10,000)
8610.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(5,000)	(12,033)	(7,033)	240.66%	(5,000)
8610.69	Other- IT Services	(833)	(886)	(52)	106.30%	(10,000)	(11,104)	(1,104)	111.04%	(10,000)
8610.74	Depreciation - Equipment	(1,003)	0	1,003	0.00%	(12,041)	0	12,041	0.00%	(12,041)
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(5,000)	0	5,000	0.00%	(60,000)	(43,827)	16,173	73.04%	(60,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(667)	(792)	(125)	118.73%	(8,000)	(17,409)	(9,409)	217.62%	(8,000)
8610.87	Outside Trainings	(417)	(2,346)	(1,930)	563.10%	(5,000)	(12,575)	(7,575)	251.49%	(5,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		0	(666)	(666)		
8610.90	Other Direct Expenses	(833)	(500)	333	60.00%	(10,000)	(5,400)	4,600	54.00%	(10,000)
8610.95	Other Misc. Expenses	-	0			0	(879)	0		
	Non-Labor costs	(18,753)	(6,884)	11,869	36.71%	(225,041)	(210,194)	15,726	93.40%	(225,041)
	Total Costs	(45,449)	(60,772)	(15,323)	133.72%	(545,384)	(502,598)	43,665	92.15%	(545,384)
	Net	67,051	138,765	71,714	206.95%	804,616	1,349,463	545,726	167.72%	804,616

Mark Twain Health Care District
Balance Sheet
As of June 30, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	134,810
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	244,944
1001.40 Five Star Bank - MTHCD Checking	0
1001.45 Five Star Bank - MTHCD Checking NEW	455,591
1001.50 Five Star Bank - Money Market	499,182
1001.60 Five Star Bank - VSHWC Checking	78,183
1001.65 Five Star Bank - VSHWC Payroll	27,756
1001.90 US Bank - VSHWC	34,967
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,482,279
Accounts Receivable	
1201.00 Accounts Receivable	24,805
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	537,265
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	30,658
1004.10 CLASS Lease & Contract Reserve Fund	2,501,410
1004.20 CLASS Loan Reserve Fund	2,084,524
1004.30 CLASS Capital Improvement Reserve Fund	2,522,220
1004.40 CLASS Technology Reserve Fund	1,039,589
1089.00 CSHWC Consumable Inventory	72,220
1150.05 Due from Calaveras County	-66,094
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	225,504
1205.51 Cash To Be Reconciled	175,074
Total Other Current Assets	8,757,578
Total Current Assets	10,777,122
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,875,622
1220.20 VSHWC - Equipment	935,565
1221.00 Pharmacy Construction	48,536
1521.10 CIP Land	1,996
1521.20 CIP Buildings	24,921
1600.00 Accumulated Depreciation	-8,384,521
Total Fixed Assets	6,817,438

Other Assets	
1710.10 Minority Interest in MTMC - NEW	407,978
1810.60 Capitalized Lease Negotiations	308,899
1810.65 Capitalized Costs Amortization	11,919
Total Intangible Assets	320,818
2219.00 Capital Lease	5,880,185
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,450,755
TOTAL ASSETS	25,045,315
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	119,005
Total 200.00 Accts Payable & Accrued Expenses	119,005
2001.00 Other Accounts Payable (Credit Card)	25,075
Total 200.00 Accts Payable & Accrued Expenses	25,075
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	52,767
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	2,767
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Others	3,200
2270.00 Deferred Revenue	84,580
Total Other Current Liabilities	468,854
Total Current Liabilities	612,933
Long-Term Liabilities	
2128.01 Deferred Capital Lease	388,338
2128.02 Deferred Utilities Reimbursement	709,442
2129.00 Other Third Party Reimbursement - Calaveras County	0
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,719,951
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	8,684,001
Total Liabilities	9,296,934
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	128,655
3900.00 Retained Earnings	-4,069,301
Net Income	-679,760
Total Equity	15,748,381
TOTAL LIABILITIES AND EQUITY	25,045,315

**Investment & Reserves Report
30-Jun-23**

Annual

Reserve Funds	Minimum Target	6/30/2022 Balance	2022/2023 Allocated	2022/2023 Interest	6/30/2023 Balance	Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	889,813	875,018	32,178	30,657	
Capital Improvement Fund	3,000,000	2,436,516	0	85,704	2,522,220	
Technology Reserve Fund	250,000	1,003,323	0	35,078	1,038,401	
Lease, Contract, & Utilities Reserve Fund	1,700,000	2,407,976	0	93,442	2,501,418	
Communiuty Programs Reserve Fund	250,000					
Lease Termination Reserve Fund	3,250,000					
Loan Reserve Fund	2,000,000	2,015,014	0	61,607	2,084,524	
Reserves & Contingencies	12,650,000	8,752,642	875,018	308,010	8,177,221	0

Reserves	2022-2023	
	6/30/2023	Interest Earned
Valley Springs HWC - Operational Reserve Fund	30,657	32,178
Total Reserve Funds	30,657	32,178

Lease & Contract Reserve Fund	2,501,418	93,442
Loan Reserve Fund	2,084,524	61,607
Capital Improvement Fund	2,522,220	85,704
Technology Reserve Fund	1,038,401	35,078
Total CA-CLASS Reserve Funds	8,146,563	275,832

Five Star		
General Operating Fund	0	388
General Operating Fund - NEW	455,591	67
Money Market Account	499,182	8,056
Valley Springs - Checking	78,183	99
Valley Springs - Payroll	27,756	73
Total Five Star	1,060,712	8,683

Umpqua Bank		
Checking	134,810	0
Money Market Account	6,445	0.64
Investments	0	0
Total Savings & CD's	141,255	0.64

Bank of Stockton	244,944	71
-------------------------	----------------	-----------

Total in interest earning accounts	9,624,132	316,765
---	------------------	----------------

Beta Dividends 1 & 2	6,276
CSDA Training Scholarship	1,200
Anthem Rebate	4,230

Total Without Unrealized Loss	328,471
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS 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.

Reserve Policy:

1. Purpose:

The Mark Twain Health Care District (the District) shall maintain reserve funds from existing unrestricted funds as designated by the District's Reserve Policy. The Reserve Policy is modeled after the California Special Districts Association: **Special District Reserve Guidelines**. (2nd edition). This policy establishes the procedure and level of reserve funding to achieve the following specific goals:

- a. Fund replacement and major repairs for the District's physical assets
- b. Fund regular replacement of computer/technology hardware and software
- c. Fund designated conservation projects/programs or other special uses not otherwise funded by grants or requiring additional monetary support. (\$3 million)
- d. Fund Capital improvements
- e. Maintain Minimal operational sustainability in periods of economic uncertainty
- f. Fund long term Debt and contract obligations for 2-3 years ongoing

The District shall account for reserves as required by Governmental Accounting Standards Board Statement No. 54, which distinguishes reserves as among these classes: non-spendable, restricted, committed, assigned and unassigned. The reserves stated by this policy, unless otherwise required by law, contract or District policy shall be deemed "assigned" reserves.

2. Policy:

Use of District Reserves is limited to available "Unrestricted" Funds (not obligated by law, contract or agreement), including donations, interest earned, fees for service or other non-grant earnings. All special use funds will be designated by formal action of the Board of Directors.

- a. Technology Reserve Fund:
Technology Reserves will accumulate from existing unrestricted funds. **The minimum target amount of Technology Reserves will be \$1,000,000. \$250,000.**
- b. Valley Springs Health & Wellness Center; Operational Reserve Fund:
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of \$2,200,000. The Reserve amount will be determined on each annual review and be based on the projected and historical expense of the Center. This fund will provide for 180 days of operational expenses.
- c. Lease and Contract Reserve Fund:
Financial obligations related to long-term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease. **The minimum target amount of the Lease and Contract Reserve Fund will be \$1,700,000.**
- d. Capital Improvement Reserve Fund:
Capital Improvements Reserve will accumulate from existing unrestricted funds with a

minimum target amount of \$12,000,000 \$3,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements and hospital lease termination etc.).

e. Loan Reserve Fund:

Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payment on an ongoing basis. This fund will have a minimum target amount of \$1,300,000.

f. Community Programs Reserve Fund:

To fund community grant programs/opportunities to further provide health related services to Calaveras County. This fund will have a minimum target amount of \$250,000.

g. Lease Termination Reserve Fund:

To fund operations in the event of lease termination. This fund will have a minimum target amount of \$3,250,000.

3. Using Reserve Funds:

a. Technology Reserve:

Technology Reserves will be used to purchase hardware and software in support of District operations, with the intent of maintaining modern technology for employees and patients. This fund can also be used for technology-dependent equipment such as radiology or electrocardiography.

b. Valley Springs Health & Wellness Center; Operational Reserve Fund can be used to support operations at the center, including all line items listed on the Valley Springs Health & Wellness Center operations budget.

c. Lease and Contract Reserve Fund can be used to meet lease and contract long-term obligations such as utility payments.

d. Capital Improvements Reserve:

Capital Improvements Reserves shall be limited to cost related to making changes to improve or maintain capital assets, increase their useful life, or add to the value of these assets.

e. Loan Reserve Fund: Any long-term loans (greater than 5 years) will have a debt service reserve fund that will encompass three years of debt payments on an ongoing basis. This fund is designated primarily, but not exclusively, to the USDA 30-yr construction loan.

f. Community Programs Reserve Fund: To be used in conjunction with the Grants Committee and their recommendations to the full Board.

g. Lease Termination Reserve Fund: To be used to fund operations in the event of lease termination.

4. Monitoring Reserve Levels:

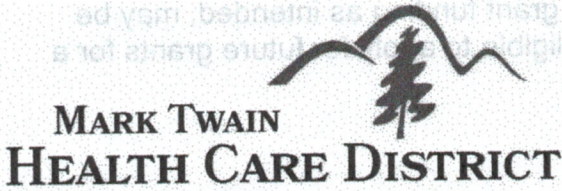
The Chief Executive Officer in collaboration with the District Accountant or CFO, shall perform a reserve status analysis annually, to be provided to the Board of Directors for annual deliberation / approval of Budget and Reserve Funds.

Additional information may be provided to the Board of Directors upon the occurrence of the following events:

- a. When a major change in conditions threatens the reserve, levels established by this policy or calls into question the effectiveness of this policy;

- b. Upon Chief Executive Officer and/or Board request.

