



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

MARK TWAIN HEALTH CARE DISTRICT

Directors
Mark Twain Health Care District Board Room
Mark Twain Medical Center
768 Mountain Ranch Rd, San Andreas, CA

Wednesday, June 24, 2026

**9:00am
Draft Agenda**

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

Mark Twain Health Care District Mission Statement

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

- 1. **Call to order with Flag Salute:**
- 2. **Roll Call:**

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

Quorum:

- 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 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:

- Finance Committee Meeting for May 27, 2026: – Action
- Board of Director Meeting Minutes May 27, 2026: – Action

6. Common Spirit National Real Estate:

- **MTMC Walkway:**Allison Hedberg– Action

7. MTHCD:

- **Billing:**Kelly Hoenbrink, Sharon Pearson, Shelley Mueller, Karen Burkhardt

8. MTHCD Reports:

A. President’s Report:Ms. Reed

- Association of California Health Care Districts (ACHD) May Newsletter:

B. Community Board Report:Ms. Sellick

C. MTMC Board of Directors:Ms. Reed

D. Chief Executive Officer’s Report:Ms. Gillespie

- General Comments:
 - Update on West Wing Furnishings and Medical Equipment
 - Anthem Benefit update
 - 401k 2025/2026 District Contribution – Action

E. Valley Springs Health & Wellness Center (VSHWC):Dr. Smart

- Construction Updates:
- Policies Valley Springs Health & Wellness Center June 2026: Public Comment – Action
 - Revised Policies**
 - Autoclave Spore Testing
 - Cleaning Duties
 - Employee Dress Code Guidelines
 - List of Services
 - Medication Administration
 - On-Call Program
 - Waived Testing-LeadCare II
 - Bi-Annual Review Policies (no changes to policy content)**
 - Appointment Scheduling

- Biennial Clinic Evaluation
- Business Hours
- Cash Collections
- EKG
- Fit Testing
- Influenza A and B Test-Waived
- Medical Staff Composition
- No Show
- Prescription Refills
- Preventative Maintenance Inspections
- Provider on Site
- Section 504 Grievance
- Section 504 Grievance (Spanish)
- Shelter in Place for Patients and Staff
- Standardized Procedure for Employee COVID-19 Rapid Testing
- Sterile Field
- Sterile Shelf Life
- Threatening Or Hostile Patient
- Waste, Fraud, and Abuse
- Universal Precautions
- Unscheduled Downtime of Electronic Medical Record

F. Valley Springs Health & Wellness Center (VSHWC) Quality Reports:Ms. Terradista

- Encounter Report – May 2026
- Clinect – May 2026

9. Committee Reports:

A. Ad Hoc AED for Life:Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph

- Reporting on the First Aid/CPR/AED class and the AB310 collaboration with the County.

B. Ad Hoc Community Engagement:Ms. Gillespie / Ms. Reed / Mr. Randolph

C. Ad Hoc Community Grants:Ms. Gillespie / Ms. Sellick / Ms. Reed

- MTMC Foundation - 75th Anniversary August 22, 2026:
\$50,000 donation Public Comment – **Action**
- Murphys Senior Center – Longevity and Lifestyle Conference October 15, 2026
\$5,000 donation to secure speaker Public Comment – **Action**

D. Ad Hoc Personnel Committee: Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort

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

E. Ad Hoc Policy Committee: Ms. Gillespie / Ms. Hack / Ms. Vermeltfoort

- Policy No.12 Conflict of Interest Code and Ethics
- Policy No. 23 Requests for Public Funds, Community Grants & Sponsorships
- Policy No. 32 Debt Management
- Policy No. 34 Artificial Intelligence (AI) Usage

F. Ad Hoc Real Estate:Ms. Gillespie / Mr. Randolph

G. Finance Committee:Ms. Hack / Ms. Slocum

- Financial Statements – May 2026: Public Comment – Action
- Presenting 2026-2027 MTHCD budget – Action

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

- Announcements of Interest to the Board or the Public:

11. **Next Meeting:** July 17, 2026, at 8:00am for Finance Committee and 9:00am for BOD:

12. **Closed Session:** Pending Legal Action:

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

Quorum:

13. **Adjournment:**

Public Comment – Action:

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Jun 24, 2026 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://zoom.us/j/98772818798?pwd=mkEglaVazbnRT74sLGJTamWuJWgvYE.1>

Meeting ID: 987 7281 8798

Passcode: 538886

One tap mobile

+16694449171,,98772818798#,,,,*538886# US

+16699006833,,98772818798#,,,,*538886# US (San Jose)

Join by SIP

• 98772818798@zoomcrc.com

Join instructions

<https://zoom.us/join/98772818798/invitations?signature=OA5altTORaoSM1S1IWm96zzuqpiA0xo96BcdvNLxJN4>



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

**Finance Committee Meeting
 Mark Twain Health Care District Board Room
 Mark Twain Medical Center
 768 Mountain Ranch Road
 San Andreas, CA**

Wednesday May 27, 2026

8:00am

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 Mr. Randolph at 8:05 AM.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack			<input checked="" type="checkbox"/>	
Richard Randolph	<input checked="" type="checkbox"/>			
Patricia Bettinger	<input checked="" type="checkbox"/>			

Quorum: Yes

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

Motion to Approve agenda: Ms. Bettinger

Second: Mr. Randolph

Ayes: 2

Nays:0

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

Hearing none.

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 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:

- Finance Committee Meeting – April 22, 2026: – **Action**
Motion to Approve consent agenda: Mr. Randolph
Second: Ms. Bettinger
Ayes: 2
Nays: 0

6. Chief Executive Officer’s Report:.....Ms. Gillespie

- General Comments: See attached CEO report

Ms. Gillespie reported ongoing collaboration with HHSA/BHSA, veteran programs, Habitat for Humanity, CCOE mental health initiatives, the Chamber, CSDA, and ACHD committees.

Additional updates included clinic website redesign progress, CalRHT/HCAI grant preparation, coordination with grant writers and state representatives, biweekly meetings with Doug Archer, seismic permitting updates, and West Wing expansion planning.

- MTMC Foundation - 75th Anniversary Challenge – **Action**

Ms. Gillespie reported that Common Spirit declined participation in a matching sponsorship request for the MTMC Foundation 75th Anniversary Challenge. Finance Committee discussion recommended the item be referred to the Grants Committee for further consideration regarding possible District sponsorship participation. Board consensus directed the item to the Grants Committee for review and recommendation at the June Board meeting. No formal action taken.

- Discussion Regarding Proposed Costs for West Wing Furnishings and Medical Equipment – **Action**

Ms. Gillespie provided an update on the West Wing expansion project, including six new exam rooms, administrative space, and a small conference area. Construction remains on schedule with an anticipated opening around August 1, 2026.

Ms. Gillespie reported that furnishing and medical equipment costs were estimated between \$150,000 and \$175,000, with final costs expected to remain under budget following vendor negotiations and discounts through McKesson. Discussion included equipment ordering timelines, delivery coordination, staffing needs, and continued physician recruitment efforts related to the expansion.

Motion to Recommend Board Approval of up to \$175,000 for West Wing furnishings and medical equipment purchases: Mr. Randolph

Second: Ms. Bettinger

Ayes: 2

Nays: 0

- Construction in Progress Updates:.....Ms. Gillespie

Ms. Gillespie reported both construction projects continue progressing positively.

The West Wing expansion remains on schedule for completion near the end of July 2026.

Additional technology infrastructure needs, including extra ports and related upgrades, created approximately \$25,000 in additional project costs.

7. Real Estate Review:.....Mr. Randolph

Discussion occurred regarding the leased medical office building space, including Suites 101–105.

Mr. Randolph discussed ongoing conversations regarding future lease arrangements involving Stockton Cardiology, Mark Twain Medical Center, and Calaveras County Behavioral Health occupancy.

The Committee reiterated the District’s long-term goal of transitioning away from serving as the master lease holder and reducing liability exposure associated with acting as intermediary landlord. Further strategic discussions regarding lease structure and timing will continue.

8. Accountant’s Report:.....Ms. Hack / Mr. Wood

- Financial Statements – April 2026: Public Comment – **Action**

The April District financials were presented to the Committee, and the revenues compared to expenses for the District remained favorable, with a surplus year-to-date of \$938,707. Clinic net revenues year-to-date totaled \$561,380 and compared to expenses remained favorable and exceeded budget year-to-date. Clinic encounters remain strong with continued new patient registrations. The balance sheet also remains strong with a good return on investments. Additional

discussion included encounter reporting, investment reserves, and review of year-to-date budget comparison figures.

Motion to Approve agenda: Mr. Randolph

Second: Ms. Bettinger

Ayes: 2

Nays:0

- Presenting first draft of 2026-2027 MTHCD budget

The first draft of the 2026–2027 MTHCD budget was presented and reviewed by the Committee. Discussion included projected clinic encounters, anticipated revenues, staffing needs, grant funding, and overall financial projections for the upcoming fiscal year.

Ms. Gillespie reviewed budget assumptions related to Medi-Cal reimbursement changes, physician recruitment, and continued clinic growth trends. Mr. Hoenbrink also participated in the discussion regarding encounter projections, labor budgeting, revenue forecasting, and operational planning for the upcoming fiscal year. The draft budget will continue to be refined and reviewed prior to final Board approval.

9. Treasurer’s Report:.....Ms. Hack
No report.

10. Comments and Future Agenda Items:
None

11. Next Meeting:

Next Finance Committee Meeting – June 24, 2026 at 8am.

12. Adjournment: Public Comment – Action

Motion to Adjourn: Mr. Randolph

Second: Ms. Bettinger

Ayes: 2

Nays: 0



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**Meeting of the Board of Directors
 Mark Twain Health Care District Board Room
 Mark Twain Medical Center
 768 Mountain Ranch Rd, San Andreas, CA**

Wednesday, May 27, 2026

**9:00am
 Unapproved 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:

The meeting was called to order by Ms. Reed at 9:10 AM.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Linda Reed	<input checked="" type="checkbox"/>			
Debra Sellick	<input checked="" type="checkbox"/>			
Lori Hack			<input checked="" type="checkbox"/>	
Richard Randolph	<input checked="" type="checkbox"/>			
Johanna Vermeltoort	<input checked="" type="checkbox"/>			

Quorum: Yes

3. Approval of Agenda:

Public Comment – **Action**

Motion to Approve: Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 4

Nays: 0

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

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Hearing none

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:

- Finance Committee Meeting for April 22, 2026: – **Action**

Motion to Approve: Ms. Vermeltfoort
 Second: Ms. Sellick
 Ayes: 4
 Nays: 0

- Board of Director Meeting Minutes April 22, 2026: – **Action**

Motion to Approve: Ms. Vermeltfoort
 Second: Ms. Sellick
 Ayes: 4
 Nays: 0

6. Murphys Senior Center

- **Longevity and Lifestyle Conference**Steve Shetzline

Steve Shetzline and Diane Severud presented information regarding the Murphys Senior Center programs and the upcoming Longevity and Lifestyle Conference scheduled for October 15, 2026, at Ironstone.

Discussion included senior wellness programming, Stay Vertical, community outreach, healthy aging initiatives, and opportunities for countywide collaboration. The Grants Committee will meet to further discuss the conference proposal and add an action item to the June Board Meeting agenda.

7. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD) April Newsletter:

Ms. Reed reminded the Board that the ACHD Annual Meeting will be held October 7–9, 2026, in Monterey, California.

Ms. Reed reported that she continues to participate in weekly meetings with Darrie regarding current district matters, planning efforts, and operational updates.

Discussion followed regarding ACHD Board participation, committee involvement, and the importance of representation for healthcare districts with leased hospital operations.

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

- Swing Bed program scheduled to begin July 1, 2026
- Continued work on podiatry and care coordination support services
- Collaboration with St. Joseph’s referral department
- Ongoing policy development to improve patient experience
- Continued recruitment efforts for orthopedic surgery and physical therapy positions
- Healthcare District contribution of \$750,000 toward sterile processing renovations
- Upcoming MTMC 75th Anniversary celebration scheduled for August 22, 2026

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

Ms. Reed reported there was no formal Fiduciary Board meeting due to member attendance conflicts related to recruitment interviews and conference participation.

D. Chief Executive Officer’s Report:.....Ms. Gillespie

- General Comments: See attached CEO report

Ms. Gillespie reported ongoing collaboration with HHS/BHSA, veteran programs, Habitat for Humanity, CCOE mental health initiatives, the Chamber, CSDA, and ACHD committees. Additional updates included clinic website redesign progress, CalRHT/HCAI grant preparation, coordination with grant writers and state representatives, biweekly meetings with Doug Archer, seismic permitting updates, and West Wing expansion planning.

- MTMC Foundation - 75th Anniversary Challenge – **Action**

Ms. Gillespie reported that Common Spirit declined participation in a matching sponsorship request for the MTMC Foundation 75th Anniversary Challenge. Finance Committee discussion recommended the item be referred to the Grants Committee for further consideration regarding possible District sponsorship participation. Board consensus directed the item to the Grants Committee for review and recommendation at the June Board meeting. No formal action taken.

- Discussion Regarding Proposed Costs for West Wing Furnishings and Medical Equipment – **Action**

Ms. Gillespie and Ms. Terradista presented estimated costs for furnishings and medical equipment for the West Wing expansion project.

Estimated costs are between \$150,000–\$175,000, with a goal of having the space operational by August 1, 2026.

The Finance Committee recommended Board approval of expenditures up to \$175,000 for furnishings and medical equipment.

Motion to Approve: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 4
Nays: 0

E. Valley Springs Health & Wellness Center (VSHWC):.....Dr. Smart

- Construction Updates:

Dr. Smart provided updates regarding ongoing construction progress for the West Wing expansion project.

- Policies Valley Springs Health & Wellness Center April 2026: Public Comment – Action

Dr. Smart presented new, revised, and bi-annual review policies for Board consideration.

New Policies

Artificial Intelligence (AI) Usage Policy
Incident Reporting and Investigation Policy
Information Security Policy
Risk Management

Revised Policies

Communication with Persons with Limited English Proficiency
PPD Test Results
Standardized Procedures for Mid-level Practitioners (NP, PA)
Withdrawal of Care

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

ABI
Appointment Notification
Bioterrorism Threat
Consent for Treatment BH 1.0
Consent and Information Sharing-Children
Drug Free Workplace
Emerging Infectious Disease
Patient Engagement and Re-engagement
Exposure Control Plan
Liquid Nitrogen
Medical Records Forms and Fees
Medical Records Release
Medical Record Transfer
(Medication Contract)
Security And Retention of Medical Records
Patient Engagement and Re-engagement
Patient Medical Record Content
Scope of Services
Standardized Procedure for Childhood Periodic Health Screening

Motion to Approve: Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 4
Nays: 0

F. Valley Springs Health & Wellness Center (VSHWC) Quality Reports:.....Ms. Terradista

- Encounter Report – April 2026:

Ms. Terradista presented the April 2026 Encounter Report. Patient visits and clinic services continue to remain steady as staff works on improving scheduling, patient access, and overall clinic operations.

- Clinect – April 2026

Ms. Terradista presented the April 2026 Clinect report. Staff continues working to improve patient engagement, increase survey participation, and strengthen communication efforts through updated outreach and revised questionnaires.

8. Committee Reports:

A. Ad Hoc AED for Life:Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph

- Review AED placement program regarding potential expansion into CPR, AED, and Basic First Aid training services. – **Action**

The committee presented discussion regarding expansion of the AED program to include CPR, AED, and Basic First Aid training services throughout the community. Discussion included the success of the current AED placement program, community education opportunities, potential training costs, and future program development. The Board discussed redirecting portions of the current AED budget toward training and certification services to better support community health and emergency preparedness efforts.

Motion to Approve: Mr. Randolph
Second: Ms. Sellick
Ayes: 4
Nays: 0

B. Ad Hoc Community Engagement:.....Ms. Gillespie / Ms. Reed / Mr. Randolph

The committee discussed ongoing community outreach efforts, partnerships, and opportunities to increase district visibility and engagement throughout Calaveras County.

C. Ad Hoc Community Grants:.....Ms. Gillespie / Ms. Sellick / Ms. Reed

The Committee will meet to further discuss the 75th Anniversary sponsorship request and the Longevity and Lifestyle Conference proposal.

D. Ad Hoc Personnel Committee:..... Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort

- Proposed Changes to Personnel Manual: Public Comment – **Action**

The committee reviewed proposed Personnel Manual revisions, including updates related to holidays, vacation accruals, benefits, and policy language. The Board approved all proposed revisions with the exception of the section regarding full-time and part-time employee benefits eligibility.

That section was tabled and will be brought back for further discussion and consideration at the next Board meeting.

Motion to Approve Proposed Personnel Manual Revisions, excluding the full-time and part-time benefits eligibility section: Mr. Randolph
Second: Ms. Reed
Ayes:3
Nays:1

E. Ad Hoc Policy Committee:..... Ms. Gillespie / Ms. Hack / Ms. Vermeltfoort
Next meeting is scheduled for June 9th

F. Ad Hoc Real Estate:.....Ms. Gillespie / Mr. Randolph
Discussion included ongoing district property planning and future facility considerations.

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

Financial Statements – April 2026: Public Comment – **Action**

The April 2026 financial statements were presented and reviewed by the Committee. District revenues and expenses remain favorable overall despite the previously approved \$250,000 payment to Mark Twain Medical Center, which impacted the monthly comparison figures. Committee members reviewed the District’s year-to-date financial position, clinic performance, and investment reserves.

Discussion included the importance of including clinic encounter reports with future financial packets to better compare revenue trends with patient activity. Committee members also discussed several year-to-date budget comparison figures within the clinic financials that may require additional review and correction.

The Committee additionally reviewed investment reserve performance, including the recent transfer of approximately \$3.2 million into a higher-yield California CLASS certificate investment account to secure improved fixed returns while maintaining overall financial stability. Overall, the Committee expressed that the District remains in a strong financial position heading into the upcoming budget cycle.

Motion to Approve: Mr. Randolph

Second: Ms. Reed
Ayes: 4
Nays: 0

- Presenting first draft of 2026-2027 MTHCD budget

The first draft of the 2026–2027 MTHCD budget was presented and reviewed by the Committee. Discussion focused on projected clinic encounters, anticipated revenues, staffing needs, grant funding, and overall financial projections for the upcoming fiscal year.

Ms. Gillespie discussed adjustments made to projected encounter volumes based on historical clinic growth, current staffing constraints, and possible Medi-Cal reimbursement changes. The Committee also reviewed projected grant and project allocations and discussed continued recruitment efforts related to clinic expansion and operations.

Overall, the draft budget reflected a strong financial position for both the District and clinic. The budget will continue to be refined and reviewed prior to final Board approval.

9. Board Comment and Request for Future Agenda Items:

- Announcements of Interest to the Board or the Public:

10. Next Meeting:

- June 24, 2026, at 8:00am for Finance Committee and 9:00am for BOD:

11. Adjournment:

Public Comment – **Action:**

Motion to Adjourn: Ms. Vermeltfoort


Second: Mr. Randolph

Ayes: 4

Nays: 0

Time: 11:42 AM



MTMC Covered Walkway FY2027 COST ESCALATION PROJECTIONS - DECISION LATENCY 9% PER QTR						
First Edison / Valley Iron Modesto, CA	2026		2027			
	4/20/2026	6/18/2026	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
Construction & Fabrication	\$822,545	\$863,672.25	\$941,402.75	\$1,026,129.00	\$1,118,480.61	\$1,219,143.87
Design (Aspen Street)	\$26,301	\$27,616.05	\$30,101.49	\$32,810.63	\$35,763.59	\$38,982.31
Project Management & Administration	\$24,676	\$25,910.17	\$28,242.08	\$30,783.87	\$33,554.42	\$36,574.32
Permits	\$15,000	\$15,750.00	\$17,167.50	\$18,712.58	\$20,396.71	\$22,232.41
IOR	\$10,000	\$10,500.00	\$11,445.00	\$12,475.05	\$13,597.80	\$14,821.61
Site Survey	\$10,000	\$10,500.00	\$11,445.00	\$12,475.05	\$13,597.80	\$14,821.61
Contingency	\$50,000	\$52,500.00	\$57,225.00	\$62,375.25	\$67,989.02	\$74,108.03
TOTAL	\$958,522	\$1,006,448.47	\$1,097,028.83	\$1,195,761.42	\$1,303,379.95	\$1,420,684.15
Cornerstone Fabricators Angels Camp, CA	2026		2027			
	4/20/2026	6/18/2026	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
Construction & Fabrication	\$802,000	\$842,100.00	\$917,889.00	\$1,000,499.01	\$1,090,543.92	\$1,188,692.87
Design (Aspen Street)	\$26,301	\$27,616.05	\$30,101.49	\$32,810.63	\$35,763.59	\$38,982.31
Project Management & Administration	\$24,060	\$25,263.00	\$27,536.67	\$30,014.97	\$32,716.32	\$35,660.79
Permits	\$15,000	\$15,750.00	\$17,167.50	\$18,712.58	\$20,396.71	\$22,232.41
IOR	\$10,000	\$10,500.00	\$11,445.00	\$12,475.05	\$13,597.80	\$14,821.61
Site Survey	\$10,000	\$10,500.00	\$11,445.00	\$12,475.05	\$13,597.80	\$14,821.61
Contingency	\$50,000	\$52,500.00	\$57,225.00	\$62,375.25	\$67,989.02	\$74,108.03
TOTAL	\$937,361	\$984,229.05	\$1,072,809.66	\$1,169,362.53	\$1,274,605.16	\$1,389,319.63
 360 / Distinctive Metals Angels Camp, CA	2026		2027			
	4/20/2026	6/18/2026	FY27 Q1	FY27 Q2	FY27 Q3	FY27 Q4
Construction & Fabrication	\$626,895	\$658,239.75	\$717,481.33	\$782,054.65	\$852,439.57	\$929,159.13
Design (Aspen Street)	\$26,301	\$27,616.05	\$30,101.49	\$32,810.63	\$35,763.59	\$38,982.31
Project Management & Administration	\$18,807	\$19,747.19	\$21,524.44	\$23,461.64	\$25,573.19	\$27,874.77
Permits	\$15,000	\$15,750.00	\$17,167.50	\$18,712.58	\$20,396.71	\$22,232.41
IOR	\$10,000	\$10,500.00	\$11,445.00	\$12,475.05	\$13,597.80	\$14,821.61
Site Survey	\$10,000	\$10,500.00	\$11,445.00	\$12,475.05	\$13,597.80	\$14,821.61
Contingency	\$50,000	\$52,500.00	\$57,225.00	\$62,375.25	\$67,989.02	\$74,108.03
TOTAL	\$757,003	\$794,852.99	\$866,389.76	\$944,364.84	\$1,029,357.68	\$1,121,999.87



