MARK TWAIN
HEALTH CARE DISTRICT

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 Aug. 23, 2023
9:00am

Agenda

Ms. Reed will be remote (Zoom) at 5 Hinckley Circle, Osterville, MA 02655

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 July 19, 2023**:**
- Un-Approved Board Meeting for July 26, 2023:

6. **MTHCD Reports:**

A. President's Report.....Ms. Reed

- **Association of California Health Care Districts (ACHD) August 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:**
- **Miwok Monument Proposal – Information:**
- **Strategic Planning & Projects Matrix:**
- **Grant Report:**
- **Programs Coordinator:**……..…….……Ms. Stout / Ms. Dickey
    - Robo-Doc
    - Stay Vertical Calaveras
    - AED For Life
- **VSH&W Center – Policies and Forms**: Public Comment – Action
    - Policies for Aug. 2023 Valley Springs Health & Wellness Center

Revised Policies
Annual Clinic Evaluation
Employee Dress Code
Engagement & Re-engagement
List of Services
Management of Referral Requests
Medical Director Direction of Practitioners
Peer Review
Prescription Refills
Standardized Procedure for Childhood Periodic Health Screening

Bi-Annual Review Policies (no changes to policy content)
Ambulatory Blood Pressure Monitoring
Animal Bite Reporting
Aseptic Procedures
BLS & ACLS Certification
Butane Storage & Handling
Compliance Policy
Consent and Information Sharing-Children
Emergency Codes
Emergency Medications & Supplies
Expediated Partner Therapy for STDs
Liquid Nitrogen
Medical Staff Composition
Supply Ordering
Visitors and Relatives
Volunteer Deployment
VSHWC Recruitment and Retention

E. Behavioral Health – Presentation:……Ms. Deax-Keirns

F. VSHWC Quality Reports..... Ms. Terradista

- Quality – June 2023**:**
- MedStatix – June 2023**:**

G. BHCiP – Round 5: Public Comment (Tabled 7-26-2023**) –** Action – Roll Call Vote

- **Resolution 2023 - 06 Behavioral Health Continuum Infrastructure Prog. (BHCIP)**

7. **Committee Reports:**

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

- **Financial Statements** – July 2023: Public Comment – Action
- **Reserve & Investment: From Finance Committee –** Began 30-Day Review - 7/26/ 2023:
    - **Resolution 2023 - 07** To Change Policy # 25: Public Comment – Action

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

C. **Ad Hoc Community Grants** ..... ……..Ms. Sellick / Ms. Reed

- **Common Ground Senior Services:** Public Comment – Action

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

E. **Ad Hoc Real Estate:** ..... Mr. Randolph

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

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

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

- Cancer Support Group Sept. 8 at 10am
- ACHD 71st Annual Meeting Sept. 13-15, 2023.
- Calaveras County Cancer Softball Tournament Sept. 16, 2023
- Barger Golf Outing- Sponsored by MTMC Foundation Sept. 17, 2023

9. **Next Meeting:**

- The next MTHCD Board Meeting will be Wed. September 27, 2023 at 9am**.**

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: August 23, 2023 MTHCD Board of Directors Meeting

Time: Aug 23, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

https://us02web.zoom.us/j/89019019707?pwd=VnVDU0NrYWREblo1OVp4WWFhc

TRqdz09

Meeting ID: 890 1901 9707

Passcode: 038764

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• +1 719 359 4580 US

• +1 253 205 0468 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

• +1 312 626 6799 US (Chicago)

• +1 360 209 5623 US

• +1 386 347 5053 US

• +1 507 473 4847 US

• +1 564 217 2000 US

• +1 646 931 3860 US

Meeting ID: 890 1901 9707

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Find your local number: https://us02web.zoom.us/u/kdn5zbPdbs

MARK TWAIN
HEALTH CARE DISTRICT

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

Wednesday July 19, 2023

9:00AM

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 9:02 am

2. **Roll Call:**

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

Quorum: YES

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

Correction: Next Finance Committee Meeting is August 16, 2023

Motion to approve agenda with correction by Mr. Randolph
Second: Ms. Bettinger
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 June 21, 2023:

Motion to approve Consent Agenda and Minutes by Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

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

- Capital Improvement Budget Update:

The MTHCD and MTMC will develop a working group to help direct funds to meet needs. The MTMC to review/update 2014 facility maintenance assessment and plan to report back progress in
Aug/Sept 2023.

- BHCIP Contracting Update:

The $3.3 mil grant process is moving quickly. It is in the preliminary contract process.

7. **Real Estate Review:**

No Report

8. **Accountant's Report:**

- DRAFT June 2023 Financials Will Be Presented: Public Comment – Action

June was a good month for the clinic. The June Financial Report will stay in DRAFT form

until the audit is complete.

Motion to approve DRAFT June 2023 financials with I & R Report by Ms. Bettinger
Second: Mr. Randolph
Ayes: 3
Nays: 0

- Update I & R Strategy – Action

Reserve Policy 25 presented with changes to the reserve allocations. Balances adjustments made with Seismic considerations.

Motion to accept changes as presented with adjusted reserve balances by Mr. Randolph
Second: Ms. Bettinger
Ayes: 3
Nays: 0

9. Treasurer's Report:

No Report

10. Comments and Future Agenda Items:

11. Next Meeting:

Next Finance Committee Meeting will be August 16, 2023 at 9:00am

12. Adjournment: Public Comment – Action:

Motion to adjourn by Ms. Bettinger
Second: Mr. Randolph
Ayes: 3
Nays: 0
Time: 10:20 am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: July 19,2023 Mark Twain Health Care District Finance Committee Meeting
Time: Jul 19, 2023 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/82863174861?pwd=TFR5ZEJkK21rUGdEYWNRaDdoVUFRUT09

Meeting ID: 828 6317 4861
Passcode: 973019

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Find your local number: https://us02web.zoom.us/u/keboey5ZQ0

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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

UN Approved Minutes

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:**

Meeting called to order by Ms. Reed at 9:01am

2. **Roll Call:**

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

QUORUM: YES

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

Motion to approve agenda by Ms. Hack
Second: Ms. Vermeltfoort
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 June 21, 2023**:**
- Un-Approved Board Meeting for June 28, 2023:

Motion to approve consent agenda and minutes by Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 5
Nays: 0

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:

- **Association of California Health Care Districts (ACHD) June 2023 Advocate**
- **Meetings With MTHCD CEO:**

Discussions included personnel, Seismic, Legislation and Agenda topic

- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**

  Following AB1331 that requires Providers to share patient information closely.

B. MTMC Community Board Report:

No quorum reached

C. MTMC Board of Directors:

No quorum reached

Doug Archer to say the MTMC beat the annual budget by 2.2 mil.

D. Chief Executive Officer's Report:

- **General Comments:**

  Oct 14, 2023 MACT Health Fair at the San Andreas Meeting Area
  Aug 23, 2023 Calaveras Public Healthcare Summit at Frogtown Fair Grounds

- **MTMC Capital Improvement – Plan/Process:**

  The document is over 200 pages and quite outdated. The MTMC is working to replace/update items currently to bring back for review at the August meeting.

- **401k Contribution:** Public Comment – Action

  Motion to approve contribution of 8% to 401k by Mr. Randolph
  Second: Ms. Vermeltfoort
  Ayes: 5
  Nays: 0

- **Mi-Wuk Monument - Information:**

  Plaque with poem requested to be placed on the Hospital grounds. Further discussion the August meeting.

- **Non-Electric Utilities – MTMC:**

  Billing non-electric utility charges over $300,000 per year, per lease agreement.

- **Strategic Planning & Projects Matrix:**

- **Grant Report:**

  The district received $75,000 in grants this month. Not including the $33 mil for clinic expansion.

- **Programs Coordinator:**

  - Robo-Doc

  Currently running in 6 schools. Just onboarded Toyon Middle School. Parental consent forms are being passed out.

  - Stay Vertical Calaveras

  8 instructors. 100 participants. Fielding calls daily requesting class information

  - AED For Life

  10 AEDS ordered to begin pilot program. AED Task Force will meet 8/22/23 to discuss placement. Applications are coming in with cost share popular among potential users.

- **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

Standardized Procedure for Depo Provera Injection to be amended and resubmitted for approval

Motion to approve policies as amended by Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 5
Nays: 0

E. VSHWC Quality Reports:

- 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)

Table until August meeting

:

7. **Committee Reports:**

A. **Finance Committee**:

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

  June was a good month for the Clinic.

  Motion to approve Draft June Financials with I & R report by Ms. Vermeltfoort
  Second: Mr. Randolph
  Ayes: 5
  Nays: 0

- **Reserve & Investment: From Finance Committee -** Presented for 30-Day Review:
  - Policy 25 – Reserves

B. **Ad Hoc Policy Committee:**

No Report. Next Meeting 8/8/23

C. **Ad Hoc Community Grants:**

- **Common Ground Senior Services:**

  The committee recommends donation of $2,500 to be action item at August meeting.

D. **Ad Hoc Community Engagement Committee:**

No report.

E. **Ad Hoc Real Estate:**

No report.

F. **Ad Hoc Personnel Committee**:

- **Personnel Manual**: Public Comment – Action

  The attorney updated manual for over 25 employees.

  Motion to approve Personnel Manual as presented by Ms. Vermeltfoort
  Second: Ms. Hack
  Ayes: 5
  Nays: 0

- **Policy 18**: Presented 6-28-2023 for 30-day Review:

  - **Resolution 2023 – 05:** Compensation of the CEO Public Comment – Action

Motion to approve Resolution 2023-05 by Ms. Hack
Second: Ms. Sellick
Ayes: 5
Nays: 0

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

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

The Board moved into closed session.

H. Reconvene to Open Session:

The Board reconvened into open session.

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

The Board reported they had unanimously agreed to sign a 2-year agreement with Dr. Randall Smart, CEO. At that time Dr. Smart signed the agreement. The new base salary is stated (Section 3.1) to be $273,051.00 annually retro back to May 1,2023. Other provisions in the agreement entitle the CEO as set forth in customary practices of the District.

8. <u>Board Comment and Request for Future Agenda Items:</u>

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

The District has already sent in their sponsorship for the Sept.17, 2023 Barger Golf Outing.

Sept. 16, 2023 will be the softball cancer fundraiser in Angels Camp to raise funds to assist two cancer patients.

9. <u>Next Meeting:</u>

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

10. Adjournment: Public Comment – Action

Motion to adjourn by Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 5
Nays: 0
Time: 11:44am

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?
pwd=eWVXSEVDOWpNZ3lzWWFpVjNzV0hlUT09
Meeting ID: 852 7295 5908
Passcode: 646713

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• +1 309 205 3325 US
Meeting ID: 852 7295 5908
Passcode: 646713
Find your local number: https://us02web.zoom.us/u/kbPbe9Nj4p

ACHD
ASSOCIATION OF CALIFORNIA HEALTHCARE DISTRICTS

ACHD Advocate
August 2023

What's New This Month:

- Legislature to Return to Sacramento August 14th
- Advocacy Update
- Upcoming Webinar: Current Economic Trends and their Effects on the Economy


Cathy Martin
Chief Executive Officer

The **legislature will return August 14th** to close out their business for the first year of the two-year session. The Senate and the Assembly will have until September 14th to pass bills out of their respective houses. A few of ACHD's high-priority bills have become two-year bills, which means they are eligible to be taken up again in January. This includes ACHD's sponsored bill, SB 784, which would allow district hospitals to employ physicians directly.

ACHD's 71st Annual Meeting: Moving Mountains Together is just one month away. **Early bird registration expires August 15th,** so be sure to register soon if you plan to attend. Congratulations to all of our ACHD Annual Awards nominees. A panel of independent judges scored each impressive submission, and the winners will be announced at the Awards Reception on September 14th.

The Annual Meeting also marks the beginning of a new association year for ACHD, which means **we are now accepting interest statements from members who would like to serve on** one of ACHD's four standing committees. Our committees are an excellent venue for dialogue, networking and playing a crucial role in shaping ACHD's priorities and services. The commitment is for one year and committees generally meet quarterly via Zoom. All ACHD member district trustees, senior staff and executives are invited to submit an interest form by August 15th. Please note, if you are currently serving on a committee, you will still need to submit this form to continue serving, as all terms are for one year.

With attendance already well over 100, ACHD's 71st Annual Meeting: Moving Mountains Together promises to be a rejuvenating and informative event and we look forward to seeing many of you in Olympic Valley!

The legislature will return Monday for the final stretch of this year's legislative session. Lawmakers will have until September 14th to send bills to the Governor. October 14th will mark the final day for the Governor to sign or veto bills. Legislators have been in recess over the last four weeks, with bills unable to move until their return. ACHD has continued working on several important pieces of legislation over the interim, as we expect things to move quickly beginning Monday.

DHCS Update:

The Department of Health Care Services (DHCS) released an RFP for the Elevate Youth California: Youth Substance Use Disorder Prevention Program. The application closes on August 28, 2023, at 1 pm. We encourage districts that meet the criteria and are engaged or interested in engaging in this type of work to visit the application information page here.

MHSA Update:

For those following the debate around the Mental Health Services Act (MHSA), the Steinberg Institute recently released an analysis of the Governor's proposed "modernization" of the MHSA. The analysis tends to support the proposal and it is also a helpful resource in better understanding the changes underway. The full report can be read here.

