



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

**Special Meeting of the Board of Directors
Friday May 31, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:**
2. **Roll Call:**
3. **Approval of Agenda:** 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:** Action

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

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for April 10, 2019
- Un-Approved Board Meeting Minutes for April 24, 2019:

This Institution is an Equal Opportunity Provider and Employer

Agenda – May 31, 2019 MTHCD Special Board Meeting

B. Correspondence:

- MTMC Foundation - Thank You for Community Grants Award (Apr. 30, 2019)
- Common Ground Sr. Serv. Inc - Thank You for Community Grants Award (Apr. 30, 2019)
- The Volunteer Center - Thank You for Community Grants Award (May 1, 2019)

6. MTHCD Reports:

A. President’s Report:.....Ms. Reed

- Association of California Health Care Districts (ACHD):
 - ACHD Re-Certification Effective to April 26, 2022:
- **Resolution 2019 - 04 - Breast Health Program: Action**
 - Grant Award - MTMC Foundation Breast Health Program \$372,000.00.

B. Corp. Board Report:.....Ms. Reed / Ms. Atkinson

C. Chief Executive Officer’s Report:Dr. Smart

- Moving Upstream:
- Strategic Plan Matrix (Last Updated 4-24-2019):

D. Ad Hoc Real Estate:Ms. Reed / Ms. Al-Rafiq

- **Update on the Valley Springs Health & Wellness Center:**.....Dr. Smart
 - Construction:.....Dr. Smart
 - Project Manager:.....Pat Van Lieshout
 - Operations and Development:.....Dr. Smart
 - USDA Form 271:
- **Update on Valley Springs Property - Phase II:**.....Ms. Reed / Ms. Al-Rafiq

E. Stay Vertical Calaveras:.....Steve Shetzline

7. Committee Reports:

A. Finance Committee:.....Ms. Atkinson / Ms. Radford

- New Budget Update (2019 - 2020).....Kelly Hohenbrink

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Agenda – May 31, 2019 MTHCD Special Board Meeting

- Financial Update:..... Mr. Wood
- Financial Statements (Apr. 2019) Recommendation-Approval: **Action**.....Ms. Atkinson
- Investment Activities:.....Mr. Wood

B. Ad Hoc Lease Review Committee:.....Ms. Reed / Ms Atkinson

C. Ad Hoc Policy Committee: **Action**.....Ms. Atkinson / Ms. Al-Rafiq

- Policy No. 2 - Basis of Authority; Roll of the Board of Directors:
- Policy No. 11 - Minutes, Resolutions & Closes Session Minutes:
- Policy No. 17 - Authority & Responsibility of the Executive Director:
- Policy No. 18 - Compensation of the Executive Director:

D. Personnel Committee:

- **Pensions & Health Benefits**.....Ms. Al-Rafiq

E. Ad Hoc Community Grant: **Action**.....Ms. Radford / Ms. Sellick

8. VS H&W Center – Draft Policies: **Action**Dr. Smart

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

1. Draft Flat Rate Fee Program:
2. Draft Late Arriving Unscheduled Patients
3. Draft Standardized Procedures for Mid-level Practitioners (NP, PA)
4. Draft Expedited Partner Therapy for STDs
5. Draft Co-Signature of Mid-Level Medical Records
6. Draft Communicable Disease Reporting
7. Draft Domestic Violence Reporting Suspicious Injury Reporting
8. Draft Elder or Dependent Adult Abuse Reporting 112018
9. Draft Medical Director Direction of Practitioners in the Clinic
10. Draft Medical Staff Credentialing and Governance 113018
11. Draft Animal Bite-Reporting
12. Draft Motor Vehicle Accident Reporting
13. Draft Electronic Protected Health Information
14. Draft Employee Health
15. Draft Billing Personnel – Organization
16. Draft Organization of Nursing Personnel

9. Board Comment and Request for Future Agenda Items:

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

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Agenda – May 31, 2019 MTHCD Special Board Meeting

10. Next Meeting:

A. Will not be on the usual Wed. and has been rescheduled to Wed. June 19, 2019:

11. Adjournment: Action

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Agenda – May 31, 2019 MTHCD Special Board Meeting



P. O. Box 95
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Finance Committee Meeting
Wed. April 10, 2019
9:00am
Mark Twain Medical Center Education Center - Classroom 5
San Andreas, CA

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:

The meeting was called to order by Ann Radford, Secretary at 9:02am.

2. Roll Call:

Present for roll call was Ms. Radford and Ms. Hack, Ms. Atkinson was absent and excused.

3. Approval of Agenda: Action

Ms. Hack moved to approve the Agenda. Ms. Radford provided her second. The motion passed 2-0.

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

Hearing none.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Special Finance Committee Meeting Minutes for March 19, 2019:

Ms. Hack moved to approve the Consent Agenda. Ms. Radford provided her second and the motion passed 2-0.

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Minutes – April 10, 2019 MTHCD Finance Committee Meeting

6. Chief Executive Officer's Report

- **USDA (SF 271) Outlay Report (4-7- 2019):**

Dr. Smart: Explained cost over cost in red (\$8,400) overrun. Budget signage in final part of it coming in at \$26K; the Districts obligation in buying the furniture and IT equipment; signed and submitted the \$556K draw to USDA and will provide a check to contractor this week when it funds.