Reference: Special District Reserve Guidelines, California Special Districts Association, 2nd edition



Grants Cte
08/6/13

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

GOLDEN HEALTH COMMUNITY GRANTS APPLICATION

Name of Group or Individual: COMMON GROUND SENIOR SERVICES

Address: 80 RINDE RD, STE A, SUTTEN CREEK 95685

Provide your federal non-profit description or other organization structure: #68-0963039

Contact Person: ANNE BOYCE

Telephone Number: 209-223-3015 EXT. 204 Fax Number: _____

Email Address: anne@commonground-senior-services.org Website: COMMONGROUNDSENIORSERVICES.ORG

Description of Project, Including Purpose, Goals, Timelines and Target Population (add pages if necessary):
MEALS ON WHEELS CALAVERAS // SILVER STREAK TRANSPORT

Amount Requested: \$2500.00 Total Cost of Project (attach budget): _____
(Wages and Salaries are not eligible.)

Other Sources of Funding: OUTREACH - LOCAL BUSINESSES

Please describe how this grant will impact the health of the community within the scope of the MTHCD health priorities (add pages if necessary): PLEASE SEE ATTACHMENTS

Any MONETARY SUPPORT IS GREATLY GREATLY APPRECIATED! THANK YOU! Anne

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

BELOW IS FOR DISTRICT USE:
Received by: _____ Date: _____
Reviewed Date: _____
Denied Date: _____
Date Board Approved: _____



Nutrition – Mobility - Connection

TAX-ID # 68-0463039

RE: Donation Request Silent Auction//Raffle

May 30, 2023

Dear Community Relations Team,

Common Ground Senior Services' **2nd Annual Meals on Wheels/Silver Streak Transport Fundraiser** will be held on Saturday, July 22, 2023, at Greenhorn Creek Resort, 711 McCauley Ranch Rd., Angels Camp.

Meals on Wheels supports the independence and well-being of frail, isolated and disabled seniors by providing weekly nutrition, human contact and a wellbeing check. For those living alone, our delivery drivers may be the only person the senior sees all week. In the last fiscal year, July 01, 2021 – June 30, 2022, Meals on Wheels delivered 44,783 meals to 328 clients in Calaveras County. Our Silver Streak Transport has made 6,383 trips for 384 clients in Amador, Calaveras & Tuolumne Counties. Transport includes door to door service to non-emergency medical appointments, (both in and out of the county); dialysis visits and pharmacy pick-ups.

Can you help us with a monetary donation, silent auction or raffle item? All donations are greatly appreciated and are tax deductible.

Thank you so much for your consideration and generosity. Please visit our website at commongroundseniorservices.org

Best regards,

Anne Boyce
anne@commongroundseniorservices.org



Main Office
80 Ridge Road, Suite A
Sutter Creek, CA 95685
(209) 223-3015

Calaveras Office
423 E. St. Charles St.
San Andreas, CA 95249
(209) 498-2246



-----Original Message-----

From: anne@commongroundseniorservices.org

<anne@commongroundseniorservices.org>

Sent: Wednesday, June 28, 2023 2:41 PM

To: Peggy Stout <pstout@mthcd.org>

Subject: Re: Golden Health Community Grants - Common Ground Sr Services

Hi Peggy,

Thank you so much to you and the Board for your time and consideration!

We are the Provider of Meals on Wheels in Calaveras County only. Up to

F/Y 2021-2022, we were doing Amador County as well for 22 years.

Amador Senior Center now is the Provider in Amador.

Any further questions or concerns, please let me know. Thank you so much for you support!

Anne Boyce

**Join us for Common Ground Senior Services
2nd Annual
Meals on Wheels & Silver Streak Transport
Fundraiser**

Summer Loun



\$50.00
Per Person

Saturday, July 22, 2023 / 5pm-8pm

GREENHORN CREEK RESORT
711 McCauley Ranch, Angels Camp

**Dinner Buffet - Bocce Tournament
Raffle: Silent & Live Auction**

DJ Phil Baker

Rockin' & Groovin' to music from the 60s & 70s

Tickets now on Sale!

Visit our website commongroundseniorservices.org

For more information 209-223-3015 ext 204 or Mary Paca 415-265-8235

**MARK TWAIN HEALTH CARE DISTRICT
(DISTRICT)**

PERSONNEL MANUAL

Last Updated and Board Approved

On

Draft Presented to Board on July 26, 2023

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Nothing contained in or implied by this manual creates or shall be deemed to create or constitute a contractual obligation to employees on the part of DISTRICT. The policies, procedures, and guidelines contained in this manual are subject to change at any time and do not create any right to be employed by DISTRICT.

INTRODUCTORY POLICIES

1000 INTRODUCTION

DISTRICT is a community healthcare DISTRICT, established in 1946 for the purpose of advancing solutions to health disparities.

DISTRICT considers its staff to be a valuable asset. Furthermore, DISTRICT believes that a clear understanding of the working arrangement between DISTRICT and its employees is the basis for a harmonious and productive environment. This document has been developed to explain what DISTRICT offers to and expects of its staff.

Policies are not immutable; conditions and attitudes do change. Suggestions are always welcome. It is, furthermore, an underlying assumption of this manual that special and unique situations may be resolved through the cooperative efforts of all concerned. However, any changes will be at the pleasure of the Board of Directors of the DISTRICT (“the Board”).

1001 INTEGRATION CLAUSE AND THE RIGHT TO REVISE

This personnel manual contains the employment policies and practices of DISTRICT in effect at the time of publication.

DISTRICT reserves the right to revise, modify, delete, or add to any and all policies, procedures, work rules, or benefits stated in this handbook or in any other document. However, any such changes must be in writing and must be approved by the Chief Executive Officer and approved by the Board of Directors.

Any written changes to this handbook will be distributed to all employees so that employees will be aware of the new policies or procedures. No oral statements or representations can in any way change or alter the provisions of this handbook.

Nothing in this handbook, or in any other personnel document, creates or is intended to create a promise or representation of continued employment for any employee or to vary the at-will policy.

1002 Employment At Will Status

DISTRICT employees are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or DISTRICT. Nothing in this handbook shall limit the right to terminate at-will employment. No manager or employee of DISTRICT has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment on other than at-will terms. The “employment at-will” relationship can only be changed by an agreement, in writing, specifically modifying this relationship, signed by the Chief Executive Officer or President of the Board with approval of the full Board.

1003 Equal Employment Opportunity

The DISTRICT is an equal opportunity employer and makes employment decisions on the basis of merit. The DISTRICT wants to have the best available individuals in every job. DISTRICT policy prohibits unlawful discrimination based on sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race, religion (including religious dress and grooming practices), color, gender (including gender identity and gender expression), national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9), ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status or any other basis or any other consideration made unlawful by federal, state or local laws. Discriminatory practices also can include a perception of another employee who has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful.

The DISTRICT is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in DISTRICT operations and prohibits unlawful discrimination by any DISTRICT employee, supervisor, or manager. Equal employment opportunity will be extended to all persons in all aspects of the employer-employment relationship, including recruitment, hiring, training, promotion, transfer, discipline, layoff, recall, and termination.

If you believe you have been subjected to any form of unlawful discrimination, submit a complaint to your supervisor or the CEO. Your complaint should be specific and should include the names of the individuals involved and the names of any witnesses. While a written complaint is preferred, it is not required. The DISTRICT will promptly undertake an effective, thorough, and objective investigation and attempt to resolve the situation.

If the DISTRICT determines that unlawful discrimination has occurred, effective remedial action will be taken commensurate with the severity of the offense. Appropriate action also will be taken to deter any future discrimination. The DISTRICT will not retaliate against you for filing a complaint and will not knowingly permit retaliation by management employees or your co-workers.

1004 Harassment Discrimination And Retaliation Prevention

All employees, applicants, volunteers, and independent contractors ("workers") working for or providing service to the DISTRICT are to be treated with respect and dignity. The DISTRICT is committed to providing a work environment free of harassment, discrimination, retaliation, and disrespectful or other unprofessional conduct based on sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race, religion (including religious dress and grooming practices), color, gender (including gender identity and gender expression), national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9), ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status or any other basis protected by federal, state or local law or ordinance or regulation. It also prohibits discrimination, harassment, disrespectful or unprofessional conduct based on the perception that anyone has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics.

In addition, the DISTRICT prohibits retaliation against individuals who raise complaints of discrimination or harassment or who participate in workplace investigations.

This Policy does not restrict nor inhibit any supervisor from their responsibility or in their ability to direct, critique, and discipline workers in a non-discriminatory manner.

Harassment Prevention

The DISTRICT's policy prohibiting harassment applies to all persons involved in the operation of the DISTRICT. The DISTRICT prohibits harassment, disrespectful or unprofessional conduct by any employee of the DISTRICT, including supervisors, managers and co-workers. The DISTRICT's anti-harassment policy also applies to job- applicants, vendors, customers, independent contractors, interns, volunteers, persons providing services pursuant to a contract and other persons with whom you come into contact while working.

Prohibited harassment, disrespectful or unprofessional conduct includes, but is not limited to, the following behavior:

- Verbal conduct such as epithets, derogatory jokes or comments, slurs or unwanted sexual advances, invitations, comments, posts or messages;
- Visual displays such as derogatory and/or sexually oriented posters, photography, cartoons, drawings or gestures;
- Physical conduct including assault, unwanted touching, intentionally blocking normal movement or interfering with work because of sex, race or any other protected basis;
- Threats and demands to submit to sexual requests or sexual advances as a condition of continued employment, or to avoid some other loss and offers of employment benefits in return for sexual favors;
- Retaliation for reporting or threatening to report harassment; and
- Communication via electronic media of any type that includes any conduct that is prohibited by state and/or federal law or by company policy.

All such conduct violates DISTRICT policy.

Sexual harassment does not need to be motivated by sexual desire to be unlawful or to violate this policy. For example, hostile acts toward an employee because of his/her gender can amount to sexual harassment, regardless of whether the treatment is motivated by sexual desire.

Prohibited harassment is not just sexual harassment but harassment based on any protected category.

Non-Discrimination

The DISTRICT is committed to compliance with all applicable laws providing equal employment opportunities. This commitment applies to all persons involved in DISTRICT operations. The DISTRICT prohibits unlawful discrimination against any job applicant, employee or intern by any employee of the DISTRICT, including supervisors and coworkers.

Anti-Retaliation

The DISTRICT will not tolerate any retaliation against you for, in good faith, filing a complaint or participating in any workplace investigation and will not tolerate or permit retaliation by

management, employees or co-workers.

Working with the Public.

