MARK TWAIN
HEALTH CARE DISTRICT

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

Meeting of the Board of Directors
Wed. May 26, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA

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

Agenda

Mark Twain Health Care District Mission Statement

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

1. **Call to order with Flag Salute:**

2. **Roll Call:**

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

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

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

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

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for April 20, 2021.
- Un-Approved Board Meeting Minutes for April 28, 2021.
- Un-Approved Special Board Meeting Minutes for April 30, 2021

6. **MTHCD Reports:**

A. President's Report:……Ms. Reed

- Association of California Health Care Districts (ACHD):
    - ACHD May 2021 Advocate:
    - California Advancing & Innovating Medi-Cal Program (CalAIM) Funding:…Ms. Hack
- Meetings with MTHCD CEO:
- Vacant Board Seat Interviews & Oath of Office: Public Comment: Action
    - Sandra Buecher, PT, DPT, MBA
    - Nancy Park Minkler, Esq.
    - Administer Oath of Office to New Board Member:

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

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

D. Chief Executive Officer's Report:…..……..Dr. Smart

- District Projects Matrix (Last Updated 5-17-2021) – Monthly Report:
- Valley Springs Health & Wellness Center:
    - Vaccination Hub (COVID - 19):

- Organizational Chart: Public Comment: Action
- VS H&W Center – Draft Policies and Forms: Public Comment – Action
  - Policies for May 2021 - Valley Springs Health & Wellness Center:

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

    Revised Policies

    Credit Card on File 219
    List of Services 99
    Medical Director Direction of Practitioners in the Clinic 108
    Narcotics 123
    No Show 227
    Non-Discrimination 125

    Bi-Annual Review Policies

    Abnormal Vital Signs 1
    Accounts Payable 2
    Adverse Medication Reaction 7
    After Hours Telephone Management 8
    Answering A Phone Call 14
    Appointment Scheduling 17
    Bioterrorism Threat 26
    Communication with Persons with Limited English Proficiency 41
    Co-Signature of Mid-Level Medical Records 39
    Expedited Partner Therapy for STDs 70
    Holter Monitor Testing 225
    Initial Patient Contact and Medical Emergencies 91
    Medication Management – Storage of Multi-Use Containers 116
    Organization of Nursing Personnel 128
    Patient with Urgent Complaint or Distress 135
    Threatening Or Hostile Patient 187
    Volunteer Deployment 201
    Waived Testing CoaguChek XS PT 208
    Waived Testing Hemoglobin 205
    Waived Testing Influenza A and B 207
    Waived Testing LeadCare II 209

E. VSHWC "Quality" Report: (MedStatix):……..……..Ms. Terradista

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

7. **Committee Reports:**

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

- 2020 Annual Audit: - Public Comment – Action ……Mr. Jackson / Mr. Wood
- Financial Statements – April 2021: Public Comment – Action…….....…..Mr. Wood
- Budget: (2021-2022) Draft:……Dr. Smart
- Career Technical Education - Medical Program (CCOE):…….Mr. Nanik / Mr. Campbell

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

- Mark Twain Health Care District Policies: Public Comment - Action
  - ❖ Policy # 5 Committees of the Board: Public Information Officer: Auditors:
  - ❖ Policy # 6 Board Meetings: Location, Time, Date, & Quorum:
  - ❖ Policy # 7 Attendance at Meetings:
  - ❖ Policy # 25 Reserve Policy:
  - ❖ Policy # 27 Credit Card:
  - o Resolution 2021-03 – Review / Change(s) to MTHCD Board Policies:
    - ❖ **Resolution 2021-03**: Public Comment – Action

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

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

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

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

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

B. Community Connection:

9. Next Meeting:

A. The next meeting will be Wednesday June 16, 2021 at 9am.

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

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: May 26, 2021 MTHCD Board Meeting
Time: May 26, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/85732246291?pwd=L2NaTXBFZk91ZmlnYXlLRVErUGVBdz09

Meeting ID: 857 3224 6291
Passcode: 411504
One tap mobile
+16699006833,,85732246291#,,,,*411504# US (San Jose)
+13462487799,,85732246291#,,,,*411504# US (Houston)

Dial by your location
+1 669 900 6833 US (San Jose)
+1 346 248 7799 US (Houston)
+1 253 215 8782 US (Tacoma)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
Meeting ID: 857 3224 6291
Passcode: 411504
Find your local number: https://us02web.zoom.us/u/kcoKMr20k9

- Effective - Mar 17, 2020.

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

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;"

2. Implements a procedure for receiving and "swiftly resolving" requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.

3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e., 72 hours for regular meetings and 24 hours for special meetings) and

4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

MARK TWAIN
HEALTH CARE DISTRICT

P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
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Finance Committee Meeting
Mark Twain Medical Center Education Center – Classroom 5
768 Mountain Ranch Road
San Andreas, CA 95249
9:00 am
Tuesday April 20, 2021

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

Un-Approved Minutes

Mark Twain Health Care District Mission Statement
"Through community collaboration, we serve as the stewards of a community health system that ensures our residents have the dignity of access to care that provides high quality, professional and compassionate health care".

1. **Call to order with Flag Salute:**

   Meeting called to order by Ms. Hack at 9:02am.

2. **Roll Call:**

	In Person	Via Phone/Zoom	Absent	Time Arrived
Lori Hack	**X**			
Kathy Toepel	**X**			
Richard Randolph	**X**			

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

Public Comment: Hearing None

Motion: Ms. Toepel

Second: Mr. Randolph

Vote: 3-0

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

CJ Singh: lives near Valley Springs Health & Wellness Clinic. The clinic architecture and cleanliness look nice.

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Mar. 16, 2021

Public Comment: Hearing None
Motion: Mr. Randolph
Second: Ms. Toepel
Vote: 3-0

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

- Budget Preparation:

  Dr. Smart: Final input from Admin will be put in tomorrow (4/21/21). It will then go to Mr. Wood to check depreciation. Mr. Hohenbrink will receive it next for review. A draft of the budget will be presented to the committee for discussion and information. Committee to take action at June meeting.

- FEMA Applications:

  Dr. Smart: We currently have 3 applications with FEMA. 1) Vaccination Distribution approx. $37,000. 2) COVID Impact for 2020 for approx. $ 65,000. 3) COVID expenses for 2021 with ongoing costs being entered. No estimated cost at this time.

- Spending Authorization:

  See attached pg 14

7. **MTMC Foundation Gift**:

See attached "State of the Art Endoscopy" handout.
Discussion on how much of the Community Funds we have left to allocate before the term of the lease. MTMC is asking for $328,000.00 for Endoscopy equipment. With the match from Dignity Health (out of county) the total for equipment will be met. Mr. Singh will present to the Board on 4/28/21. Committee asked for MTMC Capital Outlay Schedule, Construction Budget and Timeline.

8. **Real Estate Review:**

Mr. Randolph: Stockton Cardiology Lease Renewal has been sent for signature. Conducting a title search on Parcel 1 to see about restrictions on use/possible easements on the property.

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

- Mar. 2021 Financials Will Be Presented to The Committee: Public Comment – Action:

  Mr. Wood: Working on Depreciation Schedule. Mr. Jackson has been providing Audit Adjustments. The end of the year Balance Sheet is getting in order.

- Closing 2019-2020 Update:

  Mr. Wood: The closing is getting closer. In formation is being sent to Mr. Hohenbrink daily.

- Audit:

  Mr. Wood: Information is being sent continuously. Hoping to have a Trial Balance by 4/28/21 Board Meeting.

Public Comment: Hearing None
Motion: To approved March Financials & Interest & Investment Report by Mr. Randolph
Second: Ms. Toepel
Vote: 3-0

9. Treasurer's Report:

- Uncashed Checks:

Dr. Smart: In the past, uncashed checks have to be cashed within 90 days. Voided after 90 days. Recommends to reconcile uncashed checks account on a yearly basis.

10. Comments and Future Agenda Items:

Hearing None

12. Next Meeting:

- Tuesday May 18, 2021 at 9 am.
- Note: The June 15th Meeting has been changed to Tues. June 8th at 8am.

13. Adjournment: - Action

Motion: Mr. Randolph
Second: Ms. Toepel
Vote: 3-0
Time: 10:37am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: MTHCD April 20, 2021 Finance Committee Meeting
Time: Apr 20, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/83202296753?pwd=RHI2aTNmYzVlSnJNRjFrWE15TlVTdz09

Meeting ID: 832 0229 6753
Passcode: 934900
One tap mobile
+16699006833,,83202296753#,,,,*934900# US (San Jose)
+13462487799,,83202296753#,,,,*934900# US (Houston)

Dial by your location
- **+1 669 900 6833 US (San Jose)**
- **+1 346 248 7799 US (Houston)**
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- **+1 301 715 8592 US (Washington DC)**

Meeting ID: 832 0229 6753
Passcode: 934900
Find your local number: https://us02web.zoom.us/u/kgonAWsa4

Effective - Mar 17, 2020.

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3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e. 72 hours for regular meetings and 24 hours for special meetings) and
4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

MARK TWAIN
HEALTH CARE DISTRICT

P. O. Box 95
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(209) 754-4468 Phone
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Meeting of the Board of Directors
Wed. April 28, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. **Call to order with Flag Salute:**

Meeting called to order by Lin Reed at 9:02am.

2. **Roll Call:**

	In Person	Via Phone/Zoom	Absent	Time Arrived
Lin Reed	X			
Debbie Sellick	X			
Lori Hack		X		
Kathy Toepel		X		

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

Public Comment**:** Hearing None.
Motion: Ms. Sellick
Second: Ms. Hack
Vote: 4-0

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

Hearing None.

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for Mar. 16, 2021.
- Un-Approved Board Meeting Minutes for Mar. 24, 2021.

Public Comment: Hearing None.
Motion: Ms. Sellick
Second: Ms. Hack
Vote: 4-0

B. Correspondence:

- COVID-19 Impacts-Fiscal Assist. for CA Independent Special Districts (4-1-2021).
- Gov. Feinstein Padilla Letter – Special Districts (4-1-2021).

6. **MTHCD Reports:**

A. President's Report:

- Association of California Health Care Districts (ACHD):
  - ACHD April 2021 Advocate:

- California Advancing & Innovating Medi-Cal Program (Cal AIM) Funding:

  Ms. Hack: Cal AIM helps advance Behavior Health Services, Dental Services, Foster Care services, and Underinsured medical needs. Online access to Cal Aim shares information for all to obtain.

- Meetings with MTHCD CEO:

  Have met once a week since the last meeting. Discussed Strategic Plan, Legislative bills, water pipe issues and Board of Directors vacant seat.

- Vacant Board Seat Update:

  4 applicants will come before the Board at a special meeting on Friday 4/30/21 at 9am. Notice published and posted for public to respond or be included at the meeting.

B. MTMC Community Board Report:

Dignity Health has added 2 new Doctors and a new OBGYN. An Oncology Doctor starting in August 2021. They are improving the Pediatrics Dept. and the Transition of Care Program.

C. MTMC Board of Directors:

MTMC has been running a vaccine clinic for COVID vaccinations on Saturdays. 568 doses have been given out as of last week. Online to administer 700 doses to date. Copperopolis Clinic may open June 30-Mid July 2021. Supplies to finish clinic have been slowed due to COVID.

D. Chief Executive Officer's Report:

- District Projects Matrix – Monthly Report:

  Dr. Smart: MTMC is important to the District. Without it, our county would have no healthcare. Our relationship is much more than Real Estate.

Behavior Health: Met with Joyce Peak with First 5 Calaveras.

Dental: Recently hired 2 dentists. 1 is currently working. 1 is training. Looking to set up a Dental Day for children every month.

- Robo-Doc Update:

  We have tested with 2 patients and it went very well.

- Valley Springs Health & Wellness Center:

  We have had 4 successful liver consultations with Dr. Gish.

  - Vaccination Hub (COVID - 19):

  Ms. Terradista: Volunteers are ready. Training has been completed. Public Health has the vaccines ready. We are signed up with MyTurn. Approval from Anthem is back logged although our application was approved. The onboarding process with Blue Shield is in process, but it will probably take a few more weeks.

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

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

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

POLICY LIST FOR THE APRIL BOARD MEETING 2021

New Policies

Ambulatory Blood Pressure Monitor Testing 225
Waived Testing – COVID-19 Rapid Test 211
Sliding Fee Discount Program 162

Revised Policies

Standardized Procedure for Childhood Periodic Health Screening 164
Standardized Procedure for Pregnancy Testing of Patients on Contraception 169
Standardized Procedure for Pulse Oximeter 170
Standardized Procedure for Strep A - Rapid 171
Standardized Procedure for Urinalysis 172

Vaccine Administration 196
Vendor Visitor Management 197
Waived Testing Quality Assurance 210
Waived Testing - Strep A Direct Rapid Testing 212
Withdrawal of Care 217

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

Standardized Procedure for Glucose Check for Diabetic Patients 165
Standardized Procedure for Hemoglobin Assessment 166
Standardized Procedures for Mid-level Practitioners (NP, PA) 167
Standardized Procedure for Physical Examinations 168
Standardized Procedure for Urinalysis on Pregnant Patients 173
Standardized Procedure for Visual Acuity Testing 174
Urinary Catherization 192
Urine Collection-Clean Catch-Female 193
Urine Collection-Clean Catch- Male 194
Use of Gloves 195
Venipuncture 198
Visual Acuity 200
Volunteer Deployment 201
Waived Testing RSV Rapid Test 211
Waived Testing - Urinalysis Using Siemens Analyzer 213
Waived Testing - Urine Pregnancy Testing 214
Well Child Examinations 216
X-Ray Orders 218

Public Comment: Hearing None
Motion: Ms. Hack
Second: Ms. Toepel
Vote: 4-0

E. VSHWC "Quality" Report: (MedStatix):

Ms. Terradista: Patient comments have shown improvement in Informed delay procedure with low wait times. VSHWC has seen a lot of new patients. They are at 42% medical mix. Working on ways to streamline the Behavior Health Calendar due to delays. Working on data collection for "No Shows". The Case Manager is working on confirming transportation to appointment for patients in need. Will contact Common Grounds for assistance.

F. MTMC Foundation Gift:

MTMC is asking for money to support State of the Art Endoscopy. They are seeking $300 k for equipment and $250 k for Construction. They will bring it back to the Board as an action item in July 2021.

G. Stay Vertical Calaveras:

Running 3 classes in Spring, moving on into next fall. Budget proposal is $14 k, the same as last year. He will be adding marketing to his budget for 2021-2022 for the same cost.

7. <u>Committee Reports</u>:

A. **Finance Committee**:

Fiscal year financials discussed. Budget is coming together.

- 2020 Annual Audit:

Mr. Jackson has supplied us with the Journal Entry adjustments needed.
Mr. Hohenbrink is still reviewing Fixed Assets and Depreciation Schedule.
Mr. Wood wants to add Reserves Designation the Audit Footnotes.

- Financial Statements – Mar. 2021: Public Comment – Action

Mr. Wood: Large USDA Loan debt paid in March. Will accrue the large payment to avoid a big payment 2x a year. The Balance Sheet shows a strong cash position. We are improving Revenue Recognition.

Public Comment: Hearing None
Motion: To approve March Financials and Interest & Reserve report by Ms. Hack
Second: Ms. Sellick
Vote: 4-0

B. Ad Hoc Policy Committee: Public Comment – Action

- **Resolution 2021-02 – Change in MTHCD Board Policies:**
    - District Policies 3 & 4 as amended:

Public Comment: Hearing None
Motion: Ms. Toepel
Second: Ms. Sellick
Vote: 4-0

C. Ad Hoc Personnel Committee:

Nothing to Report.

D. Ad Hoc Grants Committee:

Meeting on 5/5/21 to discuss ROP Program. Will announce Lap Top Scholarship winners at the May or June Meeting depending on when the Schools announce them.

8. Board Comment and Request for Future Agenda Items:

Hearing None

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

Hearing None

B. Community Connection:

- Chamber of Commerce Lunch & Learn April 22.

9. Next Meeting:

A. The next regular meeting will be Wednesday May 26, 2021. With a special Meeting on 4/30/21 @ 9am.

B. Note: The June meeting has been changed from June 23 to June 16th at 9am.

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

Public Comment: Hearing None
Motion: Ms. Toepel
Second: Ms. Sellick
Vote: 4-0
Time: 10:50am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: April 28, 2021 MTHCD Board Meeting
Time: Apr 28, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/87456443140?pwd=ZzNyZEhpNUd6ME82d2ZXU2FKWVBOUT09

Meeting ID: 874 5644 3140
Passcode: 926075
One tap mobile
+16699006833,,87456443140#,,,,*926075# US (San Jose)
+12532158782,,87456443140#,,,,*926075# US (Tacoma)

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+1 346 248 7799 US (Houston)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
Meeting ID: 874 5644 3140
Passcode: 926075
Find your local number: https://us02web.zoom.us/u/kdOgDyhFV8

- Effective - Mar 17, 2020.

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Special Meeting of the Board of Directors
Friday April 30, 2021
9:00 am
Mark Twain Medical Center Classroom 5
768 Mountain Ranch Rd,
San Andreas, CA

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

Un- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. **Call to order with Flag Salute:**

Meeting called to order by Lin Reed @ 9:03am.

2. **Roll Call:**

	In Person	By Zoom/Phone	Absent	Time of Arrival
Linda Reed	**X**			
Debbra Sellick	**X**			
Lori Hack	**X**			
Kathy Toepel			**X**	

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

Public Comment: Hearing None
Motion: Ms. Hack
Second: Ms. Sellick
Vote: 3-0

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

Dr. Smart: I would like to add a non-action Admin. comment under Section 5.

5. **Vacant Board Position** Public Comment - Action

Dr. Smart: Ms. Toepel resigned from the Board effective 4/30/2021. The Board cannot vote on the vacant seat until public notices have been posted. They will be posted today and are able to fill 2nd vacant seat at the May meeting.

Each candidate (listed below) will be interviewed. Once all interviews are concluded there will be open Board discussion with the opportunity for nominations to fill the vacant seat. Nominations will be followed by a vote of the Board.

Admin is compliant with the election laws having placed ads and appointing within 60 days.

- Sandra Buecher
- Pamela Evans
- Nancy Minkler (Absent - Video)
- Richard Randolph

Public Comment: Hearing None
Motion: Ms. Reed nominated Richard Randolph to fill vacant Board seat
Second: Ms. Hack
Vote: 3-0

Oath of Office taken by Richard Randolph. (Brings vote to 4-0)

6. **MTMC Community Board** – District Nomination Public Comment - Action

- **MTHCD Policy # 4.**

4.7 Community Board Representation

A. The 2018 lease between MTMC and the District, leasing the hospital and clinics to MTMC for the next 10 years establishes a Community Board. The nine-member Community Board will be responsible for approval of the MTMC Medical Staff Bylaws, Medical Staff privileging and credentialing, and quality oversight. The Fiduciary Board of Directors shall also seek the advice of the Community Board regarding: i) the MTMC mission, vision, and strategic direction, ii) priorities for MTMC's community benefits, iii) proposals for material changes in clinical services, and iv) strategic plans.

B. One of the Community Board members will be a District Board member, not already on the Fiduciary Board of Directors. That member will serve 2 years and can serve for a maximum of 3 consecutive full 2-year terms on the Community Board. The District Board member will be nominated by the District Board by a simple majority and must be approved by the MTMC Fiduciary Board of Directors, which shall not be unreasonably withheld. District members appointed to the Community Board serve at the pleasure of the District Board and may be removed at any time with or without cause by a majority vote of the District Board.

C. At Large Calaveras County Residents: Five at-large Calaveras County residents shall serve on the Community Board. They will serve 2-year terms and can serve for a maximum of 3 consecutive 2-year terms. At the initial start of the new lease 1 community board member will serve for 1 year and two will be appointed for 2 years. Residents will be nominated by a nominating committee comprising the MTMC CEO, MTMC Chief of Staff, District Board member who sits on the Community Board, and MTMC Board member who is not also a District Board member and sits on the Community Board. Nominees require approval by the MTMC Board of Directors, which shall not be unreasonably withheld.

Public Comment: Hearing None
Motion: For Ms. Sellick to represent MTHCD at the MTMC Community Board by Ms. Reed
Second: Ms. Hack
Vote: 4-0

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

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

Hearing None

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

A. The next meeting will be Wednesday May 26, 2021

B. Note: The June meeting has been changed from June 23 to June 16th at 9am.

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

Special Meeting for Finance Committee seat nomination Tuesday May 4, 2021 @ 10am.

Public Comment: Hearing None
Motion: Ms. Hack
Second: Mr. Randolph
Vote: 4-0
Time: 10:26am.

Peggy Stout is inviting you to a scheduled Zoom meeting.

Topic: April 30, 2021 MTHCD Special Board Meeting
Time: Apr 30, 2021 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://us02web.zoom.us/j/89801743609?pwd=OUNoOFNIcTlRaXd0a0ptQ0R5WXdJdz09

Meeting ID: 898 0174 3609
Passcode: 358684
One tap mobile
+16699006833,,89801743609#,,,,*358684# US (San Jose)
+13462487799,,89801743609#,,,,*358684# US (Houston)

Dial by your location
+1 669 900 6833 US (San Jose)
+1 346 248 7799 US (Houston)
+1 253 215 8782 US (Tacoma)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
+1 312 626 6799 US (Chicago)
Meeting ID: 898 0174 3609
Passcode: 358684
Find your local number: https://us02web.zoom.us/u/kGsV58XKj

- Effective - Mar 17, 2020.

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

1. Holds a meeting via teleconferencing and allows members of the public to observe and address the meeting telephonically or otherwise electronically;"

2. Implements a procedure for receiving and "swiftly resolving" requests for reasonable modification or accommodations from individuals with disabilities, consistent with the Americans with Disabilities Act, and resolving any doubt in favor of accessibility.

3. Gives advance notice of the public meeting and posts agendas according to the timeframes and procedures already prescribed by the Brown Act (i.e., 72 hours for regular meetings and 24 hours for special meetings) and

4. Gives notice of the means by which members of the public may observe the meeting and offer public comment, in each instance where notice or agendas are posted.

ACHD Advocate
May 2021

In This Edition:

- CEO Message: Emerging from COVID-19 with Renewed Resilience
- Legislative Update: Call to Action
- Upcoming Events: Upcoming Webinar on Socially Responsible Investing
- Important Articles: How to Protect Your District from Cyberattacks

CEO Message

This pandemic has transformed everything from health care delivery to how we conduct business. In-person meetings, facility tours, and networking opportunities evaporated as we all learned to keep ourselves muted on Zoom in case the dog barked. Although many parts of the world are still in the thick of the pandemic, here in the United States, the vaccine rollout is allowing us to think about a return to some level of normalcy.