- **Lease Closing - Update**

Dr. Smart: The lease is to close on April 29th; there are 36 action items on the checklist.

- **Review Investment Authority - CA Govt. Code 53607 Policy No. 22: Action**

Dr. Smart: Read a section of Policy 22; the policy needs to be approved on an annual basis.

Mr. Wood: Made a recommendation to Board to give Dr. Smart the authority to make investment transactions.

Ms. Hack moved to approved Policy No. 22. Ms. Radford provided her second and the motion passed 2-0.

- **Fixed Asset - Capitalization Policy No. 30: Action**

Mr. Wood: Explained the Govt. Accounting Standards Board (GASB 34) Capitalized Assets; a good threshold is \$2,500 for each item or a group of items equal to \$2,500.

Ms. Hack moved to approve Policy No. 30. Ms. Radford provided her second. The motion passed 2-0.

7. Accountant's Report: Action

- **Financial Status, Trends, Long-Term Views and Cashflow:**

Mr. Wood: Mentioned that the Cash and Assets both look good.

- **March Financials Will Be Presented to The Committee:**

Mr. Wood: Handed out his narrative; it's a draft as the Minority interest is not current on the Profit and Loss Statement because MTMC hasn't closed their books. He created a new pre-paid account for the Valley Springs Health & Wellness Center (VS H&W Center).

- **Investment – Update:**

Mr. Wood: Handed out a Draft of the Investment & Reserves Report, went over some interest gains and mentioned we are still missing a statement from Umpqua for the Money Market fund.

Ms. Hack moved to approve the Financial Report. Ms Radford provided her second and the motion passed 2-0.

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8. Treasurer's Report

- **Budget Cycle Planning and Input:**

Dr. Smart: Gave an update on developing next year's budget; Mr. Wood will provide input on the budget; Mr. Hohenbrink will do the Valley Springs Health & Wellness Center budget. The goal is to have a draft budget for the May Finance Committee meeting. After the Committee review and edits are complete then the draft budget will be sent to the Board on May 31st.

9. Comments and Future Agenda Items:

Dr. Smart: Strategic Planning meeting.

Dr. Smart: Updated the Board regarding construction; the building will be done by the middle of August; staff is working on employee applications; the recruiter is working on finding doctors for the clinic; provider credentials are being done remotely; the radiologist and dentist falling into place

10. Next Meeting:

- The next meeting will be May 8, 2019.

11. Adjournment: Action

Ms. Hack moved to adjourn the meeting. Ms. Radford provided her second and the meeting was adjourned at 9:56am.



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**Meeting of the Board of Directors
Wednesday April 24, 2019
7:30 am
Mark Twain Medical Center Classroom 2
768 Mountain Ranch Rd,
San Andreas, CA**

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:

The meeting was called to order by President Lin Reed at 7:33am

2. Roll Call:

Present for roll call was Lin Reed, MBA OTR/L; Ann Radford, FNP; Susan Atkinson, MSW; Debbie Sellick CMP and Talibah Al-Rafiq.

3. Approval of Agenda: Action

Dr. Smart requested the VS H&W Center Policies be moved to the end of the agenda.

Ms. Radford moved to approve the Agenda as amended. Ms. Atkinson provided her second and the motion passed 5-0.

4. Public Comment on matters not listed on the Agenda:

Hearing none.

5. Consent Agenda: Action

A. Un-Approved Minutes:

- Un-Approved Finance Committee Meeting Minutes for March 19, 2019
- Un-Approved Board Meeting Minutes for March 27, 2019:

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Minutes – April 24, 2019 MTHCD Board Meeting - Board Approved _____

B. Correspondence:

- Dakota Butzler iPad - Thank you 4-15-2019:

Ms. Al-Rafiq moved to approve the Consent Agenda. Ms. Atkinson provided her second and the motion passed 5-0.

6. MTHCD Reports:

A. President's Report:

- **Special Presentation to Dave Woodhams, DDS:**

Ms. Reed: Thanked Dr. Woodhams for his many years of service representing the MTHCD as their Community Member sitting on the MTMC Corp. Board.

Dr. Smart: Recalled back to 2002 thanking Dr. Woodhams for his service to the District and for being the District's historian.

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

Ms. Reed: Announced the upcoming Seismic Webinar on Thurs.

- **ACHD Annual Meeting – Oct 9-11 – District Initiatives:**

Ms. Reed. Cannot attend this year but would like to see a fellow Board Member go and represent the District.

Dr. Smart: Suggested a Board member attend and talk about Stay Vertical Calaveras.

B. Chief Executive Officer's Report:

- **Community Out-Reach:**

Dr. Smart: Will be speaking to two Rotary organizations in the coming weeks and the District will be sponsoring a Mentoring event.

Dr. Smart: Announced Ms. Sellick and he would be attending the Calaveras Chamber "On the Right Track" event at CHS on Friday. The seniors are given a life scenario and they visit different community, law enforcement and health stations to find information and a remedy. He and Ms. Radford attended the BH High School version and found it very worthwhile as the seniors were engaging, respectful and attentive.