Mark Twain
Health Care District



Dignity Health
A member of CommonSpirit



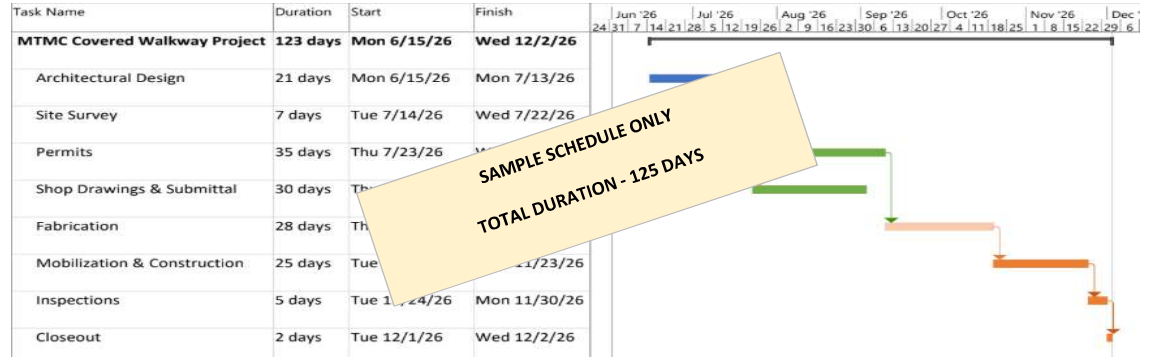
BID COMPARISON TABLE

MTMC Covered Walkway	First Edison / Valley Iron Modesto, CA		Cornerstone Fabricators Angels Camp, CA		360 / Distinctive Metals Angels Camp, CA	
	4/20/2026	6/18/2026	4/20/2026	6/18/2026	4/20/2026	6/18/2026
Construction & Fabrication	\$822,545	\$863,672.25	\$802,000	\$842,100.00	\$626,895	\$658,239.75
Design (Aspen Street)	\$26,301	\$27,616.05	\$26,301	\$27,616.05	\$26,301	\$27,616.05
Project Management & Administration	\$24,676	\$25,910.17	\$24,060	\$25,263.00	\$18,807	\$19,747.19
Permits	\$15,000	\$15,750.00	\$15,000	\$15,750.00	\$15,000	\$15,750.00
IOR	\$10,000	\$10,500.00	\$10,000	\$10,500.00	\$10,000	\$10,500.00
Site Survey	\$10,000	\$10,500.00	\$10,000	\$10,500.00	\$10,000	\$10,500.00
Contingency	\$50,000	\$52,500.00	\$50,000	\$52,500.00	\$50,000	\$52,500.00
TOTAL	\$958,522	\$1,006,448.47	\$937,361	\$984,229.05	\$757,003	\$794,852.99
Vs First Edison			-\$21,161	-\$22,219.42	-\$201,520	-\$211,595.48
Vs Cornerstone					-\$180,358	-\$189,376.06



Additional Notes

1. All estimates are based on the arched canopy design shown in the Aspen Street design documents. For best design compatibility with the existing campus and constructability, a pitched roof is recommended.
2. To respect tribal concerns, re-design of the current foundation footing, currently shown at a 36-38 inches depth, to a pad-style foundation footing, that go to an 18-inch depth, is recommended.
3. A contingency / allowance of \$50k is included for unknown existing conditions (i.e. potential tribal observation during excavation).
4. All companies have provided costs based on 280 linear feet of canopy, galvanized steel.
5. Benches and assumptions need to be confirmed. Any associated costs are currently excluded.
6. 06/18/2026 REVISED ESTIMATE INCLUDES 5% ESCALATION OVER BASE ESTIMATE





CEO Report to the Board of Directors for date: June 18, 2026

Community Health and Outreach to enhance Community Engagement and build public trust:

HHSA: Met with HHSA Director Marcos Munoz regarding AED distribution efforts and implementation planning related to AB 310 youth sports requirements. Discussions included CPR/AED training opportunities and potential community partnerships. He presents to his Board 7/14/26 at which time we will know more. Our AED committee met as well and will support this project as more details unfold.

Board of Supervisors: Attended Board of Supervisors meetings and continued discussions regarding countywide healthcare and community partnership initiatives.

MTMC: Continued biweekly CEO meetings with Doug Archer regarding healthcare collaboration, community initiatives, and ongoing partnership opportunities. Participated in discussions regarding the MTMC Foundation 75th Anniversary event and potential District involvement. Doug will present to MTHCD Board in July to update us on FYE results and chat about Capital Improvements and expenditures for 2026/2027 FY

ACHD: Participated in ACHD Board introduction meetings and ongoing collaboration with healthcare district leaders throughout California. Now that I am on their Board, additional networking and information sharing will benefit the District and VSHWC

CCOE: No meeting this month

Chamber/Community Engagement: Attended County Resource Partnership meetings and CCOE Superintendent networking events.

Continued collaboration with Sierra Hope, Hospice Amador-Calaveras, Habitat for Humanity, and other community partners regarding healthcare access and community support initiatives.

County Collaboration: Working with BHSA on Veteran support throughout the County

Finance: Continued development and refinement of the 2026/2027 District budget with Kristine Slocum and Rick Wood. Final submitted at June Board meeting

Participated in 401(k) discussions and health insurance planning meetings regarding employee benefits and future program enhancements. Met with both Cozzi Insurane (Anthem), Hicks (401k) Edward Jones-Tim Oskey

Financial Stability to improve operating margin by 2% and deliver transparency and efficiency:

Grants: Continued collaboration on CalRHT/HCAI grant opportunities and Behavioral Health grant development initiatives. ETP training logs continue to be submitted weekly, with over 1,300 training hours submitted for reimbursement consideration.

<p>EV Charging Stations: Continued discussions regarding contract and licensing agreement revisions. Project remains in-active with ongoing communication with grant representatives.</p>
<p>Construction/Facilities: Weekly coordination meetings continue with West Wing and South Parking Structure contractors. Parking structure construction continues with paving, sidewalks poured. Solar installation preparation, and infrastructure improvements underway. West Wing interior construction remains on schedule, with furnishings and medical equipment ordered and technology infrastructure planning continuing</p>
<p>Quality of Care – Enhance patient experience through surveys:</p>
<p>Clinect: Report attached</p>
<p>Billing-Revenue: Revenue Received: \$839,777 (-14%) Claim processing: 5.2 days Days in A/R: 20.9 days (outstanding) A/R over 90 days: 4.4% (incredible)</p>
<p>Overall: Not completely satisfied with return rate and we continue to tweak the process. If something significant does not occur next 60 days, I will call owner for new strategy.</p>
<p>Workforce management to improve employee satisfaction, engagement and retention:</p>
<p>District Office:</p> <ol style="list-style-type: none"> 1. Continued collaboration regarding budgeting, benefits administration, policy review, and organizational planning. 2. Participated in Personnel Committee, Grants Committee, Policy Committee, and AED Committee meetings <p>VSHWC:</p> <ol style="list-style-type: none"> 1. Continued partnering with the Clinic Manager on recruitment, onboarding, staff development, and performance reviews. 4 new job postings, interviews under way 2. Conducting department meetings to promote communication, transparency, and employee engagement. Medical Assistants complete, Dental scheduled. 3. Continued collaboration with the Spirit Committee regarding employee appreciation initiatives. BBQ was a huge success!!!!
<p>Summary: VSHWC</p> <ul style="list-style-type: none"> • Finalizing the VSHWC website with anticipated launch by the end of June. • Engaging with an outside HR platform, Engaged with VGM for workflow “re-tool” for Scheduling-reception, Engaged Columbia Bank for an expense management tool for all credit card activity • Ongoing recruitment, staff development, and operational planning activities. • Continued participation in grant development and Behavioral Health partnership opportunities. <p>Summary: District Office</p> <ul style="list-style-type: none"> • Continued engagement in community partnerships, healthcare collaboration, grant

development, employee benefits planning, and finalization of the 2026/2027 District budget.

- Ongoing participation in county-wide and regional meetings supporting healthcare access and community well-being.
- ACHD allows state-wide support and involvement



Calaveras County 2026 Multi-Jurisdictional Hazard Mitigation Plan

May 2026

Agenda

Introductions

Project Update

Community Priorities

Mitigation Actions

Introductions

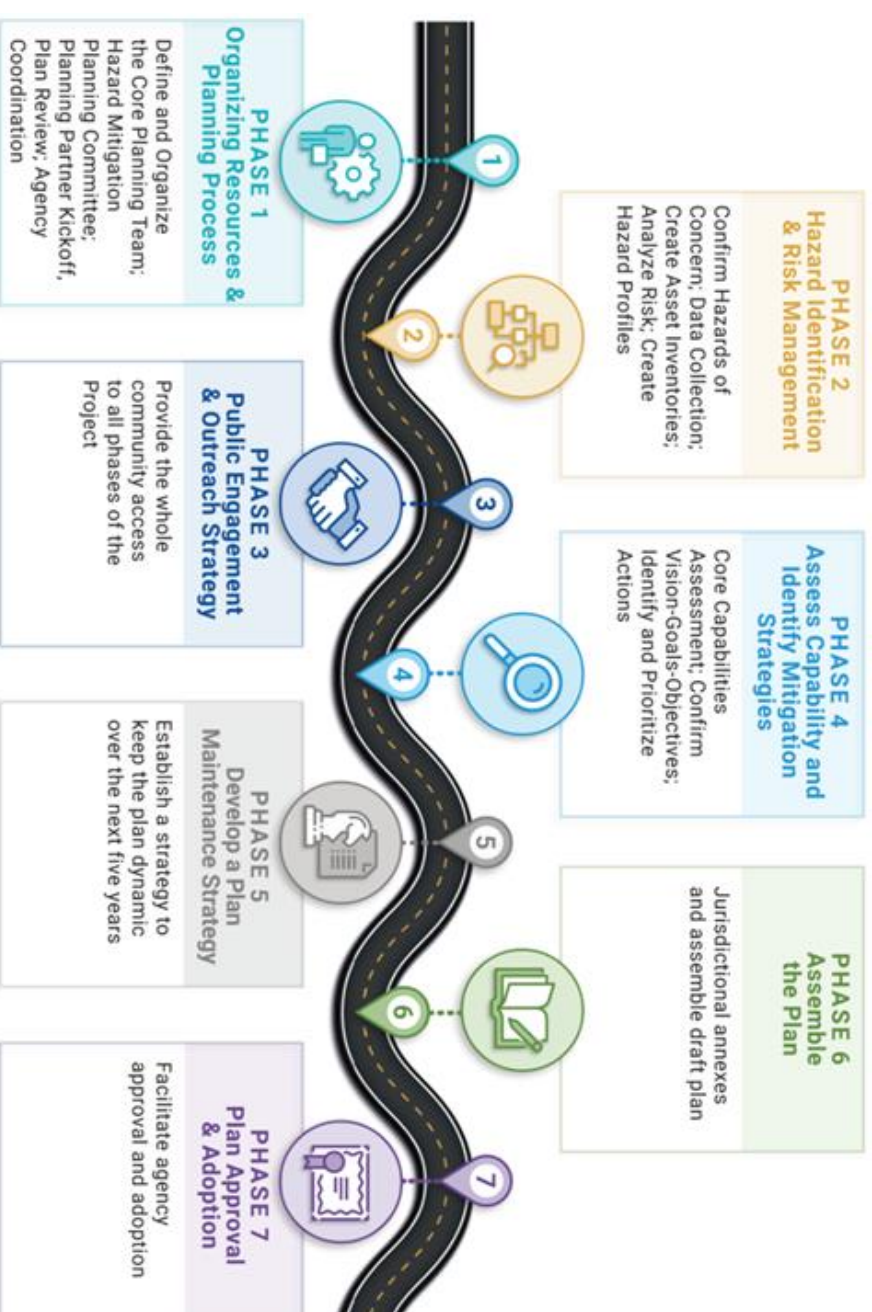
Introduce Yourself

- Name
- Job
- Community you live in
- Favorite summertime snack

Project Update

What is a Hazard Mitigation Plan?

A plan that helps guide the county and its partners toward greater resilience. By developing this joint plan, participating jurisdictions will identify shared resilience goals, increase joint mitigation efforts and funding opportunities, and leverage resources to increase risk and community outreach.



What Does Involvement Look Like?

Steering Committee

- Calaveras County Sheriff's Office
- Calaveras County Administration
- City of Angels Camp Administrator
- City of Angels Camp Chief of Police
- Murphys Sanitary District Administration Manager
- Utica Water and Power Agency General Manager
- Union Public Utility District General Manager

Planning Team

- Local Government
- Nonprofit
- Health and Medical
- State Agencies
- Communication Companies
- Utility Companies

Stakeholders

- HOA's
- Disability Resources
- Agency on Aging
- CASA
- Senior Centers
- Sierra Hope
- Resource Connection
- Community Action Agency
- Unified School District
- Historical Society
- ARC

What Does Involvement Look Like?

Project Overview Meeting

- Completed 2/26/2026
- Included the Project Team
- Objectives:
 - Plan Overview – Steps and Timeline
 - Planning Process
 - Roles and Responsibilities

Project Kick-off Meeting

- Completed 3/23 and 3/27/2026
- Included Steering Committee and Planning Team
- Objectives:
 - Hazard Mitigation and Emergency Management Overview
 - Plan Overview – Steps and Timeline
 - Community Overview
 - Planning Process
 - Hazard Identification and Risk Assessment
 - Identify Stakeholders
 - Public Outreach Strategy

Hazard Profile Meeting

- Completed 4/13/2026
- Included the Steering Committee
- Objectives:
 - Community Overview – 5 Year Hazard Profile
 - Hazard Identification and Risk Assessment
 - Update and Review the Last 5 Year Hazard Profile

What Does

Involvement Look Like?

Community Survey

Open March 30, 2026 – May 1, 2026

160 Response

Questions included:

Demographics

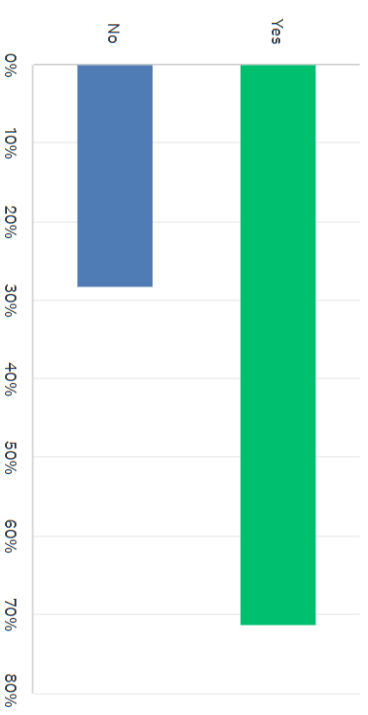
Awareness

Hazard & Community Asset
Priorities

Mitigation Action Identification

During the past years in Calaveras County, have you or s...

Answered: 158 Skipped: 1

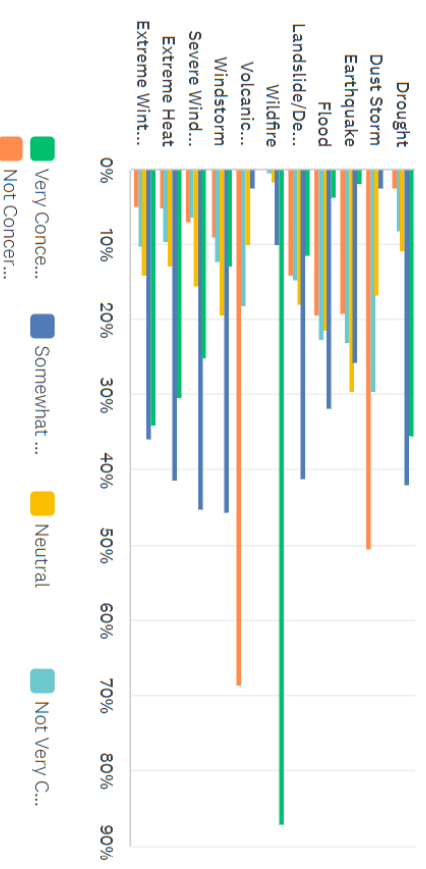


2026 Hazard Mitigation Plan Update Public Survey

📄 (1)

How concerned are you about the following natural disas...

Answered: 159 Skipped: 0



Hazard Rankings – Calaveras County

Hazard	Geographic Extent	Probability	Magnitude/Severity	Risk Summary
Avalanche	Limited	Unlikely	Limited	Low
Dam Failure	Significant	Occasional	Critical	Medium
Drought	Extensive	Likely	Critical	High
Earthquake	Limited	Unlikely	Negligible	Low
Extreme Heat	Significant	Likely	Critical	High
Extreme Cold and Winter Storms	Significant	Likely	Critical	High
Flood	Significant	Likely	Critical	High
High Wind and Tornado	Significant	Likely	Limited	Medium
Debris Flow	Limited	Likely	Limited	Low
Subsidence	Limited	Likely	Limited	Low
Wildfire	Extensive	Highly Likely	Catastrophic	High

Hazard Rankings – Angels Camp

Hazard	Geographic Extent	Probability	Magnitude/Severity	Risk Summary
Avalanche	Limited	Unlikely	Negligible	Low
Dam Failure	Significant	Unlikely	Critical	Medium
Drought	Extensive	Likely	Catastrophic	High
Earthquake	Limited	Unlikely	Limited	Low
Extreme Heat	Significant	Likely	Limited	Medium
Extreme Cold and Winter Storms	Extensive	Likely	Critical	High
Flood	Significant	Likely	Critical	Medium
High Wind and Tornado	Significant	Likely	Limited	Medium
Debris Flow	Significant	Likely	Critical	Medium
Subsidence	Limited	Likely	Limited	Low
Wildfire	Extensive	Highly Likely	Catastrophic	High

Community Priorities

Community Vulnerabilities

- **Human**
 - Elderly
 - Low Income
 - Disability
 - Individuals' w/o Secure Communication Systems
 - Individuals in Rural Areas
 - New Residents
 - Individuals in Short-Term Rentals
- **Economic**
 - Job Availability
 - Small Businesses
- **Infrastructure**
 - Road Quality & Access
 - Bridges
 - Hospital and Medical Care Access
 - Not Enough Community Centers
 - Communication Systems
 - Power Infrastructure
 - Water Systems
 - Internet Access

Community Vulnerabilities

→ Cultural/Historical

- Historical Buildings
- Landmarks
- Community Traditions
- Parks & Other Community Gathering Places
- Native American Sites

→ Environmental

- Pine Trees
- Watersheds
- Clean Water Supply
- Air Quality
- Riparian Habitat

→ Governance

- Increased Insurance Costs
- Emergency Response Capacity
- Alternative Energy Investment
- Emergency Planning
- Funding/Resources
- Public Engagement/Outreach

Community Asset Priorities

1. Hospitals
2. Fire/Police Stations
3. Schools (K-12)
4. Small Businesses
5. Major Bridges
6. Eldercare Facilities
7. Parks
8. Major Employers
9. Historic Buildings
10. City Hall

Activity

Mitigation Goals

- **Goal 1:** Minimize risk and vulnerability of the community to the impacts of natural hazards and protect lives and reduce damages and losses to property, economy, and environment in Calaveras County.
- **Goal 2:** Provide protection for critical facilities, infrastructure, utilities and services from hazard impacts.
- **Goal 3:** Improve public awareness, education, and preparedness for hazards that threaten our communities.
- **Goal 4:** Increase communities' capabilities to be prepared for, respond to, and recover from a disaster event.
- **Goal 5:** Maintain FEMA Eligibility/Position the communities for grant funding.

Examples

Infrastructural

- Secure new generators for critical facilities (please list).
- Prioritize development in lower-risk areas.
- Consider building codes to control development in risky areas.
- Expand green/grey infrastructure.
- Assess vulnerability and prioritize the infrastructure improvement list (please list).

Societal

- Increase hazard awareness in high-risk areas through education and outreach.
- Assist associations (please identify) in identifying and conducting best practices to reduce risk.
- Advance neighbor-helping-neighbor programs through community training.

Environmental

- Assess and identify key vulnerabilities from tree fall (please identify).
- Improve risk reduction characteristics of waterways through natural infrastructure & riparian buffer enhancements.
- Conduct an assessment to comprehensively identify vulnerabilities and develop action plans to increase the resilience of natural resources and long-term water quality/quantity.

Next Steps

Next Phase: Action Implementation Meeting with the Steering Committee

To keep up with the project, scan the QR code or go to:
<https://oes.calaverasgov.us/Hazard-Mitigation-Plan>

If any other thoughts or ideas come to mind, please email Brianna@theresiliencyinitiative.com



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

POLICY: Autoclave Spore Testing	REVIEWED: 12/1/19; 3/25/20; 8/31/20; 8/2/21; 11/07/22; 9/19/23; 10/10/24; <u>6/1/26</u>
SECTION: Infection Control	REVISED: 08/31/20; 11/07/22: 9/26/23; 10/10/24; <u>6/1/26</u>
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Objective: To prevent the spread of nosocomial infections, and assure sterility of all sterile products autoclaved, spore testing will be performed daily.

Response Rating: Mandatory

Required Equipment: Autoclave, EZTest biological indicators

Procedure:

1. EZTest biological indicators will be utilized to monitor every sterilizer load in Medical. Dental Department.
2. Utilize two EZTest units in each sterilizer load. Dental will utilize two EZ test units in each machine for the 1st loads of the day.
 - A. In a horizontal position with the items being sterilized.
 - B. In least lethal locations in the load
3. Document the load on the autoclave log, Medical and Dental will keep separate sterilization load logs.
4. Select the required cycle and process the load.
5. Remove the load and EZTest biological indicators from the sterilizer and allow to cool for at least 10 minutes.
6. Retrieve the cooled EZTest biological indicators for incubation.
 - A. Activate the media by placing the indicator in an upright position in a plastic crusher.
 - B. Gently squeeze the crusher to break the glass ampoule.
 - C. Place the activated sterilized indicator in the incubator rack and incubate immediately for a minimum of 24 hours at 55-60 degrees Celsius.