UPCOMING WEBINAR - FREE FOR MEMBERS
Current Economic Trends and their Effects on the Economy
August 23, 2023 10:00 AM - 11:00 AM (PDT)

Register for Webinar

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

			Projected Start
Behavioral Health (BH)			
			Recruited LCSW
	VSHWC BH Team	established, expanding	lost LCSW
	BH Grants	$150,000	
	BH VSHWC Construction	**Awarded!!**	Contracting and legal
	Children's Advocacy Ctr	Review relationship	
	CC Mental Health Advisory Bd	Attending monthly	
	CC Mental Health Services Act	Applying For CDBG funding	July 31st
	Combined Education	SUD conference Oct	May-June 2023
	MTMC Collaboration	Pending	Sept-Oct 2023
	Community Outreach	Not started	11/1/2023 budget
	Working with ASAP	substance use mitigation	5/15/2023
Chronic Disease Mgt			
	VSHWC	established	
	Diabetes Education	exploring on-line	TBD
	Hepatitis Clinic	established	busy
	Hepatitis C screening	started	Started, linked to annual exam
	Health Fair Diabetes Screening	applying for MACT fair	Pending
	Pulmonary Rehab Program	MTMC	Med Staff presentation Sept
	Cardiac Rehab Program	MTMC	ditto
	Wellness Center relationship	not started	Oct-23
	Defibrillator (AED) stations	Mtg w Fire Chiefs reviewing applications	10 AED's purchased
Access to Care			
	VSHWC	established/ fully open	
	Dental	VSHWC Doubled capacity	1-May-23
	Senior Center Kiosks	not started	Sept-Dec 2023
Dental Care			
	VSHWC	80% staffed/open	
	Let's All Smile	On Hold	Aug-23
	Oral Health Coalition	re-established	
	VSHWC Expansion	awarded	
	Veterans Dental Program	Contracting started	Sept 20th mtg

Requires funding

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 $9.682.01
9	ANTHEM	**LIST BELOW**	**$ 182,500.00**	**$ 155,918.30**	**$ 90,914.32**		**Some**	**PORTION RECEIVED**	**NO**	**9 projects w/reporting**
	(NON-COVID)	Student Vaccinations	$ 35,000.00	$ 8,418.30	$ 9,170.30		WEEKLY	RECEIVED		
	(NON-COVID)	P.S.D.A	$ 20,000.00	$ 20,000.00	$ -			RECEIVED		
	(NON-COVID)	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		10% payment remaining
15	HEALTHNET	Behavior Health	$ 25,000.00	$ -	$ -	4/28/2023 - written	Midterm/Final	**Approved**	Possible	#SG2211 - **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		
20	DXF	Data Exchange	$ 50,000.00	$ -	$ -	2026	Yes	Application Pending		
21	BHCIP	BH Expansion	$ 3,322,198.00	$ -	$ -		Yes	**Approved**		VSHWC BH Expansion
22	FEMA # 3	Storm Damage	$ 12,768.30	$ -	$ 13,817.08			Pending Review		Tree Damage
23	CCI #2	Advancing BH	$ 10,000.00	$ 10,000.00		9/1/2023	Yes	RECEIVED		
24	CCI #3	Advancing BH	$ 25,000.00					**Approved**		Tides
25	Centene	?	$ -	$ 49,786.02	$ -			**RECEIVED 7/17/23**		
	TOTALS		**$4,835,292.42**	**$1,369,635.61**	**$1,305,541.26**					8/17/2023 2:21PM

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Annual Clinic Evaluation	REVIEWED: 7/24/19; 3/25/20;5/29/21; 7/26/22; 7/24/23
SECTION: Operations	REVISED: 3/25/20
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Annual Clinic Evaluation

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

Response Rating:
Required Equipment:
Procedure

1. Annual Evaluation is to determine if:

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

2. The annual evaluation includes review of the following:

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Employee Dress Code Guidelines	REVIEWED: 8/13/2019;5/29/21; 8/04/22; 7/20/23
SECTION: Workforce	REVISED: 5/29/21; 8/30/22; 7/20/23
EFFECTIVE: ~~10/26/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Employee Dress Code Guidelines

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

Response Rating: All employees.

Required Equipment: N/A

Statement of Policy:

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

General guidelines for all staff:

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

(i.e.: Cowboy dress for Rodeo Week) which will be decided by Management.

~~**Examples of Inappropriate Attire:**~~

~~• Shorts, sweats, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.~~
~~• Beach thong style sandals, athletic sandals, open toe shoes of any kind while providing direct patient care in a patient care area.~~
•

Visible body piercings: Jewelry shall not compromise direct patient care activities, infection control, or the covered personnel's job duties or safety. Spikes, intradermal piercings, chains and tongue bars/balls must be removed. If removed, clear or skin-colored spacers may be worn. No lip, mouth, chin or cheek piercings. Septum piercings may be turned upwards, with a clear spacer, but must not be visible. One facial piercing is allowable: a small nose stud (no rings), or a small eyebrow stud or ring. Body piercings must be small, maintain a professional appearance and be kept clean and disinfected on a regular basis. Earrings may be worn, no more than 2 per ear. Earrings may not be large, as to cause a safety or infection control issue when providing direct patient care. Ear gauges may be no larger than 22mm (5/8"). A solid black or skin colored plug may be worn. Ear gauges also must be kept clean and disinfected on a regular basis. ~~(to include ear gauges, tongue bars and nasal piercing) other than earrings (maximum 2)~~

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~~•~~ **Tattoos and body art**: Tattoos on the arms, hands, exposed (lower) legs and ankles are generally acceptable with the following exceptions: All tattoos that are construed as offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are to be covered with makeup , bandage or material tattoo covers. ~~should be covered as much as possible.~~ N~~n~~o facial or neck tattoos are to be visible. ~~Lewd or explicit markings may not be exposed.~~ Any questions regarding the interpretation of this requirement shall be decided by management.

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~~• Unnatural hair colors (i.e., pink, purple, green, etc.).~~
The expectation is that all Managers and Supervisors will support this policy, leading by example, and will be expected to enforce the standards.

~~Examples of~~ Inappropriate Attire:

• Shorts, sweats, bike style pants, wind suits, Sundresses (spaghetti strap, laced) and miniskirts, cropped or midriff tops, spaghetti strap tank tops, shirts and sweatshirts with logos other than VSHWC or District logo, excessively baggy clothing, or sleeveless shirts with oversized arm holes.
• Beach thong style sandals, athletic sandals, open toe shoes of any kind while providing direct patient care in a patient care area.
• Unnatural hair colors (i.e., pink, purple, green, etc.).

Medical Providers and Managers:

• Providers and Managers may wear business or business casual dress.
• Shoes should be comfortable, closed toe in patient care areas and low heeled.
• A solid color lab coat is optional, but not required.
• Providers may wear solid, coordinating scrubs, pants, and shirts. ~~preferably in shades of greens, blues, burgundy, purples, or grays.~~Black scrub pants may be worn with a solid, coordinating scrub top of another color.

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

• Staff may wear solid, coordinating scrubs, pants, and shirts ~~in shades of greens, blues, burgundy, purples, or grays~~.
• A similar solid color sweater, sweatshirt or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
• Shoes should be comfortable, closed toe and low heeled.

Health Information Services/Medical Billing:

• HIM/Billing staff may wear business or business casual attire.
• HIM/Billing staff may wear solid, coordinating scrubs, pants, and shirts in shades of greens, blues, burgundy, purples, or grays.
• A similar solid color sweater, sweatshirt or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
• Shoes should be comfortable, closed toe (if working in patient care areas) and low heeled.

_____

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
INTEGRATED BEHAVIORAL HEALTH POLICY AND PROCEDURES

POLICY: Patient Engagement and Re-engagement	REVIEWED: 1/12/2022; 2/22/23; ~~5/21/23~~7/25/23
SECTION: Behavioral Health	REVISED: 7/25/23
EFFECTIVE: ~~1/26/2022~~8/23/23~~7/1/23~~	MEDICAL DIRECTOR: ~~Dr. Randy Smart~~Randall Smart, MD

Subject: Patient Engagement and Re-engagement

Objective: Engagement and re-engagement are two essential parts of the Integrated Behavioral Health treatment regimen. Engagement is the way to obtain referrals and get a patient's buy-in to the services needed that could be of benefit to the patient.

Response Rating: This Guideline applies to all IBH ~~personnel~~personnel.

Required Equipment:

Procedure:

1. Referrals to IBH

1.1 Valley Springs Health and Wellness Centers' IBH program is available to patients currently receiving ongoing medical care at VSHWC by a licensed medical provider.

1.2 Patients are identified by their medical providers through screening tools and at the PCP's discretion as candidates for IBH services. Patients can also inform their medical provider directly that they are interested in IBH services.

1.3 VSHWC Primary Care Providers can utilize a Warm Hand Off (WHO) if indicated.

1.4 Any IBH staff that ~~is~~is available may conduct the WHO.

1.5 When IBH staff is not available to conduct a WHO, the PCP ~~sends a patient case~~submits a "behavioral health referral". ~~to reception Behavioral Health with the referral information. Reception~~ Behavioral Health staff ~~will provide the Behavioral Health Director with referral information and they~~ will contact the patient/family and schedule ~~prioritize and assign to a IBH provider~~for a behavioral health consultation. ~~A receptionist will then attempt to contact the patient via telephone to inform them about IBH and schedule IBH services.~~

2. ~~Telephone Contact~~ Communication with Patients

2.1 ~~Reception or IBH Navigator~~IBH staff engages in telephone and/or patient portal (when available) contact to schedule IBH appointments.

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2.2 If there is no response to ~~answer at~~ the first call or response to the portal message, staff should call the patient two more times over the period of 2 weeks, for a total of three calls.

2.3 When telephone and/or portal contact is not possible or following 3 failed attempts to contact a patient by phone, ~~reception~~ IBH staff will close the referral and notify the PCP. ~~PCP can initiate a telephone WHO with the Behavioral Health staff or follow up at the next medical appointment.~~

2.3 All telephone contacts ~~must~~ will be documented in the patient's medical record.

3. Missed Appointments

3.1 When a patient misses an appointment, ~~reception will notify IBH staff~~Navigator or Provider ~~who is expected to~~ who will ~~connect with the~~ IBH Provider and develop a plan to contact the ~~patient to~~ and ~~attempt to re-engage them into IBH services~~ patients will be automatically contacted via the Electronic Health Record's "no-show" campaign.

3. ~~2 M~~Two (2) missed appointments should be managed ~~in one of two ways,~~ either through a phone call or letter.

3.3 When a patient ~~misses~~ no shows a scheduled initial IBH ~~Intake~~Consultation, the referral is closed. If the patient cancels an IBH Consultation, IBH staff ~~reception~~ will ~~let IBH staff know by sending a~~offer the patient ~~case in the EHR system~~an alternate appointment date. ~~or~~ When a patient misses an IBH Follow-Up appointment, patients will be automatically contacted via the Electronic Health Record's "no-show" campaign. ~~either the IBH Navigator or the receptionist sends a patient case in the EHR system to the IBH Provider~~Behavioral Health ~~with available information.~~

3.4 ~~The~~ IBH staff~~Navigator or receptionist~~ should contact the patient via phone ~~within 24 business hours to reach out to the patient~~, monitor reason for cancellation, and offer to reschedule the patient's missed appointment. The staff member~~Navigator~~ may also ask if there were any barriers to attending treatment, such as difficulties with transportation, and should either engage patient in problem solving around the barrier or consult with clinician regarding the patient's stated barrier.

3.5 If there is no answer at the first call, the IBH ~~Navigator~~ should call the patient two more times over a period of 1-2 weeks, for a total of three calls, prior to consulting with the BH clinician regarding sending a letter. All contacts must be documented in the patient's chart using patient case.

3.6 When a patient has not been successfully reached by phone, a letter is sent to ~~encourage~~ acknowledge that we are aware that the patient has missed appointments ~~the patient to reschedule their missed appointment~~ and to attempt to re-engage the patient into IBH services. The letter states that IBH will no longer attempt to make calls but that the patient is welcome to contact their PCP or the IBH staff~~Navigator~~ at any time if they would like to resume services.

3.9 Following their third "no-show", IBH staff~~Navigator~~ or receptionist will consult with the BH Provider to determine whether a patient will be sent a final letter informing them that their treatment will be closed at this time and that if they wish to be re-referred to IBH they can speak with their PCP.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: List of Services	REVIEWED: 11/9/18; 2/12/20; 05/04/21; 5/6/22; 7/25/23
SECTION: Civil Rights	REVISED: 2/12/20; 5/04/21; 7/25/23
EFFECTIVE: ~~6/29/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: List of Services

Objective: The Clinic is an outpatient service. The clinic is designated and licensed as a rural health clinic~~s~~, offering a variety of patient services.

Response Rating:

Required Equipment:

Procedure

Practice includes:

Internal Medicine (including EKG, Holter Monitor and Ambulatory Blood Pressure monitoring)

Family Medicine

Gynecology (non-surgical)

Pediatrics

Geriatrics

Well Baby Visits

Well Child Visits

Immunizations

Minor Surgery

Primary Dental

~~Certified Diabetic Education/Nutrition Counseling~~

Licensed Marriage Family Therapist

Licensed Clinical Social Worker

Psychologist

Specialty Services available by referral:

Cardiology

Hepatology

Obstetrics

Gastroenterology

Pulmonology

Dermatology

Neurology

Internal Medicine

Surgery

Ophthalmology

Psycho-social

Chiropractic

ENT

Allergy

Dental

Endocrinology

Telemedicine:

As needed, and when available, the Clinic will provide telemedicine services using secure connections and approved practitioners, including but not limited to:

Mental Health Services

Hepatology

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Management o~~O~~f Referral Requests	REVIEWED: 11/12/18; 2/18/20; 5/21/21; 5/6/22; 7/21/23
SECTION: Admitting	REVISED: 2/18/20; 5/21/21; 5/25/22; 8/9/23
EFFECTIVE: ~~6/29/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Management of referral requests

Objective: To ensure prompt attention is paid to referral orders and to ensure the process is ~~completed timely~~completed in a timely manner.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A system is ~~set up~~set up to track and manage the referral process.
2. Upon determining that a referral is required, the provider will document same in the medical record and will provide the necessary details in the form of an order:
    a. Service type (consultation, imaging study, etc.)
    b. Provider preferred (if appropriate)
    c. Purpose of referral
    d. Time frame (number of days/weeks/months) before reminder will appear
    e. The provider will need to sign and close the chart for the staff to have access to send the needed records with the referral
3. Upon completion of the order, staff will start the authorization and referral process.
4. The Referral Clerk or Medical Assistant assigned will have primary responsibility for obtaining authorization for referral services and will follow through with the insurance carriers to obtain authorization and will document same in the medical record.

    a. The primary MA will submit the initial referral and complete and PA. They will do one follow-up call to ensure the referral was accepted and is in progress. The MA will then forward the referral to the Referral Clerk for follow-up and completion/closure.

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b. If the referral is deemed "Urgent" or one to be completed at a higher priority or shortened time frame, the Provider's primary MA will keep and process the referral to completion instead of sending it to the Referral Clerk for the follow-up portion.

