



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

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

**Wednesday May 22, 2024
9:00am**

Agenda

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

Mark Twain Health Care District Mission Statement

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

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

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

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

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for April 17, 2024
- Board Meeting Minutes for April 24, 2024

6. MTHCD Reports:

A. President’s Report.....Ms. Reed

- **Association of California Health Care Districts (ACHD) May 2024 Advocate:**
- **Meetings With MTHCD CEO:**
- **California Advancing & Innovating Medi-Cal Program (Cal Aim):**.....Ms. Hack

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

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

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

- **General Comments:**
- **Strategic Planning Matrix - May 3, 2024 Mtg.**
- **Street Medicine:**
- **BHCiP – Round 5 Update:**
 - **Give CEO Authority to Provide Letter to Proceed: Public Comment – Action**
- **MTMC Non-Elect. Utilities: Public Comment - Action**
- **MTMC Community Board: Ref: Article 9, Sect.6, Par. B(ii), Sect. 7:**
 - **Appoint MTHCD Board Member (3-yr. Term): Public Comment – Action**
- **Ralph M. Brown Act of 1953:**.....Ms. Stout
- **VSH&W Center – Policies and Forms: Public Comment – Action**
 - **Policies for May 2024 Valley Springs Health & Wellness Center:**

New Policies

Discontinued Policies

Flat Rate Fee Program

Revised Policies

Dental Emergencies.

No Show

Procedure Time Out

Sexual Harassment in the Workplace

Standardized Procedure for Glucose Check for Diabetic Patients

Standardized Procedure for Hemoglobin Assessment

Standardized Procedure for Physical Examinations

Standardized Procedure for Pregnancy Testing of Patients on Contraception

Standardized Procedure for Pulse Oximeter

Standardized Procedure for Strep A - Rapid

Standardized Procedure for Urinalysis on Pregnant Patients

Standardized Procedure for Visual Acuity Testing

Vendor Visitor Management

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

Appointment Scheduling

Audiogram-Threshold

Communication with Persons with Limited English Proficiency

Consent for Treatment 1.0

Co-Signature of Mid-Level Medical Records

Handpiece Maintenance Policy

Holter Monitor Testing

Instrument Cleaning for Sterilization

Policy Development and Review

PPD Test Results

Preventive Services: Adults

Primary Authority Over Clinic Operations

Referrals to Community Service

Retention Of Medical Records

Return to Work – Clinic Personnel

Transfer Of Patient – Chart Information

Waived Testing – COVID-19 Rapid Test

Waived Testing Quality Assurance

Waived Testing - RSV Rapid Test

Waived Testing - Strep A Direct Rapid Testing

Waived Testing - Urinalysis Using Siemens Analyzer

Waived Testing - Urine Pregnancy Testing

Well Child Examinations

- E. **VSHWC Quality Reports** Ms. Terradista
 - Quality – April 2024:
 - MedStatix – April 2024:

F. **Organizational Chart Update:** Public Comment – **Action**

7. **Committee Reports:**

- A. **Finance Committee:**.....Ms. Hack / Mr. Wood
 - Financial Statements – April 2024: Public Comment – **Action**
 - Draft 2024-2025 Budget: Informational: Public Comment
- B. **Ad Hoc Policy Committee:**.....Ms. Hack / Ms. Vermeltfoort
- C. **Ad Hoc Community Grants:**.....Ms. Sellick / Ms. Reed
- D. **Ad Hoc Community Engagement:**Ms. Reed
- E. **Ad Hoc Real Estate:**Mr. Randolph
 - MTMC Main Distribution Frame (MDF) Room Project Update:.....Dr. Smart
 - MOB 704 (Suite 102-105) Letter of Intent: Informational:.....Dr. Smart
 - MTMC Facility Report:.....Dr. Smart
 - MTMC Roof Project: Public Comment – **Action**.....Dr Smart
- F. **Ad Hoc Personnel Committee:**Ms. Reed / Ms. Vermeltfoort

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

- A. Announcements of Interest to the Board or the Public:
 - Barger Golf Outing June 2, 2024:
 - Calaveras Mentoring Foundation Family Reunion June 8, 2024

9. **Next Meeting:**

- The next MTHCD Board Meeting will be Wed. June 26, 2024 at 9am.

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

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: May 22, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/88916019835?pwd=N2JPTG4rdFBCTVd2QUtHVDFkc243UT09>

Meeting ID: 889 1601 9835

Passcode: 506808

One tap mobile

+16699006833,,88916019835#,,,,*506808# US (San Jose)

+16694449171,,88916019835#,,,,*506808# US

Dial by your location

- +1 669 900 6833 US (San Jose)
- +1 669 444 9171 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 646 931 3860 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US
- +1 386 347 5053 US

Meeting ID: 889 1601 9835

Passcode: 506808

Find your local number: <https://us02web.zoom.us/j/88916019835?pwd=N2JPTG4rdFBCTVd2QUtHVDFkc243UT09>



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

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

Wednesday April 17, 2024
9:00am

Participation: Zoom – Invite information is at the End of the Agenda
Or Participate in Person

UN- Approved Minutes

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

Meeting called to order by Ms. Hack at 9:04am.

2. Roll Call:

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	X			
Richard Randolph				9:40am
Patricia Bettinger	X			

Quorum: Yes

3. Approval of Agenda:

Motion to approve agenda by Ms. Bettinger
Second: Ms. Hack
Ayes: 2
Nays: 0

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

Hearing None

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for Mar. 20, 2024:

Motion to approve consent agenda by Ms. Bettinger
Second: Ms. Hack
Ayes: 2
Nays: 0

6. Chief Executive Officer's Report:

- Change Health Care:

The delayed claims are starting to be processed.

- CalVet Grant:

This grant would help with Veterans Mental health labor costs. Deadline to apply is June 28.

- BHCIP Application Update:

County contract is holding up the process. 4 contractors have been chosen to bid.
Still planning to break ground on June 1.

- MTMC – Building Assessment:

Monthly meeting in May.

7. Real Estate Review:

- MOB 704 Update:

Suites 103-105 to be leased to the County Mental Health Department on a month to month basis. Beginning Feb 2025.

8. Accountant's Report:

- March Financials Will Be Presented: Public Comment- **Action**

The District has had 9 consecutive months of being in the black. The changes to the Balance Sheet are due to year end audit adjustments.

Motion to approve March Financials with I&R Report by Ms. Bettinger

Second: Ms. Hack

Ayes: 2

Nays: 0

- Balance Sheet acct 2219.00:

Will table this discussion until the May 15 meeting.

9. Treasurer's Report:

No report.

10. Comments and Future Agenda Items:

Hearing None.

11. Next Meeting:

Next Finance Committee Meeting will be May 15, 2024 at 9:00am
Strategic Planning on May 3 at the Fireside Room at Greenhorn Creek.

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

Motion to adjourn by Ms. Bettinger

Second: Ms. Hack

Ayes: 3

Nays: 0

Time: 9:52am.

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Meeting

Time: Apr 17, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/89229194783?pwd=NzQ2TDZYT0pCaXFLTk4rOTRiMIZmZz09>

Meeting ID: 892 2919 4783

Passcode: 833154

One tap mobile

+16699006833,,89229194783#,,,,*833154# US (San Jose)

+16694449171,,89229194783#,,,,*833154# US

Dial by your location

- +1 669 900 6833 US (San Jose)**
- +1 669 444 9171 US**
- +1 253 215 8782 US (Tacoma)**
- +1 346 248 7799 US (Houston)**
- +1 719 359 4580 US**
- +1 253 205 0468 US**
- +1 646 931 3860 US**
- +1 689 278 1000 US**
- +1 929 205 6099 US (New York)**
- +1 301 715 8592 US (Washington DC)**
- +1 305 224 1968 US**
- +1 309 205 3325 US**
- +1 312 626 6799 US (Chicago)**
- +1 360 209 5623 US**
- +1 386 347 5053 US**
- +1 507 473 4847 US**
- +1 564 217 2000 US**

Meeting ID: 892 2919 4783

Passcode: 833154

Find your local number: <https://us02web.zoom.us/u/keJJtlW2e8>



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

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

**Wednesday April 24, 2024
 9:00am**

UN- Approved Minutes

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

Mark Twain Health Care District Mission Statement

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

1. Call to order with Flag Salute:

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

2. Roll Call:

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

Quorum: YES

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

Dr. Smart requested to add Budget discussion under section 7

Motion to approve Agenda with revision by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

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

Hearing none

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for March 20, 2024
- Board Meeting Minutes for March 27, 2024

Motion to approve Consent Agenda by Mr. Randolph

Second: Ms. Hack

Ayes: 5

Nays: 0

6. **MTHCD Reports:**

A. President's Report:

- **Association of California Health Care Districts (ACHD) April 2024 Advocate:**

- **Meetings With MTHCD CEO:**

Discussed Cal-Vet Grant, Change Health Care issue and Organizational Chart

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

No Update

B. MTMC Community Board Report:

Patient satisfaction scores are good. MTMC came in under budget for March 2024.

C. MTMC Board of Directors:

BOD chairperson is leaving, will need to fill the seat.

D. Chief Executive Officer's Report

- **General Comments**

- **Strategic Planning Mtg rescheduled to Friday May 3, 2024:**

To be held in the Fireside Room at Camps Restaurant at Greenhorn Creek

- **General Election Nov. 5, 2024:**

Lori Hack and Richard Randolph are both up for re-election this year

- **Resolution 2024 – 02 Calling for General Election:** Public Comment – Action

Motion to approve Resolution 2024-02 by Mr. Randolph

Second: Ms. Vermeltfoort

Ayes: 5

Nays: 0

- **BHCiP – Round 5 Update:**

The Request for bids has gone out to the 4 qualified Contractors. They are due next week. The Funding Portal is in process. Groundbreaking looking to be mid-June

- **Ralph M. Brown Act of 1953:**

Brown Act booklets to be distributed at the Strategic Planning meeting.

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

- Policies for April 2024 Valley Springs Health & Wellness Center:

New Policies

Standardized Procedure for Hepatitis C Screening in Adult Patients

Revised Policies

Abnormal Vital Signs

Initial Patient Contact and Medical Emergencies

Medical Records Release

Medical Record Transfer

Medical Staff Credentialing and Governance (Pulled for Review)

Medication Waste Stream

Vaccine Administration

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

Dental Walk-In Patient Policy

Formulary

Informed Consent

Lapses Of Consciousness – DMV Reporting

LVN Scope of Practice

This Institution is an Equal Opportunity Provider and Employer

Minutes April 24, 2024 MTHCD Board Meeting

Marketing
Medical Records Forms and Fees
Medical Records Security and Retention
Medication Administration
Medication Management Emergency Response to Power Failure
Medication Reconciliation
Medication, Supply, And Equipment Recalls/Warnings
Mission Statement
Monitoring Inspection of Medication Inventory
Motor Vehicle Accident Reporting
Patient Medical Record Content
Service Animal
Silver Diamine Fluoride
Supply Outdates
Telephone Request for Medical Information
Temperature – All Modalities
Use of Gloves
Venipuncture
Visual Acuity
Withdrawal of Care
X-Ray Orders

The Medical Staff Credentialing and Governance policy to be extracted pending further review.

Motion to approve Policies with extraction of the Medical Staff Credentialing and Governance policy by Ms. Hack

Second: Mr. Randolph

Ayes: 5

Nays: 0

E. VSHWC Quality Reports

- Quality – March 2024:

The clinic saw 2240 patients in March. 43 RoboDoc calls.

- MedStatix – March 2024:

The clinic is above the national average in most categories.

7. Committee Reports:

Dr. Smart: The 2024-2025 budget is in process. The budget is challenging due to the expansion of the clinic.

A. Finance Committee

- Financial Statements – March 2024: Public Comment – **Action**

The District has been in the Black for 9 months in a row. The Reserves are strong

Motion to approve March Financials with I&R Report by Ms. Hack

Second: Mr. Randolph

Ayes: 5

Nays: 0

- Mr. Wood – Explanation of MTHCD – MTMC/Dignity Lease:

Discussion tabled until May 15th Finance Committee Meeting

B. Ad Hoc Policy Committee:

No Report

C. Ad Hoc Community Grants:

- Ragin Cagun Sponsorship / Hospice Fund Raiser: Public Comment – Action

Motion to sponsor the Ragin Cajun Festival for \$3,000 by Ms. Vermeltoort

Second: Mr. Randolph

Ayes: 5

Nays: 0

- Barger Golf Outing Sponsorship: Public Comment – Action

Motion to sponsor the Barger Golf Outing for \$3,500 by Ms. Hack

Second: Ms. Vermeltoort

Ayes: 5

Nays: 0

D. Ad Hoc Community Engagement:

No Report

E. Ad Hoc Real Estate:

704 Mountain Ranch Rd. Sublease to County Mental Health: MOU in process. Rent numbers being researched. MOU will be presented to the Board in May.

- MTMC Main Distribution Frame (MDF) Room Project: Public Comment – Action

Construction in progress.

Motion to approve MDF Room permit by Ms. Vermeltoort

Second: Ms. Sellick

Ayes: 4

Nays: 1

- MOB 704 (Suite 102-105) Update:
- MTMC Facility Report:
 - Property Condition Assessment, LLC (PCA): – Executive Summary

Next meeting in May to discuss progress.

F. Ad Hoc Personnel Committee

1. Closed Session: Chief Executive Officer (CEO) Annual Evaluation:
 - Public Performance Evaluation, Pursuant to Gov. Code Section 54957

Board of Directors went into Closed Session at 10:32am

2. Reconvene to Open Session:

Board of Directors reconvened to Open Session at 11:04am

3. Report of Action Taken (if any) in Closed Session:

The Personnel Committee conducted a salary survey and presented it to the Board. It is the decision of the Board to increase the CEO salary by 8% to \$ 294,894.86 and directed staff to implement.

8. Board Comment and Request for Future Agenda Items:

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

- Kelli’s House Dedication April 24, 2024 CAC by Resource Connection:
- Rotary - Ragin Cajun May 4, 2024:
- Barger Golf Outing June 2, 2024:

9. Next Meeting:

- The next MTHCD Board Meeting will be Wed. May 22, 2024 at 9am.

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

Motion to Adjourn by Ms. Hack

Second: Mr. Randolph

Ayes: 5

Nays: 0

Time: 11:08am

Traci Whittington is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting

Time: Apr 24, 2024 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/84663449499?pwd=aWlwUWZrdnNwbytoUit6bnkyTEt3dz09>

Meeting ID: 846 6344 9499

Passcode: 305335

One tap mobile

+16699006833,,84663449499#,,,,*305335# US (San Jose)

+16694449171,,84663449499#,,,,*305335# US

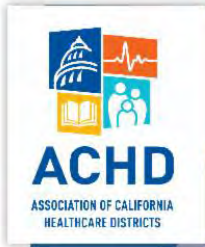
Dial by your location

- +1 669 900 6833 US (San Jose)
- +1 669 444 9171 US
- +1 253 215 8782 US (Tacoma)
- +1 346 248 7799 US (Houston)
- +1 719 359 4580 US
- +1 253 205 0468 US
- +1 689 278 1000 US
- +1 929 205 6099 US (New York)
- +1 301 715 8592 US (Washington DC)
- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 312 626 6799 US (Chicago)
- +1 360 209 5623 US
- +1 386 347 5053 US
- +1 507 473 4847 US
- +1 564 217 2000 US
- +1 646 931 3860 US

Meeting ID: 846 6344 9499

Passcode: 305335

Find your local number: <https://us02web.zoom.us/u/kTO2Zrn4X>



ACHD

THE ADVOCATE

[CURIOUS ABOUT ACHD
MEMBER BENEFITS?](#)

[ACHD
EVENT CALENDER](#)

[WEBINAR: CONSIDERATIONS
FOR BUILDING A RESPECTFUL
CULTURE](#)

WHAT'S NEW IN MAY

CEO MESSAGE

Greetings from Sacramento, where the legislative session is in high gear. Last week, the Governor released his [May revision](#) of the state budget. The proposed budget relies on a mix of cuts and using reserves to close the budget gap. The legislature has a Constitutional deadline of June 15 to pass the state budget, while the Governor has until June 30 to sign it, while many of the finer details will be contained in what has become known as “junior budget bills” later in the summer. For more on the status of the budget, see [Sarah Bridge's](#) legislative update below.

In other news, ACHD is excited to present our June webinar, [Considerations for a Respectful Culture](#), sponsored by **ACHD Gold Sponsor, Huron Consulting Group**. This webinar comes at a time when we hear more and more about how increasingly challenging it is to develop and maintain a respectful governance structure, workplace culture, and civility with the public. **We are continually grateful to our sponsors for bringing such timely content to our membership.**

ACHD is gearing up for its [72nd Annual Meeting](#), which will be hosted in Sacramento from September 25 to 27. Make plans to join us for this annual celebration of learning, networking, and connection.

In closing this month, ACHD has been hitting the road and visiting members. Check back next month when we share our “Mule Days” trip and visit to the Northern Inyo Healthcare District. Until then, thank you for all that you do for your communities, and do not hesitate to reach out if we can be of assistance.

Cathy Martin
Chief Executive Officer



With gratitude,

Legislative Update



ACHD Legislative Update:

Budget:

Governor Newsom presented his adjusted budget, called the May Revise, on Friday, May 10th, with additional details released on Tuesday of this week. In a two-hour press conference and presentation, Governor Newsom unveiled a budget with significant additional cuts, delays, and deferrals to address the worsening budget deficit. The full press conference is available to watch [here](#). The Governor's press release associated with the budget is available [here](#).

As presented, the revision projects a \$44.9 billion shortfall, or \$27.6 billion shortfall, when considering the early budget action the legislature took in April to reduce the deficit by \$17.3 billion. Budget details were released this week and can be found [here](#). Below is an overview of some notable items in the healthcare space. Additional details will be forthcoming, and we will keep districts apprised of these changes.

Health Overview:

The May Revision maintains the recent Medi-Cal Expansion to all individuals regardless of age or immigration status but does make significant other cuts, shifts, and changes:

- Preserves funding to CalAIM
- Maintains \$280M for reproductive health services
- Maintains elimination of Medi-Cal asset test
- Cuts \$62M from the Health Care Affordability Reserve Fund (intended to reduce Covered California cost sharing)
- Cuts \$280M for Equity and Practice Transformation Payments to providers (this is the equity payments coming out of the MCO)
- Cuts \$94.7M by eliminating IHHS coverage for undocumented Californians.
- Freezes funding to Counties for Medi-Cal enrollment
- Does not fund the continuous eligibility for zero-five in Medi-Cal
- Cuts \$854.6M across healthcare workforce initiatives, including community health workers, nursing, social work, primary care education and training, and efforts to create a diverse health professional workforce
- Cuts \$189.4M from Mental Health Services Act Fund for behavioral health workforce programs.

Changes to MCO Tax:

The May Revise also amends the Managed Care Organization (MCO) tax revenue and expenditure proposal. The MCO tax is a provider tax imposed by states on health care services that essentially reduces or offsets state General Fund spending on Medi-Cal. The federal government approved the initial MCO tax proposal last year. In January, the administration proposed to increase the MCO tax, and the May Revision proposes an additional amendment to the MCO tax to include health plan Medicare revenue, resulting in an additional \$689.9 million in reduced General Fund costs in 2024-25, \$950 million in 2025-26, and \$1.3 billion in 2026-27. These changes would be subject to federal approval. The May Revision includes \$9.7 billion in MCO tax funds over multiple

years to support the Medi-Cal program. However, rather than using \$6.7 billion of this amount to continue Medi-Cal provider rate increases, as originally planned, these funds will be used to offset General Fund spending.

In response to the May Revision, the Assembly and Senate held a number of budget subcommittee meetings this week. The Assembly and Senate Budget Subcommittees on Health and Human Services met to discuss the proposed changes. Each included presentations by relevant departments (including the Department of Health Care Services, DHCS), the Legislative Analyst Office (LAO), and the Department of Finance (DOF). Both chairs of the subcommittees had significant questions for DHCS, particularly surrounding the reallocation or “sweep” of the MCO dollars to offset other healthcare cost obligations. The Senate Budget Subcommittee No. 3 can be watched [here](#), and the Assembly Budget Subcommittee No. 1 can be watched [here](#).

As a reminder, the Legislature has until midnight on June 15 to pass a balanced budget. The Legislature may adopt, reject, or modify any portion of the Governor’s budget. However, they face the same difficulties in balancing the budget.

Bills:

This week marked the final week for fiscal bills to clear the Appropriations Committee. On Thursday, both Committees commenced with the suspense file, which are all the bills with a state cost that exceeds \$250,000. A list of all bills in the Assembly [can be found here](#), and all bills in the Senate [can be found here](#). The following statistics on suspense file are below:

SENATE

- 341 SBs on Suspense
- 254 DP or DPA to the Floor (74.5% of the total)
- 87 Held (25.5% of the total)

ASSEMBLY

- 668 ABs on Suspense
- 435 DP or DPA to the Floor (65%)
- 233 Held (35% of the total)

Of the 1,009 total bills on Suspense between the two committees, 689 are headed to the Floors, and 320 were held, which is 31.7%.

Bills of Note:

[SB 1423 \(Dahle\)](#) - Would establish a cost-based reimbursement methodology for critical access hospitals. – PASSED

[SB 1432 \(Caballero\)](#) - Would extend the seismic deadline for all hospitals. -PASSED, with amendments to remove rural hospitals.

[AB 3275 \(Soria\)](#) - Would increase penalties on health plans and expedite claims payments for specified distressed, rural and critical access providers. - PASSED, with amendments.

Upcoming ACHD Webinar

Organizations are facing challenges like disrespectful behavior and poor communication at all levels. To thrive, they must prioritize professionalism and nurturing relationships, creating psychologically safe environments.

This session helps leaders build a respectful culture through actionable steps, emphasizing psychological safety, clear behavioral standards, and consistent performance management.


[Register today](#)


ACHD Webinar


Considerations for Building a Respectful Culture

June 11, 2024
10:00 am - 11:00 am

Presenter:
Jackie Gaines, MS, RN
Executive Leadership Coach



 **ACHD**
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

 **HURON**

Register Today



Mark your calendars for ACHD's 72nd Annual Meeting!

Registration will open in early June.