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7. Review the EZTest chemical and biological indicators.
 - A. Confirm the chemical indicator on the label has changed from blue to black.
 - i. Indicator should turn from blue to black when exposed to steam.
 - ii. Black color of the label does not indicate acceptable sterilization.
 - B. Examine the biological media indicator at periodic intervals for color change.
 - i. The incubation time is 10 hours minimum per US FDA/RIT protocol.
 - j. The appearance of a yellow color indicates bacterial growth. No color change indicates adequate sterilization.
 - k. Record incubation results at minimum 24 hours after incubation time on the autoclave load log.
8. Act on a positive test (a color change of yellow) as soon as the color change is noted. Notify Clinic Manager and (for Medical) do not release the load. (For Dental) Pull all unused packets from the failed load and go through logs to identify patients who may have been treated with failed load products. Management will determine which patients need to be notified.
 - A. Retest the sterilizer with several EZTest biological indicators if a positive test is noted.
 - B. Dispose of positive media indicators in biohazard, to be incinerated.
9. Abnormal results are to be reported to the Clinic Director immediately. The unit will be tagged and removed from service until device is determined to be functioning correctly and/or needs servicing by a Licensed Service Technician.
10. If service is required, complete a maintenance request form and present it to the Clinic Manager.
11. Clinic Manager will schedule servicing for the equipment or will delegate that responsibility to a staff member.
12. Daily Media Controls.
 - A. Place an activated, un-sterilized EZTest biological indicator in the incubator daily for Medical and on days of operation for the Dental Departments, as a positive growth control.
 - B. Examine the biological media indicator at regular periods for color change.
 - C. The incubation time is minimum 10 hours per US FDA/RIT protocol.
 - D. The yellow color is evidence of bacterial growth.

- E. Record incubation results at minimum 24 hours after incubation time on the autoclave spore testing daily log.
 - F. Remove all positive indicators as the yellow color is noticed, and dispose of in biohazard waste.
 - G. If the positive control does not grow (stays purple, not yellow), stop use of units from open box and notify Clinic Manager.
 - H. Clinic Manager or designee will contact Mesalabs to confirm that remaining EZTest biological indicator of current box should be discarding or retained for use.
 - I. EZTest products are stored at room temperature.
 - J. Do not store indicators near sterilants or other chemicals.
 - K. EZTest products have a shelf-life designated on each box.
 - L. After sterilization, the contents of the EZTest biological indicator are hot and under pressure. Always allow to cool for at least 10 minutes. Failure to cool at least 10 minutes may cause the glass ampule to burst and may result in injury from hot liquid.
13. Should the user observe yellow media in the biological indicator upon removal from the product box, this unit should be discarded in the biohazard waste container. The Manager should be notified immediately.

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

POLICY: Cleaning Duties	REVIEWED: 3/1/19; 2/14/20; 4/2/20; 5/29/21; 8/04/22; 9/19/23; 10/10/24; <u>6/1/26</u>
SECTION: Infection Control	REVISED: 2/14/20; 4/2/20: 6/14/21; <u>6/1/26</u>
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Cleaning Duties

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

Acuity Rating: Mandatory

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

Applies to: All Personnel

Procedure

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

Daily Cleaning

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

Infection Control policy).

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

i. Wheelchairs will be cleaned by staff as soon as possible after patient use.

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

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

Weekly Cleaning

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

Monthly Duties

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

Communication with Janitorial Service

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

Hazardous Conditions/ Broken Equipment/Building Damage

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

may make the decision to close the clinic to use until the hazardous conditions, damage, etc. are resolved.

**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; 8/26/24; <u>6/1/26</u>
SECTION: Workforce	REVISED: 5/29/21; 8/30/22; 7/20/23; Reviewed by Personnel Committee 9/19/2023; <u>6/1/26</u>
EFFECTIVE: 9/25/24; <u>6/24/26</u>	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 circumstances, employees will not be compensated for their time away from work. Supervisors are responsible for ensuring appearance is appropriate. Supervisors will consider the extent of contact with the public, physical requirements of each job and hours of work when interpreting this policy. The guidelines established for appearance and dress cannot be all inclusive. Consequently, when a decision regarding the appropriateness of work attire is needed, management will decide.

General guidelines for all staff:

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

- Shoes will be appropriate for the job, low heeled, closed toe (in 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.

• **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 are not allowed. One facial piercing is allowable: a small nose stud or small(~~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: i.e.: long dangling earrings that could be pulled out. Jewelry that is construed to be offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are not allowed. 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.

• **Tattoos and body art:** Tattoos on the arms, hands, exposed nape of neck or shoulders, 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. No facial or neck tattoos are to be visible. Any questions regarding the interpretation of this requirement shall be decided by management.

Perfume, Aftershave and Deodorant:

Due to the close contact with patients and customers, perfumes and aftershave are not permitted in patient care areas. Bathing, the use of deodorants and other acceptable personal hygiene habits should always be observed.

The expectation is that all Managers and Supervisors will support this policy, leading by example, and will be expected to enforce the standards daily.

Inappropriate Attire:

- Shorts, sweats, hoodies, 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. Black scrub pants may be worn with a solid, coordinating scrub top of another color.

Cultural Hair Compliance Exemption:

Members who seek culturally protected hairstyles or other exemption to this policy that are protected by law should generally be accommodated (Government Code §12926)

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

- Staff may wear solid, coordinating scrubs, pants, and shirts. Black scrub pants may be worn with a solid, coordinating scrub top of another color.
- A similar solid color sweater, sweatshirt (no hoodies) 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.
- A similar solid color sweater, sweatshirt (no hoodies) 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.

I have read and understand the Dress Code Policy. If I have any questions, I will ask my manager.

Print Name

Sign Name

Date

**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;8/26/24;6/1/26
SECTION: Civil Rights	REVISED: 2/12/20; 5/04/21; 7/25/23; 8/26/24;6/1/26
EFFECTIVE: 9/25/24;6/24/26	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, 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, surgical off-site)

Pediatrics

Geriatrics

Hepatology

Dermatology

Well Baby Visits

Well Child Visits

Immunizations

Minor Surgery

Primary Dental

Licensed Marriage Family Therapist

Licensed Clinical Social Worker

Psychologist

Psychiatrist

Specialty Services available by referral:

Cardiology

Hepatology

Obstetrics

Gastroenterology

Pulmonology

Dermatology

Neurology

Nephrology

Internal Medicine

Surgery

Ophthalmology

Psychiatrist

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 including Psychiatry

Hepatology

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

POLICY: Medication Administration	REVIEWED: 5/28/19; 10/22/2020; 8/25/21; 1/05/23; 8/26/24; 6/1/26
SECTION: Medication Management	REVISED: 10/22/2020; 1/05/23; 8/26/24; 6/1/26
EFFECTIVE: 9/25/24; 6/24/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Medication administration

Objective: To ensure patient safety in the Clinic during administration of medications, medication will be administered to clinic patients only after the dose has been properly selected, measured, and checked for accuracy against the written and signed physician order.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. All medications are to be checked three times before administration *to verify name, date of birth correct medication, correct dose and expiration date*
 - a. Before removing container from shelf
 - b. Before pouring or preparing the medication
 - c. Before placing the container back on the shelf
2. Check container to ensure medication is “in date”. Outdated medications will be marked as Out-of-Date and segregated for removal from the Clinic.
3. Check container to confirm it is a single dose vial (SDV). If not, do not remove the multi-use vial from the medication room.
4. All doses given by an MA, must have a written order (verbal orders are not allowed for MAs) and will be double-checked with another licensed person or with the prescribing provider prior to administration. An RN may take a verbal order.
5. All syringes with medication from a multi-use vial will be labeled prior to leaving the Medication Room and delivering the medication to the patient. Label will include date, time, initials of person who drew up the medication and the name of the medication and expiration date

5. Before administering any medications, check for allergies with the patient and/or give skin tests, as required.
6. Check with the prescribing provider regarding any dose that appears too large or any label that is not clear.
7. Do not carry on conversations with providers, co-workers, patients or other individuals while pouring or preparing medications.
8. Do not administer any drug that has undergone physical changes such as cloudy rather than clear, colored instead of clear, etc.
9. Measure all doses carefully.
10. Do not touch any tablets with fingers.
11. Never use medications from an unlabeled container.
12. Pour all medications from the side of the bottle away from the label.
13. Never put medications back into the bottle after they have been removed.
14. *Enter date, time of administration of medication in patient's record, along with route of administration, manufacturer, lot number, expiration date, how the patient tolerated and any reactions noted at the time the dose was given.*
15. *For vaccine administration document the information in the vaccine binder(private or VFC), in addition to documentation in the patient's medical record.*
16. *For Medicare patients receiving Pneumococcal or Influenza vaccines, document the patient information on the Medicare log in addition to documentation in the patients medical record.*

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

POLICY: On-Call Program	REVIEWED: 11/12/18; 2/19/20; 6/07/21; 8/31/22; 9/19/23;10/08/24; <u>6/1/26</u>
SECTION: Operations	REVISED: 2/19/20; 6/07/21; 8/31/22; 10/08/24; <u>6/1/26</u>
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: On Call Program

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

Holiday hours from 0800 – 1700 will be covered by the Provider scheduled for the prior evening through 8am

4. Maintenance of the on-call schedule with the practitioners assigned to each day is the responsibility of the Clinic Manager.

5. A relationship will be established with an answering service program vendor. The program app allows patients to reach the scheduled on call provider via hidden phone number from the main clinic line. This allows the scheduled provider to respond to after-hours calls in the manner outlined by the practice, which may be revised from time to time. The Manager or designee must manually change the on call provider at the change of each scheduled on call period in the program app.
6. Content of the message patients will hear when they contact the clinic after hours is the responsibility of the Clinic Manager, who will ensure the message is current and accurately reflects how the practice wants after hours contacts managed.
 - a. Message content will include:
 - a. Statement that the Clinic is closed
 - b. Statement that the message is available in English and Spanish
 - c. A Reminder that if the patient is calling to report a medical emergency they must hang up and contact 911 immediately
 - d. Statement that Anthem and California Health and Wellness patients may call the appropriate 24-hour Nurses Line for advice
 - e. Options to schedule an appointment by phone, leave a message for someone, or contact the practitioner on-call.
7. Practitioners will be expected to be available to cover the on-call schedule for a minimum of one 10-day shift/ month, unless otherwise notified by the Medical Director. On call shifts will generally be scheduled as follows: 1st-10th, 11th-20th, 21st-last day of the month. If the last day of a call rotation falls on a weekend or holiday, the on call provider will remain on call thru the next business day.(i.e If on call provider is scheduled until the 10th which is a Saturday, they will remain on call through the following Monday morning). The ~~Clinic Manager-Medical Director~~ or designee will then assign shifts/days; first, on a volunteer basis; and, then as required in rotation to ensure fairness. Holiday shifts/days will be rotated as necessary.
8. Practitioners on-call will be required to respond to patient outreach within a 30-minute timeframe. Compliance will be confirmed by daily reports from the answering service program.(RJ Pro)
9. Practitioners will document their interaction with the patient using the EMR based upon the complexity of care and whether any orders (i.e., medications) are given to ensure the patient's medical record is accurately updated.

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

POLICY: Waived Testing - LeadCare II	REVIEWED: 8/29/19; 2/20/20; 5/04/21: 7/26/22; 9/11/23; 8/27/24; <u>6/1/26</u>
SECTION: Waived Testing	REVISED: 3/11/18; 2/20/20; 9/11/23; <u>6/1/26</u>
EFFECTIVE: 9/25/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Waived Testing using the Leadcare II device

Objective: To screen and identify children with elevated BBLs for appropriate treatment, education, and elimination of lead exposure.

Response Rating: Mandatory

Required Equipment: Leadcare II, treatment reagent tube, capillary tube, plunger, lead sensor, dropper, label, powder-free gloves, lancet, cotton ball/gauze 2x2, dot bandaid. Equipment needs to be stored in a clean box with a cover.

Definitions: BBL: Blood Lead Level
Reference Level / Elevated BBL: > 5 ug/dL

Procedure:

Specimen Collection and Testing

1. As a part of the pediatric patient’s physical examination. Risk assessment and frequency of screening to be determined by the provider in conjunction with the American Academy of Pediatrics recommendations for preventive pediatric health care located on the periodicity schedule.
 - a. Risk assessment to be performed with appropriate action to follow if positive at 6 months, 9 months, 12 months, 18 months, 24 months, 3 years, 4 years, 5 years, 6 years.
 - b. Blood Lead testing~~Screening or risk assessment~~ is to be performed at 12 months and 24 months, catchup testing from 24-72mos, also test with parent request or new/increased risk-
 - c. If the screening or risk assessment is not performed per the recommended periodicity schedule, document in the EMR the reason.
 - e-d. Anticipatory guidance must be documented from 6-72mos and clinic should document at least 3 outreach attempts when a child has not been screened at 12mos, 24mos or by 72 mos.

2. Upon receipt of a written order a capillary blood specimen will be collected and tested to determine the patient’s blood lead level.

- a. Ensure machine is plugged into the wall and/or batteries installed.
 - b. Don gloves.
 - c. Label the treatment reagent tube with the patient ID using labels.
 - d. Wash patient's hands with soap and water and let air dry.
 - e. Warm patient's finger and press finger at or below first joint. Use alcohol prep pad to wipe fingertip.
 - f. Allow fingertip to air dry.
 - g. Use lancet to obtain specimen on patient's fingertip, alongside of finger.
 - h. Squeeze fingertip to express one drop of blood 2 or 3 times before collection.
 - i. Squeeze fingertip to express drop of blood and holding capillary tube almost horizontally with green band on top, fill the capillary to the black line.
 - j. Wipe excess blood from capillary tube with a clean wipe or gauze.
 - k. Look for air bubbles in the filled capillary tube. If present, take a new sample. Small bubbles around the edge can be ignored.
 - l. Place the capillary tube into the reagent tube. Insert a plunger into the top of the capillary tube and push down, ensuring entire volume of sample is dispensed into the treatment reagent.
 - m. Replace the reagent tube cap. Invert the tube 8 to 10 times.
 - n. Insert blood lead sensor into machine to turn it on.
 - o. Remove the cap from the reagent tube. Squeeze the walls of the dropper and insert into the sample. Release the pressure to draw some sample into the dropper.
 - p. Touch the dropper tip to the X on the sensor and squeeze to dispense the sample.
 - q. Wait 3 minutes until the test is done.
 - r. Record the test results in the ERM.
 - s. Remove used sensors from the analyzer as soon as the result is recorded.
3. To clean machine
- a. Machine goes off automatically.
 - b. Clean analyzer with a damp cloth and warm, soapy water.

- c. Disinfect with Alcohol Wipes.
- d. Do not leave any soap film on the analyzer. Do not allow liquid into the sensor connector. Do not wash the inside of the calibration button reader.

Test Result Reporting

1. Report results on CDPH site <https://eblr.cdph.ca.gov> using the assigned clinic identifier and password.
2. The reportable range of the test is 3.3 to 65 µg/dL.
3. Capillary blood samples that generate a lead level of 5 ug/dL should be confirmed with a second test sample from a different site. However, if the result of the second sample is also above 5 µg/dL, the patient should be sent to a laboratory for a confirmation blood draw.
4. In cases where the capillary specimen demonstrates an elevated lead level but the confirmation venous sample does not, it is important to recognize that the child may live in a lead-contaminated environment that resulted in contamination of the fingertip. Efforts should be made to identify and eliminate the source of lead in these cases.
 - “Low” is a blood level less than 3.5 ug/dL -- should be recorded as <3.5 ug/dL
 - “High” in the display windows indicates a blood lead test result greater than 65 µg/dL. When this occurs, report the blood lead result as greater than (>) 65 µg/dL. “High” results on LeadCare II should be followed up immediately as an emergency laboratory test and Reported.
 - Blood lead results ≥3.5µg/dL must be electronically reported within 3 working days from the date of analysis.
 - Blood lead results <3.5µg/dL must be electronically reported within 30 calendar days from the date of analysis.
5. State Reporting
 - Abnormal high results must be reported to the state and the receipt scanned into medical record the same day as performed.
 - Normal results must be reported to the state at the end of each month.
 - Results reported to the state electronically are given an Accession Reporting Number consisting of the Kit Lot# followed by test# (ex: 1234-1, 1234-2 etc). not using any public health information identifier.
6. Repeat Testing Guidelines

If blood lead level	Childs Age	Perform capillary re-test within
< 5 ug/dL	< 12 months	3 – 6 months
< 5 ug/dL	1 – 5 years	6 – 12 months
5 – 14 ug/dL	1 – 5 years	1 - 3 months
If blood lead level	Childs Age	Perform capillary re-test within
15 -44 ug/dL	1 – 5 years	1 – 4 weeks
➤ 44 ug/dL	1 – 5 years	48 hours

Capillary testing is acceptable for screening, but confirmatory or repeat testing must be venous. A true result of >3.5 mcg/dl need venous confirmation.

Effective July 1, 2023, [Section 124130 of the California Health and Safety Code](#) has been amended to include changes to reporting timeframes and additional required data elements for blood lead reporting.

CDPH is following the CDC Blood Lead Reference Value (BLRV) guideline of 3.5 mcg/dL, which subsection (d) refers to as “the most recent federal Centers for Disease Control and Prevention (CDC) reference level for an elevated blood lead level (BLL).”

CDPH is working on full implementation details for the newer data elements and will send more comprehensive communications when available.

For blood lead reporting inquiries, please complete the [EBLR Contact Form](#).

Reference:

[file:///C:/Users/Tina.t/AppData/Local/Microsoft/Windows/InetCache/Content.Outlook/XV407L0Z/EBLR%20Fact%20Sheet%20Version%201.5%20-%20\(07.17.2023\).pdf](file:///C:/Users/Tina.t/AppData/Local/Microsoft/Windows/InetCache/Content.Outlook/XV407L0Z/EBLR%20Fact%20Sheet%20Version%201.5%20-%20(07.17.2023).pdf) Effective July 1, 2023

EBLR CONTACT FORM: <https://survey123.arcgis.com/share/b8f76f047d0e4a9e9a5dc81bb2e92a46>

Section 124130 of the California Health and Safety Code ;

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=HSC§ionNum=124130

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

POLICY: Appointment Rescheduling	REVIEWED: 11/12/18; 10/28/19; 3/5/20;5/29/21; 8/30/22; 9/7/23; 8/22/24; <u>6/1/26</u>
SECTION: Admitting	REVISED: 10/28/19; 3/5/20; 8/30/22; 9/11/23
EFFECTIVE: 9/25/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Appointment Rescheduling

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

Response Rating:

Required Equipment:

Procedure

1. The EMR Communicator function will contact medical and Behavioral Health patients who have missed their scheduled appointment, if the patient has provided a telephone number.
2. Dental department staff designated will contact dental patients who have missed their scheduled appointment, if the patient has provided a telephone number.
3. When directed, the designated staff member will contact the patient by telephone and offer alternate appointment dates and times, explaining why the follow-up is necessary per guidance from the practitioner.
4. Daily staff will identify patients in “no show” status and the patient will be contacted using the “No Show Campaign” to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, staff will make one additional attempt within seven days, documenting both attempts. If the patient’s condition warrants, staff may send a message through the patient portal.
5. If the patient does not respond to a phone call or portal message and the acuity of the patient’s condition requires it, a certificated letter will be sent to the patient’s last known address outlining the risks associated with missing their appointment.
6. Results of attempted contact with the patient will be recorded in the EMR. Copies of any letters sent will be scanned into the medical record.
7. See No Show Policy for Behavioral Health and further information.

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

POLICY: Biennial Clinic Evaluation	REVIEWED: 7/24/19; 3/25/20;5/29/21; 7/26/22; 7/24/23; 10/19/23; 10/08/24; <u>6/1/26</u>
SECTION: Operations	REVISED: 3/25/20; 10/19/23
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Biennial 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. Biennial 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 Biennial 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: Business Hours	REVIEWED: 11/9/18; 9/23/20; 8/2/21: 11/04/22; 10/10/24; <u>6/1/26</u>
SECTION: Operations	REVISED: 9/23/20; 10/10/24
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Business Hours

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

Response Rating:

Required Equipment:

Procedure:

1. The Clinic will be open Monday through Friday, between 8:00am and 5:00pm
2. The Clinic will be closed on weekends and for holidays.

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

POLICY: EKG	REVIEWED: 2/1/19; 10/28/19; 2/23/20; 6/01/21; 7/26/22;9/7/23; 10/10/24; <u>6/1/26</u>
SECTION: Patient Care	REVISED: 10/28/19; 2/23/20
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: EKG

Objective: To obtain a clinical picture of cardiac rhythm and activity.

Response Rating: Moderate to Severe

Required Equipment: EKG Machine, computer (EMR) access

Procedure:

Prepare the patient:

The quality of an EKG/ECG is dependent on the preparation and resistance between the skin and the electrode. To ensure a good quality EKG/ECG and minimize the skin/electrode resistance the following must be completed:

1. Explain the procedure to the patient. Obtain the patient’s height, weight, blood pressure, pulse, and current medications. Document in the EMR.
2. Direct the patient to remove all clothing from the waist up and put a gown on with the opening to the front.
3. Direct the patient to lie in a recumbent position. Ensure the patient is warm and relaxed and advise to be as still as possible and not to talk during the procedure.
4. Shave electrode areas if indicated using a disposable razor.
5. If patient is perspiring or has applied any lotions or creams, clean area with an alcohol swab.
6. Attach the electrodes to the patient’s limbs and chest as labeled. The leads are coded and numbered:
 - a. RA = Right Arm
 - b. LA = Left Arm
 - c. RL = Right Leg
 - d. LL = Left Leg
 - e. C = Chest - (6 leads attached in sequence)

Connect the EKG to the laptop computer while the EMR program is open to the patient's record:

1. Plug the EKG machine into the laptop computer.
2. Follow the instructions as displayed on the computer screen.
3. Capture the image and print the results.
 - a. All EKG results will be read by the ordering practitioner and over-read and signed off by an internist on the Clinic Medical Staff.

In the event of a borderline abnormal reading, excluding obvious and definitive Myocardial Infarction:

1. Practitioner will check the lead placement to assure proper lead placement by the MA/Nurse was performed.
2. Adjust the leads and repeat ECG may be indicated upon order from the treating practitioner.

Documentation of findings:

1. The Internal Medicine physician will document their findings on the EKG image using written text.
2. The annotated image will be returned to the ordering practitioner, attached to a patient case, sending the annotated and signed image to the Clinical Inbox.

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

POLICY: Fit Testing	REVIEWED: 3/1/19; 12/30/20; 9/29/21; 11/07/22:8/30/23; 10/08/24;6/1/26
SECTION: Infection Control	REVISED: 12/30/20; 9/29/21; 10/18/24
EFFECTIVE: 10/23/24;6/24/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Fit Testing

Objective: Clinic personnel will comply with the N95 mask fit testing program, consistent with California Aerosolized Pathogen Guidelines.