5. Delays in obtaining authorization will be documented in the medical record and communicated to the provider and the patient, clearly, verbally,~~and the patient~~.

a. The Referral Clerk will print their progress report on Mondays or the beginning of the week, onto Blue paper, highlight provider patients and hand the form to each provider whose patients were worked on during the prior week. If there is a delay, or if the referral is closed, it will be documented as to when and the reason for closing the referral.

b. The Primary MAs will also have a blank copy of a Blue sheet and will document any significant delays or referral closures and will provide the sheet to the Provider weekly, prn activity.

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6. If the authorization is denied, the denial will be documented in the EMR and the provider will follow-up with the patient.

7. If the authorization is given, the referral provider and the ~~–~~patient will work together to schedule the necessary appointment. The referral provider may provide appointment information, or staff will follow-up and will document appointment details in the EMR.

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   a. Should the patient prefer to schedule their own appointment directly with the referral provider, they will be empowered to do so.

   b. Staff will function relative to the patient's preference and will document same in the EMR.

8. The referral provider's report will be received at the Clinic and will be scanned into the EMR.

   a. If the document is sent via USPS, it will be faxed (use Athena Net front and back fax pages or barcode ~~labels)for~~labels) for inclusion in the patient's EMR.

   b. If the document is sent via fax, it will be "intercepted" by Athena Net and included in the patient's EMR.

9. Should there be a delay in receipt of the report, designated staff member will follow up with phone calls to the referral provider's office. EMR will alert to the absence of the report via a reminder in the clinical inbox.

10. A task will appear on the provider's worklist to indicate the referral report has been received. After the provider has reviewed the report and documented next steps, the task will appear as complete.

11. Staff will be notified, via the EMR tasks functionality, if the provider wishes the patient to return to the Clinic to discuss the referral appointment/report.

12. If no appointment is necessary and communication via telephone or patient portal is sufficient, provider will complete that/those tasks and document same in the EMR.

12. The EMR tickler system will notify both provider and staff if the processing of an authorization, scheduling of an appointment, or completion by the patient of the appointment is not completed by the previously designed time frame.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Director Direction of Practitioners in the Clinic	REVIEWED: 7/1/19; 5/04/21; 5/6/22; 7/21/23
SECTION: Medical Staff	REVISED: 5/14/21; 8/9/23
EFFECTIVE: ~~6/29/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Direction of Practitioners in the Clinic

Objective: The Medical Director agrees to ensure the provision of medical care on a scheduled and non-scheduled basis for the ill and injured patient when he/she or his/her representative requests it. All patients seen with illnesses or injuries requesting medical attention will be seen and receive proper medical evaluation, the necessary treatment and disposition consistent with current standards of medical practice regardless of his/her condition or financial status. Patients with emergency medical conditions or in active labor will be stabilized to the best of the capabilities of the medical staff and transferred to a provider that can render the appropriate level of care. The necessary complement of personnel, facilities, and equipment will be maintained during Clinic operating hours.

Response Rating:

Required Equipment:

Procedure

1. Medical Supervision

   a. The Medical Director, or the designee, shall handle all problems concerning medical patient management, which are beyond the scope and capabilities of the attending practitioner or support staff.

   b. The Medical Director, or the designee, has the following responsibilities:

      1. Be on site on a routine basis and receive reports on the patients by Clinic Manager, a medical assistant, nurse and/or the practitioner on duty.
      2. Review and/or co-sign charts as indicated for supervision of appropriate care to Clinic patients.
      3. Be available for consultations regarding patient management
      4. Perform Peer Review and provide feedback to practitioner(s).

   c. The Medical Director, Nurse Practitioner, and Clinic Manager are responsible for recommending and approving policies and procedures. They will meet on a regular basis through QAPI meetings, but not less than quarterly to discuss any problem areas, review and revise policies

and procedures, review and recommend new equipment, review charts/peer review of selected patients and identify areas to assist in educational activities of clinic for physicians, mid-level practitioners and other staff personnel.

d. The QAPI Committee is composed of the following:
Clinic Manager who shall act as ~~Chairperson~~Chairperson.
Mid-level practitioner: Nurse practitioner or Physician Assistant
Medical Director
~~Executive Director~~CEO or designee
Behavioral Health Director
Registered Nurse

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2. Medical Director

a. The Medical Director and/or their designee shall be responsible for scheduling all physicians and mid-level practitioners so that practitioner coverage is maintained during operating hours.

b. The Medical Director shall:

1. Direct and be responsible for the professional medical staff.
2. Direct care rendered by the physicians and the mid-level practitioners.
3. Be available for consultation with other members of the staff.
4. Assist in formulating and enforcing policies and objectives.
5. Develop and enforce medical policies and procedures in conjunction with the Clinic Manager and Executive Director.
6. Respond to patient complaints involving medical care.
7. Assist in assuring that the Clinic is in compliance with all state, federal, and accrediting-body standards.
8. Assist in providing and coordinating educational opportunities for the various disciplines within the facility.
9. Ensure the appropriate consultations and referrals are obtained on patients seen in the facility.
10. Act as consultant to staff and all other professional disciplines.
11. Perform as a member of the QAPI Committee and assist in coordinating the Medical Quality Improvement Program at the facility.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Peer Review	REVIEWED: 7/1/19; 2/12/20; 8/2/21; 7/21/23
SECTION: Medical Staff	REVISED: 2/12/20; 7/06/23
EFFECTIVE: ~~2/26/20~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Peer review of medical records

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

Response Rating:

Required Equipment: None

Procedure

1. The Medical Director in collaboration with the Executive Director and Clinic practitioners will develop criteria for the selection of clinic medical records for chart review. Peer review will be accomplished on a quarterly basis.

2. Per the agreed upon criteria, clinic charts will be selected and ~~presented~~ automatically be sent through the EHR to the Medical Director or his designee(s) inbox for review.

3. Chart review will be completed and documented ~~using the Clinic Peer Review data capture tool or other appropriate worksheet~~within the EHR program. Peer review will be confidential within the medical/provider group and reports thereof will be summarized and reported in a confidential manner through QAPI reports to the Board.

4. Medical Director may modify the selection criteria at any time. Peer review may be performed by qualified physicians from outside the District at the direction of the Medical Director and with approval of the leadership.

5. Medical Director may alter the data capture tool utilized for Peer Review at their discretion.

6. The results of the Peer Review process will be shared and distributed to each provider whose work was reviewed and they will have the ability to review the results and comment or respond.

7. After review by the Medical Director, the results of the Peer Review process will be maintained within the EHR and reports may be accessed for review or audit purposes. ~~other pertinent Medical Staff information.~~

8. Peer review results will be considered during scheduled practitioner performance evaluation periods.

9. Non-physician practitioners (i.e. Certified Diabetic Educator~~, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist~~) will have their medical records reviewed as follows:

    a. The first ten (10) charts

    b. A minimum of ~~10~~5% or ~~10 charts (whichever is greater)~~ each month.

10. Behavioral Health (i.e. Licensed Clinical Social Worker, Licensed Marriage and Family Therapist and Associates) will maintain a separate chart audit policy for their department.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Prescription Refills	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 5/02/23; 7/21/23
SECTION: Patient Care	REVISED 5/02/23; 7/21/23
EFFECTIVE: ~~5/24/23~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Prescription Refills

Objective: To ensure accurate, timely, efficient response to the request for prescription medication refills.

Response Rating:

Required Equipment:

Procedure:

1. Patients contacting the Clinic with refill requests will be directed to contact their pharmacy with the request.

2. Refill requests from the pharmacy will be received via fax or the ePrescribe application of the EMR.

3. Patients who are primary care patients of the Clinic:

   a. Have been seen /treated within the last year, based upon diagnosis and are requesting refills of maintenance medications that **do not** require lab value consideration, will have refills reviewed/approved by the practitioner.
   b. Have been seen/treated within the last 90 to 180 days based upon diagnosis and are requesting refills of maintenance medications that **do** require current lab value consideration, will have refills declined with notification that a Clinic visit for lab testing is required.
   c. Practitioner may determine that it is appropriate to offer the patient a one-time 30-day supply to allow for the patient to complete ordered labs and keep their scheduled follow-up appointment.
   d. Have not been seen within the last ~~90 to 180 days~~year will have refills declined with notification that a Clinic visit is required for refills to be considered.
   e. Requesting refills for pain management medications will have refills declined with notification that a Clinic visit is required for refills to be considered.

4. ~~Patients who are not primary care patients of the Clinic~~

~~a. All patients who are not primary care patients of the Clinic will be referred to their primary care practitioner for medication refills.~~

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~~b. Practitioner may offer the patient the option to change their PCP to a Clinic practitioner.~~

5. Clinic staff will not call the pharmacy with medication orders, neither new prescriptions nor refills of existing prescriptions (unless there are extenuating circumstances, such as internet or EHR failure).

   a. Medications can only be ordered by printed prescription or ePrescribe functionality via the EMR.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedure for Childhood Periodic Health Screening	REVIEWED: 6/1/19: 3/30/21; 7/26/22; 7/25/23
SECTION: Standardized Procedures	REVISED: 3/30/21; 7/25/23
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized orders for Childhood Periodic Health Screening

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for a childhood periodic health screening.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform components of the periodic health screenings found in the Child Health Disability and Prevention Program (CHDP) periodicity schedule. The Periodicity Schedule for Health Assessment Requirement by Age Groups is broken down into different categories of History and Physical Examinations, Measurements, Sensory Screening, Procedure/Test and Other Laboratory Tests. This includes:

*Vital signs (height/length, weight, blood pressure, respiration, temperature, body mass index, head circumference)

*Sensory screening (Snellen eye test, audiometry)

*Procedure/Test (capillary specimen collection for hemoglobin and/or blood glucose and/or blood lead, venous specimen collection for Blood Lead, testing of urine via approved urinalysis processes)

*Risk assessment/anticipatory guidance questionnaires (Tuberculosis, Lead, Tobacco, Nutritional, and Psychosocial-Behavioral) as well as completion of the age-range specific Staying Healthy Assessment (SHA) tool

The periodic health screening schedule for well-child care is part of the recommended childhood preventative care advocated by the American Academy of Pediatrics periodicity table and followed by the Child Health Disability and Prevention Program (CHDP) for all children enrolled in a Medi-Cal program.

Attached to the policy is the most current periodicity table from the California Department of Health Care Services. It may also be accessed through the link on the DHCS website located in the reference below.

References:

California Department of Health Care Services/ Bright Futures Periodicity Schedule (2021). CHDP Periodicity Schedule for health assessment requirements by age groups. Children's Medical Services. Retrieved from

https://www.dhcs.ca.gov/services/chdp/Pages/Periodicity.aspx
Last modified date: 3/8/2022 4:40 PM

~~http://www.dhcs.ca.gov/services/chdp/Documents/HealthPeriodicity.pdf~~

https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf?_ga=2.153909240.1310123246.1658871401-389574524.1657735121 Copyright © 2023 by the American Academy of Pediatrics, updated April 2023.

~~Updated June 21, 2022~~

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Ambulatory Blood Pressure Monitor Testing	REVIEWED: 04/02/21;5/29/21;7/26/22; 7/24/23
SECTION: Patient Care	REVISED: 7/25/23
EFFECTIVE: ~~8/31/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

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

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

Response Rating: Mandatory

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

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

Procedure:

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

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

b. Staff will verify the unit has been returned in good working condition and ~~signed off on the Patient Acknowledgement Form.~~ and document.
c. Staff will disinfect the Ambulatory Blood Pressure unit.
d. Staff will collect the patient diary for Provider review.
e. Staff will download the Ambulatory Blood Pressure information to the software per protocol.
f. Staff will document as needed in the EMR.
g. If patient reports having no incidents during the monitoring period, it is possible, at the Provider's discretion to place an order to extend the Ambulatory Blood Pressure monitoring period to 48 hours. In this event, staff will verify blood pressure cuff placement.

3. It is understood that placement of the Ambulatory Blood Pressure monitor on a day the patient has been examined by the ordering Provider is preferred.

4. Charges will be entered upon placement of the Ambulatory Blood Pressure monitor, but the claim will be held until the device is returned by the patient.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Animal Bite-Reporting	REVIEWED: 7/1/19; 4/15/20;5/29/21; 7/26/22; 7/24/23
SECTION: Mandatory Reporting	REVISED: 4/15/20
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Animal Bites

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

Response Rating: Mandatory

Required Equipment: Calaveras County Animal Bite Report Form

Procedure

1. All animal (mammal) bites must be reported to the Calaveras County Animal Control as soon as possible.

2. Mammals include but are not limited to dogs, cats, raccoons, bats, horses, cows, possums, skunks, squirrels, and foxes.

3. **ALL** animal bites will be reported to the Animal Control Office. This includes animals owned by the victim.

4. Bites to the patient's face, head, or neck, requires a report to the Animal Control by telephone immediately followed by a mailed report.

5. All other animal bites will be reported as soon as possible by completing the Animal Bite Report Form on the Calaveras County Animal Control website: www.calaveras.gov.us

6. If the animal bite is not to the face, head, or neck, but the animal is running loose and may not be located later, telephone the Calaveras County Animal Control immediately for pick up. (209)-754-6509 8AM-5PM or fax (209) 754-6815 after hours

7. Reports will be completed as follows:
    a. A Report of Animal Bite Form must be filled out and faxed to both Animal Services 209-754-6815 **AND** Public Health 209-754-4691
    b. Report forms can be found in the Library; Operations Forms.
    c. Report will be scanned into the patient's electronic medical record.
    d. After scanning, the original report will be sent to the Clinic Manager.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Aseptic Procedure	REVIEWED: 3/1/19; 3/1/20;5/29/21; 7/26/22; 7/24/23
SECTION: Patient Care	REVISED: 3/1/20
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Aseptic Procedures

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

Acuity Rating: Mandatory

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

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

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

The principles of surgical asepsis:

1. The sterile object or area becomes contaminated when touched by a non-sterile object.

2. For an infection to occur there must be:

    a. A sufficient number of organisms strong enough to produce infection.
    b. A susceptible host. Factors include age, nutrition, stress, exposure to heat or cold, allergies, chronic disease, and amount of rest.
    c. A means for organisms to reach the host, either directly (e.g. animal bite), indirectly (e.g. contaminated articles) or droplets (e.g. talking, sneezing, coughing).