Working with the public can be challenging and sometimes contentious. While workers are expected to interface with the public as their duties dictate, sometimes in difficult or even volatile situations, employees are not expected to endure actual harassment or discrimination by members of the public. If a worker feels that he or she is being subjected to harassment or discrimination by a member of the public, the employee should report such harassment to his or her supervisor or the Chief Executive Officer for investigation and appropriate action. Employees will not be penalized for refusing to tolerate harassment from a member of the public.

Complaint Process

It is important that workers inform the DISTRICT as soon as possible about any prohibited harassment because nothing can be done to remedy the situation if the DISTRICT does not know that it exists. If you believe that you have been the subject of harassment, discrimination, retaliation or other prohibited conduct, you are required to report it to the Chief Executive Officer, or any other supervisor, as soon as possible after the incident. If the Chief Executive Officer is not available or if the complaint is regarding the Chief Executive Officer, the reporting party should notify Human Resources (HR) Dept who will notify the Board President. If you need assistance with your complaint, or if you prefer to make a complaint in person, contact the Chief Executive Officer, any supervisor, or the Board President if the complaint concerns the CEO, or any supervisor. Please provide all known details of the incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory.

Any individual who is aware or suspects that another person has been harassed in violation of this Policy shall report this violation to his or her supervisor, the Chief Executive officer, or any supervisor or other District management employee with whom the individual feels comfortable speaking. If the matter pertains to the Chief Executive Officer, the individual can report the concerns to the Board President.

Each supervisor has the responsibility of maintaining a work environment free of harassment. This responsibility includes being available to discuss this Policy with the workers that they supervise and to assure the workers that they are not required to endure any form of prohibited harassment. If someone reports a harassment allegation to a supervisor, it is the responsibility of the supervisor to take immediate action by documenting the incident(s) and reporting the allegation of harassment to the Chief Executive Officer. If the matter pertains to the Chief Executive Officer, the individual can report the concerns to the Board President.

Any supervisor who fails to take appropriate action to report or address harassment, discrimination or retaliation issues can and will be disciplined by the District.

The DISTRICT requires all individuals to report any incidents of harassment, discrimination, retaliation or other prohibited conduct forbidden by this policy immediately so that complaints can be quickly and fairly resolved.

Investigation Process

When the DISTRICT receives allegations of misconduct, it will immediately undertake a fair, timely, thorough and objective investigation of the allegations in accordance with all legal requirements. The DISTRICT will reach reasonable conclusions based on the evidence collected. The DISTRICT will maintain confidentiality to the extent possible. However, the DISTRICT cannot promise complete confidentiality. The employer's duty to investigate and take corrective action may require the disclosure of information to individuals with a need to know.

Complaints will be:

- Responded to in a timely manner
- Kept confidential to the extent possible
- Investigated impartially by qualified personnel in a timely manner
- Documented and tracked for reasonable progress
- Given appropriate options for remedial action and resolution
- Closed in a timely manner

The DISTRICT's investigation will be designed to maintain, to the extent possible, the privacy and confidentiality of all parties involved. The CEO is responsible for directing/overseeing an investigation into such allegations and for implementing appropriate remedial action, where warranted. When appropriate, an outside investigator may be retained.

All DISTRICT employees must cooperate fully, and be truthful and forthright, when providing information in response to a DISTRICT investigation under this Policy. Again, the DISTRICT will maintain confidentiality of all parties involved in the investigation to the greatest extent possible and share investigation information only as legally required or on a "need to know" basis.

After investigation, the DISTRICT will communicate in writing the confidential findings (i.e., "sustained" or "not sustained") to the complainant, the alleged harasser, and members of management with a legitimate need to know.

If the DISTRICT determines that harassment, discrimination, retaliation or other prohibited conduct has occurred, appropriate and effective corrective and remedial action will be taken in accordance with the circumstances involved. The DISTRICT also will take appropriate action to deter future misconduct.

Any employee determined by the DISTRICT to be responsible for harassment, discrimination, retaliation or other prohibited conduct will be subject to appropriate disciplinary action, up to, and including termination including for a first offense if warranted. The DISTRICT will take action designed to end any harassment and prevent its recurrence. Specific action taken will depend upon the specific circumstances. Employees should also know that if they engage in unlawful harassment, they can be held personally liable for the misconduct and the DISTRICT is under no obligation to defend the employee in a lawsuit or indemnify the employee for an adverse judgment.

Further Information

You also should be aware that the Federal Equal Employment Opportunity Commission and the

California Civil Rights Department investigate and prosecute complaints of prohibited harassment, discrimination and retaliation in employment. If you think you have been harassed or discriminated against or that you have been retaliated against for resisting, complaining or participating in an investigation, you may file a complaint with the appropriate agency. The nearest office can be found by visiting the agency websites at www.crd.ca.gov and www.eeoc.gov.

Employees will be provided with periodic training on preventing harassment, bullying, and abusive conduct in the workplace. While the District will provide employees with the training program to complete, employees can also access training materials on DFEH's website, found at: <https://calcivilrights.ca.gov/shpt/>

Supervisors must refer all complaints involving harassment, discrimination, retaliation or other prohibited conduct to the Chief Executive Officer, so the DISTRICT can try to resolve the complaint. If the Chief Executive Officer, is not available or if the complaint is regarding the Chief Executive Officer, the reporting party should notify the Human Resources (HR) Dept who will notify the Board President.

1005 Reasonable Accommodation

To comply with applicable laws ensuring equal employment opportunities to qualified individuals with a disability, the DISTRICT will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or an employee unless undue hardship would result.

Any job applicant or employee who requires an accommodation in order to perform the essential functions of the job should contact the Chief Executive Officer and discuss the need for an accommodation. The DISTRICT will engage in an interactive process with the employee to identify possible accommodations, if any, that will help the applicant or employee perform the job. The employee may need to provide medical information substantiating the need for accommodation. All medical information will be kept in a confidential medical file. The DISTRICT will consider all information you provide and retains the ultimate discretion to decide which accommodation, if any, to provide.

An applicant, employee or intern who requires an accommodation of a religious belief or practice (including religious dress and grooming practices, such as religious clothing or hairstyles) should contact Chief Executive Officer and discuss the need for an accommodation. If the accommodation is reasonable and will not impose an undue hardship, the DISTRICT will make the accommodation.

The DISTRICT will not retaliate against you for requesting a reasonable accommodation and will not knowingly tolerate or permit retaliation by management, employees or co-workers.

EMPLOYMENT POLICIES AND PRACTICES

2000 HIRING PROCESS

The Chief Executive Officer is responsible for initiating and completing the hiring process. The CEO shall review applicants and their applications / resumes. The review and hiring process may be delegated by the CEO to the Center Manager, or reside with the CEO, and does not require any participation from the DISTRICT Board or its committees. An appropriate screening process, including evaluation criteria, interview process, and reference checks, shall be followed. No screening device, application procedure, or evaluation criteria shall discriminate on the basis of any non- job-related factor.

In the case of the VS H&W Center manager and medical director and upon completion of the application and interview process, with the exception noted in the above paragraph, the CEO will make a recommendation regarding his/her choice(s) for the position(s) to the relevant Board Committee (if in existence) and the Board for approval. Applicants not selected for the position shall receive a written notice of their status as soon as possible.

When hiring the CEO, the Board shall appoint an ad hoc Personnel Committee composed of members of the Board. The Board will make the final hiring decision.

All resumes, application forms, test results, interview notes, and any other documentation of the selection process relative to all applicants, will be maintained as required by the DISTRICT's record retention policy.

2001 CATEGORIES OF EMPLOYMENT

DISTRICT has established the following categories of employment set forth below. All employees are subject to withholding of FICA, federal and state income taxes, disability, and other withholding taxes, and must complete tax forms verifying their tax filing status.

Regular Employees

Regular employees are those who are hired for an ongoing, designated position and who have successfully completed the introductory period. All regular employees are paid on an hourly basis or a salary depending on their exemption status as defined by California and Federal law, as applicable, and accrue leave time and benefits as outlined in this manual.

Regular Full-Time Employees

Regular full-time employees work a schedule of 20 hours or more per week.

Regular Part-time Employees

Regular part-time employees work less than 20 hours per week. Following the completion of the

introductory period, regular part-time employees may be eligible for partial benefits as more fully set forth in this handbook. Pro rata accrual of leave (if applicable) may begin on the employee's hire date, but only if he or she is working 20 hours or more per week.

Temporary Employees

Temporary employees work for a set hourly wage to handle a specific project or to temporarily augment or substitute for regular staff. A temporary employee is not entitled to retirement or health insurance benefits or paid time-off (unless otherwise required by law or specifically approved by the Board); however, other provisions of this manual shall apply to temporary employees. There is no guaranteed number of hours of work for temporary employees.

2002 INTRODUCTORY PERIOD

The first ninety (90) days of continuous employment at DISTRICT is considered an Introductory Period. During this time, the employee will be provided with training, will complete orientation as well as applicable waiting periods for benefits, and is expected to become familiar with DISTRICT practices and operations.

Towards the conclusion of the Introductory Period the DISTRICT will conduct an informal review to assess performance and overall fit for the position. The DISTRICT also welcomes any suggestions the employee may have to improve our efficiency and operations. Completion of the Introductory Period does not entitle employee to remain employed for any definite period of time or impact the at-will nature of employment.

2003 JOB DUTIES

During the Introductory Period, the Manager, HR and/or the Chief Executive Officer will explain to the employee job responsibilities and the performance standards expected. Be aware that your job responsibilities may change at any time during the employee's employment. From time to time, the employee may be asked to work on special projects or to assist with other work necessary or important to the operation of DISTRICT. Employee's cooperation and assistance in performing such additional work is expected.

DISTRICT reserves the right, at any time, with or without notice, to alter or change job responsibilities, reassign or transfer job positions, or assign additional job responsibilities.

2004 OFFICE SECURITY

All employees are responsible for due diligence in the protection of the DISTRICT's premises, equipment, files, and supplies. DISTRICT is not responsible for damage or loss of staff's personal property.

2005 TIMEKEEPING AND PAY DATES

Each non-exempt employee will maintain a time sheet. All absences, both authorized and unauthorized, shall be recorded. The time sheet must be submitted to the Chief Executive Officer

or his/her designee for verification and signature. The signed timesheet will become part of the employee's permanent employment file. Failure to provide accurate time sheets will lead to disciplinary action.

Regular employees and temporary employees will submit timesheets bi-weekly. The DISTRICT'S paydays are Bi-weekly.

2006 PERSONNEL RECORDS

A confidential personnel file for each employee will be established at the time the employee is hired. The confidential personnel records of each employee are available only to the employee, Human Resources, and other members of management with a need to know or as required by law. Employees may review their personnel records during normal business hours, at a time mutually convenient to DISTRICT and employee. Nothing contained in the personnel file is to be removed by the employee while reviewing the file.