- **VS H&W Center - Draft Policies: Action**

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

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1. Draft Use of Gloves
2. Draft EMERGENCY RELEASE OF PATIENT RECORDS

3. Draft Medication Reconciliation

**Amend: (pkt. pg. 23) Definitions: Fourth bullet to read Diagnostic and “Contrast” agents
Tenth bullet: to read Intravenous solutions either “plane” or with additives**

4. Draft Radiology Department Safety Guidelines

5. Draft RADIOLOGY SAFETY

**Amend: (pkt. pg. 23) Radiological Controls 2. c. Spell out CCR 17 (is it CA Code of Reg)?
(pkt. pg. 29) Quality Assurance Programs 1. a. (last line) office “for” later review.
(pkt. pg. 30) Item 3. Remove West Side and insert Mark Twain Health Care District.**

6. Draft Monitoring Inspection of Medication Inventory
7. Draft MEDICATION WASTE STREAM
8. Draft Medication Management – Storage of Multi-Use Containers
9. Draft Look-Alike Sound-Alike Medications
10. Draft FORMULARY

11. Draft Drug Samples

Amend: (pkt. pg. 38) Remove Entire Policy

12. Draft TRANSFER OF PATIENT – CHART INFORMATION
13. Draft RETENTION OF RECORDS
14. Draft MEDICAL RECORD TRANSFER
15. Draft SECURITY AND RETENTION OF MEDICAL RECORDS
16. Draft MEDICAL RECORDS RELEASE
17. Draft MEDICAL RECORDS FORMS AND FEES
18. Draft Correction of Information in Medical Record 112118

Ms. Radford moved to approve the amended VS H&W Center policies. Ms. Atkinson provided her second and the motion passed 5-0.

- **Strategic Plan Matrix (Last Updated 3-19-2019):**

Dr. Smart: There has been no change to the Strategic Plan.

- **Personnel Manual - 2000 Hiring Process (Last updated 4-6-2019) Action:**

Ms. Atkinson moved to approve the updated Personnel Manual – 2000 Hiring Process (pkt. pg.48)
Ms. Al-Rafiq provided her second and the motion passed 5-0.

- **County Health Report:**

Dr. Smart: Reviewed the 2019 County Health Rankings Report by Robert Wood Johnson Foundation and the U. of Wisconsin Population Health Institute (pkt. pg.49-70) calling attention to Calaveras being 24th of 58 counties in health ranking; the County is older and poorer and doesn't feel it has

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access to exercising options or health care; average patient ratio to each doctor is 1,200 for Calaveras it is 2,000/per doctor; we have more alcohol and driving deaths; likewise score poorly for mental health care and fire arm deaths along with a high suicide rate.

C. Corp. Board Report:

Ms. Reed: The Corp. Board will meet on Friday Apr. 26th.

Doug Archer, MTMC CEO: Things are busy today as the census is 14; he finds the County report staggering; feels mental health issues are understated and sees the impact it has on ER; he's been meeting with Dr. Smart and wants to partner regarding such needs in the County; he is also excited to have his team complete with the addition of John Chivers as the new CFO.

Mr. Chivers: Was working in Sonora in the 1980's, lives in Jamestown and the MTMC will be his first experience working with a Corporation.

D. Stay Vertical Calaveras:

Mr. Shetzline: The program will be changed to match the fiscal year budget; he is considering the use of membership cards for purchase; he will put the SVC stats together for the Oct ACHD meeting; he introduced a VS instructor and the two of them told of the program's success.

Dr. Woodhams: Invited Mr. Shetzline to seek support from the Arnold Rotary.

Dr. Smart: Suggested the District wanted to continue supporting the program and to see expansion.

Ms. Atkinson: Would like to see the program extend up the Hwy 26 corridor into West Point, Wilseyville and Glencoe which was echoed by a public member suggesting they would like SVC to improve on what they have.

E. Ad Hoc Real Estate:

- **Update on the Valley Springs Health & Wellness Center:**

- **Construction:**

Dr. Smart: The project is on budget; there has been 8 (+/-) change orders all approved by USDA of which some have saved the District money; he's heard nothing but positive; due to the wet winter occupancy will likely be Sept. 1st with opening the door Sept. 15th.

- **Project Manager:**

Mr. Van Lieshout: The project is about 50% completed at this time; upcoming events include adding sheet rock, and the exterior scratch coat; next week more of the outside work will be visible; the site is fully staffed each day.

- **Operations and Development:**

- **USDA Form 271:**

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Dr. Smart: Staff is working with consultants to apply for managed Medi-Cal programs; Cejka is active in the recruiting process for providers; there are on-going meetings to transition the VS RHC to the VS H&W Center RHC.

- **Update on Valley Springs Property - Phase II:**

Ms. Al-Rafiq: Nothing new to report.