Implementation:

1. Surgical Asepsis requires the use of sterile:

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

f. Containers to hold any of above supplies
g. Drapes (fenestrated or non-fenestrated)

2. Surgical aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic medical staff.

   a. Suture removal
   b. Dressing change
   c. IV insertion
   d. Venipuncture
   e. Minor surgical procedures to include (but not limited to):
      1. Laceration repair
      2. Wart removal
      3. Removal of other skin growths/biopsies
      4. Excision of ingrown toenail
      5. I & D abscess/paronychia
      6. Release of subungual hematoma

3. Dental aseptic technique must be followed in certain procedures, including but not limited to those listed below and at any other time as determined by the Clinic dental staff:

   a. Suture removal
   b. Tooth extraction

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: BLS and ACLS Certification	REVIEWED: 2/25/20; 5/29/21; 7/26/22; 7/24/23
SECTION: Workforce	REVISED: 5/29/21; 7/26/22; 7/24/23
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

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

Objective: Obtain and retain current Health Care BLS ~~and ACLS~~ certification~~s~~

Response Rating: Mandatory

Required Equipment:

Procedure:

Basic Life Saving (BLS)

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

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

3. The Clinic Manager will ensure personnel whose Health Care BLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties ~~in order to~~to attend their recertification class.

4. Personnel whose BLS certificates have expired will immediately enroll and attend a certification class or risk a disciplinary action.

Advanced Cardiac Life Support (ACLS)

1. The following positions a current ACLS certification is ~~strongly~~ recommended, but not a requirement.
    a. Internal Medicine Physician
    b. Family Medicine Physician
    c. General Practice Physician
    d. Nurse Practitioner
    e. Physician Assistant
    f. Registered Nurse

2. Clinic Manager will ensure individuals are reminded when their ACLS certificate nears expiration.

3. The Clinic Manager will ensure personnel whose ACLS certificates are due to expire are scheduled to attend renewal classes and that they are provided time off from their usual duties ~~in order to~~to attend their recertification class.

~~4. Personnel whose ACLS certificates have expired will be counseled by the Medical Director.~~

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Butane Storge and Handling	REVIEWED: 6/11/21; 7/26/22; 7/24/23
SECTION: Dental	REVISED: 7/26/22
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Butane for Dental Torch

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

Response Rating: Mandatory

Required Equipment: Butane canister, Butane torch, goggles or face shield, gown, gloves.

Procedure:

Best Safety Practices When Handling Butane

Published: 19 September 2014

Butane is a highly flammable, colorless, and odorless easy liquefied gas, and can be a health hazard when used improperly or for the wrong purposes. By following safety guidelines,~~,~~ butane is one of the safest fuels to store and use both indoors and outdoors.

1. **What are the Dangers of Butane?**

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

a. Inhalation

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

b. Explosion

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

c. Leaks

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

d. Skin Exposure

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

2. The Best Butane Safety Practices You Must Follow

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

a. Take precautions to avoid inhaling butane when using it for cooking, heating, or lighting.

b. Keep butane canisters away from heat, sparks, open flame, and hot surfaces.

c. Don't smoke near butane or light a cigarette when using it.

d. Store butane in a well-ventilated area away from direct sunlight and food and drink.

e. Let lighters or canisters cool off before refilling them.

f. Use only approved containers for storage.

g. Keep storage containers closed and clearly labeled.

h. Ground and bond containers during product transfers to avoid explosions. Use special slow load procedures if you're refilling a container that was previously storing another fuel.

i. When using butane industrially, cover eyes with goggles and wear an apron and protective, heat-resistant gloves.

j. Do not try to extinguish a butane-caused fire until the source of the gas can be turned off.

k. Never try to fight a large fire by yourself.

l. Wash or consider disposing of clothing that has come into contact with butane. Sometimes, the gas can start a fire in the washing machine.

m. And, as always, keep out of reach of children.

3. **If you're exposed to butane gas**, follow these essential safety procedures and obtain medical attention immediately.

a. Get to fresh air. If someone's breathing is irregular or stops completely, give artificial respiration until medical personnel arrive.

b. Immediately run exposed skin under warm water.

c. Flush out eyes for at least fifteen minutes with warm water. Hold your eyelids open and away from the eye so that the whole surface is washed out.

We'd like to stress that these health and safety risks are extremely unlikely to occur, especially if you follow

these few simple rules for properly handling butane. Use every precaution when refilling and storing butane and think twice before engaging in any unauthorized uses of the gas. To find out more about butane safety, visit Butane Source and read the Material Safety Data Sheet for the butane brands that you carry.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Compliance	REVIEWED: 3/1/19; 11/23/20; 8/25/21; 6/28/22; 7/25/23
SECTION: District	REVISED: 6/28/22; 7/25/23
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Compliance

Objective: In order to operate consistent with programmatic requirements, Mark Twain Health Care District Rural Health Clinics will implement and follow a comprehensive Compliance Plan.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Compliance review will focus on seven basic elements:
    a. Policy and procedure
    b. Standards of conduct
    c. The presence and activities of the Compliance Officer
    d. The implementation and monitoring of the Compliance Program
    e. Education of Board, leadership, providers, and staff
    f. Training of Board, leadership, providers, and staff
    g. Enforcement of standards and discipline
        i. Effective processes
        ii. Provides re-education
        iii. Provides remedial training
        iv. Consequences commensurate with the violation, up to and including termination

2. Benchmarking based upon auditing and monitoring

   a. Random medical records;

   b. Targeted medical records, based on specific issues or populations;

   c. Accounts receivable, with a focus on credit balance accounts that will be resolved in keeping with the policy for Billing Practices.

   c. Policy and procedure; and

   d. Program compliance checklists, including regular review of HEDIS scores.

3. Personnel

   A. Compliance Officer is the District Executive Director. Associate Compliance Officers are the Medical Director and Clinic Manager.

   B. Clinic personnel and medical staff will be trained annually

      1. Fraud, waste, and abuse
      2. Corporate compliance
      3. Standards of conduct
      4. Conflict of Interest/Ethics

   C. Communication

      1. Information will be disseminated to staff in writing and verbally

      2. Staff will have access to the Clinic Policy and Procedure Manual online and through a hard-copy document with guidance including but not limited to:

         a. Billing practices, including billing audits and chart review;

         b. Guidelines for marketing and community outreach;

         c. Disciplinary and corrective action

      3. Staff may report concerns to the Clinic Manager, Medical Director, District Human Resources and/or the District Administrator verbally and/or in writing.

         a. Where appropriate, written communication may utilize an Incident Report

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b. Under New California Law, (January 1, 2020) Health Care Entities Must Promptly Report Allegations of Sexual Abuse or Sexual Misconduct to Licensing Boards.

Upon receipt of any written allegation submitted by a patient or the patient's representative that a healing arts licensee engaged in sexual abuse or sexual misconduct, the hospital, clinic, or other entity must file the report within 15 days from the date it received the written allegation. There is no grace period or tolling for investigating the allegation…reports under Section 805.8 must be filed regarding *all* individuals who are licensed under Division 2 of the Business and Professions Code. This includes not only physicians, dentists, podiatrists, and psychologists, but also nurses, chiropractors, speech-language pathologists, audiologists, opticians, optometrists, physical therapists, occupational therapists, dieticians, pharmacists, physician assistants, and perfusionists, to name a few.

***Return completed** form 805.8 **by fax: (916) 263-2435, email: complaint@mbc.ca.gov, or mail to listed address.**

https://www.mbc.ca.gov/Download/Forms/enf-805-8.pdf

4. Quality Assurance

A. Clinic will develop and follow a Quality Assurance and Performance Improvement policy.

B. QAPI meetings will be conducted ~~monthly~~ quarterly with reporting to staff personnel and the Board.

C. Required Clinic surveillance will be the foundation of the QAPI program with the addition of problem-resolution focused elements are required.

1. Spot audits of surveillance programs will be conducted and documented, in addition to month-end review of surveillance data.
2. Spot audits of non-surveillance programs will be conducted and documented.

D. Issue specific quality assurance/performance improvement projects will utilize the PDCA (Plan, Do, Check, Act) process

1. Thorough investigation of issue-specific topics will be completed and documented;
2. The problem will be identified and an initial plan developed and implemented to resolve the problem;
3. Data will be collected and reviewed to determine if the plan is resolving the identified problem;
4. Adjustments of the plan will be made as required until the desired results are achieved.

5. Risk Assessment

   A. A Threat/Risk Assessment will be completed annually;

   B. A Business Risk Assessment will be conducted at least annually in conjunction with the Board's Strategic Planning session(s).

   C. An Annual Clinic Review will be conducted consistent with RHC program requirements.

5. Supervisors, managers, or employees are not permitted to engage in retaliation, retribution, or any form of harassment directed against any employee who, in good faith, reports a compliance concern.

Resources:

"OIG Guidance Physician Practice Compliance", downloaded June 10, 2016 from https://oig.hhs.gov/documents/compliance-guidance/801/physician.pdf~~oig.hhs.gov/authorities/docs/physicians~~

"OIG Work Plan 2016 ", downloaded June 10, 2016 from https://oig.hhs.gov/reports-and-publications/archives/workplan/2016/WorkPlan_April%202016_Final.pdf ~~oig.hhs.gov/reports-and-publications/archives/workplan/2016/oig-work-plan-2016~~

"Practical Guidance for Boards", downloaded June 10, 2016 from https://oig.hhs.gov/documents/root/162/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight.pdf~~oig.hhs.gov/compliance/compliance-guidance/docs/Practical-Guidance-for-Health-Care-Boards-on-Compliance-Oversight~~

"Under New California Law, Health Care Entities Must Promptly Report Allegations of Sexual Abuse or Sexual Misconduct to Licensing Boards", Downloaded December 19, 2019 from https://www.hansonbridgett.com/Publications/articles/2019-12-reporting-sexual-abuse-or-misconduct-to-licensing-boards

https://www.mbc.ca.gov/Download/Forms/enf-805-8.pdf

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
INTEGRATED BEHAVIORAL HEALTH POLICY AND PROCEDURES

POLICY: Consent and Information Sharing-Children	REVIEWED: 1/12/2022; 7/25/23
SECTION: Behavioral Health	REVISED:
EFFECTIVE: ~~1/22/2022~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Consent and Information Sharing-Children

Objective: To determine the appropriate response and protocol related to consent and sharing of information for minor children and youth

Response Rating: This Guideline applies to all IBH staff providing services to children and youth.

Required Equipment:

Procedure:

Valley Springs Health and Wellness Center's Integrated Behavioral Health program defers to California Family Code § 6924 and Health & Safety Code § 124260 to determine if individuals 12 years of age and older are capable of consenting to IBH treatment. Information about the service provided to individuals 12 years of age and older who are deemed by the IBH provider to meet the criteria to consent for his/her own treatment will not be released to a parent or any other person without the consent of the patient.

Service to children under the age of 12 will be provided with the consent of a parent or guardian who has the right to make decisions about the care of the child or children. Children will only be released to a parent or guardian who has custody of the child(ren) or on the instruction of the parent/guardian with such rights, to another individual. Information about service provided to children under age 12 will only be provided to a parent or guardian who has the right to have access to this information.

VSHWC staff is a neutral, unbiased third party who does not take the side of either parent but works to focus on the child's best interests. VSHWC staff will not participate in custody recommendations or proceedings.

PROCEDURES

1. Establishing if a Minor has the Right to Consent to Mental Health Treatment

    1.1 IBH staff will determine whether or not a minor meets criteria in the state of California to give consent to mental health treatment.

    1.2 In California, two statutes (California Family Code§ 6924 and Health & Safety Code § 124260) give minors the right to consent to mental health treatment. If a minor meets the criteria under either

statute, the minor may consent to his or her own treatment. If the minor meets the criteria under both, the provider may decide which statute to apply.

1.3 Family Code § 6924 "A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis or to residential shelter services, if both of the following requirements are satisfied: (1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. AND (2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse." Cal. Fam. Code § 6924.

1.4 Health & Safety Code § 124260 "[A]minor who is 12 years of age or older may consent to [outpatient] mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services." Health & Saf. Code § 124260.

1.5 An emancipated minor may consent to psychiatric care. California Family Code § 7050(e) "A person under the age of 18 years is an emancipated minor if any of the following conditions is satisfied: (a) The person has entered into a valid marriage, whether or not the marriage has been dissolved. (b) The personis on active duty with the armed forces of the United States. (c) The person has received a declaration of emancipation" from a court. California Family Code § 7002

2. Establishing Who Has the Right to Make Decisions if a Minor does not have the Right to Consent

2.1 IBH will determine the legal arrangements regarding custody, access and decision-making for all children for whom a service request is made or to whom IBH delivers services.

2.2 The determination of parenting arrangements (whether legally agreed-upon in a custody arrangement, by de-facto agreement or by court order) is first made at intake. The information about who makes decisions on behalf of the child is recorded in the patient's record. Other issues related to decision-making, notably if there are difficulties with enforcement or if there is a parenting plan that is under review, will also be noted here.

2.3 If the parent/guardian making the service request has the right to make decisions, IBH will accept the request for service directly for children.

2.4 The right of the parent/guardian to make decisions should be confirmed at the time of the first appointment and in an ongoing fashion (notably if there is a conflict situation).

2.5 IBH will seek to involve the appropriate parent/guardian and as many parent/guardians as possible in service related to the child in accordance with the best interests of the child standard and being mindful of any issues related to the safety of the child and/or parent. IBH will work with the parents to discern the current family situation, and to determine the best way to provide service and share decision-making and information.

2.6 If there is any reason for concern or ambiguity about rights, IBH will strive to ensure that the organization has accurate and up-to-date information. Unresolvable situations will be referred to clinic management for legal consultation.

3. Sharing Information

3.1 In family situations with relatively open communications and positive relations, staff will ask the parent who requested the service for permission to contact the other parent(s). The parent's agreement will be noted in the client record.

3.2 In difficult or conflict family situations, employees will determine if contacting or informing the other parent(s) is in the best interests of the child and safe for everyone involved. Any concerns will be noted in the patient record and serve to determine the course of action. If the employee identifies a risk of imminent harm to the parent or the child exists, action steps in Section 3 below will be followed.