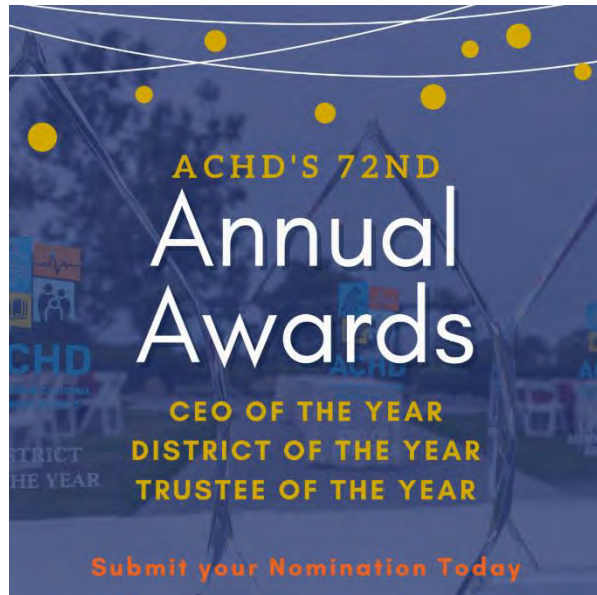
We are thrilled to announce that this year's Annual Meeting will take place in Sacramento. Get ready to join us for an annual meeting filled with engaging presenters, networking opportunities, and informative sessions. We look forward to seeing familiar faces and welcoming new participants to our event.

Stay tuned for more details on registration and the full event schedule.



To learn more about the district best practices submission process or to submit a proposal, [click here](#).

To learn more about ACHD's 72nd Annual Awards or to submit your nomination



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

Association of California Healthcare Districts
www.achd.org



Strategic Matrix 2024-2026

Updated 5-07-2024

Mark Twain Medical Center		Notes
	Facility Assessment Meetings	
	Construction Projects -Seismic Retrofit Phase I,II,III -Roof Upgrade -Surgery remodel -ER refresh -Front facade	
Valley Springs HWC		
	Employee Support -Spirit Committee -Annual PicNic -CWF aid	
	Behavioral Health -Substance Use Disorder pilots -Psychiatry	
	BHCIP (5)	
	Dental Expansion (West Wing)	
	Access to Care	
Youth Mental Health Support		
	Sierra Child and Family -School Wellness Centers -Robo-Doc	
	Youth Center (VS campus)	
	Children's Advocacy Center	
Professional Workforce Development		
	Competitive Recruiting	
	St Joseph's/Touro Universitycollaboration	
	UC Davis Health	
	Grow your own	
Calaveras County Health Leadership collaborative		

	D Archer/R Smart Co-host monthly lunch	
	Partnerships	
Outback Medicine		
	TytoCare Kiosks (Senior Centers)	
	Street Medicine (homeless)	
Calaveras Wellness Foundation		
	Developing Website	
	Finalizing information pamphlet	
	Information Campaign	



May 15, 2024

Board of Directors
Mark Twain Health Care District
768 Mountain Ranch Road
San Andreas, California 95249

California Department of Health Care Services and
Advocates for Human Potential, Inc.
490-B Boston Post Road
Sudbury, MA 01776-3365
Attention: Legal Department

Re: Mark Twain Health Care District – Program Funding Agreement with
Advocates for Human Potential, Inc. (DHCS Grant)

Ladies and Gentlemen:

We serve as General Counsel to the Mark Twain Health Care District (the “District”), and in connection with the above-referenced matter with respect to the grant of program funds awarded to the District by the Department of Health Care Services (“DHCS”) in an amount not to exceed \$3,322,198.00 to acquire and construct a crisis and wellness center (the “Project”) we have examined (a) that certain Program Funding Agreement, dated March 8, 2024, by and between Advocates for Human Potential, Inc., a Massachusetts corporation (“AHP”) and the District (the “Program Funding Agreement”); (b) that certain Regulatory Agreement and Declaration of Restrictions (the “Declaration of Restrictions”), dated by District accompanying its signature May 7, 2024, by and between District and DHCS; (c) the Program Requirements (as that term is defined in the Program Funding Agreement) excluding guidance issued by DHCS regarding the Program and Program Guidelines, or Program Manuals, as adopted by DHCS, and as may be amended from time to time; (d) that certain Sponsor’s Certification No. 2 Related Party and Related Party Transaction Disclosure Certificate, dated March 4, 2024 (the “Related Party Certificate”); (e) that certain Facility Access Agreement (BHCIP), dated by District accompanying its signature May 7, 2024, by and between the District and DHCS (the “Facility Access Agreement”); (f) resolutions and/or approvals of the District which, among other things, authorize the agreements described herein, and (g) such other opinions, documents and matters of law as we have deemed necessary in connection with the following opinions. The Program Funding Agreement, Declaration of Restrictions, Related Party Certificate, and the Facility Access Agreement are collectively referred to herein as the “District Documents.”

In our examination, we have assumed, without independent investigation, the authenticity of all documents submitted to us as originals, of all documents submitted to us as certified or photostatic copies and the authenticity of the originals of such latter documents and the accuracy of the statements and representations contained in such documents. In addition, we have assumed the authority of and due execution by each of the parties to the documents other than the District. The rights and obligations under the District Documents and their enforceability may be subject to bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting creditors' rights.

As used in this opinion, the phrase "current actual knowledge" means (1) knowledge of facts or other information currently known to lawyers in our firm who have performed legal services for the District; (2) representations of the District made in the District Documents and the certificates delivered therewith, and (3) a litigation search in California State and federal court conducted on April 16, 2024.

Based on the foregoing, we are of the following opinions:

1. The District is a special district and public body corporate and politic, duly organized and existing under the laws and Constitution of the State of California.
2. The District has the requisite power and authority to execute and deliver the District Documents and to perform its obligations under the District Documents.
3. The District Documents have been duly authorized, approved and executed by and on behalf of the District and the District Documents are, assuming due authorization and execution by all other parties thereto, valid and binding obligations of the District enforceable against the District in accordance with its terms, except as such enforcement may be limited by bankruptcy, insolvency, reorganization, arrangement, fraudulent conveyance, moratorium and other laws relating to or affecting creditors' rights, and as otherwise described herein.
4. To our current actual knowledge, the execution and delivery of the District Documents does not and will not conflict with or constitute on the part of the District a material breach of, or a material default under, any agreement, indenture, mortgage, lease, or other instrument to which the District is subject or by which it is bound or any existing court order or consent decree to which the District is subject.
5. To our current actual knowledge, the execution and delivery of the District Documents does not and will not conflict with or constitute on the part of the District a material breach of any applicable constitutional or tribal provision, law, or administrative regulation of the State of California or the United State of America or any applicable judgement or decree.
6. To our current actual knowledge, there is no proceeding pending for which the District is served or threatened in any court or before any governmental authority or arbitration board or tribunal that, if adversely determined, would adversely affect the Project or materially

adversely affect the financial position of the District or contesting the validity of the District Documents.

Additionally, without limitation, we do not express herein any opinion as to:

1. Any matter governed by any laws other than the laws of the State of California or the laws of the United States of America;
2. The state or quality of title to any of the property described in the District Documents;
3. The accuracy or sufficiency of the description of any such property contained in the District Documents;
4. The validity and enforceability of any specific performance and liquidated damages provisions and other equitable remedies; or
5. The financial status of the District.

This opinion letter speaks only as of its date, and we disclaim any obligation to supplement this opinion letter with regard to events occurring or coming to our attention after the date hereof. The opinions herein are limited to the matters expressly set forth herein, and no opinion is to be implied or may be inferred beyond the matters expressly so stated.

No attorney-client relationship exists between you and us (other than the District). No party other than those to whom this opinion is specifically addressed (and their successors and assigns) may rely on the opinions contained herein without our express written authorization to do so. As General Counsel in this matter, we have not rendered financial advice to the District.

The opinions expressed herein may be affected by actions which may be taken (or not taken) or events which may occur (or not occur) after the date hereof. We have not undertaken to determine, or to inform any person, whether any such actions or events are taken or occur or are not taken or do not occur.

We bring to your attention the fact that our conclusions are an expression of professional judgment and are not a guarantee of a result.

All capitalized terms herein shall have the same meanings as in the District Documents, as appropriate, unless otherwise provided herein.

Best Regards,



BEST BEST & KRIEGER LLP

such that Tenant shall be responsible to pay only that portion applicable to the period within the Term. Tenant also shall pay any municipal, county, state, or federal income or franchise taxes charged or assessed against Tenant, its income or corporate franchise. Notwithstanding the foregoing, Tenant may seek tax exemption for some or all of the Leased Premises, and Landlord agrees to cooperate with and assist Tenant in connection with obtaining tax exemption, including Landlord's execution of any documents that are required by any governmental or quasi-governmental agency or authority in connection with obtaining tax exemption; provided, however, that Landlord's cooperation shall be at no direct out-of-pocket cost or expense to Landlord.

3.3 Right to Contest Taxes. Tenant may contest the legal validity or amount of any taxes, assessments, or charges for which Tenant is responsible under this Agreement, and may institute such proceedings as Tenant considers necessary. If Tenant contests any such tax, assessment, or charge, Tenant may withhold or defer payment or pay under protest and such act shall not constitute a default under this Agreement. Landlord appoints Tenant as Landlord's attorney-in-fact for the purpose of making all payments to any taxing authorities and for the purpose of contesting any taxes, assessments, or charges, conditioned upon Tenant's preventing any liens from becoming levied on the Leased Premises or on the Landlord (other than the statutory lien under Revenue and Taxation Code Section 2187), and Tenant keeping Landlord reasonably informed about the status of Tenant's contention of such taxes.

3.4 The Landlord's Right to Pay Taxes. Section 3.3 notwithstanding, Landlord shall have the right to pay any taxes assessed against Tenant pursuant to Section 3.2, provided Landlord reasonably believes that failure to pay such taxes would create a substantial risk that all or any part of the Leased Premises would be taken or sold by the taxing authority. If Landlord pays any taxes pursuant to this paragraph, Tenant shall, on demand, reimburse Landlord for the amount of taxes so paid and any penalties or costs associated with such payment, within thirty (30) days following Tenant's receipt of invoice from Landlord, which invoice shall include reasonable documentation evidencing such amounts (including applicable penalties or costs) paid by Landlord.

3.5 Utilities.

(a) Except to the extent provided in Section 3.5(c) and Section 3.5(d) below, Landlord shall have the obligation to pay for the following specific utilities used at the Combined Premises during the Term of this Lease: (i) electricity ("Electrical Utilities") and (ii) natural gas, water/sewer, telephone (other than the main telephone bill), and waste removal (exclusive of hazardous or medical waste and any waste generated as the result of Tenant's construction activities) (collectively, the "Non-Electrical Utilities," and together with the Electrical Utilities, the "Utilities"), and including the payment of any utility users tax levied on the foregoing. As used herein, the term "main telephone bill" refers solely to the bill for the main telephone service to the Leased Premises (currently the main AT&T bill), but does not include ancillary phone services (such as pager service or phone mail) or phone services to the Ancillary Premises).

(b) Landlord shall have no obligation to pay any other utilities at the Leased Premises except for the Utilities, as delineated above, except as may otherwise be set forth in the underlying occupancy agreement(s) between the Landlord and Tenant respecting the particular Landlord Ancillary Premises.

(c) Landlord may, on not less than ninety (90) days' prior written notice to Tenant, require that Tenant make an Annual Reimbursement to Landlord for Landlord's good faith estimated costs for the Non-Electrical Utilities, subject to reconciliation as provided below, and without otherwise altering Tenant's obligation to pay fixed monthly Rent (except as expressly provided in this Lease). Such Annual Reimbursement of Non-Electrical Utilities shall be determined annually on a calendar basis (the first such period of which may be a prorated partial period ending December 31st). Such "Annual Reimbursement" shall be the amount by which Landlord's costs of such Non-Electrical Utilities exceeds the "Threshold." As used herein, the "Threshold" shall be (i) \$300,000 per calendar year during the first five (5) years of the Initial Term, and (ii) thereafter, such annual amount (not less than zero) as established (no more frequently than annually) by the Landlord in its sole discretion. Landlord may require Tenant to make monthly or quarterly progress payments toward such Annual Reimbursement based on good faith estimates of the Annual Reimbursement, provided that a final reconciliation and true up shall be completed no later than March 31st following the close of each calendar year.

(d) If, for reasons beyond Landlord's control, Landlord becomes ineligible to purchase discounted Electrical Utilities, then Landlord may, on not less than sixty (60) days' prior written notice to Tenant, terminate Landlord's obligation to pay Electrical Utilities. Similarly, if at any time for any reason the total annual cost of Electrical Utilities paid by Landlord exceeds one hundred twenty five percent (125%) of the average annual cost of Electrical Utilities paid by Landlord for the three (3) years prior to the Commencement Date, then Landlord shall continue to purchase the Electrical Utilities at the discounted rate, but on not less than sixty (60) days' prior written notice to Tenant, and except as set forth in the last sentence of this paragraph, Tenant shall be required to reimburse Landlord for the cost of the discounted Electrical Utilities within thirty (30) days following Tenant's receipt of invoice from Landlord (including reasonable documentation evidencing such amounts). In either case (i.e. if Landlord so elects to terminate its obligation to pay Electrical Utilities or elects to require Tenant to reimburse Landlord for the Electrical Utilities due to the cost exceeding the 125% threshold), then the total monthly rental amount shall be decreased by an amount equal to the Landlord's average monthly cost for Electrical Utilities to the Leased Premises during the most recent prior twelve (12) month period during which the Landlord was able to purchase discounted Electrical Utilities. If there is a change of ten percent (10%) or more in the total square footage of the Combined Premises as the result of the addition or removal of Ancillary Premises during the term, such monthly average shall be equitably adjusted up or down, as reasonably determined by the parties, to reflect the actual total square footage of the Combined Premises as of the date Landlord stops paying for Electrical Utilities. Notwithstanding the foregoing, if Landlord terminates its obligation to pay Electrical Utilities pursuant to the terms of this Section during the first five (5) years of the Initial Term (for which the Prepaid Rent has already been received by Landlord), then Landlord shall pay such average monthly cost of Electrical Utilities to Tenant on a monthly basis on or before the 5th day of each month until the commencement of the sixth (6th) year of the Term (i.e. until such time as Tenant's Prepaid Rent is fully applied, and Tenant resumes payment of monthly rent).

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

POLICY: Flat Rate Fee Program	REVIEWED: 11/12/18; 2/13/20; 5/13/20; 6/24/20; 8/2/21: 5/24/23; <u>5/06/24</u>
SECTION: Admitting	REVISED: 2/13/20; 5/13/20; 6/24/20; 8/2/21; <u>5/6/24</u>
EFFECTIVE: <u>6/28/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Flat Rate Fee Program

Objective: To provide cash pay, uninsured patients with a fixed fee-for-service

Response Rating:

Required Equipment:

Procedure:

1. The Flat Rate Fee Program is a pre-determined flat, all inclusive fee for uninsured, cash pay patients.
2. The flat fee is based upon the anticipated MediCal Prospective Reimbursement rate of \$145.00 per patient encounter.
3. The flat fee must be paid in full before the patient who has been assessed and is a non-emergency patient is seen by a provider, with any additional charges collected at the end of the visit prior to the patient leaving the Clinic

a. Flat fee includes:

- Physical examination by provider
- 2-view x-ray (*additional charges apply if more than 2 views are taken*)
- Point-of-care lab testing
- Specimen collection for transfer of specimen to outside laboratory (outside laboratory fees are not included and need to be disclosed to the patient)
- Tetanus and/or flu shot; antibiotic and/or ketorolac injection; (*vaccines other than tetanus or flu are additional*)

-EKG

-One follow-up for dressing change, suture removal, or follow-up for chief complaint; and a second antibiotic injection.

4. If more than one follow-up visit for dressing change or follow-up of chief complaint is required, the patient will be charged a \$40 fee which will cover up to two dressing change visits and the required supplies or one follow-up visit to evaluate status of chief complaint.
5. Flat Rate Fee Program was approved by the District Board of Trustees on 3/27/19 for implementation on the first day of service and has since been revised to include additional service elements.
6. Patients who require services beyond those included in the flat rate fee program outlined above will be advised the cost of those services in writing. The services will be priced as follows:
 - a. Vaccines: fee schedule in use on the day of service plus the current vaccine administration fee.
 - b. X-rays and other services: 100% of the fee schedule in use on the days of service less a 50% discount for cash payment.
 - c. Payment will be required on the day of service.
6. Each patient utilizing the Flat Rate Fee Program will be asked to review and sign a form titled Flat Rate Fee Schedule Acceptance Form (available in both English and Spanish). This form outlines the flat rate fee program benefits and limitations for the patient. Each Flat Fee Agreement is good for six (6) months and must be renewed if the patient wishes to continue with the program. The signed form will be scanned into the EMR and the original returned to the patient for their records.
7. The Behavioral Health Program is not included in the Flat Rate Fee Program.
8. In acknowledgement that some patient's insurance will not cover Behavioral Health Services, a discount of 50% from the Clinic's fee schedule will be extended.
9. Behavioral Health Services will be paid prior to service being rendered.

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

POLICY: Dental Emergencies	REVIEWED: 4/9/20; 8/11/21; 11/07/22:12/13/23; <u>5/06/24</u>
SECTION: Patient Care	REVISED: 8/11/21; 11/17/22; <u>5/06/24</u>
EFFECTIVE: <u>1/24/24</u> <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Defining Dental Emergencies

Objective: During days when dental services are provided in the Clinic, appointment slots will be available for patients presenting with emergency conditions. This policy will identify dental emergencies to ensure proper escalated scheduling of patients where required.

Response Rating: Mandatory

Required Equipment:

Procedure:

- a. Within the scope of the dental services provided by the Clinic, dental emergencies will be defined as: Broken appliance that cannot be removed by the patient or the patient’s kin and/or is sharp, causing adjacent tissue damage and/or can be swallowed and/or aspirated. Patients with broken braces or wires should be seen by their treating orthodontist.
- b. Broken tooth caused either by trauma or decay and/or pain is present.
- c. Swollen face/alveolar tissues denoting a dental abscess. Swelling in the throat and neck area or swelling at the base of the tongue should be sent for evaluation in the ER. The patient may complain of feeling their “tongue is elevated”.
- d. Cut or bitten tongue, lip, or cheek
 - i. Patient will be directed to come to the office to be seen by the dentist
 - ii. If the dentist is not present but the RDA is in the office, the patient will be directed to come to the office to be seen by the RDA
 - iii. If the dentist is not present in the office and/or the RDA is unable to resolve the issue, staff will take a message and contact the after-hours dentist for guidance and/or with information so that the after-hours dentist may contact the patient directly.
 - iii-iv. The patient will be seen within 24-48 hours. If no one is available, established patients may be directed to make an acute appointment with their PCP, otherwise the patient will be directed to go to Prompt Care or the ER.
- e. Trauma to the jaw or alveolar tissues

Most cases should be directed to the emergency room as the concern is for brain injury.
- f. Knocked out tooth
 - i. Patient will be directed to hold the tooth by the crown and rinse off the root of the tooth in water if dirty. Do not scrub or remove any attached tissue fragments. If possible, gently insert and hold the tooth in its socket. If that isn’t possible, put the tooth in a cup of milk and get to a

dentist as quickly as possible, bringing the tooth.

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

POLICY: No Show	REVIEWED: 1/28/20; 5/04/21; 5/6/22: 8/30/22; 3/07/23; 5/6/24
SECTION: Admitting	REVISED: 5/04/21; 5/25/22; 8/30/22; 3/07/22; <u>5/6/24</u>
EFFECTIVE: <u>3/22/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Patient No Show

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

Response Rating:

Required Equipment: None

Procedure:

Medical, Behavioral Health and Dental Departments

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

No Show
Policy Number 227

7. Acceptance of mitigating circumstances will be documented in the EMR using a patient case.
8. If the patient does not have known mitigating circumstances, the patient will be contacted by mail and advised that their chronic “no show” status may affect their ability to schedule future appointments. The patient will be asked to contact the office if they are unable to keep their scheduled appointments.
9. If the patient continues to no show and reaches a total of 4 no shows over the course of six months, the patient will receive a letter advising that they will only be allowed to schedule same day appointments (Medical/Dental). Behavioral Health appointments will not be combined with the Medical or Dental no show count. Behavioral Health patients who exceed this limit will have existing appointments canceled and patients will only be allowed to make same day appointments for a six-month period. Extenuating circumstances will be reviewed on a case-by-case basis.
10. Excessive No-Show behavior can result in dismissal from the practice due to the potential inability of the practice to manage the patient’s medical diagnoses.

11. Behavioral Health Missed Appointments

a. When a patient misses an appointment, patients will be automatically contacted via the Electronic Health Record’s “no-show” campaign.

b. Two (2) missed appointments should be managed either through a phone call or letter.

c. When a patient no shows a scheduled initial IBH Consultation, the referral is closed. If the patient cancels an IBH Consultation, IBH staff will offer the patient an alternate appointment date. When a patient misses an IBH Follow-Up appointment, patients will be automatically contacted via the Electronic Health Record’s “no-show” campaign. 3.4 IBH staff should contact the patient via phone, monitor reason for cancellation, and offer to reschedule the patient’s missed appointment. The staff member may also ask if there were any barriers to attending treatment, such as difficulties with transportation, and should either engage patient in problem solving around the barrier or consult with clinician regarding the patient’s stated barrier.

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

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

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

- Formatted: Font: (Default) Calibri, 12 pt, Bold
- Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: 1, 2, 3, ... + Start at: 1 + Alignment: Left + Aligned at: 0" + Indent at: 0.25"
- Formatted: Font: (Default) Calibri, 12 pt, Bold
- Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"
- Formatted: List Paragraph
- Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"
- Formatted: Indent: Left: 0.5", Space After: 10 pt, Line spacing: Multiple 1.15 li, No bullets or numbering, Widow/Orphan control
- Formatted: List Paragraph
- Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"
- Formatted: List Paragraph
- Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"
- Formatted: Indent: Left: 0.5", Space After: 10 pt, Line spacing: Multiple 1.15 li, No bullets or numbering, Widow/Orphan control
- Formatted: List Paragraph
- Formatted: List Paragraph, Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 0.25" + Indent at: 0.5"
- Formatted: List Paragraph
- Formatted: Indent: Left: 0.25"

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

POLICY: Procedure Time Out	REVIEWED: 2/1/19; 4/2/20;11/23/20; 8/25/21; 5/02/23; <u>5/7/24</u>
SECTION: Patient Care	REVISED: 4/2/20; <u>5/7/24</u>
EFFECTIVE: 5/ <u>29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Procedure Time out

Objective: Procedure Time Out, which includes a specific checklist, must be conducted whenever a patient undergoes a surgical or non-surgical invasive procedure requiring an informed consent.

- To provide guidelines for a standardized verification process for all Clinic patients undergoing a surgical/non-surgical invasive procedure requiring an Informed Consent.
- To assure that the correct procedure is performed on the correct patient and body site/side.
- To define the process by which clinic staff and licensed practitioners (e.g. physicians, nurse practitioners, physician assistants) participating in a surgical or non-surgical invasive procedure will actively participate in the Time Out process described in this policy.
- A procedure-specific consent form is presented to the patient for review and signature for medical and dental procedures.

Response Rating: Mandatory

Required Equipment:

Definitions:

Invasive Procedure: For the purposes of this policy, an invasive procedure is any intervention that involves penetration or manipulation of the body’s natural barriers to the external environment.

Procedure Room: Any site within the facility where a surgical or non-surgical invasive procedure may occur inclusive of the patient’s bedside.