Disclosure of personnel information to outside sources, other than the employee's designated representative, will be limited. However, the DISTRICT will cooperate with requests from authorized law enforcement or local, state, or federal agencies conducting official investigations and as otherwise legally required.

Any requests for references or employment verification must be directed to the CEO. Only the CEO is authorized to release references for current or former employees. The DISTRICT discloses only the dates of employment and the title of the last held. The DISTRICT will also disclose the amount of salary or wage last earned if the employee executes a written authorization for release.

2007 COMPENSATION

Rates of Pay

DISTRICT shall endeavor to ensure that, when resources permit, the rate of pay for any position shall be comparable to the prevailing rates of similar positions in the community. Further, DISTRICT shall endeavor to ensure that pay relationships among positions within the DISTRICT are equitable, and that common criteria, including job performance, are applied uniformly to determine compensation levels for individual staff members.

Salary Increases

Raises, if any, will be based on a formal regular performance review/evaluation of each employee's performance during the past year. Employees are not guaranteed any compensation increase, even with a positive performance review.

Payroll Deductions

All salary deductions are itemized on a paycheck stub. Any questions regarding the computation of these or other deductions should be directed to Human Resources and the Chief Executive Officer or his/her designee. Approved salary deductions include (but are not limited to):

- Federal and State Income Taxes
- FICA
- Medicare
- State Disability Insurance
- Health Insurance
- 401k

The DISTRICT is committed to pay equity and transparency, as required by applicable law. The DISTRICT will respond to requests for information about the employee's own wages as required by law, but the DISTRICT will not disclose the wages of other employees.

2008 OVERTIME

Non-exempt employees will be paid overtime according to California law. The DISTRICT workweek starts on Sunday at 12:01am and ends on Saturday at midnight. The DISTRICT's workday starts each day at 12:01am and concludes at midnight.

2009 PERFORMANCE AND SALARY REVIEWS

Performance reviews will be conducted at the following times:

Toward the end of the introductory period for all employees;

- At the initiation of the Chief Executive Officer when determined to be appropriate;
- When requested in writing by an employee and approved by the Chief Executive Officer
- Annually, around the anniversary of the hire date:

The review process will address appropriate aspects of the employee's performance, including the following:

- Ability to meet all performance criteria including accuracy, timeliness and completeness;
- Teamwork/Interpersonal Relations;
- Attendance;
- Adherence to policies and procedures;
- Dependability;
- Flexibility;
- Accuracy of work completed in a specific amount of time;
- Attitude; and
- Willingness to devote time which may be required to meet established timeframes and/or special projects.

The review process may result in three categories of determination:

- An employee's work is found to be at least satisfactory and consistent with the objectives for the position.
- An employee's work is found to be generally satisfactory, but not wholly consistent with the objectives set for the position. The employee will be informed as to his/her areas of

satisfactory performance and those areas that need strengthening. A written plan for improving performance in the specified areas, with a timetable for completion, will be established by the Manager and Chief Executive Officer, with the input of Human Resources.

- If an employee's performance is found to fall below satisfactory standards and not fulfill job objectives the employee will be warned of this situation by the Manager and Chief Executive Officer or his designee and the specifics of the unsatisfactory performance discussed. A written plan for improving performance in the specified areas, with a timetable for completion, will be established with the Manager with notification to Human Resources and Chief Executive Officer. The employee will be informed that if his/her performance is not raised to acceptable levels within a 30-calendar-day period, the employee may be discharged.

At the end of the evaluation meeting, both parties should sign the evaluation form. The employee will be given a copy of the evaluation, with the original being placed in the employee's personnel file. The Chief Executive Officer will review all signed evaluations and forward to Human Resources.

An employee has the right to refuse to sign an evaluation form that she or he thinks significantly misrepresents job performance. However, the employee must sign a written statement that they have read the evaluation.

The performance evaluation shall be considered a confidential report and shall be subject to review only by those persons who have supervisory or administrative authority over the employee.

2010 CONFLICTS OF INTEREST

Situations of actual or potential conflict of interest are to be avoided by all employees. Personal or romantic involvement with a colleague, subordinate, or supervisor, which impairs an employee's ability to exercise good judgment on behalf of DISTRICT, creates an actual or potential conflict of interest. Supervisor-subordinate romantic or personal relationships also can lead to supervisory problems, possible claims of sexual harassment, and morale problems.

An employee involved in any of the types of relationships or situations described in this policy should immediately disclose the relevant circumstances to the Manager, Human Resources and Chief Executive Officer for a determination as to whether a potential or actual conflict exists. If an actual or potential conflict is determined, DISTRICT may take whatever corrective action appears appropriate according to the circumstances. Failure to disclose facts shall constitute grounds for disciplinary action.

2011 DISCIPLINARY ACTION

Disciplinary action can be taken where appropriate, in the discretion of the DISTRICT. Conduct such as rule or policy violations; untimeliness; insubordination; misconduct; or any disregard for policies, procedures, rules, regulations, or the performance standards for any position, or violation of the standards of conduct identified in policy 3000 may be cause for disciplinary action.

DISTRICT may impose any disciplinary action that it determines, in its sole and unfettered

discretion, to be appropriate. The possible forms of discipline include:

Oral Warning

An oral warning clearly states the problem, its history, and a timeline for improvement. A follow-up memo will be forwarded to Human Resources and added to the employee's personnel file.

Written Warning

A written warning is a memo describing a specific complaint or problem with a copy placed in the employee's personnel file.

Performance Improvement Plan

Any employee with performance deficiencies may be placed on a performance improvement plan (PIP) for a period of thirty (30) calendar days or longer. During this time, the employee is provided an opportunity to bring conduct or performance up to standard. However, if during this improvement period, the employee fails to show satisfactory improvement, the employee may be terminated. Notice of placement on the PIP shall be given to the employee in writing, at the beginning of the period. A copy of this notice shall be placed in the employee's personnel file.

Termination

The Manager or Chief Executive Officer may give the employee written notification that he/she is being terminated, indicating the effective date. A copy of the notice will be forwarded to Human Resources and placed in the employee's personnel file.

Immediate Administrative Leave

The Manager or Chief Executive Officer may place employees on administrative leave in order to facilitate an investigation into serious allegations of gross misconduct or incompetence. Offenses warranting administrative leave include, but are not limited to, threats or acts of violence, theft, sexual harassment, falsification of records, and violation of professional ethics. An employee will be notified both verbally and in writing of the administrative leave and a copy of the notice will be placed in the employee's personnel file. The employee will not work during this time, and if the allegations are supported, the employee may be immediately terminated.

Suspension

Following an appropriate investigation, the Manager or Chief Executive Officer may suspend an employee without pay for an appropriate period of time, not to exceed thirty (30) days. (Exempt employees must be suspended for full workweeks). Documentation will be forwarded to Human Resources.

The selection of appropriate disciplinary action is vested to the discretion of the DISTRICT. The DISTRICT is not obligated to follow progressive discipline and can decide, based on the circumstances, what disciplinary action, if any, to provide in any particular circumstance. The DISTRICT can also resort to termination for a first offense. Nothing in this policy changes the at-will nature of employment with the District.

2012 TERMINATION OF EMPLOYMENT

Termination of employment can be the result of a voluntary resignation, mutually agreed upon termination, or dismissal with or without cause.

Voluntary termination results when an employee voluntarily resigns his or her employment, or fails to report to work for three (3) consecutively scheduled workdays without notice to, or approval by the Manager or Chief Executive Officer.

An employee who plans to resign is expected (but not required) to give appropriate notice (preferably at least two weeks in advance), finish any work-related requirements, provide assistance in transitioning his/her work, and provide forwarding information.

Upon termination, the employee must return all keys, DISTRICT-provided supplies, or other DISTRICT property.

Human Resources will make every effort to conduct an exit interview.

STANDARDS OF CONDUCT

3000 PROHIBITED CONDUCT:

The following conduct is prohibited and will not be tolerated by the DISTRICT. This list of prohibited conduct is illustrative only; other types of conduct that threaten security, personal safety, employee welfare and our operations also may be prohibited.

- Falsifying employment records, employment information, or other DISTRICT records;
- Recording the work time of another employee or allowing any other employee to record your work time, or falsifying any time card, either your own or another employee's;
- Theft, deliberate or careless damage or destruction of any DISTRICT property, or the property of any employee or client;
- Removing or borrowing DISTRICT property without prior authorization;
- Unauthorized use of DISTRICT equipment, time, materials, or facilities;
- Provoking a fight or fighting during working hours or on DISTRICT property;
- Carrying firearms or any other dangerous weapons on DISTRICT premises at anytime;
- Engaging in criminal conduct whether or not related to job performance;
- Causing, creating, or participating in a disruption of any kind during working hours on DISTRICT property;
- Insubordination, including but not limited to failure or refusal to obey the orders or instructions of a supervisor or member of management, or the use of abusive or threatening language toward a supervisor or member of management;

- Using abusive language at any time on DISTRICT premises;
- Failing to notify the Manager or Chief Executive Officer when unable to report to work;
- Unreported absence of three (3) consecutive scheduled workdays;
- Failing to obtain permission to leave work for any reason during normal working hours;
- Failing to observe working schedules, including rest and lunch periods;
- Failing to provide a physician's certificate when requested or required to do so;
- Sleeping or malingering on the job;
- Making or accepting personal telephone calls deemed excessive in duration during working hours, except in cases of emergency;
- Working overtime without authorization;
- Wearing disturbing, unprofessional or inappropriate styles of dress or hair while working;
- Violating any safety, health, security or DISTRICT policy, rule, or procedure;
- Committing a fraudulent act or a breach of trust under any circumstances; and
- Committing or involvement with any act of unlawful harassment, [discrimination or retaliation](#) of another individual.

This statement of prohibited conduct does not alter DISTRICT's policy of at-will employment. The employee or the DISTRICT remains free to terminate the employment relationship at any time, with or without reason or advance notice.

3001 DRUGFREE WORKPLACE POLICY

DISTRICT has a responsibility to maintain a safe and efficient work environment, free of illegal drugs, controlled substances, and alcohol abuse. Every employee of the DISTRICT has a responsibility to perform his/her duties in accordance with the highest standards of conduct, through a high level of productivity, reliability, safety, and judgment. Being under the influence of and impaired by illegal drugs, controlled substances, or alcohol while at work are incompatible with this responsibility.