7. **Committee Reports:**

A. Finance Committee:

Mr. Wood: With the Finance Committee Chair absent, due to illness, the Committee had a quorum with the recent addition of Ms. Hack who is already doing a good job; since it is admin/professional day he mentioned his appreciation for the Executive Assistant;

- **Budget Update- Reimbursements:**
- **Financial Update:**

Mr. Wood: Nine months into the budget it is as it should be minus the signing of the new lease which Dignity expects will be at the end of May; mentioned the Investment & Reserve Report for Mar. 31, 2019 (footer on pkt. pg. 74) as being important. Policy No. 22 describes the District's commitment to manage risk by selecting investment products based on safety, liquidity and yield. He recommends the Board approve the Investment & Reserves Report each month along with the other financial reports which will satisfy CA Govt. Code Section 53600 specific to section 53646 and 53607.

- **Financial Statements (Mar. 2019) Recommendation-Approval: Action**

Ms. Al-Rafiq moved to approve the Mar. financial statements. Ms. Atkinson provided her second and the motion passed 5-0.

- **Fixed Asset - Capitalization Policy No. 30: Action**

Mr. Wood: District Consultant Kelly Hohenbrink suggested the following when doing capitalization (1) the District should use \$2,500 for each item (2) the item should have a minimum of one-year life (3) an amount under that threshold will be expensed (4) the \$2,500 could also be a group of items that equal \$2,500 and have a one-year life.

Ms. Atkinson moved to approve; Policy No. 30. Ms. Radford provided her second and the motion passed 5-0.

- **Investment Activities:**

Mr. Wood: Dr. Smart is moving District funds to maximize interest earned;

- **Review Investment Authority - CA Govt. Code 53607 Policy No. 22: Action**

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Ms. Atkinson moved to approve Policy No. 22. Ms. Al-Rafiq provided her second and the motion passed 5-0.

C. Ad Hoc Lease Review Committee:

Dr. Smart: The Dignity attorneys anticipated closing the lease on May 1st however it looks like it will be the end of May due to the MTMC pharmacy license needing to be changed to reflect the merger.

D. Ad Hoc Policy Committee:

Ms. Atkinson: The Policy Committee met on April 16th and will meet again on May 7th; the Committee is in the process of reviewing all the District policies bringing them up-to-date and putting them on the same format.

E. Personnel Committee:

- **CEO Contract: Action:**

Ms. Reed: The District's legal team prepared the Chief Executive Officer (CEO) full-time employment agreement (pkt. pg. 91-95) for the Board's review.

Ms. Atkinson moved to approve the agreement. Ms. Radford provided her second and the motion passed 5-0.

Dr. Woodhams: Expressed his pleasure that Dr. Smart is the District CEO as he's local, is committed to and lives in the County unlike his predecessors.

Ms. Reed: Echoed by the full Board thanked Dr. Smart for accepting the agreement.

F. Ad Hoc Community Grant:

The Board moved to approve a change in the agenda to accommodate a prior grant recipient.

Ms. Peggy Chambers: Wanted to thank the Board for their support and to express the benefit it has been on the small community of West Point; they have a community garden that supports two free meals a week; some upcoming events are May 4th Art in the Garden; May 12th Mother's Day Plant Sale and Sept. 7 Bocca Ball; they are also working with Health & Human Services to house homeless in their community; another big need is restrooms and showers for the Rail Road Flat area.

- **Recommendation for Awarding Grants: Action**

Dr. Smart: Read off the list of grants totaling \$100,394.00. The recipients will receive an invitation to a May 31st reception.

Name of Group or Individual

Description/Purpose

Amount Awarded

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Minutes – April 24, 2019 MTHCD Board Meeting - Board Approved _____

Sierra Hope	Emergency Housing Assist-Homelessness	\$12,500
SA Fire Protection District	Update Medical equipment	\$16,750
Calaveras Cty Chamber of Commerce	On the Right Track Training for youth	\$ 5,000
DRAIL-Independent Living	ADA Ramps	\$ 2,500
Gardens to Grow In	Garden-Based Nutrition Ed Program	\$ 5,000
Murphys Senior Center	Stay Vertical Calaveras	\$ 8,000
Calaveras Senior Provider's Network	Caregiver's Conference	\$ 3,000
WP Community Covenant Church	Free lunch program - nutritious meals	\$ 2,600
Blue Mt Coalition -Youth & Families	Lunch & Activities for Seniors	\$ 6,000
Central Calaveras Fire Fighter Assoc.	Purchase Automatic CPR device & 2 AED's	\$ 6,544
Common Ground Senior Services	Silver Streak Transport-non-emergency	\$15,000
CalaverasGROWN	Educate healthy Eating Habits	\$ 5,000
Volunteer Center of Calaveras	ADA Ramp	\$ 2,500
Office of Dr. Motiu DDS & Staff	Dental treatment for Veterans	\$10,000

Ms. Atkinson moved to approve awarding the grants as listed. Ms. Al-Rafiq provided her second and the motion passed 5-0.

8. Board Comment and Request for Future Agenda Items:

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

Consideration to add a community member to the Grants Committee.

Dr. Woodhams: Thanked the Board for recognizing his time on the Corp. Board and for his gift of appreciation.

Mr. Wood: Sept 25-28 will be the CSDA conf next to Disney and there are scholarships available if you wish to attend; in Aug. he will be teaching an investment class in El Dorado Hills.