Site Marking: A process by which a skin marker, which will produce a mark with sufficient permanence, is used to clearly denote the intended procedure site.

Procedure:

1. Site marking will not be required for medical procedures in the Clinic if they are performed through or immediately adjacent to a natural body orifice where laterality is not a concern or the procedure will involve bilateral structures.
2. The specifics as to the surgical site/procedure site are to be recorded with the patient and/or family/caregiver or legal guardian present and participating, if possible.
3. Procedural Area Verification
 - a. Before the start of the procedure the team, with patient participation will confirm:
 - i. The patient's identity (name and date of birth);
 - ii. The procedure and site are correct, and the site is marked by the surgeon (if required);
 - iii. Consent for the procedure has been obtained and the form is signed and dated;
 - iv. Patient has completed pre-procedure preparations;
 - v. Review of allergies and potential blood loss is reviewed;
 - vi. Labs, radiological images labeled and available, as required;
 - vii. Implants, devices/equipment available;
 - viii. Specimen collection containers and laboratory requisitions are available and properly labeled;
 - ix. Antibiotics per physician order, if applicable;
 - x. H & P, assessments and other pertinent documents available;
4. The practitioner and the Nurse/Medical Assistant or Dentist/Registered Dental Assistant will ~~sign off on the Procedure Time Out Checklist~~ verify there is a correct and completed consent before starting the procedure.

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

POLICY: Sexual Harassment in the Workplace	REVIEWED: 5/02/2023; 5/7/24
SECTION:	REVISED: <u>5/7/24</u>
EFFECTIVE: 5/29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Sexual Harassment in the workplace

Objective: The purpose of this policy is to reiterate VSHWC’s commitment to maintaining a work environment free from all forms of discrimination, including discrimination in the form of sexual harassment. VSHWC affirms its moral and legal obligation to ensure that all employees are provided a harassment-free environment to realize their goals and function effectively in the workplace.

Response Rating: Everyone

Required Equipment:

Procedure:

DEFINITION OF SEXUAL HARASSMENT

Sexual harassment is defined as unsolicited and unwelcome sexual advances, requests for sexual favors and other verbal, physical, visual or written conduct of a sexual nature directed to persons of the same or opposite sex when:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of employment;
- Submission to or rejection of such conduct by an employee is used as a basis for employment decisions affecting the employee; or
- Such conduct has the purpose or effect of substantially interfering with an employee’s work performance or creating an intimidating, hostile or otherwise offensive working environment.

The courts have defined two types of sexual harassment:

1. **Quid Pro Quo** (Latin for “something for something”):

This form of sexual harassment occurs when a supervisor or manager:

- demands, as an explicit or implied term or condition of employment decisions, a subordinate submit to sexual advances (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal); and/or;
- makes requests for sexual favors or other verbal, visual or physical conduct of a sexual nature that is an explicit or implied term or condition of employment decisions.

Examples of quid pro quo harassment include:

- Requests for sexual favors in exchange for a promotion or raise;
- Express or implied statement that a person will be demoted or fired if she or he does not submit to a sexual request or actually carrying out the threat.

2. Hostile Work Environment: This form of sexual harassment occurs when an individual is subjected to unwelcome sexual advances or other gender-based conduct that is sufficiently severe or pervasive to interfere with the individual's work performance or creates an intimidating, hostile or offensive work environment. The work environment must be both subjectively and objectively perceived as abusive. The courts look at the totality of the circumstances surrounding the alleged incidents of harassment to determine whether unlawful conduct has occurred. Generally, there must be a pattern of unlawful conduct, although a single serious incident in some cases, such as a sexual battery, might be enough to constitute sexual harassment. The harasser can be a manager, supervisor, co-worker or in certain circumstances, possibly a non-employee, such as a supplier or customer. Examples include:

- Submission to such conduct is made either explicitly or implicitly as a term or condition of employment;
- Leering, making or sending sexual jokes or sexually suggestive remarks, or making sexual gestures;
- Making offensive, negative or demeaning remarks about a person's gender or physical appearance;
- Deliberate and unwelcome touching, hugging, and patting or blocking a person's movement;
- Displaying offensive sexual illustrations or pictures in the workplace;
- Unwelcome pressure for dates or sex (this may include situations which began as reciprocal relationships, but which later ceased to be reciprocal).

The intent of the person accused of sexual harassment is of secondary importance: the impact of the offensive behavior on the offended person is the primary factor in determining if sexual harassment has occurred.

1. CLINIC'S RESPONSIBILITIES

The Clinic is legally responsible for taking all reasonable steps necessary to prevent harassment from occurring. The Clinic's steps in this regard include, but are not limited to: training, providing counseling, investigating complaints and taking appropriate corrective actions.

2. SUPERVISORS' AND MANAGERS' RESPONSIBILITIES

It is the responsibility of Medical Director, supervisors and managers to implement the Clinic's policy on sexual harassment prevention. Once issues of potential sexual harassment are discovered, supervisors and managers are obligated by law and policy to address such situations, even in circumstances where the managers and supervisors are not the direct manager or supervisor of the victim or the alleged harasser.

Notification must be made to the appropriate chain of command, as determined by the Medical Director, Clinic manager

or supervisor addressing the matter, that reasonable steps were taken to prevent the sexually harassing conduct from occurring. In addition, the Medical Director, supervisors and managers are obligated to:

- Document the discovery or reporting of the incident;
- Document the decision to not proceed or proceed further and the basis for that decision;
- Document the final resolution and report to the employee;
- Consult with the The Compliance Team or legal consultation, if necessary, for advice and guidance.

Supervisors, managers and employees may also be held personally liable in a court of law for unlawful sexually harassing conduct perpetrated by them.

3. EMPLOYEE'S RESPONSIBILITIES

Employees who believe they are or have been subjected to sexual harassment in the work place have an obligation to take immediate appropriate action and report the incident(s). The options available to an employee are outlined below under Complaint Procedures.

In addition, all employees have an obligation to:

- Adhere to the Clinic's sexual harassment policy;
- Refrain from engaging in, condoning, tolerating or leaving uncorrected conduct that violates this policy;
- Report any violations of this policy to a supervisor, manager or the The Compliance Team;
- Cooperate with any investigation regarding a violation of this policy.

It is important for all employees to understand that failure to utilize the Clinic's internal procedures to report violations will hinder the Clinic's ability to stop and correct any violations. It is the responsibility of all VSHWC employees to ensure a discrimination free working environment.

4. CLINICAL POLICY ADHERENCE

To ensure that all staff, managers and supervisors are informed of the Clinic's policy against unlawful discrimination including sexual harassment, the Clinic requires:

1. All managers and supervisors to facilitate annual discussions with all staff on sexual harassment and discrimination prevention.
2. Mandatory formal training for Sexual Harassment and Discrimination Prevention be provided to all employees at onboarding.
 - a. Refresher training of managers and employees every two years is mandatory, excluding contracted staff.

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

POLICY: Standardized Procedure for Glucose Check for Diabetic Patients	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 4/08/22; 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: <u>5/7/24</u>
EFFECTIVE: <u>4/26/23/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized procedure for glucose testing of diabetic patients

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with diabetes and returning for follow-up with a health care provider.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the outpatient clinics are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test for Random Blood Sugar determination and Hemoglobin A1C for all patients diagnosed with diabetes and presenting to the clinic for a follow up visit.

Testing for Random Blood Sugar is a recommended assessment of glycemic control in the management of diabetes (American Diabetes Association, 2013).

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

Testing for HbA1C is a recommended assessment of glycemic control in the management of diabetes. (U.S. Department of Health and Human Services, 2012).

The standard of medical care in Diabetes may be accessed through the linked websites located at the reference below.

Reference:

American Diabetes Association (2013). Standards of Medical Care in Diabetes. Diabetes Care ; 36 (S11-66). Retrieved from http://care.diabetesjournals.org/content/36/Supplement_1/S11.full

Diabetes HbA1C (Poor Control), U.S. Department of Health and Human Services Health Resources and Services Administration. Retrieved from <https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/diabetesmodule.pdf> August 8, 2018.

Standardized Procedure for Glucose Testing of Diabetic Patients
Policy Number 165

Formatted: Space After: 10 pt, Widow/Orphan control, Tab stops: 1.65", Left

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

POLICY: Standardized Procedure for Hemoglobin Assessment	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: <u>5/7/24</u>
EFFECTIVE: <u>4/26/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized procedure for the assessment for hemoglobin (use of HemoCue)

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients diagnosed with anemia and returning for follow up with a health care provider.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test of Hemoglobin determination for all patients presenting with a diagnosis of Anemia, all patients who will need a WIC (Women, Infant and Children) referral/appointment, and patients who require a CHDP physical examination and for whom a Hemoglobin Assessment is indicated based upon the current periodicity schedule.

Results will be documented in the patient’s chart and any abnormal level will be reported to the provider as soon as possible.

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager’s office and in the Library 5/29/2024.

Testing for hemoglobin has been recommended as a sensitive test for the assessment of iron deficiency anemia (USPSTF, 2006).

The US Preventative Task Force Screening Recommendation may be accessed through the link on the USPSTF website located at the reference below.

Reference:

U.S. Preventive Services Task Force (2006). *Screening for Iron Deficiency Anemia—Including Iron Supplementation for Children and Pregnant Women: Recommendation Statement*. Publication No. AHRQ 06-0589, May 2006.

(UPDATED n/d)

https://www.uspreventiveservicestaskforce.org/home/getfilebytoken/c7NQCTUxonKVCR_B8nGq9y

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

POLICY: Standardized Procedure for Physical Examinations	REVIEWED: 6/1/19; 2/20/20; 3/30/21; 3/24/22 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: 2/20/20; <u>5/7/24</u>
EFFECTIVE: <u>4/26/23</u> 5/29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized orders for physical examinations (sports physical, post-offer physical, annual wellness exam).

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for a physical examination.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform components of physical examinations as found on the physical examination forms utilized in the Clinic. This includes:

- *Vital signs (height/length, weight, blood pressure, respiration, temperature, body mass index, head circumference)
- *Sensory screening (Snellen eye test, audiometry, Ishihara test for color blindness)
- *Procedure/Test (capillary specimen collection for hemoglobin and/or blood glucose, capillary specimen collection for Blood Lead, testing of urine via approved urinalysis processes)
- *Risk assessment/anticipatory guidance questionnaires (Tuberculosis, Lead, Tobacco, Nutritional, and Psychosocial-Behavioral), as well as completion of the age-range specific Staying Healthy Assessment (SHA) tool

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

Reference: https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf

Standardized Procedure for Physical Examination
Policy Number 168

Formatted: Tab stops: 0.7", Left + 2.34", Left

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

POLICY: Standardized Procedure for Pregnancy Testing of Patients on Contraception	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: 3/30/21; <u>5/7/24</u>
EFFECTIVE: 4/26/23 <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized procedure for pregnancy testing of patients on contraception

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients who will initiate or are maintaining a contraception method.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived Urine Pregnancy Test for all female patients in the reproductive age group who are initiating or maintaining a contraceptive method. Examples of forms of contraception are Intra-Uterine Devices (IUD), Depo- Provera Injections, Oral Contraceptive Pills (OCP), Birth Control Patch, Birth Control Rings, and Sub dermal Implants.

Known or suspected pregnancy is a contraindication for use of contraception. Urinalysis Pregnancy Testing is a recommended assessment of determining pregnancy status of a patient.

The results will be documented in the patient's chart, and a positive test will be reported to the provider immediately.

Formatted: Normal

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

The contraindications for women in a contraceptive method may be accessed through the link website located at the reference below.

Reference:

Merck and Company (2012, Last Update: 10/2020, Revised 7/2021). Nexplanon Prescribing Information. Contraindications for Nexplanon. Retrieved from http://www.merck.com/product/usa/pi_circulars/n/nexplanon/nexplanon_pi.pdf

Standardized Procedure for Pregnancy Testing of Patients on Contraception
Policy Number 169

Pfizer (2011, Revised December 2020). DepoProvera Prescribing Information. Contraindications for Depo Provera. Retrieved from <http://labeling.pfizer.com/ShowLabeling.aspx?id=522>

Jansen (2012). Ortho EvraPatch Prescribing Information. General Precaution. Retrieved from <http://www.orthoevra.com/fullprescribeinfo.html>

Bayer (2013, updated 08/2020) Revised 8/2022 . Mirena IUD Prescribing Information. Contraindications for Mirena. Retrieved from http://labeling.bayerhealthcare.com/html/products/pi/Mirena_PI.pdf

Teva (August 2020) Revised 10, 2022. ParaGuard IUD Prescribing Information. Contraindications for ParaGuard. Retrieved from http://www.paragard.com/images/ParaGard_info.pdf

Bastian, L. & Brown, H (2013, Last updated March 16, 2023) . Clinical Manifestations and Diagnosis of Early Pregnancy. Urine Pregnancy Test. Retrieved from http://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-early-pregnancy?source=search_result&search=urine+pregnancy+test&selectedTitle=1%7E150#H8967182

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

POLICY: Standardized Procedure for Pulse Oximeter	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: 3/30/21; <u>5/7/24</u>
EFFECTIVE: <u>4/26/23/5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized procedure for Pulse Oximeter

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of respiratory distress.

Response Rating:

Required Equipment: Pulse oximeter, patient medical record

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform oxygen saturation measurement using Pulse Oximetry for all patients presenting with symptoms or previous diagnosis of any respiratory issues or respiratory distress such as difficulty breathing (dyspnea), shortness of breath and/or upper respiratory infection.

Any abnormalities will be reported to the provider immediately and documented in the patient chart (below 95%).

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

Pulse Oximetry is a procedure that allows a non-invasive measurement of arterial hemoglobin (Mechem, 2013). The standard of medical care for respiratory distress may be accessed through the link website located at the reference below.

Reference:

Mechem, C. (Last updated: Mar 4, 2022). Pulse Oximetry. Retrieved from http://www.uptodate.com/contents/pulse-oximetry?source=search_result&search=Pulse+oximetry&selectedTitle=1%7E150

Standardized Procedure for Pulse Oximeter
Policy Number 170

Formatted: Normal

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

POLICY: Standardized Procedure for Strep A - Rapid	REVIEWED: 6/1/19; 3/30/21; 3/24/22; 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: 3/30/21; <u>5/7/24</u>
EFFECTIVE: 5/29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized procedure for Strep A Rapid (waived) testing

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with signs and symptoms of Strep A.

Response Rating:

Required Equipment: Rapid Strep A test kit

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Rapid Strep A testing using Henry Schein One Step + testing kits (swab using two (2) approved swabs) for all patients presenting as noted below with exceptions as stated:

1. Perform Rapid Strep for the following
 - a. If the patient is 3 years or older and sore throat is the only symptom
 - b. Obtain simultaneous throat culture if performing Rapid Strep for patients younger than 18 years old.
 - c. If Rapid Strep is positive, throw away culture swab in biohazard container.
 - d. If Rapid Strep is negative, send swab to the laboratory for throat culture.
 - e. Document the result in the patient's chart and inform the provider of the result.
2. Do NOT perform Rapid Strep for the following:

If Patient is younger than 3 years old and has cough, congestion, or runny nose.
Rapid Strep A testing is an approved and commonly utilized method of quickly determining the presence *streptococcal* bacteria (Group A).

Standardized Procedure for Strep A
Policy Number 171

Formatted: Normal

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

Reference: "Strep Throat". Mayo Clinic. Downloaded from <http://www.mayoclinic.org/diseases-conditions/strep-throat/diagnosis-treatment/diagnosis/dxc-20166050> on Dec. 17, 2020. Updated Nov 30, 2022

Standardized Procedure for Strep A
Policy Number 171

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

POLICY: Standardized Procedure for Urinalysis on Pregnant Patients	REVIEWED: 6/1/19; 3/30/21; 3/24/22: 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: <u>5/7/24</u>
EFFECTIVE: <u>4/26/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized order for Urinalysis on pregnant patients

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for obstetric patients.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform Clinical Laboratory Improvement Amendments (CLIA) waived test Urinalysis (Urine Analysis using Dipstick method) for all pregnant patients diagnosed presenting to the clinic for health provider visit.

Urinalysis Testing is a recommended assessment for presence of Bacteriuria, which is commonly asymptomatic in pregnant women.

The standard of medical care in pregnant women may be accessed through the link website located at the reference below.

Reference:

Hooton, T. & Gupta K. (2012). Urinary Tract Infections and Asymptomatic Bacteriuria in Pregnancy. Retrieved from http://www.uptodate.com/contents/urinary-tract-infections-and-asymptomatic-bacteriuria-in-pregnancy?source=search_result&search=urinalysis+on+pregnancy&selectedTitle=1%7E150

Updated: June 15, 2022

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

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

POLICY: Standardized Procedure for Visual Acuity Testing	REVIEWED: 7/1/19; 3/30/21; 3/24/22: 4/03/23; <u>5/7/24</u>
SECTION: Standardized Procedures	REVISED: <u>5/7/24</u>
EFFECTIVE: <u>4/26/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Standardized procedure for visual acuity

Objective: To define and clarify procedures and tests that may be performed by a qualified clinical nursing/medical assistant for patients presenting with injury and/or pain of the eye.

Response Rating:

Required Equipment:

Procedure:

After completion of training and documentation of demonstrated competency, the Nursing/Medical Assistants employed in the Clinic are authorized by the Medical Staff to perform visual acuity testing for all patients presenting with a complaint of injury and/or pain of the eye.

Visual Acuity Testing is a useful assessment of determining patients that are reporting signs or symptoms of eye pain and/or eye injury; complaints of blurred vision; and patients with a complaint of red/itching eyes consistent with conjunctivitis.

Electronically signed by Dr. Randy Smart; original signed hard copies on file in the Manager's office and in the Library 5/29/2024.

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

POLICY: Vendor Visitor Management	REVIEWED: 2/1/19; 3/30/21; 3/24/22; 3/07/23; <u>5/6/24</u>
SECTION: Operations	REVISED: 3/30/21; <u>5/6/24</u>
EFFECTIVE: <u>3/22/23</u> / <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Vendor Visitor Management

Objective: To ensure facility security; to limit facility access to approved vendor representatives only, and to limit business operations interruption caused by vendor interruption, the Clinic requires that all established and prospective vendors visit the facility under the control and supervision of the Clinic Manager or designee.

Response Rating: Mandatory

Required Equipment: None

Procedure

Vendor Representative Visitation Protocol

1. All vendors who wish to visit the Clinic practitioners must recede permission and schedule an appointment through the Clinic Manager or Medical Director, following the guidelines established by the Clinic.
2. All vendors who wish to visit the Clinic Manager may schedule an appointment but may be seen without an appointment if doing so meets the business needs of the Clinic Manager/the Clinic.
3. All representatives shall park in the visitors parking lot located at the front of the main entrance of the Clinic, or other designated parking areas of the Clinic and enter the building through the visitor’s entrance.
4. No vendor will be permitted in patient care areas without specific permission or accompanied by a Clinic employee.
5. No vendor will be permitted to enter supply storage areas without the Clinic Manager or their designee present.
6. Vendor representatives should not schedule any social meetings on their own accord. Such meetings should be coordinated through the Medical Director and/or Clinic Manager.

**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; 5/3/22; 6/05/23; <u>5/6/24</u>
SECTION: Admitting	REVISED: 2/12/20; 3/5/20; 6/13/23
EFFECTIVE: <u>6/28/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Appointment Scheduling

Objective: Patient appointments will be scheduled 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 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 20 minutes before their scheduled appointment time.
6. Patients will be pre-registered before their appointment.

7. Patients that arrive late for their appointment (10 minutes or more) will be asked to please wait. The staff will check with the Provider to see if they are still able to be seen. If time does not allow, the patient will be given the option to wait and be seen as a walk-in, or they may reschedule. (See Late Patient/No Show Policy).

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

POLICY: Audiogram-Threshold	REVIEWED: 11/11/18; 9/14/19; 11/20/20; 8/25/21; 3/31/22;4/3/23; <u>5/7/24</u>
SECTION: Patient Care	REVISED: 9/14/19; 3/31/22
EFFECTIVE: <u>4/26/23</u> / <u>29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Threshold Audiogram

Objective: To assess auditory status of patient

Response Rating: Minimal

Required Equipment: Audiometer, EMR

Applies to: All Personnel with documented audiometry training

Policy

Hearing screenings are a part of our comprehensive patient services. An audiogram may be required for pediatric physical examinations, pre-employment screening or for complaints of hearing loss, ear infections, trauma to the ear, ringing in the ears.

Procedure

1. As a part of the pediatric patient’s physical examination. Guidelines 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. If the screening is not performed per the recommended periodicity schedule, document in the EMR the reason. Example “patient unable to follow direction.”
 - B. If the screening is attempted and not performed, practitioner notation must be made with a plan for follow-up to rescreen.
2. Assemble the equipment
3. Ensure that the room is quiet and free of distractions (i.e. nearby conversations).
4. Explain the procedure to patient and demonstrate its use.
5. Inform the patient: “I am going to place the earphones over your ears. You will hear a variety of tones. Some will be high, some low, some loud some very soft. Whenever you hear, or think you hear one of

those sounds, push the button. Alternately, if it is a young child or a patient, unable to press a button, they may raise their hand. Lower your hand when you no longer hear the sound. Remember that though some of the tones will be easier to hear, others will be very faint. Therefore, you should listen very carefully and raise your hand whenever you think you hear the tone.”

6. Place the headset over the patient’s ears.
7. The routine hearing screening will be set at 20 decibels, to be tested at 1000, 2000, and 4000 Hz.
8. If the patient cannot hear at the threshold level on one of the tones, increase the decibel level by 10 and retest the patient to determine their hearing threshold.
9. Document the results in the EMR and the physical form. Include the threshold level required at each tone.
10. Mark hearing screen in EMR.
11. Report abnormal results to the practitioner.
12. Provide follow-up as directed (referrals, treatment plans, etc.), and document.

**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; 5/3/22; 6/05/23; <u>5/7/24</u>
SECTION: Civil Rights	REVISED: 2/12/20
EFFECTIVE: <u>6/28/23</u> / <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

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
INTEGRATED BEHAVIORAL HEALTH POLICY AND PROCEDURES**

POLICY: Consent for Treatment 1.0	REVIEWED: 5/23/23; 5/6/24
SECTION: Behavioral Health	REVISED: 6/14/23
EFFECTIVE: 7/1/23 5/29/24	MEDICAL DIRECTOR: Dr. Randall Smart, MD

Subject: Consent for Treatment 1.0

Objective: To identify what is consent for treatment for Behavioral Health services

Response Rating: This guideline applies to the VSHWC IBH service

Required Equipment:

Procedure:

Valley Springs Health and Wellness Center’s Integrated Behavioral Health program and services are voluntary, unless mandated by a court order. Participation in service is considered consent for service since patients are at liberty to withdraw from service at any time. VSHWC’s IBH program does not work with any patient who does not consent to service.