While I've enjoyed getting to know our Board of Directors and the broader membership via Zoom, I'm very excited to start planning in-person visits to your healthcare districts soon. I am also feeling optimistic that ACHD's Annual Meeting will be held in-person this year. The event will take place **September 22-24** at the Resort at Squaw Creek. We will follow up with additional information soon!

As we highlighted in last month's Advocate, it is more important than ever for healthcare districts to be engaged with a unified voice. To assist with this, we are excited to announce that ACHD has launched a new Call to Action page on our website. This webpage provides a simple process for you to engage and advocate on high-priority issues. Please help us by sharing your district's story about the impacts of legislation on your services and the health of your community. It is our intention to engage with all of you so that we can amplify our messages to policymakers regarding top legislative proposals, as well as the state budget.

Speaking of the state budget, ACHD is excited to announce that we will be sponsoring a state budget request for healthcare district COVID-19 relief. More details on ACHD's budget proposal can be found in the Legislative Update below. While we have spoken with many of you already, it is critical that we have your data on how COVID-19 has impacted your district. Please complete this survey to help assist in our efforts.

I continue to be humbled by the work all of you are doing and genuinely look forward to an opportunity to meet with you in person, hopefully very soon!

Legislative Update - Call to Action

As important deadlines approach, things in Sacramento are ramping up. Next week the Governor will release his May Revision, a recasting of the Administration's priorities, accounting for new revenue data and legislative feedback from the budget proposed in January. In addition, legislation will need to move out of their house of origin by June 4. ACHD is monitoring both legislative and budget process closely, with several high-priority issues, and would like to highlight the following:

AB 650: Hazard Pay - OPPOSE
ACHD's high-priority oppose bill mandates extra pay bonuses for specified health care workers, including those employed by district hospitals. The bill is retroactive to January 1, 2021 and will create significant unfunded costs for district hospitals, and will have long term staffing consequences. ACHD shared an alert earlier this week and we encourage those who have not yet already taken action to learn more and submit an oppose letter, here.

$32 Million COVID-19 Relief for Healthcare Districts - SUPPORT
California is slated to receive $26 billion from the federal government through the American Rescue Plan Act (ARPA) for COVID-19 relief and recovery. ACHD is sponsoring a request of the State and Legislature for $32 million of the state's Coronavirus State Fiscal Recovery funding, specifically for healthcare districts directly providing services aimed at pandemic response and recovery. This funding, if granted, can be used for; costs incurred, future costs, and lost, delayed or decreased revenue related to the COVID-19 pandemic. We encourage you to view our Budget Request Fact Sheet for more details and to get involved on our Call to Action page.

You can view a complete list of ACHD's active bill positions here and participate in high-priority issues by visiting our new Call to Action page.

Upcoming Events

Including Social Responsibility in Your Investment Program

May 13th, 2021
10:00 am - 11:00 am PST

Districts will be given a comprehensive overview of Socially Responsible Investing (SRI). Hear real world examples of what other public agencies in California have done and what should be taken into account when considering changing an investment program to include SRI.

Register Here

Important Articles from ACHD's Corporate Sponsors

Healthcare is cybercriminals' most targeted sector — here's what you can do

In the cybersecurity industry, we've long used the adjective "devastating" to describe a hack that took a business offline and wiped out their data or required payment of a large ransom. Data loss, ransom payments and reputational damage caused by getting hacked are nothing compared to the loss of human life.

Understanding indicators of compromise (IOCs) and having the ability to identify and interrupt ransomware attacks is critical, but there's much more we should be doing to make sure we're more resistant to malware attacks in the first place.

That's easier said than done, as there are many things that need to be accomplished here. At a minimum, that includes multifactor authentication at remote access points and other practices like segmenting networks, patching systems and eliminating vulnerabilities, as well as deploying monitoring technologies that can detect and alert you to ransomware attacks.

To continue this article on cybersecurity, click here. For more information on how Wipfli can help your district, reach out to Jobelle Vaughan, *Director, Healthcare Business Development.*

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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org

MARK TWAIN
HEALTH CARE DISTRICT

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

The Mark Twain Health Care District Board has 60 days from the date the Board is notified of the vacancy or the effective date of the vacancy, whichever is later, to fill the vacancy by appointment or call a special election. Gov. Code § 1780.

Notice of Vacancy

Interested persons are hereby notified
that pursuant to Government Code § 1780 there is a Vacancy on the

Mark Twain Health Care District
Board of Directors

Candidates must be a registered voter residing in the District.

The position is a short-term position.
The appointed person will serve until the next general election,
and will run for the seat at that time.

Please Send Letter of Interest and Resume to:

Mark Twain Health Care District Office
P O Box 95
768 Mt. Ranch Rd.
San Andreas, CA 96249
(209) 754-4468
pstout@mthcd.org

Website: mthcd.org

Applications are due by: 4:00 pm May 15, 2021

Pursuant to Government Code § 1780, This Notice Will Be Posted For 15 Days In 3 Or More Conspicuous Locations in The District From April 30, 2021.

This Institution is an Equal Opportunity Provider and Employer

Mark Twain HealthCare 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".

Sandra Buecher, PT, DPT, MBA
Valley Springs, CA 95252

April 9, 2021

Dear Mark Twain Health Care District Board Members,

I would like to express my interest in the vacant position on the Mark Twain Health Care District Board of Directors. I have lived in Calaveras County since 2004 and feel I can bring valuable skills and experience to your agency.

I joined the staff of Mark Twain St. Joseph's Hospital in 2007 as a staff Physical Therapist. I spent 13 years serving the patients of our county there, most recently as the Director of Rehabilitation Services. In my tenure at Mark Twain Medical Center I grew the Physical and Occupational Therapy departments, established new service lines based on community needs, built relationships with providers and patients, and advocated for the health and wellness of the residents of county. I have participated in countless presentations, foundation projects, health fairs, and various other events promoting the health services in our communities. In January 2021 I made the difficult decision to leave my position at Mark Twain Medical Center to become the Chief Therapist for Stanislaus County's Public Health Department. As I anticipated, I truly miss working with the residents of Calaveras County and being involved with local health care groups.

I would like to join The Mark Twain Health Care District Board of Directors to continue promoting health care in the county that I have made my home. I have a 20+ year career in health care working with all patient demographics. Throughout my career I have helped people navigate the challenging health care system and I strive to achieve health equity. I have a Master of Business Administration degree in Health Care Management and have experience managing budgets, leading projects, and working on the business side of healthcare. I was part of the management team at Mark Twain for over 10 years and participated in initiatives addressing quality, employee engagement, patient satisfaction, and community access to care.

I have been both a leader and a consumer of health care in Calaveras County and understand the strengths, weaknesses, and unique challenges it has. It would be a privilege for me to serve on the Mark Twain Health Care District Board of Directors and participate in the meaningful work it does for our county.

Sincerely,

Sandra Buecher, PT, DPT, MBA

• Sandra Buecher PT, DPT, MBA

Valley Springs, CA 95252

Health care provider and leader with over 20 years of experience dedicated to serving patients, coordinating care, and improving the health and well-being of all people. I have a passion for excellence in patient care, a love for my community and a drive to break down the barriers to health equity.

Professional Experience

Stanislaus County Public Health (Jan 2021 to present) **Chief Therapist**

- Plan, develop, direct, coordinate and supervise the Medical Therapy Program
- Establish and maintain effective working relationships with physicians, staff, and care team members
- Coordinate care between health care providers and patients served in the Medical Therapy Program.
- Develop policies, procedures, and practice protocols in accordance with State and County regulations
- Participate in Interagency Public Heath projects to promote health and wellness to county residents
- Schedule and coordinate Medical Therapy Clinics and vendor services
- Participate in preparing and monitoring budgets, expenses and Medi-Cal Billing

Dignity Health, Mark Twain Medical Center (2010 to Jan 2021) **Director of Rehabilitation Services**

- Execute performance reviews, staff coaching, disciplines and recognitions
- Established Wound care and Speech Therapy service lines based on community need
- Support hospital quality initiatives to ensure top-tier patient care and compliance.
- Organizer and presenter of community talks, presentations, and health fairs
- Provided direct patient care in acute, outpatient, and SNF settings
- Ongoing assessment of finances to maximize efficiencies of staff, supplies, and budget

Mark Twain Hospital, CHW (2007 to 2010) **Physical Therapist**

- Balanced inpatient treatments with full time outpatient caseload
- Leader of high school's Regional Occupational Program and served as primary supervisor/mentor
- Volunteered at high school as team trainer, presented in-services to athletes and coaches

Pine Street Physical Therapy (2003 to 2007) **Physical Therapist**

- Provided quality patient care in busy private practice, average 25 patients a day
- Emphasized manual therapy treatments and individualized exercise programs

National Rehab Partners, Dameron Hospital (2002 to 2006) **Physical Therapist**

- Balanced scheduled outpatient workload with inpatient treatments and STAT walk-in patients
- Supervised implementation of work-conditioning program
- Performed pre-employment screens including back and lifting evaluations
- Monitored Phase II and Phase III cardiac-rehab exercise programs

Education

Master of Business Administration in Healthcare Management, 2016 / University of Texas
Doctor of Physical Therapy, 2003 / University of the Pacific
Master of Science, Physical Therapy, 2002 / University of the Pacific
Associate of Science, Physical Therapist Assistant, 2000/ Ohlone College
Bachelor of Science, Exercise Science, 1997/ University of California

Park
Minkler

Nancy Park Minkler
Arnold, CA 95223

April 15, 2021

Sent via email only to pstout@mthcd.org

Board of Directors
Mark Twain Health Care District Board
PO Box 95
San Andreas, CA 95249

Re: Application for Appointment to Board of Directors

Dear Board of Directors,

I am submitting this letter to apply for appointment to the open seat on the board of directors of the Mark Twain Health Care District. I have been a resident of Calaveras County since 2013. My husband and I first lived in Arnold where we started the Park Minkler law firm, representing local public agencies, businesses, non-profit organizations, and individuals. Since 2018, I have run the firm as a solo practitioner, advising local businesses and individuals on matters ranging from real property disputes to estate planning. My husband and I now live in Murphys with our two boys, ages three and five.

Since last summer, I have been working with Dr. Smart to design and implement the Robo-Doc program. In talking with the school staff and school board members, I have learned of the health care needs of the students in this county. Since schools are a natural point of access for medical care, the health care district's partnership with them will allow it to meet the students' health care needs. I am excited about the program's potential, and, as a parent of a school-aged child, I am personally invested in it.

I have enjoyed volunteering for the health care district, but I believe that I would serve the district well as a board member because I have relevant practical experience. Since 2009, I have advised and represented many public agencies. That experience would give me an in-depth understanding of the District's and the Board's governance structure. I also believe that my experience as an attorney, although not in the health care industry, would be helpful in understanding and analyzing contracts, regulations, employment matters, and other legal issues that arise within the district's operations. Lastly, I have experience serving on a board, having been a member of the Bear Valley Music Festival board of directors since 2013 and serving as the board's co-president during the festival's 50th Anniversary season.

I would very much appreciate an opportunity to speak with the board about how I might serve the

district and look forward to hearing from you.

Sincerely,

Nancy Park Minkler

Enclosure

Nancy Park Minkler

Arnold, California 95223

Experience

Park Minkler Law Firm, *Arnold, California* 2013 to present
Owner

- Provide legal advice to local businesses, including wineries, real estate brokers, and internet service provider.
- Represent clients in litigation regarding real property and contract disputes.
- Represent employees on claims of disability discrimination and wage and hour violations, including a successful appeal before the Ninth Circuit Court of Appeals.
- Advise clients on estate planning.

Meyers Nave Riback Silver & Wilson, *Los Angeles and Oakland, California* 2009 – 2013
Associate Attorney

- Provided legal counsel and training to public agencies on labor and employment matters.
- Represented public agencies in litigation in state and federal court and arbitration.
- Representative clients included the City of Los Angeles, the City of Stockton, the City of Richmond, and the El Dorado Irrigation District.

Schneider Wallace Cottrell Brayton Konecky LLP, *San Francisco, California* 2006 – 2009
Associate Attorney

- Represented class members in class action lawsuits regarding employment discrimination, wage and hour violations, and disability access.

Law Offices of Shirley D. Jacobs, *Pleasanton, California* 2005 – 2006
Associate Attorney

- Represented clients in family law matters.

AmeriCorps for Community Engagement and Education, *Austin, Texas* 2001 – 2002
Bilingual Tutor

- Tutored second- and third-grade students in Spanish and English.

Education

University of Texas School of Law, *Austin, Texas*

Juris Doctor, 2004

University of Texas at Austin, Plan II Honors Program, *Austin, Texas*

BA Plan II (Humanities), cum laude, 2001, *Phi Beta Kappa*

Licenses/Admissions

Admitted to practice law in the State of California; District Courts of California, Northern and Eastern Districts; Ninth Circuit Court of Appeals

Community Involvement

- Bear Valley Music Festival, current Board Member and former Co-President of the Board of Directors
- Volunteer with Mark Twain Health Care District as Co-Executive of Robo-Doc program.

- ❖ Purchased supplies, equipment, food services and printing.
- ❖ Managed the microfilming and storage of thousands or records/files

Education

BA degree in Business Administration/Accounting, California State University, Fullerton, 1979

Affiliations

Building Owners and Managers Association (BOMA)
International Facilities Managers Association (IFMA)
Real Estate Round Table (Washington DC based Real Estate trade association)

MARK TWAIN
HEALTH CARE DISTRICT

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

Oath of Office

STATE OF CALIFORNIA,)
) ss.
COUNTY OF CALAVERAS)

I, _____, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State Of California against all enemies, foreign and domestic; that I bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

_____

Board Member

Subscribed and sworn to before me, this 26th day of May, 2021.

_____

Linda Reed, President

(Last Updated 5-20-2021)

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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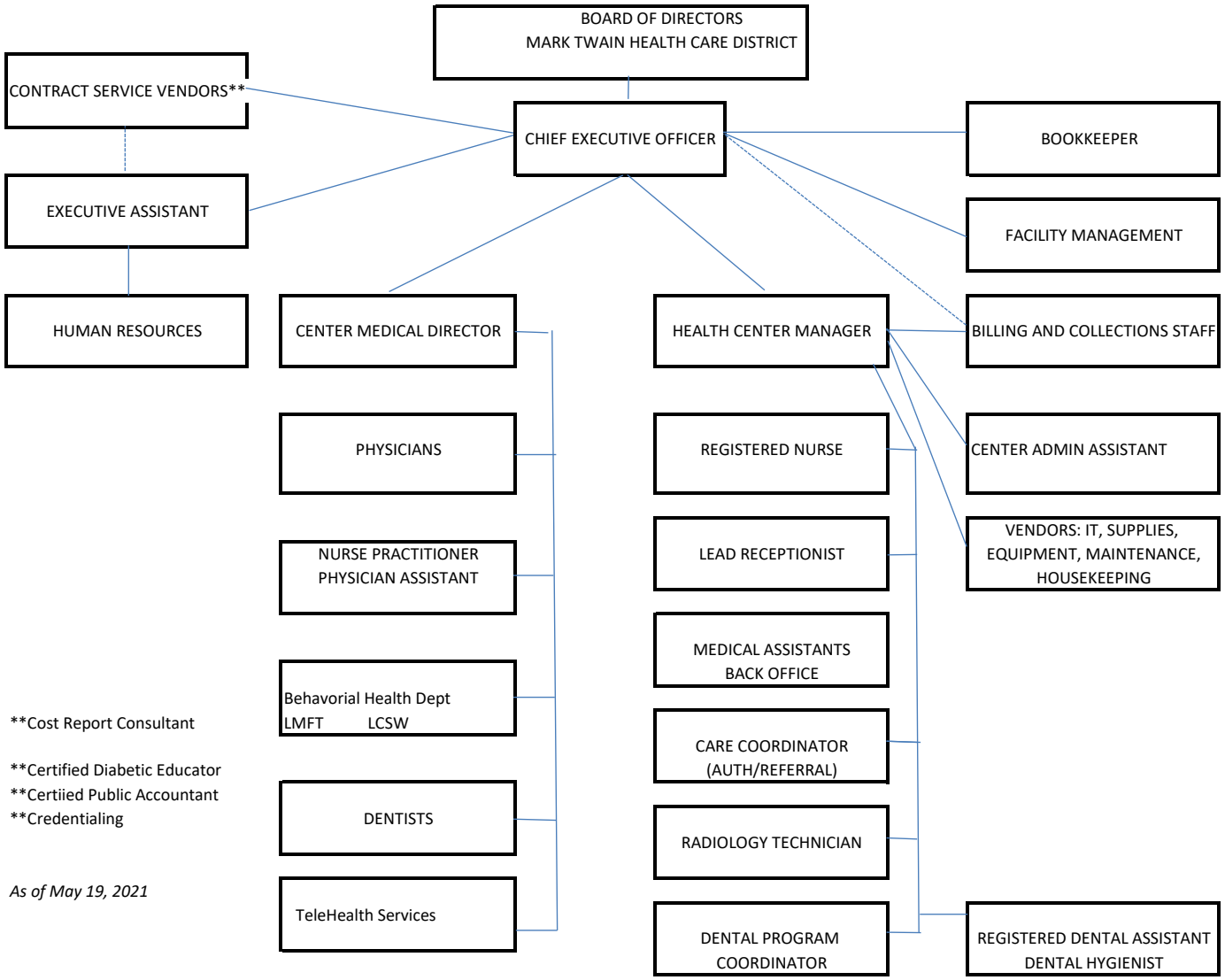
MTHCD Project Matrix **05-17-2021**

PROGRAM	DESCRIPTION	LEAD	CURRENT STATUS
Pharmacy	Retail Pharmacy, Valley Springs	Dr. Smart	Open
RoboDoc	TeleHealth Sevice for School Nurses	Dr. Smart/ Nancy Minkler Looking for new coordinator	Live Bret Harte HS, Live Mark Twain Elementary, Valley Springs Elementary live, Michelson Pending
Behavioral Health	VSHWC Service	Susan Deax-Keirns	Two employees hired: collaborating with county behavioral health
Dental	DentiCal Service at VSHWC	Dr. Smart	Providing 30 dental appointments per week. Considering Dental Kids Day once a month.
Gynecology	Service at VSHWC	Dr. Nussbaum	Established. Family PACT application complete.
Stay Vertical	Fall Prevention Program	Steve Shetzline	Returning to Pre-Covid services
Children's Advocacy Center	Medical Clearance Exams (MCE)	Peggy Stout	Renewed 5-year contract: subsidized by $9k-$12k per year.
Hospital Lease	District provides facility for hospital care	MTHCD Board	Stable
Community Grant Program	District provides grant funding for health initiatives	Debbie Sellick	? Jul-21
National Health Service Corps Application	VSHWC recognized as site for federal loan forgiveness program for healthcare providers	Dr. Smart	Application submitted 5/17/21, pending
FEMA Covid-19 vaccination funding	Federal Funding for Covid vaccination efforts	Dr. Smart Traci Tapps	$37,995.15 Obligated by CAL-OES
FEMA Covid-19 Healthcare Expense funding	Federal Funding for Covid healthcare expenses	Dr. Smart Traci Tapps	$67,715.86 Pending FEMA review
Rural Health Clinic COVID-19 Testing and Mitigation Program	~ $100,000 no application, reporting required American Rescue Plan Act of 2021.	Dr. Smart	$100,000 Pending $123,000 already received
Community Hospital Corporation	USAC RHC internet connectivity grant 60% of cost reimbursed through vendor invoice off-sets.	Dr. Smart	$5000 per year, Pending

Valley Springs Health Wellness Center
51 Wellness Way, Valley Springs, CA 95252



**Cost Report Consultant

**Certified Diabetic Educator
**Certiied Public Accountant
**Credentialing

As of May 19, 2021

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Credit Card on File	REVIEWED: 8/15/19; 5/04/21
SECTION: Revenue Cycle	REVISED: 5/04/21
EFFECTIVE: ~~9/20/19~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Credit Card on File

Objective: The Clinic will encourage ~~(or require?)~~ a patient maintain a credit or debit card on file in support of timely payments on account and/or compliance with payment plans.

Response Rating:

Required Equipment:

Procedure:

1. When registering a new patient to the practice, the receptionist will request a credit or debit card to place on file.

    a. Self-pay patients (no insurance)
    b. Commercially insured patients (examples include Aetna, Cigna, Blue Shield)
    c. MediCare only patients (to address the 20% co-pay and any non-covered services)
    d. MediCare Advantage patients (to address any co-pay)
    e. MediCal patients with a share of cost confirmed through the eligibility checking process

2. The patient will be offered a One Year Card on File Agreement that will cover any charges incurred within a year.

    a. The One Year Card on File agreement will have a maximum limit of $1500
    b. The patient will indicate the maximum limit they will allow
    c.
    d. Patients with a One Year Card on File agreement may make a time-of-service payment (co-pay) or a telephone payment without swiping their card for that payment.

3. Alternatively, a patient may prefer a Single Visit Card on File agreement that would only cover charges for the visit that occurs on the day the agreement is signed.

4. Signed Card on File Agreements must be retained for at least 18 months.

    a. Scan signed Card on File Agreements to the designed shared folder

b. Name the Card on File Agreement as follows:

i. Patient Last Name, Patient First Name: Date Signed, One Year
(Jones, Mary: 081519 One Year)
ii. Patient Last Name, Patient First Name: Date Signed Single Visit
(Jones, Mary: 081519 Single Visit)

5. If a patient has a One Year Card on File Agreement they may not also have a Single Visit Card on File Agreement.

6. A patient may establish a Payment Plan and utilize their existing One Year Card on File Agreement to satisfy that Payment Plan.