9. Next Meeting:

A. Will not be on the usual Wed. and has been rescheduled to Friday May 31, 2019. Refreshments will be served at 10am to the Grants Committee recipients: The June meeting will be held on Wed. June 19th.

10. Adjournment: Action

Ms. Al-Rafiq moved to adjourn the meeting at 9:48am. Ms. Sellick provided her second and the motion passed 5-0.

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Minutes – April 24, 2019 MTHCD Board Meeting - Board Approved _____



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(209) 223-3015 Phone (209) 233-3641 FAX
San Andreas Office - 423 E St. Charles Street (209) 498-2246
www.commongroundseniorservices.org
Non Profit Tax ID # 68-0463039

April 30, 2019

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

Dear Board of Directors:

Common Ground would like to thank you for your recent grant awarded to our organization. We would also like to thank you for understanding the importance of non-emergency transports to health and wellness appointments for residents of Calaveras. As you are aware, most individuals who need to see a specialist must travel outside of Calaveras County. The Health Care District's funding will greatly assist in allowing us to serve additional clients.

We are most grateful that the Health Care District has trust and confidence in Common Ground Senior Services.

Sincerely,

Elizabeth Thompson
Executive Director



**Mark Twain
Medical Center Foundation.**

768 Mountain Ranch Rd
San Andreas, CA 95249
direct 209.754.2603
fax 209.754.2682
www.SupportMarkTwain.org

4/30/2019

Mark Twain Health Care District
768 Mountain Ranch Road
San Andreas, CA 95249

Dear Friends:

Thank you for your donation of \$2,500.00 as a Sponsorship for the Annual Doris Barger Golf Outing. The proceeds of this event go towards supporting Women's Health while honoring long-time supporter Doris Barger.

Your donation and support are greatly appreciated and will help Mark Twain Medical Foundation support the Mark Twain Medical Center in its campaign to build a new medical center in Angels Camp.

The Foundation acknowledges your generous donation.

Sincerely,


Julie Kay Eckardt-Cantrall
Chief Philanthropy Officer
Mark Twain Medical Center Foundation

Thank you!

Please consult your tax preparer or attorney for applicability of this donation. Tax ID #68-0023507 501(c)3



The Volunteer Center

(255 Lewis Street) P.O. Box 196, San Andreas, CA 95249

(209) 754-1699 Email: calaverasvolunteer@sbcglobal.net

Website: www.calaverasvolunteer.com Tax ID# 68-0303129

Mark Twain Health Care District
P. O. Box 95
San Andreas, CA 95249
Randy Smart MD
Chief Executive Officer

May 1, 2019

Dear friends,


For years we have enjoyed the support of our MTHCD and would like to thank you once again for your contribution of \$2,500 towards a much needed ramp. The ramp will be part of a bigger project – an extensive wrap-around deck that will provide access to all populations for all activities.

From the beginning, and at every step of the project, we watch for ways to be more inclusive of the community, and this ramp/deck project is essential.

We are currently looking for the necessary funding for the remainder of the deck project. We remain optimistic!

Please rest assured that we will use your donation as promised.

On behalf of the Volunteer Center board of directors, countywide volunteers and those who may choose to make a little magic with and for the community through the Volunteer Center venue, we thank you.


Marti Crane, Executive Director



ACHD
ASSOCIATION OF CALIFORNIA
HEALTHCARE DISTRICTS

ACHD Advocate May 2019

In This Edition:

- From the Desk of Ken Cohen, Chief Executive Officer
- Legislative Update
- Deadline Extended! Last Chance to Submit a Healthcare District Initiative
- Upcoming Events



From the Desk of Ken Cohen, Chief Executive Officer

Last week, Member Services Specialist Marina Servantez and I were thrilled to participate in a special community event hosted by the Chowchilla Memorial Healthcare District. The event afforded us an opportunity to see with our own eyes how much Healthcare Districts mean to the communities they serve. This festival featured live music and vendors, and it all took place right in front of the District's Skilled Nursing Facility. This event was a perfect example of the creative ways Healthcare Districts can proudly showcase what services they offer to their communities and engage local residents in opportunities to be healthy. I look forward to hearing about the many ways your District invites residents to celebrate the services you offer and the difference they make in your community.



I also had the opportunity to tour the Peninsula Health Care District this week and I got a firsthand view of the amazing work at their facilities, such as the Trousdale Wellness Center and their assisted and diminished memory housing development. I have thoroughly enjoyed getting a closer look at some of our Healthcare District members this last week.

Finally, I would like to recognize Mark Twain Health Care District and Peninsula Health Care District for taking part in Re-Certification and renewing their standing as [ACHD Certified Healthcare Districts](#)! This program is an important way for Healthcare Districts to review how they communicate their responsibility and value to the public, as well as other elected officials. You can learn more on our [Certification Portal](#) about why your District should take part in becoming Certified.

Legislative Update

The ACHD Advocacy Team is hard at work advocating on behalf of Healthcare Districts. High priority legislation includes Assembly Bill 890 by Assemblymember Jim Wood, which is one solution to the mounting Healthcare workforce shortages, especially in rural areas.