IBH patients are given an Integrated Behavioral Health Therapeutic Agreement and Informed Consent form (information describing the services, reporting laws, and limits of ~~confidentiality~~upon confidentiality) upon registration as a new patient. IBH services and guidelines are explained verbally at intake and the consent is signed. The patient will be asked for their verbal consent indicating that they understand the guidelines and consent to service.

To be valid, consent must be:

- Voluntarily given, without any misrepresentation or fraud
- Given by a person who is capable of making service decisions
- Informed (meaning the person has been given sufficient information about the service and any implications of giving the consent.)

Consent can be given by the patient or the patient's legally authorized representative (such as a legal guardian or a person having a power of attorney).

PROCEDURES

1. Patient Consent

1.1 The IBH provider will verbally provide information regarding IBH services, reporting laws, and limits to confidentiality to the patient and given the Integrated Behavioral Health Therapeutic Agreement and Informed Consent Paperwork and the patient will be asked to sign.

1.2 The patient will be asked to give their verbal consent acknowledging that the patient understands the information and consents to service.

1.3 Once assured of the patient's consent and acknowledgement, staff will document this consent in the BH Intake in the patient's health record.

2. Acknowledgement and Consent for Minors

2.1 Consent issues related to children under the age of 12 are discussed. Individuals 12 years of age and older may be deemed able to give consent.

**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; 5/3/22; 5/2/23; 6/05/23; <u>5/7/24</u>
SECTION: Medical Staff	REVISED: 2/23/20; 5/5/22
EFFECTIVE: 6/28/23 <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

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 5% of the mid-level practitioners’ clinic notes.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A randomized list of 5% of the mid-level practitioner’s patients treated by each mid-level practitioner will be forwarded to the reviewer’s EHR inbox, monthly.
2. The Supervising Physician(s) will be able to access and review the randomized charts monthly through the EHR.
3. The Supervising Physician(s) will review the clinic note for a random 5% 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: Handpiece Maintenance Policy	REVIEWED: 5/05/23; 5/7/24
SECTION: Dental	REVISED:
EFFECTIVE: 5/ 24/23 <u>29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Lubricating steps for handpieces

Objective: To make sure handpieces are properly taken care of according to manufacturer guidelines.

Response Rating:

Required Equipment:

Procedure:

Equipment Needed:

- Slow speed handpiece or high-speed handpiece.
- Lubricating oil (Kavo spray oil for high speed and the lubricating oil in the bottle for low-speed handpieces).
- Gauze and rubbing alcohol.

Lubricating Steps for low-speed handpieces:

- Never place the handpiece into the ultrasonic or submerge in water.
- Place Midwest plus lubricant (in the dropper bottle form) into both ends of the contra-angle.
- Then remove the prophylaxis angle and place lubricant into both ends of the prophylaxis angle.
- Re-assemble the low-speed handpiece.
- Wipe the handpiece with gauze and rubbing alcohol.
- Then Sterilize the handpiece.

Lubricating Steps for high-speed handpieces:

- Never place the handpiece into the ultrasonic or submerge in water.
- Place Midwest plus spray lubricant (in the spray bottle form) into the bottom of the handpiece and hold the spray until it sprays through the handpiece.

- Do not throw away the connector attachment piece on the spray bottle for the handpieces after the bottle is empty.
- Wipe the handpiece with gauze and rubbing alcohol.
- Then Sterilize the handpiece.

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

POLICY: Holter Monitor Testing	REVIEWED: 02/10/2020; 5/04/21;5/3/22; 4/03/2023; <u>5/7/24</u>
SECTION: Patient Care	REVISED: 5/5/22
EFFECTIVE: <u>4/26/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

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 be directed to the reception front desk to place a credit or debit card on file for at least the duration of the equipment loan.
 - 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 ensure that the Holter monitor has a legible “if found, please return to” tag attached to the Holter device.
 - d. 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.
 - e. 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.
 - f. 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: Instrument Cleaning for Sterilization	REVIEWED: 7/24/19; 2/18/21; 3/31/22: 4/3/23; <u>5/7/24</u>
SECTION: Infection Control	REVISED: 3/31/22
EFFECTIVE: 5/29/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Instrument Cleaning for Sterilization

Objective: To prevent cross-contamination by killing infectious bacteria, viruses, yeasts, molds and bacterial spores.

Disposable sterile supplies will be used, when possible, but some instruments and suture sets will be sterilized by autoclaving.

Sterilization is the process of destroying all forms of microbial life including infectious bacteria, viruses, yeast, mold and bacterial spores. The first step of sterilization is cleaning. Dirt cannot be sterilized. Steam or gas cannot make contact with surfaces that have oils, grease, proteins, soap curds, blood, pus or feces on them. The instruments to be sterilized must be clean and ready to sterilize.

Response Rating: Mandatory

Required Equipment: Personal protective equipment (gloves, gown, face shield), brush, approved soap, approved instrument soaking solution at proper dilution

Procedure:

1. Items to be sterilized will be prepared as follows:
 - a. After rinsing, place dirty instruments in the designated “dirty” area of the utility room.
 - b. Rinse and soak for thirty (30) minutes in approved instrument soak.
 - c. Scrub the instruments with a brush, soap, and water until visible soil is removed. Serrated instruments will be scrubbed with special attention paid to the hinged area. Implements that can be broken down into parts should be broken down with the joints and clasps given close attention.
 - d. Instruments will be rinsed in cold water, dried and set aside for sterilization.
 - e. spray hinged instruments with lubricant and allow to dry.
 - f. Single use implements will be properly disposed of after use. Single use implements are not to be cleaned or sterilized under any circumstances.

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

POLICY: Policy Development and Review	REVIEWED: 11/12/18; 12/26/19; 11/20/20; 8/25/21; 5/02/23; <u>5/7/24</u>
SECTION: Operations	REVISED: 12/26/19; 8/25/21; 5/02/23
EFFECTIVE: 5/ 24 / 23 29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Policy development and review

Objective: To ensure prompt, collaborative development, and review of Clinic policies to define appropriate management, operation, and patient safety.

Response Rating:

Required Equipment:

Procedure

Policy Development

1. Clinic will develop policies as required
 - a. By licensing agencies
 - b. By accreditation bodies
 - c. By payor groups and/or when required by contract
 - d. By organization leadership
 - e. To resolve operational or patient safety issues
 - f. When patient care service lines are added
2. Policies will be drafted using the approved Policy Template.
3. Policies will be developed with collaboration between leadership (CEO, Medical Director, Clinic Manager, Department Head), clinicians (Physician, Dentist, Mid-level Practitioner, Nurse Midwife, Nurse), line staff (Medical Assistant, Receptionist, Biller/Coder).
4. Policies will be drafted and submitted for approval by the Medical Director.
5. Policy Manual will be submitted to the Board for approval, with of new and revised policies reviewed monthly and unchanged policies reviewed on a monthly basis to ensure the entire manual is reviewed and edited once every two years.
 - a. The Board may, at its discretion, delegate responsibility for review and oversight of the Clinic Policy Manual to the ~~Executive Director~~CEO.

Policy Review

1. New Clinic policies will be submitted for approval to the Medical Director at the time they are written.
2. Policy Manual will be reviewed by the Clinic Manager and at least one Mid-Level Practitioner at a minimum of every 2 years, with changes being made as required.
3. When a policy is written, the date will be documented in the policy development documentation block located in the header of the policy.
4. When a policy is revised, the date of the revision will be documented in the policy development documentation block located in the header of the policy.
5. When a policy is reviewed with no changes, the date of the review will be documented in the policy development documentation block located in the header of the policy.
6. When a policy is approved, the date of the approval will be documented in the policy development documentation block located in the header of the policy.
7. When the policy is discontinued, the discontinuation date will be documented in the policy development documentation block located in the header of the policy. All discontinued policies will be retained in a file labeled "Retired Clinic Policies" and the file will be retained in perpetuity.
8. The Policy Manual Approval document shall be updated on a regular basis, signed by the Clinic Manager, Mid-Level Practitioners(s) who participated in the review, the Medical Director, and members of the Board.

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

POLICY: PPD Test Results	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 5/02/23; <u>5/7/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>5/24/23</u> 29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: PPD Test Results

Objective: PPD tests will be read by a physician, NP, PA, or RN.

Response Rating:

Required Equipment:

Procedure:

1. At the time the PPD is placed, the patient will be directed to return to the Clinic no sooner than 48 and no later than 72 hours after placement.
2. The patient’s reporting paperwork will be retained in a “tickler file” as a reminder to staff that results are pending for the test.
3. The patient will be reminded to bring their immunization card with them when they return to have their test read.
4. The patient will not be registered for the PPD read visit.
5. The patient will be placed in an examination or treatment room immediately upon arriving to have their test read.
6. The ~~provider~~RN will be notified immediately that a patient is waiting to have a PPD read. Only Clinic practitioners and/or RNs will read PPDs placed at the Clinic.
7. The PPD will be read by a physician, nurse practitioner, physician assistant or registered nurse only. The registered nurse may be the Clinic’s scheduled RN.
8. The results of the test will be recorded on the immunization card and the patient’s medical record.
 - a. Patients with a positive result will be held in the Clinic to see the provider for immediate follow-up. The patient will be registered in the EMR for the follow-up appointment.
9. There is no charge to the patient when the PPD is read and the results recorded.

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

POLICY: Preventive Services: Adults	REVIEWED: 2/1/19; 12/31/20; 9/29/21; 5/02/23; <u>5/7/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: 5/ 24 / <u>23</u> / <u>24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Preventative Services & Immunizations for Adult Primary Care Patients (Breast, Cervical, and Colorectal Cancer Screening; Adult Immunizations)

Objective: To identify and provide preventative services appropriate for adult patients based on the US Preventive Services Task Force recommendations and to ensure that adult patients are offered immunizations based on the Advisory Committee Immunization Practices guidelines.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Practitioners will utilize the US Preventive Service Task Force recommendations regarding breast, cervical, and colorectal cancer screenings for adult patients and implement referrals and care plans consistent with those recommendations.
 - a. Referrals will be made and patient compliance with those referrals will be documented.
 - b. The Clinic will follow-up with the patient, to ensure appointments are kept. Documentation of that follow-up will be made in the medical record.
 - c. The Clinic will follow-up with the patients to ensure results are reported and the patient given the appropriate anticipatory guidance relative to their tests and the results and that documentation will be maintained in the medical record.
 - d. Patients will be advised of the medical consequences should they decline the recommended screenings and that advice, plus the patient’s response should be documented in the medical record.
2. Practitioners will utilize the US Preventive Service Task Force recommendations regarding immunizations for adult patients and will make recommendations for those immunizations to patients as guidance recommends.
 - a. Patient declination of vaccines will be documented in the medical record by the practitioner.
 - b. Practitioner counseling of the patient regarding the medical consequences of declining the vaccine will be documented in the medical record by the practitioner.

3. The practitioner will also review the quality tab in the EMR to check for other preventative services that may be appropriate for the patient's gender, age, and medical condition.

Resources: <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>
<https://www.cdc.gov/vaccines/schedules/easy-to-read/adult.html>
<https://www.cdc.gov/vaccines/acip/index.html>

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

POLICY: Primary Authority Over Clinic Operations	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 5/02/23; <u>5/7/24</u>
SECTION: Operations	REVISED: <u>5/07/24</u>
EFFECTIVE: 5/ 24 / 23 29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Primary authority over Clinic operations

Objective: Consistent with Rural Health Clinic requirements, the Clinic will designate the primary person(s) responsible for day-to-day operations of the Clinic.

Response Rating:

Required Equipment:

Procedure

1. Clinical Operations are the responsibility of the Clinic Manager.
 - a. Will be on-call to Clinic staff when away from the premises
 - b. Manages and supervises day-to-day operations of the Clinic.
 - c. Reports to ~~Executive Director~~the CEO of the Health Care District.
 - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the-ordinary circumstances that occur in the Manager’s absence.

2. Medical Staff management is the responsibility of the Medical Director.
 - a. Will be on-call to the Medical staff when away from the premises.
 - b. Will be available by telephone to the Nurse Practitioner/Physician Assistant when away from the premises.
 - c. Reports to the ~~Executive Director~~CEO of the Health Care District.
 - d. Indicates a designee who will act on their behalf in their absence and who will contact them to advise of any out-of-the ordinary circumstances that occur in the Director’s absence.

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

POLICY: Referrals to Community Service	REVIEWED: 1/12/2022; 6/14/23; <u>5/06/24</u>
SECTION: Behavioral Health	REVISED: 6/14/23
<u>Effective Date: 6/28/235/29/24</u>	MEDICAL DIRECTOR: Dr Randy Smart

Subject: Referrals to Community Service

Objective:

Response Rating:

Required Equipment:

Procedure:

Integrated Behavioral Health creates and maintains linkages and relationships with other service providers, organizations and professionals in the community in order to ensure that patients have the opportunity to access the most effective, coordinated and comprehensive services available.

IBH, with the informed consent and participation of the patient, may make referrals to community resources at any time in service delivery (i.e., prior to offering service, while service is ongoing or when service is being terminated).

SCOPE

This Guideline applies to all IBH personnel.

PROCEDURES

1. Internal Referrals – Within Program

1.1 Once the new referral is received by IBH staff the patient will be contacted to establish the first BH consultation appointment.

1.2 If IBH providers determine that a patient would be better served by another team member or where it is indicated that more than one counselor is needed (i.e., to work with a couple or other family member separately; to have a formal assessment), providers coordinate with other staff members and ensure that they have the informed consent of the patient.

2. External Referrals

2.1 The referral of an ongoing patient to a service outside of the organization may involve an active role for staff such as a IBH navigation/case management.

2.2 The following guidelines apply to external referrals:

- Make a careful assessment of the patient's expressed needs and the staff's perception of that need considering as well, the work in progress at that time.
- Ensure the patient's involvement in the process as well as in the decision made, including suggesting possibilities and alternatives.
- Support the referring staff member's active participation either through direct contact with the selected service or through encouraging the patient's initiation of service.
- Ensure referring staff member's continued contact (via IBH navigator/case manager, PCP, or direct care) with the patient and other service providers, as necessary and appropriate, including plans for ongoing IBH involvement, follow-up, and the necessary steps to support the process.
- Make sure that there is a clear and documented approach to service coordination where appropriate.
- Check that the necessary documents are signed (e.g. Release of Information) to ensure informed consent and permission to share information between service providers throughout the referral and service delivery process and/or verbal consent to do so is documented in the patient record.
- Referrals will be closed upon confirmation of patient engaging in outside services or patient declining referral to said services.

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

POLICY: Retention Of Medical Records	REVIEWED: 4/1/19; 12/31/20; 8/2/21; 5/02/23; <u>5/7/24</u>
SECTION: Medical Records	REVISED:
EFFECTIVE: 5/ 24 / 23 29/24	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Retention of medical records

Objective: Inactive paper medical records will be retained in a secure location and inactive electronic medical records will be archived and retrievable in accordance with HIPAA and other relevant standards.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Electronic medical records will be archived when the patient has not been seen in the Clinic for three years.
2. Paper files will be checked for inactive status each year in January.
3. A log of medical records that have been archived will be developed, maintained and updated as follows:
 - a. Annually, when new records are moved from active to archived status.
 - b. On a case-by-case basis, when archived records are returned to active status due to a patient returning to the Clinic after a hiatus of three (3) years or more.
4. Inactive medical records will be retained as follows:
 - a. Pediatric to the age of majority plus one year or seven years after the last discharge date, whichever is longer.
 - b. Adults for seven years after the last discharge date.

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

POLICY: Return to Work – Clinic Personnel	REVIEWED: 9/2/20; 8/2/21; 5/02/23; <u>5/7/24</u>
SECTION: Workforce	REVISED:
EFFECTIVE: 5/ 24/23 <u>29/24</u>	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Return to Work by Clinic Personnel

Objective: Outline return to work requirements for Clinic Personnel

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Any employee or independent contractor who is diagnosed with a contagious infection will require a screening assessment (interview) by the VSHWC Medical Director prior to returning to work. The purpose of the assessment will be to ensure a reasonable safe working environment for other employees and to assess the index employee's capacity to return to work. The Medical Director, at their sole discretion, may delay the employee or independent contractor's return to work until such time as he/she has discussed concerns with consultants, experts, or the patient's primary care provider and formulated a disposition.
2. Any employee or independent contractor who has been placed on temporary disability by their treating provider will require a written release to return to their usual and customary work. Should the treating provider recommend modified duty, the Clinic will assess their ability to support the required accommodations. Safety of the employee/independent contractor and patients will be the first priority.
 - a. Included: pregnancy, non-contagious medical conditions, surgical intervention(s), accident(s)
 - b. Included: workplace injuries and/or illnesses

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

POLICY: Transfer Of Patient – Chart Information	REVIEWED: 4/1/19; 2/19/21; 3/24/22; 2/24/23; <u>5/6/24</u>
SECTION: Medical Records	REVISED: 2/19/21
EFFECTIVE: <u>3/29/23</u> 5/29/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Transfer of Patient – Chart Information

Objective: To provide required documentation in support of continuity of care.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A copy of current visit note should accompany a patient being transferred to a higher level of care. The MA, Receptionist or designated staff will begin printing/copying documentation when notified to do so by nursing staff.

2. The following information should accompany the patient to the hospital (2 copies of each):
 - a. Patient demographic sheet
 - b. Current visit note
 - c. Any additional nursing or physician notes
 - d. Copies of current lab results
 - e. Copy of EKG monitor strips, if applicable
 - f. Copy of x-rays, if applicable

3. If the visit note is not completed prior to transfer of the patient, the practitioner will ensure the note is completed and direct staff to transmit the same to the receiving hospital using either a secure fax number for the EMR interface capabilities.

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

POLICY: Waived Testing – COVID-19 Rapid Test	REVIEWED: 3/29/21; 3/31/22; 2/24/23; <u>5/6/24</u>
SECTION: Waived Testing	REVISED: 4/18/22
EFFECTIVE: <u>3/29/23</u> <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: SARS-CoV-2 (COVID-19) Rapid (Waived) Testing

Objective: To detect the SARS-CoV-2 virus in the Clinic setting, for diagnosis and treatment

Response Rating:

Required Equipment: Abbott ID Now Rapid Test Kit, recommended personal protective equipment (PPE), which includes an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.

Procedure:

Collection:

1. Upon receipt of a provider’s written order and after applying PPE including gloves, the Provider or an RN will retrieve a swab from the Rapid COVID-19 test kit. Use the swabs that come with the test kit only. The kit comes with throat and nasal swabs only, **nasopharyngeal swabs must be ordered separately.**
Use freshly collected specimens for optimal test performance. Inadequate specimen collection or improper sample handling/storage/transport may yield erroneous results.
2. The test may be performed using the swabs for nasal and throat, nasopharyngeal swabs may also be performed at provider’s discretion.
 - a. Nasopharyngeal Swab:
 1. To collect a nasopharyngeal swab sample, carefully insert the swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible.
 2. Pass the swab directly backwards without tipping the swab head up or down. The nasal passage runs parallel to the floor, not parallel to the bridge of the nose. Using gentle rotation, insert the swab into the anterior nare parallel to the palate advancing the swab into the nasopharynx, leave in place for a few seconds, and then slowly rotate the swab as it is being withdrawn.
 3. To ensure proper collection, the swab should be passed a distance that is halfway of that from the nose to the tip of the ear. This is about half the length of the swab. **DO NOT USE FORCE** while inserting the swab. The swab should travel smoothly with

minimal resistance; if resistance is encountered, withdraw the swab a little bit without taking it out of the nostril. Then elevate the back of the swab and move it forward into the nasopharynx.

b. Nasal Swab:

1. To collect a nasal swab sample, carefully insert the Swab into the nostril exhibiting the most visible drainage, or the nostril that is most congested if drainage is not visible.
2. Using gentle rotation, push the swab until resistance is met at the level of the turbinates (less than one inch into the nostril).
3. Rotate the swab several times against the nasal wall and then slowly remove from the nostril. Using the same swab, repeat sample collection in the other nostril.

c. Throat Swab:

1. Collect patient specimen by swabbing the posterior pharynx, tonsils and other inflamed areas.
2. Avoid touching the tongue, cheeks and teeth with the swab.

3. Test the swab as soon as possible after collection.

4. To transport patient samples, place swab in a clean, dry container such as a plastic or glass tube.


Testing:

Instructions are also located in the Lab Binder and in the Server Library under “Employee Reference Materials”

1. QC Testing needs to be performed with each new lot number.
2. For QC testing, select Run QC Test on the Home screen, and follow the displayed instructions.
3. Refer to Running a QC Test in the ID NOW Instrument User Manual for further details.


To Perform a Test:

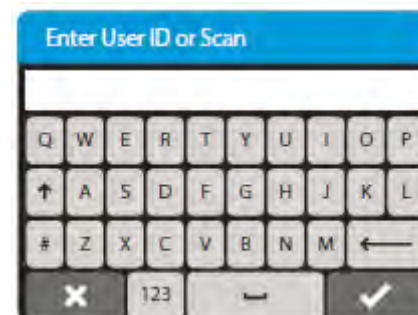
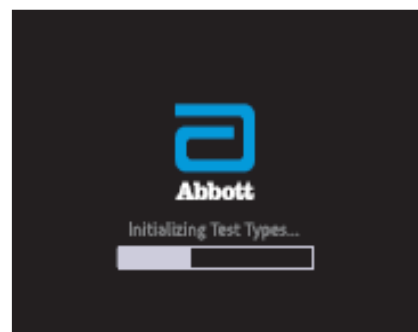
Step 1

Turn on the ID NOW™ Instrument - press the power button  on the side of the instrument.

Note: If the unit is unattended for one hour, the instrument will go to a black screen power save mode. Touch the screen to return the unit to active display operation.

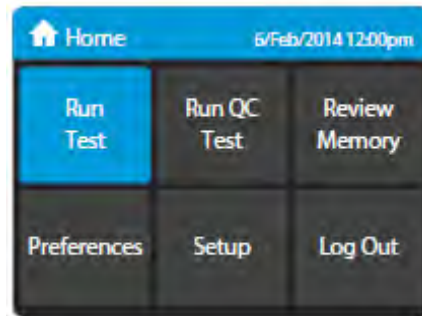
Enter User ID

Press  after entry.



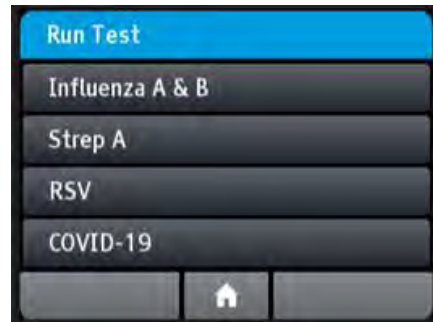
Touch 'Run Test'

This will begin the test process.