3.3 If the parent who requested service does not want to share information with another parent who has access to the child:

- Employees will work with that parent to understand their viewpoint and assess whether there is any risk of harm to the child or to the parent.

- If there is no danger of imminent harm, IBH will explain the organization's obligation to give information and will provide the information to the other parent as per his/her legal rights.

If the employee identifies a risk of imminent harm to the parent or the child exists, action steps in Section 4 below will be followed.

3.4 If the parent who requested service does not want to share information with another parent who does not have access to the child IBH will accept this decision.

4. Acting when there is a Risk of Harm

4.1 If there is reason to suspect the child(ren) has been abused, staff will follow the Child Abuse Reporting and Documentation Guideline.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Codes	REVIEWED: 8/26/19; 3/31/20;5/29/21; 7/25/23
SECTION: Safety and Emergency Planning	REVISED: 3/31/20;5/29/21; 7/26/22
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Emergency Codes for Staff Use

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

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will maintain a list of uniform codes relative to emergency and safety situations.

2. Code Blue – Dental and Medical Emergency, including cardiac arrest

   Refer to policy Cardiovascular Resuscitation – Code Blue

3. Code Red – Fire

   Refer to policy Disaster - Fire

4. Code Gray – Combative person

   Refer to policy Threatening or Hostile Patient
   Refer to policy Shelter in Place for Patients and Staff

5. Code Black –Armed/Active Shooter on site

   Refer to policy Shelter in Place for Patients and Staff – RUN-HIDE-FIGHT

6. Code Silver – Person with a Weapon/Hostage

   Refer to policy Threatening or Hostile Patient
   Refer to policy Shelter in Place for Patients and Staff
   Refer to policy Bioterrorism Threat

7. Code Pink – Baby/Child Abduction

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

8. Code Orange – External Hazardous Material Disaster

   Refer to policy External Hazmat Incident

9. Code External Triage -

   Refer to policy Mass Casualty Response
   Refer to policy Earthquake or Weather Emergency

9. Rapid Response

   Refer to policy Cardiovascular Resuscitation – Code Blue

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

10. Code Yellow – Bomb Threat

    Refer to policy Bomb Scare

11. Once initial response occurs for a Medical or Dental Code Blue or Rapid Response, make sure the highest level Provider is among the responder participants, and that he or she remains for the duration of the code.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emergency Medications and Supplies	REVIEWED: 7/24/19; 9/11/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22; 7/25/23
SECTION: Patient Care	REVISED: 9/22/19; 2/19/20; 11/20/20; 8/25/21; 6/10/22
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Emergency Medications and Supplies

Objective: To ensure appropriate and rapid response to medical emergencies in the Clinic that require medications**.**

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Under the supervision and approval of the Medical Director, the Clinic will maintain emergency medications, which will be stored in the crash cart.
2. At a minimum, these medications will include:
   a. b. Epinephrine Snap-V Injectible
3. Current medication inventory includes:
   a. Albuterol Sulfate
   b. Oral Glucose Gel
   c. Solu-Medrol
   d. Diphenhydramine HCL
   e. Atropine
   f. Glucose Tablets
   g. Aspirin (chewable)
   h. Narcan (nasal spray)
   j. Nitroglycerin Sublingual

k. Glucagon Emergency Kit

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4. The drawer will be clearly labeled “Emergency Medications”.

5. Easily accessible and clearly legible in the drawer will be a dosage chart that takes into account the Clinic’s patient population.

6. The kit will be checked to ensure the contents are in-date. This inspection will take place on a monthly basis and will be documented on the Crash Cart log. The inspector will document their findings and sign the log upon completion of the inspection.

7. Medications which are used or removed due to outdate will be replaced immediately. Replacement of medications will be documented on the log.

8. Emergency supplies will include, but not be limited to:

   a. Oxygen tank with regulator, tubing, and nasal cannula/mask

   b. Airways in sizes consistent with the patient population served.

   c. Ambu bags in sizes consistent with the patient population served.

   d. Blood pressure cuff(s) and stethoscope

   e. EKG machine (in labeled cabinet)

   f. AED (in labeled cabinet)

   g. CPR backboard

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 2/1/20; 5/04/21; 5/3/22;6/22/22; 7/25/23
SECTION: Patient Care	REVISED: 6/22/22; 7/25/23
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Expedited Partner Therapy for Sexually Transmitted Diseases

Objective: The Clinic will provide Expedited Partner Therapy (EPT) in the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner *without the health care provider first examining the partner*.

Response Rating:

Required Equipment:

Procedure:

1. Clinic patients will be screened for sexually transmitted diseases.

    a. Yearly for women >25 years old
    b. During the course of well woman examinations for patients above the age of 21
    c. Earlier than age 21 for patients that participate in sexual activity.
    d. More frequently than once a year for patients that participate in risky behavior
    e. Upon patient presentation to the Clinic with symptoms consistent with recognized sexually transmitted diseases.

2. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).
3. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

Reference:

California Health & Safety Code § 120582.

"Expedited Partner Therapy " https://www.cdc.gov/std/ept/~~https://www.cdc.gov/std/ept/default.html (referenced 1/11/19)~~ ~~Page last reviewed:~~ Last Reviewed: April 19, 2021~~April 13, 2021~~

"Guidance on the Use of Expedited Partner Therapy in the Treatment of Gonorrhea "
https://www.cdc.gov/std/ept/gc-guidance.htm Page last reviewed: August 18, 2021

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Field Code Changed

"Legal Status of Expedited Partner Therapy (EPT)" https://www.cdc.gov/std/ept/legal/

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MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Liquid Nitrogen	REVIEWED: 03/02/2020; 11/20/20; 7/26/22; 7/25/23
SECTION:	REVISED:
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Liquid Nitrogen

Objective: Safe use of Liquid Nitrogen in the Clinic for medical procedures.

Response Rating: Mandatory

Required Equipment: Safety gloves, eye protection, Dewar's, dipper

Procedure:

The safe handling and use of liquid nitrogen in liquid nitrogen Dewar's requires knowledge of the potential hazards. The safety precautions as outlined must be followed to avoid potential injury or damage. Do not attempt to handle liquid nitrogen until you have been thoroughly trained and understand the potential hazards, their consequences, and the related safety precautions.

Liquid Nitrogen will be kept in a container, secured to the wall, and with a vented lid in the Biohazard room. A designated metal dipper will be kept near the container for the transfer of liquid nitrogen by staff from the storage vessel to the portable Dewar's container.

The Liquid Nitrogen unit will only be refilled by the contracted vendor.

Handling Liquid Nitrogen: Contact with liquid nitrogen with the skin or eyes may cause serious freezing (frostbite) injury. It is always important to protect your hands and eyes when working with liquid nitrogen. ALWAYS use Cryo-gloves and the approved eye protection. The Cryo-gloves should fit loosely, so that they can be thrown off quickly if liquid should splash into them. Always wear the specific cryo-eye protection provided (safety glasses without side shields do not give adequate protection). These are located next to the Liquid Nitrogen.

Long pants (which should be cuff less if possible) should be worn outside the shoes. Any kind of canvas shoes should be avoided because a liquid nitrogen spill can be taken up by the canvas resulting in a far more severe burn. **Handle liquid nitrogen carefully. Never allow any unprotected part of your body to touch objects cooled by liquid nitrogen.** Such objects may stick fast to the skin and tear the flesh when you attempt to free yourself. Use tongs, preferably with insulated handles, to withdraw objects immersed in the liquid, and handle the object carefully.

Maintenance: always Keep the unit clean and dry. Do not store it in wet, dirty areas. Moisture, animal waste, chemicals, strong cleaning agents and other substances which could promote corrosion should be removed promptly. Use water or mild detergent for cleaning and dry the surface thoroughly. Do not use strong alkaline or acid cleaners that could damage the finish and corrode the metal shell. Always keep unit upright. **Rough handling can cause serious damage to Dewar's.**

Use only containers designed for low-temperature liquids: Cryogenic containers are specifically designed and made of materials that can withstand the rapid changes and extreme temperature differences encountered in working with liquid nitrogen. Even these special containers should be filled slowly to minimize the internal stresses that occur when any material is cooled. Excessive internal stresses can damage the container. Do not ever cover or plug the entrance opening of any liquid nitrogen Dewar. Do not use any stopper or other device that would interfere with venting of gas. These cryogenic liquid containers are generally designed to operate with little or no internal pressure. Inadequate venting can result in excessive gas pressure which could damage or burst the container. Use only the loose-fitting neck tube core supplied for closing the neck tube. Check the unit periodically to be sure that venting is not restricted by accumulated ice or frost.

Use proper transfer equipment. Only use the solid metal dipper to transfer the liquid nitrogen from the tank to the Dewar.

Nitrogen gas can cause suffocation without warning. Store and use liquid nitrogen only in a well - ventilated place: As the liquid evaporates, the resulting gas tends to displace the normal air from the area. In closed areas, excessive amounts of nitrogen gas reduce the concentration of oxygen and can result in asphyxiation. Because nitrogen gas is colorless, odorless and tasteless, it cannot be detected by the human senses and will be breathed as if it were air. Breathing an atmosphere that contains less than 19 percent oxygen can cause dizziness and quickly result in unconsciousness and death.

Note: The cloudy vapor that appears when liquid nitrogen is exposed to the air is condensed moisture, not the gas itself. The gas causing the condensation and freezing is completely invisible.

Never dispose of liquid nitrogen in confined areas or places where others may enter. Disposal of liquid nitrogen should be done outdoors in a safe place. Pour the liquid slowly on gravel or bare earth where it can evaporate without causing damage. Do not pour the liquid on the pavement.

First Aid Notice: If a person seems to become dizzy or loses consciousness while working with liquid nitrogen, move to a well-ventilated area immediately. If breathing has stopped, apply artificial respiration. If breathing is difficult, give oxygen. Call a physician. Keep warm and at rest. If exposed to liquid or cold gas, restore tissue to normal body temperature 98.6°F (37°C) as rapidly as possible, followed by protection of the injured tissue from further damage and infection. Remove or loosen clothing that may constrict blood circulation to the frozen area. Call a physician. Rapid warming of the affected part is best achieved by using water at 108°F/42°C). Under no circumstances should the water be over 112°F/44°C, nor should the frozen part be rubbed either before or after rewarming. The patient should neither smoke, nor drink alcohol. Liquid nitrogen burns could be treated as frostbite.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Staff Composition	REVIEWED: 12/26/19; 11/23/20; 8/25/21; 6/15/22; 7/31/23
SECTION: Medical Staff	REVISED: 6/15/22
EFFECTIVE: ~~8/31/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Medical Staff Composition

Objective: It is the policy of this facility to maintain minimum staffing requirements, including practitioner mix, consistent with Rural Health Clinic Program requirements.

Response Rating:
Procedure:

1. The Medical Staff will be led by a physician, MD or DO, under contract with the Clinic, licensed and in good standing with the State of California Medical Board who meets the organization's credentialing requirements and provides care to patients of the Clinic.

2. The Medical Staff will include, at minimum, one Family Nurse Practitioner or Physician Assistant, employed by the District, licensed and in good standing with the State of California who meets the organization's credentialing requirements and who provides primary care to patients of the Clinic.

3. Additional members of the Medical Staff may include:

    a. Primary care physicians (MD and/or DO) under contract with the Clinic, including Family Practice, Pediatrics, Internal Medicine, Gynecology, general medicine licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements.
    b. Specialty practitioners (MD, DO, DC, DPM, DDS) under contract with the Clinic who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Specialties may include, but are not limited to: radiology, surgery, cardiology, dermatology, mental health, podiatry, chiropractic, dentistry.
    c. Behavioral Health Practitioners may ~~include, but~~include but are not limited to: Licensed Clinical Social Workers, ~~Licenced~~Licensed Marriage Family Therapist, Psychologists, who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Licensed Clinical Social Workers may be under contract with the Clinic or may be employed.
    d. Patient educators, including but not limited to, Certified Diabetic Educators
    e. Physical Therapists and Exercise Physiologists who are licensed and in good standing with the State of California authorities responsible for oversight who meet the organization's credentialing requirements. Physical Therapists and Exercise Physiologists may be under contract or employed by the Clinic.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Supply Ordering	REVIEWED: 2/1/19; 3/31/20;6/07/21; 7/26/22; 7/25/23
SECTION: Operations	REVISED: 3/31/20; 7/26/22
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

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

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

Response Rating:

Required Equipment:

Procedure:

1. Regularly inventory should be reviewed for office, utility, medical and dental supplies. A weekly routine is recommended.

2. If a supply is at or below acceptable levels (see Par Level policy), document the quantity required to return to Par Level and inform the Manager or ordering designee.

3. Office and utility supplies (toilet tissue, facial tissue, hand soap, etc.) inventory is the responsibility of the Clinic Manager or their designee.

4. Medical and dental supplies and medication inventory is the responsibility of the Clinic Manager or their designee.

5. Retain a copy of the supply order form and compare the packing slip and items received against the order that was placed when accepting and placing delivered items into their storage location.

6. The order form, packing list and other appropriate documentation will be given to Accounting and attached to the invoice upon receipt and prior to approval for payment.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Visitors and Relatives	REVIEWED: 2/1/19; 3/31/20: 6/07/21; 7/26/22; 7/25/23
SECTION: Operations	REVISED: 3/31/20; 7/26/22
EFFECTIVE: 8/~~31/22~~23/23	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Visitors and relatives

Objective: To minimize the amount of people in the treatment area for safety, privacy and infection control.

Response Rating: Mandatory
Required Equipment: None

Procedure

1. One visitor per patient will be allowed to accompany the patient to the examination room. All other visitors accompanying patients shall be directed to the waiting room. During a pandemic or when otherwise decided by the Medical Director and/or Manager, visitors will not be allowed to accompany a patient into the treatment area unless the patient has need for assistance.
2. If the patient's condition warrants the need for assistance, one individual may accompany the patient, preferably the next of kin, may act as a representative for the patient to give and receive information necessary with regard to the registration, patient's course of care, assist with mobility, etc. This individual may stay with the patient at the request of the practitioner or the patient.