Response Rating: Severe

Required Equipment: N95 mask

Procedure

1. All Clinic personnel will be fit tested for N95 masks within the first 90 days of their employment by the Clinic Manager or trained designee.
2. Personnel will not be allowed to use an N95 mask prior to completing their initial fit test.
3. All Clinic personnel will be re-tested annually.
4. N95 masks will be utilized when any patient presents symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, flu, tuberculosis, COVID-19).

§5199. Appendix A.

This appendix contains a list of diseases and pathogens which are to be considered aerosol transmissible pathogens or diseases for the purpose of Section 5199. Employers are required to provide the protections required by Section 5199 according to whether the disease or pathogen requires airborne infection isolation or droplet precautions as indicated by the two lists below.

Diseases/Pathogens Requiring Airborne Infection Isolation

- Aerosolizable spore-containing powder or other substance that is capable of causing serious human disease, e.g. Anthrax/Bacillus anthracis
- Avian influenza/Avian influenza A viruses (strains capable of causing serious disease in humans)
- Varicella disease (chickenpox, shingles)/Varicella zoster and Herpes zoster viruses, disseminated disease in any patient. Localized disease in immunocompromised patient until disseminated infection ruled out
- Measles (rubeola)/Measles virus
- Monkeypox/Monkeypox virus
- Novel or unknown pathogens
- Severe acute respiratory syndrome (SARS)
- Smallpox (variola)/Variola virus
- Tuberculosis (TB)/Mycobacterium tuberculosis - Extrapulmonary, draining lesion; Pulmonary or laryngeal disease, confirmed; Pulmonary or laryngeal disease, suspected

Any other disease for which public health guidelines recommend airborne infection isolation
Diseases/Pathogens Requiring Droplet Precautions
Diphtheria pharyngeal
Epiglottitis, due to Haemophilus influenzae type b
Haemophilus influenzae Serotype b (Hib) disease/Haemophilus influenzae serotype b - Infants and children
Influenza, human (typical seasonal variations)/influenza viruses
Meningitis
Haemophilus influenzae, type b known or suspected
Neisseria meningitidis (meningococcal) known or suspected
Meningococcal disease sepsis, pneumonia (see also meningitis)
Mumps (infectious parotitis)/Mumps virus
Mycoplasmal pneumonia
Parvovirus B19 infection (erythema infectiosum)
Pertussis (whooping cough)
Pharyngitis in infants and young children/Adenovirus, Orthomyxoviridae, Epstein-Barr virus, Herpes simplex virus, Pneumonia
Adenovirus
Haemophilus influenzae Serotype b, infants and children
Meningococcal
Mycoplasma, primary atypical
Streptococcus Group A
Pneumonic plague/Yersinia pestis
Rubella virus infection (German measles)/Rubella virus
Severe acute respiratory syndrome (SARS)
Streptococcal disease (group A streptococcus)
Skin, wound or burn, Major
Pharyngitis in infants and young children
Pneumonia
Scarlet fever in infants and young children
Serious invasive disease
Viral hemorrhagic fevers due to Lassa, Ebola, Marburg, Crimean-Congo fever viruses (airborne infection isolation and respirator use may be required for aerosol-generating procedures)
Any other disease for which public health guidelines recommend droplet precautions

Reference: <https://www.dir.ca.gov/title8/5199a.html> Last updated July 14, 2021

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

POLICY: Influenza A and B Test - Waived	REVIEWED: 12/27/19; 2/20/20; 5/04/21; 5/6/22; 9/11/23; 8/27/24; <u>6/1/26</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 9/25/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Influenza A and B testing using McKesson Flu A & B waived testing kit

Objective: Accurate, timely point-of-care testing to determine patient’s Influenza A and B status

Response Rating:

Required Equipment: Gloves, Influenza A and B test kit, timer

Procedure:

1. Follow test kit components according to manufacturer requirements
 - a. Store test sticks and extraction reagent at room temperature (59 – 80 degrees F)
 - b. Do not freeze any of the test kit components.
 - c. Do not use test sticks and reagents after expiration date.
 - e. Test sticks that have been outside of the desiccated container for more than 1 hour should be discarded.
2. Don gloves.
3. Collect a specimen.
 - a. Only nasal swabs can be used with this test.
 - b. Insert the test swab into the nostril that appears to have the most secretion. Using a gentle rotation, push the swab until resistance is met at the level of the turbinates (at least one inch into the nostril). Rotate the swab a few times against the nasal wall.
 - c. Use only the swabs supplies in the OSOM Influenza A & B Test kit. Swabs from other suppliers have not been validated for use. Do not use swabs that have cotton, rayon, or polyester or wooden shafts.

- d. Test the swab as soon as possible after collecting the specimen. If swabs cannot be processed immediately, specimens may be held at room temperature for no longer than eight (8) hours. Swabs may also be stored at 36-46 degrees F for up to 24 hours.
 - e. To transport patient samples place swab in clean, dry container such as a plastic or glass tube.
 - f. If a culture result is desired, a separate swab must be collected for the culture.
 - g. The test performance depends on the quality of the sample obtained as well as the handling and transport of the sample. Negative results can occur from inadequate specimen collection and/or handling.
4. Perform the test
- a. Add extraction buffer
 - 1. Tear the top off the Extraction Reagent Capsule and dispense entire contents into the Extraction Well.
 - b. Insert the specimen swab in the Swab Stand
 - 1. Spin swab three (3) times to mix the specimen
 - 2. Let stand one (1) minute
 - 3. Spin swab three (3) times again
 - c. Discard the swab in the biohazardous waste container.
 - 1. Raise the device upright and let stand 1-2 seconds
 - 2. Gently tap device to ensure the liquid flows into the hole
 - 3. Lay the device back down
 - d. Set the timer for ten (10) minutes
 - e. Read results
 - 1. Read the results in 10-15 minutes
 - 2. Confirm negative results at 15 minutes
 - 2. Refer to Result Interpretation Guide or stick diagram in the OSOM literature for help in reading the test stick.
 - 3. Discard used test components in suitable biohazardous waste container.
 - g. Record results in EMR and advise the ordering provider that results are available.

5. In the event the usual OSOM waived testing kit is not available, review and follow the directions provided by the manufacturer.

**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; 8/26/24;6/1/26
SECTION: Medical Staff	REVISED: 6/15/22; 8/26/24
EFFECTIVE: 9/25/24 ;6/24/26	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, gynecology, hepatology, mental health, podiatry, chiropractic, dentistry.
 - c. Behavioral Health Practitioners may include but are not limited to: Licensed Clinical Social Workers, Licensed Marriage Family Therapist, Psychologists, Psychiatrists, 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: No Show	REVIEWED: 1/28/20; 5/04/21; 5/6/22; 8/30/22; 3/07/23; 5/6/24; 8/28/24; 10/10/24; 6/1/26/
SECTION: Admitting	REVISED: 5/04/21; 5/25/22; 8/30/22; 3/07/22; 5/6/24: 6/25/2410/10/24
EFFECTIVE: 10/23/24; 6/1/24/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patient No Show

Objective: Management and minimization of patient “no shows” which are defined as appointments not attended without the patient contacting the Clinic to reschedule or cancel the appointment.

Response Rating:

Required Equipment: None

Procedure:
Medical, Behavioral Health and Dental Departments

1. The EMR will contact each patient who is in “no show” status, reminding them they have failed to keep their appointment and directing them to contact the Clinic to reschedule.
2. Daily staff will identify patients in “no show” status and contact the patient to reschedule their appointment. This contact will be documented in the EMR as directed. If unable to contact the patient, Athena will make one additional attempt within seven days, documenting both attempts.
3. A monthly “no show” report will be generated after the month’s end and will be forwarded to the CEO for the purpose of inclusion on the Dashboard Report submitted to the Board of Trustees each month.
4. A historical “no show” report will be generated for the most recent six-month period and will be analyzed for the purpose of identifying all patients who are chronically missing their appointments. Behavioral Health patients will be counted separately and provided to that department for handling.
5. Patients who chronically miss their appointments (3 or more “no shows” -defined as not attending their appointment without contacting the office to reschedule or cancel, prior to the appointment, preferably over the course of six months) will have a warning letter mailed to the address on file notifying them of the multiple missed appointments.
6. The list will be aggregated, and the Clinic Manager or designee will meet with the patient’s practitioner of record to determine whether the “no show” status of the patient should be addressed with the patient or if there are mitigating circumstances that should be considered.

7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.
8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.
9. If the patient continues to no show and reaches a total of 4 no shows over the course of six months, the patient will receive a letter advising that they will only be allowed to schedule same day appointments (Medical/Dental). Extenuating circumstances will be reviewed on a case-by-case basis.
10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inability of the practice to manage the patient’s medical diagnoses.
 - a. **When a patient no-shows for their initial Dental appointment, they will be cancelled. If they still wish to be a dental patient, they can request it, but they will be put at the end of the current waitlist.**
11. If a medical patient has two “no show” incidents, medication refills will only be processed by the providers with a face-to-face appointment. The lead receptionist or designee will create a list, handing it out to all providers, on a monthly basis, to inform them of patients needing an in-person appointment prior to providing medication refills.

12. Behavioral Health No-Show Appointments

- b. **When a patient no-shows for an appointment, patients will be automatically contacted via the Electronic Health Record’s “no-show” campaign.**
- c. **Two (2) no-show appointments will result in the patient receiving a letter reminding them of the no-show policy.**
- d. **Following their third no-show, IBH staff 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. If they wish to be re-referred to IBH, they can speak with their PCP.**
- e. **When a patient no-shows for a scheduled IBH initial consultation, the referral will be closed.**

**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; 8/27/24; <u>6/1/26</u>
SECTION: Patient Care	REVISED 5/02/23; 7/21/23
EFFECTIVE: 9/25/24; <u>6/24/26</u>	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 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. 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: Preventative Maintenance Inspections	REVIEWED: 11/12/18; 10/14/20; 8/2/21; 8/17/23; 8/27/24; <u>6/1/26</u>
SECTION: Operations	REVISED:
EFFECTIVE: 9/25/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Preventative maintenance inspections

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

Response Rating:

Required Equipment:

General Information:

1. All equipment in the Clinic will be evaluated for inclusion in a preventative maintenance program that will:
 - a. Prolong the life or improve the operation of the device.
 - b. Identify a failure or discrepancy not readily apparent to the normal user.
 - c. Assure that the items in electrical-sensitive patient locations meet the requirements of ANSI/AAMI, safe current limit stands, as specified by California Title 22.
 - d. Provide management reporting of equipment history reports and failure modes.

2. A current accurate inventory of all diagnostic and therapeutic equipment utilized within the facility will be available.

3. A Preventative Maintenance process will be developed for each equipment type that is available to the Clinic. Each process will:
 - a. Identify inspection frequency.
 - b. Include manufacturer recommended specifications, where applicable.
 - c. Verify compliance with JCAHO and/or Title 22

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

Procedure:

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

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

POLICY: Provider on Site	REVIEWED: 4/6/20; 6/07/21; 9/6/22; 9/19/23; 10/08/24; <u>6/1/26</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Provider on Site

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

Response Rating: Mandatory

Required Equipment:

Procedure:

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

Reference: CMS §491.8(a)(6)

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

POLICY: Section 504 Grievance	REVIEWED: 11/8/18; 10/14/20; 10/29/20; 8/25/21; 9/6/22; 9/11/23; 8/27/24; <u>6/1/26</u>
SECTION: Civil Rights	REVISED: 10/29/2020
EFFECTIVE 9/25/24; <u>6/2426</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Section 504 Grievance

Objective: It is the policy of the Clinic not to discriminate on the basis of disability. The Clinic has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) or the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 states, in part, that “no otherwise qualified handicapped individual...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance...”The Law and Regulations may be examined in the office of Clinic Manager, (209) 772-7070 who has been designated to coordinate the efforts of The Clinic to comply with Section 504.

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

Response Rating:

Required Equipment:

Procedure

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

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

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

8. In the event your complaint remains unresolved with Valley Springs Health & Wellness Center, you may file a complaint with our accreditor, The Compliance Team, Inc. via their website www.thecomplianceteam.org or by phone at 1-888-291-5353.

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

POLICY: Section 504 Grievance (Spanish)	REVIEWED: 11/8/18; 11/03/20;8/25/21; 9/6/22; 9/11/23; 8/27/24; <u>6/1/26</u>
SECTION: Civil Rights	REVISED: 11/03/20
EFFECTIVE: 9/25/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Asunto: Queja de la Sección 504

Objetivo: es política de la Clínica no discriminar por discapacidad. La Clínica ha adoptado un procedimiento interno de queja que proporciona una resolución rápida y equitativa de las quejas alegando cualquier acción prohibida por la Sección 504 de la Ley de Rehabilitación de 1973 (29 U.S.C.794) o las regulaciones del Departamento de Salud y Servicios Humanos de los EE. UU. La Sección 504 establece, en parte, que "ninguna persona discapacitada calificada de otro modo ... será, únicamente por su discapacidad, será excluido de la participación, se le negarán los beneficios o será objeto de discriminación bajo cualquier programa o actividad que reciba fondos federales asistencia ... "La Ley y el Reglamento pueden ser examinados en la oficina del Director de la Clínica, (661) 765-1935, quien ha sido designado para coordinar los esfuerzos de la Clínica para cumplir con la Sección 504.

Cualquier persona que crea que él o ella ha sido objeto de discriminación por discapacidad puede presentar una queja bajo este procedimiento. Es ilegal que la Clínica tome represalias contra cualquier persona que presente una queja o coopere en la investigación de una queja.

Calificación de respuesta:

Equipo requerido:

Procedimiento:

1. Las quejas deben presentarse al Coordinador de la Sección 504 dentro de los siete (7) días posteriores a la fecha en que la persona que presenta la queja toma conocimiento de la supuesta acción discriminatoria.
2. Una queja debe ser por escrito, con el nombre y la dirección de la persona que la presenta. La queja debe indicar el problema o la acción alegada como discriminatoria y el remedio o la reparación solicitada.
3. El Coordinador de la Sección 504 (o su designado) llevará a cabo una investigación de la queja. Esta investigación puede ser informal, pero debe ser exhaustiva y brindar a todas las personas interesadas la oportunidad de presentar pruebas relevantes para la queja. El Coordinador de la Sección 504 mantendrá los archivos y registros de Mark Twain Health Care District en relación con dichos reclamos.
4. El Coordinador de la Sección 504 emitirá una decisión por escrito sobre la queja a más tardar 30 días

después de su presentación.

5. La persona que presenta la queja puede apelar la decisión del Coordinador de la Sección 504 escribiendo al Director Ejecutivo del Distrito de Atención Médica de Mark Twain dentro de los 15 días de haber recibido la decisión del Coordinador de la Sección 504.
6. El Director Ejecutivo de Mark Twain Health Care District emitirá una decisión por escrito en respuesta a la apelación a más tardar 30 días después de su presentación.
7. La disponibilidad y el uso de este procedimiento de queja no impide que una persona presente una queja de discriminación por discapacidad con:
 - a. Departamento de Salud y Servicios Humanos de EE. UU.
 - si. Oficina de Derechos Civiles

La Clínica hará los arreglos apropiados para garantizar que las personas discapacitadas reciban otras adaptaciones si es necesario para participar en este proceso de queja. Dichos arreglos pueden incluir, pero no se limitan a, proporcionar intérpretes para sordos, proporcionar casetes de material con cinta adhesiva para ciegos o asegurar una ubicación sin barreras para los procedimientos. El Coordinador de la Sección 504 será responsable de tales arreglos.

8. En el evento que su queja no sea resuelta con el Centro de Valley Springs Health & Wellness, usted puede someter una queja con nuestra acreditación, The Compliance Team, Inc. via su sitio web www.thecomplianceteam.org o por telefono al 1-888-291-5353.

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

POLICY: Shelter in Place for Patients and Staff	REVIEWED: 8/30/19; 2/25/20; 6/07/21; 9/6/22; 9/19/23;10/10/24; <u>6/1/26</u>
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

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

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

Response Rating:

Required Equipment:

Procedure

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

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

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

POLICY: Standardized Procedure for Employee COVID-19 Rapid Testing	REVIEWED: 1/12/2022; 6/14/22; 9/11/23; 8/27/24;6/1/26
SECTION: Standardized Procedures	REVISED: 6/14/2022; 9/11/23
EFFECTIVE: 9/25/24;6/24/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized Procedure for Employee COVID-19 Rapid Testing

Objective: To Comply with Federal, State and CDC Standard (whichever is stricter) regarding Employee COVID-19 Vaccine Compliance vs. Testing Requirements for unvaccinated or incompletely vaccinated employees.

Response Rating: Everyone

Required Equipment: Rapid COVID-19 Testing Equipment or alternate available Nasal Rapid Test

Procedure:

After completion of training and documentation of demonstrated competency, the Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Rapid COVID-19 Tests, **on Employees only**, using the Abbott ID NOW or the Cepheid 4 in 1 Testing platform and the nasal swabs (not nasopharyngeal), 1 per test, to be processed per manufacturer instruction.

1. Perform Rapid COVID-19 test prn for the purpose of screening any employee that is showing symptoms or has had a potential exposure.
 - a. Wearing protective PPE, obtain nasal swab per manufacturer instructions, discarding used swab in biohazard container.
 - b. Document test and result, identifying by employee’s name on the sticker and lab sheet.
 - c. Place a copy of the result sticker in the Employee COVID Vaccine and Weekly Testing Log Binder, located in the Manager’s Office.
 - d. If test result is positive, notify Management immediately.

Signature: Randy Smart, MD – Medical Director

Date 6/24/2026

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

POLICY: Sterile Field	REVIEWED: 2/1/19; 3/10/20; 5/21/21; 5/6/22; 9/11/23; 8/27/24; <u>6/1/26</u>
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: 9/25/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Sterile Field

Objective: To provide sterile procedure field in the effort to prevent infection.

Response Rating:

Required Equipment:

Procedure:

1. A sterile drape is to be placed over a Mayo stand.
2. Do not place non-sterile items on the sterile drape sheet.
3. The Nurse, Medical Assistant, or Dental Assistant will consult with the practitioner as to which items are needed.
4. Requested items will be placed in their non-sterile package wrapping on the counter.
5. The practitioner will set up their own sterile field after donning sterile gloves.
6. Staff may be asked to assist with the opening of packages and other ancillary tasks in support of the practitioner.

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

POLICY: Sterile Shelf Life	REVIEWED: 2/1/19; 12/31/20; 9/29/21; 10/03/22; 9/19/23; 10/08/24; <u>6/1/26</u>
SECTION: Operations	REVISED: 10/03/22
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Sterile Shelf Life

Objective: To ensure delivery of sterile, quality products for patient care, with sterility being determined by proper sterilization technique and uncompromised package integrity rather than by date on the package. As maintenance of sterility is event related, not time related, all items sterilized are to be labeled “sterile unless package is damaged or opened”. The user will have the ultimate responsibility to examine packaging prior to use to determine the integrity of the packaging.

Response Rating: Mandatory

Required Equipment:

Procedure

1. Each sterilized package has the date of sterilization and the sterilizer load number. It will also have the initials of the person who prepared and processed the package, and the expiration date will be present. See the Sterile Supplies and Instruments Policy for expirations.
2. All items processed for sterilization are to be properly wrapped and processed in such a manner as to provide an effective barrier to microorganisms. Infrequently used items will be packaged in peel pouches. Items that are properly packaged and sterilized from the manufacturer will remain sterile indefinitely unless opened or the integrity of the package is compromised or will expire by the manufacturer’s expiration date for the package.
3. Packages that contain medications are to have an expiration date that reflects the expiration date of the medication. Materials that deteriorate with the passage of time will have an expiration date.
4. Stock is to be rotated so that it is current and paper wrappers do not age to the point of brittleness. Supplies are to be pulled from the right, front or top of the shelf, depending on how the shelf is arranged and newly processed supplies will be added to the shelf from the left, back or bottom.
5. All packages are to be inspected before use. If the package is torn, wet, has a broken seal or has been damaged in any way, it is to be considered contaminated and reprocessed.

6. Sterile supplies are to be stored in a clean, dust-free environment and in a manner that does not aid in the compromise of the packaging of the product.
7. Sterile items will remain unused on the shelf for longer than two (2) years are to be evaluated for continued need for sterile storage. These items will either be removed from sterile storage or reprocessed.
8. Commercially processed supplies are to have a shelf-life label indicating the date beyond which the items should not be used. This will generally apply when something in the package may deteriorate with time rather than loss of sterility unless labeled otherwise, or if the package is damaged.

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

POLICY: Universal Precautions	REVIEWED: 3/1/19; 3/5/20; 8/02/21; 9/6/22; 9/19/23;10/10/24; 6/1/26
SECTION: Infection Control	REVISED: 3/5/20; 9/6/22
EFFECTIVE: 10/23/24; 6/1/24/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Universal Precautions

Objective: To prevent the transmission of blood borne pathogens by following universal precautions as recommended by the Centers of Disease Control, the California Department of Public Health and other pertinent regulatory agencies.

Response Rating: Mandatory

Required Equipment:

Procedure:

General Guidelines:

1. Blood and body fluid precautions will consistently be practiced for all patients since medical history and examination cannot reliably identify all patients infected with HIV or other blood borne pathogens.
2. Wash hands between all patient contacts and immediately if soiled with blood or body fluids.
3. Skin or other mucous membranes should be washed with soap and water, or flushed with water, as appropriate, as soon as feasible following contamination with blood or other body fluids.
4. Gloves will be worn in the following situations:
 - a. Touching blood and body fluids
 - b. Touching mucous membranes (e.g. inside mouth, rectum, vagina)
 - c. Touching non-intact skin of all patients or when health care worker’s skin is not intact
 - d. Handling items or surfaces soiled by blood or other body fluids
 - e. Performing venipuncture
 - f. Processing blood or any other fluid specimen
5. Gloves should be changed after contact with each patient and hands should be thoroughly washed with soap and water.
6. Surgical masks and protective eyewear (e.g. goggles) should be worn during procedures that are likely

to generate droplets, splattering or aerosolization of blood or body fluids, to prevent exposure to mucous membranes of the mouth, nose, and eyes.