[AB 890 \(Wood\)](#) would expand the authority of nurse practitioners (NPs) to work independently without physician supervision and to the full extent of their education and training. AB 890 was amended on April 11th, to address some of the concerns raised by its opponents, specifically, the need for additional training. The additional training requirements would only apply to NPs who decide to work outside of an integrated facility. AB 890 has passed out of Assembly Business and Professions Committee and is now before the Assembly Appropriations Committee.

ACHD has requested all Healthcare District to help us take action on AB 890. You can learn more about the bill and submit your letter of support [here](#). Thank you to those Districts who have already sent in letters on this important measure.

ACHD's Advocacy Team recently attended the California Healthcare Foundation briefing on [Expanding the Role of Nurse Practitioners](#). The data driven presentation focused on health care workforce shortages in California in contrast to states that have removed supervision requirements for NPs. You can watch the full briefing [here](#). Here are some of the key takeaways:

- 43 states have full practice authority
- Workforce of NPs is greater in full practice states
- NPs are accepting Medi-Cal and uninsured patients at higher rates
- Data concludes there is no difference in quality of care
- Full Practice authority is linked to fewer ED visits

Paul Keckley, in his recent [report](#), shared his concerns for impending health care workforce shortages nationally. The report cites projections that the health care workforce must increase by 1.26 million annually (29,000 of which are nurse practitioners) for the next decade to meet demand. Keckley also highlights factors contributing to what he terms a “workforce meltdown” including employee burnout, increased competition for the skilled workforce, decreased revenues and increased labor costs. You can read the full report [here](#).

Governor Newsom released his May Revision of the 2019-20 budget yesterday. In his press conference Governor Newsom emphasized whole person care, mental health and homelessness. The ACHD Advocacy team looks forward to more thoroughly reviewing the updated budget and providing updates on his major initiatives.

ACHD continues to monitor bills as they move through the Legislature and is actively lobbying on 51 measures. Fiscal committees must meet and report on bills before May 17th and May 31st marks the final day for bills to pass out of their house of origin. You can view our current Legislative Reports [here](#), and view committee hearings and floor sessions on [CalChannel](#).

Deadline Extended! Last Chance to Submit a Healthcare District Initiative

ACHD has extended the deadline for Healthcare Districts to [submit a proposal](#) to present an initiative to colleagues at ACHD's 2019 Annual Meeting at the Hilton Torrey Pines, in La Jolla, CA. District presentations that are selected will take place as a breakout session option on Thursday, October 10th.

The extended submission deadline is **May 15th** and ACHD will be reaching out to selected submissions at the end of June. If you have any questions on the submission process, please contact Marina Servantez at 916-266-5208 or marina.servantez@achd.org.

Upcoming Events

May Webinar: [Changes in Employment Law](#)
May 29, 2019 at 10:00AM

John K. Rubiner of Barton, Klugman & Oetting LLP will present our May webinar on the changes in employment laws that affect your Healthcare District. Don't miss out on learning about the latest updates on employment laws your Healthcare

District needs to be aware of, including discrimination, wage and hour, and harassment laws.

[Register Here](#)

June Webinar: [Is Your PHI Missing? Using Information Governance to Support a Privacy and Security Risk Analysis](#)

June 5, 2019 at 10:00AM

Debra Primeau of Primeau Consulting Group will present our June webinar on understanding Protected Health Information and reviewing the primary reasons for conducting a Risk Analysis.

[Register Here](#)

Save the Date for Our Annual Meeting!



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

Learn more at www.achd.org.

Association of California Healthcare Districts
www.achd.org



Resolution 2019-04

Resolution of the Mark Twain Health Care District

Resolution to pledge grant funding to the Mark Twain Medical Center Foundation for the Breast Health Program

WHEREAS: The Mark Twain Health Care District (MTHCD) was established in 1946 and has a mission of ensuring Calaveras County residents have access to care that is high quality, professional, and compassionate; and

WHEREAS: MTHCD and Dignity Health are finalizing a new 30-yr hospital lease that includes a provision for MTHCD to donate project-specific funds to the MTMC Foundation and in return, Dignity Health will match those funds up to \$1m; and

WHEREAS: Mark Twain Medical Center (MTMC) has developed the Breast Health Program that is projected to need grant funding in order to proceed; and

WHEREAS: Breast cancer is the most common female cancer in the United States and when detected early through imaging can have survival rates exceeding 90%;

NOW THEREFORE, The Mark Twain Health Care District does hereby determine, resolve, and order the following:

RESOLVED: That MTHCD will award the MTMC Foundation a \$372,000 grant temporarily restricted to, support programs, services, staff/physician education and capital purchases for MTMC's Breast Health Program provided that all of the following conditions are satisfied:

- The MTHCD-Dignity Health new 30-year hospital lease closes as planned; and
- Projected cash transfers from the MTHCD-Dignity Health hospital lease occur as projected; and
- The pledged money remains in a MTHCD interest-bearing account until actual equipment invoicing is presented; and
- Dignity Health provides a matching donation that the Foundation Board will place in a "Board Temporarily Restricted" fund. Those funds will be used for projects and services that will be determined at a later date by the MTMC Foundation Board in collaboration with the MTHCD. Needs will align with MTMC's strategic vision for the benefit of programs, services and capital needs serving Calaveras County residents; and
- All publicity (press releases, brochures, patient information) related to the Breast Health Program being shared with MTHCD and acknowledging the pledges/contributions