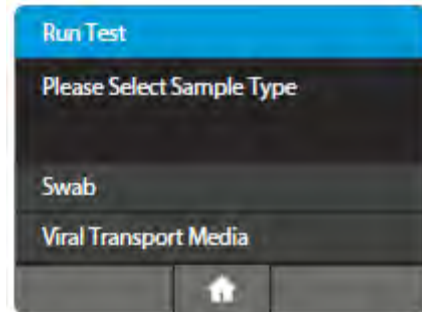
Touch 'COVID-19 Test'

This starts a COVID-19 test.



Select Swab Sample Type (if prompted)


If the sample type has already been specified by the Admin, the instrument will automatically advance to the next step.

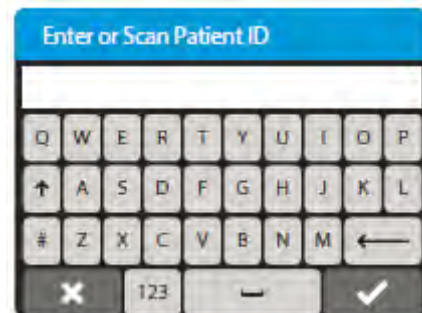


 **Caution: VTM Samples are not an appropriate sample type for the ID NOW™ COVID-19 test.**

Enter Patient ID using on screen keyboard or barcode scanner.


Touch .

Verify that the ID was entered correctly, then touch  to confirm entry.




Step 2

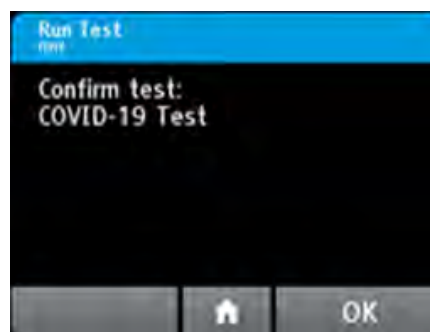
Open the Lid and Insert Orange Test Base into Orange Test Base holder

 **Caution:** Do not apply excessive force. Excessive force could damage the instrument.



Confirm that the correct test is displayed on the screen. Touch 'OK' to proceed.


 **Caution:** Once the Test Base has been placed in the holder, the user will have 10 minutes to confirm the test. If the test is not confirmed within 10 minutes, the instrument will time out and the Test Base must be removed and discarded.




If the incorrect Test Base has been inserted, remove and dispose of the incorrect Test Base. Close the lid. The instrument will then run a self-test before proceeding to the Home screen. Press Run Test and restart the test using the correct Test Base.

Step 3

Insert Blue Sample Receiver into the Blue Sample Receiver holder

 **Caution:** Do not apply excessive force. Excessive force could damage the instrument.

 **Caution:** Once the Sample Receiver has been placed in the holder, the user will have 10 minutes to start the test (Steps 3 through 5). If the test is not started within 10 minutes, the instrument will time out and all test pieces (Test Base and Sample Receiver) must be removed and discarded. The instrument will proceed to

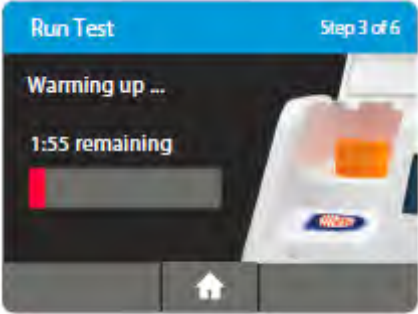


the Home screen. Press Run Test and restart the test using a new Test Base and Sample Receiver.

Wait for the Sample Receiver to Warm Up. Do not remove the Sample Receiver from the instrument once the Warm Up begins.



Caution: DO NOT REMOVE THE FOIL SEAL UNTIL PROMPTED BY THE INSTRUMENT. DO NOT close the lid or insert the sample until prompted by the instrument.



Step 4

Direct Nasal, Throat or Nasopharyngeal Swab Test Procedure

When prompted, remove the foil seal and place the patient swab to be tested into the Sample Receiver.



Mix the swab in the liquid for 10 seconds. This helps remove the sample from the swab. Lift the swab out of the liquid and press the swab head against the side of the Sample Receiver to remove excess liquid. Once the swab is removed, touch 'OK' to proceed.



Discard the swab into a biohazard waste container.



Caution: To ensure that the Sample Receiver remains in the instrument while removing the foil seal, place two fingers along the outer edge of the Sample Receiver to hold it in place. If the Sample Receiver spills


after warm up, cancel the test by pressing the Home button. Remove and discard the test pieces (Sample Receiver and Test Base) and clean the instrument. Press Run Test to start a new test using a new Test Base and Sample Receiver.

Step 5a

Press the White Transfer Cartridge into the Blue Sample Receiver

Listen for a click.


When the Transfer Cartridge is properly attached to the Sample Receiver, the orange indicator on the Transfer Cartridge will rise. If the orange indicator does not rise, continue pushing onto the Sample Receiver until it does.

 **Caution:** The orange indicator should be observed closely. If the orange indicator does not fully rise, the Transfer Cartridge may not collect enough sample.

Step 5b

Lift and then connect the Transfer Cartridge to the Test Base

When the Transfer Cartridge is properly attached to the Test Base, the orange indicator on the Transfer Cartridge will descend. If the orange indicator does not descend, continue pushing onto the Test Base until it does.

 **Caution:** If the orange indicator does not fully descend, not enough sample will be dispensed. This may potentially result in invalid or false test results.

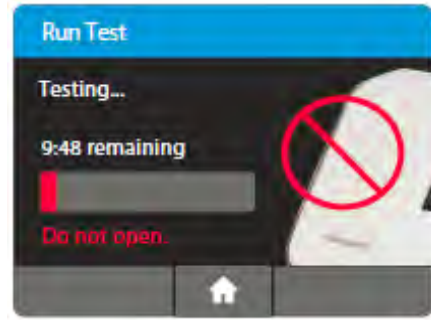
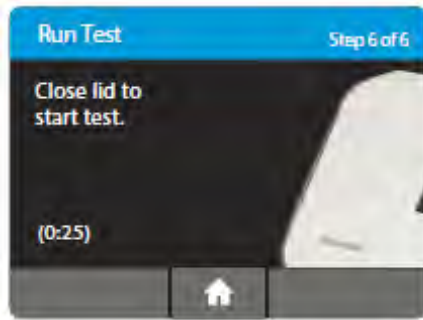



Step 6


Close the Lid.

DO NOT OPEN THE LID until the **Test Complete** message appears on the screen.


Note: The test will be cancelled if the lid is opened.



 **Caution:** This screen will be displayed for up to 30 seconds once the Transfer Cartridge is detected. If the instrument does not detect that the lid has been closed by then, it will time out and all test pieces (Sample Receiver, Test Base, and Transfer Cartridge) must be removed and discarded. The instrument will proceed to the Home screen. Collect a new sample from the patient. Press Run Test and restart the test using a new Test Base and Sample Receiver.

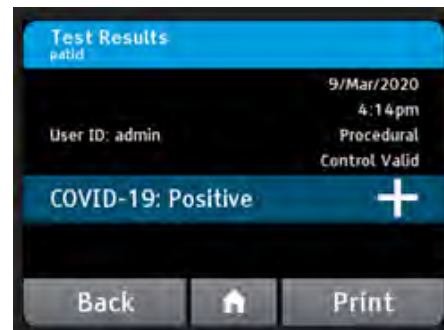
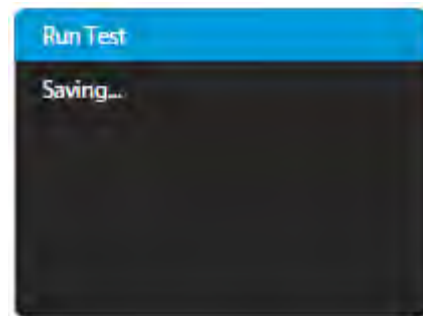
 **Caution:** DO NOT OPEN THE LID. The test will be cancelled and all test pieces (Sample Receiver, Test Base, and Transfer Cartridge) must be removed and discarded. A test result will not be reported or saved in the instrument memory.

When amplification and detection is complete, the instrument will automatically save the data before advancing to the results screen.

 **Caution:** The test is not saved until the completed result is displayed. Do not open the lid until the results are displayed.


The **Test Results** screen displays either a Negative or Positive result for a successfully completed test. If a test error occurs, the display will read 'Invalid'. Refer to the Result Interpretation Section for Interpretation of Results.

Press Print to print test results, press New Test to run another test, Press Home to return to the Home screen




After printing, or if New Test or Home are selected, the instrument will prompt to open the lid and discard the used test pieces.

Remove test pieces by lifting the Transfer Cartridge attached to the Test Base, and clicking it into the Sample Receiver, by pressing into the Sample Receiver.

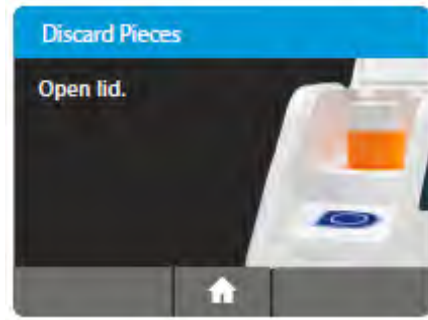
 **Caution: Do not try to remove the Sample Receiver by any other method as there is a risk of spilling the patient sample.**

All test pieces will be connected and can now be removed from the instrument and disposed of according to federal, state and local regulations.

 **Caution: DO NOT disassemble the Transfer Cartridge and the Test Base before disposal.**

Close the lid. The instrument will then run a Self-Test before showing the Home screen or Enter Patient ID screen, depending on the previous selection.

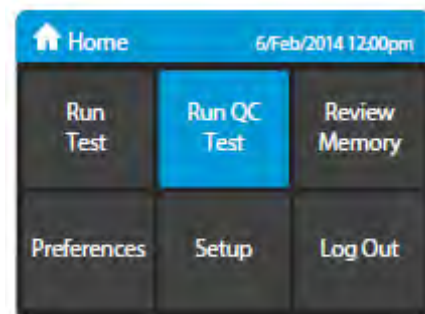
Remove and dispose of gloves.



1. Quality Control Swab Test Procedure

For QC testing, select Run QC Test on the Home screen, and follow the displayed instructions. Refer to Running a QC Test in the ID NOW™ Instrument User Manual for further details.

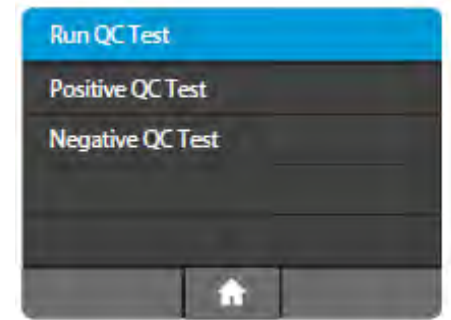
1 Touch 'Run QC Test'



2 Touch 'COVID-19'



3 Select the QC Test to be Run

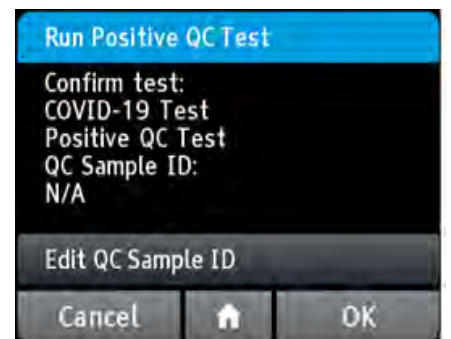


4 Confirm Test

Confirm the test type to match the QC sample intended for testing by touching 'OK' and following the on screen prompts to complete testing.

The user has the option to enter an ID for the QC Sample being run.

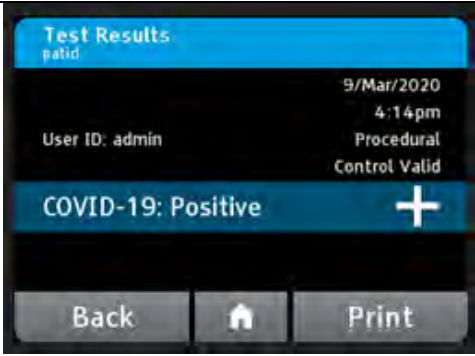

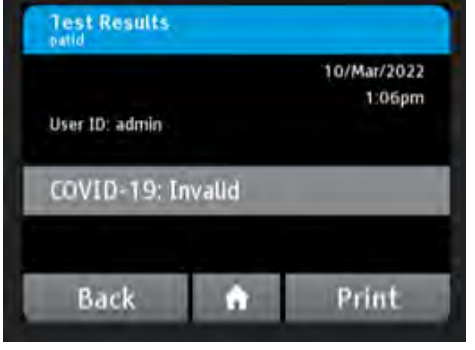
Note: The QC test is run in the same manner as a Direct Nasal/Throat/Nasopharyngeal Swab Patient Test. See the **To Perform a Test** section above for step by step instructions for direct nasal/throat/nasopharyngeal swab samples.



2. Result Interpretation

When the test is complete, the results are clearly displayed on the instrument screen.

Instrument Display	Interpretation of Results and Follow-up Actions
--------------------	---

	<p>COVID-19 Positive</p> <p>Positive results do not rule out bacterial infection or co-infection with other viruses.</p>
	<p>COVID-19 Negative</p> <p>Negative results should be treated as presumptive and, if inconsistent with clinical signs and symptoms or necessary for patient management, should be tested with an alternative molecular assay.</p> <p>A negative result does not rule out co-infections with other pathogens.</p>
	<p>The presence or absence of COVID-19 Viral RNAs cannot be determined.</p> <p>Repeat testing of the sample using new test components. If repeated Invalid results are obtained, results should be confirmed by another method prior to reporting the results.</p>

6. Remove PPE, gloves and wash hands.
7. Record results in the patient’s EMR and advise provider of the results and await instructions.
8. At the end of the day, the machine is to be cleaned with alcohol and allowed to dry, to prevent false positive results. DO NOT use Caviwipes on the machine.

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

POLICY: Waived Testing Quality Assurance	REVIEWED: 10/1/19; 3/30/21; 3/24/22; 2/24/23; <u>5/6/24</u>
SECTION: Waived Testing	REVISED: 3/30/21; 3/31/22
EFFECTIVE: 3/29/23 <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Waived Testing Quality Assurance

Objective: Accurate, timely performance of quality assurance checks and waived testing program overview, using manufacturer’s instructions.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Quality Assurance testing will be performed at the approved intervals, using the manufacturer’s recommended methodologies/controls.
2. Owner’s manuals and other manufacturer’s guidance will be maintained in the lab in an organized and accessible manner ~~so as to~~ facilitate use by the staff.
3. Quality control activities will be performed on the various waived testing modalities in keeping with the current Waived Testing Program QC Requirements.
4. Quality Control logs will be maintained for each modality and will be completed each time QC activities take place. All QC logs will be provided to the Manager at the end of each month for review and stored in the Manager’s office and/or on the Clinic server.
5. Quality Control logs will be presented at QAPI meetings for review and discussion by the Committee
6. Specific to the Clinic Test Urinalysis
 - a. QC printout will be retained and attached to the back of the QC log for each QC test performed
 - b. The Manager or their designee will randomly check that the daily QC is performed and the device is “in the green” based upon the QC printout.
 - c. The printouts will be retained in an envelope labeled by month

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

POLICY: Waived Testing - RSV Rapid Test	REVIEWED: 8/29/19; 3/30/21; 3/31/22; 2/24/23; <u>5/7/24</u>
SECTION: Waived Testing	REVISED: 3/31/22
EFFECTIVE: <u>3/29/23</u> 5/29/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: RSV rapid (waived) testing

Objective: To detect the RSV virus in the Clinic setting, for diagnosis and treatment

Response Rating:

Required Equipment: RSV Rapid Test Kit

Procedure:

Collection:

1. Upon receipt of a provider’s written order and after applying gloves, retrieve a swab from the Rapid RSV test kit. Use the swabs that come with the test kit only.
2. Only nasopharyngeal swabs may be used with this test. Insert the swab into the nare that appears to have the most secretions.
3. Test the swab as soon as possible after collection. Swabs may be held at room temperature for no longer than eight (8) hours.
4. To transport patient samples, place swab in a clean, dry container such as a plastic or glass tube.

Testing:

1. Mix the swab in buffer: Using the supplied dropper top, add extraction reagent to the supplied kit test tube. Fill the test tube with the extraction reagent to the fill line indicated on the test tube. Note: add the extraction reagent to the tube before putting in the specimen swab to prevent contamination.
2. Add the patient swab to the tube: Squeeze the bottom of the tube so the swab head is compressed. Rotate the swab five (5) times. Keep the swab in the tube for one (1) to two (2) minutes.
3. Squeeze liquid form the swab: squeeze as much fluid as possible from the swab by pinching the sides of the flexible test tube as the swab is removed. Discard the swab in a suitable biohazard waste container.

4. Add test strip: Remove a test stick from the packaging. Place the test stick (arrows pointing down) into the tube with the extraction reagent solution. Set a timer for fifteen (15) minutes. Do not handle or remove the test strip for 15 minutes.
5. After fifteen (15) minutes, remove the test stick from the tube and read the results (some positive results will be seen early). Discard used testing materials.
6. Remove gloves and wash hands.
7. Record results in the patient's EMR.
8. Advise provider of the results and await instructions.

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

POLICY: Waived Testing - Strep A Direct Rapid Testing	REVIEWED: 8/29/19; 2/21/20; 3/30/21; 3/31/22; 2/24/23; <u>5/6/24</u>
SECTION: Waived Testing	REVISED: 2/20/29; 3/30/21
EFFECTIVE: <u>3/29/23</u> 5/29/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Strep A Direct Rapid Testing

Objective: To detect Strep A, using waived testing processes, for diagnosis and implementation of treatment plan.

Response Rating:

Required Equipment: Rapid Strep A testing kit

Procedure:

1. As per Standardized Procedure or upon receipt and review of a written order.
2. After applying gloves, retrieve one swab from the test kit and one culture swab and swab the back of the patient’s throat for a count of three (3) seconds. Avoid swabbing sides of the mouth or the tongue.
3. Uncap Reagent A and Reagent B. Holding bottle straight up with the tip pointing in the test tube, add four (4) drops of Reagent 1, then add four (4) drops of Reagent 2.
4. Rotate swab ten (10) times and let swab in reagent for one minute. Press swab against the side of the tube and squeeze the bottom of the tube while removing the swab so that most of the liquid stays in the tube.
5. Discard swab in biohazard bin.
6. Begin timer and read results in five (5) minutes.
7. Any shade of red in the “T” region should be considered positive.
8. Line only at “C” region is negative.
9. Line only at T test is invalid.
10. If the results are negative, advise the practitioner and if the practitioner determines a culture needs to be sent, request a laboratory requisition to allow you to process the second swab and send to the

laboratory for confirmation testing.

11. Remove gloves and wash hands.
12. Record results in EMR.

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

POLICY: Waived Testing - Urinalysis Using Siemens Analyzer	REVIEWED: 8/29/19; 2/20/20; 3/30/21; 3/24/22; 2/24/23; <u>5/6/24</u>
SECTION: Waived Testing	REVISED: 2/20/20
EFFECTIVE: 3/29/23 <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Urinalysis using Siemens Analyzer

Testing of urine specimens will be performed in the Clinic using approved waived testing technologies and techniques.

Objective: Testing of urine specimens will be performed in the Clinic using approved waived testing technologies and techniques, specifically a Siemens Analyzer.

Response Rating: Minimal

Required Equipment: Urine container with patient specimen, gloves, urine dipstick and paper towel

Applies to: All personnel

Procedure

1. Obtain written order from provider or perform test per approved Standardized Procedure, as applicable.
2. Apply gloves.
3. Collect specimen from patient.
4. Testing is started from the main Select Screen.
5. On the screen, touch Strip Test to conduct urinalysis.
6. The next screen that appears is Prepare Test.
7. Make sure the test table insert has the reagent strip holder facing upward. Also, have the test strip, urine sample and paper towel ready.
8. Touch the Start button. The next screen that appears is another Prepare Test. This screen prompts you through the steps to prepare the test strip.

9. A timer displays how much time you have remaining to complete the steps.
10. You have 8 seconds to complete the following 4 steps:
 - a. Dip the reagent strip into the urine sample, wetting all pads.
 - b. Immediately remove the strip from the urine.
 - i. NOTE: Do not dip the automatic band or color band in the urine sample. Blot by touching the edge of the strip into the paper towel to remove excess urine.
 - ii. Place the reagent strip in the channel of the table with the test pads facing up. Slide strip to the end of the channel.
 - iii. At the end of the 8 second countdown, the test table and strip will automatically be pulled into the analyzer.
11. The analyzer will print the result with date and time and test result.
12. Document the color and clarity of the urine on the results print out and in the EMR.
13. Enter results into the patient's EMR and advise provider testing is complete.
14. If provider orders the specimen to be sent to the laboratory for culture, draw up urine into Urine Culture tube, label the tube and place in laboratory pick up basket after ensuring the laboratory requisition is completed and signed by the provider.

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

POLICY: Waived Testing - Urine Pregnancy Testing	REVIEWED: 8/29/19; 3/30/21; 3/31/22; 2/24/23; <u>5/6/24</u>
SECTION: Waived Testing	REVISED: 2/16/17; 3/31/22
EFFECTIVE: <u>3/29/23</u> 5/29/24	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Urine pregnancy testing using Clinitest hCG waived testing kit

Objective: Accurate, timely point-of-care testing to determine pregnancy

Response Rating:

Required Equipment: Gloves, test cassette, urine specimen, pipette

Procedure:

1. Test cassettes must be stored in their original packaging, in a room whose temperature range is 36 to 86 degrees F.
2. Before use, ensure test cassettes have not passed their expiration date.
3. Don gloves.
4. Obtain collected specimen from the patient. Label specimen with two patient identifiers (e.g. name and date of birth).
5. Using the pipette, withdraw sample of patient specimen and place sufficient urine in the test cassette sample well.
5. Place the test cassette on the test table.
6. Touch start. You have 8 seconds to complete this step.
7. The test table will automatically be pulled into the instrument and will analyze the specimen.
8. Remove the cassette and place in the biohazard bin.
9. Read the results presented on the face of the machine and record results in the EMR.

**SEQUOIA FAMILY MEDICAL CENTER
POLICY AND PROCEDURES**

POLICY: Well Child Examinations	REVIEWED: 7/24/19; 3/30/21; 3/24/22; 2/24/23; <u>5/6/24</u>
SECTION: Patient Care	REVISED:
EFFECTIVE: <u>3/29/23</u> / <u>5/29/24</u>	MEDICAL DIRECTOR: <u>Randall Smart, MD</u>

Subject: Well Child Examinations

Objective: The Child Health and Disability Prevention program periodicity schedule will be utilized as the template for the Clinic’s Well Child Examination processes. Additionally, the CDC Child and Adolescent and Adult Immunization schedules will be utilized as the template for timely and complete vaccine administration.