2. Visitors/relatives may be requested to leave the examination room when:
    a. The patient's condition warrants.
    b. Practitioner's orders/treatments are being carried out by nursing staff and/or supportive ancillary personnel.
    c. At the patient's request.
    d. When privacy is needed or confidential issues need to be discussed.

3. Visitors/relatives are not allowed to smoke in any area of the facility.

4. One parent or guardian must stay with a minor patient unless otherwise requested by the practitioner or if the minor patient is receiving family planning services and requests their parent/guardian leave the room.

5. Exceptions in the Medical department would be: both parents to accompany a minor child and/or minor children who must join the patient in the exam room as they have no supervision in the waiting area.

6. Exceptions will not be allowed in the Dental department as a result of space constraints in each dental operatory.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Volunteer Deployment	REVIEWED: 3/1/19; 5/04/21; 5/6/22; 7/25/23
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~6/29/22~~8/23/23	MEDICAL DIRECTOR Randall Smart, MD

Subject: Volunteer Deployment

Objective: To properly manage the use of volunteers in an emergency or other staffing strategies including the process and role for integration of State and Federally designated health care professional to address surge needs during an emergency.

Response Rating: Mandatory

Required Equipment:

Procedure

1. City, County, State, and/or Federal agencies may offer/direct volunteers to the Clinic in the case of an emergency/surge situation. All volunteers will be required to follow Clinic processes before being directed to the Incident Commander for deployment.

2. Volunteer provider and provider support staff will be accepted to serve at the Clinic to assist in meeting patient needs after providing the following minimum information to the Credentialing Specialist or their designee who will use available resources to verify credentials and identity.

    a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
    b. Copy of license, DEA certificate/furnishing license, and photo identification
    c. Copy of BLS, ACLS, PALS card(s)
    d. Signed copy of the Clinic's HIPAA non-disclosure document

3. Volunteer non-medical staff will be accepted to serve at the Clinic to assist in meeting patient access and Clinic operations needs after providing the following minimum information to the Human Resources Director or their designee who will use available resources to verify credentials and identity.

    a. Proof of deployment by a City, County, State, and/or Federal agency, if deployed by an agency
    b. Copy of BLS, ACLS, PALS card(s), if applicable
    c. Signed copy of the Clinic's HIPAA non-disclosure document or BAA

4. Community members, not affiliated with City, County, State, and/or Federal agencies may report to the Clinic for the purpose of volunteering in an emergency/surge situation.

5. Community volunteers will be accepted for service, based upon the Clinic's needs and the volunteers' skill set(s). Volunteers who have medical training (MD, DO, DC, DDS, NP, PA, RN, LVN, RT, PT, MA) will be asked to provide information per item 2 above. Volunteers with no medical office experience will be asked to provider information per item 3 above.

6. Volunteer provider and provider support staff will be paired with current Clinic personnel for orientation to the physical space, equipment, supplies, and documentation resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime medical record forms will be utilized.

7. Volunteer non-medical staff will be paired with current Clinic personnel for orientation to the physical space, telephone equipment, supplies, and registration resources available. An EMR log in will be provided if the EMR is available. Otherwise, downtime registration and medical record forms will be utilized.

8 Volunteers will be given assignments by the Incident Commander or their designee commensurate with their licensure and training. Care will be taken to ensure persons are not given assignments that exceed their scope of practice. Example: medical assistants will not be asked/allowed to place or remove urinary or IV catheters

9. A record of all volunteers will be maintained to include:

    a. Volunteer name, address, and cell phone number
    b. Agency sending the volunteer or an indication that the volunteer was self-directed from the community
    c. License/certification information with copies/photos of same
    d. Time in/time out and assignment

10. If credentials and identity of volunteers were not able to be checked before the volunteers were deployed, Human Resources Director will pursue that verification after the emergency/surge situation has passed.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: VSHWC Recruitment and Retention	REVIEWED: 5/20/21; 5/6/22; 7/25/23
SECTION: Operations	REVISED:
EFFECTIVE: ~~6/29/22~~8/23/23	MEDICAL DIRECTOR: Randall Smart, MD

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Subject: : Recruitment and Retention

Objective: To outline the VSHWC Recruitment and Retention plan such that these processes are optimized. Administration will ensure this plan is referenced periodically and, in all cases, where there is active recruitment and retention. This plan is primarily focused on efforts related to providers, nurses, manager, and ancillary specialists.

Response Rating:

Required Equipment:

Point of Contact: VSHWC Medical Director, VSHWC CEO

Recruitment:

1. Recruitment will be done by a team including HR, CEO, Medical Director a~~, A~~nd legal when applicable.
2. Media to be considered are Indeed, Facebook, Website, National Health Service Corps (NHSC), local web and printed media, medical societies, blast email, and other sources. The recruiting team can also consider recruiting contractors, such as Cross-Country Search, etc.
3. Recruitment team will consider budget, scope of practice, duplication of services, county demographics, and clinic demand.
4. All applicants will be offered a walk-through tour of the Valley Springs Health & Wellness Center.
5. Applicants will undergo security profile investigation prior to hiring.
6. The Recruiting team will make every effort to work with the NHSC generated applicants.
7. Acceptance of applications will be at the sole discretion of the VSHWC CEO in consultation with the VSHWC Medical Director.
8. Recruitment and hiring will conform with federal, state and District non-discrimination policies.

9. The recruiting team will be knowledgeable about Stark and Anti-kickback laws.

Retention:

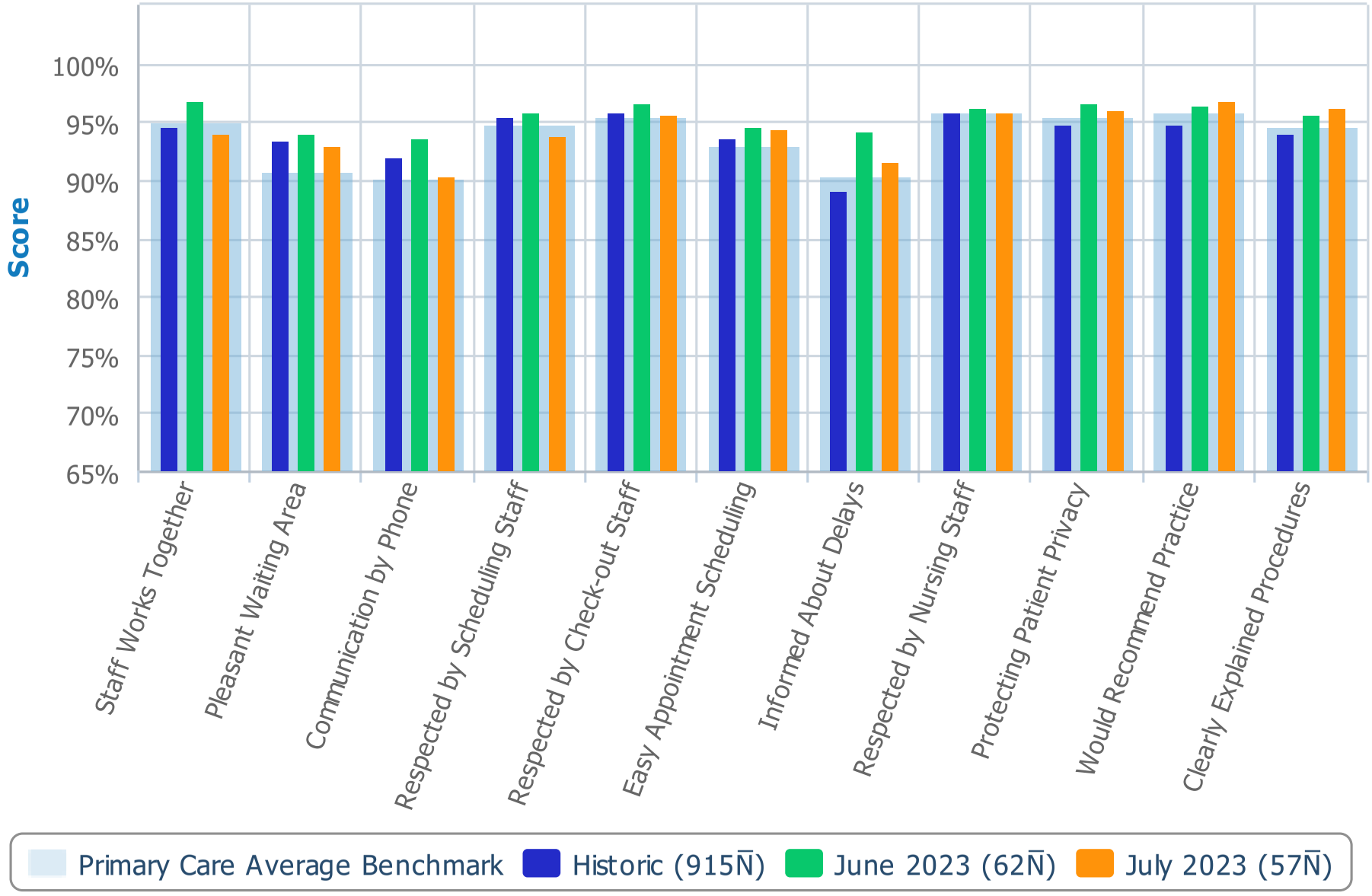
1. The retention of all personnel, but especially those with a higher credentialing profile, will be a priority.
2. Retention is accomplished through timely personal communication.
3. Retention is the responsibility of administration, management, Medical Director, and HR.
4. Administration will track all contracts for independent contractors to assure the re-contracting process starts early enough to prevent delays or frustrations.
5. Re-contracting will be the responsibility of the VSHWC CEO and Medical Director. Information sources to be considered are budget, productivity, patient satisfaction, management's input, claims, and peer review data, and clinic priorities.
6. Any NHSC providers will be treated per NHSC guidelines.
7. The VSHWC CEO will have sole discretion over re-contracting decisions.

														Census	MTD	Fiscal YTD	Historical
Quality Metric[1]	**Jul-23**	**Aug-23**	**Sep-23**	**Oct-23**	**Nov-23**	**Dec-23**	**Jan-24**	**Feb-24**	**Mar-24**	**Apr-24**	**May-24**	**Jun-24**	**Total**	Fiscal YTD	Payor Mix	Payor Mix	Payor Mix
Patient Visits Total	1769												1769	1769			
Medi-Cal	1065												1065	1065	60%	60%	60%
Medicare	345												345	345	20%	20%	20%
Cash Pay	11												11	11	1%	1%	1%
Other	348												348	348	20%	20%	20%
Pediatrics 0-16 yrs	241																
Behavioral Health	210																
Dental	311																
Remainder	1007																
Total Empanelled Patients	6280																
Total New Patients SEEN	113												113				
Total New Pt's REGISTERED	144												144				
Incident Reports																	
Patient Satisfaction	95%																
Peer Review/Fallouts	0/2																
Wait time for appointments																	
Patient No-shows	144																
	8.14%																
1=All Financial data in Finance Report																	