7. Enter the Card on File agreement details into the EMR following the approved workflow EMR.

8. The patient's credit/debit card must be swiped in the office to implement the Card on File agreement.

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
SECTION: Civil Rights	REVISED: 2/12/20; 5/04/21
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: List of Services

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

Response Rating:

Required Equipment:

Procedure

Practice includes:

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

Gynecology (non-surgical)

Pediatrics

Geriatrics

Well Baby Visits

Well Child Visits

Immunizations

Minor Surgery

Primary Dental

Certified Diabetic Education/Nutrition Counseling

Licensed Marriage Family Therapist

Licensed Certified Social Worker

Specialty Services available by referral:

Cardiology

Hepatology

Obstetrics

Gastroenterology

Pulmonology

Dermatology

Neurology

Internal Medicine

Surgery

Ophthalmology

Psycho-social

Chiropractic

ENT

Allergy

Dental

Endocrinology

Telemedicine:

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

~~Dermatology~~

Mental Health Services

~~Pulmonology~~

Hepatology

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Director Direction of Practitioners in the Clinic	REVIEWED: 7/1/19; 5/04/21
SECTION: Medical Staff	REVISED: 5/14/21
EFFECTIVE: ~~7/31/19~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Direction of Practitioners in the Clinic

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

Response Rating:

Required Equipment:

Procedure

1. Medical Supervision

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

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

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

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

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

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

2. Medical Director

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

b. The Medical Director shall:

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Narcotics	REVIEWED: 7/1/19; 5/04/21
SECTION: Medication Management	REVISED: 5/04/21
EFFECTIVE: ~~7/31/19~~May Board Meeting	MEDICAL DIRECTOR:

Purpose: Narcotic Policy

Objective: The Clinic is oriented to provide relief of acute medical conditions and acute pain. In that context, it is sometimes appropriate to prescribe narcotics. We recognize that there are patients in the community who require chronic pain management and others who are drug seeking. This policy is intended to allow relief of acute pain without encouraging drug seeking patients and preventing drug diversion, within the limits of state and federal laws.

Policy:

It is the goal of our practice to provide effective pain relief for acute conditions and injuries.* We will not practice chronic pain management, except in the context of diagnosed medical conditions. Narcotics may be prescribed in limited quantities for acute conditions with a quantity of no more than 20 with NO REFILLS.

In the rare instances of chronic pain requiring narcotics, a plan of care needs to be outlined in the chart and a Pain Contract signed by the Physician and the patient. This plan should include the number of pills per month, a clear diagnosis, documentation of prior non-narcotic treatments, and regular follow-ups with the same physician on a scheduled basis.

The following narcotics are **acceptable** to be prescribed in limited quantities:

- Codeine
- Hydrocodone
- Ultram (Tramadol)
- Oxycodone

Allowed for use in management of cancer patients only:

- Dilaudid
- Fentanyl patches
- ~~Morphine IM/IV (administered at the Clinic)~~

The following narcotic medications are unacceptable at this facility:

- ~~Dilaudid~~
- Methadone
- Any other triplicate narcotics

Any exceptions to this policy need to be approved by the Medical Director and one other physician and documented in the chart.

Should the patient fail to comply with their Pain Contract, the patient will be terminated from the practice.
*At this time, there are no narcotics stocked for patient use in the clinic.

Formatted: Widow/Orphan control

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: No Show	REVIEWED: 1/28/20; 5/04/21
SECTION: Admitting	REVISED: 5/04/21
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

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:

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~~, including Saturday,~~ 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, staff will make one additional attempt within seven days, documenting both attempts.

3. A monthly "no show" report will be generated after month 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.

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] over the course of six months).

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 seven months, the patient will receive a letter advising that after their next "no show" they will only be allowed to schedule same day appointments. Letter will be sent return receipt requested.

~~9.~~10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inabiloity of the practice to manage the patient's medical diagnoses.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Non-Discrimination	REVIEWED: 11/9/18; 5/04/21
SECTION: Civil Rights	REVISED: 5/04/21
EFFECTIVE: May Board Meeting	MEDICAL DIRECTOR: Randall Smart MD

Subject: Non-discrimination

Objective: As a recipient of Federal financial assistance, the Clinic does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of the individual's inability to pay; whether payment for those services would be made under Medicare, Medicaid, or CHIP; the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by the Clinic directly or through a contractor or any other entity with which the Clinic arranges to carry out its programs and activities.

Required Equipment: None
Procedure

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

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

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

Telephone number: 209-772-7070

State Relay number:

California Relay Service:
(For Deaf and Hard of Hearing Callers)
TTY/TDD

Dial 711 or

English TTY/TDD (800) 735-2929

Spanish TTY/TDD (800) 855-3000

Voice (800) 735-2922

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Abnormal Vital Signs	REVIEWED: 11/11/18; 9/14/19; 3/5/20; 5/04/21
SECTION: Clinical	REVISED: 9/14/19; 3/5/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR

Subject: Abnormal Vital Signs

Objective: To assess the patient at risk for severe disease or complications.

Response Rating: Minimal to Severe

Required Equipment: Gloves.

Procedure

1. All patients in the Clinic will have a complete set of vital signs.

2. All children should be evaluated for severe respiratory distress as indicated by rapid breathing, retractions, or cyanosis (blue/purple lips) and brought in immediately for evaluation by the practitioner.

    a. In children under age 3, pulse, respiratory rate, temperature (oral or temporal artery thermometer), weight and pulse oximetry, if indicated.
    b. In children (3 years and above) and adults, add blood pressure.
    c. In children (regardless of age) who present as ill or in distress, ensure all vital signs are taken and recorded in the medical record.

3. For pulse: notify the practitioner if less than 60 or greater than 100 in adults or if the patient shows visible signs of distress. The normal range for children will vary by age, but generally is faster. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.

4. For respiration: notify the practitioner if the rate is greater than 24 times per minute, or if there is any difficulty breathing or the patient shows visible signs of distress. Review the pediatric vital signs reference posted in the nurses' workstation for guidance.

5. For blood pressure: in adults, notify the physician if systolic is >160 or less than 90, or if diastolic is over 100 or under 60.

6. For temperature: notify the practitioner if over 102 degrees.

7. For pulse oximetry: notify the practitioner if less than 95%.

8. In all cases, document the vital signs clearly in the medical record and notate if any are abnormal.

9. All abnormal vital signs and oximetry will be addressed by the practitioner during the visit.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Accounts Payable	REVIEWED: 11/12/18; 8/13/19; 5/04/21
SECTION: Operations	REVISED: 8/13/19
EFFECTIVE: ~~8/28/19~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Accounts Payable

Objective: To monitor the Accounts Payable system to insure accuracy, avoid duplication, and maintain an efficient record keeping system.

Response Rating:

Required Equipment:

Procedure:

General Information:

1. Invoices for supplies, equipment, utilities, and all Clinic expenses are paid by the Mark Twain Health Care District.

2. Invoices will be reviewed by the District's bookkeeper for accuracy and duplicate charges/payments, attached to a purchase order, and entered into the accounting system.

3. Packets will be submitted to the Clinic Manager for review and comment.

3. After review by the Clinic Manager, each invoice packet will be submitted to the Executive Director for review and approval.

4. As required, the bookkeeper will print checks for approved invoices.

5. Checks, with the purchase order and invoice attached, will be presented to Randy Smart, MD designated signer(s).

6. Expenses in excess of $5,000 are subject to review and approval by the Finance Committee if not budgeted. Unbudgeted expenses of $5,000 or above will be reviewed and approved by the Finance Committee and reviewed by the Board of Directors.

7. Checks will be released as funds permit, at the discretion of the Executive Director.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Adverse Drug Reaction	REVIEWED: 2/1/19; 3/10/20; 5/04/21
SECTION: Patient Care	REVISED: 3/10/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Adverse Drug Reaction

Objective: To establish guidelines in the event of an adverse medication reaction

Acuity Rating: Mild to Severe

Procedure:

1. When a patient reports or a staff member observes signs of a medication reaction, staff will follow clinic protocol for medication reactions. The ordering practitioner will be notified immediately and will give the instructions for the patient regarding the prescribed medication. The patient will be instructed by the practitioner or nursing staff of the plan of care.
    a. If the patient is a dental patient, call the dentist immediately.
    b. If the dentist is unavailable, treat the problem as a medical problem.

2. It is the practitioner's responsibility to educate the patient to any expected or potential side effects of any medication being ordered.

3. The practitioner and nurse/medical assistant who is administering the medication will ensure the patient's understanding of the benefits, expected or potential side effects of the medication.

4. The patient will be advised and expected to report any side effects to the practitioner, nurse, or medical assistant.

5. Adverse drug reactions are considered noxious and generally unintended and include undesired effects, allergic reactions, and idiosyncratic reactions.

6. Reactions may be exaggerated but otherwise normal pharmacological action of drug at usual dose. They may be an aberrant effect not expected at usual therapeutic doses.

7. Withhold any further administration of the medication.

8. Notify the practitioner immediately and obtain written orders for treatment.

9. Advise patient and/or family of plan of care.

Documentation:

1. Documentation of all medication reactions/adverse effects will be recorded in the patient's record. For medical only patients, utilize the EMR. For dental only patients, document in Dentrix. For patients who are seen in the practice for both medical and dental issues, document in both systems.

    a. Symptoms
    b. Time the practitioner was notified and what orders were given.
    c. Patient notification and response.
    d. Any follow up care or instructions given.
    e. Record allergy in allergy section of patient record
    f. Refer to clinical questions and guidance as posted in the nurses' station.

Reporting:

1. In the case of adverse reactions to medications, the practitioner or designee will report the data to MedWatch at https://www.fda.gov/Safety/MedWatch/default.html.

2. In the case of adverse reactions to vaccinations, the practitioner or designee will report the data to VAERS at VAERS.hhs.gov.

Notify Pharmacy

If patient is reporting a reaction that occurred from a medication that was filled at a pharmacy, the pharmacist at the pharmacy will be notified of the patient's reaction.

Medication Administered in the Clinic

1. If an adverse/reaction of medication occurs from medication given to the patient in the Clinic, the attending staff member will complete an incident report.

2. A copy of the patient's visit note will be attached to the incident report and it will be sent to the Clinic ~~Director~~Manager.

3. The Clinic ~~Director~~ Manager will review the report with the Medical Director and it will be reviewed at the Quality Improvement Meeting and/or with the Medical Staff.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: After Hours Telephone Management	REVIEWED: 1/2/19; 3/10/20; 5/04/21
SECTION: Operations	REVISED: 3/10/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: After Hours Telephone Management

Objective: To ensure after hours calls placed by patients are answered and appropriate guidance is provided to callers, after the end of the business day, the Clinic will activate the after-hours on-call service.

Response Rating:

Required Equipment:

Procedure:

1. At the end of the business day, the Clinic Manager or designee will access the phone system and activate call forwarding.

2. At the start of the Clinic day, the Clinic Manager or designee will deactivate the call forwarding so that incoming calls may be answered by Clinic staff.

3. The practitioner schedule for coverage of the on-call service is managed by the Medical Staff Office and implemented with the approval of the Medical Director.

4. If the patient is seen in the practice for dental care and their issue is dental in nature, the practitioner covering the on-call service will contact the dentist after speaking with the patient and provide the patient's demographics, contact information, and information regarding the patient's complaint/concern.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Answering A Phone Call	REVIEWED: 1/2/19; 2/12/20; 5/04/21
SECTION: Operations	REVISED: 2/12/20
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Answering a phone call

Objective: To provide prompt, excellent customer service

Response Rating:

Required Equipment:

Procedure:

1. All staff members will answer the telephone in the same, approved manner.

2. Answer by stating, "Valley Springs Health and Wellness Center, this is (your name). How may I help you?"

3. Calls should be answered immediately, before the third ring.

4. Answer the caller's questions courteously. Give accurate answers. If you are unsure of the correct answer, place the caller on hold and seek assistance.

5. If you must place a caller on hold, ask permission to do so ("May I place you on hold for a moment please?"). Wait for the caller's response before placing them on hold. If there is an extended wait for the caller, go back on the line to inform them that they haven't been forgotten and that you continue to work on this issue. Offer the patient the opportunity to leave their number so you can complete your research and return their call.

6. If the person the caller is attempting to reach is unavailable, ask if you may take a message or if they would prefer to be transferred to voice mail (where voice mail is available [Clinic Manager, Billing Department]). If the patient's issue is urgent, contact the Supervisor on duty to assist the caller.

    a. If the caller is a patient, enter the telephone message in the EMR and forward the message to the appropriate medical practitioner.

7. When transferring a call, advise the patient to whom they are being transferred prior to taking that action.

8. When answering your telephone extension, answer “This is (your name). How may I help you?”

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Appointment Scheduling	REVIEWED: 11/12/18; 2/12/20; 3/5/20; 5/04/21
SECTION: Admitting	REVISED: 2/12/20; 3/5/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Appointment Scheduling

Objective: Patient appointments will be scheduled in an effort to manage/decrease patient waiting time, increase patient satisfaction, and manage clinic workflow.

Response Rating:

Required Equipment: EHR

Procedure:

1. Patients will be encouraged to schedule appointments in order to decrease wait time and improve workflow in the Clinic.
2. Medical patients will be scheduled in 20-minute intervals, unless otherwise indicated by the practitioner, the visit type, or the patient's acuity.
3. Dental patients will be scheduled in 30 minutes intervals for emergency/urgent care and 60 minute intervals for other appointment types.
3. When scheduling an appointment, staff will confirm the patient's address and telephone number as it is recorded in the scheduling system and remind the patient that any co-payment required will be due.
4. If the patient has not been seen in the Clinic previously, staff will capture all patient demographic information, if time permits.
5. New patients will be asked to arrive at the Clinic before their scheduled appointment time, so that their demographic record and signed new patient documents may be entered into the system.
    a. Patients who will bring completed paperwork with them should be asked to arrive 15 minutes before their scheduled appointment time.
    b. Patients who will not bring completed paperwork with them should be asked to arrive 30 minutes before their scheduled appointment time.
6. Patients will be pre-registered the day before their appointment.

7. Patients that arrive late for their appointment (10 minutes or more) will be treated as walk-in patients and will be seen as patient volume allows. Patients will be advised of this change from scheduled to walk-in status upon their arrival at the Clinic.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Bioterrorism Threat	REVIEWED: 8/29/19; 2/25/20; 5/04/21
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Bioterrorism Threat

Objective: A bioterrorism threat is the accidental exposure or deliberate release of viruses, bacteria, and/or other agents that cause illness or death in people, animals, or plants. Biological agents can be spread through the air, water, or food. They can be extremely hard to detect and may not cause illness for several hours or days. Some agents, like smallpox, can spread from person to person. Other agents, such as anthrax, are not spread person to person.

Response Rating:

Required Equipment:

Procedure:

1. In the case of a biological threat:

    a. Notice of a biological event may come from the California Department of Public Health (CDPH) and/or the Calaveras County Public Health Office/Officer.
    b. Directions may be received from CDPH and/or the County Public Health Office/Officer on how to proceed.
    c. Patients that present to the Clinic during a bioterrorism threat and who indicate they have a potential exposure will be assessed by Clinic personnel who have donned personal protective equipment. These patients will be segregated and treated in the exam rooms closest to the exit doors with registration occurring in the exam room.
    d. Patients with symptoms that may be the result of a biological exposure will be reported according to current policy for the reporting of diseases as outlined by the CDC, the State of California, and the County.
    e. The Clinic may be directed by CDPH and/or the County Public Health Office/Officer to give information to patients regarding the biological event.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Communication with Persons with Limited English Proficiency	REVIEWED: 11/9/18; 2/12/20; 5/04/21
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: ~~2/26/20~~may Board Meeting	MEDICAL DIRECTOR:

Subject: Communication with Persons with Limited English Proficiency

Objective: The Clinic will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of The Clinic is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.

Language assistance will be provided through use of competent bilingual staff, staff interpreters, Language Line Solutions providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be provided notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.

The Clinic will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.

Response Rating:

Required Equipment:

Procedure

1. Identifying Limited English Proficiency (LEP) Persons

   The Clinic will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov) or posters to determine the language. In addition, when records are kept of past interactions with patients (clients/residents) or family members, the language used to communicate with the LEP person will be included as part of the record.

2. Obtaining a Qualified Interpreter

Clinic Manager, (209) 772-7070 is responsible for:

a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff and/or the contact information of the 24-hour interpreter service (provide the list);

b. Contacting the appropriate bilingual staff member to interpret, in the event that an interpreter is needed, if an employee who speaks the needed language is available and is qualified to interpret;

c. Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. The Clinic has made arrangements with Language Line Solutions to provide qualified interpreter services. Language Line Solutions is available 24 hours a day, 365 days a year. Language Line Solutions contact and access information can be found on the Emergency Contacts list found at all phones in the Clinic.

d. Where the patient's insurance carrier provides a language line for the patient's use, Clinic staff will access the insurance provider's offered service to the patient.

e. Where the patient requires a sign language interpreter, Clinic staff will contact the patient's insurance carrier to determine what resources are made available to the insured and will schedule those resources as needed. It is understood that a patient accessing same day care does not allow the Clinic to schedule a sign language interpreter through their insurance carrier as there is no lead time to obtain the assistance. When this occurs, the Clinic will contact Language Line Solutions and utilize their video conferencing technology to access an American Sign Language interpreter.

Some LEP persons may prefer or request to use a family member or friend as an interpreter. However, family members or friends of the LEP person will not be used as interpreters unless specifically requested by that individual and after the LEP person has understood that an offer of an interpreter at no charge to the person has been made by the facility. Such an offer and the response will be documented in the person's file. If the LEP person chooses to use a family member or friend as an interpreter, issues of competency of interpretation, confidentiality, privacy, and conflict of interest will be considered. If the family member or friend is not competent or appropriate for any of these reasons, competent interpreter services will be provided to the LEP person.

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

3. Providing Written Translations

a. When translation of vital documents is needed, The Clinic will submit documents for translation into frequently-encountered languages to Language Line Solutions. See the Emergency Contacts list located at each telephone for contact and access information. Original documents being submitted for translation will be in final, approved form with updated and accurate legal and medical information.

b. Facilities will provide translation of other written materials, if needed, as well as written notice of the availability of translation, free of charge, for LEP individuals.

c. The Clinic will set benchmarks for translation of vital documents into additional languages over time.

4. Providing Notice to LEP Persons

The Clinic will inform LEP persons of the availability of language assistance, free of charge, by providing written notice in languages LEP persons will understand. At a minimum, notices and signs will be posted and provided in intake areas and other points of entry, including but not limited to the waiting room and treatment rooms. Notification will also be provided through one or more of the following: outreach documents, telephone voice mail menus, local newspaper advertisements.

5. Monitoring Language Needs and Implementation

On an ongoing basis, the Clinic will assess changes in demographics, types of services, or other needs that may require reevaluation of this policy and its procedures. In addition, the Clinic will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Co-Signature of Mid-Level Medical Records	REVIEWED: 7/1/19; 2/23/20; 5/04/21
SECTION: Medical Staff	REVISED: 2/23/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Co-Signature of Mid-Level Practitioner Medical Records

Objective: To ensure compliance with current State of California regulations regarding the supervision of Nurse Practitioners and Physician Assistants; to ensure compliance with Peer Review standards in the Clinic: clinic notes completed by the mid-level practitioner (nurse practitioner, physician assistant, certified nurse midwife, LCSW) will be reviewed by the Physician Supervisor(s) for the timely review and co-signature of a minimum of 10% of the mid-level practitioners' clinic notes.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A list of the patients treated by each mid-level practitioner will be developed at the end of each clinic month.
2. The Supervising Physician(s) will be presented with the list no later than the tenth day of the following month.
3. The Supervising Physician(s) will review the clinic note for a random 10% of patients listed, ensuring proper care was rendered and that said care was appropriately documented. This review will be documented.
4. Should the Supervising Physician(s) determine that the care rendered to the patient was not appropriate and/or sufficient:
    a. They will counsel the mid-level practitioner(s) to ensure they contact the patient and supplement their treatment per the direction of the Supervising Physician(s).
    b. Document on a peer review form that the mid-level practitioner(s) was counseled regarding their patient care.
5. The co-signature logs will be stored digitally, to ensure both HIPAA compliance and privacy relative to any personnel action documented.
6. The co-signature logs will be considered when the performance evaluation of the mid-level practitioner(s) are completed.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 2/1/20; 5/04/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Expedited Partner Therapy for Sexually Transmitted Diseases

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

Response Rating:

Required Equipment:

Procedure:

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

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

2. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).

3. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

Reference:

California Health & Safety Code § 120582.

https://www.cdc.gov/std/ept/default.html (referenced 1/11/19) Page last reviewed: April 13, 2021

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Holter Monitor Testing	REVIEWED: 02/10/2020; 5/04/21
SECTION: Patient Care	REVISED:
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Holter Monitoring, 24 Hr. (Outpatient)

Objective: For Advanced (24 Hour) Outpatient monitoring of patient heart rhythms

Response Rating: Mandatory

Indications: Continuous Non-activated Recorder (e.g. Holter Monitor): 24- to 48-hour continuous external unattended cardiac monitoring device is considered medically necessary as a diagnostic tool to evaluate symptoms suggestive of cardiac arrhythmias.

Required Equipment: A Holter monitor with case and strap, a Holter monitoring kit which includes: Holter electrodes (5), Battery AAA (1), Patient Diary, Alcohol pad, Skin Prep Scrub, pencil, Gauze pad, access to Vision Express Software Program and a razor, if needed, Patient Acknowledgement Form, Holter Monitor Test Patient Guide.

Procedure:

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

2. When patient returns for the follow-up nurse visit:
   a. Staff will remove the Holter monitor from the patient.

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Initial Patient Contact a~~A~~nd Medical Emergencies	REVIEWED: 2/1/19; 2/14/20; 5/04/21
SECTION: Patient Care	REVISED: 2/14/20; 5/04/21
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Medical Emergency Routine

Policy: Patients will be acknowledged upon arrival at the Clinic and will be interviewed to determine their reason for coming to the Clinic. Patients with a need for immediate care will be prioritized and seen before other patients, regardless of their order of arrival.

Objectives: To provide medical care according to immediate need.

Response Rating: Severe

Required Equipment: This will vary according to patient condition.

Applies to: All Personnel and Practitioners

Policy:

1. If a patient presents with symptoms that may require **immediate care**, the nurse and/or a provider will be called to the front to assess the patient's condition immediately.

2. Some of the conditions that require immediate attention include chest pain, shortness of breath, trauma, dizziness, altered thinking, bleeding, active labor, and severe pain.

3. If an emergency condition arises the following protocol will be followed:

    a. Obtain the patient's vital signs and a brief history.

    b. Notify the physician of the patient's condition.

    c. If the physician feels there is an emergency situation an EMS squad is to be called immediately. Dial 911.

    d. If the patient is unstable or unconscious, bring the emergency medication kit and automatic defibrillator to the patient bedside.

    ~~e. Transfer form will be signed by patient or friend/family member who is with patient if patient is~~

~~unable to sign~~.

~~f.~~e. Copies of all test results and medical records are to be copied and sent with the patient if transferred.

~~g.~~f. The receiving hospital will be notified of the transport and the physician will advise the receiving physician.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medication Management – Storage of Multi-Use Containers	REVIEWED: 11/21/18; 9/7/19; 5/04/21
SECTION: Medication Management	REVISED: 9/7/19
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Medication management and storage of multi-use containers

Objective: To utilize multiple dose vials appropriately; to store and manage open multiple dose vials in a safe and appropriate manner.