Response Rating:

Required Equipment:

Procedure

1. The periodicity schedule provides guidance for:
 - a. Physical examination intervals for patients newborn through age 20.
 - b. Testing modalities that must be deployed during the examination and the intervals at which those modalities are deployed.
 - c. Laboratory tests (waived and reference laboratory) required and the intervals at which those tests are performed.
2. The CDC Immunization schedules provide listings of all vaccines and the age intervals at which they should be administered.

Reference:

CHDP Periodicity Schedule

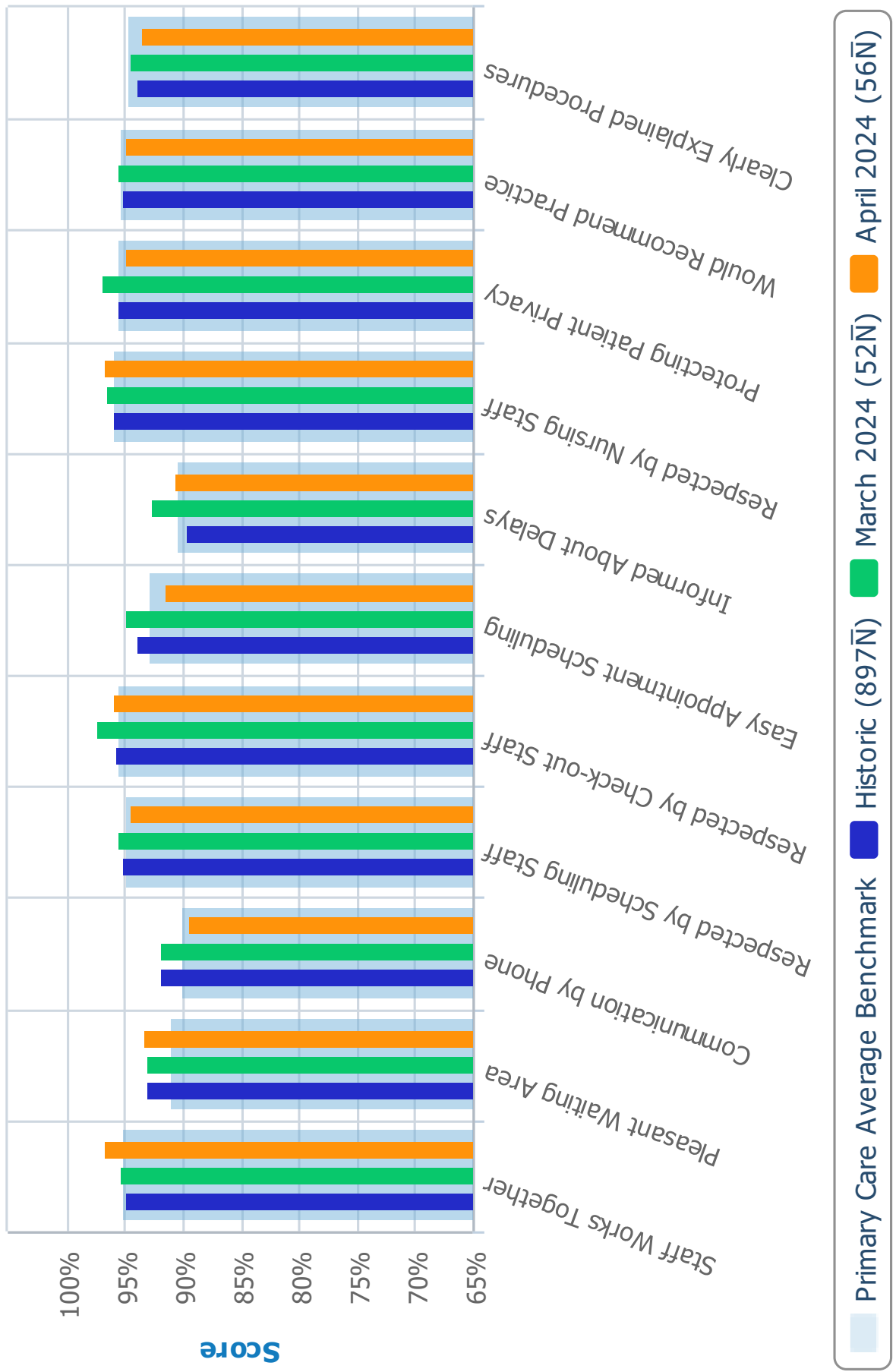
CDC Child and Adolescent Immunization Schedule

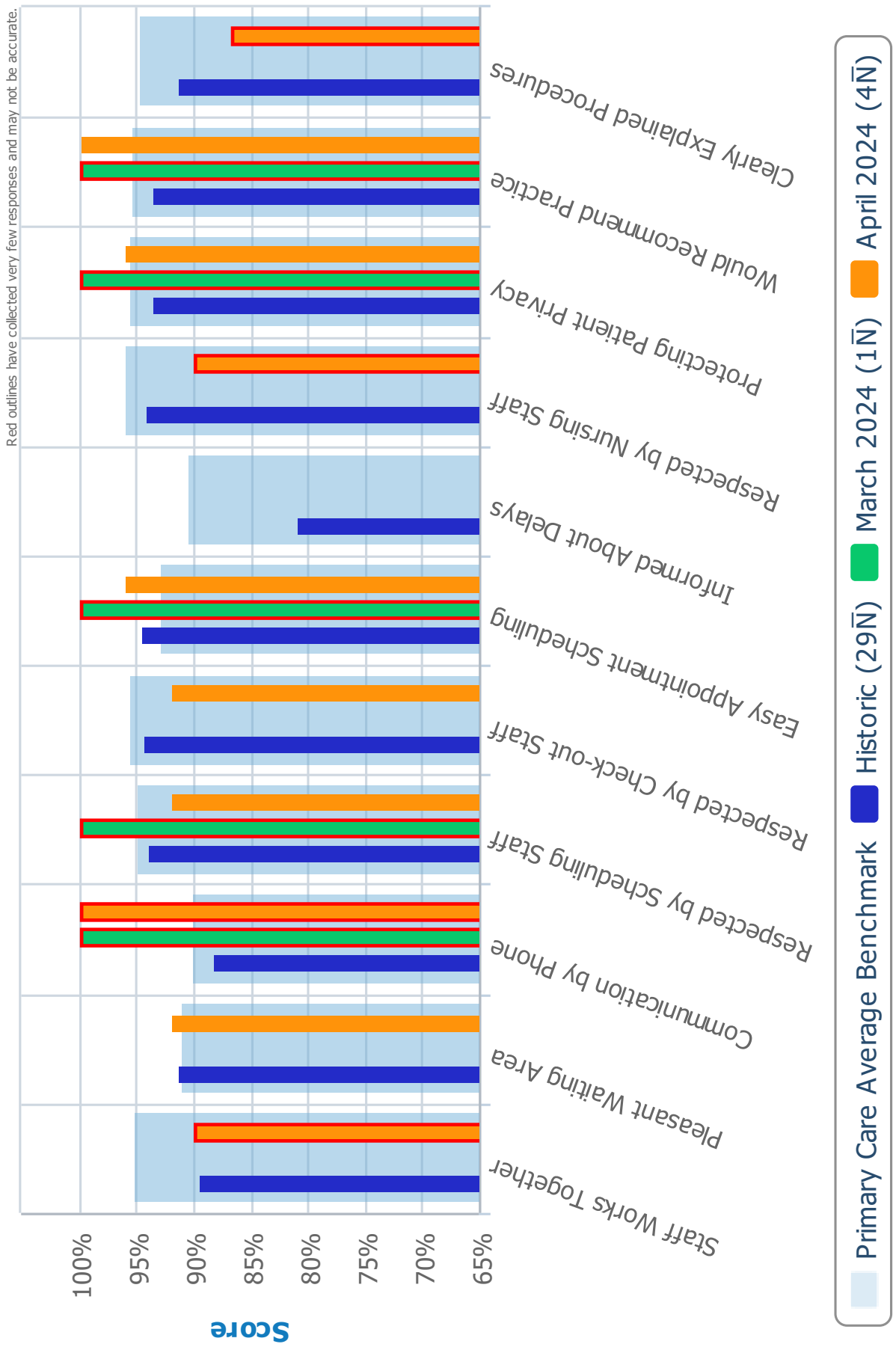
CDC Adult Immunization Schedule

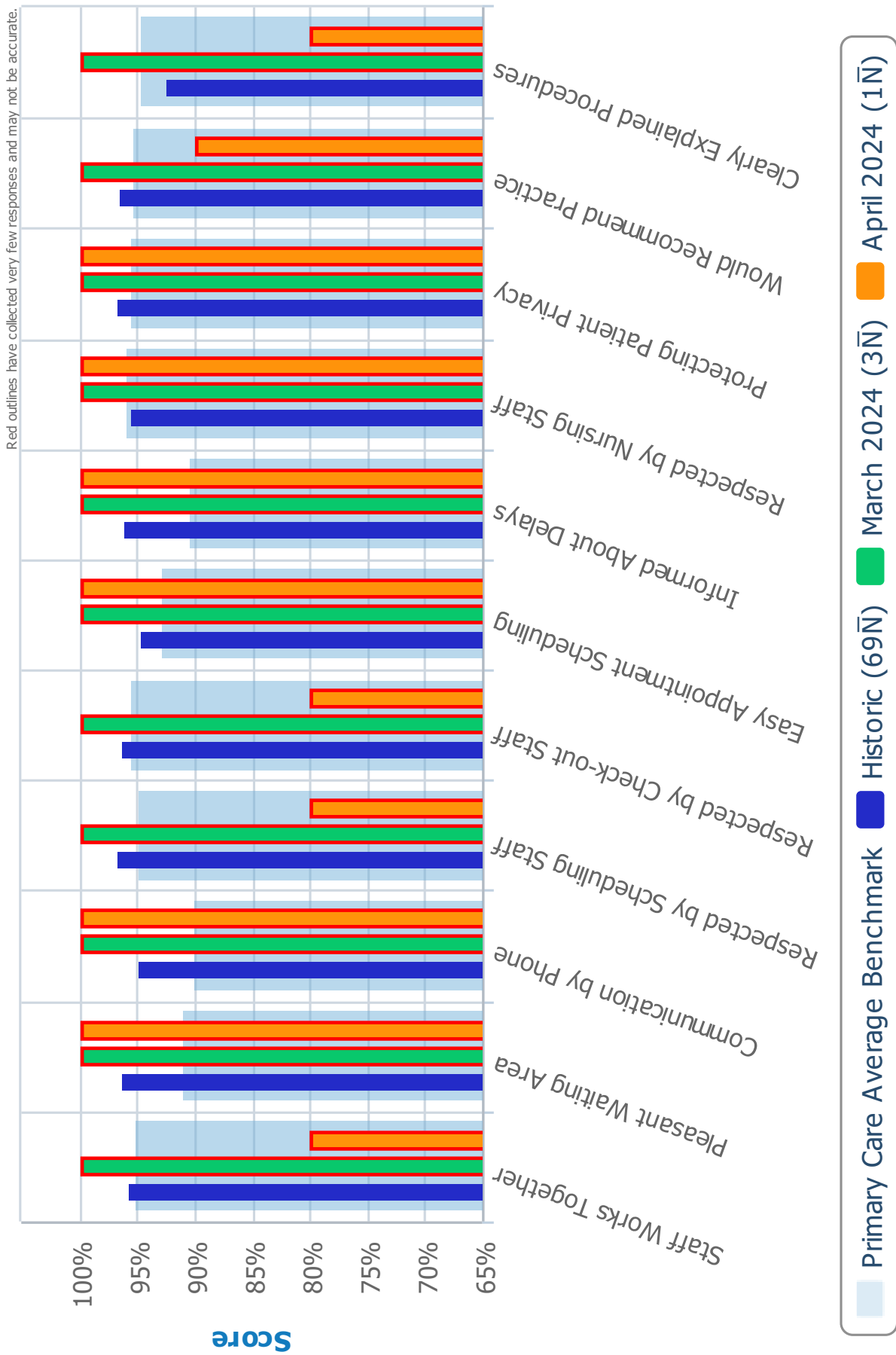
CDC Catch-up Schedule

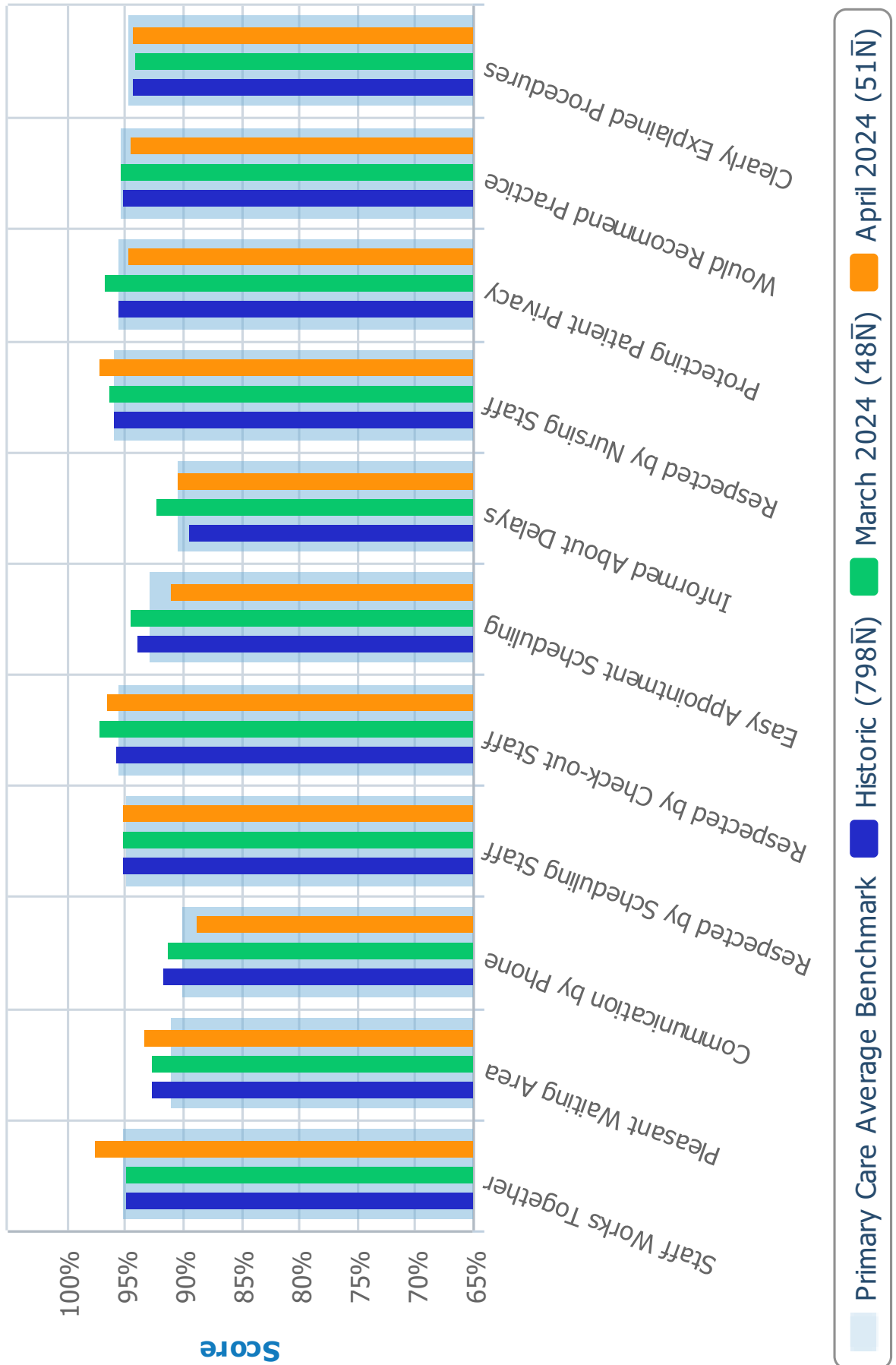
Quality Metric	Census												MTD		Fiscal YTD		Historical		
	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24 Total	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix	Historical	Payor Mix	
Patient Visits Total	1769	2201	1805	1848	1842	1677	2136	1984	2240	2489	19991	19991	19991	19991	19991	19991	19991	19991	19991
Medi-Cal	1065	1410	1180	1255	1271	1094	1446	1393	1524	1727	13365	13365	13365	13365	13365	13365	13365	13365	13365
Medicare	345	392	303	322	274	334	339	259	343	337	3248	3248	3248	3248	3248	3248	3248	3248	3248
Cash Pay	11	8	14	8	23	17	14	17	10	12	134	134	134	134	134	134	134	134	134
Other	348	391	308	263	274	232	337	315	363	413	3244	3244	3244	3244	3244	3244	3244	3244	3244
Pediatrics 0-16 yrs	241	404	282	300	311	240	334	314	81	372									
Behavioral Health	210	258	199	240	219	198	244	307	321	349									
Dental	311	415	340	414	408	384	494	465	482	539									
Total Empanelled Patients	6280	6401	6507	6625	6710	6836	6928	7006	7074	7099									
Total New Patients SEEN	113	150	100	106	104	95	111	100	131	118									
Total New Pt's REGISTERED	144	156	136	152	118	155	127	114	134	122									
Robo Doc Calls	0	11	27	35	22	16	47	49	43	37									
Incident Reports																			
Patient Satisfaction																			
Peer Review/Fallouts																			
Employee turnover																			
Wait time for appointments																			
Patient No-shows	144	171	132	155	138	153	163	170	188	177									
Employee Satisfaction																			

1=All Financial data in Finance Report









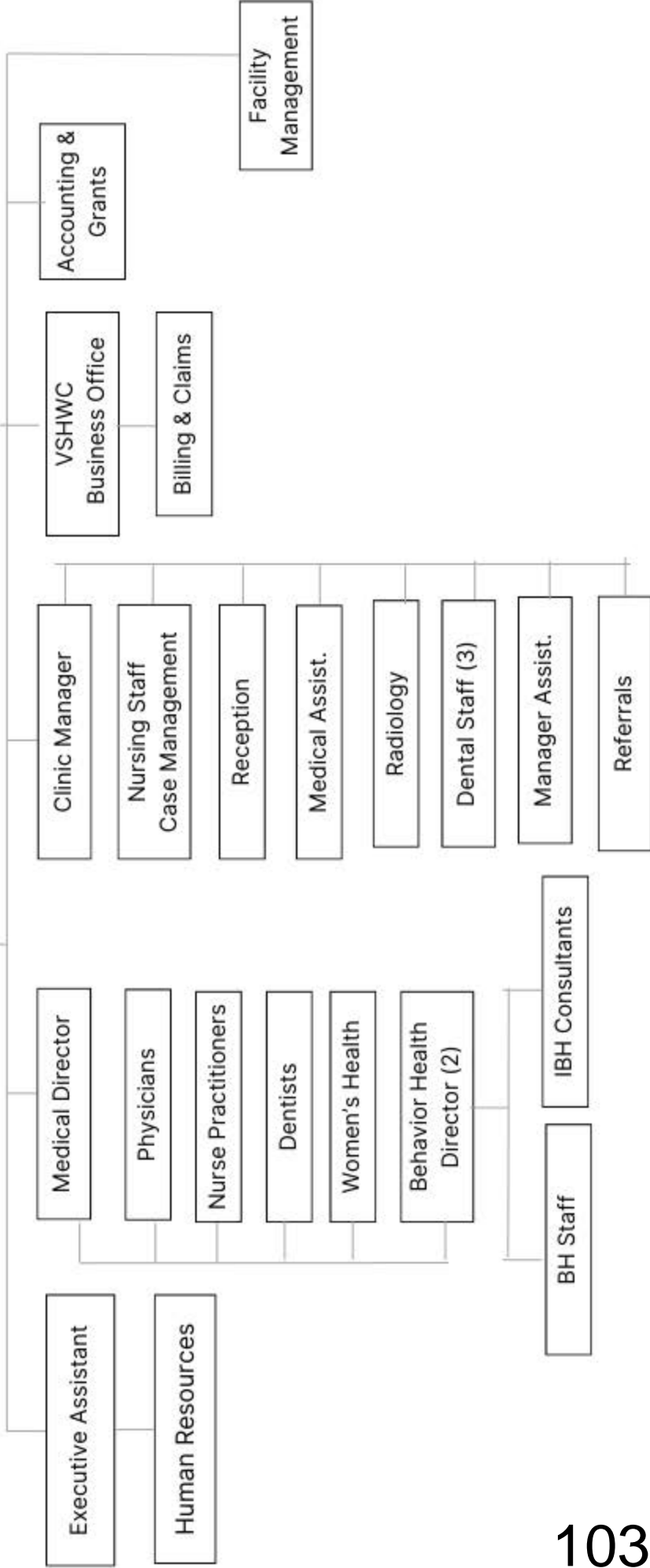
May 2024

ORGANIZATIONAL CHART

**Mark Twain Health Care District
dba
Valley Springs Health & Wellness Center**

Board of Directors (1)

Chief Exec. Officer
District & Clinic
Compliance Officer



- (1) Must approve CEO, Medical Director, Manager
- (2) Works in tandem with IBH medical Director
- (3) Includes Dental Hygienist & Dental Coordinator



**MARK TWAIN
HEALTH CARE DISTRICT**

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

Agenda Item: Financial Reports for April 2024

Item Type: Action

Submitted By: Rick Wood, Accountant
Traci Whittington, Accounting Assistant

Presented By: Rick Wood, Accountant
Traci Whittington, Accounting Assistant

BACKGROUND:

The April 2024 financial reports are attached for your review and approval.

Cash flow has been a question but has not become an actual issue. Plus, we received our property tax check for \$586,520 😊

The District, in total, has remained in the “Black” for ten months in a row 😊 The Clinic has a solid month as well.