DISTRICT prohibits the unlawful use, distribution, or possession of illegal drugs or controlled substances while on its property. Furthermore, an employee may not sell illegal drugs, controlled substances, or alcohol to another employee or to a constituent while such employee is at work.

(The list of controlled substances includes, but is not limited to, marijuana, heroin, PCP, cocaine, and amphetamines.)

Violation of this policy will be grounds for disciplinary action, up to and including termination. Additionally, employees who are involved in off-the-job illegal drug activity might be considered to be in violation of this policy.

3002 CONFIDENTIALITIES

Each employee is responsible for safeguarding confidential information obtained during employment. In the course of your work, you may have access to confidential information regarding fellow employees, or the DISTRICT. It is your responsibility not to reveal or divulge any such information unless it is necessary for you to do so in the performance of your duties. Access to confidential information should be on a "need-to-know" basis and must be authorized by Human Resources or Chief Executive Officer. Any breach of this policy will not be tolerated and may result in disciplinary action and/or termination.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) and California Privacy laws, it is the policy of the DISTRICT that all physicians and staff preserve the integrity and the confidentiality of protected health information (PHI) pertaining to our patients. The purpose of this policy is to ensure that the DISTRICT and its physicians and staff have the necessary information and PHI to provide the highest quality medical care possible. To that end, the DISTRICT and its physicians and staff are required to adhere to the standards of the DISTRICT set forth in a separate annual HIPAA Refresher Information packet for 2022-2023. All physicians and staff must adhere to this policy and a violation of this policy is grounds for corrective action, up to and including termination of employment. Violation of the DISTRICT's privacy practices could also subject employees to criminal or professional sanctions by appropriate authorities in accordance with applicable law.

3003 MEDIA CONTACTS

Employees may be approached for interviews or comments by the news media. Only DISTRICT employees designated by the Chief Executive Officer may comment on DISTRICT policy or events that have an impact on DISTRICT. The Chief Executive Officer has been designated by the Board to comment on DISTRICT policy or events that have an impact on DISTRICT.

OPERATIONAL CONSIDERATIONS

4000 MEAL AND REST PERIODS

Rest Breaks

All nonexempt employees are entitled to rest break periods during their workday. Nonexempt employees will be paid for all such break periods, and do not need to record their in/out time for their rest breaks on their time card.

The Employee will be relieved of all duty during employee's rest break periods. Employee is free to come and go as employee pleases and is free to clock out and leave the premises. Employee is expected to return to work promptly at the end of any rest break and clock back in.

Number of Rest Breaks

Employees are authorized and permitted one (1) 10-minute rest break for every four (4) hours of work (or major fraction thereof, which is defined as any amount of time over two [2] hours). A rest break need not be authorized for employees whose total daily work time is less than three and one half (3.5) hours.

Employees working a shift from three and one-half (3.5) to six (6) hours in length are entitled to one (1) ten-minute rest break. Employees working more than six (6) hours and up to 10 hours, are entitled to two (2) ten-minute rest breaks. Employees working more than 10 hours and up to 14 hours, are entitled to three (3) ten-minute rest breaks.

Timing of Rest Breaks

Employees are authorized and permitted to take a rest break in the middle of each four hour work period. There may be practical considerations that make this general timing infeasible and that require the DISTRICT to deviate from this general rule. Employees will be informed if there are practical considerations that make this timing infeasible. Rest breaks are scheduled by an employee's Manager.

Meal Period

Nonexempt employees will be provided an uninterrupted unpaid meal period of at least 30 minutes if they work more than five (5) hours in a workday. Employees must record the start and end time of their meal period. Employees will be permitted a reasonable opportunity to take this meal period and will be relieved of all duty. During their meal period, employees are free to come and go as they please and are free to leave the premises. Employees are expected to return to work promptly at the end of any meal period.

Timing of Meal Period

The meal period will be provided no later than the end of the fifth hour of work. For example, if work begins at 8:00 a.m., the meal period must start by 12:59 p.m. (which is before the end of the fifth hour of work).

Meal periods are scheduled by any employee's Manager.

Second Meal Period

Employees working more than 10 hours in a day, will be provided a second, unpaid meal period of at least 30 minutes. Employees must record the start and end time of their second meal period. Employees will be permitted a reasonable opportunity to take this meal period, and will be relieved of all duty.

There will be no control over an employee's activities during their meal period. During the meal period, employees are free to leave the premises and are free to come and go. Employees are expected to return to work promptly at the end of any meal period.

Timing of Second Meal Period

This second meal period will be provided no later than the end of the 10th hour of work. An employee's second meal period will be scheduled by the Manager.

Recording Meal Periods

Employees must record the start and end of the meal period. Employees are not allowed to work "off the clock." All work time must be accurately reported on their time record.

If for any reason employees are not provided a meal period in accordance with Company policy, or if employees are in any way discouraged or impeded from taking a meal period or from taking the full amount of time allotted, please immediately notify Human Resources.

Anytime an employee misses a meal period that was provided (or any portion of a provided meal period), the employee will be required to report to Human Resources and document the reason for the missed meal period or time worked.

4001 PERSONAL USE OF SUPPLIES AND TELEPHONES

Materials, Supplies, and Equipment

No employee is permitted to use the DISTRICT's materials, supplies, or equipment for personal reasons.

Telephones

Employees may only use the DISTRICT's telephones for local calls that cannot be conducted during non-business hours or from a non-DISTRICT telephone. In no case, except as authorized by the Chief Executive Officer or his/her designee, shall personal long- distance calls be made on DISTRICT telephones.

4002 REIMBURSEMENT OF WORK EXPENSES

Definition

Work-related travel includes that is connected with the delivery of the DISTRICT's services and which requires employees to use private automobiles or public transit. This does not include commuting to or from work, or parking associated with attendance at work. Work-related travel should be directed and approved by the Manager or Chief Executive Officer.

Transportation

Reimbursement Allowances	
Auto expenses	IRS rate
Parking	Full cost (receipt required)
Tolls	Full cost (receipt required)
Other public transit	Full cost (receipt required)

Travel

Any DISTRICT employee traveling on DISTRICT business greater than 50 miles per event must have amounts for reimbursements and travel authorization approved in advance by the Chief

Executive Officer. Means of Travel: Travel will be conducted in the most economical way possible, givendue consideration of employee’s time and inconvenience, as well as DISTRICT resources. Group travel, where feasible, is encouraged.

Allowances	
Auto	IRS Rate
Tourist class only (receipt required)	
Air	
Rail and other	Full cost (receipt required)
Expenses	In-state and out-of-state food and lodging,with lodging subject to pre-approval and meals not to exceed a per diem of \$75.00 per day (receipts required)

4003 HEALTH AND SAFETY

Every employee is responsible for the safety of himself/herself, as well as others in the workplace. To achieve our goal of maintaining a safe workplace, everyone must be safety-conscious at all times.

In compliance with Proposition 65, the DISTRICT will inform employees of any known exposure to a chemical known to cause cancer or reproductive toxicity.

4004 USE OF CELL PHONE WHILE DRIVING ON DISTRICT BUSINESS

In the interest of the safety of our employees and other drivers, DISTRICT employees are prohibited from using cell phones while driving on DISTRICT business and/or DISTRICT time. Personal and/or DISTRICT provided cell phones are to be turned off any time you are driving on DISTRICT business or DISTRICT time. If your job requires that you keep your cell phone turned on while you are driving, you must use a hands-free device and safely pull off the road before conducting DISTRICT business. Under no circumstances should employees place phone calls while operating a motor vehicle on DISTRICT business and/or DISTRICT time.

4005 USE OF ELECTRONIC MEDIA

The DISTRICT uses various forms of electronic communication including, but not limited to computers, e-mail, telephones, personal digital assistant devices, Internet, etc. All electronic communications, including all software, databases, hardware and digital files, remain the sole property of the DISTRICT and are to be used only for DISTRICT business and not for any personal use except as discussed below. These policies apply to use at any DISTRICT rented, owned, or managed facility.

Electronic communication and media may not be used in any manner that would be threatening, discriminatory, harassing, offensive, or obscene, or for any other purpose that is illegal, against DISTRICT policy or not in the best interest of the DISTRICT. Employees who misuse electronic communications and engage in defamation, copyright or trademark infringement, misappropriation of trade secrets, discrimination, harassment, or related actions will be subject to discipline and/or immediate termination. The DISTRICT requires that all passwords for access to voicemail and to any DISTRICT computer or software be provided to the Manager or Chief Executive Officer.

Employees may not install personal software or modify existing software on DISTRICT computer systems.

All electronic information created by any employee using any means of electronic communication is the property of the DISTRICT and remains the property of the DISTRICT. Personal passwords may be used for purposes of security, but the use of a personal password does not affect DISTRICT's ownership of the electronic information.

The DISTRICT will override all personal passwords if necessary for any reason.

The DISTRICT reserves the right to access and review electronic files, messages, mail, and other digital archives, and to monitor the use of electronic communications as necessary to ensure that no misuse or violation of DISTRICT policy or any law occurs. Employees should not have any expectation of privacy in any information stored on the DISTRICT's systems.

Employees are not permitted to access the electronic communications of other employees or third parties unless directed to do so by DISTRICT management.

Employees who use e-mail, cell phones, cordless phones, portable computers, personal digital assistant devices and fax communications should not use these methods for communicating confidential, classified, or sensitive information or any trade secrets unless directed to do so by the Chief Executive Officer.

Employees should not open e-mails or e-mail attachments unless they are familiar with the sender because of a potential virus being transmitted.

Access to the Internet, websites, and other types of DISTRICT-paid computer access are to be used for DISTRICT-related business only. DISTRICT e-mail and internet systems may NOT be used for personal use at any time.

Questions about access to electronic communications or issues relating to security should be addressed to the Manager or Chief Executive Officer.

4006 USES OF SOCIAL MEDIA

The following is the DISTRICT's Use of Social Media policy. The absence or lack of explicit reference to a specific site does not limit the extent of the application of this policy. Where no specific policy or guideline exists, employees should use their professional judgment, rely on common sense, and take the most prudent action possible.

In general, the DISTRICT views positively employee use of social media, including, among others, social networking sites (e.g., Facebook and Instagram), personal Web sites, Weblogs, Wiki forums, and content-sharing sites (e.g., YouTube and Flickr). If an employee chooses to identify as a DISTRICT employee on such Internet venues, some readers may view the employee as a

DISTRICT representative or spokesperson. In light of this possibility, the DISTRICT requires that employees observe the following guidelines when referring on the Internet to the DISTRICT, its programs or activities, products, services, clients, and/or other DISTRICT employees.