Response Rating: Mandatory

Required Equipment:

Definitions:

Procedure:

1. Medications will be stored in their original containers according to manufacturer guidelines.

2. Upon opening of a multiple dose container/vial (with preservatives), nursing staff shall affix a "vial open" label to the container. Label will include use by date (also known as the beyond use date) for each vial that has been opened and will also state "MDV" to indicate multi-dose vial.

2. For sterile medications: when staff has used aseptic technique, the shelf life of the open vial will be twenty-eight (28) days or the manufacturer's expiration date, if shorter. The vial will then be discarded regardless of the expiration date of the medication.

   a. IPOL polio vaccine shall be labeled with a beyond use date one year after date of opening. This variation of the usual process has been confirmed with the manufacturer, Vaccines for Children program, and The Joint Commission.

3. For non-sterile medications, the beyond use date/discard date shall be one year from the date of opening or the manufacturer's expiration date, if shorter. This policy includes hydrogen peroxide and betadine and over-the-counter type medications (example: Motrin, Tylenol, Mylanta).

4. Single-dose vials (without preservatives) shall be discarded after initial puncture

5. Immuno-compromised patients should not have medications administered from previously used multi-dose vials.

6. If suspected contamination has occurred with any open container/vial of medication, regardless of the documented beyond use date, that container/vial will be discarded immediately.

7. Opened multi-dose vials will remain in the medication room. Opened multi-dose vials removed from the medication room will be disposed of immediately after use.

8. Wasted/discarded vials will be documented in the medication management waste stream, as well as the medication management machine to ensure accurate inventory management and timely replacement of inventory.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Organization Of Nursing Personnel	REVIEWED: 7/1/19; 5/04/21
SECTION: Workforce	REVISED:
EFFECTIVE: ~~7/31/19~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Organization of nursing personnel

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

1. To clarify administrative and supervisory responsibilities for nursing personnel.

2. To delineate areas of responsibility.

3. To clarify determination of nursing care hours.

4. To determine the evaluation of patient care.

5. To identify the methods used for patient care delivery.

Response Rating:

Required Equipment:

Procedure:

1. Nursing hours are determined based on the Clinic's hours of operation. A physician or a nurse practitioner/physician assistant will remain in the Clinic during hours of operation.

2. Nursing staff is organized according to the details outlined in the approved job descriptions, which define staff relationships and details of responsibility for each category of nursing personnel.

3. Nursing Administrative personnel

    a. The Clinic Manager has 24-hour responsibility for the administration of the Clinic.
    b. The Manager's designee shall be appointed to act in the absence of the ~~Director~~Manager. The Medical Director and staff will be notified of the designee in the absence of the ~~Director~~Manager.
    c. Staff, licensed nurses, and Medical Assistants are delegated nursing care responsibilities by the

physician and the Clinic Manager.

4. Evaluation of Nursing care to determine quality and appropriateness of nursing care will be completed using the following methods

   a. Review of incident reports
   b. Quality Assurance Program
   c. Patient needs satisfaction (verbal and/or written)
   d. Nursing staff needs satisfaction (verbal and/or written)
   e. Medical Staff needs satisfaction (verbal and/or written)

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Patient With Urgent Complaint Or Distress	REVIEWED: 7/1/19; 2/14/20; 5/04/21
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Patient with Urgent Complaint or Distress

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

Response Rating:

Required Equipment:

Procedure:

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

1. Registration personnel will immediately request the nurse and direct the nurse to the patient in question.

2. The nurse will follow the current Initial Patient Contact and Medical Emergency policy.

3. If the patient is accompanied by a friend or family member, ask that individual for patient demographic information so as to complete a registration and open the EMR for use.

4. If the patient is unaccompanied or their companion is unable to provide the requested information, obtain the information from the patient after the practitioner has seen them and they are deemed able to respond to queries.

5. If the patient is unable to complete a sign in sheet, personnel may interview the patient and obtain the information verbally and enter that information into the EMR.

6. If the patient is in extreme distress/duress provide life saving treatment and call 911. Input of demographic information into the EMR becomes a low priority task.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Threatening Or Hostile Patient	REVIEWED: 3/1/19; 2/14/20; 5/04/21
SECTION: Safety and Emergency Planning	REVISED: 2/14/20
EFFECTIVE: ~~2/26/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Threatening or Hostile Patient

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

Response Rating:

Required Equipment:

Procedure:

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

1. Attempt to defuse the situation by speaking calmly with the person. Do not approach the person or touch them.

2. Call for the Supervisor and or the practitioner, asking for their back-up and support.

3. If the person does not calm down and de-escalate their behavior, request intervention by the Clinic Manager. If the Clinic Manager is not available, tell the person that they must leave the premises.

4. Call 911 if the person does not comply with your request to leave the premises.

5. If escalating:
   a. Use the overhead page "code gray" and location if the patient is combative.
   b. Use the overhead page "code silver" If the patient has a weapon and call 911.
   c. Move other patients and guests from the area. Consider Shelter in Place policy.

6. Call local law enforcement's non-emergency line to report the hostile person and ask for drive-by observation during the balance of the business day.

7. Complete an Incident Report according to policy and forward to the Clinic Manager, who will ensure the report is also reviewed by both the Medical and Executive Directors.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Volunteer Deployment	REVIEWED: 3/1/19; 5/04/21
SECTION: Safety and Emergency Planning	REVISED:
EFFECTIVE: ~~3/27/19~~May Board Meeting	MEDICAL DIRECTOR

Subject: Volunteer Deployment

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

Response Rating: Mandatory

Required Equipment:

Procedure

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

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

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

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

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

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

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

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

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

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

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Waived Testing CoaguChek XS PT	REVIEWED: 1/5/20; 5/04/21
SECTION: Waived Testing	REVISED:
EFFECTIVE: ~~1/21/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: INR testing using CoaguChek XS PTwaived testing kit

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

Response Rating:

Required Equipment: CoaguChek MS meter**,** gloves, test strip, test strip code chip, lancet, alcohol swap, dot bandaid

Procedure:

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

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

10. An hourglass flashes as the meter warms the test strip, which takes up to 30 seconds.

11. When the test strip is warmed, a flashing test strip and blood drop symbol appear and the meter begins a countdown. You have 180 seconds to apply blood to the test strip.

12. Using the lancet and appropriate technique, obtain a good drop of blood from the patient's fingertip.

13. Apply one (1) drop of blood to the top or side of the target area. You must apply blood to the test strip with 15 seconds of lancing the finger and within 30 seconds when using venous blood. Applying blood later than that may produce an inaccurate result as the coagulation process will have begun.

14. Do not add more blood. Do not touch or remove the test strip when a test is in progress. The flashing blood drop symbol changes to an hourglass symbol when the meter detects sufficient samples. If he meter's beeper is turned on, a beep sounds as well.

15. The result appears in about a minute. Record the result.

16. Properly dispose of the lancet and test strip.

17. Power the meter off.

18. Perform QC per the manufacturer's guidelines.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Waived Testing Hemoglobin	REVIEWED: 8/28/19; 2/20/20; 5/04/21
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Waived Testing using the Consult Diagnostics Hemoglobin Analyzer

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

Response Rating: Mandatory

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

Procedure:

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

j. Squeeze fingertip to express drop of blood and fill microcuvette with blood and ensure capture area is full.

k. Wipe excess blood from microcuvette before inserting in machine.

l. Look for air bubbles in the filled microcuvette. If present, take a new sample. Small bubbles around the edge can be ignored.

m. Insert microcuvette in machine and press down. Result displays within seconds. Remove microcuvette immediately after results are displayed.

n. Record results in EMR.

o. Dispose of microcuvette in the biohazardous waste container.

2. To clean machine

a. Turn machine off.

b. Wipe exterior of machine with germicidal wipe.

3. If error message EO3 displays on machine it means that the microcuvette has been left in the machine too long or was removed too slowly.

a. Turn machine off.

b. Remove table.

c. Using red handled cleaning tool thoroughly wipe inside of machine.

d. Wait 15 minutes

e. Insert table into machine, click to engage, and close.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Influenza A and B Test - Waived	REVIEWED: 12/27/19; 2/20/20; 5/04/21
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

Subject: Influenza A and B testing using OSOM Ultra 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: Waived Testing - LeadCare II	REVIEWED: 8/29/19; 2/20/20; 5/04/21
SECTION: Waived Testing	REVISED: 3/11/18; 2/20/20
EFFECTIVE: ~~3/25/20~~May Board Meeting	MEDICAL DIRECTOR:

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. Screening or risk assessment is to be performed at 12 months and 24 months.
   c. If the screening or risk assessment is not performed per the recommended periodicity schedule, document in the EMR the reason.

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 Cavi 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 3.3 ug/dL -- should be recorded as <3.3 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 ≥9.5 µg/dL must be electronically reported within 3 working days from the date of analysis.
- Blood lead results <9.4 µg/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

If blood lead level	Childs Age	Perform capillary re-test within
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

Valley Springs Health Wellness Center
April 2021 Quality Metrics

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1															Census	MTD	Fiscal YTD
2	Quality Metric'	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Total	Fiscal YTD	Payor Mix	Payor Mix
3																	
4	Patient Visits Total	848	776	830	1026	969	1040	981	1054	1220	1246			9990	9990		
5	Medi-Cal	325	265	371	465	446	483	441	445	510	554			4305	4305	44%	43%
6	Medicare	273	279	246	303	342	374	261	334	352	354			3118	3118	28%	31%
7	Cash Pay	50	33	21	34	21	24	13	20	43	17			276	276	1%	3%
8	Other	200	199	192	224	223	243	253	239	315	307			2395	2395	25%	24%
9																	
10	Total Empanelled Patients	1965	1951	2218	2396	2536	2575	2682	2826	2972	3141						
11																	
12	Total New Patients	245	170	202	231	183	122	107	208	148	179						
13																	
14	Incident Reports			6	11	4	7	8			3						
15																	
16	Patient Satisfaction			98	98	95	98	95	93	94%	100%						
17																	
18	Peer Review/Fallouts			none	0	0	1	3	0	2	1						
19																	
20	Employee turnover																
21																	
22	Wait time for appointments			0	0	0	0	0	0	0	0						
23																	
24	Patient No-shows	44	52	57	111	103	69	61	94	114	106						
25																	
26																	
27																	
28																	
29	1=All Financial data in Finance Report																

Valley Springs Health Wellness Center
April 2021 Quality Metrics

	R	S	T	U
1	Historical			
2	Payor Mix	(Payor Mix 10/16/19 to present)		
3				
4				
5	43%			
6	31%			
7	3%			
8	24%			
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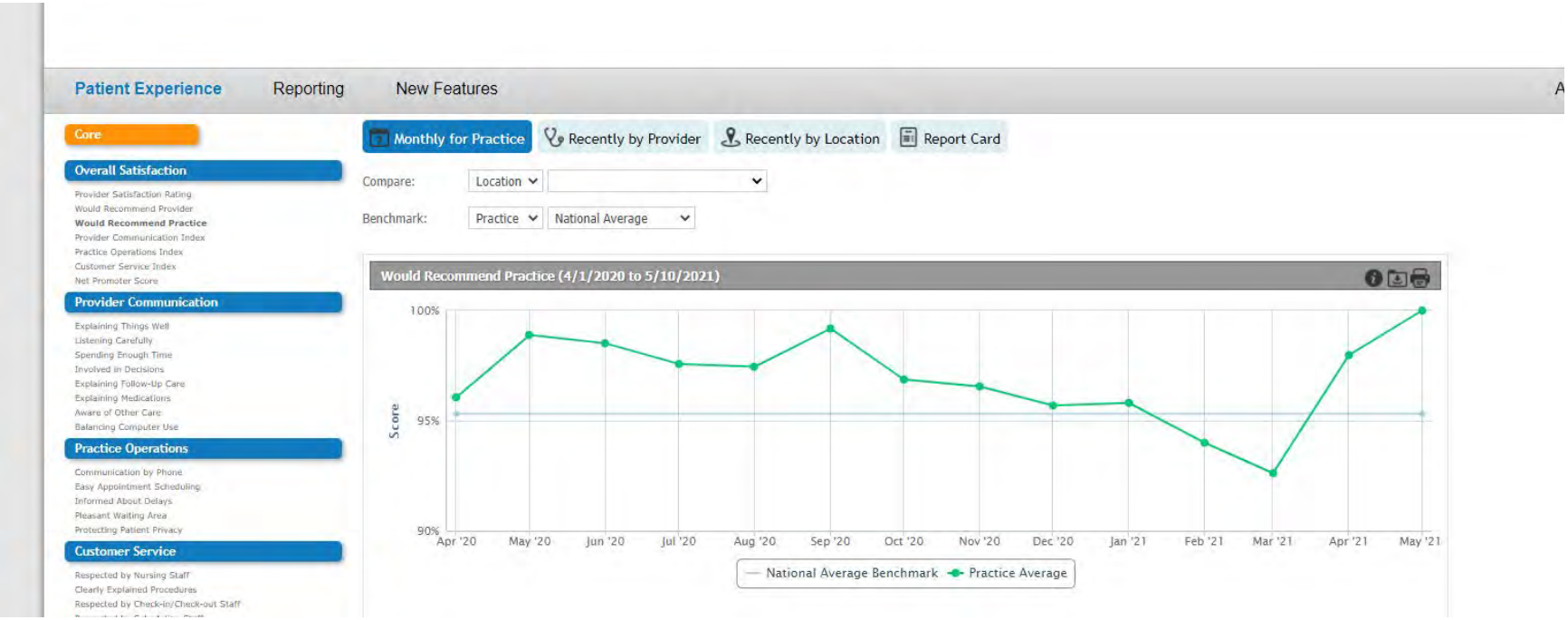
Patient Experience
Reporting
New Features
Core
Overall Satisfaction
Provider Satisfaction Rating
Would Recommend Provider
Would Recommend Practice
Provider Communication Index
Practice Operations Index
Customer Service Index
Net Promoter Score
Provider Communication
Explaining Things Well
Listening Carefully
Spending Enough Time
Involved in Decisions
Explaining Follow-Up Care
Explaining Medications
Aware of Other Care
Balancing Computer Use
Practice Operations
Communication by Phone
Easy Appointment Scheduling
Informed About Delays
Pleasant Waiting Area
Protecting Patient Privacy
Customer Service
Respected by Nursing Staff
Clearly Explained Procedures
Respected by Check-in/Check-out Staff
Monthly for Practice
Recently by Provider
Recently by Location
Report Card
Compare:
Location
Benchmark:
Practice
National Average
Would Recommend Practice (4/1/2020 to 5/10/2021)
100%
95%
90%
Score
Apr '20
May '20
Jun '20
Jul '20
Aug '20
Sep '20
Oct '20
Nov '20
Dec '20
Jan '21
Feb '21
Mar '21
Apr '21
May '21
National Average Benchmark
Practice Average

Audited Financial Statements

MARK TWAIN
HEALTH CARE DISTRICT

June 30, 2020

JWT & Associates, LLP
Certified Public Accountants

Audited Financial Statements

MARK TWAIN HEALTH CARE DISTRICT

June 30, 2020

Management's Discussion and Analysis

MARK TWAIN HEALTH CARE DISTRICT

June 30, 2020

The management of the Mark Twain Health Care District (the District) has prepared this annual discussion and analysis in order to provide an overview of the District's performance for the fiscal year ended June 30, 2020 in accordance with the Governmental Accounting Standards Board Statement No. 34, *Basic Financials Statements; Management's Discussion and Analysis for State and Local Governments.* The intent of this document is to provide additional information on the District's financial performance as a whole in addition to providing a prospective look at revenue growth, operating expenses, and capital development plans. This discussion should be reviewed in conjunction with the audited financial statements for the fiscal year ended June 30, 2020 and accompanying notes to the financial statements to enhance one's understanding of the District's financial performance.

Financial Highlights

The District's financial statements consist of three statements: statement of net position; statement of revenues, expenses, and changes in net position; and statement of cash flows. These financial statements and related notes provide information about the activities of the District, including resources held by the District but restricted for specific purposes by contributors, grantors, or enabling legislation.

The statement of net position includes all of the District's assets and liabilities, using the accrual basis of accounting, as well as an indication about which assets can be used for general purposes and which are designated for a specific purpose. Highlights within the statement of net position and the statement of revenues, expenses and changes in net position for the year ended June 30, 2020 were:

(1) Total assets increased by $679,286 due mainly to the minority interest arrangement with Dignity and increases in property and equipment with the new rural health care clinic (Clinic) located in Valley Springs;

(2) Cash and cash equivalents decreased by $2,514,073 due mainly to the finishing of the construction of the new Clinic in Valley Springs and the related start-up costs as the Clinic opened for patients in October, 2019;

(3) Patient accounts receivable as of June 30, 2020 were $867,360, net of estimated related allowances of $731,236 to arrive at a net patient accounts receivable of $136,124;

(4) Property and equipment increased by $3,733,967 due to the construction of the Clinic and depreciation expense was $555,468 as compared to the prior year of expense of $23,191. This was due to the fact that the Clinic came on-line in October, 2019 resulting in 9 months of new depreciation.

(5) Total debt borrowings were $6,377,305 as the District drew down on their USDA loan in the amount of $2,663,521 in order to continue to fund the construction of the new Clinic in Valley Springs.

(6) Due to the new 30-year lease agreement, for the year ended June 30, 2020, the District recorded approximately $1.1 million in lease income, offset by approximately $700,000 in utilities expense, all according to the terms of the new lease which began in fiscal year 2019.

(7) The decrease in net position for the year ended June 30, 2020 was a loss of (1,415,963) as compared to the prior year increase in net position of $643,896. This was due mainly to depreciation expense of $688,825 for the year and the added expenditures of the start-up Clinic in Valley Springs.

The statement of cash flows reports the cash provided by and used by the District's operating activities, as well as other cash sources such as investment income and cash payments for capital additions and improvements. This statement provides meaningful information on how the District's cash was generated and how it was used during the fiscal year.

Cash and Investments

For the fiscal year ended June 30, 2020, the District's operating cash and investments totaled $13,609,819 as compared to $16,123,892 in fiscal year 2019. At June 30, 2020, days cash on hand were 1,295 as compared to June 30, 2019 when days cash on hand were 5,794. The District maintains sufficient cash and cash equivalent balances to pay all short-term liabilities, plus fund the forthcoming operations of the new rural health clinic.

Current Assets and Liabilities

Current assets decreased by $2,436,244 due mainly to the previously mentioned decrease in cash and cash equivalents. Current liabilities increased by $778,468 due mainly to construction payables. These changes produced a current ratio of 12.66 for June 30, 2020 as compared to 50.72 for June 30, 2019.

Capital and Other Assets

Property and equipment increased by $3,178,499 as additions were $3,733,967, less depreciation expense of $555,468. The increase was for the finalization of capitalized costs of preparing the Clinic in Valley Springs.

The District had recorded approximately $6.8 million in other assets, offset by approximately $6 million in deferred revenues, all associated with the 30 year leasing of the Hospital facilities by Dignity. As a result, these costs were amortized which realized an approximate $$1.1 million in lease income for the lease of the Hospital facilities.

District Revenues and Rental Income

The District receives approximately 35% of its operating support from property taxes. These funds are used to support operations of the District. They are classified as operating revenue as the revenue is directly linked to the operations of the District. Property taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. Property taxes increased in 2020 by $41,405 from 2019.

The District also rents and/or leases hospital facilities, private office for physicians and land to various entities and individuals for purposes of supplying healthcare to the residents in the surrounding area. Rental income for the year ended June 30, 2020 decreased slightly by $44,340 over the previous year.

Operating Expenses

Total operating expenses were $4,493,073 for fiscal year 2020 compared to $1,052,416 for the prior fiscal year. The increase is mainly due primarily to:

(1) A $650,841 increase in salaries, wages and employee benefits due to the hiring of new staff for the operations of the new Clinic.

(2)A $837,410 increase in professional fees due to the hiring of new physicians to service patients as the new Clinic opened in October, 2019.

(3) A $225,675 increase in supples and purchased services, again due to the new Clinic opening.

(4) A $681,221 increase in utilities expense due to the fact that the District is now responsible for the payment of Hospital utilities per the new lease arrangement.

(5) A $652,247 increase in depreciation due to the new Clinic coming on-line and added amortization expense as a result of the new lease agreement.

(6) A $30,736 increase in insurance due to added coverage for the Clinic as it is now open to serve patients.

(7) A $306,362 increase in donations and program expenses for added community healthcare support for the year.

Other changes in expenses over the prior year were considered minor.

Economic Factors and Next Fiscal Year's Budget

The District's board approved the fiscal year ending June 30, 2021 budget at a recent Board meeting. For fiscal year 2021, the District is budget has the following assumptions:

Property taxes were budgeted at the approximately the same levels of 2020 while rents increase.

Professional fees and other operating expenses are expected to remain fairly consistent for the year as compared to 2020

As noted already, the District opened the new rural health care clinic in Valley Springs which it began operating in October, 2019. Planning is underway for expanded operations of the Clinic and the establishment of reasonable reimbursement rates from both Medicare and Medi-Cal for patient services rendered.

As a result of the spread of the COVID-19 coronavirus, economic uncertainties have arisen which are likely to negatively impact revenues. Other financial impacts could occur, though such potential impact is unknown at this time.

This is a challenging time not only for our country but also for our community. The District takes the safety and health of our community and staff very seriously. The District has chosen to take actions to limit the spread of this virus. Therefore, the District has made the tough decision to cancel or postpone programs in several areas.

JWT & Associates, LLP

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Report of Independent Auditors

The Board of Directors
Mark Twain Health Care District
San Andreas, California

We have audited the accompanying financial statements of the Mark Twain Health Care District, (the District) which comprise the statements of net position as of June 30, 2020 and 2019, and the related statements of revenues, expenses and changes in net position, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the California Code of Regulations, Title 2, Section 1131.2 State Controller's *Minimum Audit Requirements* for California Special Districts . Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the District's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion the financial statements referred to above present fairly, in all material respects, the financial position of the District at June 30, 2020 and 2019, and the results of its operations and its cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States of America.

Supplementary Information

Management's discussion and analysis is not a required part of the financial statements but is supplementary information required by accounting principles generally accepted in the United States of America. We have applied limited procedures, which consisted principally of inquiries of management regarding the methods of measurement and presentation of the supplementary information. However, we did not audit the information and express no opinion on it.