MedStatix

CA - Valley Springs

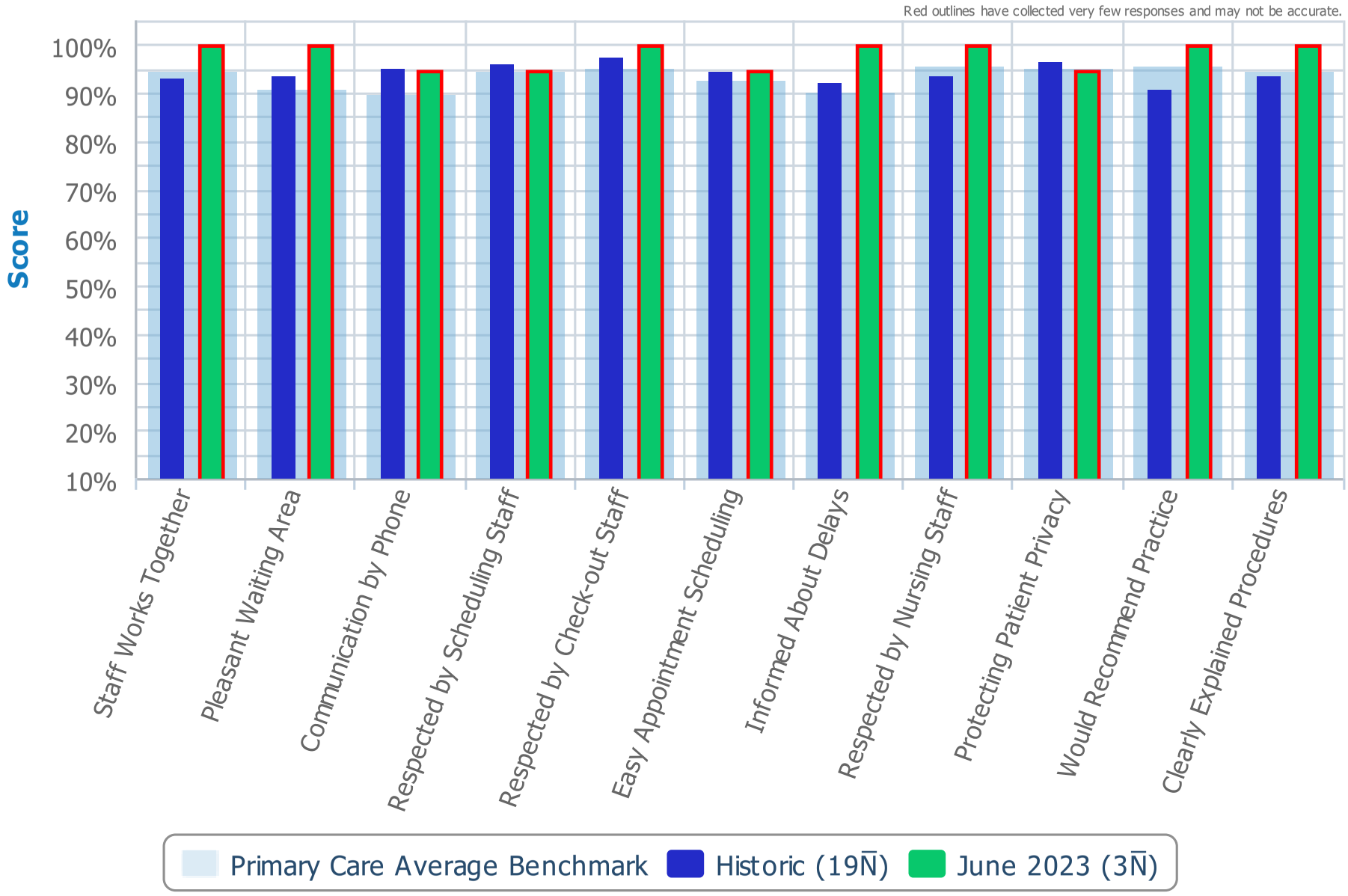
Location: All Locations



MedStatix

CA - Valley Springs

Location: Behavioral Health



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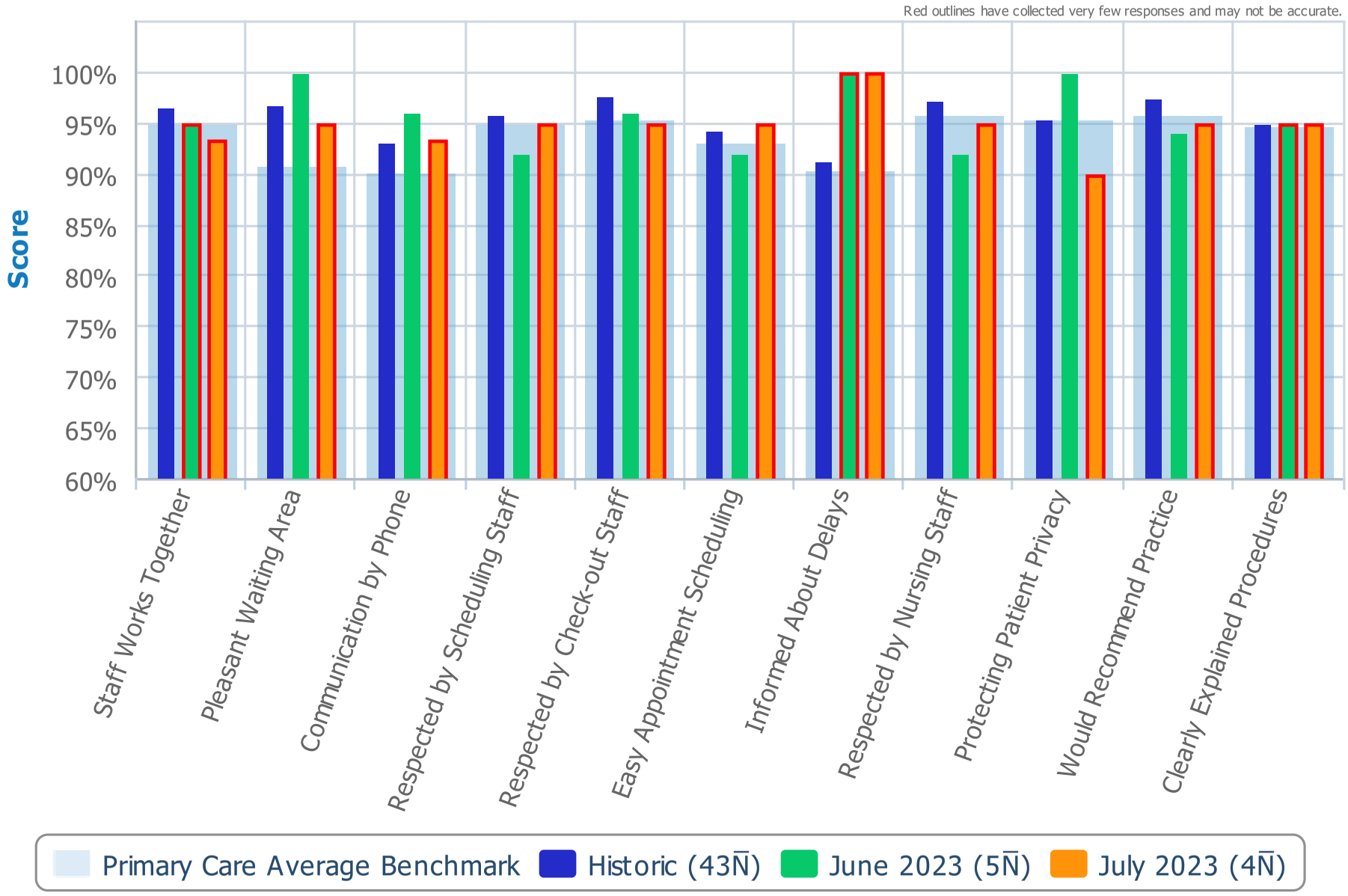
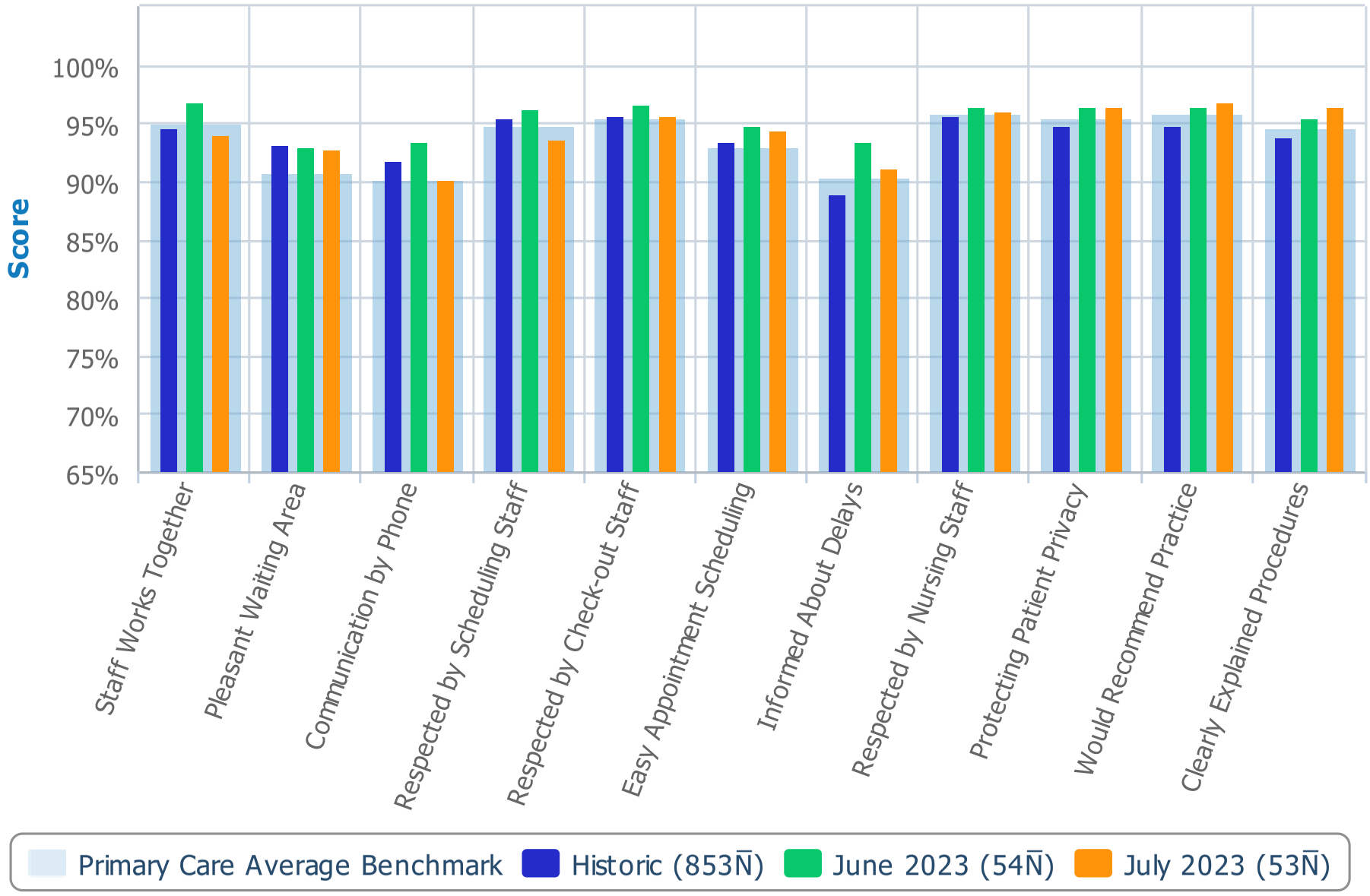
CA - Valley Springs

Location: Dental Services



MedStatix
CA - Valley Springs

Location: Valley Springs Health and Wellness



MARK TWAIN
HEALTH CARE DISTRICT

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

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: _____ DATE: _____
NAME: Debbie Sellick, Secretary

SIGNATURE: _____ DATE: _____
NAME: Dr. Randall Smart, CEO

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.

Mark Twain Health Care District							
Annual Budget Recap							
	07/31/23 Actual Y-T-D	2022 - 2023 Annual Budget					
		Total District	Clinic	Rental	Projects	Admin	
Revenues	964,457	10,538,718	7,455,963	1,332,755	0	1,750,000	
Total Revenue	964,457	10,538,718	7,455,963	1,332,755	0	1,750,000	
Expenses	(766,606)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)	
Total Expenses	(766,606)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)	
Surplus(Deficit)	197,850	221,933	(773,413)	29,065	(177,900)	1,144,180	
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)	
	Jul-23						
	197,850						

	Mark Twain Health Care District									
	Direct Clinic Financial Projections									
			7/31/23			**VSHWC**				
		Monthly Budget	**Actual Month**	**Variance $$$**	**Variance %**	**Y-T-D Budget**	**Y-T-D Actual**	**Variance $$$**	**Variance %**	**2023/2024 Budget**
4083.49	Urgent care Gross Revenues	491,929	669,297	177,369	136.06%	621,330	669,297	47,967	107.72%	7,455,963
4083.60	Contractual Adjustments	(127,615)	(45,046)	82,569	35.30%	(131,157)	(45,046)	86,110	34.35%	(1,573,878)
	Net Patient revenue	364,314	624,251	259,938	171.35%	490,174	624,251	134,078	127.35%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
			0			0	0			0
	Total Other Revenue	**364,314**	**624,251**	**259,938**	**171.35%**	**490,174**	**624,251**	**134,078**	**127.35%**	**5,882,085**
7083.09	Other salaries and wages	(129,397)	(156,341)	(26,944)	120.82%	(192,606)	(156,341)	36,264	81.17%	(2,311,267)
7083.10	Payroll taxes	(9,931)	(12,536)	(2,604)	126.22%	(12,318)	(12,536)	(218)	101.77%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(7,764)	0	7,764	0.00%	(9,729)	0	9,729	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(13,993)	(18,207)	(4,213)	130.11%	(20,000)	(18,207)	1,793	91.03%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(5,176)	0	5,176	0.00%	(6,486)	0	6,486	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,294)	(1,187)	107	91.74%	(1,622)	(1,187)	434	73.21%	(19,458)
7083.18	Other payroll related benefits		0			0	0			
	Total taxes and benefits	(38,158)	(31,929)	6,229	83.68%	(50,155)	(31,929)	18,226	63.66%	(601,859)
	Labor related costs	**(167,556)**	**(188,271)**	(20,715)	112.36%	**(242,761)**	**(188,271)**	54,490	77.55%	**(2,913,126)**
7083.05	Marketing	(333)	0	333	0.00%	0	0	0		(12,000)
7083.20.01	Medical - Physicians	(87,680)	(62,606)	25,074	71.40%	(105,562)	(62,606)	42,956	59.31%	(1,266,738)
7083.20.02	Dental - Providers		(6,600)			0	(6,600)			
7083.20.03	Behavior Health - Providers						0			
7083.22	Consulting and Management fees	(1,742)	(2,673)	(931)	153.46%	(2,500)	(2,673)	(173)	106.91%	(30,000)
7083.23	Legal - Clinic	(833)	0	833	0.00%	0	0	0		(5,000)
7083.25	Registry Nursing personnel									
7083.26	Other contracted services	(15,000)	(34,374)	(19,374)	229.16%	(18,583)	(34,374)	(15,790)	184.97%	(223,000)
7083.29	Other Professional fees	(1,417)	(3,375)	(1,958)	238.24%	(1,000)	(3,375)	(2,375)	337.50%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(49)	10	83.21%	(58)	(49)	10	83.21%	(700)
7083.38	Pharmaceuticals	(292)		292	0.00%	0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(39,917)	(78,390)	(38,473)	196.38%	(56,792)	(78,390)	(21,598)	138.03%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic		(22,582)	(22,582)		0	(22,582)	(22,582)		
7083.41.03	Behavior Health Materials		(291)	(291)		0	(291)	(291)		
7083.44	Linens									
7083.48	Instruments and Minor Medical Equipment	(1,754)		1,754	0.00%	0	0	0		
7083.74	Depreciation - Equipment	(11,446)	(24,501)	(13,056)	214.07%	(17,917)	(24,501)	(6,585)		(215,000)
7083.45	Cleaning supplies	(17)		17	0.00%	0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	0	417	0.00%	(417)	0	417	0.00%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(28,807)	(36,526)	(7,719)	126.80%	(62,083)	(36,526)	25,557	58.83%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,667)	(7,550)	(883)	113.25%	(6,417)	(7,550)	(1,133)	117.66%	(77,000)
8870.00	Interest on Debt Service	(22,958)	0	22,958	0.00%	(21,490)	0	21,490	0.00%	(257,883)
7083.43	Food	(108)	(41)	67	37.75%	(333)	(41)	292	12.27%	(4,000)
7083.46	Office and Administrative supplies	(3,438)	(2,886)	552	83.95%	(2,092)	(2,886)	(794)	137.96%	(25,100)
7083.69	Other purchased services	(2,437)	(1,110)	1,327	45.56%	(1,250)	(1,110)	140	88.83%	(15,000)
7083.81	Insurance - Malpractice	(3,167)	(2,826)	341	89.23%	(2,758)	(2,826)	(67)	102.44%	(33,100)
7083.82	Other Insurance - Clinic	(2,644)	(20,875)	(18,231)	789.52%	0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(442)	0	442	0.00%	(125)	0	125	0.00%	(1,500)
7083.85	Telephone and Communications	(2,333)	(4,159)	(1,825)	178.23%	(2,500)	(4,159)	(1,659)	166.35%	(30,000)
7083.86	Dues, Subscriptions & Fees	(167)	(200)	(33)	120.00%	(2,500)	(200)	2,300	8.00%	(30,000)
7083.87	Outside Training	(783)	0	783	0.00%	(375)	0	375	0.00%	(4,500)
7083.88	Travel costs	(501)	(1,849)	(1,348)	369.22%	(279)	(1,849)	(1,570)	662.40%	(3,350)
7083.89	Recruiting	(4,583)	0	4,583	0.00%	(3,333)	0	3,333	0.00%	(40,000)
8895.00	Let's All Smile	(1,030)	0	1,030	0.00%	(2,083)	0	2,083	0.00%	(25,001)
	Non labor expenses	(240,969)	(313,462)	(72,493)	130.08%	(310,448)	(313,462)	(3,014)	100.97%	(3,742,372)
	Total Expenses	(408,524)	(501,732)	93,208	122.82%	(553,208)	(501,732)	51,476	90.70%	(6,655,498)
	Net Expenses over Revenues	**(44,211)**	**122,519**	**353,146**	**294%**	**(63,034)**	**122,519**	**185,553**	**218%**	**(773,413)**