- Be clear and write in first person. Make it obvious in your writing that you are speaking for yourself and not on behalf of the DISTRICT. If you choose to comment on DISTRICT matters that are public, such as posting reviews of DISTRICT products or services on social media sites, you must clearly state that you are an employee of DISTRICT.
- Even if critical, be transparent, honest, and respectful, regardless of whether your Internet postings concern the DISTRICT, other employees, clients, and/or other affiliated entities and individuals.
- Employees may NOT use social media for personal use during work hours. Refer to DISTRICT policies regarding Use of Electronic Media.
- Information published on the Internet should comply with our policies regarding confidentiality and disclosure of proprietary information. Thus, employees must not disclose confidential and/or proprietary information about customers, clients, employees, or other affiliated entities or individuals without the individual's/entity's express written consent. Such information includes personal health and financial information and related proprietary information and documents, such as trade secrets, customer lists, launch and release dates, promotional materials, and/or pending reorganizations.
- Employees must not use social media to post or display comments that are vulgar, threatening, intimidating, harassing, or a violation of our policies against discrimination or harassment, or those that defame the DISTRICT, its employees, customers, clients, or other affiliated individuals or entities. See the DISTRICT's Policy Against Harassment.
- Our logos and trademarks and other proprietary information/marks may not be used for any commercial purpose without written consent and/or for any other purpose that violates this policy.

Nothing about this policy is intended to interfere with employee rights to self-organize, form, join, or assist labor organizations, to bargain collectively through representatives of their choosing, or to engage in other concerted activities for the purpose of collective bargaining or other mutual aid or protection, or to refrain from engaging in such activities.

Employees are strongly encouraged to discuss with the Chief Executive Officer any concerns they may have about their use of social media. The DISTRICT may request that employees temporarily and/or permanently suspend posted communications if the DISTRICT believes it is necessary or advisable to ensure compliance with applicable laws and/or is in the DISTRICT's best interests.

Any employee found to be in violation of any portion of this Use of Social Media Policy will be subject to disciplinary action, up to and including termination of employment.

EMPLOYEE BENEFITS

5000 HOLIDAYS

The DISTRICT observes the following paid holidays; Thanksgiving, the day after Thanksgiving, Christmas Day and 4th of July. On those days on which the DISTRICT is closed due to a holiday employee will not need to come to work unless instructed otherwise by the Chief Executive Officer. Non-exempt employees will not be paid for any time on holidays. Exempt employees will be paid where required to maintain exempt status.

5001 VACATION

Employees working 40 hours per week are entitled to accrue [vacation time based on the length of employment with the DISTRICT as follows:](#)

<u>Tenure</u>	<u>Days/Hours Per Year</u>	<u>Accrual Per Pay Period</u>	<u>Cap</u>
<u>0 to 90 days</u>	<u>0</u>	<u>0</u>	<u>0</u>
<u>90 days - 1 year</u>	<u>5 days (40 hours)</u>	<u>1.54</u>	<u>70 hours</u>
<u>1+ to 2 years</u>	<u>10 days (2 weeks)</u>	<u>3.08</u>	<u>140 hours</u>
<u>2+ to 6 years</u>	<u>15 days (3 weeks)</u>	<u>4.63</u>	<u>352 hours</u>
<u>6+ to 10+ years</u>	<u>20 days (4 weeks)</u>	<u>6.16</u>	<u>400 hours</u>

Employees working more than 20 and less than 40 hours per week will be prorated based on percentage of 40-hour week.

Active service commences with an employee's first day of work and continues thereafter unless broken by an absence without pay, a leave of absence, or termination of employment.

Employees become eligible to accrue and use accrued vacation after the successful completion of their Introductory Period. Vacation schedules must be coordinated and cleared with the Manager or Chief Executive Officer and the needs of the DISTRICT determine permissible vacation periods, which employees may need to defer or otherwise adjust accordingly. Vacations shall be scheduled to provide adequate coverage of job responsibilities and staffing requirements. The Chief Executive Officer will make final determinations and must approve employee vacation schedule(s) in advance.

An employee whose employment terminates will be paid for accrued unused vacation days.

Required Use of Vacation Before Unpaid Leave

You are required to take accrued and unused vacation before taking unpaid leave or having unpaid absences unless the absence is due to pregnancy-related disability or is not considered

an unpaid leave under the California Family Rights Act. If you are absent for a reason that qualifies you for Paid Family Leave (PFL) or because of a disability that qualifies you for State Disability Insurance (SDI) benefits, please contact the Chief Executive Officer to discuss coordination of your benefits.

5002 INSURANCE BENEFITS

Disability Insurance

Each employee contributes to the State of California to provide disability insurance pursuant to the California Unemployment Insurance Code. Contributions are made through a payroll deduction. Disability insurance is payable when you cannot work because of illness or injury not caused by employment at DISTRICT or when you are entitled to temporary workers' compensation at a rate less than the daily disability benefit amount. Specific rules and regulations governing disability are available from the EDD's website at www.edd.ca.gov.

Unemployment Compensation

DISTRICT contributes money every year to the California Unemployment Insurance Fund on behalf of its employees.

Social Security

Social Security is an important part of every employee's retirement benefit. The DISTRICT participates in social security in accordance with law.

Workers' Compensation

DISTRICT carries compensation insurance in accordance with the requirements of state law. This insurance provides benefit payments to an employee who is injured while working for DISTRICT or becomes ill from any occupation-related disease.

5003 SICK LEAVE

As of July 1, 2015, California law provides for mandatory paid sick leave under the Healthy Workplaces, Healthy Families Act (the "Act"). This paid sick leave policy is intended to comply with the requirements of the Act.

Employees cannot be discriminated or retaliated against for requesting or using accrued paid sick time.

If you have any questions about paid sick leave, please contact Human Resources or the Chief Executive Officer

Eligible Employees

All employees who have worked for the DISTRICT for 30 or more days within a year from the start of their employment will be entitled to paid sick time.

However, employees are not eligible to take paid sick time until they have worked for the DISTRICT for 90 days from their date of hire.

Sick Pay Amount

Eligible employees will receive sick leave as set forth below.

There is no cap on the number of *accrued* paid sick days that an employee may take.

The DISTRICT will provide eligible employees with three (3) days or 24 hour of paid sick time on their first day of employment with the DISTRICT. ~~You~~ Employee will need to meet the 90 day employment requirement before taking any leave.

Unused paid sick time will not carry over year. Each anniversary (date of hire) the DISTRICT will either place three (3) days or 24 hours of paid sick time in your leave bank.

The DISTRICT does not pay employees for unused paid sick time. If an employee separates from employment and returns less than one year later, any accrued and unused sick leave will be reinstated.

Qualifying Reasons for Paid Sick Leave

Paid sick time can be used for the following reasons:

- Diagnosis, care or treatment of an existing health condition for an employee or covered family member, as defined below.
- Preventive care for an employee or an employee's covered family member.
- For certain, specified purposes when the employee is a victim of domestic violence, sexual assault or stalking.

For purposes of paid sick leave, a covered family member includes:

- A child defined as a biological, foster or adopted child; a stepchild; or a legal ward, regardless of the age or dependency status of the child. A "child" also may be someone for whom you have accepted the duties and responsibilities of raising, even if he or she is not your legal child.
- A "parent" defined as a biological, foster or adoptive parent; a stepparent; or a legal guardian of an employee or the employee's spouse or registered domestic partner. A parent may also be someone who accepted the duties and responsibilities of raising employee when employee was a minor child, even if he or she is not your legal parent.
- A spouse.
- A registered domestic partner.
- A grandparent.
- A grandchild.
- A sibling.
- A designated person. For purposes of this policy, a "designated person" is any person identified by the employee at the time the employee requests paid sick leave. Employees can identify a "designated person" once every 12-month period, measured from the time the employee first makes a designation.

Use of Paid Sick Leave

If the need for paid sick leave is foreseeable, employees shall provide advance oral or written

notification to their supervisor. If the need for paid sick leave is not foreseeable, employees shall provide notice to their supervisor as soon as practicable. An employee is allowed to use one-half of their accrued paid sick leave to care for a covered family member.

An employee's use of paid sick time may run concurrently with other leaves under local, state or federal law.

The DISTRICT may require that the employee provide a doctor's note confirming an employee's ability to return to work for leaves which extend beyond 3 consecutive work days.

Incremental Use

Paid sick leave can be used in 1-hour increments.

Paid Sick Leave and Workers' Compensation Benefits

Paid sick leave is a benefit that also covers absences for work-related illness or injury. Employees who have a work-related illness or injury are covered by workers' compensation insurance. However, workers' compensation benefits usually do not cover absences for medical treatment. When you report a work-related illness or injury, you will be sent for medical treatment, if treatment is necessary. Employee will be paid your regular wages for the time you spend seeking initial medical treatment.

Any further medical treatment will be under the direction of the health care provider. Any absences from work for follow-up treatment, physical therapy or other prescribed appointments will not be paid as time worked. If employee has accrued any unused paid sick leave, the additional absences from work will be paid with the use of paid sick leave.

If you do not have accrued, paid sick leave, or if you have used all of your sick leave, you may choose to substitute vacation for further absences from work, related to your illness or injury.

The DISTRICT reserves the right to modify this policy, due to any changes to the Act, Federal, State and/or local law.

5004 BEREAVEMENT LEAVE

Regular employees shall be granted up to five (5) days of absence per year due to death of a member of the employee's or spouse's family, such as a spouse, registered domestic partner, parent, grandparent, sibling, child. An employee with such a death in the family may take up to (5) days off. Three of those days will be with pay, and the remainder of the five days can be taken as unpaid leave unless the employee wishes to substitute sick leave or vacation. Leave may be taken on a continuous or intermittent basis and must be completed within three (3) months of the death.

5005 JURY DUTY OR WITNESS LEAVE

Employees summoned for jury duty or required court appearances as a result of a subpoena or court order are considered excused from work. Employees should give the Manager or Chief Executive Officer as much advance notice as possible, as well as provide them with a copy of the jury summons. Employees should also keep the Manager or Chief Executive Officer informed of time requirements involved with these activities so any necessary scheduling changes may be made in advance. Non-exempt employees will not be paid for the time off work

resulting from jury service and may use earned and unused vacation for this time off. Exempt employees will be paid in accordance with state and federal law. Any monies paid by the court for jury services may be retained by the employee.