JWT & Associates, LLP

Fresno, California
May 11, 2021

Statements of Net Position

MARK TWAIN HEALTH CARE DISTRICT

	June 30	
	2020	2019
Assets		
Current assets:		
Cash and cash equivalents	$ 13,609,819	$ 16,123,892
Patient accounts receivable	136,124	
Other receivables	191,462	249,757
Total current assets	13,937,405	16,373,649
Property and equipment	8,834,643	5,656,144
Interest in Mark Twain Medical Center	463,527	287,693
Other assets	6,905,492	7,144,295
Total assets	$ 30,141,067	$ 29,461,781
Liabilities and Net Position		
Current liabilities:		
Current maturities of debt borrowings	$ 146,000	$ 133,000
Accounts payable and accrued expenses	880,838	175,862
Accrued payroll and related liabilities	74,511	14,019
Total current liabilities	1,101,349	322,881
Deferred lease revenue	4,699,260	5,900,000
Debt borrowings	6,231,305	3,713,784
Total liabilities	12,031,914	9,936,665
Net position		
Invested in capital assets	2,457,338	1,809,360
Unrestricted net position	15,651,815	17,715,756
	18,109,153	19,525,116
Total liabilities and net position	$ 30,141,067	$ 29,461,781

See accompanying notes and auditor's report

Statements of Revenues, Expenses and Changes in Net Position

MARK TWAIN HEALTH CARE DISTRICT

	Year Ended June 30	
	2020	2019
Operating revenues:		
Net patient service revenues	$ 217,061	
District taxes	1,126,504	$ 1,085,099
Hospital lease income	1,095,293	232,000
Rental income from medical office buildings	229,778	274,118
Interest and other investment income	390,802	142,053
Total revenues, gains and losses	3,059,438	1,733,270
Operating expenses:		
Salaries, wages and employee benefits	910,511	259,670
Professional fees	1,050,433	213,023
Supplies and purchased services	229,183	3,508
Donations, programs and events	465,163	158,801
Medical office building rent	240,514	231,983
Utilities and phone	710,354	29,133
Insurance	49,893	19,157
Repairs and maintenance	7,201	2,444
Depreciation and amortization	688,825	36,578
Other operating expenses	140,996	98,119
Total expenses	4,493,073	1,052,416
Excess of revenues over expenses (expenses over revenues)	(1,433,635)	680,854
Nonoperating revenues (expenses):		
Interest expense	(158,161)	
Gain in interest in Mark Twain Medical Center	175,833	(36,958)
Increase (decrease) in net position	(1,415,963)	643,896
Net position at the beginning of the year	19,525,116	18,881,220
Net position at the end of the year	$ 18,109,153	$ 19,525,116

See accompanying notes and auditor's report

Statements of Cash Flows

MARK TWAIN HEALTH CARE DISTRICT

	Year Ended June 30 2020	2019
Cash flows from operating activities:		
Cash received from patients and third parties on behalf of patients	$ 80,937	
Cash received from taxes, rents & other activities	1,981,211	$ 1,072,450
Cash paid for salaries, wages and administrative benefits	(850,019)	(262,635)
Cash paid for suppliers and outside vendors	(2,346,922)	(801,030)
Net cash provided by (used in) operating activities	(1,134,793)	8,785
Cash flows from financing and investing activities:		
Purchases of property, equipment and other	(3,733,968)	10,372,060
Proceeds from debt borrowings	2,663,521	3,846,784
Repayments of debt borrowings	(133,000)	
Change in Mark Twain Medical Center	(175,833)	36,958
Net cash provided by (used in) financing and investing activities	(1,379,280)	14,255,802
Net increase (decrease) in cash and cash equivalents	(2,514,073)	14,264,587
Cash and cash equivalents at beginning of year	16,123,892	1,859,305
Cash and cash equivalents at end of year	$ 13,609,819	$ 16,123,892
Reconciliation of changes in net position to net cash provided by operating activities		
Increase (decrease) in net position	$ (1,415,963)	$ 643,896
Adjustments to reconcile increase (decrease) in net position to net cash provided by operating activities:		
Depreciation and amortization	688,825	36,578
Changes in operating assets and liabilities:		
Patient accounts receivable	(136,124)	
Other receivables	58,295	(79,335)
Prepaid expenses		16,601
Accounts payable and accrued expenses	704,976	2,596
Accrued payroll and related liabilities	60,492	(2,965)
Due to Mark Twain Medical Center		(47,458)
Deferred lease revenue and other asset	(1,095,294)	(561,128)
Net cash provided by (used in) operating activities	$ (1,134,793)	$ 8,785

NOTE A - SIGNIFICANT ACCOUNTING POLICIES

***Reporting Entity*:** Mark Twain Health Care District (the District) is a political subdivision of the State of California under the California Health and Safety Code and is governed by a five-member elected Board of Directors. The District was organized in 1946, and began operating a healthcare facility located in San Andreas, California, in 1951.

In 1989, the District arranged with St. Joseph's Regional Health System (SJRHS), who later became Catholic Health Care West (CHW), who then renamed to Dignity Health (DH) (a California-based not-for-profit public benefit corporation) to manage the District-owned Mark Twain Hospital, which later became known as the Mark Twain Medical Center Corporation (the Corporation). DH entered into an agreement with the District at that time to lease the Corporation under the "1989 Lease". During fiscal year 2020, a new lease was entered into with DH as more fully described in Footnote H. The Corporation's Board of Trustees is appointed by the District and DH whereby DH appoints three members of the seven-member Corporation Board of Trustees and holds significant reserve powers. In the event of its dissolution, the Corporation's bylaws require that its net position be divided equally between the District and DH.

Also during fiscal year 2020, the District opened a rural health care clinic in Valley Springs, California. The District operates the outpatient clinic in order to help provide health care services to residents who primarily reside in the local geographic area.

Basis of Preparation: The accounting policies and financial statements of the District generally conform with the recommendations of the audit and accounting guide, *Health Care Organizations*, published by the American Institute of Certified Public Accountants. The financial statements are presented in accordance with the pronouncements of the Governmental Accounting Standards Board (GASB). For presentation purposes, transactions deemed to be ongoing and central to providing health care services are reported as operational revenues and expenses.

The District uses enterprise fund accounting. Revenues and expenses are recognized on the accrual basis using the economic resources measurement focus. Based on GASB Statement Number 20, *Accounting and Financial Reporting for Proprietary Funds and Other Governmental Entities That Use Proprietary Fund Accounting*, as amended, the District has elected to apply the provisions of all relevant pronouncements as the Financial Accounting Standards Board (FASB), including those issued after November 30, 1989, that do not conflict with or contradict GASB pronouncements.

Changes in Financial Statement Presentation: The District adopted provisions of GASB 34, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments* (Statement 34), as amended by GASB 37, *Basic Financial Statements - and Management's Discussion and Analysis - for State and Local Governments: Omnibus*, and Statement 38, *Certain Financial Statement Note Disclosures*. These statements establish financial reporting standards for government entities, and relates to presentation and disclosure requirements.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

Use of Estimates: The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported results of operations for the period. Actual results could differ from those estimates.

Risk Management: To cover the District against various risks of loss from torts; theft of, damage to, and destruction of assets; business interruption; errors and omissions; employee injuries and illnesses; natural disasters; and employee health, dental, and accidental benefits, commercial insurance coverage is purchased.

Cash and Cash Equivalents and Investments: The District considers cash and cash equivalents to include certain investments in highly liquid debt instruments, when present, with an original maturity of a short-term nature or subject to withdrawal upon request. Exceptions are for those investments which are intended to be continuously invested. Investments in debt securities are reported at market value. Interest, dividends and both unrealized and realized gains and losses on investments are included as investment income in nonoperating revenues when earned.

Investments: Short-term investments are funds invested local banks. These investments are measured at fair value at June 30, 2020 and 2019. Investment income or losses (including realized and unrealized gains and losses on investments, interest and dividends) are included in operating revenues under interest and other investment income.

Patient Accounts Receivable: Patient accounts receivable consist of amounts owed by various governmental agencies, insurance companies and private patients. The District manages its receivables by regularly reviewing the accounts, inquiring with respective payors as to collectibility and providing for allowances on their accounting records for estimated contractual adjustments and uncollectible accounts. Significant concentrations of patient accounts receivable are discussed further in the footnotes

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Capital Assets: Capital assets consist of property and equipment and are reported on the basis of cost, or in the case of donated items, on the basis of fair market value at the date of donation. Routine maintenance and repairs are charged to expense as incurred. Expenditures which increase values, change capacities, or extend useful lives are capitalized. Depreciation of property and equipment and amortization of property under capital leases are computed by the straight-line method for both financial reporting and cost reimbursement purposes over the estimated useful lives of the assets, which range from 3 to 40 years, depending upon the capital asset classification.

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

Compensated Absences: The District's employees earn vacation benefits at varying rates depending on years of service. Employees also earn sick leave benefits. Both benefits can accumulate up to specified maximum levels. Employees are not paid for accumulated sick leave benefits if they leave either upon termination or before retirement. However, accumulated vacation benefits are paid to an employee upon either termination or retirement. Accrued vacation liabilities (PTO) as of June 30, 2020 and 2019 was $18,202 and $1,724, respectively.

Net Position: Net position can be presented in three categories. The first category is net position "invested in capital assets, net of related debt". This category of net position consists of capital assets (both restricted and unrestricted), net of accumulated depreciation and reduced by the outstanding principal balances of any debt borrowings that were attributable to the acquisition, construction, or improvement of those capital assets. The second category is "restricted" net position. This category consists of externally designated constraints placed on those net position by creditors (such as through debt covenants), grantors, contributors, law or regulations of other governments or government agencies, or law or constitutional provisions or enabling legislation. The third category is "unrestricted" net position. This category consists of net position that does not meet the definition or criteria of the previous two categories.

The District's reserve policy provides for the designation of unrestricted net position to fund (1) replacement and major repairs for District physical assets; (2) replacement and upgrades of information technology (IT) performance systems; (3) hardware and software; (4) designated projects, programs or other special uses requiring additional monetary support; (5) capital improvements; and (6) maintain standard operational sustainability in periods of economic uncertainty.

Operating Revenues and Expenses: The District's statement of revenues, expenses and changes in net position distinguishes between operating and nonoperating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, which is the District's principal activity. Operating expenses are all expenses incurred to provide health care services, other than financing costs. Nonoperating revenues and expenses are those transactions not considered directly linked to providing health care services.

Net Patient Service Revenues: Net patient service revenues are reported in the period at the estimated net realized amounts from patients, third-party payors and others including estimated retroactive adjustments under reimbursement agreements with third-party programs. Normal estimation differences between final reimbursement and amounts accrued in previous years are reported as adjustments of current year's net patient service revenues.

Charity Care: The District accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to certain established policies of the District. Essentially, these policies define charity services as those services for which no payment is anticipated. Because the District does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenues. Services provided are recorded as gross patient service revenues and then written off as an adjustment to net patient service revenues

NOTE A - SIGNIFICANT ACCOUNTING POLICIES (continued)

District Tax Revenues: The District receives approximately 35% of its operating support from property taxes. These funds are used to support operations of the District. They are classified as operating revenue as the revenue is directly linked to the operations of the District. Property taxes are levied by the County on the District's behalf during the year, and are intended to help finance the District's activities during the same year. Amounts are levied on the basis of the most current property values on record with the County. The County has established certain dates to levy, lien, mail bills, and receive payments from property owners during the year. Property taxes are considered delinquent on the day following each payment due date.

Grants and Contributions: From time to time, the District may receive grants from various governmental agencies and private organizations. The District may also receive contributions from related foundation and auxiliary organizations, as well as from individuals and other private organizations. Revenues from grants and contributions are recognized when all eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or capital acquisitions. These amounts, when recognized upon meeting all requirements, are reported as components of the statement of revenues, expenses and changes in net position.

Statements of Cash Flows and Reclassifications: For purposes of the statements of cash flows, all highly liquid investments with original maturities of three months or less are considered to be cash equivalents. Certain reclassifications in the grouping of accounts have been made to the June 30, 2019 presentation in order to conform to the June 30, 2020 presentation.

NOTE B - BANK DEPOSITS

Collateral: As of June 30, 2020 and 2019, the District had deposits invested in a bank of $13,609,418 and $16,123,892, respectively. All of these funds were held in deposits, which are collateralized in accordance with the California Government Code (CGC), or federally insured.

Under the provisions of the CGC, California banks and savings and loan associations are required to secure the District's deposits by pledging government securities as collateral. The market value of pledged securities must equal at least 110% of the District's deposits. California law also allows financial institutions to secure District deposits by pledging first trust deed mortgage notes having a value of 150% of the District's total deposits. The pledged securities are held by the pledging financial institution's trust department in the name of the District.

Investments , at times, may consist of state and local agency funds invested in various permissible securities and are stated at quoted market values. Changes in market value between years are reflected as a component of investment income in the accompanying statement of revenues, expenses and changes in net position.

NOTE C - NET PATIENT SERVICE REVENUES

The District had agreements with third-party payors that provide for payments at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare: Payments for rural health care services rendered to Medicare beneficiaries are paid on an interim rate during the year with final settlement based on cost report submission.

Medi-Cal: For Medi-Cal, services are paid on a prospective payment system (PPS) rate for rural health care services rendered to Medi-Cal beneficiaries with final settlement based on the PPS reconciliation and audit process conducted by the State of California.

Other: Payments for services rendered to other than Medicare and Medi-Cal patients are based on established rates or on agreements with certain commercial insurance companies, health maintenance organizations and preferred provider organizations which provide for various discounts from established rates.

Net patient service revenues percentages for the years ended June 30, 2020 are summarized below:

Medicare	31%
Medi-Cal (traditional and managed care)	43%
Other third party payors	25%
Self pay and other	1%
Gross patient service revenues	100%
Less deductions from revenue and related allowances	(81%)
Net patient service revenues	19%

Medicare and Medi-Cal revenue accounts for approximately 74% of the District's net patient revenues for each year. Laws and regulations governing the Medicare and Medi-Cal programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

NOTE D - CONCENTRATION OF CREDIT RISK

Patient Accounts Receivable - The District grants credit without collateral to its patients and third-party payors. Patient accounts receivable from government agencies represent the only concentrated group of credit risk for the District and management does not believe that there are any credit risks associated with these governmental agencies. Contracted and other patient accounts receivable consist of various payors including individuals involved in diverse activities, subject to differing economic conditions and do not represent any concentrated credit risks to the District. Concentration percentages of patient accounts receivable at June 30, 2020 were as follows:

Medicare	39%
Medi-Cal (traditional and managed care)	41%
Other third party payors	17%
Self pay and other	3%
Gross patient accounts receivable	100%

Financial Instruments: Financial instruments, potentially subjecting the District to concentrations of credit risk, consist primarily of bank deposits in excess of the Federal Deposit Insurance Corporation (FDIC) limits of $250,000. Although deposits exceed the limit in certain bank accounts, management believes that the risk of loss is minimal due to the high financial quality of the bank with which the District does business. Management further believes that there is no risk of material loss due to concentration of credit risk with regards to investments as the District has no investments in equity funds, closed-end funds, exchange-traded products, or other perceived "at risk" alternatives as of June 30, 2020 and 2019.

NOTE E - INTEREST IN MARK TWAIN MEDICAL CENTER

In the former agreement between the Corporation and the District, in the event of a dissolution or a winding up of the Corporation**,** 50% of its assets remaining after payment, or provision for payment, of all debts and liabilities of the Corporation, were to be distributed to Dignity Health, a California nonprofit public benefit corporation. The other 50% would be distributed to the District. As a result of this agreement, the District had recorded $14,480,434 as of June 30,2018, respectively, as its portion of its interest in the Corporation. This amount represented the 50% of the net difference between the assets and the liabilities of the Corporation as of its June 30, 2018 audited financial statements. As of result of the new lease agreement with Dignity Health, this agreement was amended to reduce the 50% interest to 1%. For the years ended June 30, 2020 and 2019, this arrangement resulted in an interest gain of $178,833 and an interest loss of $36,958 (net of an interest gain), respectively.

NOTE F - TRANSACTIONS BETWEEN RELATED ORGANIZATIONS

The Corporation leases the District's healthcare facilities in order to conduct patient care services in an acute-care hospital setting. Lease revenue from the Corporation for the year ended June 30, 2019 was $232,000. During the year ended June 30, 2019, a new lease agreement was signed with other arrangements as disclosed in Footnote G.

The former hospital facility lease was renegotiated during the year ended June 30, 2018. The former lease payments were initially in amounts adequate to cover payment of utilities, debt service and insurance on the Series 1986A Bonds not covered by the tax and other revenues of the District, and to maintain ratios and fund accounts pursuant to the terms of a Joint Obligor Agreement between the District and the Corporation dated December 31, 1989, and the Bond Indenture dated August 1, 1986, between the District and Harris Trust Company of California, the bond trustee. As previously mentioned, Footnote G discloses the new lease arrangement.

During the year ended June 30, 2008, the District entered into a land and medical office building lease agreement with San Andreas Medical and Professional Office Building (SAMPO). The District leases land located at 704 Mountain Ranch Road in San Andreas to SAMPO at no cost due to the fact that the development of the property by SAMPO was deemed sufficient to offset any future lease payments. SAMPO built and owns the medical office building (MOB) located on the aforementioned land and then leases the MOB to the District. Lease expense for the years ended June 30, 2020 and 2019 regarding this agreement were $240,514 and $231,983, respectively. The District has subleased portions of the MOB to the Stockton Cardiology Medical Group and others, and to the Corporation. Lease revenues under the subleasing arrangements and other arrangements were $220,778 and $211,883 for the years ended June 30, 2020 and 2019, respectively.

NOTE G - DIGNITY HEALTH LEASE

On May 31, 2019, the District and Dignity Health (DH) consummated a 30-year lease of the Mark Twain Medical Center. The final closure entailed 10 different documents: (1) a Pre-lease Agreement; (2) a Lease Agreement; (3) a Supplemental Property Agreement; (4) an Equity Transfer Agreement; (5) a Lease Termination Agreement; (6) a Valley Springs Letter; (7) By-Laws of the MTMC Corporation; (8) By-Laws of the MTMC Community Board; (9) a Closing and Incumbency Certificate; and (10) a MTMC Third Amended & Restated Articles of Incorporation. Final accounting entries made for this May 31st transaction, as well as the true-up of asset depreciation, have been made to the records of the District for the year ended June 30, 2019.

As a result of this transaction, the District has recorded a capital lease asset valued at $6,806,628 and has recorded deferred lease revenue of $6,000,000. The capital lease asset is being amortized over the life of the new lease agreement of 30 years at $226,884 each year. The deferred lease revenue is a combination of deferred capital lease income, deferred facility rent and deferred utility expense income and is being recognized as income each year at various amounts each year.

NOTE H - PROPERTY AND EQUIPMENT

Property and equipment as of June 30, 2020 and 2019 were comprised of the following:

	Balance at June 30, 2019	Transfers & Additions	Disposals & Retirements	Balance at June 30, 2020
Land and land improvements	$ 1,339,564	$ 1,624,427		$ 2,963,991
Buildings and improvements	4,568,729	5,639,039		10,207,768
Equipment	698,156	858,949		1,557,105
Construction-in-progress	4,391,785	(4,388,448)		3,337
Totals at historical cost	10,998,234	3,733,967		14,732,201
Less accumulated depreciation for:				
Land and land improvements	(136,783)	(135,220)		(272,003)
Buildings and improvements	(4,510,688)	(330,251)		(4,840,939)
Equipment	(694,619)	(89,997)		(784,616)
Total accumulated depreciation	(5,342,090)	(555,468)		(5,897,558)
Total property and equipment, net	$ 5,656,144	$ 3,140,298	$	$ 8,834,643

	Balance at June 30, 2018	Transfers & Additions	Disposals & Retirements	Balance at June 30, 2019
Land and land improvements	$ 1,339,564			$ 1,339,564
Buildings and improvements	4,568,729			4,568,729
Equipment	698,156			698,156
Construction-in-progress	601,422	$ 3,790,363		4,391,785
Totals at historical cost	7,207,871	3,790,363		10,998,234
Less accumulated depreciation for:				
Land and land improvements	(134,397)	(2,386)		(136,783)
Buildings and improvements	(4,491,517)	(19,171)		(4,510,688)
Equipment	(692,985)	(1,634)		(694,619)
Total accumulated depreciation	(5,318,899)	(23,191)		(5,342,090)
Total property and equipment, net	$ 1,669,268	$ 219,704	$	$ 5,656,144

NOTE I - DEBT BORROWINGS

On August 8, 2019, the District's Board of Directors adopted Resolution 2019-11 entitling the authorizing and providing for the incurrence of indebtedness for the purpose of providing a portion of the cost of acquiring, constructing, enlarging, improving and/or extending its facilities to serve an area lawfully within its jurisdiction to serve. In a lease-leaseback transaction, two Certificates of Participation (COP) were signed. COP Series A allowed up to $6,782,000 and COP Series B allowed up to $678,000. Details of these borrowings as of June 30, 2020 and 2019, debt borrowings are as follows:

	2020	2019
Mark Twain Health Care District Certificates of Participation, Series A (2019 Capital Improvement Project), original amount up to $6,782,000; principal payments due to be determined; interest charged at 3.625%; collateralized by District revenues and other property:	$ 6,355,305	$ 3,812,784
Mark Twain Health Care District Certificates of Participation, Series B (2019 Capital Improvement Project), original amount up to $678,000; principal payments due to be determined; interest charged at 3.875%; collateralized by District revenues and other property:	22,000	34,000
	6,377,305	3,846,784
Less current maturities of debt borrowings	(146,000)	(133,000)
	$ 6,231,305	$ 3,713,784

Future principal maturities for debt borrowings for the next succeeding five years are $146,000 in 2021; $147,000 in 2022; $142,000 in 2023; $149,000 in 2024; and $154,000 inn 2025.

On May 1, 1996, the Corporation borrowed $11,175,000 to finance a new health facility and to defease the Mark Twain Hospital District Insured Revenue Bonds Series 1986A (the Series 1986A Bonds) previously issued by the District. In exchange for assuming the District's debt obligation, the Corporation has been granted a prepaid lease payment to the District that has been recorded as a long-term liability in the accompanying financial statements. The prepaid rent was being amortized over the life of the former lease agreement with the Corporation. As of result of the new lease agreement, the prepaid lease payment was terminated during the year ended June 30, 2019.

NOTE J - COMMITMENTS AND CONTINGENCIES

Construction-in-Progress: As of June 30, 2020 the District has recorded $3,337as construction-in-progress representing cost capitalized towards the a pharmacy project. Future costs to complete this project as of June 30, 2020 are not considered material. During the years ended June 30, 2020 and 2019, interest expense of $52,720 and $51,907, respectively, were capitalized into the building of the new rural health clinic which came on line in October, 2019 at a total cost of land, building and equipment of approximately $9 million.