PASSED AND ADOPTED at a regular meeting of the Board of Directors of the Mark Twain Health Care District held on May 31, 2019 by the following vote:

Ayes:

Noes:

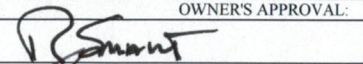
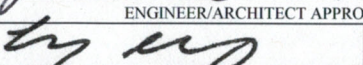
Abstain:

Absent:

Mark Twain Health Care District Strategic Matrix 2018

	A	B	C	D
1	Strategic Action Item			
2		Person Resonsible	Expected Date	Completed
3				
4	Valley Springs RHC	Real Estate Com		
5	Develop Budget /Operational Plan for VS RHC 1206B	Smart		10/2/2018
6	Electronic Medical Records linked to billing & compatik	Smart	12/20/2018	Completed
7	Explore leasing ancillary functions from MTMC	Smart	on going	
8	Gantt Chart From Walter	Smart		3/12/2018
9	Physical Address (Pending Name for Access Street)	Stout		6/14/2018
10				
11				
12	MTHCD Public Image and Communication			
13	District Name Change			
14	Public Relations Strategy			
15	In-Kind Funding			
16	Doodle Scheduling On-Line	Stout		4/28/2018
17	Explore Options as District "convener" of County Care			
18				
19	Accounting Service	Finance Comm		
20	Plan/Contract for New District Accounting Services			11/1/2018
21	Written Plan for reserve accounts (ex. Seismic Retrofit)	Smart & Krieg		12/20/2018
22	Storage boxes	Smart		1/1/2019
23	Financial Report Dashboard	Wood		3/27/2019
24				
25	District Records			
26	Fine-Tune District Records Disaster Plan	Stout & Computer		Nov-18
27	Develop Record retention plan (state law) Attny	Policy Committee		1/1/2019
28	District Records-Back UP	Stout		6/14/2018
29				
30	Committee Structure	Reed		
31	Executive Committee			
32	Community Advisory Committee			
33				
34	Phase II Development	Al-Rafiq		
35	Pace Program - Welbe Health - July Open House Set up	Al-Rafiq		TBD
36	Senior Living Opportunities	Al-Rafiq		on-going
37				
38	Explore Potential Partnerships in County	Sellick & Reed		
39	Behavioral Health-Proposal to Follow	Sellick & Reed		
40	Veterans - On Hold	Atkinson & Radford		6/5/2018
41	Opioid Coalition	Radford		Nov. 2018
42				
43				
44				
45				

OUT LAY REPORT AND REQUEST FOR REIMBURSEMENT

Draw Request Number:	Mark Twain Health Care District			Construction of New Health Clinic				
	768 Mountain Ranch Road, San Andreas, CA 95249			Payment Requested				
#9	Initial Budget	Current Budget	Previous Paid to Date	#9	Paid to Date		Balance Remaining	%
Misc. Soft Costs								
Administrative/Legal	530,075.00	530,075.00	538,475.14		538,475.14		(8,400.14)	-1.58%
Financing/Cost of issuance	325,000.00	275,000.00	233,124.25		233,124.25		41,875.75	15.23%
Land Acquisition	890,000.00	890,000.00	890,000.00		890,000.00		-	0.00%
Furniture Fixtures/Equipment	350,000.00	350,000.00	-		-		350,000.00	100.00%
Structured cabling/IT	250,000.00	250,000.00	-		-		250,000.00	100.00%
Architectural design/other architectural								
Architect/Engineer fees	433,600.00	480,665.00	446,314.78	5,454.33	451,769.11		28,895.89	6.01%
Other architectural and engineering fees								
3rd party project management	157,725.00	269,820.00	215,270.04	12,383.84	227,653.88		42,166.12	15.63%
Monument sign		30,000.00	-	12,748.69	12,748.69		17,251.31	57.50%
Construction w/ sales tax								
Construction Contract	3,587,575.00	5,555,000.00	1,621,574.11	584,788.89	2,206,363.00		3,348,637.00	60.28%
sidewalks	25,000.00							
Contingency	713,837.00	634,895.00	9,898.00	1,458.06	11,356.06		623,538.94	98.21%
Contingency as a Percent of Total	20.00%	11.00%						
Total	7,262,812.00	9,265,455.00	3,954,656.32	616,833.81	4,571,490.13		4,693,964.87	50.66%
PROJECT FUNDING BREAKDOWN								
Mark Twain Health Care District (applicant)	1,062,812.00	1,205,455.00	1,205,455.00		1,205,455.00		-	0.00%
Mark Twain Health Care District (applicant)	600,000.00	600,000.00	115,634.84	16,944.00	132,578.84		467,421.16	77.90%
USDA Loan, Series A	5,600,000.00	6,782,000.00	2,715,201.32	616,833.81	3,332,035.13		3,449,964.87	50.87%
USDA Subsequent Loan, Series B		678,000.00	34,000.00		34,000.00		644,000.00	94.99%
Total	7,262,812.00	9,265,455.00	4,070,291.16	633,777.81	4,704,068.97		4,561,386.03	49.23%
FUNDS - DIFFERENCE								
Date of Outlay Report	4/7/2019							
APPROVAL AND SIGNATURE SECTION								
OWNER'S APPROVAL:								
	5/11/19							
Executive Director or Board President	DATE							
ENGINEER/ARCHITECT APPROVAL:								
	5/7/19							
Architect	DATE							
USDA RURAL DEVELOPMENT CONCURRENCE:								
Notes:								
Invoices will be approved by the borrower and their engineer, as appropriate, and submitted to the processing office for concurrence. The review and acceptance of project costs, including construction pay estimates, by USDA Rural Development does not attest to the correctness of the amounts, the quantities shown or that the work has been performed under the terms of the agreements or contracts.								
Tonja Galentine DATE								