7. N95 masks will be utilized when the patient presents with symptoms of infectious diseases that require airborne precautions (i.e.: H1N1, flu, tuberculosis).
8. Impermeable gowns or aprons should be worn during procedures that are likely to generate splashes of blood or other bodily fluids. This includes all dental procedures performed in the Clinic.
9. Disposable personal protective equipment shall be removed and placed in refuse containers in the immediately area after single patient use. (Dental gowns may be used for multiple patient treatment, changed daily unless visibly soiled)
10. All procedures involving blood or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of the substances.
11. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

Use and disposal of needles and “sharps”:

1. Precautions should be taken to prevent accidental injuries with needles, scalpels, or other sharp devices used during procedures, when cleaning reusable instruments, during disposal of needles, or when handling sharp instruments during or after procedures.
2. Contaminated needles and other contaminated “sharps” shall not be recapped, purposely bent, or broken by hand, removed from disposable syringes, or otherwise manipulate by hand.
3. If the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure, the recapping or removal of the needle must be done using a mechanical device or a one-handed technique.
4. After use, needles and syringes, scalpel blades, and other sharp disposable items should be placed in a puncture resistant container for disposal. Reusable “sharps” containers should be sealable, puncture resistant, labeled with a biohazard label and leak proof.
5. All collection containers when filled shall be sealed and put in the appropriate place for disposal. Containers shall be disposed of when $\frac{3}{4}$ full or every 90 days.
6. Although saliva has not been implicated in the transmission of HIV, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags, or other ventilation devices will be available for use in areas where the need for resuscitation might arise.

7. Personnel with exudative skin lesions or weeping dermatitis should refrain from direct patient contact or handling patient care equipment, until the skin condition resolves. If this is not possible, gloves must be worn during patient examination procedures.

Sterilization and Disinfection:

1. All non-disposable instruments, items, and devices that come in contact with blood, other body fluids, or mucous membranes, shall be sterilized prior to re-use.
2. Medical and dental devices that require sterilization shall be thoroughly cleansed prior to sterilization with the germicidal soap following manufacturer's guidance as to time.
3. When a brush is used to wash instruments prior to sterilization, workers should be careful to avoid splashing to the eyes and face (eye goggles or a face shield are recommended).
4. Surfaces contaminated with blood and body fluids shall be decontaminated with an appropriate chemical germicide. Gloves shall be worn during this procedure.

Specimens:

1. Body fluids, tissues, and other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimen.
2. Any specimens that could puncture a primary container shall be placed within a secondary container that is puncture resistant.
3. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container that prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Management of Exposures:

1. An incident must be documented on a Personal Accident/Incident and OSHA 300, 300A, and 301 report forms (see Personal Accident/Incident Policy Exposure Control Policy) in the event there is a:
 - a. Parenteral (e.g., needle stick or cut) or mucous membrane (e.g. splash of the eye or mouth) exposure of blood or other body fluids;
 - b. Cutaneous (e.g., skin) exposure involving large amounts of blood.
2. If there is an exposure or suspected exposure, please use the exposure report packets and follow the directions. All paperwork and follow-up will be done through the Employee Health Nurse/Manager.
2. If the source of exposure is known and available, testing for Hepatitis B and C and HIV should be carried out with informed consent and counseling. See HIV Testing policy.

3. If the source refused testing, follow the procedure for an unknown source.
4. If the source is unknown, the employee should be advised to have blood drawn as soon as possible following the incidents and this blood should be tested for HIV, Hepatitis B and C.
5. If based on clinical history or laboratory information it is suspected that the patient from whom the blood came from might be infected with HIV, following the current Human Resources Policy requirements.
6. Any time an OSHA report is initiated, it will be expeditiously forwarded to the Medical Director, the CEO, and QAPI committee.

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

POLICY: Unscheduled Downtime of Electronic Medical Record	REVIEWED: 3/1/19; 11/23/20; 8/25/21; 9/6/22; 9/19/23; 10/10/24; <u>6/1/26</u>
SECTION: Safety and Emergency Planning	REVISED: 10/10/24
EFFECTIVE: 10/23/24; <u>6/24/26</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Unscheduled Downtime of Electronic Medical Record

Objective: To ensure documentation of patient care in the event of an unscheduled disruption of access to the Electronic Medical Record (EMR), practitioners and staff will document patient care using approved downtime paper forms.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. In the event of an unscheduled disruption of access to the Electronic Medical Record, approved downtime paper forms will be utilized to document patient care.
2. Clinic Leadership or designee will report the service disruption to IT Department and/or the EMR vendor.
3. Available “hotspot” access points may be used, these should be prioritized for registration and providers
3. Approved downtime paper forms (including administrative and patient care documentation) will be maintained in a central location in a binder marked “Downtime Forms” as well as in an online shared folder labeled Forms.
4. Clinic Leadership or designee will access the paper forms, making sufficient copies of the appropriate documents to accommodate patients currently being examined/treated and those scheduled to be seen in the Clinic through the balance of the Clinic day.
5. Paper forms will be utilized to capture patient demographics and payor information required to successfully complete patient intake.
6. Paper forms will be provided to all practitioners and will be marked with the patient’s name, birth date, medical record number (if available), and visit date-

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7. Patients requesting appointments will be listed, along with their phone number and the purpose of the visit/visit type. After the system has been restored, patients on the list will be contacted and appointments scheduled in the Electronic Medical Record scheduling application.
8. When access to the Electronic Medical Record is restored, completed paper documents will be scanned into the electronic chart.
9. After confirming the scanned documents have been placed appropriately in the Electronic Medical Record, the paper forms will be collected and given to the Administrative Medical Assistant so that they may be used to create claims. Once all claims have been created and submitted to the proper payor, they will be destroyed to protect patient privacy.

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

POLICY: Waste, Fraud, and Abuse	REVIEWED: 11/9/18; 10/14/20; 8/2/21: 9/6/22; 9/19/23; 10/10/24; 6/1/26
SECTION: District	REVISED: 9/19/23
EFFECTIVE: 10/23/24; 6/24/26	MEDICAL DIRECTOR: Randall Smart, MD

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

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

Response Rating: Mandatory

Required Equipment:

Definitions:

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

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

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

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

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

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

Procedure:

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

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

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

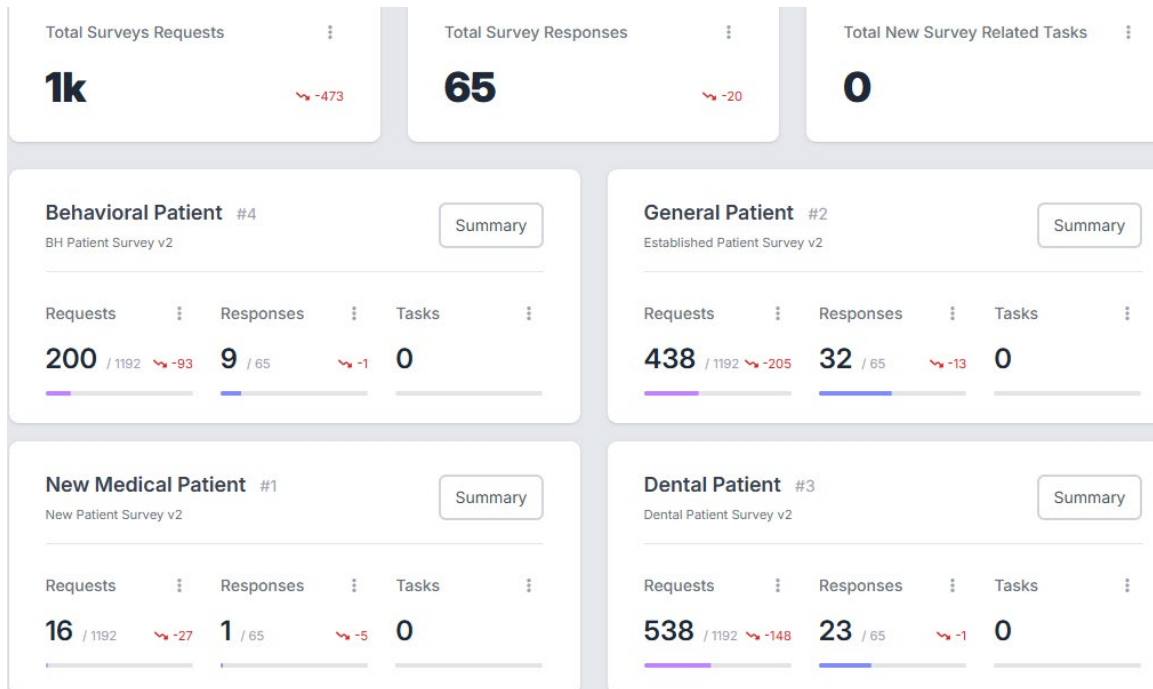
Reference:

[Medicare Fraud & Abuse: Prevent, Detect, Report \(cms.gov\)](#) January 2021

“Common Types of Health Care Fraud”, Medicare Learning Network. Downloaded July 2016 from <https://www.cms.gov/files/document/overviewfwacommonfraudtypesfactsheet072616pdf>.

<https://www.cms.gov/Medicare-Medicaid-Coordination/Fraud-Prevention/Medicaid-Integrity-Program/Education>

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Response rate: Total 6.5% (prior 4.25%); BH 4.5% (prior 3.41%); Dental 4.28% (prior: 3.50%); General Medical 7.31% (prior: 7%); (prior: New Patient 6.25% (prior 13.95%))

MEDICAL:

How would you rate your overall experience with your provider?				Did the facility appear clean, professional, and equipped with appropriate technology for your care?			
Poor	1	3%		Poor	0	0%	
Not Good	0	0%		Not Good	0	0%	
Acceptab	0	0%		Acceptab	0	0%	
Good	0	0%		Good	2	7%	
Excellent	29	97%		Excellent	28	93%	

Dental:

How would you rate your overall experience with our office?				How would you rate your overall experience with your dentist/hygienist?			
Poor	0	0%		Poor	0	0%	
Not Good	0	0%		Not Good	0	0%	
Acceptab	0	0%		Acceptab	0	0%	
Good	3	13%		Good	1	5%	
Excellent	20	87%		Excellent	19	95%	

Behavioral Health:

My BH Provider acts professionally, empathetically, and with care.				My BH provider understands my problems and concerns and is knowledgeable about how to help me feel better.			
Agree	9	100%		Agree	9	100%	
Disagree	0	0%		Disagree	0	0%	
About the	0	0%		About the	0	0%	
I have nc	0	0%		I have nc	0	0%	
N/A-I did	0	0%		N/A-I did	0	0%	

FIRST AID • CPR • AED COURSE



Mark Twain
Health Care District

In partnership with the
Copperopolis Fire District, the
Mark Twain Health Care
District will be holding First
Aide, CPR, and AED training for
residents of Calaveras County

This Course is designed for anyone
with little or no medical training who
wants or needs an OSHA-compliant
course completion card—or anyone
who simply wants to be ready to
respond in case of an emergency.

- **Price:** Free
- **Lunch:** Provided
- **Class size:** Limited to 20 participants

FREE

**Saturday,
July 18th**

**Copperopolis
Fire Department
370 Main Street
9:00am-5:00pm**



Register by QR code,
email or by phone

ADM ASSIST@MTHCD.ORG

209-754-2646



Please include your name, address, telephone and ¹⁰⁰email

75th
1951-2026
ANNIVERSARY



AUGUST 22, 2026

CLONDAIRE VINEYARDS
ANGELS CAMP, CA 95222

CELEBRATING 75 YEARS OF HOMETOWN HEALTHCARE

In celebration of the 75th Anniversary of Mark Twain Medical Center, the Foundation has launched the “75 for 75 Campaign,” a limited-participation donor initiative designed to engage community leaders, businesses, and longtime supporters in honoring the hospital’s legacy while investing in its future. The campaign invites 75 donors to contribute \$1,000 each, raising \$75,000 in support of hospital programs, equipment, and community health initiatives. Participation will be limited to 75 donors, creating exclusivity while recognizing founding supporters of the hospital’s milestone anniversary.

\$1,000 SPONSORSHIP

Donor Benefits Each 75 for 75 donor will receive:

- Permanent recognition on the 75th Anniversary Donor Wall inside the hospital
- Two tickets to the 75th Anniversary Gala (August 22)
- Recognition during the gala program
- Preferred / discounted pricing for additional table purchases
- Limited-edition commemorative memorabilia created for the 75th anniversary
- Recognition as a Founding Supporter of the campaign

For more information please contact:

Charanjit “CJ” Singh, Philanthropy Director

1.209.754.2624

charanjit.singh@commonspirit.org



*Longevity & Lifestyle Conference
October 15, 2026
Ironstone Vineyards*

Sponsorship Info

Name _____

Contact Name _____

Contact Email _____

Contact Phone _____

Sponsorship Levels

- Vitality Level** **\$5,000 and above**
- Wisdom Level** **\$2,500**
- Legacy Level** **\$1,000**
- Heritage Level** **\$500**

Would you like your name/company to appear in the conference program

If yes, send logo to stayverticalcalaveras@gmail.com

Would you like us to distribute any company info or swag?

Other requests: _____

The Murphys Senior Center EIN is 38-3801414
Any questions please text/call Steve Shetzline 209.915.2450
Please return form with sponsorship to:

Murphys Senior Center
PO Box 1911
Murphys, Ca 95247



MARK TWAIN
HEALTH CARE DISTRICT

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

PERSONNEL MANUAL

LAST UPDATED AND BOARD APPROVED
ON
May 27, 2026

Mark Twain Health Care District Mission
Statement

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

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INTRODUCTORY POLICIES

1000 Introduction

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

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

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

1001 Integration Clause and Right to Revise

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

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

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

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

1002 Employment at Will Status

DISTRICK employees are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or DISTRICK.

Nothing in this handbook shall limit the right to terminate at-will employment. No manager or employee of DISTRICK has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment on other than at-will terms. The “employment at-will” relationship can only be changed by an agreement, in writing, specifically modifying this relationship, signed by the Chief Executive Officer or President of the Board with approval of the full Board.

1003 Equal Employment Opportunity

The DISTRICK is an equal opportunity employer and makes employment decisions on the basis of merit. The DISTRICK wants to have the best available individuals in every job. DISTRICK policy prohibits unlawful discrimination based on sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race, religion (including religious dress and grooming practices), race, color, gender (including gender identity and gender expression), national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9),

ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status or any other basis or any other characteristic (or combination thereof) made unlawful by federal, state or local laws. Discriminatory practices also can include a perception of another employee who has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful.

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

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

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

1004 Harassment Discrimination and Retaliation Prevention

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

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

Harassment Prevention

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

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

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

All such conduct violates DISTRICT policy.

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

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

Non-Discrimination

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

Anti-Retaliation

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

Working with the Public

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

Complaint Process

It is important that workers inform the DISTRICT as soon as possible about any prohibited harassment because nothing can be done to remedy the situation if the DISTRICT does not know that it exists. If you believe that you have been the subject of harassment, discrimination, retaliation or other prohibited conduct, you are required to report it to the Chief Executive Officer, or any other supervisor, as soon as possible after the incident. If the Chief Executive Officer is not available or if the complaint is regarding the Chief Executive Officer, the reporting party should notify Human Resources (HR) Dept who will notify the Board President). If you need assistance with your complaint, or if you prefer to make a complaint in person, contact the Chief Executive Officer, any supervisor, or

the Board President if the complaint concerns the CEO. Please provide all known details of the incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory.

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

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

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

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

Investigation Process

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

Complaints will be:

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

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

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

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

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

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

Further Information

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

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

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

1005 Reasonable Accommodation

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

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

An applicant, employee or intern who requires an accommodation of a religious belief or practice (including religious dress and grooming practices, such as religious clothing or hairstyles) should

contact Chief Executive Officer and discuss the need for an accommodation. If the accommodation is reasonable and will not impose an undue hardship, the DISTRICT will make the accommodation.

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

EMPLOYMENT POLICIES AND PRACTICES

2000 Hiring Process

The Chief Executive Officer is responsible for initiating and completing the hiring process. The CEO shall review applicants and their applications / resumes. The review and hiring process may be delegated by the CEO to the Center Manager, or reside with the CEO, and does not require any participation from the DISTRICT Board or its committees. An appropriate screening process, including evaluation criteria, interview process, and reference checks, shall be followed. All screening devices, application procedures, and evaluation criteria shall be based on job-related factors.

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

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

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

2001 Categories of Employment

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

Regular Employees

Regular employees are those who are hired for a designated position. All regular employees are paid on an hourly or salaried basis depending on their exempt status as defined by California and Federal law, as applicable, and accrue leave time and benefits as outlined in this manual.

Regular Full-Time Employees

In compliance with the Affordable Care Act (ACA), and for benefit eligibility purposes, a regular full-time employee is defined as an individual who works a minimum of 30 or more hours per week or 130 hours per month.

Regular Part-time Employees

Regular part-time employees are those regularly scheduled to work a minimum of 20 hours per week. Benefit eligibility, if offered, and is subject to applicable plan and carrier requirements.

Temporary Employees

Temporary employees work for a set hourly wage to handle a specific project or to temporarily augment or substitute for regular staff. A temporary employee is not entitled to retirement or health insurance benefits or paid time-off (unless otherwise required by law or specifically approved by the

Board); however, other provisions of this manual shall apply to temporary employees. There is no guaranteed number of hours of work for temporary employees.

2003 Job Duties

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

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

2004 Office Security

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

2005 Timekeeping and Pay Dates

Each non-exempt employee will maintain a time sheet. All absences, both authorized and unauthorized, shall be recorded. The time sheet must be submitted to the Chief Executive Officer or his/her designee for verification and signature. The signed timesheet will become part of the DISTRICT's payroll records. Failure to provide accurate time sheets will lead to disciplinary action.

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

2006 Personnel Records

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

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

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

2007 Compensation

Salary Increases.

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

Payroll Deductions.

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

- Federal and State Income Taxes
- FICA
- Medicare
- State Disability Insurance
- Health Insurance
- 401k
- Other deductions authorized by the employee

The DISTRICT is committed to pay equity and transparency, as required by applicable law. The DISTRICT will respond to requests for information about the employees' own wages as required by law.

2008 Overtime

Non-exempt employees will be paid overtime according to applicable law. The DISTRICT work week starts on Sunday at 12:01am and ends on Saturday at midnight. The DISTRICT's workday starts each day at 12:01am and concludes at midnight. In general overtime needs to be approved if it exceeds two (2) hours per shift. All out of office, weekend or holiday overtime hours are to be approved in advance.

California Rules: "Non-exempt employees will be paid overtime according to California law. Overtime is paid for any actual hours worked over eight (8) in one day or 40 hours in one week. A workday begins at 12:01am and ends at midnight 24 hours later. Workweeks begin each Sunday at 12:01am. Compensation for hours in excess of 40 for the workweek, or in excess of eight and not more than 12 for the workday, and for the first eight hours on the seventh consecutive day of work in one workweek, shall be paid at a rate of 1 ½ times the employee's regular rate of pay. Compensation for hours in excess of 12 in one workday and in excess of eight on the seventh consecutive workday in a workweek shall be paid at double the regular rate of pay." All overtime will need to be pre-approved.

2009 Performance and Salary Reviews

Performance reviews will be conducted at the following times:

- Between 3-6 months after date of hire
- At the initiation of the Chief Executive Officer when determined to be appropriate;
- When requested in writing by an employee and approved by the Chief Executive Officer
- Annually, around the anniversary of the hire date;

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

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

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

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

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

Nothing in this policy or the approach to performance evaluations alters employees' at-will status. Employment remains subject to termination at any time for any reason.

2010 Conflicts of Interest

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

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

2011 Disciplinary Action

Disciplinary action can be taken where appropriate, at the discretion of the DISTRICT. Conduct such as rule or policy violations; untimeliness; insubordination; misconduct; or any disregard for policies, procedures, rules, regulations, or the performance standards for any position, or violation of the standards of conduct identified in policy 3000 may be cause for disciplinary action. DISTRICT may impose any disciplinary action that it determines, in its sole and unfettered discretion, to be appropriate. The possible forms of discipline include:

Oral Warning

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

Written Warning

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

Performance Improvement Plan

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

Termination

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

Immediate Administrative Leave

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

Suspension

Following an appropriate investigation, the Manager or Chief Executive Officer may suspend an employee without pay for an appropriate period of time. (Exempt employees must be suspended for full work weeks). Documentation will be forwarded to Human Resources.

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

2012 Termination of Employment

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

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

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

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

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

STANDARDS OF CONDUCT

3000 Prohibited Conduct:

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

- Falsifying employment records, employment information, or other DISTRICT records;
- Recording the work time of another employee or allowing any other employee to record your work time, or falsifying any timecard, either your own or another employee's;

- Theft, deliberate or careless damage or destruction of any DISTRICT property, or the property of any employee or client;
- Removing or borrowing DISTRICT property without prior authorization;
- Unauthorized use of DISTRICT equipment, time, materials, or facilities;
- Provoking a fight or fighting during working hours or on DISTRICT property;
- Carrying firearms or any other dangerous weapons on DISTRICT premises at anytime;
- Engaging in criminal conduct whether or not related to job performance;
- Causing, creating, or participating in a disruption of any kind during working hours on DISTRICT property;
- Insubordination, including but not limited to failure or refusal to obey the orders or instructions of a supervisor or member of management, or the use of abusive or threatening language toward a supervisor or member of management;
- Using abusive language at any time on DISTRICT premises;
- Failing to notify the Manager or Chief Executive Officer when unable to report to work;
- Unreported absence of three (3) consecutive scheduled workdays;
- Failing to obtain permission to leave work for any reason during normal working hours;
- Failing to observe working schedules, including rest and lunch periods;
- Failing to provide a physician's certificate when requested or required to do so;
- Sleeping or malingering on the job;
- Making or accepting personal telephone calls deemed excessive in duration during working hours, except in cases of emergency;
- Working overtime without authorization;
- Wearing disturbing, unprofessional or inappropriate styles of dress or hair while working;
- Violating any safety, health, security or DISTRICT policy, rule, or procedure;
- Committing a fraudulent act or a breach of trust under any circumstances; and
- Committing of or involvement with any act of unlawful harassment discrimination or retaliation of another individual.

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

3001 Drug Free Workplace Policy

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

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

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

Violation of this policy will be grounds for disciplinary action, up to and including termination.

Additionally, employees who are involved in off-the-job illegal drug activity might be considered to be in violation of this policy.

3002 Confidentialities

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

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

3003 Media Contacts

Employees may be approached for interviews or comments by the news media. Only DISTRICT employees designated by the Chief Executive Officer may comment on DISTRICT policy or events that have an impact on DISTRICT. The Chief Executive Officer has been designated by the Board to comment on DISTRICT policy or events that have an impact on DISTRICT. Should you receive a media inquiry, you should forward it to the Chief Executive Officer for response.

OPERATIONAL CONSIDERATIONS

4000 Meals and Rest Periods

Rest Breaks

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

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

Number of Rest Breaks

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

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

Timing of Rest Breaks

Employees are authorized and permitted to take a rest break in the middle of each (4) four hour work period. Rest breaks are scheduled by an employee's Manager.

Meal Period

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

Timing of Meal Period

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

Meal periods are scheduled by any employee's Manager.