Mark Twain Health Care District				
Direct Clinic Financial Projections				
		4/30/24		
		Actual	Y-T-D	2023/2024
		Month	Actual	Budget
	Total Other Revenue	666,035	5,013,073	5,882,085
	Labor related costs	(233,135)	(2,206,274)	(2,913,126)
	Non labor expenses	(261,100)	(2,659,005)	(3,742,372)
	Total Expenses	(494,235)	(4,865,279)	(6,655,498)
	Net Expenses over Revenues	171,799	147,794	(773,413)

Mark Twain Health Care District

Annual Budget Recap

	04/30/24 Actual Y-T-D	2023 - 2024 Annual Budget					
		Total District	Clinic	Rental	Projects	Admin	
Revenues	9,036,370	10,538,718	7,455,963	1,332,755	0	1,750,000	
Total Revenue	9,036,370	10,538,718	7,455,963	1,332,755	0	1,750,000	
Expenses	(7,621,790)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)	
Total Expenses	(7,621,790)	(10,316,786)	(8,229,376)	(1,303,690)	(177,900)	(605,820)	
Surplus(Deficit)	1,414,580	221,933	(773,413)	29,065	(177,900)	1,144,180	
Historical Totals							
	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	
	(154,650)	(194,594)	(499,150)	(322,408)	(375,636)	(269,953)	
	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	
	(323,567)	(305,579)	(549,710)	(550,970)	(527,872)	(576,658)	
	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	
	(487,374)	(507,779)	(430,419)	(540,634)	(547,627)	(691,685)	
	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	
	(636,595)	(667,632)	(1,258,828)	(1,236,253)	(1,068,554)	(1,298,656)	In May Chang
	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
	(115,159)	(212,780)	84,671	(22,389)	(95,377)	(293,261)	
	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	
	(304,048)	(1,003,063)	(868,056)	(871,876)	(851,960)	(679,760)	In May Chang
	23-Jul	Aug-23	23-Sep	23-Oct	23-Nov	23-Dec	
	197,850	392,710	412,064	551,925	546,391	630,489	
	Jan-24	Feb-24	Mar-24	Apr-24			
	728,240	1,033,067	1,135,447	1,414,580			

Mark Twain Health Care District										
Direct Clinic Financial Projections										
			4/30/24			VSHWC				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
4083.49	Urgent care Gross Revenues	621,330	838,458	217,128	134.95%	6,213,303	5,895,372	(317,931)	94.88%	7,455,963
4083.60	Contractual Adjustments	(131,157)	(172,424)	(41,267)	131.46%	(1,311,565)	(882,299)	429,266	67.27%	(1,573,878)
	Net Patient revenue	490,174	666,035	175,861	135.88%	4,901,738	5,013,073	111,335	102.27%	5,882,085
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				
9108.00	Other - Plan Incentives & COVID Relief					0	-			
				0		0	0			0
	Total Other Revenue	490,174	666,035	175,861	135.88%	4,901,738	5,013,073	111,335	102.27%	5,882,085
7083.09	Other salaries and wages	(192,606)	(194,513)	(1,908)	100.99%	(1,926,056)	(1,821,105)	104,951	94.55%	(2,311,267)
7083.10	Payroll taxes	(12,318)	(15,480)	(3,162)	125.67%	(123,180)	(178,367)	(55,187)	144.80%	(147,816)
7083.12	Vacation, Holiday and Sick Leave	(9,729)	0	9,729	0.00%	(97,293)	0	97,293	0.00%	(116,751)
7083.13	Group Health & Welfare Insurance	(20,000)	(21,955)	(1,955)	109.77%	(200,000)	(194,867)	5,133	97.43%	(240,000)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(6,486)	0	6,486	0.00%	(64,862)	0	64,862	0.00%	(77,834)
7083.16	Workers Compensation insurance	(1,622)	(1,187)	434	73.21%	(16,215)	(17,040)	(825)	105.09%	(19,458)
7083.18	Other payroll related benefits		0			0	5,106			
	Total taxes and benefits	(50,155)	(38,622)	11,533	77.01%	(501,549)	(385,169)	116,380	76.80%	(601,859)
	Labor related costs	(242,761)	(233,135)	9,625	96.04%	(2,427,605)	(2,206,274)	221,331	90.88%	(2,913,126)
7083.05	Marketing	(1,000)	(2,098)	(1,098)	209.75%	(10,000)	(7,821)	2,179		(12,000)
7083.20.01	Medical - Physicians	(105,562)	(67,350)	38,211	63.80%	(1,055,615)	(588,449)	467,166	55.74%	(1,266,738)
7083.20.02	Dental - Providers	0	(4,400)			0	(77,963)			
7083.20.03	Behavior Health - Providers	0				0				
7083.22	Consulting and Management fees	(2,500)	(1,965)	535	78.59%	(25,000)	(31,250)	(6,250)	125.00%	(30,000)
7083.23	Legal - Clinic	(417)	(3,614)	(3,197)	867.36%	(4,167)	(15,577)	(11,410)		(5,000)
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(18,583)	(24,421)	(5,838)	131.41%	(185,833)	(381,174)	(195,341)	205.12%	(223,000)
7083.27	Other- IT Services		(6,828)				(7,578)			
7083.29	Other Professional fees	(1,000)	(2,443)	(1,443)	244.30%	(10,000)	(23,023)	(13,023)	230.23%	(12,000)
7083.36	Oxygen and Other Medical Gases	(58)	(162)	(103)	276.94%	(583)	(912)	(329)	156.35%	(700)
7083.38	Pharmaceuticals	0	0			0	0	0		0
7083.41.01	Other Medical Care Materials and Supplies	(56,792)	(25,086)	31,706	44.17%	(567,917)	(319,394)	248,523	56.24%	(681,500)
7083.41.02	Dental Care Materials and Supplies - Clinic	0	(16,220)	(16,220)		0	(128,151)	(128,151)		
7083.41.03	Behavior Health Materials	0	(331)	(331)		0	(2,660)	(2,660)		
7083.44	Linens	0								
7083.48	Instruments and Minor Medical Equipment	0	0			0	0	0		
7083.74	Depreciation - Equipment	(17,917)	(10,467)	7,450	58.42%	(179,167)	(146,774)	32,393		(215,000)
7083.45	Cleaning supplies	0	0			0	0	0		
7083.62	Repairs and Maintenance Grounds	(417)	(2,544)	(2,127)	610.60%	(4,167)	(8,104)	(3,938)	194.50%	(5,000)
7083.72	Depreciation - Bldgs & Improvements	(62,083)	(50,561)	11,523	81.44%	(620,833)	(463,502)	157,331	74.66%	(745,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,417)	(3,695)	2,722	57.58%	(64,167)	(59,311)	4,855	92.43%	(77,000)
8870.00	Interest on Debt Service	(21,490)	(21,708)	(218)	101.01%	(214,903)	(217,081)	(2,179)	101.01%	(257,883)
7083.43	Food	(333)	(200)	133	60.06%	(3,333)	(4,162)	(829)	124.87%	(4,000)
7083.46	Office and Administrative supplies	(2,092)	(2,651)	(560)	126.76%	(20,917)	(25,830)	(4,913)	123.49%	(25,100)
7083.69	Other purchased services	(1,250)	(1,122)	128	89.74%	(12,500)	(11,895)	605	95.16%	(15,000)
7083.81	Insurance - Malpractice	(2,758)	(3,290)	(532)	119.28%	(27,583)	(31,546)	(3,962)	114.36%	(33,100)
7083.82	Other Insurance - Clinic	0	0	0		0	(20,875)	(20,875)		
7083.83	Licenses & Taxes	(125)	0	125	0.00%	(1,250)	0	1,250	0.00%	(1,500)
7083.85	Telephone and Communications	(2,500)	(6,081)	(3,581)	243.24%	(25,000)	(45,107)	(20,107)	180.43%	(30,000)
7083.86	Dues, Subscriptions & Fees	(2,500)	0	2,500	0.00%	(25,000)	(15,192)	9,808	60.77%	(30,000)
7083.87	Outside Training	(375)	(12)	363	3.11%	(3,750)	(1,615)	2,135	43.06%	(4,500)
7083.88	Travel costs	(279)	(3,852)	(3,573)	1379.81%	(2,792)	(24,059)	(21,267)	861.82%	(3,350)
7083.89	Recruiting	(3,333)	0	3,333	0.00%	(33,333)	0	33,333	0.00%	(40,000)
8895.00	Let's All Smile	(2,083)	0	2,083	0.00%	(20,834)	0	20,834	0.00%	(25,001)
	Non labor expenses	(311,864)	(261,100)	50,764	83.72%	(3,118,643)	(2,659,005)	459,638	85.26%	(3,742,372)
	Total Expenses	(554,625)	(494,235)	60,390	89.11%	(5,546,248)	(4,865,279)	680,969	87.72%	(6,655,498)
	Net Expenses over Revenues	(64,451)	171,799	236,250	225%	(644,510)	147,794	792,304	190%	(773,413)

Mark Twain Health Care District											
Rental Financial Projections		Rental									
		4/30/24									
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget	
9260.01	Rent Hospital Asset amortized	89,333	89,231	(102)	99.89%	893,333	894,202	868	100.10%	1072000	
Rent Revenues		89,333	89,231	(102)	99.89%	893,333	894,202	868	100.10%	1,072,000	
9520.62	Repairs and Maintenance Grounds		0			0	0				
9520.80	Utilities - Electrical, Gas, Water, other	(77,500)	(74,971)	2,529	96.74%	(775,000)	(920,161)	(145,161)	118.73%	(930,000)	
9521.80	Utility Reimbursements- MTMC		9,419				481,607				
9520.85	Telephone & Communications	(572)	(508)	64	88.83%	(5,717)	(4,398)	1,318	76.94%	(6,860)	
9520.72	Depreciation	(8,285)	(8,138)	147	98.23%	(82,850)	(83,272)	(422)	100.51%	(99,420)	
9520.82	Insurance										
Total Costs		(86,357)	(74,197)	12,159	85.92%	(863,567)	(526,224)	337,342	60.94%	(1,036,280)	
Net		2,977	15,034	12,057	505.05%	29,767	367,977	338,211	1236.21%	35,720	
9260.02	MOB Rents Revenue	19,044	19,521	477	102.50%	190,439	182,746	(7,693)	95.96%	228,527	
9521.75	MOB rent expenses	(22,284)	(16,565)	5,719	74.34%	(222,842)	(223,196)	(354)	100.16%	(267,410)	
Net		(3,240)	2,956	6,196	-91.21%	(32,403)	(40,449)	(8,047)	124.83%	(38,883)	
9260.03	Child Advocacy Rent revenue	796	820	24	103.00%	7,957	7,981	24	100.30%	9,548	
9522.75	Child Advocacy Expenses	0	(1,408)	(1,408)	0.00%	0	(3,534)	(3,534)	0.00%		
Net		796	(589)	(1,384)	-73.99%	7,957	4,447	(3,510)	55.89%	9,548	
9260.04	Sunrise Pharmacy Revenue	1,890	1,908	18	100.95%	18,900	18,864	18,864	0.00%	22,680	
7084.41	Sunrise Pharmacy Expenses	0	0	0		0	0	0			
Total Revenues		111,063	111,480	417	100.38%	1,110,629	1,103,793	(6,836)	99.38%	1,332,755	
Total Expenses		(108,641)	(92,171)	16,470	84.84%	(1,086,408)	(752,954)	333,454	69.31%	(1,303,690)	
Summary Net		2,422	19,308	16,886	797.18%	24,221	350,839	326,618	1448.50%	29,065	

Mark Twain Health Care District										
Projects, Grants and Support										
		4/30/2024								
			2020/2021	2021/2022	2022/2023	2023/2024	Month to-Date	Actual Month	Actual Y-T-D	Actual vs Budget
			Actual	Budget	Budget	Budget	Budget			
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(148,250)	(12,730)	(82,375)	96.91%
8890.00	Community Grants		(3,754)		(50,000)				(213)	
8890.00	Friends of the Calaveras County Fair								(500)	
8890.00	Foundation			(628,000)						
8890.00	Veterans Support		0	0			0		0	
8890.00	Mens Health		0	0			0		0	
8890.00	Miscellaneous (TBD)					(100,000)				
8890.00	Steps to Kick Cancer - October		0	0			0		0	
8890.00	San Andreas Rotary Club-Hospice		(2,571)					(3,000)	(3,000)	
8890.00	Doris Barger Golf		0	0			0	(3,500)	(6,000)	
8890.00	Stay Vertical Calaveras		(14,000)	(14,000)	(35,000)	(37,900)	(15,792)	(6,230)	(36,563)	96.47%
8890.01	AED for Life					(40,000)	(16,667)		(27,899)	69.75%
8890.00	Calaveras Mentoring Program							0	(2,500)	
8890.00	Calaveras Senior Center Meals							0	(5,700)	
8890.00	High school ROP (CTE) program			(25,000)						
	Project grants and support		(20,325)	(667,000)	(85,000)	(177,900)	(32,458)	(12,730)	(82,375)	96.91%

Mark Twain Health Care District										
General Administration Financial Projections										
		4/30/24				ADMIN				
		Monthly Budget	Actual Month	Variance \$\$\$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance \$\$\$	Variance %	2023/2024 Budget
9060.00	Income, Gains and losses from investments	29,167	42,063	12,896	144.22%	291,667	400,735	109,068	137.39%	350,000
9160.00	Property Tax Revenues	108,333	108,333	(0)	100.00%	1,083,333	1,083,333	(0)	100.00%	1,300,000
9010.00	Gain on Sale of Asset									
9400.00	Miscellaneous Income		241			0	11,323			100,000
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		0				97,443			
9205.03	Miscellaneous Income (1% Minority Interest)		1,695			0	(37,235)			
	Summary Revenues	137,500	152,333	14,833	110.79%	1,375,000	1,555,598	180,598	113.13%	1,750,000
8610.09	Other salaries and wages	(27,217)	(23,458)	3,759	86.19%	(272,172)	(266,843)	5,329	98.04%	(326,606)
8610.10	Payroll taxes	(2,082)	(1,248)	834	59.93%	(20,821)	(14,158)	6,662	68.00%	(24,985)
8610.12	Vacation, Holiday and Sick Leave	(1,415)	0	1,415	0.00%	(14,147)	0	14,147	0.00%	(16,976)
8610.13	Group Health & Welfare Insurance	(1,467)	0	1,467	0.00%	(14,673)	0	14,673	0.00%	(17,607)
8610.14	Group Life Insurance	-	0	0		0	0			
8610.15	Pension and Retirement	(943)	0	943	0.00%	(9,431)	(2,184)	7,246	23.16%	(11,317)
8610.16	Workers Compensation insurance	(236)	0	236	0.00%	(2,358)	0	2,358	0.00%	(2,829)
8610.18	Other payroll related benefits	-	0	0		0	0			
	Benefits and taxes	(6,143)	(1,248)	4,895	20.31%	(61,428)	(16,343)	45,085	26.60%	(73,714)
	Labor Costs	(33,360)	(24,706)	8,654	74.06%	(333,600)	(283,186)	50,414	84.89%	(400,320)
8610.22	Consulting and Management Fees	(4,167)	(304)	3,863	7.29%	(41,667)	(3,688)	37,978	8.85%	(50,000)
8610.23	Legal	(333)	(12,315)	(11,981)	3694.35%	(3,333)	(81,283)	(77,950)	2438.49%	(4,000)
8610.24	Accounting /Audit Fees	(3,000)	(2,959)	41	98.64%	(30,000)	(46,140)	(16,140)	153.80%	(36,000)
8610.05	Marketing	(1,000)	0	1,000	0.00%	(10,000)	(2,587)	7,413	25.87%	(12,000)
8610.43	Food	(167)	0	167	0.00%	(1,667)	0	1,667	0.00%	(2,000)
8610.46	Office and Administrative Supplies	(375)	(612)	(237)	163.31%	(3,750)	(8,990)	(5,240)	239.73%	(4,500)
8610.62	Repairs and Maintenance Grounds	(42)	0	42	0.00%	(417)	0	417	0.00%	(500)
8610.69	Other- IT Services	(583)	(774)	(191)	132.75%	(5,833)	(11,507)	(5,673)	197.25%	(7,000)
8610.74	Depreciation - Equipment	-	0	0	0.00%	0	0	0	0.00%	
8610.75	Rental/lease equipment					0	0			
8610.80	Utilities		0			0	0			
8610.82	Insurance	(3,667)	0	3,667	0.00%	(36,667)	(84,334)	(47,667)	230.00%	(44,000)
8610.83	Licenses and Taxes		0			0	0			
8610.85	Telephone and communications		0			0	0			
8610.86	Dues, Subscriptions & Fees	(1,667)	0	1,667	0.00%	(16,667)	(11,813)	4,853	70.88%	(20,000)
8610.87	Outside Trainings	(833)	(60)	773	7.20%	(8,333)	(3,660)	4,673	43.92%	(10,000)
8610.88	Travel	-	0	0		0	0			
8610.89	Recruiting	(42)	0	42		(417)	0	417		(500)
8610.90	Other Direct Expenses	(1,250)	(500)	750	40.00%	(12,500)	(11,300)	1,200	90.40%	(15,000)
8610.95	Other Misc. Expenses	-	0	0		0	(21,380)	0		
8888.00	Calaveras Wellness Foundation						12,592			
	Non-Labor costs	(17,125)	(17,524)	(399)	102.33%	(171,250)	(274,091)	(94,053)	160.05%	(205,500)
	Total Costs	(50,485)	(42,230)	8,255	83.65%	(504,850)	(557,277)	(43,638)	110.38%	(605,820)
	Net	87,015	110,102	23,087	126.53%	870,150	998,322	136,960	114.73%	1,144,180

Mark Twain Health Care District
Balance Sheet
As of April 30, 2024

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	32,154
1001.20 Umpqua Bank - Money Market	6,446
1001.30 Bank of Stockton	84,262
1001.45 Five Star Bank - MTHCD Checking NEW	282,152
1001.50 Five Star Bank - Money Market	687,308
1001.60 Five Star Bank - VSHWC Checking	69,752
1001.65 Five Star Bank - VSHWC Payroll	174,021
1001.90 US Bank - VSHWC	186,574
1001.98 Calaveras Wellness Foundation	127,070
1820 VSHWC - Petty Cash	400
Total Bank Accounts	1,650,140
Accounts Receivable	
1201.00 Accounts Receivable	-4,134
1210.00 Grants Receivable	23,241
1215.00 Settlements	1,054,984
Total Accounts Receivable	1,074,091
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	31,971
1003.20 CLASS Operational Reserve Fund	1,036,862
1004.10 CLASS Lease & Contract Reserve Fund	1,786,376
1004.20 CLASS Loan Reserve Fund	2,181,123
1004.30 CLASS Capital Improvement Reserve Fund	2,639,102
1004.40 CLASS Technology Reserve Fund	269,070
1004.50 Community Programs Reserve Fund	103,686
1004.60 Lease Termination Reserve Fund	509,089
1150.05 Due from Calaveras County	474,510
1160.00 Lease Receivable	166,262
1205.50 Allowance for Uncollectable Clinic Receivables	1,118,961
1205.51 Cash To Be Reconciled	-190,392
1300.00 Prepaid Expense (USDA)	-74,704
130.30 Other Prepaid Expense	2
Total Other Current Assets	10,051,919
Total Current Assets	12,776,150
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	715,764
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildings	5,875,622
1220.20 VSHWC - Equipment	937,082
1221.00 Pharmacy Construction	48,536
1250.13 CIP - Dental Expansion	23,251
1521.20 CIP Buildings - BHCIP	213,267
1600.00 Accumulated Depreciation	-8,994,798
Total Fixed Assets	6,418,279

Other Assets	
1710.10 Minority Interest in MTMC - NEW	346,474
1810.60 Capitalized Lease Negotiations	298,966
1810.65 Capitalized Costs Amortization	9,932
Total Intangible Assets	308,899
2219.00 Capital Lease	5,691,115
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	7,188,262
TOTAL ASSETS	26,382,691
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	198,572
Total 200.00 Accts Payable & Accrued Expenses	198,572
2001.00 Other Accounts Payable (Credit Card)	32,499
Total 200.00 Accts Payable & Accrued Expenses	32,499
2000.10 Other Accounts Payable	-6,130
2010.00 USDA Loan Accrued Interest Payable	83,282
2021.00 Accrued Payroll - Clinic	95,023
2022.00 Accrued Leave Liability	63,466
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	21,624
2110.10 Valley Springs Security Deposit	1,000
2140.00 Lease Payable - Current	142,286
2200.00 Due to Calaveras Wellness Foundation	127,070
Total Other Current Liabilities	529,896
Total Current Liabilities	760,967
Long-Term Liabilities	
2128.01 Deferred Capital Lease	33,272
2128.02 Deferred Utilities Reimbursement	64,508
2129.00 Other Third Party Reimbursement - Calaveras County	216,667
2130.00 Deferred Inflows of Resources	269,375
2210.00 USDA Loan - VS Clinic	6,579,166
2240.00 Lease Payable - Long Term	596,895
Total Long-Term Liabilities	7,759,883
Total Liabilities	8,520,850
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3900.00 Retained Earnings	-3,921,526
Net Income	1,414,580
Total Equity	17,861,841
TOTAL LIABILITIES AND EQUITY	26,382,691

Wednesday, May 13, 2020 05:33:00 PM GMT-7 - Accrual Basis

**Investment & Reserves Report
30-Apr-24**

Reserve Funds	Minimum Target	6/30/2023 Balance	2023/2024 Allocated	2023/2024 Interest	4/30/2024 Balance
Valley Springs HWC - Operational Reserve	2,200,000	30,658	1,000,000	37,362	1,068,020
Capital Improvement	3,000,000	2,522,220	0	116,882	2,639,102
Technology Reserve	250,000	1,039,589	-789,589	19,069	269,070
Lease, Contract, & Utilities Reserve	1,700,000	2,501,410	-801,410	86,376	1,786,376
Communiuty Programs Reserve	250,000		100,000	3,686	103,686
Lease Termination Reserve	3,250,000		490,999	18,090	509,089
Loan Reserve	2,000,000	2,084,524	0	96,599	2,181,123
Reserves & Contingencies	12,650,000	8,178,401	0	378,065	8,556,466

Reserves	2023-2024	
	4/30/2024	Interest Earned
Valley Springs HWC - Operational Reserve	31,971	1,260
Total Cal-Trust Reserve Funds	31,971	1,260

Valley Springs HWC - Operational Reserve	1,036,862	36,823
Lease & Contract Reserve	1,786,376	86,376
Loan Reserve	2,181,123	96,599
Capital Improvement	2,639,102	116,882
Technology Reserve Fund	269,070	19,069
Community Programs Reserve	103,686	3,686
Lease Termination reserve	509,089	18,090
Total CA-CLASS Reserve Funds	8,525,309	377,525

	CA CLASS	Interest Rate
Prime	5,488,256	5.40%
Enhanced	3,037,053	5.42%
Total	8,525,309	

Five Star		
General Operating - Closed	0	0
General Operating - NEW	308,436	259
Money Market Account	687,308	13,126
Valley Springs - Checking	69,752	55
Valley Springs - Payroll	174,921	71
Total Five Star	1,240,418	13,510

4.29%

Umpqua Bank		
Checking	32,154	0
Money Market Account	6,446	0.54
Investments	0	0
Total Savings & CD's	38,600	0.54

Bank of Stockton	84,262	37
-------------------------	---------------	-----------

Total in interest earning accounts	9,920,561	392,333
---	------------------	----------------

Beta Dividends 1 & 2	4,665
Anthem Rebate	3,643

Total Without Unrealized Loss	400,642
--------------------------------------	----------------

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

May 7, 2024

**TRI-PARTY LETTER OF INTENT FOR
NEW SUBLEASE TRANSACTIONS**

This Letter of Intent (“**Letter of Intent**”) is entered into as of the date set forth above (the “**Effective Date**”), by and among MARK TWAIN HEALTH CARE DISTRICT, a political subdivision of the State of California, organized under The Local Health Care District Law (California Health and Safety Code section 32000 et seq.) (“**District**”), MARK TWAIN MEDICAL CENTER, a California nonprofit public benefit corporation, formerly known as Mark Twain St. Joseph’s Health Care Corporation (“**MTMC**”), and COUNTY OF CALAVERAS, a political subdivision of the State of California (“**County**”). This Letter of Intent formally acknowledges that District, MTMC and County are negotiating with the purpose of reaching definitive agreements (“**Definitive Agreements**”) regarding the County’s use, occupancy and sublease of that certain premises commonly known as Suites 103-105 located on the first floor of Building E, 704 Mountain Ranch Road, San Andreas, California. District, MTMC and County are individually referred to herein as “**party**” and collectively referred to as “**parties.**”

RECITALS

A. District entered into that certain Office Lease effective March 1, 2007 (the “**Master Lease**”) with San Andreas Medical & Professional Buildings, LLC, a California limited liability company (“**Original Master Lessor**”), for approximately 6,500 square feet of space which consists of the entire first floor of Building E located at 704 Mountain Ranch Road, San Andreas, California (“**Master Lease Premises**”).