5006 UNPAID LEAVE OF ABSENCE (NON-MEDICAL)

Regular employees may request an unpaid leave of absence for non-medical reasons for a specific period of time not to exceed 120 days. Leave must be requested in writing. This leave may be granted at the option of the Chief Executive Officer.

Employees on unpaid leave may maintain their benefits by paying the full premiums for such benefits during the term of their leave. They will not earn sick or vacation leave credit while on unpaid leave.

Employees needing a medical leave of absence should contact Manager, Human Resources or the Chief Executive Officer as soon as possible after such need arises.

5007 WORKERS' COMPENSATION

DISTRICT, in accordance with state law, provides insurance coverage for employees in case of work-related injury. To ensure that you receive any workers' compensation benefits to which you may be entitled you will need to:

1. Immediately report any work-related injury to the Manager, Human Resources or Chief Executive Officer. Seek medical treatment and follow-up care if required.
2. Complete a written Employee's Claim Form (DWC Form 1) and return it to the Chief Executive Officer.
3. Provide DISTRICT with a certification from your health care provider regarding the need for workers' compensation disability leave and your ability to return to work from the leave.

Under most circumstances, upon submission of a medical certification that an employee is able to return to work from a workers' compensation leave, the employee will be reinstated to his/her same position held at the time the leave began or to an equivalent position, if available. An employee returning from a workers' compensation leave has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if the employee on workers' compensation leave would have been laid off had he/she not gone on leave, or if the employee's position has been eliminated or filled in order to avoid undermining DISTRICT's ability to operate safely and efficiently during the leave, and there are no equivalent or comparable positions available, then the employee would not be entitled to reinstatement.

If, after returning from a workers' compensation disability leave, an employee is unable to perform the essential functions of his/her job because of a physical or mental disability, DISTRICT's obligations to the employee may include reasonable accommodation, as governed by state and federal law.

5008 – PREGNANCY DISABILITY LEAVE

Any employee planning to take pregnancy disability leave due to a disability caused by pregnancy, childbirth, or related medical condition should advise the Manager, Human Resources or Chief Executive Officer as early as possible to discuss the following conditions:

- Duration of pregnancy disability leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months (or 17 1/3 weeks). Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care.
- The DISTRICT will also reasonably accommodate medical needs related to pregnancy, childbirth, or related conditions or temporarily transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy.
- Employees who need to take pregnancy disability must inform the Manager, Human Resources or Chief Executive Officer when a leave is expected to begin and how long it will likely last. If the need for a leave, reasonable accommodation, or transfer is foreseeable, employees must provide reasonable advance notice at least 30 days before the pregnancy disability leave or transfer is to begin. Employees must consult with the Manager or Chief Executive Officer regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the DISTRICT. Any such scheduling is subject to the approval of the employee's health care provider;
- If 30 days' advance notice is not possible, notice must be given as soon as practical;
- Failure to give reasonable advance notice may result in delay of leave, reasonable accommodation, or transfer; Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide the Manager, Human Resources or Chief Executive Officer with a written certification from a health care provider for need of PDL, reasonable accommodation or transfer. The certification must be returned within 15 calendar days. Failure to do so may, in some circumstances, delay PDL leave, reasonable accommodation or transfer. The certification indicating the need for disability leave should contain:
 - A statement that the employee needs to take pregnancy disability leave because she is disabled by pregnancy, childbirth or related medical condition.
 - The date on which the employee became disabled due to pregnancy.
 - The probable duration of the period or periods of disability.
 - If the employee needs a reasonable accommodation or transfer, a medical certification is sufficient if it contains all of the following: a description of the requested reasonable accommodation or transfer; a statement that describes the medical advisability of the reasonable accommodation or transfer because of pregnancy; and the date on which the need for reasonable accommodation or transfer

became/will become medically advisable and the estimated duration of the reasonable accommodation or transfer.

- Leave returns will be allowed only when the employee's physician sends a release.
- During any unpaid leave, an employee will be required to use accrued sick time (if otherwise eligible to take the time) during a pregnancy disability leave. An employee will be allowed to use accrued vacation (if otherwise eligible to take the time) during a pregnancy disability leave; if an employee is receiving SDI benefits, the employee has the choice whether to use accrued leave to supplement those benefits to equal her full pay; and
- Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed. Leave may be taken in increments of one hour. If intermittent leave or leave on a reduced work schedule is medically advisable the employee may, in some instances, be required to transfer temporarily to an available alternative position that meets the employee's needs. The alternative position need not consist of equivalent duties but must have the equivalent rate of pay and benefits. The employee must be qualified for the position. The position must better accommodate the employee's leave requirements than her regular job. Transfer to an alternative position can include altering an existing job to better accommodate the employee's need for intermittent leave or a reduced work schedule.

Upon submission of a medical certification that an employee is able to return to work from a pregnancy disability leave, an employee will be reinstated to her same position held at the time the leave began or, in certain instances, to a comparable position, if available. There are limited exceptions to this policy. An employee returning from a pregnancy disability leave has no greater right to reinstatement than if the employee had been continuously employed. Employees on pregnancy disability leave will be allowed to continue to participate in group health insurance coverage for up to a maximum of four months of disability leave (if such insurance was provided before the leave was taken) at the level and under the conditions that coverage would have been provided if the employee had continued in employment continuously for the duration of the leave.

In some instances, an employer can recover from an employee premium(s) paid to maintain health coverage if the employee fails to return following pregnancy disability leave. PDL may impact other benefits. Please contact the Manager, Human Resources, or Chief Executive Officer for more information.

5009 – LACTATION ACCOMMODATION POLICY

The DISTRICT provides accommodations to lactating employees who need to express breast milk during work hours in accordance with applicable law. The DISTRICT will provide the employee with the use of a room or other location (not a bathroom) for employees to express breast milk in private that is in close proximity to the employee's work area, shielded from view, and free from intrusion. Such space will meet the requirements of the California Labor Code including a surface to place a breast pump and personal items, a place to sit, access to electricity, a sink with running water, and a refrigerator for storing breast milk.

Employees who are nursing have a right to request a lactation accommodation. Such requests may be made verbally or in writing and should indicate the need for an accommodation in order to express breast milk at work, and should be directed to the employee's supervisor. The DISTRICT will promptly respond to such requests and indicate the approval or denial of the break request. The DISTRICT reserves the right to deny an employee's request for a lactation break if the additional break time will seriously disrupt business operations.

The requested break time should, if possible, be taken concurrently with other scheduled break periods. Nonexempt employees must clock out for any lactation breaks that do not run concurrently with normally scheduled rest periods. Any such breaks will be unpaid.

The DISTRICT prohibits any form of discrimination or retaliation against an employee for exercising or attempting to exercise any rights provided by this policy. Any such conduct or other violations of this policy should be reported to management. Employees have the right to file a complaint with the California Labor Commissioner for violation of a lactation accommodation right described in this policy.

5010 California CFRA Leave

The California Family Rights Act (CFRA) provides eligible employees the opportunity to take unpaid, job-protected leave for certain specified reasons. The maximum amount of leave is twelve (12) weeks within a 12-month period.

Eligible Employees

All employees who have worked at least twelve (12) months in the preceding seven (7) years and have worked at least 1,250 hours within the twelve (12) months preceding the date the leave commences are eligible for CFRA leave.

Qualifying Reasons for CFRA Leave

CFRA leave may be used for the following reasons:

- To care for or bond with a newborn child.
- To care for or bond with a child placed with the employee and/or the employee's registered domestic partner for adoption or foster care.
- To care for an immediate family member (spouse, parent, registered domestic partner, child or registered domestic partner's child, sibling, grandparent, grandchild, or designated person) with a serious health condition. For purposes of this policy, "designated person" means any individual related by blood or whose association with the employee is the equivalent of a family relationship. An employee may identify the designated person at the time the employee requests leave. The District limits an employee to one designated person per 12-month period for family care and medical leave.
- For the employee's serious health condition that makes the employee unable to perform his or her job (except pregnancy, which is covered under PDL and does not run concurrently with CFRA).
- For a qualifying military exigency (emergency) related to the covered active duty or call to covered active duty of a spouse, domestic partner, child, or parent in the United States

armed forces.

Duration of Leave

Eligible employees may take CFRA leave in a single block of time, intermittently, or by reducing the normal work schedule when medically necessary for the serious health condition of the employee or immediate family member.

Employees may choose to use accrued paid sick leave or vacation time with some or all of the CFRA leave.

Procedure

When seeking leave under this policy, employees must provide the following to Human Resources:

1. Thirty (30) days' notice of the need to take CFRA leave (if foreseeable), or notice as soon as practicable in the case of unforeseeable leave.
2. Medical certification supporting the need for leave within fifteen (15) calendar days of the DISTRICT's request for the certification. Failure to do so may result in delay of the commencement of leave or denial of a leave request.
3. Periodic reports as deemed appropriate during the leave regarding the employee's status and intent to return to work.
4. A return-to-work release before returning to work if the leave was due to the employee's serious health condition.

The DISTRICT will maintain health insurance coverage for employees and/or their families when CFRA leave is taken on the same terms as if employees had continued to work. In some instances, the DISTRICT may recover premiums paid to maintain health coverage or other benefits for employees and/or their families.

Compensation.

While receiving wage replacement benefits. For any period of time that an employee is eligible for and receiving any type of wage replacement benefits (i.e., disability benefits, SDI, PFL, and/or workers' compensation benefits), the employee is not required to use accrued sick leave or vacation in connection with his or her Family and Medical Leave. The employee may, however, choose to supplement these forms of wage-replacement payments with accrued paid leave on a pro rata basis, so long as the employee's pay does not exceed their normal wage. Should an employee desire to supplement SDI benefits with accrued sick and/or vacation leave, the DISTRICT will integrate benefits with paid leave.

While on otherwise unpaid leave. If an employee is on Family and Medical Leave for his or her own serious health condition and is not receiving any wage replacement benefits from another source, the employee must use any available sick leave and vacation during the leave. (See Pregnancy Disability Leave policy for rule applicable to employees disabled by pregnancy). If an employee is on Family and Medical Leave to care for a family member or bond with a new baby (and is not receiving paid parental leave), the employee must use all available vacation during the leave and, at the employee's choice, may use available sick leave. Once all sick leave and vacation is exhausted (or if the employee has the choice and elects not to use it), Family and Medical Leave will continue on an unpaid basis for the remainder (if any) of the available 12-weeks. Any family and medical leave, whether paid, unpaid, or a combination thereof, will be counted

toward the 12-week leave entitlement. During any period of unpaid leave, employees will not continue to accrue sick leave, vacation, or any other forms of paid time off and will not be paid for holidays that occur during the leave.