Second Meal Period

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

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

Timing of Second Meal Period

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

Recording Meal Periods

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

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

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

4001 Personal Use of Supplies and Telephones

Materials, Supplies, and Equipment

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

Telephones

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

4002 Reimbursement of Work Expenses

Definition

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

Transportation

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

Travel

Any DISTRICT employee traveling on DISTRICT business greater than 50 miles per event must have amounts for reimbursements and travel authorization approved in advance by the Chief Executive Officer. Means of Travel: Travel will be conducted in the most economical way possible, given due consideration of employee's time and inconvenience, as well as DISTRICT resources. Group travel, where feasible, is encouraged.

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

4003 Health and Safety

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

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

4004 Use of Cell Phone While Driving on District Business

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

4005 Use of Electronic Media

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

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

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

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

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

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

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

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

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

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

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

4006 Uses of Social Media

The following is the DISTRICT's Use of Social Media policy. The absence or lack of explicit reference to a specific site does not limit the extent of the application of this policy. Where no specific policy or

guideline exists, employees should use their professional judgment, rely on common sense, and take the most prudent action possible.

In general, the DISTRICT views positively employee use of social media, including, among others, social networking sites (e.g., Facebook and Instagram), personal Web sites, Weblogs, Wiki forums, and content-sharing sites (e.g., YouTube and Flickr). If an employee chooses to identify as a DISTRICT employee on such Internet venues, some readers may view the employee as a DISTRICT representative or spokesperson. In light of this possibility, the DISTRICT requires that employees observe the following guidelines when referring on the Internet to the DISTRICT, its programs or activities, products, services, clients, and/or other DISTRICT employees.

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

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

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

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

EMPLOYEE BENEFITS

5000 Holidays

The DISTRICT observes the following Seven (7) paid holidays: President's Day, Memorial Day, 4th of July, Thanksgiving Day, Day after Thanksgiving, Christmas Day and either Christmas Eve or the Day after Christmas at the discretion of the CEO. On those days on which the DISTRICT is closed due to a holiday, employees will not need to come to work unless instructed otherwise by the Chief Executive Officer. Regular employees (full-time) are eligible for holidays and will receive the number of hours they were scheduled to work on the holiday. Temporary employees are not eligible for paid holidays. Non-exempt employees will not be paid for any time on holidays other than the (7) listed above. Exempt employees will be paid where required to maintain exempt status.

5001 Vacation

Regular full-time employees who are regularly scheduled to work a minimum of 30 hours per week are eligible to accrue vacation time based on their length of employment with the DISTRICT as follows:

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

Regular part-time employees who are regularly scheduled to work a minimum of 20 hours per week will accrue vacation on a prorated basis according to their regularly scheduled hours as a percentage of a 40-hour work week

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

Employees become eligible to accrue and use accrued vacation after completion of 90 days of employment. Vacation schedules must be coordinated and cleared with the Manager or Chief Executive Officer. The needs of the DISTRICT determine permissible vacation periods, which employees may need to defer or otherwise adjust accordingly. Vacations shall be scheduled to provide adequate coverage of job responsibilities, operational needs, and staffing requirements. The Chief Executive Officer will make final determinations and must approve employee vacation schedule(s) in advance.

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

Required Use of Vacation Before Unpaid Leave

You are required to take accrued and unused vacation before taking unpaid leave or having unpaid absences unless the absence is due to pregnancy-related disability or is not considered an unpaid leave under the California Family Rights Act. If you are absent for a reason that qualifies you for Paid

Family Leave (PFL) or because of a disability that qualifies you for State Disability Insurance (SDI) benefits, please contact the Chief Executive Officer to discuss coordination of your benefits.

5002 Insurance Benefits

Health Insurance

The DISTRICT offers eligible regular full-time and regular part-time employees group health insurance benefits, with the monthly premium paid at the discretion of the DISTRICT. Employees may elect to cover eligible dependents, with the DISTRICT paying 40% of dependents' premium. All regular full-time and regular part-time employees are eligible to participate in group insurance benefits. Consult the DISTRICT's Summary Plan Description for more information regarding eligibility, coverage, and benefits.

Dental

Beginning July 1, 2025, the DISTRICT offers a dental insurance policy for all regular full-time and regular part-time employees at the DISTRICT'S expense. Employees may elect to cover eligible dependents, with the DISTRICT paying 40% of dependents' premium.

Disability Insurance

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

Unemployment Compensation

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

Social Security

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

Workers' Compensation

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

5003 Sick Leave

The DISTRICT provides paid sick leave to eligible employees as required by California law. Employees cannot be discriminated or retaliated against for requesting or using accrued paid sick time.

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

Eligible Employees

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

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

Sick Pay Amount

Eligible employees will receive sick leave as set forth below.

The DISTRICT provides eligible employees with paid sick leave in accordance with California law. Employees will accrue paid sick leave beginning on their first day of employment. Accrued sick leave may be used after completion of ninety (90) days of employment with the DISTRICT.

In accordance with California Paid Sick Leave (PSL) requirements, eligible employees may accrue and use up to eighty (80) hours, or ten (10) days, of paid sick leave. Unused accrued sick leave will carry over from year to year as required by California law; however, an employee's total accrued sick leave balance may not exceed eighty (80) hours, or ten (10) days, at any time.

Unused paid sick leave is not paid out upon separation from employment. If an employee separates from the DISTRICT and is rehired within one (1) year, any previously accrued and unused sick leave will be reinstated in accordance with California law.

Qualifying Reasons for Paid Sick Leave

Paid sick time can be used for the following reasons:

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

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

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

Use of Paid Sick Leave

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

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

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

Incremental Use

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

Paid Sick Leave and Workers' Compensation Benefits

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

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

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

The DISTRICT reserves the right to modify this policy, due to any changes in applicable law.

5004 Bereavement Leave

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

5005 Jury Duty or Witness Leave

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

Exempt employees will be paid in accordance with state and federal law. Any monies paid by the court for jury services may be retained by the employee.

5006 Unpaid Leave of Absence (Non-Medical)

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

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

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

5007 Workers' Compensation

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

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

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

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

5008 Pregnancy Disability Leave

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

- Duration of pregnancy disability leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months (or 17 1/3 weeks). Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care.
- The DISTRICT will also reasonably accommodate medical needs related to pregnancy, childbirth, or related conditions or temporarily transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy.

- Employees who need to take pregnancy disability must inform the Manager, Human Resources or Chief Executive Officer when a leave is expected to begin and how long it will likely last. If the need for a leave, reasonable accommodation, or transfer is foreseeable, employees must provide reasonable advance notice at least 30 days before the pregnancy disability leave or transfer is to begin. Employees must consult with the Manager or Chief Executive Officer regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the DISTRICT. Any such scheduling is subject to the approval of the employee's health care provider;
- If 30 days' advance notice is not possible, notice must be given as soon as practical;
- Failure to give reasonable advance notice may result in delay of leave, reasonable accommodation, or transfer; Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide the Manager, Human Resources or Chief Executive Officer with a written certification from a health care provider for need of PDL, reasonable accommodation or transfer. The certification must be returned within 15 calendar days. Failure to do so may, in some circumstances, delay PDL leave, reasonable accommodation or transfer. The certification indicating the need for disability leave should contain:
 - A statement that the employee needs to take pregnancy disability leave because she is disabled by pregnancy, childbirth or related medical condition.
 - The date on which the employee became disabled due to pregnancy.
 - The probable duration of the period or periods of disability.
 - If the employee needs a reasonable accommodation or transfer, a medical certification is sufficient if it contains all of the following: a description of the requested reasonable accommodation or transfer; a statement that describes the medical advisability of the reasonable accommodation or transfer because of pregnancy; and the date on which the need for reasonable accommodation or transfer became/will become medically advisable and the estimated duration of the reasonable accommodation or transfer.
- Leave returns will be allowed only when the employee's physician sends a release.
- During any unpaid leave, an employee will be required to use accrued sick time (if otherwise eligible to take the time) during pregnancy disability leave. An employee will be allowed to use accrued vacation (if otherwise eligible to take the time) during a pregnancy disability leave; if an employee is receiving SDI benefits, the employee has the choice whether to use accrued leave to supplement those benefits to equal her full pay; and
- Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed and supported by medical certification. Leave may be taken in increments of one hour. If intermittent leave or leave on a reduced work schedule is

medically advisable the employee may, in some instances, be required to transfer temporarily to an available alternative position that meets the employee's needs. The alternative position need not consist of equivalent duties but must have the equivalent rate of pay and benefits. The employee must be qualified for the position. The position must better accommodate the employee's leave requirements than her regular job. Transferring to an alternative position can include altering an existing job to better accommodate the employee's need for intermittent leave or a reduced work schedule.

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

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

5009 Lactation Accommodation

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

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

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

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

5010 Reproductive Loss Leave

The DISTRICT provides Reproductive Loss Leave to eligible employees.

Reproductive Loss Event

A reproductive loss event is any of the following:

- Miscarriage
- Stillbirth
- Failed adoption
- Failed surrogacy
- Unsuccessful assisted reproduction

Eligibility

To be eligible for Reproductive Loss Leave, an employee must have worked for the DISTRICT for at least 30 days prior to the start of the leave. An employee can take leave following their own reproductive loss event or that of another person – such as a spouse or domestic partner – if the employee would have been the parent of the child born or adopted. Employees are not required to submit documentation in support of their leave request.

Timing and duration of leave

An eligible employee may take up to five days' leave for each reproductive loss event. Reproductive Loss Leave does not need to be taken on consecutive days but must be completed within three months of the date of the event. This means employees can choose to take all five days at once or break up the days over a longer period, as long as their leave is completed within three months.

Reproductive Loss Leave is separate from, and in addition to, other types of leave to which employees are entitled (such as leave under the California Family Rights Act (CFRA) or California's Pregnancy Disability Leave law (PDL)). If an eligible employee is taking leave under any other state or federal leave entitlement, prior to or immediately following the reproductive loss, then the employee shall complete their Reproductive Loss Leave within three months after the end of their other leave.

If an employee experiences more than one reproductive loss event within a 12-month period, reproductive loss leave time is limited to a total of 20 days within a 12-month period.

Pay during Reproductive Loss Leave

Employees can use any available vacation time, sick days, or personal days to cover their Reproductive Loss Leave. Otherwise, reproductive loss leave is unpaid.

Confidentiality and No Retaliation

The DISTRICT will maintain the confidentiality of any employee requesting Reproductive Loss Leave. The DISTRICT will not retaliate against an individual for exercising any rights regarding Reproductive Loss Leave.

5011 California CFRA Leave

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

Eligible Employees

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

Qualifying Reasons for CFRA Leave

CFRA leave may be used for the following reasons:

- To care for or bond with a newborn child.

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

Duration of Leave

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

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

Procedure

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

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

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

Compensation

While receiving wage replacement benefits:

For any period of time that an employee is eligible for and receiving any type of wage replacement benefits (i.e., disability benefits, SDI, PFL, and/or workers' compensation benefits), the employee is not required to use accrued sick leave or vacation in connection with his or her Family and Medical

Leave. The employee may, however, choose to supplement these forms of wage-replacement payments with accrued paid leave on a pro rata basis, so long as the employee's pay does not exceed their normal wage. Should an employee desire to supplement SDI benefits with accrued sick and/or vacation leave, the DISTRICT will integrate benefits with paid leave.

While on otherwise unpaid leave:

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

Benefits

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

Military Qualified Exigency Leave

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

Procedures

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

Reinstatement

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

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

If an employee fails to report to work promptly at the end of the Family and Medical Leave and fails to obtain approval for an additional personal leave of absence, the DISTRICT will treat the failure to return as a voluntary resignation.

5012 Reporting Time - Pay Policy

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

5013 Crime Victims Leave

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

5014 Guard, Reserves, or Naval Militia

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

5015 Organ Donation

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

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

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

The period of time during which an employee is required to be absent by reason of being an organ or bone marrow donor is not considered a break in an employee's continuous service for the purpose of salary adjustments, sick leave, vacation, annual leave, or seniority where applicable. During any period that an employee takes leave under this policy, The DISTRICT will maintain and pay for coverage under a group health plan for the full duration of the leave, provided that the employee, immediately prior to taking such leave, is entitled to participate in such group health plan.

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

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

5016 Time Off to Vote

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

5017 Employee Dress Code

MARK TWAIN HEALTH CARE DISTRICT

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 circumstances, employees will not be compensated for their time away from work. Supervisors are responsible for ensuring appearance is appropriate. Supervisors will consider the extent of contact with the public, physical requirements of each job and hours of work when interpreting this policy. The guidelines established for appearance and dress cannot be all inclusive. Consequently, when a decision regarding the appropriateness of work attire is needed, management will decide.

General guidelines for all staff:

- ID badges will be issued by the District and should always be visible and positioned at shoulder height, so patients can differentiate between staff and the public. ID badges should be kept clean, and nothing may cover the name or photo on the ID badge. ID badges can be worn with a collar clip, breakaway lanyards by exception.
- Clothes should be clean, free from stains, tears and/or excessive wrinkles.
- Hair (including sideburns, mustaches, and beards) should be clean, combed and neatly trimmed. Long hair should be tied back or restrained when providing direct patient care.
- Make-up, fragrances, and accessories will be worn in moderation.
- Fingernails should be clean and groomed, nail polish without chips, no acrylic nails.

- Fit and length of clothing should look professional and be appropriate for the physical requirements of the employee's position.
- Appropriate undergarments will always be worn.
- Shoes will be appropriate for the job, low heeled, closed toe (in 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.

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 are not allowed. 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: i.e.: long dangling earrings that could be pulled out. Jewelry that is construed to be offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are not allowed. 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.

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. No facial or neck tattoos are to be visible. Any questions regarding the interpretation of this requirement shall be decided by management.

Perfume, Aftershave and Deodorant:

Due to the close contact with patients and customers, perfumes and aftershave are not permitted in patient care areas. Bathing, the use of deodorants and other acceptable personal hygiene habits should always be observed.

The expectation is that all Managers and Supervisors will support this policy, leading by example, and will be expected to enforce the standards on a daily basis.

Inappropriate Attire:

- Shorts, sweats, hoodies, 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. Black scrub pants may be worn with a solid, coordinating scrub top of another color.

Cultural Hair Compliance Exemption:

Members who seek culturally protected hairstyles or other exemption to this policy that are protected by law should generally be accommodated (Government Code §12926)

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

- Staff may wear solid, coordinating scrubs, pants, and shirts. Black scrub pants may be worn with a solid, coordinating scrub top of another color.
- A similar solid color sweater, sweatshirt (no hoodies) 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.
- A similar solid color sweater, sweatshirt (no hoodies) 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.

Personnel Manual: BOD Adopted May 27, 2026

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

Personnel Manual

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

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

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

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

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

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

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

Date: _____

Print Employee's Name

Employee Signature

Mark Twain Health Care District Board Approved May 27, 2026

Conflict of Interest Code and Ethics:

12.1 CONFLICT OF INTEREST CODE.

The Board approved Resolution No. 2020-06 on August 26, 2020, which adopted the terms of Section 18730 of Title 2 of the California Code of Regulations and any amendments to said provision approved by the Fair Political Practices Commission, as the District's Conflict of Interest Code.

12.2 DISCLOSURE OF ECONOMIC INTERESTS.

Individuals required to file statements of economic interests under the District's Conflict of Interest Code must submit those statements to the Chief Executive Officer as the District's filing officer. The Chief Executive Officer shall retain the statements and make them available for public inspection and reproduction, as required by the Political Reform Act, or forward them to the County of Calaveras or the Fair Political Practices Commission as required by law.

12.3 AB 1234 ETHICS TRAININGS

The Chief Executive Officer shall be responsible for scheduling ethics training for all members of the Board of Directors on a biennial basis as required by Assembly Bill 1234 ("AB 1234"). The AB 1234 training course shall also be held within three (3) months of a newly elected member of the Board of Directors assuming office. The training shall conform to the content and length requirements of AB 1234.

Request for Public Funds, Community Grants & Sponsorships:

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

- A. The community’s health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women’s Issues, Children’s needs, Areas of consideration, Social determinants of health and access to food, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.
- B. **POLICY:** The District shall have a Golden Health Community Grants and Sponsorship program, as finances allow, to address identified community health care needs as envisioned by the Mission Statement and the Strategic Plan. In conjunction with setting the District’s annual budget each year, the District shall determine the amount to be budgeted to help fund these grant and sponsorship needs. It is the District’s policy not to sponsor fundraising events

C. GRANT and SPONSORSHIP REQUESTS:

1. Requirements:

- a. All Grant and Sponsorship requests must be submitted in writing on the MTHCD Golden Health Community Grant and Sponsorship Form and must be filled out in accordance with instructions provided. Completed Golden Health Community Grant and Sponsorship Request Forms shall be returned to the District Grants Committee by mail or email.
- b. When requesting Sponsorship funding for health fairs, health education and training projects, etc. requestors should provide complete information about the event/project and how it relates directly to providing health-related services to people in this District.
- c. The District shall have the option to sponsor student scholarships in human health-related fields of higher learning, health education classes or other community services, at its own discretion.

2. Processing Grant and Sponsorship Requests

- a. Decision Tree will be used to guide the Committee in processing applications (Attachment # 2)
- b. Requests for funding may be presented to the Board for Approval after review and recommendation by the Board President and CEO or the Grants

Committee.

c. Completed grant requests shall be processed in accordance with the subsection below.

d. Grant and Sponsorship notification letters for awards and denials shall be provided to all applicants. This information will be tracked and recorded in a database by the District Accounting Office & CEO.

3. Approved Grants and Sponsorship Requests

a. The Grants Committee shall make a recommendation to the Board of Directors and notify the applicant and the District Finance Committee of the grant or sponsorship award.

b. Grants and Sponsorships shall be awarded for a period not to exceed one year.

c. The Grant or Sponsorship recipient, Grants Committee and the District CEO will work together to develop and distribute a press release, if desired.

D. ACCOUNTABILITY:

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

2. Grant recipients will be asked to make a brief 5-minute presentation to the Board, approximately 6 months after receiving the grant award, to account for the appropriate intended use of the grant.

3. Grant recipients shall provide the Board with a final accounting of grant awards at the end of each fiscal year.

4. Grant recipients who do not effectively administer their grant funding as intended, may be asked to return unused grant money and may become ineligible to apply for future grants for a period of up to 2 years



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

Policy# 23 – Attachment # 1

GOLDEN HEALTH COMMUNITY GRANTS APPLICATION

Name of Group or Individual: _____

Address: _____

Provide your 501 (c) 3 Number: _____

Contact Person: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

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

Amount Requested: _____ Total Cost of Project: _____

Please Submit Project Budget: Other Sources of Funding: _____

Please describe how this grant will impact the health of the community within the scope of the

MTHCD Health Priorities: _____

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

Below is for District Use:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____



**MARK TWAIN
HEALTH CARE DISTRICT**

P. O. Box 95
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Policy # 23 – Attachment # 2

Decision Tree

For Requests for District Participation

		Reviewer	
1. Is the project within the District Jurisdiction (County Borders)?	Yes, Go to Question 2	CEO	Grants committee
2. Does it further the mission to promote healthcare in Calaveras County?	Yes, Go to Question 3	CEO	Grants committee
3. Is the project legally compliant and consistent with applicable regulations, District policies, and governance requirements?	Yes, Go to Question 4	CEO	Grants committee
4. Does the District have capacity, infrastructure, funding to do the project?	Yes, Go to Question 5	CEO	Grants committee
5. Is there liability to the District?	No, Go to Question 6	CEO	Grants committee
6. REFER TO GRANTS COMMITTEE	Yes. Refer to Board	Chair	No, inform Board
Other Considerations: Is there history?			
Is it political?			
Is it a fundraiser? For what?			
Are there legal contracts, MOU's			
Is it within budget?			



MARK TWAIN HEALTH CARE DISTRICT

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

Attachment # 3 – Agreement

Today's Date: _____

Recipient Address

Attn: _____

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

Dear _____:

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

1. MTHCD will provide _____ Dollars (\$ _____) to [Recipient] to use to support the Program ("*Funds*"). [Recipient] represents and warrants that Funds will be expended exclusively to support the Program, as set forth in Exhibit A attached hereto, and not for any other use or purpose. Any and all Funds not expended to support the Program must immediately be returned to MTHCD.
2. [Recipient] will comply with all recordkeeping and reporting requirement as outlined in Mark Twain Health Care District Recordkeeping & Reporting Requirements, attached hereto as Exhibit B, including reporting to MTHCD on the dates following six (6) months and twelve (12) months following the date of this letter.
3. MTHCD has the right to verify the proper use of the Funds and may, upon five (5) days written notice, audit and inspect all of the [Recipient]'s books, records, and documents of every kind related to the operation, administration, and expenditures of the Program.
4. MTHCD funds shall be applied only for the benefit of program recipients living, working, or attending school within the district and shall only be used to fund the Program.
5. If the Program is terminated or substantially modified at any time during the grant period, MTHCD may withdraw any remaining Funds not yet paid.
6. [Recipient] shall indemnify, defend, and hold harmless, MTHCD, its directors, officers, staff and authorized representatives, from and against all costs, expenses, and attorney's fees, arising directly or indirectly, out of, in connection with, or relating to the MTHCD's participation in [Recipient]'s Program pursuant to this Agreement. This obligation shall not be qualified or eliminated by any allegation, finding, judgment, or verdict

that any indemnitee is responsible for a passively negligent act or omission, except where such negligence was the principal cause.

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

Very Truly Yours,
Mark Twain Health Care District
Board of Directors

Dated: _____, 202__

By: _____

Darrie Gillespie, Chief Executive Officer
P O Box 95, San Andreas CA 95249-0095

(Recipient)

Dated: _____, 202__

By: _____

_____, _____
(Print Name) (Title)

Address: _____

Artificial Intelligence (AI) Usage Policy:

Subject:

This policy outlines the acceptable, safe, and ethical use of Artificial Intelligence (AI) tools, including Generative AI (GenAI), machine learning, and AI-powered scribes—within Mark Twain Health Care District

Objective:

The goal is to enhance clinical workflows and efficiency while ensuring patient safety, data security, and compliance with HIPAA and other privacy laws.

Response Rating: This policy applies to all employees, contractors, clinicians Board members.

Required Equipment: Approved AI Tool, phone, computer.

Procedure:

1. Purpose and Scope

This policy outlines the acceptable, safe, and ethical use of Artificial Intelligence (AI) tools—including Generative AI (GenAI), machine learning, and AI-powered scribes—within Mark Twain Health Care District. The goal is to enhance clinical workflows and efficiency while ensuring patient safety, data security, and compliance with HIPAA and other privacy laws.