Medical Office Building Rent: The District leases various office space under operating leases expiring at various dates. Total building rent expense for the years ended June 30, 2020 and 2019, was $240,514 and $231,983, respectively. Future minimum lease payments for the succeeding years under these leases as of June 30, 2020, that have initial or remaining lease terms in excess of one year are not significant for disclosure.

Litigation: The District may from time-to-time be involved in litigation and regulatory investigations which arise in the normal course of doing business. After consultation with legal counsel, management estimates that matters existing as of June 30, 2020 will be resolved without material adverse effect on the District's future financial position, results from operations or cash flows.

Medical Malpractice Insurance: The District maintains commercial malpractice liability insurance coverage under a claims made and reported policy covering losses up to $1 million per claim and $3 million in the annual aggregate, with a per claim deductible of $5,000. The District plans to maintain the insurance coverage by renewing its current policy, or by replacing it with equivalent insurance.

Workers Compensation Program: The District is a participant in the Beta Risk Management Authority (the Fund) which administers a self-insured worker's compensation plan for participating entity employees of its member entities. The District pays premiums to the Fund which are adjusted annually. If participation in the Fund is terminated by the District, the District would be liable for its share of any additional premiums necessary for final disposition of all claims and losses covered by the Fund.

Regulatory Environment: The District is subject to several laws and regulations. These laws and regulations include matters such as licensure, accreditation, government health care program participation requirements, reimbursement for patient services, and Medicare and Medi-Cal fraud and abuse. Government activity has increased with respect to possible violations of statues and regulations by health care providers. Violations of these laws and regulations could result in expulsion from government health care programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the District is in compliance with all applicable government laws and regulations and is not aware of any future actions or unasserted claims at this time.

NOTE K -INVESTMENTS

The District's investment balances and average maturities were as follows at June 30, 2020 and 2019:

		Investment Maturities in Years		
As of June 30, 2020	Fair Value	Less than 1	1 to 5	Over 5
Money market & ST investments	$ 12,726,413	$ 12,726,413		
Total investments	$ 12,726,413	$ 12,726,413	$ -0-	$ -0-

		Investment Maturities in Years		
As of June 30, 2019	Fair Value	Less than 1	1 to 5	Over 5
Money market & ST investments	$ 15,487,308	$ 15,487,308		
Total investments	$ 15,487,308	$ 15,487,308	$ -0-	$ -0-

The District's investments are reported at fair value as previously discussed. The District's investment policy allows for various forms of investments generally set to mature within a few months. Policies generally identify certain provisions which address interest rate risk, credit risk and concentration of credit risk.

Interest Rate Risk: Interest rate risk is the risk that changes in market interest rates will adversely affect the fair value of an investment. Generally, the longer the maturity of an investment, the greater the sensitivity of its fair value to changes in market interest rates. One of the ways an entity manages its exposure to interest rate risk is by purchasing a combination of shorter-term and longer-term investments and by timing cash flows from maturities so that a position of the portfolio is maturing or coming close to maturity evenly over time as necessary to provide the cash flow and liquidity needed for District operations. Information about the sensitivity of the fair values of the District's investments to market interest rate fluctuations is provided by the preceding schedules that shows the distribution of the District's investments by maturity.

Credit Risk: Credit risk is the risk that the issuer of an investment will not fulfill its obligation to the holder of the investment. This is measured by the assignment of a rating by a nationally recognized statistical rating organization, such as Moody's Investor Service, Inc. Generally an entity's investment policy for corporate bonds and notes would be to invest in companies with total assets in excess of $500 million and having a "A" or higher rating by agencies such as Moody's or Standard and Poor's.

Custodial Credit Risk: Custodial credit risk is the risk that, in the event of the failure of the counterparty (e.g. broker-dealer), an entity would not be able to recover the value of its investment or collateral securities that are in the possession of another party. An entity's investments are generally held by broker-dealers or in the case of many healthcare district's, in government-pooled short-term cash equivalents such as mutual funds.

NOTE K -INVESTMENTS (continued)

Concentration of Credit Risk: Concentration of credit risk is the risk of loss attributed to the magnitude of an entity's investment in a single issuer. An entity's investment policy generally allows for different concentrations in selected investment portfolios such as government-backed securities, which are deemed to be lower risk.

NOTE L - SUBSEQUENT EVENTS

The District's management has evaluated the effect of significant subsequent events on the financial statements through May 11, 2021, the date the financial statements are issued, and determined that there are no other material subsequent events that have not been disclosed.

MARK TWAIN
HEALTH CARE DISTRICT

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

Agenda Item:	**Financial Reports (as of April, 2021)**
Item Type:	**Action**
Submitted By:	**Rick Wood, Accountant**
Presented By:	**Rick Wood, Accountant**

BACKGROUND:
The April, 2021 financial statements are attached for your review and approval.

- The 2019 – 2020 Audit is done ☺ The Auditor and Mr. Hohenbrink have provided the District with the report and all the backup. Traci has since added the majority of this information into QuickBooks and we are working to true-up our financial reports for the same time period.
- Once the Finance Committee has had an opportunity to review the Audit Report, we will be submitting the Financial Transactions Report to the State Controller's Office.
- Mr. Hohenbrink continues to provide monthly clinic revenue numbers, and we are booking these as they are provided.
- The Balance Sheet shows a strong cash position.
- The Investment & Reserves Report shows the reserve allocations, along with the interest income allocations.

Mark Twain Health Care District							
Annual Budget Recap							
	04/30/21 Actual Y-T-D	2020 - 2021 Annual Budget					
		Total District	Clinic	Rental	Projects	Admin	
Revenues	4,150,934	6,171,389	3,618,701	1,352,688	0	1,200,000	
Total Revenue	4,150,934	6,171,389	3,618,701	1,352,688	0	1,200,000	
Expenses	(4,701,904)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)	
Total Expenses	(4,701,904)	(5,860,663)	(3,880,119)	(1,181,428)	(31,000)	(768,116)	
Surplus(Deficit)	(550,970)	310,726	(261,418)	171,260	31,000	431,884	

	Mark Twain Health Care District							
	Direct Clinic Financial Projections							
			VSHWC				**4/30/2021**	
		DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**	
		2019/2020	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**	
4083.49	Urgent care Gross Revenues	1,170,321	4,674,075	3,895,063	381,600	2,129,395	45.56%	
4083.60	Contractual Adjustments	(953,773)	(1,087,124)	(905,937)	(230,157)	(615,982)		
	Net Patient revenue	216,548	3,586,951	2,989,126	151,443	1,513,413	42.19%	
4083.90	Flu shot, Lab income, physicals		1,000	833			0.00%	
4083.91	Medical Records copy fees		750	625			0.00%	
4083.92	Other - Plan Incentives		30,000	25,000			0.00%	
			31,750	26,458	0	0	0.00%	
	Total Other Revenue	**216,548**	**3,618,701**	**3,015,584**	**151,443**	**1,513,413**	**41.82%**	
7083.09	Other salaries and wages	(648,607)	(1,008,540)	(840,450)	(83,531)	(857,055)	84.98%	
7083.10	Payroll taxes	(53,339)	(78,666)	(65,555)	(7,064)	(66,123)	84.06%	
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(7,564)			0.00%	
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(41,652)	(14,575)	(111,128)	222.34%	
7083.14	Group Life Insurance		(1,614)	(1,345)			0.00%	
7083.15	Pension and Retirement		(25,214)	(21,012)		(632)	2.51%	
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(8,404)		(16,697)	165.56%	
7083.18	Other payroll related benefits		(1,513)	(1,261)			0.00%	
	Total taxes and benefits	(98,100)	(176,151)	(146,793)	(21,639)	(194,580)	110.46%	
	Labor related costs	**(746,706)**	**(1,184,691)**	**(987,243)**	**(105,170)**	**(1,051,635)**	**88.77%**	
7083.05	Marketing	(7,096)				(1,524)		
7083.20	Medical - Physicians	(607,191)	(905,244)	(754,370)	(76,098)	(586,106)	64.75%	
7083.22	Consulting and Management fees	(261,571)	(75,000)	(62,500)	(1,531)	(69,882)	93.18%	
7083.23	Legal - Clinic	(27,900)	0			1,258	0.00%	
7083.25	Registry Nursing personnel		(3,000)	(2,500)			0.00%	
7083.26	Other contracted services	(65,565)	(126,907)	(105,756)	(21,286)	(143,495)	113.07%	
7083.29	Other Professional fees	(11,199)	(80,932)	(67,443)	(7,134)	(15,271)	18.87%	
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(3,086)	(35)	(916)	24.72%	
7083.38	Pharmaceuticals		(139,504)	(116,253)			0.00%	
7083.41.01	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(21,428)	(17,045)	(186,822)	726.54%	
7083.41.02	Dental Care Materials and Supplies -Clinic				(367)	(367)		
7083.44	Linens		(1,200)	(1,000)			0.00%	
7083.48	Instruments and Minor Medical Equipment		(24,248)	(20,207)			0.00%	
7083.74	Depreciation - Equipment		(150,476)	(125,397)			0.00%	
7083.45	Cleaning supplies		(47,578)	(39,648)			0.00%	
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(6,753)			0.00%	
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(259,181)			0.00%	
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(95,083)	(79,236)	(6,939)	(74,665)	78.53%	
8870.00	Interest on Debt Service	(158,161)	(257,355)	(214,463)		(435,495)	169.22%	
7083.43	Food	(935)	(2,000)	(1,667)		(893)	44.64%	
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(12,857)	(3,673)	(53,377)	345.97%	
7083.69	Other purchased services	(50,362)	(232,076)	(193,397)	(1,372)	(68,593)	29.56%	
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(14,045)			0.00%	
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(25,918)	(2,089)	(41,651)	0.00%	
7083.83	Licenses & Taxes		(1,500)	(1,250)				
7083.85	Telephone and Communications	(5,253)	(20,903)	(17,419)	(483)	(11,958)	57.21%	
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(1,250)	(293)	(4,766)	317.77%	
7083.87	Outside Training	(199)	(15,000)	(12,500)			0.00%	
7083.88	Travel costs	(3,704)	(4,000)	(3,333)		(616)	15.40%	
7083.89	Recruiting	(25,209)	(40,000)	(33,333)	(559)	(39,500)	98.75%	
8895.00	RoboDoc		(60,000)	(50,000)		(21,594)		
	Non labor expenses	(1,502,306)	(2,695,428)	(2,246,190)	(138,905)	(1,756,233)	65.16%	
	Total Expenses	(2,249,012)	(3,880,119)	(3,233,433)	(244,075)	(2,807,868)	72.37%	
	Net Expenses over Revenues	**(2,032,464)**	**(261,418)**	**(217,848)**	**(92,632)**	**(1,294,455)**	**495.17%**	

	Mark Twain Health Care District						
	Rental Financial Projections		**Rental**				
							4/30/2021
			Budget				
		DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**
		2019/2020	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
9260.01	Rent Hospital Asset amortized	1,095,293	1,092,672	910,560	90,659	908,227	83.12%
			0				
	Rent Revenues	**1,095,293**	**1,092,672**	**910,560**	**90,659**	**908,227**	**83.12%**
9520.62	Repairs and Maintenance Grounds	(6,079)	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(651,164)	(758,483)	(632,069)	(53,135)	(576,447)	76.00%
9520.72	Depreciation	(673,891)	(148,679)	(123,899)	(9,566)	(97,387)	65.50%
9520.82	Insurance						
	Total Costs	(1,331,134)	(907,162)	(755,968)	(62,700)	(673,835)	74.28%
	Net	**(235,841)**	**185,510**	**154,592**	**27,958**	**234,393**	**157.40%**
9260.02	MOB Rents Revenue	220,296	251,016	209,180	17,053	160,262	63.85%
9521.75	MOB rent expenses	(240,514)	(261,016)	(217,513)	(19,229)	(217,524)	83.34%
	Net	**(20,218)**	**(10,000)**	**(8,333)**	**(2,177)**	**(57,262)**	**572.62%**
9260.03	Child Advocacy Rent revenue	9,000	9,000	7,500	750	7,500	83.33%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(9,167)		(949)	8.63%
	Net	**8,703**	**(2,000)**	**(1,667)**	**750**	**6,551**	**-327.54%**
9260.04	Sunrise Pharmacy Revenue				1,800	10,800	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)	(1,875)		(3,785)	
		1,324,589	1,352,688	1,127,240	110,261	1,086,789	80.34%
		(1,574,119)	(1,181,428)	(984,523)	(81,930)	(896,093)	75.85%
	Summary Net	**(249,530)**	**171,260**	**142,717**	**28,332**	**190,697**	**111.35%**

Mark Twain Health Care District								
Projects, Grants and Support								
		4/30/2021						
				Budget				
			DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**
			2019/2020	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
	Project grants and support			(31,000)	(25,833)		(14,000)	45.16%
8890.00	Foundation		(465,163)					
8890.00	Veterans Support			(5,000)	(4,167)		0	
8890.00	Mens Health			(5,000)	(4,167)		0	
8890.00	Steps to Kick Cancer - October			(5,000)	(4,167)		0	
8890.00	Doris Barger Golf			(2,000)	(1,667)		0	
8890.00	Stay Vertical			(14,000)	(11,667)		(14,000)	100.00%
8890.00	Golden Health Grant Awards							
	Project grants and support		**(465,163)**	**(31,000)**	**(25,833)**	**0**	**(14,000)**	**45.16%**

Mark Twain Health Care District									
General Administration Financial Projections					**Admin**			**4/30/2021**	
					Budget				
				DRAFT	**2020/2021**	**Month**	**Actual**	**Actual**	**Actual**
		2016/2017	**2017/2018**	**2019/2020**	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	83,333	143	36,615	36.62%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	916,667	91,667	916,667	83.33%
9010.00	Gain on Sale of Asset								
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)		0	(3,018)	(18,532)	
	Summary Revenues	**939,844**	**1,004,488**	**1,473,626**	**1,200,000**	**1,000,000**	**88,791**	**934,750**	**77.90%**
8610.09	Other salaries and wages	(33,587)	(235,531)	(133,415)	(352,591)	(293,826)	(18,447)	(179,311)	50.86%
8610.10	Payroll taxes			(14,875)	(23,244)	(19,370)	(864)	(8,310)	35.75%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(2,644)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(14,562)			0.00%
8610.14	Group Life Insurance				(564)	(470)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(7,346)		(2,397)	27.20%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(2,938)			0.00%
8610.18	Other payroll related benefits				(529)	(441)		(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(47,771)	(864)	(11,008)	19.20%
	Labor Costs	**(33,587)**	**(236,194)**	**(163,804)**	**(409,916)**	**(341,597)**	**(19,311)**	**(190,319)**	**46.43%**
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(51,250)	(199)	(4,120)	6.70%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(25,000)		(928)	3.09%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(104,167)	(13,558)	(55,514)	44.41%
8610.43	Food			(868)	(2,000)	(1,667)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,595)	(18,000)	(15,000)	(592)	(13,333)	74.07%
8610.62	Repairs and Maintenance Grounds				0	0		(4,296)	
8610.69	Other- IT Services - District			(12,877)		0	(646)	(9,288)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	(2,083)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	(7,667)			0.00%
8610.80	Utilities			(420)	(1,000)	(833)		(146)	
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(20,833)		(16,653)	66.61%
8610.83	Licenses and Taxes				0				
8610.85	Telephone and communications				0				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(16,667)	(824)	(9,601)	48.00%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(12,500)		(660)	4.40%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(12,500)		(222)	1.48%
8610.89	Recruiting			(2,368)	(2,000)	(1,667)	(571)	(2,285)	114.24%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(62,405)	(32,000)	(26,667)	(15,653)	(60,965)	190.51%
8610.95	Other Misc. Expenses			(4,844)					
	Non-Labor costs	(521,817)	(532,071)	(226,130)	(358,200)	(298,500)	(32,043)	(178,010)	49.70%
	Total Costs	(555,404)	(768,265)	(389,934)	(768,116)	(640,097)	(51,355)	(368,329)	47.95%
	Net	**384,440**	**236,223**	**1,083,692**	**431,884**	**359,903**	**37,437**	**566,421**	**131.15%**

Mark Twain Health Care District
Balance Sheet
As of April 30, 2021

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	42,918
1001.20 Umpqua Bank - Money Market	6,444
1001.30 Bank of Stockton	159,194
1001.40 Five Star Bank - MTHCD Checking	326,241
1001.50 Five Star Bank - Money Market	199,294
1001.60 Five Star Bank - VSHWC Checking	39,652
1001.65 Five Star Bank - VSHWC Payroll	108,478
1001.90 US Bank - VSHWC	4,610
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**887,231**
Accounts Receivable	
1200 Accounts Receivable	-730
Total Accounts Receivable	**-730**
Other Current Assets	
1001.70 Umpqua Investments	1,514
1003.30 CalTRUST	10,552,731
1069 Due from Calaveras County	434,586
115.20 Accrued Lease Revenue	-15,232
1205.00 Due from insurance proceeds	1,148,115
1205.50 Allowance for Uncollectable Clinic Receivables	-365,339
130.30 Prepaid VSHWC	1,270
Total Other Current Assets	**11,757,645**
Total Current Assets	**12,644,145**
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	698,156
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,624,427
1220.10 VSHWC - Buildngs	5,942,457
1220.20 VSHWC - Equipment	873,530
1221.00 Pharmacy Construction	48,536
160.00 Accumulated Depreciation	-5,894,544
Total Fixed Assets	**9,200,855**
Other Assets	

1710.10 Minority Interest in MTMC - NEW	444,995
180.60 Capitalized Lease Negotiations	356,574
Total Intangible Assets	**356,574**
2219 Capital Lease	6,371,677
Total Other Assets	**7,173,246**
TOTAL ASSETS	**29,018,246**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 Accounts Payable	40,473
Total 200.00 Accts Payable & Accrued Expenes	**40,473**
200.10 Other Accounts Payable	
Total 200.00 Accts Payable & Accrued Expenes	**0**
2010.00 USDA Loan Accrued Interest Payable	76,640
2021 Accrued Payroll - Clinic	
2022.00 Accrued Leave Liability	18,202
210.00 Deide Security Deposit	2,275
211.00 Valley Springs Security Deposit	1,000
2110.00 Payroll Liabilities - New Account for 2019	19,850
226 Deferred Revenue	152,715
Total Other Current Liabilities	**270,683**
Total Current Liabilities	**311,156**
Long-Term Liabilities	
2128.01 Deferred Capital Lease	1,312,999
2128.02 Deferred Utilities Reimbursement	2,386,261
2129 Other Third Party Reimbursement - Calaveras County	183,333
2210 USDA Loan - VS Clinic	7,296,052
Total Long-Term Liabilities	**11,178,645**
Total Liabilities	**11,489,801**
Equity	
290.00 Fund Balance	648,149
291.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	-2,289,373
Net Income	-550,970
Total Equity	**17,528,445**
TOTAL LIABILITIES AND EQUITY	**29,018,246**

Investment & Reserves Report						
30-Apr-21						
						Annual
	Minimum	6/30/2020	2020	2020	4/30/2021	Funding
Reserve Funds	**Target**	**Balance**	**Allocated**	**Interest**	**Balance**	**Goal**
Valley Springs HWC - Operational Reserve Fund	2,200,000	2,200,000	0	5,389	2,205,389	
Capital Improvement Fund	12,000,000	2,926,923	0	7,190	2,934,113	
Technology Reserve Fund	1,000,000	1,000,000	0	2,450	1,002,450	
Lease & Contract Reserve Fund	2,400,000	2,400,000	0	5,879	2,405,879	
Loan Reserve Fund	2,000,000	2,000,000	0	4,899	2,004,899	
Reserves & Contingencies	19,600,000	10,526,923	0	25,808	10,552,731	0
		2020 - 2021		Annualized		
CalTRUST	**4/30/2021**	**Interest Earned**		**Rates**	**Duration**	
Valley Springs HWC - Operational Reserve Fund	2,205,389	5,389				
Capital Improvement Fund	2,934,113	7,190				
Technology Reserve Fund	1,002,450	2,450				
Lease & Contract Reserve Fund	2,405,879	5,879				
Loan Reserve Fund	2,004,899	4,899				
Total CalTRUST	**10,552,731**	**25,808**			1 Year or Less	
Five Star						
General Operating Fund	176,912	346.49				
Money Market Account	199,294	7,758.38				
Valley Springs - Checking	19,652	84.79				
Valley Springs - Payroll	108,478	98.52				
Total Five Star	**504,336**	**8,288.18**			1 Year or Less	
Umpqua Bank						
Checking	42,918	0.00				
Money Market Account	6,443	2.68				
Investments	1,514					
Total Savings & CD's	**50,874**	**2.68**				
Bank of Stockton	**159,194**	**58.08**			1 Year or Less	
Total in interest earning accounts	**11,267,135**	**34,157**				
Umpqua Rebate		**2,458**				
Total Without Unrealized Loss		**36,615**				

Mark Twain Health Care District's (District) Investment Policy No. 22 describes the District's commitment to managing risk by selecting investment products based on safety, liquidity and yield. Per California Government Code Section 53600 et. seq., specifically section 53646 and section 53607, this investment report details all investment-related activity in the current period. District investable funds are currently invested in Umpqua Bank, Five Star Bank, and the CalTRUST investment pool, all of which meet those standards; the individual investment transactions of the CalTRUST Pool are not reportable under the government code. That being said, the District's Investment Policy remains a prudent investment course, and is in compliance with the "Prudent Investor's Policy" designed to protect public funds.