Benefits.

An employee taking Family and Medical Leave will be allowed to continue participating in any health and welfare benefit plans in which he/she was enrolled before the first day of the leave (for up to a maximum of 12 workweeks) at the level and under the conditions of coverage as if the employee had continued in employment for the duration of such leave. The DISTRICT will continue to make the same premium contribution as if the employee had continued working, and the employee is expected to continue to pay his or her share of the monthly premiums (either by way of payroll deduction during any period of paid leave or by way of separate payment to the DISTRICT). The continued participation in health benefits begins on the date leave first begins. Employees are eligible for a maximum of 12-weeks benefits continuation during any 12-month period, unless otherwise required by law. If leave lasts longer than 12 weeks and if the law does not otherwise require benefits to be continued, then the employee will be placed on COBRA and can opt for continued coverage at his or her own expense. An employee who does not return from leave may be required, under certain circumstances provided by the law, to reimburse the DISTRICT for any employee contributions paid by the DISTRICT while the employee was on unpaid leave.

Military Qualified Exigency Leave.

Eligible employees with a spouse, domestic partner, child, or parent on active duty or called to active duty in the armed forces of the United States may take up to the normal 12 weeks of leave because of any "qualifying exigency." For purposes of this policy, "qualifying exigency" includes: (1) short-notice deployment; (2) military events and related activities; (3) childcare and school activities; (4) finance and legal arrangements; (5) counseling; (6) rest and recuperation; (7) post-deployment activities; and (8) additional activities agreed to by the employer and the employee.

Procedures.

Please contact the CEO as soon as you become aware of the need for any type of qualified exigency Leave. Except in the case of exigency leave for short-notice deployment, the DISTRICT requires certification of the need for leave.

Reinstatement.

Upon return from a Family and Medical Leave, an employee will be reinstated to his/her original position or to an equivalent position with equivalent pay, benefits, and other employment terms and conditions. However, an employee has no greater right to reinstatement than if the employee had been continuously employed rather than on leave. For example, if an employee on Family and Medical Leave would have been laid off had he/she not gone on leave, or if the employee's position has been eliminated during the leave, then the employee would not be entitled to reinstatement. An employee's use of Family and Medical Leave will not result in the loss of any employment benefit that the employee earned or was entitled to before the leave.

As stated above, when an employee takes leave on account of the employee's own serious health condition, the DISTRICT requires certification, prior to reinstatement, by the employee's health care provider that the employee is fit to return to his/her job.

If an employee fails to report to work promptly at the end of the Family and Medical Leave and fails to obtain approval for an additional personal leave of absence, the DISTRICT will treat the

failure to return as a voluntary resignation.

5011 Reporting Time - Pay Policy

Nonexempt employees who report to work at the DISTRICT's request, but are furnished less than half of their usual or scheduled day's work, will be paid for half the usual or scheduled day's work, but not less than two hours' pay or more than four hours' pay at their regular rate, without regard to the number of hours they actually worked, unless the reasons for the lack of work are beyond the DISTRICT's control. Reporting time pay will not be paid to an employee on paid standby status who is called to perform assigned work at a time other than the employee's scheduled reporting time. Reporting time hours are not counted as "hours worked" for overtime purposes beyond the time in which work actually is performed. For example, if an employee who is scheduled to work an eight-hour shift is sent home after three hours, the employee will receive four hours' pay for that day, but the fourth hour of reporting time pay will not be treated as time worked for overtime purposes.

5012 Crime victims leave

The DISTRICT provides unpaid time off for a victim of a serious or violent felony to attend judicial proceedings related to the crime.

5013 Guard, Reserves, or Naval Militia

Employees who are in the Guard, Reserves, or Naval Militia are entitled to up to 17 days of unpaid leave per year for military training, drills, encampment, naval cruises, special exercises, or similar activities.

5014 Organ Donation

The DISTRICT provides a leave of absence not exceeding 30 days in any one-year period to an employee who is an organ donor for the purpose of donating the employee's organ to another person. The DISTRICT also provides a leave of absence not exceeding five days in any one-year period to an employee who is a bone marrow donor for the purpose of donating an employee's bone marrow to another person.

Leave provided under this policy may be taken in one or more periods.

To receive a leave of absence under this policy, the employee must provide written verification to The DISTRICT that an organ or bone marrow donation is a medical necessity.

The period of time during which an employee is required to be absent by reason of being an organ or bone marrow donor is not considered a break in an employee's continuous service for the purpose of salary adjustments, sick leave, vacation, annual leave, or seniority where applicable.

During any period that an employee takes leave under this policy, The DISTRICT will maintain and pay for coverage under a group health plan for the full duration of the leave, provided that the employee, immediately prior to taking such leave, is entitled to participate in such group health plan.

For employees entitled to sick or vacation leave, The DISTRICT requires an employee to first take up to five days of earned but unused sick or vacation leave for bone marrow donation and up to two weeks of earned but unused sick or vacation leave for organ donation before taking leave under this policy.

Bone marrow and organ donation leave is not to be taken concurrently with any leave taken under the Federal Family and Medical Leave Act or the California Family Rights Act.

If additional leave due to organ donation is needed at the end of the thirty (30) days, another thirty (30) days of unpaid leave will be provided. Upon expiration of a leave under this policy, The DISTRICT will restore an employee to the position held when the leave began or to a position with equivalent seniority status, employee benefits, pay, and other terms and conditions of employment. The DISTRICT does reserve the right not to restore an employee to such a position for conditions unrelated to the employee's taking leave under this policy.

5015 Time off to Vote

The DISTRICT provides workers up to two hours off, without a loss of pay, to vote if they do not have enough time to do so during their non-work hours. Workers must notify their employers two working days before the election if they need to take time off to vote.

***Confirmation Of Receipt Of Personnel Manual Including At-Will Language
And Harassment, Discrimination And Retaliation Prevention Policy***

I have received my copy of the DISTRICT'S personnel manual. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

I understand that except for employment at-will status, the DISTRICT can change any and all policies or practices at any time. The DISTRICT reserves the right to change my hours, wages, and working conditions at any time. I understand and agree that other than the Board of Directors of the DISTRICT has authority to enter into any agreement, express or implied, for employment for any specific period of time, or to make any agreement for employment other than at-will; only the Board has the authority to make any such agreement and then only in writing.

I understand and agree that nothing in this personnel manual creates or is intended to create a promise or representation of continued employment and that employment at the DISTRICT is employment at-will; employment may be terminated at the will of either the DISTRICT or myself.

My signature certifies that I understand that the foregoing agreement on at-will status is the sole and entire agreement between the DISTRICT and myself concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all prior agreements, understandings, and representations concerning my employment with the DISTRICT.

I have received my copy of the DISTRICT'S Harassment, Discrimination and Retaliation Prevention policy included in this handbook. I understand and agree that it is my responsibility to read and familiarize myself with this policy.

I understand that the DISTRICT is committed to providing a work environment that is free from harassment, discrimination and retaliation. My signature certifies that I understand that I must conform to and abide by the rules and requirements described in this policy.

Date: _____

Print Employee's Name

Employee Signature

Compensation of The Chief Executive Officer (CEO):

The Chief Executive Officer (CEO) compensation shall be set by contract. The District Board shall review the Chief Executive Officer (CEO) performance compensation and contract at least annually, or as otherwise provided in the Chief Executive Officer (CEO) employment contract.

- A. The following information or data should be considered in the Board's decisions regarding the Chief Executive Officer (CEO) compensation:
 - 1. The salaries and duties of executive directors/chief executive officers of comparable health care districts throughout California.
 - 2. The salaries of comparable positions at similar for-profit and non-profit organizations.
 - 3. A performance tool will be used.
- B. The Personnel Committee, as applicable, shall initiate a review and make a recommendation to the Board.
- C. Upon completion of the Personnel Committee's annual appraisal a new employee agreement will be signed every two (2) years not to exceed every four (4) years.
- D. When circumstances require a non-payroll compensation or re-imbusement to the CEO: and that amount is greater than \$50.00 then the check must be signed by the District Board President or Treasurer.



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

Resolution 2023 – 05

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

Change in MTHCD Board Policies

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

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

WHEREAS: The *ad hoc* policy committee has reviewed policy No. 18 and have recommended changes in the policy, and presented changes to the public at June 28, 2023 Board of Directors Meeting;

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

RESOLVED: That policy Number 18, Compensation of the Chief Executive Officer (CEO) be amended as published in the June 28, 2023, Board of Directors meeting information packet.

This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 26th Day of July 2023, by the following vote:

Ayes:

Nays:

Absent:

Abstain:

Attest: _____
Debra Sellick, Secretary

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer



16th Annual Tournament • 12:30 Shotgun Start

Sunday, September 17th, 2023 • Greenhorn Creek, Angels Camp

Join Mark Twain Medical Center Foundation in Advancing Women's Health in Calaveras County

Make Your Reservations!

REGISTRATION: Includes Greens Fees, Golf Cart, Snacks, Tee Prize, Tournament Awards, and Dinner

WHEN & WHERE: Sunday, Sept. 17 • Greenhorn Creek Resort • 209.729.8111 • 711 McCauley Ranch Rd, Angels Camp

TEE TIME: Sign in opens at 10:00AM • Shotgun Start 12:30PM • *Get Your Mulligans!*

FORMAT: Four Person Scramble

DINNER, AUCTION & RAFFLE: Dinner after golfing completed. *Live Auction and Raffle start after dinner!*

Fill Out and Mail or Email This Form – Online Signup Preferred at supportmarktwain.org
Be Sure to Sign Up Soon - Reservation Deadline August 31

\$160 / Player Early-Bird • \$640 / Foursome until July 21

\$175 / Player • \$700 / Foursome after July 21

Dinner Only \$50 Per Person _____

PLAYER 1 _____

PLAYER 2 _____

PLAYER 3 _____

PLAYER 4 _____

PAYMENT: To Pay Online, visit supportmarktwain.org

Paying by Check? Mail this form and a check made out to "MTMC Foundation" to 768 Mountain Ranch Rd • San Andreas, CA 95249
We can issue an invoice for payment if needed

FOURSOME CONTACT INFO

NAME _____

PHONE _____

EMAIL _____

Interested in Being A 2023 Sponsor?

The 2023 Barger Golf Outing provides seven Sponsorship categories.

Learn more about our Sponsorships and their benefits by contacting:

Charanjit "CJ" Singh
Director of Philanthropy
1.209.754.2624
charanjit.singh@commonspirit.org

TOTAL \$ _____

Email Form To: charanjit.singh@commonspirit.org