B. Original Master Lessor assigned its interest in the Master Lease to Arnaudo Bros., L.P., a California limited partnership, and Arnaudo Bros., Inc., a California corporation (collectively, “**Master Lessor**”), pursuant to that certain Assignment of Leases between Original Master Lessor and Master Lessor dated June 29, 2018 and recorded July 3, 2018 as Instrument No. 2018-007525 with the Calaveras County Recorder.

C. District and MTMC entered into that certain Sublease dated as of September 22, 2008, as amended by that certain First Amendment to Sublease dated as of June 12, 2014, and that certain Second Amendment to Sublease dated as of July 3, 2019 (collectively, the “**MTMC Sublease**”). Pursuant to the MTMC Sublease, MTMC currently subleases from District the portion of the Master Lease Premises commonly known as Suites 102-105, consisting of approximately 5,200 square feet of space on the first floor of Building E located at 704 Mountain Ranch Road, San Andreas, California (“**MTMC Sublease Premises**”), with the term thereof currently set to expire June 30, 2024.

D. That certain portion of the Master Lease Premises and the MTMC Sublease Premises commonly known as Suites 103-105, consisting of approximately 3,900 square feet (the “**Suites 103-105 Premises**”), are not intended for longer-term occupancy or use by MTMC, and MTMC desires to vacate, surrender and restore the Suites 103-105 Premises to District as contemplated herein.

E. County presently occupies and uses its property located at 891 Mountain Ranch Road, San Andreas, California, to conduct and provide the County’s behavioral health services (the “**County Behavioral Health Premises**”).

F. County intends to demolish the existing buildings and improvements at the County Behavioral Health Premises and construct new buildings and improvements thereon (the “**County**”).

Behavioral Health Premises Improvements”). Consequently, County will need to temporarily vacate the County Behavioral Health Premises to allow for and facilitate the demolition and construction required for the County Behavioral Health Premises Improvements and the County is seeking to temporarily relocate to other premises during the intended demolition and construction necessary for the County Behavioral Health Premises Improvements.

G. District and MTMC desire to amend the MTMC Sublease to currently extend the term and to subsequently remove the Suites 103-105 Premises from the MTMC Sublease, together with other and related MTMC Sublease modifications as contemplated herein (the “**MTMC Sublease Amendment**”).

H. Concurrently with the MTMC Sublease Amendment, District and County desire to enter into a new sublease whereby District will sublease the Suites 103-105 Premises to the County for the County’s use and occupancy during its intended demolition and construction of the County Behavioral Health Premises Improvements (the “**County Sublease**”).

I. The MTMC Sublease Amendment and the County Sublease are collectively referred to as the “**New Sublease Transactions**.”

J. The New Sublease Transactions, and the Definitive Agreements entered into in connection therewith, will further the parties’ work of fulfilling their respective missions and assuring that quality health care services will continue to be provided in and to the residents of the County and the District for the collective benefit of the community.

PROPOSAL OF BASIC TERMS

In accordance with the foregoing, set forth below is the parties’ proposal of the basic terms pursuant to which drafts of Definitive Agreements will be prepared in connection with the contemplated New Sublease Transactions:

- | | |
|---------------------------------|---|
| Suites 103-105 Premises: | Suites 103-105, consisting of approximately 3,900 square feet of space on the first floor of Building E located at 704 Mountain Ranch Road, San Andreas, California, which is currently subleased by District to MTMC as a portion of the MTMC Sublease Premises, and which Suites 103-105 Premises is contemplated to be surrendered by MTMC and subsequently subleased by District to County. |
| Master Lessor: | Arnaudo Bros., L.P. and Arnaudo Bros. |
| Sublessor: | Mark Twain Health Care District |
| MTMC Sublease Amendment: | On or before June 1, 2024, District and MTMC will enter into the MTMC Sublease Amendment. The MTMC Sublease Amendment will: (i) extend the existing MTMC Sublease term to expire concurrently with the expiration of the initial term of the Master Lease on February 28, 2027; (ii) terminate, remove and exclude the Suites 103-105 Premises from the MTMC Sublease effective as of December 31, 2024; (iii) set forth MTMC’s obligations to remove its trade fixtures, furnishings and equipment from the Suites 103-105 Premises and to repair and restore the Suites 103-105 Premises by December 31, 2024 to good and tenable condition |

satisfactory to District and County; (iv) affirm that the currently monthly base rent in the amount of \$15,245.00 will continue for MTMC's continued use of Suites 102-105 through December 31, 2024; (v) reduce the monthly base rent to \$3,811.00 effective January 1, 2025, to account for the removal of the Suites 103-105 Premises from the MTMC Sublease premises, but subject to base rent increases on March 1, 2025 to \$3,926.00 per month, and on March 1, 2026 to \$4,043.00 per month (each based on and payable concurrently with the annual increases of 3% to base rent under the Master Lease); (vi) affirm that MTMC's share of common area and other expenses (including without limitation the Type I and Type II charges specified under the Master Lease) will continue to be 80% of the District's share thereof under the Master Lease for MTMC's continued use of Suites 102-105 through December 31, 2024; (vii) reduce MTMC's share of common area and other expenses (including without limitation the Type I and Type II charges specified under the Master Lease) to 20% of the District's share thereof under the Master Lease effective January 1, 2025, to account for the removal of the Suites 103-105 Premises from the MTMC Sublease premises; and (viii) affirm MTMC's continuing obligation for payment of utilities separately metered and attributable to the applicable portions of the MTMC Sublease premises during MTMC's right to possession thereof under the MTMC Sublease Amendment in accordance with the foregoing.

MTMC Fixtures, Furnishings and Equipment Removal:

On June 1, 2024, MTMC will commence and diligently thereafter continue removal of all of its trade fixtures, furnishings and equipment from the Suites 103-105 Premises and promptly thereafter restore the Suites 103-105 Premises in accordance with terms and conditions of the MTMC Sublease to good and tenantable condition and repair satisfactory to District and County. MTMC will complete the removal, restoration and surrender thereof in accordance with terms and conditions of the MTMC Sublease, and will vacate and surrender possession of the Suites 103-105 Premises on or before December 31, 2024 in good and tenantable condition and repair satisfactory to District and County.

MTMC Repairs and Restoration Work:

On or before September 1, 2024, the parties shall meet and confer at the Suites 103-105 Premises to inspect the same and reach agreement on a list of repair and restoration items and scope of work remaining to be performed by MTMC to complete its obligations of removal, restoration and surrender of the Suites 103-105 Premises by December 31, 2024. Following such meeting, MTMC shall promptly and diligently thereafter proceed to complete such further work to fulfill its obligations to repair and restore the Suites 103-105 Premises to good and tenantable condition and repair

satisfactory to District and County, and to vacate and surrender said portion of the sublease premises, but in no event shall such repairs, restoration and work be completed any later than December 31, 2024.

County Sublessee: County of Calaveras

County Sublease Term Commencement Date and Rent Commencement Date: February 1, 2025

Expiration of County Sublease Term: To occur at any time after January 31, 2026, within ninety (90) days of County’s written notice to District following the substantial completion of the construction of the County Behavioral Health Premises Improvements, but in no event later than expiration of the initial term of the Master Lease on February 28, 2027.

County Sublease Permitted Use: Office space for provision of County’s behavioral health services

Delivery of Suites 103-105 Premises Possession to County AS-IS: Delivery of the Suites 103-105 Premises to the County will occur on an “AS-IS” basis no later than February 1, 2025, subject to and conditioned upon surrender and termination of possession by MTMC as contemplated herein and the MTMC Sublease Amendment.

County’s Base Rent and Expenses: The initial monthly base rent payable by the County under the County Sublease will be \$11,434.00, subject to base rent increases on March 1, 2025 to \$11,777.00 per month, and on March 1, 2026 to \$12,130.00 per month (each based on and payable concurrently with the annual increases of 3% to base rent under the Master Lease). The County will also pay 60% of the District’s share of common area and other expenses under the Master Lease (including without limitation the Type I and Type II charges specified under the Master Lease), in addition to the County’s payment of utilities separately metered and attributable to the Suites 103-105 Premises during the County Sublease term. For courtesy and informational purposes only, and not as a binding quote or estimate, the current monthly Type I charges applicable to the Master Lease Premises are \$1,074.00, and the current monthly Type II charges applicable to the Master Lease Premises are \$3,650.00, with each of said Type I and Type II charges under the Master Lease expected to increase on or about January 1, 2025, when Master Lessor’s new annual budget for same is provided by its property manager.

County’s Security Deposit: \$24,261.00

Fair Market Value: The parties’ acknowledge and agree that all rent and expenses

under both the New Sublease Transactions are consistent with fair market value in arms-length transactions and are not determined in a manner that takes into account the volume or value of any referrals or business otherwise generated between or among any of the parties for which payment may be made in whole or in part under Medicare, Medicaid or other Federal health care programs.

Signage: Signage as approved by District and permitted under the Master Lease, subject to applicable law.

Alterations, Repairs and Renovations: Subject to the terms of the Master Lease (e.g., Section 9(c) (Alterations and Additions)), County may alter, repair or renovate the Suites 103-105 Premises up to an annual and cumulative cost of \$50,000.00 without District's prior approval, written or otherwise; provided, however, that County shall upon District's request remove any and all alterations or additions prior to expiration or earlier termination of the County Sublease.

Brokerage: No brokers, agents or finders used in connection with any of the New Sublease Transactions and the parties shall indemnify one another in the event of any claim therefor arising from the party's use of any broker, agent or finder.

Master Lessor Consent: Required and contemplated in connection with and as a condition to the New Sublease Transactions.

Master Lease as Controlling: The parties acknowledge that the New Sublease Transactions contemplated herein shall in all events be subject to the Master Lease, which shall govern and control in the event of any conflict between the Master Lease, the terms hereof and/or any of the Definitive Agreements.

Definitive Agreements: Initial drafts of the Definitive Agreements to be prepared and circulated by counsel for District within approximately fifteen (15) days of the Effective Date.

Brown Act and Public Records Act Acknowledgments: MTMC acknowledges that District and County are public agencies that are subject to the requirements of the Ralph M. Brown Act (California Government Code section 54950 et seq.) (regarding open meetings) and that this Letter of Intent, the Definitive Agreements, any information disclosed hereunder or thereunder may be subject to public disclosure without notice to MTMC. Further, MTMC acknowledges that District and County are subject to document requests pursuant to the California Public Records Act (California Government Code sections 6250 – 6276.48).

Notwithstanding any terms or provisions contained herein, this document does not constitute an enforceable agreement, including an agreement to lease space, terminate the lease of space, or to continue negotiations or document preparation in connection therewith. This document merely sets forth a framework the parties anticipate following in further negotiations and preparation of the Definitive Agreements. None of the parties is or will be bound unless and until all of the Definitive Agreements are approved and signed by each of the parties to such Definitive Agreements. Until execution of the Definitive Agreements, each party is free to terminate negotiations or work on the Definitive Agreements at any time, without reason. Each party agrees that the expenses, efforts and resources undertaken in negotiating and preparing Definitive Agreements are customary diligence and work for the parties in a transaction of this nature, that each party shall bear its own respective attorneys' fees and other costs in connection therewith, and that such undertakings do not constitute or create any obligation on any party.

We hereby affirm the foregoing to be acceptable and sign our respective counterparts of this non-binding Letter of Intent below in order to proceed with preparation and negotiation of the Definitive Agreements.

[Signatures Continue On Subsequent Page]

MARK TWAIN HEALTH CARE DISTRICT,
a political subdivision of the State of California,
organized under The Local Health Care District Law

By: _____
Its: _____
—

MARK TWAIN MEDICAL CENTER,
a California nonprofit public benefit corporation
(formerly known as Mark Twain St. Joseph's
Health Care Corporation)

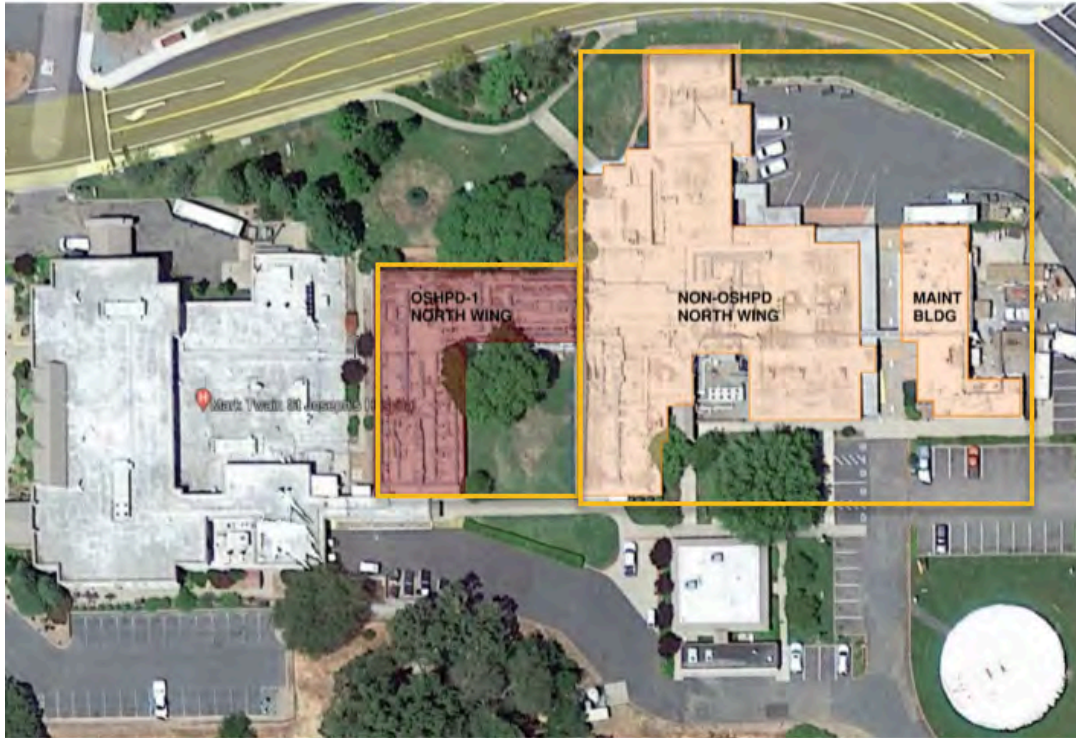
By: _____
Its: _____
—

COUNTY OF CALAVERAS,
a political subdivision of the State of California

By: _____
Its: _____
—

S Situation:

MTMC seeks to replace the roofs of the below marked locations.



Background:

Multiple leaks every year that accrues roofing repair costs and affects operations

B

Assessment:

- Will also address roof access/ladder improvements
- Additional safety guidelines and tethers
- Commonspirit capital approved for \$1.6m

- Roof assessments to begin to compile data for HCAI, scope of work, and opinion of probable cost

Recommendations:

- Seeking District Board approval to move forward

R



17th Annual Tournament

12:30 Shotgun Start

Sunday, June 2nd, 2024

**The Golf Club at Copper Valley
Copperopolis, California**

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

Sponsor the Golf Carts



GOLF CART SPONSOR - \$500

- Recognition on every golf cart
- 2 Dinner tickets

 **Mark Twain
Medical Center Foundation..**

Sponsor a Tee



TEE SPONSOR - \$250

- Signage at the tee box

More Sponsorships

The 2024 Barger Golf Outing provides seven Sponsorship categories.

Learn more by contacting:

Charanjit "CJ" Singh, Director of Philanthropy
1.209.754.2624

charanjit.singh@commonspirit.org



Sponsorship Information

Company Name: _____

Contact: _____

Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

I wish to support "The Barger Golf Outing" with a _____ sponsorship.

The Golf Cart Sponsorship includes two dinner tickets:

Guest #1

Name: _____ Phone: _____

Email: _____

Guest #2

Name: _____ Phone: _____

Email: _____

Golf Reservations

Golf Cart and Tee Sponsorships do not include golf reservations. You can make golf reservations online as well as signing up additional dinner guests.

Please visit supportmarktwain.org

POp

0 Secure online payment is available at supportmarktwain.org

0 Enclosed is my sponsorship check, payable to: "MTMC Foundation."
Send to: 768 Mountain Ranch Road, San Andreas, CA 95249

0 Please invoice my business's Accounts Payable Department:

Company Name: _____

Attention: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____



Event Proceeds

The Barger Golf Outing has supported Mark Twain Medical Center Foundation since 2007. This year we celebrate our 17th Annual Event. Golfers at all levels are welcome - no handicap required. Fun features of the event include a putting contest, awesome auction, exciting raffle, delicious dinner and more.

Your support of the Barger Golf Outing will make it possible for the Foundation to help keep MTMC on the cutting-edge of technology, and to offer advanced care close to home.

Since 2007, our tournament has raised over \$500,000 to advance women's health care services at Mark Twain Medical Center including:

- Acquisition of 3D Mammography and Advanced Imaging Modality surgical scopes.
- Pulmonary Function Test equipment as women are more vulnerable to certain lung diseases.
- Funding for the Women's Health infrastructure at the James Dalton Medical Office in Angels Camp.
- Joining with MTMC and Soroptimist International of Calaveras County to provide annual Lipid Panel screenings at no cost for Calaveras women during Heart Month in February.
- Our 2023 event proceeds helped to acquire Merge CADstream® software that enables effective early detection of breast cancer.

About the Mark Twain Medical Center Foundation

Our purpose is to develop resources, funding and community support for the benefit of Mark Twain Medical Center. We are a 501(c)(3) non-profit and all donations and funds stay in Calaveras County.



17th Annual Tournament
12:30 Shotgun Start
Sunday, June 2nd, 2024
The Golf Club at Copper Valley
Copperopolis, California

Sponsorship Opportunities

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

PRESENTING SPONSOR - \$7,500

- Banner in hospitality area and awards dinner
- Company logo on all printed materials
- Opportunity to cross promote event at place of business
- Opportunity to have table on golf course during play
- Full page ad in event program - 4.5 x 6.75
- 2 Four person golf teams

PLATINUM SPONSOR - \$5,000

- Banner at awards dinner
- Opportunity to cross promote event at place of business
- Opportunity to have table on golf course during play
- Listing as a sponsor on marketing material
- Full page ad in event program - 4.5 x 6.75
- Four person golf team

 **Mark Twain
 Medical Center Foundation.**

GOLD SPONSOR - \$3,500

- Listing as a sponsor on marketing materials
- Half page ad in event program - 4.5 x 6.75
- Four person golf team

SILVER SPONSOR - \$2,500

- Listing as a sponsor on marketing materials
- Half page ad in event program - 4.5 x 3.25
- 2 Individual golf entries

BRONZE SPONSOR - \$1,500

- Listing as a sponsor on marketing materials
- 2 Individual golf entries

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

Benefits Women's Health
supportmarktwain.org



Company Name: _____
 Contact: _____
 Phone: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Email: _____

I wish to support "The Barger Golf Outing" with a _____ sponsorship.

My sponsorship includes golf entries and my players are:

Player#1

Name: _____ Phone: _____
 Email: _____

Player#2

Name: _____ Phone: _____
 Email: _____

Player#3

Name: _____ Phone: _____
 Email: _____

Player#4

Name: _____ Phone: _____
 Email: _____

My Sponsorship includes additional dinner tickets and my guests are:

Guest #1

Name: _____ Phone: _____
 Email: _____

Guest #2

Name: _____ Phone: _____
 Email: _____

Guest #3

Name: _____ Phone: _____
 Email: _____

Guest #4

Name: _____ Phone: _____
 Email: _____

Sponsorship Payment Options

0 Secure online payment is available at supportmarktwain.org

0 Enclosed is my sponsorship check, payable to: "MTMC Foundation."
 Send to: 768 Mountain Ranch Road, San Andreas, CA 95249

0 Please invoice my business's Accounts Payable Department:

Company Name: _____
 Attention: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____



Event Proceeds

The Barger Golf Outing has supported Mark Twain Medical Center Foundation since 2007. This year we celebrate our 17th Annual Event. Golfers at all levels are welcome - no handicap required. Fun features of the event include a putting contest, awesome auction, exciting raffle, delicious dinner and more.

Your support of the Barger Golf Outing will make it possible for the Foundation to help keep MTMC on the cutting-edge of technology, and to offer advanced care close to home.

Since 2007, our tournament has raised over \$500,000 to advance women's health care services at Mark Twain Medical Center including:

- Acquisition of 30 Mammography and Advanced Imaging Modality surgical scopes.
- Pulmonary Function Test equipment as women are more vulnerable to certain lung diseases.
- Funding for the Women's Health infrastructure at the James Dalton Medical Office in Angels Camp.
- Joining with MTMC and Soroptimist International of Calaveras County to provide annual Lipid Panel screenings at no cost for Calaveras women during Heart Month in February.
- Our 2023 event proceeds helped to acquire Merge CADstream® software that enables effective early detection of breast cancer.

About the Mark Twain Medical Center Foundation

Our purpose is to develop resources, funding and community support for the benefit of Mark Twain Medical Center. We are a 501(c)(3) non-profit and all donations and funds stay in Calaveras County.



Please join us for the Calaveras Mentoring Foundation's

Family Reunion!

*Food * Drinks * Laughter * Tears * Memories * Stories * FUN!*

The Calaveras Youth Mentoring Program is ending, but all our friendships and community connections are not. We want to take this opportunity to thank everyone who helped us "weave a stronger community, one friendship at a time" for so many years!

5-8pm, Saturday, June 8, 2024

Native Sons Hall, Main Street, Murphys



If you have ever been part of our mentoring program family over the past 20 years, whether as a mentee, mentor, family member, volunteer, recommendation agent, donor, event sponsor or attendee, field trip host, advisory committee member, or anything else, we hope you will come celebrate the Calaveras Youth Mentoring Program with us one last time.

RSVP to Kathryn at 209-559-5988 by June 3.

PO Box 853
Murphys CA 95247
United States
<http://calaverasmentoring.org>
2097367706