- **Scope:** This policy applies to all employees, contractors, and clinicians.
- **Definitions:** “AI” includes tools that automate tasks, transcribe conversations, or generate content.

2. Data Privacy and Confidentiality (HIPAA Compliance)

- **No Public AI Tools:** Employees are strictly prohibited from entering Protected Health Information (PHI), Patient Identifiable Information (PII), or confidential business data into public, non-approved AI tools (e.g., free versions of ChatGPT).
- **Approved Vendors Only:** Only AI tools specifically vetted by the IT/Compliance department and covered by a Business Associate Agreement (BAA) may be used for patient care.
- **Data Masking:** If using authorized AI, remove or mask sensitive patient identifiers (names, dates of birth, Social Security Numbers) before inputting information.

3. Human Oversight and Accountability

- **“Human in the Loop”:** AI is a tool to support, not replace, clinical judgment. A qualified clinician must review, edit, and approve all AI-generated content (e.g., clinical notes, suggested treatment plans) before it is finalized in the Electronic Health Record (EHR).
- **Final Responsibility:** The clinician signing the note or making the diagnosis holds full responsibility for the accuracy of the information, regardless of whether AI was used to generate it.

4. Prohibited AI Usage

Employees are prohibited from:

- Using AI for making final, unreviewed diagnostic or treatment decisions.
- Inputting patient information into unauthorized, “public facing” Generative AI.
- Using AI to generate fraudulent documentation.
- Allowing AI to communicate directly with patients without human supervision.

5. Transparency and Patient Consent

- **Disclosure:** If an AI tool is used in a manner that directly impacts patient interaction (e.g., AI ambient listening for documentation), patients should be informed.
- **Opt-out:** The clinic will provide a mechanism for patients to opt-out of having their conversation recorded by AI.

6. Bias Mitigation and Safety

- **Validation:** All AI tools must be validated for accuracy and potential bias against patient demographics (race, gender, age) before deployment.
- **Reporting:** If an employee notices an AI tool producing inaccurate, biased, or harmful output, they must immediately report it to the [Clinical Governance Committee/IT Department].

7. Training and Compliance

- **Training:** All staff using AI tools must undergo training on this policy and the specific functionalities of the approved tools.
- **Violations:** Violations of this policy may result in disciplinary action, up to and including termination of employment or contract.

8. Policy Review

This policy will be reviewed biennially and more often when AI medium or laws change to ensure it keeps pace with rapidly evolving AI technology and regulations.

Debt Management Policy:

This Debt Management Policy (the “Debt Policy”) of the MARK TWAIN HEALTH CARE DISTRICT (the “District”) was approved by the Board of Directors of the District (the “Board”) on November, 2018. The Debt Policy may be amended by the Board as it deems appropriate from time to time in the prudent management of the debt of the District.

This Debt Policy will also apply to any debt issued by any other public agency for which the Board of the District acts as its legislative body.

The Debt Policy has been developed to provide guidance in the issuance and management of debt by the District or its related entities and is intended to comply with Section 8855(i) of the California Government Code effective on January 1, 2017. The main objectives are to establish conditions for the use of debt; to ensure that debt capacity and affordability are adequately considered; to minimize the District’s interest and issuance costs; to maintain the highest possible credit rating; to provide complete financial disclosure and reporting; and to maintain financial flexibility for the District.

Debt, properly issued and managed, is a critical element in any financial management program. It assists in the District’s effort to allocate limited resources to provide the highest quality of service to the public. The District understands that poor debt management can have ripple effects that hurt other areas of the District. On the other hand, a properly managed debt program promotes economic growth and enhances the vitality of the District for its residents and businesses.

1. Findings

This Debt Policy shall govern all debt undertaken by the District.

The District hereby recognizes that a fiscally prudent debt policy is required in order to:

- Maintain the District’s sound financial position.
- Ensure the District has the flexibility to respond to changes in future service priorities, revenue levels and operating expenses.
- Protect the District’s credit-worthiness.
- Ensure that all debt is structured in order to protect both current and future taxpayers, ratepayers and constituents of the District.
- Ensure that the District’s debt is consistent with the District’s planning goals and objectives, capital improvement programs and budgets, as applicable.
- Encourage those that benefit from a facility/improvement to pay the cost of that facility/improvement without the need for the expenditure of limited resources.

2. Policies

A. Purposes for Which Debt May Be Issued

The District will consider the use of debt financing primarily for Capital Improvement Projects (“CIP”) when the project’s useful life will equal or exceed the term of the financing and when resources are identified sufficient to fund the debt service requirements. An exception to this CIP driven focus is the issuance of short-term instruments such as tax and revenue anticipation notes or lines of credit, which are to be used for prudent cash management purposes and conduit financing, as described below. Bonded debt should not be issued for projects with minimal public benefit or support, or to finance normal operating expenses.

If a department has any project which is expected to use debt financing, the department director is responsible for expeditiously providing the Executive Director and the Chief Financial Officer/Controller with reasonable cost estimates, including specific revenue accounts that will provide payment for the debt service. This will allow an analysis of the project’s potential impact on the District’s debt capacity and limitations. The department director shall also provide an estimate of any incremental operating and/or additional maintenance costs associated with the project and identify sources of revenue, if any, to pay for such incremental costs.

(a) Long-Term Debt. Long-term debt may be issued to finance or refinance the construction, acquisition, and rehabilitation of capital improvements and facilities, equipment and land to be owned and/or operated by the District.

(b) Long-term debt financings are appropriate when the following conditions exist:

- When the project to be financed is necessary to provide basic services.
- When the project to be financed will provide benefit to constituents over multiple years.
- When total debt does not constitute an unreasonable burden to the District and its taxpayers and patients.
- When the debt is used to refinance outstanding debt in order to produce debt service savings or to realize the benefits of a debt restructuring.

(c) Long-term debt financings will not generally be considered appropriate for current operating expenses and routine maintenance expenses.

(d) The District may use long-term debt financings subject to the following conditions:

- The project to be financed has been or will be approved by the Board.
- The weighted average maturity of the debt (or the portion of the debt allocated to the project) will not exceed the average useful life of the project to be financed by more than 20%, unless specific conditions exist that would mitigate the extension of time to repay the debt and it would not cause the District to violate any covenants to maintain the tax-exempt status of such debt, if applicable.
- The District estimates that sufficient income or revenues will be available to service the debt through its maturity.

- The District determines that the issuance of the debt will comply with the applicable requirements of state and federal law.
- The District considers the improvement/facility to be a vital, time-sensitive need to the community and there are no plausible alternative financing sources available.

(e) Periodic reviews of outstanding long-term debt will be undertaken to identify refunding opportunities. Refunding will be considered (within federal tax law constraints, if applicable) if and when there is a net economic benefit of the refunding. Refundings which are non-economic may be undertaken to achieve District objectives relating to changes in covenants, call provisions, operational flexibility, tax status of the issuer, or the debt service profile.

Short-term debt. Short-term borrowings may be issued to generate funding for cash flow needs in the form of tax and revenue anticipation notes.

Short-term borrowings, such as tax and revenue anticipation notes, commercial paper, and lines of credit, will be considered as an interim source of funding in anticipation of a long-term borrowing. Short-term debt may be issued for any purpose for which long-term debt may be issued, including capitalized interest and other financing-related costs. Prior to issuance of the short-term debt, a reliable revenue source shall be identified to secure repayment of that debt. The final maturity of the debt issued to finance any project shall be consistent with the economic or useful life of the project and, unless the Board determines that extraordinary circumstances exist, should not exceed seven years.

Short-term debt may also be used to finance short-lived capital projects; for example, the District may undertake lease-purchase financing for equipment, and such equipment leases may be longer than seven years.

Financings on Behalf of Other Entities. The District may also find it beneficial to issue debt on behalf of other governmental agencies or private third parties in order to further the public purposes of the District. In such cases, the District shall take reasonable steps to confirm the financial feasibility of the project to be financed and the financial solvency of any borrower and that the issuance of such debt is consistent with the policies set forth herein. In no event should the District incur any liability or assume any responsibility for payment of debt service on such debt of another entity.

B. Types of Debt

In order to maximize the financing options available to benefit the public, it is the policy of the District to allow for the consideration of issuing all generally accepted types of debt, including, but not exclusive to the following:

- General Obligation Bonds (“GOB”): General Obligation Bonds are suitable for use in the construction or acquisition of improvements to real property that benefit the public at large. All GOB debt shall be authorized by the requisite number of voters in order to receive approval to proceed.
- Revenue Bonds: Revenue Bonds are limited-liability obligations tied to a specific enterprise or special fund revenue stream where the projects financed clearly benefit or relate to the enterprise or are otherwise permissible uses of the special revenue. Generally, no voter approval is required to issue this type of obligation.

- **Lease-Backed Debt/Certificates of Participation/Lease Revenue Bonds**: Issuance of Lease-backed debt is a commonly used form of debt that allows a public entity to finance projects where the debt service is secured via a lease agreement and where the payments are budgeted in the annual operating budget of the District. Lease-Backed debt does not constitute indebtedness under the state or the District's constitutional debt limit and does not require voter approval.

The District may from time to time find that other forms of debt would be beneficial to further its public purposes and may approve such debt without an amendment of this Debt Policy.

To maintain a predictable debt service burden, the District will give preference to debt that carries a fixed interest rate. An alternative to the use of fixed rate debt is variable rate debt. The District may choose to issue securities that pay a rate of interest that varies according to a pre-determined formula or results from a periodic remarketing of securities. When making the determination to issue debt in a variable rate mode, consideration will be given in regards to the useful life of the project or facility being financed or the term of the project requiring the funding, market conditions, credit risk and third party risk analysis, and the overall debt portfolio structure when issuing variable rate debt for any purpose. The maximum amount of variable-rate debt should be limited to no more than 20% of the District's total debt portfolio.

The District will not employ derivatives, such as interest rate swaps, in its debt program. A derivative product is a financial instrument which derives its own value from the value of another instrument, usually an underlying asset such as a stock, bond, or an underlying reference such as an interest rate. Derivatives are commonly used as hedging devices in managing interest rate risk and thereby reducing borrowing costs. However, these products bear certain risks not associated with standard debt instruments.

C. Relationship of Debt to Capital Improvement Program and Budget

The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's capital budget and its capital improvement plan.

The District shall strive to fund the upkeep and maintenance of its infrastructure and facilities due to normal wear and tear through the expenditure of available operating revenues. The District shall seek to avoid the use of debt to fund infrastructure and facilities improvements that are the result of normal wear and tear, unless a specific revenue source has been identified for this purpose.

The District shall integrate its debt issuances with the goals of its capital improvement program by timing the issuance of debt to ensure that projects are available when needed in furtherance of the District's public purposes.

The District shall seek to issue debt in a timely manner to avoid having to make unplanned expenditures for capital improvements or equipment from its general fund.

D. Policy Goals Related to Planning Goals and Objectives

The District is committed to financial planning, maintaining appropriate reserves levels and employing prudent practices in governance, management and budget administration. The District intends to issue debt for the purposes stated in this Debt Policy and to implement policy decisions incorporated in the District's annual operating budget.

It is a policy goal of the District to protect taxpayers, ratepayers and constituents by utilizing conservative financing methods and techniques so as to obtain the highest practical credit ratings (if applicable) and the lowest practical borrowing costs.

The District will comply with applicable state and federal law as it pertains to the maximum term

of debt and the procedures for levying and imposing any related taxes, assessments, rates and charges.

Except as described in Section 2.A., when refinancing debt, it shall be the policy goal of the District to realize, whenever possible, and subject to any overriding non-financial policy considerations minimum net present value debt service savings equal to or greater than 5% of the refunded principal amount.

E. Internal Control Procedures

When issuing debt, in addition to complying with the terms of this Debt Policy, the District shall comply with any other applicable policies regarding initial bond disclosure, continuing disclosure, post-issuance compliance, and investment of bond proceeds.

The District will periodically review the requirements of and will remain in compliance with the following:

- Any continuing disclosure undertakings under SEC Rule 15c2-12.
- Any federal tax compliance requirements, including without limitation arbitrage and rebate compliance, related to any prior bond issues.
- The District's investment policies as they relate to the investment of bond proceeds.

Whenever reasonably possible, proceeds of debt will be held by a third-party trustee and the District will submit written requisitions for such proceeds. The District will submit a requisition only after obtaining the signature of the District Executive Director, Chief Financial Officer, Controller or other authorized officer of the District.

F. Waivers of Debt Policy

There may be circumstances from time to time when strict adherence to a provision of this Debt Policy is not possible or in the best interests of the District and the failure of a debt financing to comply with one or more provisions of this Debt Policy shall in no way affect the validity of any debt issued by the District in accordance with applicable laws.



**MARK TWAIN
HEALTH CARE DISTRICT**

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

Agenda Item: Financial Reports for May 2026
Type: Action
Submitted By: Rick Wood, Accountant & Kristine Slocum, Finance Manager
Presented By: Kristine Slocum, Finance Manager

BACKGROUND:

The May District financials were presented to the Board, and the revenues compared to expenses for the District were favorable, with a year-to-date surplus year of \$1,009,540. Clinic net revenues were adjusted by \$607,183* after a duplicate recognition of PPS settlement monies from September 2025 was discovered. The stated net revenues for the clinic for the month of May due to that adjustment were \$(602,805), with year-to-date net revenues totaling (\$40,188). Absent the adjustment, net clinic revenues for May totaled \$4,378 and only slightly exceeded expenses. Year-to-date clinic net revenues fell slightly short of the year-to-date budget of (\$16,202). Clinic encounters were down in May due to holiday and provider time off. The balance sheet remains strong with a good return on investment.

*Final reconciliation of PPS settlement revenues and the deferred settlement account will be done by Kelly Hohenbrink at the end of the fiscal year based on the cost report.

**Mark Twain Health Care District
Direct Clinic Financial Projections**

5/31/26

	Actual Month	Y-T-D Actual	2025/2026 Budget
Total Other Revenue	220,584	8,934,362	9,329,487
Labor related costs	(408,965)	(4,542,371)	(5,185,829)
Net Expenses over Revenues	(602,805)	(40,188)	(857)

**Mark Twain Health Care District
Annual Budget Recap**

	05/31/26 Actual Y-T-D	2025 - 2026 Annual Budget				
		Total District	Clinic	Rental	Projects	Admin
Revenues	13,539,056	12,371,680	9,317,487	1,164,193	0	1,890,000
Total Revenue	13,539,056	12,371,680	9,317,487	1,164,193	0	1,890,000
Expenses	(12,829,034)	(11,691,847)	(9,330,344)	(874,700)	(661,000)	(825,803)
Total Expenses	(12,829,034)	(11,691,847)	(9,330,344)	(874,700)	(661,000)	(825,803)
Surplus(Deficit)	710,022	679,833	(12,857)	289,493	(661,000)	1,064,197

Historical Totals

Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(1,282,214)
23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec
197,850	392,710	412,064	551,925	546,391	630,489

Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
728,240	1,033,067	1,135,447	1,414,580	1,515,345	1,549,413
Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
41,416	105,833	105,493	59,726	60,182	277,287

Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
338,189	438,420	495,415	613,459	(124,205)	140,040
Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
227,271	287,201	554,261	1,076,169	1,127,038	1,379,189

26-Jan	Feb-26	Mar-26	Apr-26	May-26	
1,065,712	1,349,874	1,645,195	1,227,255	710,022	

Mark Twain Health Care District
Direct Clinic Financial Projections

5/31/26

VSHWC

	Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2025/2026 Budget
4083.49 Urgent care Gross Revenues	884,068	409,759	(474,309)	46.35%	9,724,745	10,688,366	963,621	109.91%	10,608,813
4083.60 Contractual Adjustments	(107,694)	(189,175)	(81,481)	175.66%	(1,184,632)	(1,754,004)	(569,372)	148.06%	(1,292,326)
Net Patient revenue	776,374	220,584	(555,790)	28.41%	8,540,113	8,934,362	394,249	104.62%	9,316,487
					0				
4083.90 Flu shot, Lab income, physicals					0				
4083.91 Medical Records copy fees					0				1,000
9108.00 Other - Plan Incentives & COVID Relief					0	-			12,000
	0				0	0			13,000
Total Other Revenue	777,457	220,584	(556,873)	28.37%	8,540,113	8,934,362	394,249	104.62%	9,329,487
7083.09 Other salaries and wages	(347,765)	(337,451)	10,314	97.03%	(3,825,414)	(3,834,045)	(8,631)	100.23%	(4,173,179)
7083.10 Payroll taxes	(25,040)	(25,698)	(658)	102.63%	(275,441)	(300,979)	(25,538)	109.27%	(300,481)
7083.12 Vacation, Holiday and Sick Leave	(20,866)	0	20,866	0.00%	(229,525)	0	229,525	0.00%	(250,391)
7083.13 Group Health & Welfare Insurance	(23,882)	(43,755)	(19,873)	183.21%	(262,701)	(375,194)	(112,493)	142.82%	(286,583)
7083.14 Group Life Insurance					0	0			
7083.15 Pension and Retirement	(10,433)	0	10,433	0.00%	(114,762)	0	114,762	0.00%	(125,195)
7083.16 Workers Compensation insurance	(2,083)	(2,062)	22	98.96%	(22,917)	(32,152)	(9,235)	140.30%	(25,000)
7083.18 Dental Insurance	(2,083)	0	2,083	0	(22,917)	0			(25,000)
Total taxes and benefits	(84,388)	(71,514)	12,873	84.74%	(928,263)	(708,325)	219,937	76.31%	(1,012,650)
Labor related costs	(432,152)	(408,965)	23,188	94.63%	(4,753,677)	(4,542,371)	211,306	95.55%	(5,185,829)
7083.05 Marketing	(1,875)	0	1,875	0.00%	(20,625)	(1,673)	18,952	8.11%	(22,500)
7083.20.01 Medical - Physicians	(53,221)	(93,666)	(40,445)	176.00%	(585,431)	(1,003,999)	(418,568)	171.50%	(638,652)
7083.20.02 Dental - Providers	0	0	0		0	(25,575)	(25,575)		
7083.20.03 Behavioral Health - Providers	(35,707)	(23,257)	12,450	65.13%	(392,773)	(301,913)	90,860	76.87%	(428,480)
7083.22 Consulting and Management fees	(3,750)	(2,739)	1,011	73.05%	(41,250)	(41,356)	(106)	100.26%	(45,000)
7083.23 Legal - Clinic	0	(2,599)	(2,599)		(9,167)	(22,403)	(13,236)	244.40%	
7083.25 Registry Nursing personnel	0								
7083.26 Other contracted services	(54,167)	(17,199)	36,967	31.75%	(595,833)	(658,749)	(62,915)	110.56%	(650,000)
7083.27 Other- IT Services	(3,500)	(15,988)		456.80%	(42,000)	(155,012)			(42,000)
7083.29 Other Professional fees	(5,000)	(3,194)	1,806	63.87%	(55,000)	(56,281)	(1,281)	102.33%	(60,000)
7083.36 Oxygen and Other Medical Gases	(100)	(97)	3	97.08%	(1,100)	(976)	124	88.74%	(1,200)
7083.38 Pharmaceuticals	0		0		0	0	0		
7083.41.01 Other Medical Care Materials and Supplies	(23,333)	(18,399)	4,934	78.85%	(256,667)	(330,695)	(74,028)	128.84%	(280,000)
7083.41.02 Dental Care Materials and Supplies - Clinic	(37,500)	(22,788)	14,712	60.77%	(412,500)	(180,051)	232,449	43.65%	(450,000)
7083.41.03 Behavioral Health Materials	(417)	(1,176)	(760)	282.28%	(4,583)	(6,727)	(2,144)	146.77%	(5,000)
7083.41.04 O.U.R. Veterans Materials and Supplies		(3,876)				(6,329)			
7083.44 Linens	0			#DIV/0!				#DIV/0!	
7083.48 Instruments and Minor Medical Equipment	0		0	#DIV/0!	0	0	0	#DIV/0!	
7083.62 Repairs and Maintenance Grounds	(5,417)	(1,371)	4,045	25.31%	(59,583)	(23,483)	36,101	39.41%	(65,000)
7083.72 Depreciation - Bldgs & Improvements	(55,000)	(55,000)	0	100.00%	(605,000)	(605,000)	0	100.00%	(660,000)
7083.74 Depreciation - Equipment	(12,500)	(12,500)	0	100.00%	(137,500)	(137,500)	0	100.00%	(150,000)
7083.45 Cleaning supplies	(12,500)		12,500		0	0	0	#DIV/0!	(150,000)
7083.80 Utilities - Electrical, Gas, Water, other	(6,250)	(8,995)	(2,745)	143.92%	(68,750)	(72,772)	(4,022)	105.85%	(75,000)
7083.43 Food	(833)	(397)	437	47.58%	(9,167)	(13,716)	(4,549)	149.62%	(10,000)
7083.46 Office and Administrative supplies	(3,567)	(2,955)	612	82.85%	(39,233)	(43,515)	(4,281)	110.91%	(42,800)
7083.69 Other purchased services	(3,708)	(79,544)	(75,836)	2145.01%	(40,792)	(264,469)	(223,678)	648.34%	(44,500)
7083.81 Insurance - Malpractice	0	(4,050)	(4,050)		0	(44,553)	(44,553)		
7083.82 Other Insurance - Clinic	0	(8,455)	(8,455)		0	(35,845)	(35,845)		
7083.83 License renewals	(750)	(3,115)	(2,365)	415.29%	(8,250)	(12,159)	(3,909)	147.38%	(9,000)
7083.85 Telephone and Communications	(3,500)	(2,961)	539	84.59%	(38,500)	(39,803)	(1,303)	103.38%	(42,000)
7083.86 Dues, Subscriptions & Fees	(750)	(1,167)	(417)	155.63%	(8,250)	(11,089)	(2,839)	134.41%	(9,000)
7083.87 Outside Training	(2,000)	0	2,000	0.00%	(22,000)	(12,905)	9,095	58.66%	(24,000)
7083.88 Mileage - VSHWC	(4,125)	(6,291)	(2,166)	152.51%	(45,375)	(64,638)	(19,263)	142.45%	(49,500)
7083.89 Recruiting	(6,083)	(2,200)	3,883	36.16%	(66,917)	(34,092)	32,825	50.95%	(73,000)
8870.00 Interest on Debt Service	(21,490)	(20,446)	1,045	95.14%	(236,393)	(224,901)	11,492	95.14%	(257,883)
8895.00 Let's All Smile	0	0	0	0.00%	0	0	0		
Non labor expenses	(357,043)	(414,424)	(57,381)	116.07%	(3,802,639)	(4,432,180)	(629,541)	116.56%	(4,284,515)
Total Expenses	(789,195)	(823,389)	(34,193)	104.33%	(8,556,315)	(8,974,551)	(418,235)	104.89%	(9,470,344)
Net Expenses over Revenues	(11,738)	(602,805)	(591,067)	133%	(16,202)	(40,188)	(23,986)	209.5%	(857)