Mark Twain Health Care District							
Annual Budget Recap							
	04/30/21	2021 - 2022 Annual Budget					
	Actual	Total					
	Y-T-D	District	Clinic	Rental	Projects	Admin	
Revenues	4,150,934	5,622,126	3,047,838	1,374,288	0	1,200,000	
Total Revenue	4,150,934	5,622,126	3,047,838	1,374,288	0	1,200,000	
Expenses	(4,701,904)	(4,940,190)	(3,257,671)	(1,179,178)	0	(503,341)	
Total Expenses	(4,701,904)	(4,940,190)	(3,257,671)	(1,179,178)	0	(503,341)	
Surplus(Deficit)	(550,970)	681,936	(209,833)	195,110	0	696,659	

	Mark Twain Health Care District							
	Direct Clinic Financial Projections							
				VSHWC				**4/30/2021**
						2020 - 2021		
		2019/2020	**2020/2021**	**2021/2022**	**Month**	**Actual**	**Actual**	**Actual**
		Actual	**Budget**	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
4083.49	Urgent care Gross Revenues	1,170,321	4,674,075	5,013,049	3,895,063	381,600	2,131,853	45.61%
4083.60	Contractual Adjustments	(953,773)	(1,087,124)	(1,991,961)	(905,937)	(230,157)	(615,982)	
	Net Patient revenue	216,548	3,586,951	3,021,088	2,989,126	151,443	1,515,871	42.26%
4083.90	Flu shot, Lab income, physicals		1,000	1,000	833			0.00%
4083.91	Medical Records copy fees		750	750	625			0.00%
4083.92	Other - Plan Incentives		30,000	25,000	25,000			0.00%
			31,750	26,750	26,458	0	0	0.00%
	Total Other Revenue	**216,548**	**3,618,701**	**3,047,838**	**3,015,584**	**151,443**	**1,515,871**	**41.89%**
7083.09	Other salaries and wages	(648,607)	(1,008,540)	(1,098,677)	(840,450)	(83,531)	(857,055)	84.98%
7083.10	Payroll taxes	(53,339)	(78,666)	(80,798)	(65,555)	(7,064)	(66,123)	84.06%
7083.12	Vacation, Holiday and Sick Leave		(9,077)	(109,868)	(7,564)			0.00%
7083.13	Group Health & Welfare Insurance	(31,164)	(49,982)	(123,013)	(41,652)	(14,757)	(111,128)	222.34%
7083.14	Group Life Insurance		(1,614)		(1,345)			0.00%
7083.15	Pension and Retirement		(25,214)	(1,049)	(21,012)		(632)	2.51%
7083.16	Workers Compensation insurance	(13,597)	(10,085)	(12,635)	(8,404)		(16,697)	165.56%
7083.18	Other payroll related benefits		(1,513)	(139)	(1,261)			0.00%
	Total taxes and benefits	(98,100)	(176,151)	(327,502)	(146,793)	(21,821)	(194,580)	110.46%
	Labor related costs	**(746,706)**	**(1,184,691)**	**(1,426,178)**	**(987,243)**	**(105,352)**	**(1,051,635)**	**88.77%**
7083.05	Marketing	(7,096)		(1,500)			(1,524)	
7083.20	Medical - Physicians	(607,191)	(905,244)	(583,142)	(754,370)	(76,098)	(586,106)	64.75%
7083.22	Consulting and Management fees	(261,571)	(75,000)	(30,000)	(62,500)	(1,531)	(69,882)	93.18%
7083.23	Legal - Clinic	(27,900)	0	(15,000)			1,258	0.00%
7083.25	Registry Nursing personnel		(3,000)	0	(2,500)			0.00%
7083.26	Other contracted services	(65,565)	(126,907)	(100,000)	(105,756)	(21,286)	(143,495)	113.07%
7083.29	Other Professional fees	(11,199)	(80,932)	(10,000)	(67,443)	(7,135)	(15,271)	18.87%
7083.36	Oxygen and Other Medical Gases	(533)	(3,703)	(1,200)	(3,086)	(35)	(916)	24.72%
7083.38	Pharmaceuticals		(139,504)	(40,000)	(116,253)			0.00%
7083.41	Other Medical Care Materials and Supplies	(141,544)	(25,714)	(80,000)	(21,428)	(17,412)	(187,189)	727.97%
7083.44	Linens		(1,200)	0	(1,000)			0.00%
7083.48	Instruments and Minor Medical Equipment		(24,248)	(20,000)	(20,207)			0.00%
7083.74	Depreciation - Equipment		(150,476)	0	(125,397)			0.00%
7083.45	Cleaning supplies		(47,578)	0	(39,648)			0.00%
7083.62	Repairs and Maintenance Grounds	(1,122)	(8,104)	(5,000)	(6,753)			0.00%
7083.72	Depreciation - Bldgs & Improvements		(311,017)	(560,000)	(259,181)			0.00%
7083.80	Utilities - Electrical, Gas, Water, other	(53,232)	(95,083)	(80,000)	(79,236)	(6,939)	(74,665)	78.53%
8870.00	Interest on Debt Service	(158,161)	(257,355)	(190,000)	(214,463)		(435,495)	169.22%
7083.43	Food	(935)	(2,000)	(2,000)	(1,667)		(893)	44.64%
7083.46	Office and Administrative supplies	(30,108)	(15,428)	(15,000)	(12,857)	(3,673)	(53,377)	345.97%
7083.69	Other purchased services	(50,362)	(232,076)	(25,000)	(193,397)	(1,372)	(68,593)	29.56%
7083.81	Insurance - Malpractice	(8,814)	(16,854)	(25,000)	(14,045)			0.00%
7083.82	Other Insurance - Clinic	(23,332)	(31,102)	(1,050)	(25,918)	(2,089)	(41,651)	0.00%
7083.83	Licenses & Taxes		(1,500)	(1,500)	(1,250)			
7083.85	Telephone and Communications	(5,253)	(20,903)	(5,100)	(17,419)	(483)	(11,958)	57.21%
7083.86	Dues, Subscriptions & Fees	(19,274)	(1,500)	(5,000)	(1,250)	(293)	(4,766)	317.77%
7083.87	Outside Training	(199)	(15,000)	(10,000)	(12,500)			0.00%
7083.88	Travel costs	(3,704)	(4,000)	(2,500)	(3,333)		(616)	15.40%
7083.89	Recruiting	(25,209)	(40,000)	(10,000)	(33,333)	(559)	(39,500)	98.75%
8895.00	RoboDoc		(60,000)	(15,000)	(50,000)	-	(21,594)	
	Non labor expenses	(1,502,306)	(2,695,428)	(1,831,492)	(2,246,190)	(138,905)	(1,756,233)	65.16%
	Total Expenses	(2,249,012)	(3,880,119)	(3,257,671)	(3,233,433)	(244,257)	(2,807,868)	72.37%
	Net Expenses over Revenues	**(2,032,464)**	**(261,418)**	**(209,833)**	**(217,848)**	**(92,814)**	**(1,291,997)**	**494.23%**

	Mark Twain Health Care District							
	Rental Financial Projections			Rental				
								4/30/2021
		2019/2020	2020/2021	2021/2022	Month	Actual	Actual	Actual
		Actual	Budget	Budget	to-Date	Month	Y-T-D	vs Budget
9260.01	Rent Hospital Asset amortized	1,095,293	1,092,672	1,092,672	910,560	90,659	908,227	83.12%
			0	0				
	Rent Revenues	**1,095,293**	**1,092,672**	**1,092,672**	**910,560**	**90,659**	**908,227**	**83.12%**
9520.62	Repairs and Maintenance Grounds	(6,079)	0	0				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(651,164)	(758,483)	(758,483)	(632,069)	(53,135)	(576,447)	76.00%
9520.72	Depreciation	(673,891)	(148,679)	(148,679)	(123,899)	(9,566)	(97,387)	65.50%
9520.82	Insurance							
	Total Costs	(1,331,134)	(907,162)	(907,162)	(755,968)	(62,700)	(673,835)	74.28%
	Net	**(235,841)**	**185,510**	**185,510**	**154,592**	**27,958**	**234,393**	**157.40%**
9260.02	MOB Rents Revenue	220,296	251,016	251,016	209,180	17,053	160,262	63.85%
9521.75	MOB rent expenses	(240,514)	(261,016)	(261,016)	(217,513)	(19,229)	(217,524)	83.34%
	Net	**(20,218)**	**(10,000)**	**(10,000)**	**(8,333)**	**(2,177)**	**(57,262)**	**572.62%**
9260.03	Child Advocacy Rent revenue	9,000	9,000	9,000	7,500	750	7,500	83.33%
9522.75	Child Advocacy Expenses	(297)	(11,000)	(11,000)	(9,167)		(949)	8.63%
	Net	**8,703**	**(2,000)**	**(2,000)**	**(1,667)**	**750**	**6,551**	**-327.54%**
9260.04	Sunrise Pharmacy Revenue			21,600		1800	10800	
7084.41	Sunrise Pharmacy Expenses	(2,174)	(2,250)		(1,875)		(3,785)	
		1,324,589	1,352,688	1,374,288	1,127,240	110,261	1,086,789	80.34%
		(1,574,119)	(1,181,428)	(1,179,178)	(984,523)	(81,930)	(896,093)	75.85%
	Summary Net	**(249,530)**	**171,260**	**195,110**	**142,717**	**28,332**	**190,697**	**111.35%**

Mark Twain Health Care District									
Projects, Grants and Support									
		4/30/2021							
			2019/2020	**2020/2021**	**2021/2022**	**Month**	**Actual**	**Actual**	**Actual**
			Actual	**Budget**	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
	Project grants and support			(31,000)	0	(25,833)		(14,000)	45.16%
8890.00	Foundation		(465,163)						
8890.00	Veterans Support			(5,000)	0	(4,167)		0	
8890.00	Mens Health			(5,000)	0	(4,167)		0	
8890.00	Steps to Kick Cancer - October			(5,000)	0	(4,167)		0	
8890.00	Doris Barger Golf			(2,000)	0	(1,667)		0	
8890.00	Stay Vertical			(14,000)	0	(11,667)		(14,000)	100.00%
8890.00	Golden Health Grant Awards								
	Project grants and support		**(465,163)**	**(31,000)**	**0**	**(25,833)**	**0**	**(14,000)**	**45.16%**

Mark Twain Health Care District										
General Administration Financial Projections						**Admin**			**4/30/2021**	
						BUDGET				
				2019/2020	**2020/2021**	**2021/2022**	**Month**	**Actual**	**Actual**	**Actual**
		2016/2017	**2017/2018**	**Actual**	**Budget**	**Budget**	**to-Date**	**Month**	**Y-T-D**	**vs Budget**
9060.00	Income, Gains and losses from investments	4,423	5,045	390,802	100,000	100,000	83,333	143	34,157	34.16%
9160.00	Property Tax Revenues	935,421	999,443	1,126,504	1,100,000	1,100,000	916,667	91,667	916,667	83.33%
9010.00	Gain on Sale of Asset									
9205.03	Miscellaneous Income (1% Minority Interest)	0	0	(43,680)			0	(3,018)	(18,532)	
	Summary Revenues	**939,844**	**1,004,488**	**1,473,626**	**1,200,000**	**1,200,000**	**1,000,000**	**88,791**	**932,292**	**77.69%**
8610.09	Other salaries and wages	(33,587)	(235,531)	(133,415)	(352,591)	(257,462)	(293,826)	(18,447)	(179,311)	50.86%
8610.10	Payroll taxes			(14,875)	(23,244)	(16,500)	(19,370)	(864)	(8,310)	35.75%
8610.12	Vacation, Holiday and Sick Leave				(3,173)	(25,746)	(2,644)			0.00%
8610.13	Group Health & Welfare Insurance		(663)	(12,383)	(17,474)	(21,543)	(14,562)			0.00%
8610.14	Group Life Insurance				(564)	0	(470)			0.00%
8610.15	Pension and Retirement			(1,905)	(8,815)	(703)	(7,346)		(2,397)	27.20%
8610.16	Workers Compensation insurance			(1,226)	(3,526)	(2,961)	(2,938)			0.00%
8610.18	Other payroll related benefits				(529)	(26)	(441)		(300)	56.71%
	Benefits and taxes	0	(663)	(30,390)	(57,325)	(67,479)	(47,771)	(864)	(11,008)	19.20%
	Labor Costs	**(33,587)**	**(236,194)**	**(163,804)**	**(409,916)**	**(324,941)**	**(341,597)**	**(19,311)**	**(190,319)**	**46.43%**
8610.22	Consulting and Management Fees	(392,908)	(332,287)	(14,109)	(61,500)	(3,000)	(51,250)	(199)	(4,120)	6.70%
8610.23	Legal	(15,195)	(20,179)	(15,069)	(30,000)	(10,000)	(25,000)		(928)	3.09%
8610.24	Accounting /Audit Fees	(13,945)	(18,090)	(59,232)	(125,000)	(40,000)	(104,167)	(13,558)	(55,514)	44.41%
8610.43	Food			(868)	(2,000)	(1,500)	(1,667)			0.00%
8610.46	Office and Administrative Supplies	(4,310)	(19,685)	(19,595)	(18,000)	(15,000)	(15,000)	(592)	(13,333)	74.07%
8610.62	Repairs and Maintenance Grounds				0	(5,000)	0		(4,296)	
8610.69	Other- IT Services			(12,877)		0	0	(646)	(9,288)	
8610.74	Depreciation - Equipment	(35,556)	(26,582)		(2,500)	0	(2,083)			0.00%
8610.75	Rental/lease equipment	(11,198)	(57,593)		(9,200)	0	(7,667)			0.00%
8610.80	Utilities			(420)	(1,000)	0	(833)			
8610.82	Insurance	(16,578)	(17,043)	(17,747)	(25,000)	(41,900)	(20,833)		(16,653)	66.61%
8610.83	Licenses and Taxes				0	0				
8610.85	Telephone and communications				0	(2,500)				
8610.86	Dues, Subscriptions & Fees	(12,554)	(14,731)	(12,529)	(20,000)	(15,000)	(16,667)	(824)	(9,601)	48.00%
8610.87	Outside Trainings	(1,920)	(3,030)	380	(15,000)	(15,000)	(12,500)		(660)	4.40%
8610.88	Travel	(6,758)	(17,363)	(4,447)	(15,000)	(7,500)	(12,500)			0.00%
8610.89	Recruiting			(2,368)	(2,000)	(2,000)	(1,667)	(571)	(2,285)	114.24%
8610.90	Other Direct Expenses	(10,895)	(5,488)	(62,405)	(32,000)	(20,000)	(26,667)	(15,653)	(60,965)	190.51%
				(4,844)						
	Non-Labor costs	(521,817)	(532,071)		(358,200)	(178,400)	(298,500)	(32,043)	(177,642)	49.59%
	Total Costs	(555,404)	(768,265)	(226,130)	(768,116)	(503,341)	(640,097)	(51,355)	(367,961)	47.90%
	Net	**384,440**	**236,223**	(389,934)	**431,884**	**696,659**	**359,903**	**37,437**	**564,330**	**130.67%**

Career Technical Education

Building Educational Career Pathways in the Rural Mother Lode Region

Pathways

In 2018 a workforce development initiative was emerging in the Calaveras County education district.

By late 2019, this Career Technical Education (CTE) group of seasoned education administrators, and business developers with considerable research and health education collaboration, led them to the following conclusion:

The California Rural Mother Lode Region represented substantial opportunities, for addressing Health Care High Professional shortages (HCFS) and extend Educational Career Pathway Opportunities.

Closing the Healthcare Gap

DID YOU KNOW?

☑ There is a large Gap and Demand in all of California for Health Care professionals

☑ According to the California's Future Healthcare Commission, Rural and Low-Income communities are hit hardest by healthcare provider shortages

☑ Calaveras and Bret Harte high schools for more than a decade have been graduating 50-60 seniors with Health Science Training

☑ Surveys in 2018-2019 among 100's of 9th and 10th grade students have indicated strong interest in Health Care Occupations

☑ Building educational career pathways that prepare students for working in the healthcare profession is a **Win-Win** for healthcare providers, and students, in the Motherlode region

☑ To expand the Health Care Science pathway curriculum at Calaveras High school by September 2021 and to add Health Care Occupations and Pathway introductions to the curriculum at Toyon Middle School by September 2021

☑ To expand and Collaborate the Health Care Science program with other interested secondary schools in the Motherlode Region

☑ To seek investor Partners from the private sector and from Foundations that support implementation and Innovation long term

☑ To utilize appropriate state and federal funds and grants to support a strong workforce and California workforce pathway

☑ To have Motherlode health professionals and local colleges work with us to provide needed coursework, internships, and provide other resources needed to expand the program

Supporting Documents...

MEETING THE DEMAND FOR HEALTH

FINAL REPORT OF THE
CALIFORNIA FUTURE HEALTH
WORKFORCE COMMISSION

AT A GLANCE

The California Future Health Workforce Commission has a bold plan for:

- Tackling California's looming health workforce shortage affecting health access and quality of care
- Training a new generation of health workers who reflect the diversity of California
- Nearly eliminating projected shortfalls in the fields of primary care and psychiatry

CALIFORNIA
FUTURE HEALTH
WORKFORCE
COMMISSION

FEBRUARY 2019

MEETING THE DEMAND FOR HEALTH:

California Future Health Workforce Commission — At a Glance

As demand grows for quality health care, California is facing a crisis: The state does not have enough of the right type of health workers, with the right skills, in the right places to meet the needs of our state's growing and increasingly diverse population.

In spite of everything California has done in recent years to improve health care delivery — from cutting the uninsured rate in half to reducing the cost of care — the state will face a shortfall of 4,100 primary care clinicians and 600,000 homecare workers, and will only have two-thirds of the psychiatrists it needs by 2030. This will exacerbate an existing shortfall of health workers from communities of color — and will directly impact millions of Californians already living in communities facing shortages of health professionals, including the Inland Empire, San Joaquin Valley, Los Angeles, and most rural areas.

The California Future Health Workforce Commission — co-chaired by University of California President Janet Napolitano and Dignity Health President and CEO Lloyd Dean, along with 22 experts from the health, education, and labor sectors — has developed a bold plan to close this gap and ensure the state's workforce can meet the needs of California's increasingly diverse population.

The Commission's 10 priority actions will require a $3 billion investment over a 10-year period: For perspective, that is less than 1% of what Californians are projected to spend across the health care system in 2019 alone. This investment will enable schools and colleges, community clinics, and hospitals to recruit, train, and deploy a new wave of health workers — especially those coming from and committed to working in underserved communities. When fully implemented, these proposals will:

- Eliminate the state's primary care provider shortage and nearly eliminate the shortage of psychiatrists by 2030.
- Grow, support, and sustain California's health workforce pipeline by reaching over 60,000 students and cultivating their pursuit of careers in the health professions.
- Improve diversity in the health professions, producing approximately 30,000 workers from underrepresented communities.
- Increase the number of health workers by over 47,000.
- Train over 14,500 physicians, nurse practitioners, and physician assistants, including over 3,000 underrepresented minority providers.
- Increase the supply of health professionals who come from and train in rural and other underserved communities.
- Expand the health outreach and prevention roles of community health workers, *promotores*, and peer providers — workers who have some of the most trusted relationships in a community.

By strengthening the supply, distribution, and diversity of workers in primary care, behavioral health, care for older adults, and other emerging areas of need, the Commission's recommendations will help more Californians access the care they need. The Commission recognizes that bold actions are needed now to ensure the state's health system has enough qualified workers to support and provide those services — whether in the home, community clinics, or medical offices — and to build the health workforce that all Californians need and deserve.

Top 10 Priorities California Future Health Workforce Commission

Commission Recommendation	Anticipated Impact by 2030	Est. Cost (millions)
1.1 Expand and scale pipeline programs to recruit and prepare students from underrepresented and low-income backgrounds for health careers.	Prepares approximately 7,000 underrepresented minority students, increasing California's health workforce by 5,500-5,700 over 10 years.	$62.0
1.2 Recruit and support college students, including community college students, from underrepresented regions and backgrounds to pursue health careers.	Supports approximately 53,000 college students, adding at least 25,500 new health care workers over 10 years, including 20,000–23,000 from underrepresented minority communities.	$159.0
1.3 Support scholarships for qualified students who pursue priority health professions and serve in underserved communities.	Provides full-tuition scholarships for 3,810 low-income, first-generation and underrepresented health professions students over 10 years (1,707 allopathic and osteopathic physicians, 696 nurse practitioners, 152 physician assistants, 325 public health professionals, and 930 social workers).	$479.8
2.1 Sustain and expand the PRIME program across UC campuses.	Adds 630 graduates from UC medical school PRIME programs over 10 years.	$93.5
2.2 Expand number of primary care physician and psychiatry residency positions.	Adds 1,872 primary care physicians and 2,202 psychiatrists over 10 years.	$1,562.0
2.3 Recruit and train students from rural areas and other underresourced communities to practice in community health centers in their home region.	Increases medical school graduates by 280–560 over 10 years.	$64.4
3.1 Maximize the role of nurse practitioners as part of the care team to help fill gaps in primary care.	Adds 7,000 nurse practitioners, of whom 5,500 would practice in primary care. Increases rural distribution, access to services, reduces avoidable ED visits and hospitalizations, and reduces costs of primary care.	$462.2*
3.2 Establish and scale a universal home care worker family of jobs with career ladders and associated training.	Increases supply, capacity, and retention of home care workers over four years.	$7.0
3.3 Develop a psychiatric nurse practitioner program that recruits from and trains providers to serve in underserved rural and urban communities.	Adds 300 psychiatric mental health nurse practitioners over five years.	$24.6
3.4 Scale the engagement of community health workers, *promotores*, and peer providers through certification, training, and reimbursement.	Establishes certification for education programs, standardizes training, and addresses reimbursement over 10 years, resulting in increased supply of workers focused on prevention and behavioral health.	$68.0
Total cost		**$2,982.5**

* The cost estimate for this recommendation is a range; this figure is the high end of the range.

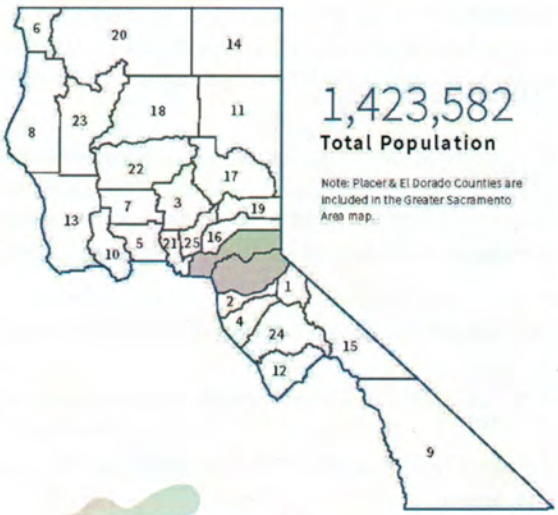
CHCF

Shortchanged: Health Workforce Gaps in the Northern & Sierra Region

An estimated **1,051,387** people in the Northern & Sierra Region live in an area that has a shortage of primary care providers. Approximately **7,593** people are experiencing homelessness and in need of housing, health, and social services.

Almost a third of Californians are in a Primary Care Health Professional Shortage Area (HPSA), including people who are experiencing homelessness — many of whom have extensive health needs. Those who live on the streets die an average 20 years earlier than people who are housed. Primary care providers (including physicians, nurse practitioners, physician assistants, and certified nurse midwives) can develop sustained relationships with patients and practice in the context of family and community. Having a usual primary care provider is associated with a higher likelihood of receiving appropriate care and lower mortality. Having greater access to primary care providers of all kinds can save lives.