	Mark Twain Health Care District									
	Rental Financial Projections					**Rental**				
			7/31/23							
		Monthly Budget	**Actual Month**	**Variance $$$**	**Variance %**	**Y-T-D Budget**	**Y-T-D Actual**	**Variance $$$**	**Variance %**	**2023/2024 Budget**
9260.01	Rent Hospital Asset amortized	89,333	89,607	274	100.31%	89,333	89,607	274	100.31%	1072000
	Rent Revenues	89,333	89,607	274	100.31%	89,333	89,607	274	100.31%	1,072,000
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(73,470)	4,030	94.80%	(77,500)	(73,470)	4,030	94.80%	(930,000)
9520.85	Telephone & Communications	(572)	(361)	211	63.08%	(572)	(361)	211	63.08%	(6,860)
9520.72	Depreciation	(8,285)	(8,514)	(229)	102.77%	(8,285)	(8,514)	(229)	102.77%	(99,420)
9520.82	Insurance									
	Total Costs	(86,357)	(82,345)	4,011	95.35%	(86,357)	(82,345)	4,011	95.35%	(1,036,280)
	Net	2,977	7,262	4,285	243.97%	2,977	7,262	4,285	243.97%	35,720
9260.02	MOB Rents Revenue	19,044	18,416	(628)	96.70%	19,044	18,416	(628)	96.70%	228,527
9521.75	MOB rent expenses	(22,284)	(20,215)	2,070	90.71%	(22,284)	(20,215)	2,070	90.71%	(267,410)
	Net	(3,240)	(1,798)	1,442	55.50%	(3,240)	(1,798)	1,442	55.50%	(38,883)
9260.03	Child Advocacy Rent revenue	796	796	0	100.00%	796	796	0	100.00%	9,548
9522.75	Child Advocacy Expenses	0	0	0	#DIV/0!	0	0	0	#DIV/0!	
	Net	796	796	0	100.00%	796	796	0	100.00%	9,548
9260.04	Sunrise Pharmacy Revenue	1,890	1,872	(18)	99.05%	1,890	1,872	1,872	0.00%	22,680
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0		
	Total Revenues	111,063	110,691	(372)	99.67%	111,063	110,691	(372)	99.67%	1,332,755
	Total Expenses	(108,641)	(102,560)	6,081	94.40%	(108,641)	(102,560)	6,081	94.40%	(1,303,690)
	Summary Net	2,422	8,131	5,709	335.72%	2,422	8,131	5,709	335.72%	29,065

Mark Twain Health Care District										
Projects, Grants and Support										
		7/31/2023								
							Month			
			2020/2021	2021/2022	2022/2023	2023/2024	to-Date	Actual	Actual	Actual
			Actual	Budget	Budget	Budget	Budget	Month	Y-T-D	vs Budget
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(6,492)	(6,280)	(6,280)	7.39%
8890.00	Community Grants		(3,754)		(50,000)					
8890.00	Friends of the Calaveras County Fair									
8890.00	Foundation			(628,000)						
8890.00	Veterans Support		0	0			0		0	
8890.00	Mens Health		0	0			0		0	
8890.00	Miscellaneous (TBD)					(100,000)				
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	(1,500)	(1,500)	
8890.00	Stay Vertical		(14,000)	(14,000)	(35,000)	(37,900)	(3,158)	(4,780)	(4,780)	13.66%
8890.00	AED for Life					(40,000)	(3,333)			
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		**(20,325)**	**(667,000)**	**(85,000)**	**(177,900)**	**(6,492)**	**(6,280)**	**(6,280)**	**7.39%**

Mark Twain Health Care District										
General Administration Financial Projections			7/31/23			ADMIN				
		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	38,066	8,900	130.51%	29,167	38,066	8,900	130.51%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	108,333	108,333	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		0			0	0			100,000
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		49,786				49,786			
9205.03	Miscellaneous Income (1% Minority Interest)		(11,718)			0	(11,718)			
	Summary Revenues	137,500	184,468	46,968	134.16%	137,500	184,468	46,968	134.16%	1,750,000
8610.09	Other salaries and wages	(27,217)	(32,648)	(5,431)	119.95%	(27,217)	(32,648)	(5,431)	119.95%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,951)	131	93.69%	(2,082)	(1,951)	131	93.69%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(1,415)	0	1,415	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(1,467)	0	1,467	0.00%	(17,607)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(943)	0	943	0.00%	(943)	0	943	0.00%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(236)	0	236	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0			0	0			
	Benefits and taxes	(6,143)	(1,951)	4,192	31.76%	(6,143)	(1,951)	4,192	31.76%	(73,714)
	Labor Costs	(33,360)	(34,598)	(1,238)	103.71%	(33,360)	(34,598)	(1,238)	103.71%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(293)	3,873	7.04%	(4,167)	(293)	3,873	7.04%	(50,000)
8610.23	Legal	(333)	(9,067)	(8,734)	2720.10%	(333)	(9,067)	(8,734)	2720.10%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(87)	2,914	2.88%	(3,000)	(87)	2,914	2.88%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(1,000)	0	1,000	0.00%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(167)	0	167	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(1,107)	(732)	295.16%	(375)	(1,107)	(732)	295.16%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(42)	0	42	0.00%	(500)
8610.69	Other- IT Services	(583)	(3,913)	(3,330)	670.81%	(583)	(3,913)	(3,330)	670.81%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	#DIV/0!	0	0	0	#DIV/0!	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	(54,063)	(50,396)	1474.44%	(3,667)	(54,063)	(50,396)	1474.44%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	(7,300)	(5,633)	438.00%	(1,667)	(7,300)	(5,633)	438.00%	(20,000)
8610.87	Outside Trainings	(833)	(60)	773	7.20%	(833)	(60)	773	7.20%	(10,000)
8610.88	Travel		0			0	0			
8610.89	Recruiting		0	0		(42)	0	42		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(1,250)	(500)	750	40.00%	(15,000)
8610.95	Other Misc. Expenses	-	0			0	0	0		
	Non-Labor costs	(17,083)	(76,389)	(59,306)	447.16%	(17,125)	(76,389)	(59,264)	446.07%	(205,500)
	Total Costs	(50,443)	(110,988)	(60,545)	220.02%	(50,485)	(110,988)	(60,503)	219.84%	(605,820)
	Net	87,057	73,480	(13,577)	84.40%	87,015	73,480	(13,535)	84.45%	1,144,180

Investment & Reserves Report
31-Jul-23

Reserve Funds	Minimum Target	6/30/2023 Balance	2023/2024 Allocated	2023/2024 Interest	7/31/2023 Balance
Valley Springs HWC - Operational Reserve Fund	2,200,000	30,658	0	156	30,813
Capital Improvement Fund	3,000,000	2,522,220	0	11,336	2,533,556
Technology Reserve Fund	250,000	1,039,589	0	4,672	1,044,262
Lease, Contract, & Utilities Reserve Fund	1,700,000	2,501,410	0	11,243	2,512,653
Communiuty Programs Reserve Fund	250,000				
Lease Termination Reserve Fund	3,250,000				
Loan Reserve Fund	2,000,000	2,084,524	0	9,369	2,093,893
Reserves & Contingencies	12,650,000	8,178,401	0	36,776	8,215,177

Reserves	7/31/2023	2023-2024 Interest Earned
Valley Springs HWC - Operational Reserve Fund	30,813	156
Total Reserve Funds	**30,813**	**156**
Lease & Contract Reserve Fund	2,512,653	11,243
Loan Reserve Fund	2,093,893	9,369
Capital Improvement Fund	2,533,556	11,336
Technology Reserve Fund	1,044,262	4,672
Total CA-CLASS Reserve Funds	**8,184,364**	**36,620**
Five Star		
General Operating Fund- Closed	0	0
General Operating Fund - NEW	323,678	0
Money Market Account	500,452	1,269
Valley Springs - Checking	55,947	6
Valley Springs - Payroll	25,467	4
Total Five Star	**905,544**	**1,280**
Umpqua Bank		
Checking	157,586	0
Money Market Account	6,445	0.05
Investments	0	0
Total Savings & CD's	**164,031**	**0.05**
Bank of Stockton	**244,954**	**10**
Total in interest earning accounts	**9,529,706**	**38,066**
Beta Dividends 1 & 2		**0**
CSDA Training Scholarship		**0**
Anthem Rebate		**0**
Total Without Unrealized Loss		**38,066**

789,589
801,410

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.

Mark Twain Health Care District
Balance Sheet
As of July 31, 2023

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	157,586
1001.20 Umpqua Bank - Money Market	6,445
1001.30 Bank of Stockton	244,954
1001.40 Five Star Bank - MTHCD Checking - Closed	0
1001.45 Five Star Bank - MTHCD Checking NEW	264,968
1001.50 Five Star Bank - Money Market	500,452
1001.60 Five Star Bank - VSHWC Checking	55,947
1001.65 Five Star Bank - VSHWC Payroll	24,567
1001.90 US Bank - VSHWC	396,230
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**1,651,550**
Accounts Receivable	
1201.00 Accounts Receivable	59,478
1210.00 Grants Receivable	23,714
1215.00 Settlements	488,746
Total Accounts Receivable	**571,938**
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	30,813
1004.10 CLASS Lease & Contract Reserve Fund	2,512,653
1004.20 CLASS Loan Reserve Fund	2,093,893
1004.30 CLASS Capital Improvement Reserve Fund	2,533,556
1004.40 CLASS Technology Reserve Fund	1,044,262
1150.05 Due from Calaveras County	1,300,000
1160.00 Lease Receivable	166,262
1202.00 Prior Year Grant Revenue	6,211
1205.50 Allowance for Uncollectable Clinic Receivables	380,739
1205.51 Cash To Be Reconciled	17,462
Total Other Current Assets	**10,085,851**
Total Current Assets	**12,309,339**
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	2,087
1521.20 CIP Buildings	27,088
1600.00 Accumulated Depreciation	-8,445,549
Total Fixed Assets	**6,758,668**

Other Assets	
1710.10 Minority Interest in MTMC - NEW	396,261
1810.60 Capitalized Lease Negotiations	307,905
1810.65 Capitalized Costs Amortization	12,912
Total Intangible Assets	**320,818**
2219.00 Capital Lease	5,861,278
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	**7,420,131**
TOTAL ASSETS	**26,488,138**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	127,312
Total 200.00 Accts Payable & Accrued Expenes	**127,312**
2001.00 Other Accounts Payable (Credit Card)	30,150
Total 200.00 Accts Payable & Accrued Expenes	**30,150**
2010.00 USDA Loan Accrued Interest Payable	84,955
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	42,068
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	4,515
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	**459,903**
Total Current Liabilities	**617,365**
Long-Term Liabilities	
2128.01 Deferred Capital Lease	352,831
2128.02 Deferred Utilities Reimbursement	644,949
2129.00 Other Third Party Reimbursement - Calaveras County	1,191,667
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	9,775,668
Total Liabilities	**10,393,033**
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	-4,600,188
Net Income	197,850
Total Equity	16,095,105
TOTAL LIABILITIES AND EQUITY	**26,488,138**

MARK TWAIN
HEALTH CARE DISTRICT

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

Resolution 2023 - 07

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

Change in MTHCD Board Policies

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

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

WHEREAS: The *ad hoc* policy committee has reviewed policies No. 25 and have recommended changes in the policy, and presented changes to the public at the August 23, 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 25 be amended as published in the July 26, 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 23 day of August 2023, by the following vote:

Ayes:
Noes:
Absent:
Abstain:

Attest: _____
Debbra 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

Mark Twain Health Care District Policy No. 25

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 Ctte
08/6/13

MARK TWAIN
HEALTH CARE DISTRICT

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 Ridge Rd., Ste A, Sutter Creek 95685

Provide your federal non-profit description or other organization structure: #68-0463039

Contact Person: Anne Boyce

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

Email Address: anne@commongroundseniorservices.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! Comma

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: _____

Common Ground
Senior Services

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

-----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

THERE IS HOPE IN FIGHTING CANCER

Calaveras Cancer Support Group Presents:
"10 Surprising Things that Oncology RN's Suggest You Do."
With Chris Stevenson, RN and Lenora Casey, RN

When: Friday, September 8, 2023
10:00 am - 11:30 am
Where: Room 2 MTMC
768 Mountain Ranch Rd. San Andreas

#FIGHTCANCER

Calaveras
Cancer Support Group

Dignity Health
Mark Twain Medical Cente

Calaveras County Cancer Support Softball Tournament

September 16th, 2023

Opening Ceremonies: 8:30 AM

First Pitch: 9:00 AM

Benefiting:

Michelle Griffith & Brett Salas

$400 Per Team + 2 Raffle Prizes

Contact:

Mike Ziehlke at (209)-743-6262 for Tournament Information

Heather Barnett at (209)-728-4384 for Raffle Donations

Raffle Donations can be dropped off at Spence Ranch Feed and Supply

The Barger Golf Outing

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

TOTAL $ _____

Email Form To: *charanjit.singh@commonspirit.org*

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

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