Mark Twain Health Care District
Rental Financial Projections

Rental

5/31/26

	Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2025/2026 Budget
9260.01 Rent Hospital Asset amortized	72,000	72,000	0	100.00%	792,000	792,000	0	100.00%	864,000
Rent Revenues	72,000	72,000	0	100.00%	792,000	792,000	0	100.00%	864,000
9520.62 Repairs and Maintenance Grounds		0			0	0			
9520.80 Utilities - Electrical, Gas, Water, other	(28,000)	(29,369)	(1,369)	104.89%	(308,000)	(505,961)	(197,961)	60.87%	(336,000)
9521.80 Utility Reimbursements- MTMC	0	16,127				116,397			
9520.85 Telephone & Communications	(625)	0	625	0.00%	(6,875)	0	6,875	0.00%	(7,500)
9520.72 Depreciation	(19,167)	(18,907)	260	98.65%	(210,833)	(207,977)	2,856	98.65%	(230,000)
9520.82 Insurance									
Total Costs	(47,792)	(32,149)	15,642	67.27%	(525,708)	(597,541)	(71,832)	113.66%	(573,500)
Net	24,208	39,851	15,642	164.62%	266,292	194,459	(71,832)	136.94%	290,500
9260.02 MOB Rents Revenue	23,704	23,994	290	101.22%	260,742	291,666	30,924	111.86%	284,446
9521.75 MOB rent expenses	(25,000)	(23,781)	1,219	95.12%	(275,000)	(237,810)	37,190	86.48%	(300,000)
Net	(1,296)	213	1,509		(14,258)	53,856	68,114	-377.73%	(15,554)
9260.03 Child Advocacy Rent revenue	1,312	844	(468)	64.33%	14,435	9,286	(5,149)	64.33%	15,747
9522.75 Child Advocacy Expenses	(100)	0	100	0.00%	(1,100)	(15,675)	(14,575)	0.00%	(1,200)
Net	1,212	844	(368)	69.63%	13,335	(6,389)	(19,724)	-47.92%	14,547
Total Revenues	97,016	112,964	15,948	116.44%	1,067,177	1,209,349	142,172	113.32%	1,164,193
Total Expenses	(72,892)	(55,930)	16,961	76.73%	(801,808)	(851,026)	(49,218)	106.14%	(874,700)
Summary Net	24,124	57,034	32,909	236.42%	265,369	358,323	92,954	135.03%	289,493

Mark Twain Health Care District
Projects, Grants and Support
5/31/2026

	2022/2023	2023/2024	2024/2025	2025/2026	Month	Actual	Actual	Actual
	Budget	Budget	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
Project grants and support	(85,000)	(177,900)	(634,500)	(661,000)	(440,667)	(11,278)	(384,859)	60.66%
8890.00 Miscellaneous (TBD)		(100,000)	(500,000)	(500,000)	(333,333)		(296,740)	59.35%
8890.01 AED for Life		(40,000)	(40,000)	(40,000)	(26,667)	(7,670)	(16,753)	41.88%
8890.02 Stay Vertical Calaveras	(35,000)	(37,900)	(64,500)	(64,500)	(43,000)	(3,365)	(58,623)	90.89%
8890.03 Doris Barger Golf			(2,500)	(4,000)	(2,667)	(243)	(7,743)	309.72%
8890.04 San Andreas Rotary Club-Hospice							(3,000)	
8890.05 Steps to Kick Cancer								
8890.06 Office of Education (Med. Science)			(25,000)		0			0.00%
8890.07 Veterans Support								
8890.08 Foundation								
8890.09 Friends of the Calaveras County Fair			(2,500)	(2,500)	(1,667)		(2,000)	80.00%
8890.10 Community Grants	(50,000)			(50,000)	(33,333)			
8890.11 Calaveras Senior Center Meals								
8890.12 High school ROP (CTE) program								
Project grants and support	(85,000)	(177,900)	(634,500)	(661,000)	(440,667)	(11,278)	(384,859)	60.66%

Mark Twain Health Care District
General Administration Financial Projections

5/31/26

ADMIN

	Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2025/2026 Budget
9060.00 Income, Gains and losses from investments	24,167	32,798	8,631	135.71%	265,833	394,061	128,228	148.24%	290,000
9160.00 Property Tax Revenues	125,000	125,000	0	100.00%	1,375,000	1,375,000	0	100.00%	1,500,000
9010.00 Gain on Sale of Asset									
9101.00 Gain and Loss on Sale of Asset						-			
9400.00 Miscellaneous Income		0			0	5,613			
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		0			76,721	76,721			100,000
9205.03 Miscellaneous Income (1% Minority Interest)		76			0	(93,657)			
Summary Revenues	149,167	157,874	8,707	105.84%	1,717,554	1,757,738	40,184	102.34%	1,890,000
8610.09 Other salaries and wages	(33,864)	(56,224)	(22,360)	166.03%	(372,507)	(454,008)	(81,501)	121.88%	(406,371)
8610.10 Payroll taxes	(2,262)	(4,301)	(2,039)	190.15%	(24,881)	(29,799)	(4,918)	119.77%	(27,144)
8610.12 Vacation, Holiday and Sick Leave	(2,032)	0	2,032	0.00%	(22,350)	0	22,350	0.00%	(24,382)
8610.13 Group Health & Welfare Insurance	(1,262)	0	1,262	0.00%	(13,882)	0	13,882	0.00%	(15,144)
8610.14 Group Life Insurance	-	0			0	0			
8610.15 Pension and Retirement	(1,016)	0	1,016	0.00%	(11,175)	(736)	10,439	6.59%	(12,191)
8610.16 Workers Compensation insurance	(339)	0	339	0.00%	(3,725)	0	3,725	0.00%	(4,064)
8610.18 Other payroll related benefits	(42)	0			(466)	(36)			(508)
Benefits and taxes	(6,953)	(4,301)	2,652	61.86%	(76,479)	(30,572)	45,908	39.97%	(83,433)
Labor Costs	(40,817)	(60,525)	(19,708)	148.28%	(448,986)	(484,580)	(35,594)	107.93%	(489,804)
8610.22 Consulting and Management Fees	(2,500)	(972)	1,528	38.89%	(27,500)	(15,099)	12,401	54.91%	(30,000)
8610.23 Legal	(4,167)	(2,567)	1,600	61.60%	(36,667)	(21,678)	14,989	59.12%	(50,000)
8610.24 Accounting /Audit Fees	(3,750)	(1,926)	1,824	51.37%	(41,250)	(42,105)	(855)	102.07%	(45,000)
8610.05 Marketing	(2,083)	(1,330)	753	63.86%	(22,917)	(3,926)	18,990	17.13%	(25,000)
8610.46 Office and Administrative Supplies	(1,083)	(6,373)	(5,290)	588.30%	(11,917)	(25,239)	(13,323)	211.80%	(13,000)
8610.62 Repairs and Maintenance Grounds	-	(3,014)	(3,014)	0.00%	0	(9,814)	(9,814)		
8610.69 Other- IT Services	(1,000)	(1,191)	(191)	119.10%	(11,000)	(24,624)	(13,624)	223.86%	(12,000)
8610.82 Insurance	(7,500)	(7,640)	(140)	101.87%	(82,500)	(75,664)	6,836	91.71%	(90,000)
8610.86 Dues, Subscriptions & Fees	(3,333)	64	3,397	-1.92%	(36,667)	(22,775)	13,892	62.11%	(40,000)
8610.87 Outside Trainings	(1,250)	(618)	632	49.42%	(13,750)	(15,701)	(1,951)	114.19%	(15,000)
8610.88 Travel	(833)	(260)			(9,167)	(814)			(10,000)
8610.89 Recruiting	(833)	0	833	0.00%	(9,167)	(502)	8,665		(10,000)
8610.90 Other Direct Expenses	(500)	(500)	0	100.00%	(5,500)	(5,400)	100	98.18%	(6,000)
8610.95 Other Misc. Expenses	-	0			0	0			
Non-Labor costs	(28,833)	(26,516)	1,764	91.96%	(308,000)	(263,618)	36,049	85.59%	(346,000)
Total Costs	(69,650)	(87,041)	(17,945)	124.97%	(756,986)	(748,198)	455	98.84%	(835,804)
Net	79,516	70,833	(9,237)	89.08%	960,568	1,009,540	40,639	105.10%	1,054,196

Mark Twain Health Care District
Balance Sheet
As of May 31, 2026

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	162,765
1001.20 Umpqua Bank - Money Market	6,447
1001.30 Bank of Stockton	212,963
1001.45 Five Star Bank - MTHCD Checking NEW	514,410
1001.50 Five Star Bank - Money Market	441,159
1001.60 Five Star Bank - VSHWC Checking	218,256
1001.65 Five Star Bank - VSHWC Payroll	112,504
1001.90 US Bank - VSHWC	208,572
1001.98 Calaveras Wellness Foundation	77,939
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,955,416
Accounts Receivable	
1201.00 Accounts Receivable	48,826
Total Accounts Receivable	48,826
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	35,092
1003.20 CLASS Operational Reserve Fund	3,007,750
1004.10 CLASS Lease & Contract Reserve Fund	1,957,491
1004.20 CLASS Loan Reserve Fund	2,395,855
1004.30 CLASS Capital Improvement Reserve Fund	2,891,623
1004.40 CLASS Technology Reserve Fund	294,878
1004.50 Community Programs Reserve Fund	113,612
1004.60 Lease Termination Reserve Fund	557,816
1150.05 Due from Calaveras County	-148,132
1160.00 Lease Receivable	162,790
1205.50 Allowance for Uncollectable Clinic Receivables	167,838
1205.51 Cash To Be Reconciled	134,669
1300.00 Prepaid Expense (USDA)(MTMC rent)	147,706
1300.10 General Prepaid	26,459
Total Other Current Assets	11,745,447
Total Current Assets	13,749,689
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	718,485
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	5,894,714
1220.20 VSHWC - Equipment	958,963
1221.00 Pharmacy Construction	3,536
1250.12 CIP - Sunrise Pharmacy	98,358
1250.13 CIP - Dental Expansion	1,149,232

1250.14 CIP - West Wing Expansion	801,150
1250.15 CIP - Technology Reserve	45,020
1250.16 CIP - District Refresh	99,851
1521.20 CIP - Buildings - BHCiP	1,144,960
1521.30 CIP - Equipment	180,600
1600.00 Accumulated Depreciation	-10,338,422
Total Fixed Assets	8,356,002
Other Assets	
1710.10 Minority Interest in MTMC - NEW	287,213
1810.60 Capitalized Lease Negotiations	274,135
1810.65 Capitalized Costs Amortization	10,926
Total Intangible Assets	285,061
2219.00 Capital Lease	5,218,440
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	6,632,489
TOTAL ASSETS	28,738,179
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	508,985
Total 200.00 Accts Payable & Accrued Expenses	508,985
2001.00 Other Accounts Payable (Credit Card)	38,988
Total 200.00 Accts Payable & Accrued Expenses	38,988
2010.00 USDA Loan Accrued Interest Payable	79,740
2021.00 Accrued Payroll - Clinic	99,585
2022.00 Accrued Leave Liability	90,344
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	41,563
2110.10 Valley Springs Security Deposit	2,385
2140.00 Lease Payable - Current	168,699
2200.00 Due to Calaveras Wellness Foundation	77,939
2260.00 Deferred Rental Revenue	518,643
2265.00 Deferred Settlement Revenue	463,257
2271.00 Deferred Hospital Lease Rent	92,000
Total Other Current Liabilities	1,636,431
Total Current Liabilities	2,184,404
Long-Term Liabilities	
2129.00 Other Third Party Reimbursement - Calaveras County	125,000
2130.00 Deferred Inflows of Resources	203,473
2210.00 USDA Loan - VS Clinic	6,477,960
2240.00 Lease Payable - Long Term	117,960
Total Long-Term Liabilities	6,924,393
Total Liabilities	9,108,796
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	
3900.00 Retained Earnings	-1,449,427
Net Income	710,022
Total Equity	19,629,383
TOTAL LIABILITIES AND EQUITY	28,738,179

**Investment & Reserves Report
31-May-26**

Reserve Funds	Minimum Target	6/30/2025 Balance	2025/2026 Allocated	2025/2026 Interest	5/31/2026 Balance
Valley Springs HWC - Operational Reserve	2,200,000	1,880,723	0	77,028	1,957,750
Lease, Contract, & Utilities Reserve	1,700,000	1,889,091		68,400	1,957,491
Loan Reserve	1,300,000	2,306,536	0	89,318	2,395,855
Capital Improvement	3,000,000	2,790,842	0	100,781	2,891,623
Technology Reserve	250,000	284,589		10,289	294,878
Community Programs Reserve	250,000	109,648		3,964	113,612
Lease Termination Reserve	3,250,000	538,361		19,455	557,816
Reserves & Contingencies	11,950,000	9,799,790	0	369,236	10,169,026

Reserves	2025-2026	
	5/31/2026	Interest Earned
Valley Springs HWC - Operational Reserve	355,093	1,055
Total Cal-Trust Reserve Funds	355,093	1,055

Valley Springs HWC - Operational Reserve	1,957,750	77,028
Lease & Contract Reserve	1,957,491	68,400
Loan Reserve	2,395,855	89,318
Capital Improvement	2,891,623	100,781
Technology Reserve Fund	294,878	10,289
Community Programs Reserve	113,612	3,964
Lease Termination reserve	557,816	19,455
General Operating Fund	990,890	0
Total CA-CLASS Reserve Funds	11,159,916	369,236

	CA CLASS	Interest Rate
Prime	4,111,362	3.70%
Enhanced	7,048,554	3.75%
Term Series		3.95%
Total	11,159,916	

Five Star		
General Operating - NEW	858,525	613
Money Market Account	441,159	22,727
Valley Springs - Checking	218,256	141
Valley Springs - Payroll	112,504	151
Total Five Star	1,630,445	23,633

3.87%

Columbia/Umpqua Bank		
Checking	93,157	0
Money Market Account	6,447	0.49
Investments	0	0
Total Savings & CD's	99,604	0.49

Bank of Stockton	212,954	23
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Total in interest earning accounts	13,458,010	393,947
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Beta Dividends 2

Umpqua Rebate	5,613
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Total Without Unrealized Loss	399,560
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Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CA CLASS investment pool, all of which meet those standards; the individual investment transactions of the CA CLASS Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Fiscal Year 2026-2027 budget reflects Mark Twain Healthcare District's continued commitment to providing exceptional healthcare services, strengthening community partnerships, and ensuring long-term financial sustainability. This budget was developed with a strategic focus on growth, access, operational excellence, and responsible stewardship of public resources.

Included in this year's budget is an increased investment in grants, donations, and community support initiatives that align with our mission of improving the health and well-being of the communities we serve. These investments reinforce our commitment to addressing local healthcare needs, expanding access to services, and supporting programs that positively impact community health outcomes.

The budget is supported by strong operating revenues and continued patient demand. Strategic initiatives, including the expansion of the West Wing, position the District to increase patient encounters, improve access to care, and accommodate future growth. This expansion represents an important investment in our infrastructure and our ability to meet the evolving healthcare needs.

Continued growth in Behavioral Health and Dental Services remains a key priority. These programs address critical community needs and reflect the District's commitment to expanding access to essential healthcare services in areas where demand continues to increase. Investments in these service lines will support improved patient access, enhanced care delivery, and stronger health outcomes throughout the District.

Community outreach and engagement efforts remain a foundational component of this budget. Through health education, preventive care initiatives, partnerships, and outreach programs, the District continues to strengthen relationships with community members while promoting healthier populations and greater access to care.

The FY 2026-2027 budget also emphasizes the importance of maintaining and replenishing reserve funds. Strengthening reserves ensures the District remains financially resilient, prepared for unforeseen challenges, capable of addressing future capital needs, and positioned to pursue strategic opportunities that support long-term success. Responsible reserve management reflects the District's commitment to fiscal accountability and prudent financial planning.

This budget balances strategic investment with financial responsibility. It supports growth in key service areas, enhances access to care, invests in our community, strengthens operational capacity, and preserves the financial stability necessary to fulfill our mission.

Mark Twain Health Care District						
General Administration Financial Projections						
			Thru February 2026			
			2025/2026			
			Actual	Actual	2025/2026	
			Month	Y-T-D	Budget	
					2026/2027	
					Budget	
9060.00	Income, Gains and losses from investments		34,643	287,592	290,000	290,000
9160.00	Property Tax Revenues		125,000	1,000,000	1,500,000	1,665,000
9010.00	Gain on Sale of Asset					
9108.00	Other Non-Operating Revenue - Grants			63,757	100,000	
9400.00	Miscellaneous Income			5,613		
5801.00	Rebates, Sponsorships, Refunds on Expenses					
9205.03	Miscellaneous Income (1% Minority Interest)		(22,461)	(80,460)		(120,000)
	Summary Revenues		137,182	1,276,502	1,890,000	1,835,000
8610.09	Other salaries and wages		(30,713)	(284,297)	(406,371)	(278,204)
8610.10	Payroll taxes		(1,803)	(17,090)	(27,143)	(19,357)
8610.12	Vacation, Holiday and Sick Leave				(24,382)	(16,970)
8610.13	Group Health & Welfare Insurance				(15,144)	(30,602)
8610.14	Group Life Insurance					
8610.15				(679)	(12,191)	(8,346)
8610.16	Workers Compensation insurance				(4,064)	(2,782)
8610.18	Other payroll related benefits			(36)	(508)	(348)
	Benefits and taxes		(1,803)	(17,805)	(83,432)	(78,406)
	Labor Costs		(32,515)	(302,102)	(489,804)	(356,610)
8610.05	Marketing	Ads, Business cards, Swag		(2,596)	(25,000)	(25,000)
8610.22	Consulting and Management Fees	Payroll fees, Faircloth	(1,390)	(12,132)	(30,000)	(50,000)
8610.23	Legal	Best, Best & Krieger	(1,032)	(17,377)	(50,000)	(50,000)
8610.24	Accounting /Audit Fees	CSDA, JWT, Bank Adj.	(1,066)	(33,661)	(45,000)	(50,000)
8610.43	Food			(58)		(5,000)
8610.46	Office and Administrative Supplies		(1,351)	(15,581)	(13,000)	(24,000)
8610.62	Repairs and Maintenance Grounds		(208)	(6,085)	0	(18,000)
8610.69	Other- IT Services	Rj Pro, QB, T-Mobile	(8,262)	(18,663)	(12,000)	(35,000)
8610.82	Insurance	Alliant, Stocking Cozzi		(68,024)	(90,000)	(80,000)
8610.83	Licenses and Taxes					
8610.85	Telephone and communications					
8610.86	Dues, Subscriptions & Fees	ACHD, Amazon, Zoom, McAfee, Adobe, CSDA Dues, Streamline	(150)	(21,881)	(40,000)	(40,000)
8610.87	Outside Trainings	ACHD, CSDA, Study.com	(1,005)	(11,325)	(15,000)	(25,000)
8610.88	Travel			(100)	(10,000)	(25,000)
8610.89	Recruiting		(198)	(347)	(10,000)	(8,500)
8610.90	Other Direct Expenses	Board Stipends	(500)	(3,900)	(6,000)	(6,000)
8610.95	Other Misc. Expenses	MTMC Property Assessment				
	Non-Labor costs		(15,163)	(211,730)	(346,000)	(441,500)
	Total Costs		(47,678)	(513,832)	(835,804)	(798,110)
	Net		89,503	762,671	1,054,196	1,036,890

Mark Twain Health Care District					
Rental Financial Projections					
		Thru February 2026			
		2025/2026			
		Actual Month	Actual Y-T-D	2025/2026 Budget	2026/2027 Budget
9260.01	Rent Hospital Asset amortized	72,000	576,000	864,000	864,000
	Rent Revenues	72,000	576,000	864,000	864,000
9520.62	Repairs and Maintenance Grounds				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(50,304)	(388,488)	(336,000)	(336,000)
9520.85	Telephone & Communications			(7,500)	0
9520.72	Depreciation	(18,907)	(151,256)	(230,000)	(301,116)
9520.75	Capitalized Costs Amortization Expense				
9520.82	Insurance				
	Total Costs	(69,211)	(539,744)	(573,500)	(637,116)
	Net	2,789	36,256	290,500	226,884
9260.02	MOB Rents Revenue	24,434	220,286	284,446	297,421
9521.75	MOB rent expenses	(23,781)	(166,467)	(300,000)	(295,151)
	Net	653	53,818	(15,554)	2,270
9260.03	Child Advocacy Rent revenue	844	6,753	15,747	10,231
9522.75	Child Advocacy Expenses		0	(1,200)	(2,400)
	Net	844	6,753	14,547	7,831
9260.04	Sunrise Pharmacy Revenue	0	0		
7084.41	Sunrise Pharmacy Expenses	0	0		
		97,278	803,039	1,164,193	1,171,652
		(92,992)	(706,211)	(874,700)	(934,667)
	Summary Net	4,286	96,827	289,493	236,985

Mark Twain Health Care District							
Projects, Grants and Support							
				Thru February 2026			
				2025/2026			
				Actual	Actual	2025/2026	
				Month	Y-T-D	2026/2027	
						Budget	
						Budget	
	Project grants and support			(11,448)	(85,468)	(661,000)	(1,139,000)
8890.00	Miscellaneous (TBD)			(15)	(31,725)	(500,000)	(950,000)
8890.01	AED For Life			(4,608)	(9,083)	(40,000)	(45,000)
8890.02	Stay Vertical			(6,825)	(44,660)	(64,500)	(48,000)
8890.03	Doris Barger Golf					(4,000)	(7,500)
8890.04	San Andreas Rotary Club-Hospice					0	(3,500)
8890.05	Steps to Kick Cancer						
8890.06	Office of Education (Med. Science)						(2,500)
8890.07	Veterans Support					0	(5,000)
8890.08	Foundation					0	0
8890.09	Friends of the Calaveras County Fair					(2,500)	(2,500)
8890.10	Community Grants					(50,000)	(65,000)
8890.11	Calaveras County Senior Meals					0	(10,000)
8890.12	High school ROP (CTE) program						
8890.00	Calaveras Mentoring Program					0	
8890.00	Auditor Adjustment						
	Project grants and support			(11,448)	(85,468)	(661,000)	(1,139,000)