County	Total Population	People Experiencing Homelessness	People in a HPSA
1. Alpine	1,155	-	1,155
2. Amador	38,122	214	33,383
3. Butte	231,256	891	122,571
4. Calaveras	45,585	186	45,585
5. Colusa	21,477	134	21,477
6. Del Norte	27,948	184	27,948
7. Glenn	27,914	58	27,913
8. Humbodt	136,373	1,473	136,373
9. Inyo	18,225	141	5,270
10. Lake	64,382	372	64,381



1,423,582
Total Population

Note: Placer & El Dorado Counties are included in the Greater Sacramento Area map.

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County	Total Population	People Experiencing Homelessness	People in a HPSA
11. Lassen	31,781	46	28,575
12. Mariposa	17,676	60	17,676
13. Mendocino	87,606	645	77,106
14. Modoc	9,109	5	9,109
15. Mono	14,284	73	–
16. Nevada	99,696	410	99,695
17. Plumas	19,057	46	12,131
18. Shasta	180,040	827	74,619
19. Sierra	2,045	12	–
20. Siskiyou	44,373	229	42,427
21. Sutter	96,807	293	–
22. Tehama	63,411	347	63,411
23. Trinity	12,870	134	12,870
24. Tuolumne	54,349	385	54,349
25. Yuba	78,041	428	73,363

OUR MISSION

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo.

Notes: A dash indicates that the geographic area does not meet federal qualifications for designation as a primary care shortage area. For primary medical care, the population-to-provider ratio must be at least 3,500 to 1. Please visit the Health Resources & Services Administration website for more information about primary care shortage area designation. For detailed definitions and methods, as well as the full set of maps in this series, visit www.chcf.org/providershortages.

Data Sources: *Nevada County 2019 Point in Time Count Results (PDF)*, Nevada County, n.d.; All other counties based on United States Department of Housing and Urban Development (HUD) 2019 Continuum of Care data; *Primary Care Health Professional Shortage Areas (HPSA) - Census Detail (July 2014)*, California Office of Statewide Health Planning and Development, n.d.; "2018: ACS 1-Year Estimates Detailed Tables," US Census Bureau, n.d.; and "2018: ACS 5-Year Estimates Detailed Tables," US Census Bureau, n.d.

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HEALTH CARE

OCCUPATIONAL DEMAND

Many occupations in the health care sector are projected to undergo rapid growth through 2023 (Exhibit 23). Registered nurses, the largest occupation in the sector, will expand by 10% and offer 54 annual openings. Social and human service assistants is expected to experience 19% growth and offer 48 annual openings. In total, 320 annual openings are projected in occupations related to health care.

EXHIBIT 23. Health employment and occupational projections, Mother Lode region

OCCUPATION	2018 JOBS	2023 JOBS	5-YEAR CHANGE	5-YEAR % CHANGE	ANNUAL OPENINGS
Registered Nurses	755	829	74	10%	54
Social and Human Service Assistants	289	345	56	19%	48
Medical Secretaries	372	391	19	5%	45
Nursing Assistants	292	324	32	11%	40
Medical Assistants	236	256	20	8%	30
Home Health Aides	82	134	52	63%	22
Dental Assistants	189	196	7	4%	22
Licensed Practical and Licensed Vocational Nurses	205	219	14	7%	18
Pharmacy Aides	117	109	(8)	(7%)	16
Community and Social Service Specialists, All Other	84	97	13	15%	13
Massage Therapists	95	103	8	8%	12

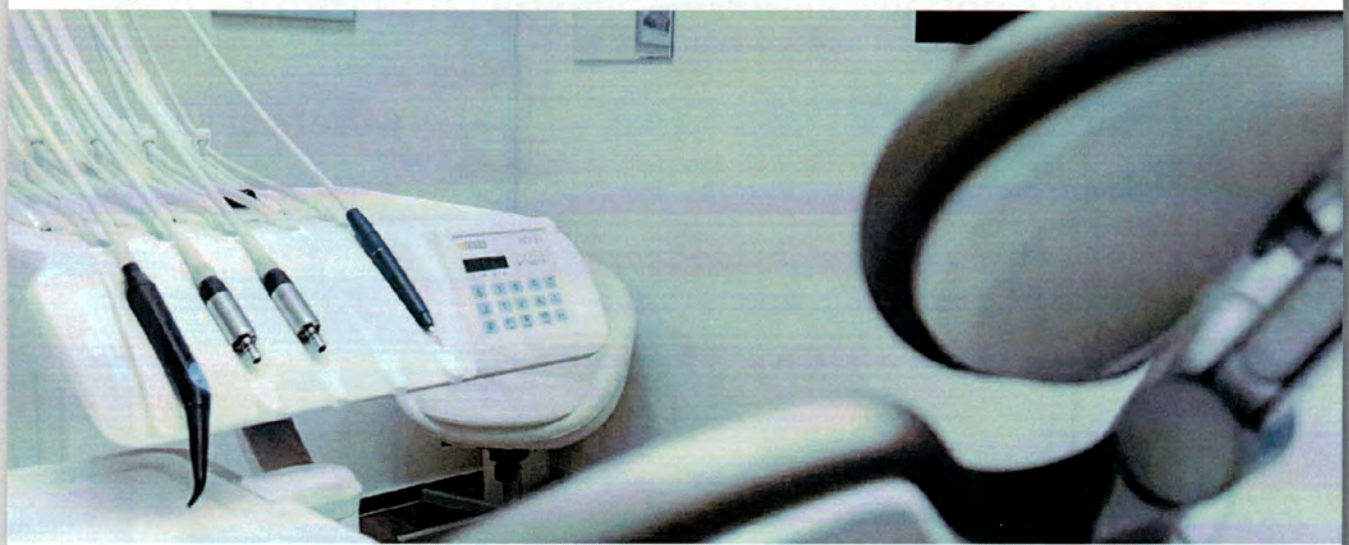


Exhibit 9 details the current and projected employment for each industry analyzed for this study. More than 35,098 new jobs are projected across the eight industries.

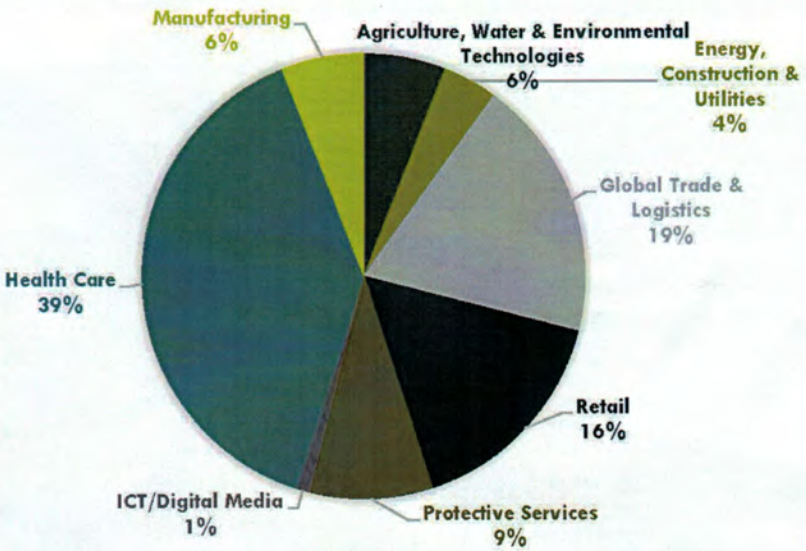
Exhibit 9: Current and projected employment by industry in the subregion

Industry	2016 Employment	Projected New Jobs by 2021
Retail, hospitality and tourism	114,543	5,813
Health care	74,959	13,549
Global trade & logistics	71,262	6,646
Agriculture, water and environmental technologies	52,553	2,282
Manufacturing	52,350	2,058
Protective services	47,806	3,077
Energy, construction and utilities	34,384	1,285
ICT/digital media	5,828	388
TOTAL	**453,685**	**35,098**

Exhibit 10 shows the industries that will produce the greatest percentage of new jobs in the next five years. Of the eight industries analyzed, the health care industry accounts for 39% of projected job growth by 2021. Other industries where substantial job growth is expected are global trade and logistics; retail, hospitality and tourism; and to a lesser degree protective services. The smallest amount of job growth will occur in ICT/digital media, which overall employs the fewest workers in the subregion; however, the ability to use and manipulate software is becoming an integral skill set for most occupations across all industries.

In summary, the largest job growth projections are in health care, which will generate 13,549 new jobs; global trade and logistics, 6,646; retail, hospitality and tourism, 5,813; and protective services, 3,077. Agriculture, water and environmental technologies will add 2,282 new jobs; manufacturing, 2,058; energy, construction and utilities, 1,285; and ICT/digital media, 388.

Exhibit 10: Percent of new jobs by industry in the subregion



California Workforce Pathways

The Workforce Pathways Joint Advisory Committee plans to address workforce pathways to support California's regional economies.

The California Workforce Pathways Joint Advisory Committee (CWPJAC) plans to address systems alignment policies specific to career pathways within the context of recent and future state and federal investments. In this way, California will be well positioned to take advantage of the strengthening Career and Technical Education for the 21st Century Act and determine how those federal funds may complement and further California's policy objectives regarding workforce pathways in the state's regional economies.

- In November 2019, the CWPJAC approved the Guiding Policy Principles to Support Student-Centered K-14+ Pathways.
- In May 2019, the State Board of Education approved the California State Transition Plan for Career Technical Education(DOCX).

California 2020-23 Federal Perkins V State Plan

The federal *Strengthening Career and Technical Education for the 21st Century Act* (Perkins V) legislation requires states to submit a State Plan to the U.S. Department of Education (ED). The plan describes what activities will be undertaken to improve, enhance, and expand high-quality CTE programs throughout the State. On August 3, 2020, the ED approved California's Federal Perkins V State Plan.

2020-23 Federal Perkins V State Plan (DOCX)

3-30-2021

The **Calaveras Workforce Development Initiative** (CWDI) is a Career & Technical Education (CTE) Partnership Consortium made up of:

- ☑ **County Office of Education**
- ☑ County **High Schools**
- ☑ **County Board of Supervisors**
- ☑ Regional **Community Colleges**
- ☑ Mother Lode **Workforce Development** Board
- ☑ **Economic Development** Talent

Calaveras County
Office of Education

Growing together in one direction...
CUSD
Calaveras Unified School District

MOTHER LODE Job TRAINING

Mark Twain Health Care District Policy No. 5

Committees of The Board; Public Information Officer; Auditors:

5.1 SPECIAL COMMITTEES. The President, with the concurrence of the District Board, may, from time to time, appoint one (1) or more members of the District Board and other persons as necessary or appropriate, to constitute special committees for the investigation, study, or review of, specific matters. No committee so appointed shall have any power or authority to commit the District Board or the District in any manner.

5.2 STANDING COMMITTEES. The standing committees of the Board of Directors shall consist of a Finance Committee and such other committees as a majority of the members of the Board of Directors may authorize. The President of the District Board shall appoint the members and chairs of all standing committees. Standing committees shall be included in these Policies.

5.3 FINANCE COMMITTEE. The Finance Committee should consist of three committee members. The President will appoint the Treasurer and one additional District Board member to the Committee. The Treasurer will chair the Committee. One additional Committee member will be selected from qualified, interested community applicants with knowledge of business-related finance. The Finance committee will conduct the search for subsequent interviews and make a recommendation to the Board. The appointment must be approved by a majority vote of the Board of Directors.

A. **Responsibilities and Authority**.

1. The Chair of the Finance Committee shall be the Treasurer who shall report to the full District Board on a monthly basis. The Finance Committee shall meet monthly to review the District's financial activities.

2. The Finance Committee shall be responsible for the management of all investments of the District and endowment and trust funds and to see that proceeds are paid into proper funds of the District and used in accordance with the terms of the trust and/or investment objectives of the District.

3. The Finance Committee shall see that a budget is prepared and submitted to the Board with specific recommendations prior to the end of the fiscal year.

4. The Finance Committee shall examine monthly financial reports and require explanations from the Executive Director or his or her delegate of variations from the budget.

5. The Finance Committee shall supervise and review the results of all external audits and make specific recommendations to the full District Board for action.

5.4 PUBLIC INFORMATION OFFICER. The Executive Director, or his or her designee, shall serve as the Public Information Officer for the District. The duties associated with this role include, but are not limited to, ensuring effective communication with local residents and stakeholders in accordance with the District's priorities and the District Board's direction.

5.5. ANNUAL AUDITS. The District Board shall contract with an outside auditing firm to conduct an annual audit. The District Board shall issue a request for proposals for auditing services ~~not less than every three (3) years~~ and shall make best efforts to not contract with the same auditor, even within a firm more than twice without an intervening contract with a different auditor. The annual audit shall be completed by October 31st of each year. Following the Finance Committee's review and recommendation, the auditor will present the audit results to the full Board. The District Board must approve the annual audit by December 31st of each year.

Mark Twain Health Care District Policy No. 6

Board Meetings: Location, Time, Date, and Quorum:

6.1 PUBLIC MEETINGS. Meetings of the Board of Directors, whether regular, special, or adjourned, shall be open to the public, except as otherwise permitted by law. All District Board meetings will be held in accordance with the Brown Act (Government Code Section 54950 *et seq.*), Health and Safety Code Section 32106, and Health and Safety Code Section 32155.

The regular meetings of the District Board shall be held on the fourth Wednesday of each calendar month ~~at 7:30 a.m. at the District's offices, located within the Mark Twain Medical Center located at 768 Mountain Ranch Road, San Andreas, California.~~ The Board of Directors may, from time to time, change the time or day of the month of such regular meetings as required by holiday schedules or changing circumstances.

6.2 SPECIAL MEETINGS. Special meetings of the Board of Directors may be called as provided by law by the President of the Board, or by three (3) members of the District Board, as the occasion demands. Notice of the holding of any special meeting shall be delivered to each member of the Board of Directors not less than twenty-four (24) hours before the meeting.

The call and notice of a special meeting shall specify the time and place of the special meeting, and the business to be transacted. No other business shall be considered at such meetings by the District Board. Written notice may be dispensed to any member who at or prior to the time the meeting convenes files a written waiver of notice, with the Secretary of the Board.

6.3 QUORUM. A majority of the members of the Board of Directors shall constitute a quorum for the transaction of business.

6.4 ADJOURNMENT. The Board may adjourn any regular, adjourned regular, special, or adjourned special meeting to a time and place specified in the order of adjournment. Less than a quorum may so adjourn from time to time. If all members are absent from any regular or adjourned regular meeting, the Executive Director may declare the meeting adjourned to a stated time and place and he or she shall cause a written notice of the adjournment to be given in the same manner as provided in these Policies for special meetings, unless such notice, is waived as provided for special meetings. A copy of the order or notice of adjournment shall be conspicuously posted on or near the door of the place where the regular, adjourned regular, special or adjourned special meeting was held within twenty-four (24) hours after the time of adjournment.

When a regular or adjourned regular meeting is adjourned as provided in this section, the resulting adjourned regular meeting is a regular meeting for all purposes. When an order of adjournment of any meeting fails to state the hour at which the adjourned meeting is to be held, it shall be held at the hour specified by these Policies for regular meetings.

Mark Twain Health Care District Policy No. 7

Attendance at Meetings:

Members of the Board of Directors are expected to and shall attend all regular and special meetings of the Board unless there is good cause for absence.

To be counted as present for any meeting, Board Members must be present for the duration of the meeting.

Good cause for absence, including late arrivals or early departures, includes temporary illness or other unavoidable circumstances of which the President of the Board is notified prior to the meeting. Good cause also includes Board authorized meeting absences such as attendance at a conference directly related to the functions and interests of the District or at the meeting of another public agency in order to participate in an official capacity.

A Board Member who will be absent for good cause may notify the President by electronic transmission (email), telephone communication, or letter. The President shall notify the ~~Executive Officer~~ Chief Executive Officer and the Board of all absences that are excused for good cause. The minutes shall indicate whether an absence was excused. If any Director chooses to challenge the President's good cause determination, they mayrequest a vote of the Board.

A vacancy shall occur if a Board Member is absent from three (3) consecutive regular meetings without good cause, except as otherwise provided for by law or as authorized by the Board.

Mark Twain Health Care District Policy No. 25

Reserve Policy:

1. Purpose:

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

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

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

2. Policy:

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

a. Technology Reserve Fund:
Technology Reserves will accumulate from existing unrestricted funds. The minimum target amount of Technology Reserves will be $1,000,000.

b. Valley Springs Health & Wellness Center; Operational Reserve Fund:
Designated Project/Special Use Reserves will accumulate from existing unrestricted funds with a minimum target amount of $2,200,000. The Reserve amount will be determined on each annual review and be based on the projected and historical expense of the Center. This fund will provide for 180 days of operational expenses.

c. Lease and Contract Reserve Fund:
Financial obligations related to long-term leases and contracts that exceed more than one year and are ongoing will be reserved. Examples of this would be the utility payment obligations in the MTMC lease.

d. Capital Improvement Reserve Fund:

Capital Improvements Reserve will accumulate from existing unrestricted funds with a minimum target amount of $12,000,000. Designated Capital Improvement Funds may be used to cover major facility improvements (construction installation of new doors or windows, replacing doors and windows, roof replacement, HVAC replacement, alarm system installation, parking lot and outside lighting improvements and hospital lease termination etc.).

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

3. Using Reserve Funds:

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

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

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

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

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

4. Monitoring Reserve Levels:

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

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

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

b. Upon ~~Executive Director~~ Chief Executive Officer and/or Board request.

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

Mark Twain Health Care District Policy No. 27

Credit Card:

The purpose of this policy is to prescribe the internal controls for management of District credit cards.

27.1 This policy applies to all individuals who are authorized to use District credit cards and/or who are responsible for managing credit card accounts and/or paying credit card bills.

27.2 A credit card shall be issued to the ~~Administrative Assistant~~ Executive Assistant. Credit cards shall not be issued to or used by members of the Board of Directors.

27.3 Each transaction is limited to $5,000.00. Approval from the President or Treasurer will be necessary for any transaction exceeding this limit unless previously authorized by District policies or resolutions.

27.4 All credit card bills shall be paid in a timely manner to avoid late fees and finance charges.

27.5 All credit card expenses shall be reasonable and necessary to the furtherance of District business. No personal expenses shall be charged on a District credit card.

27.6 All credit-card transactions shall have third-party documents (receipts) attached and the District purpose explained by the cardholder.

27.7 The ~~Executive Director~~ Chief Executive Officer shall review and approve credit-card transactions by the designated cardholders. The Board of Directors shall review and approve credit-card transactions through the Board Finance Committee and ultimately by the Board of Directors.

Name	Resolution	Date	Authorization	Last Updated 4-13-2021
			DECLARING A LOCAL EMERGENCY	
Dr. Smart	2020-03	4/22/2020	Dr. Smart or his designee is authorized to implement the District's existing policies and procedures for emergency operations during COVID-19 He may commit or expend up to $150,000 of the District's non-budgeted funds for emergency purposes during this state of emergency.	
			DESIGNATION OF APPLICANT'S AGENT RESOLUTION FOR NON-STATE AGENCIES	
Dr. Smart	2020-02	4/22/2020	Dr. Smart may execute an application for certain federal finance assistance for up to 3 years following the date of approval.	
			AUTHORIZATION OF STAFF FOR PURPOSES OF APPLYING FOR FEDERAL IT SUBSIDIES	
Dr. Smart	2019-02	1/30/2019	Dr. Smart is authorized to negotiate, contract, execute letters and documents with Community Hospital Corp. necessary to deterine eligibility, seek bids for services, submit Funding Requests and Manage Invoicing & Payments in the Healthcare Connect Fund.	
			UMPQUA BANK AUTHORIZATION	
Dr. Smart	2018-17	8/22/2018	Dr. Smart is authorized to borrow money on behalf and in the name of the MTHCD, execute any notes, drafts, agreements and other documents and instruments, pledge and encumber property of the MTHCD (including Bank Accounts) And to issue credit cards to employees of the Corporation. (Umpqua Bank)	
			AUTHORIZATION TO SIGN PLANNING AND BUILDING DOCUMENTS	
Dr. Smart	2018-04	3/28/2018	Dr. Smart is authorized to sign any and all documents related to county applications, permits, and other processes related to the Valley Springs construction project.	
			AUTHORIZING DISTRICT CEO TO OPEN RURAL HEALTH CLINICS	
Dr. Smart	2019-07	7/31/2019	Dr. Smart is authorized to open one or more Rural Health Clinics after due dilligence has been performed.	

Name	Policy #	Date	
			DIRECTOR COMPENSATION & TRAVEL REIMBURSEMENT
Dr. Smart	15	3/17/2018	Dr. Smart is authorized to approve all conference expenses of $200.00 or less without prior Board approval (unless it is their own expense)
			AUTHORITY AND RESPONSIBILITY OF THE EXECUTIVE DIRECTOR
Dr. Smart	17	5/27/2015	Dr. Smart is authorized to approve non-capitol expenditures of up to $5000.00 without prior Board approval.
			RECORDS RETENTION
Dr. Smart	20	1/21/2020	Dr. Smart has the authority to retain historical documents.
Dr. Smart	27	3/22/2017	Dr. Smart credit card limit is $100,000.00 (Each Transaction is limited to $5,000.00 before needing President or Treasurer Approval)
Peggy S.	27	3/22/2017	Executive Asst. credit card limit is $50,000.00 - started paying the McKesson bill monthly on this card per Rick's suggestion (approx $ 25,000.00/mo) (Each Transaction is limited to $5,000.00 before needing President or Treasurer Approval)
Tina T.	27	3/22/2017	Clinic Manager credit card limit is $5,000.00 (Each Transaction is limited to $5,000.00 before needing President or Treasurer Approval)

MARK TWAIN
HEALTH CARE DISTRICT

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

Resolution 2021 – 03

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

Change in MTHCD Board Policies

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

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

WHEREAS: The *ad hoc* policy committee has reviewed policies Numbers 5, 6, 7, & 25 and recommend changes in those policies, and presented changes to the public at the May 26, 2021 Board of Directors Meeting.

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

RESOLVED: That policies Numbers 5, 6, 7, 25 & 27 be amended as published in the May 26, 2021 Board of Directors meeting information packet.
This resolution shall take effect immediately upon adoption.

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on the 26th day of May 2021, by the following vote:

Ayes:
Noes:
Absent:
Abstain:

Attest: _____
Debbra Sellick, Secretary