Mark Twain Health Care District
Annual Budget Recap

	06/30/20				
	Total				
	District	Clinic	Rental	Projects	Admin
Non-Cash rent revenue	1,200,000	0	1,200,000	0	0
Revenues	<u>4,294,233</u>	<u>2,697,603</u>	<u>232,958</u>	<u>0</u>	<u>1,363,672</u>
	5,494,233	2,697,603	1,432,958	0	1,363,672
Non-Cash depr expense	500,038	461,493	36,045	0	2,500
Expenses	<u>5,253,039</u>	<u>2,811,938</u>	<u>924,024</u>	<u>646,500</u>	<u>870,578</u>
	5,753,077	3,273,431	960,069	646,500	873,078
Surplus(Deficit)	<u>(258,845)</u>	<u>(575,828)</u>	<u>472,889</u>	<u>(646,500)</u>	<u>490,594</u>
Cash Only Surplus(Deficit)	<u>(958,806)</u>	<u>(114,335)</u>	<u>(691,066)</u>	<u>(646,500)</u>	<u>493,094</u>

Mark Twain Health Care District
Annual Budget
FYE 6/30/2020

Proposed

	6/30/2020	Clinic	Rentals	Projects	Admin
4083.49 Urgent care Gross Revenues	(2,797,298)	(2,797,298)			
4083.60 Contractual Adjustments	122,225	122,225			
4083.90 Flu shot, Lab income, physicals	(1,020)	(1,020)			
4083.91 Medical Records copy fees	(510)	(510)			
4083.92 Other - Plan Incentives	(21,000)	(21,000)			
7083.09 Other salaries and wages	863,097	863,097			
7083.10 Payroll taxes	56,085	56,085			
7083.12 Vacation, Holiday and Sick Leave	12,946	12,946			
7083.13 Group Health & Welfare Insurance	129,465	129,465			
7083.14 Group Life Insurance	1,381	1,381			
7083.15 Pension and Retirement	21,577	21,577			
7083.16 Workers Compensation insurance	17,262	17,262			
7083.18 Other payroll related benefits	1,295	1,295			
7083.20 Medical - Physicians	623,422	623,422			
7083.22 Consulting and Management fees	135,000	135,000			
7083.25 Registry Nursing personnel	2,500	2,500			
7083.26 Other contracted services	112,750	112,750			
7083.29 Other Professional fees	7,500	7,500			
7083.36 Oxygen and Other Medical Gases	2,132	2,132			
7083.38 Pharmaceuticals	91,350	91,350			
7083.41 Other Medical Care Materials and Supplies	13,653	13,653			
7083.43 Food	1,092	1,092			
7083.44 Linens	2,731	2,731			
7083.45 Cleaning supplies	13,195	13,195			
7083.46 Office and Administrative supplies	11,469	11,469			
7083.48 Instruments and Minor Medical Equipment	15,838	15,838			
7083.62 Repairs and Maintenance Grounds	7,866	7,866			
7083.69 Other purchased services	179,040	179,040			
7083.72 Depreciation - Bldgs & Improvements	311,017	311,017			
7083.74 Depreciation - Equipment	150,476	150,476			
7083.80 Utilities - Electrical, Gas, Water, other	124,338	124,338			
7083.81 Insurance - Malpractice	40,354	40,354			
7083.85 Telephone and Communications	13,653	13,653			
7083.86 Dues and Subscriptions	2,538	2,538			
7083.87 Outside Training	6,553	6,553			
7083.88 Travel costs	5,461	5,461			
7083.89 Recruiting	26,903	26,903			
8610.09 Other salaries and wages	382,304				382,304
8610.10 Payroll taxes	23,817				23,817
8610.12 Vacation, Holiday and Sick Leave	5,735				5,735
8610.13 Group Health & Welfare Insurance	57,346				57,346
8610.14 Group Life Insurance	612				612
8610.15 Pension and Retirement	9,558				9,558

Mark Twain Health Care District
Annual Budget
FYE 6/30/2020

Proposed

	6/30/2020	Clinic	Rentals	Projects	Admin
8610.16 Workers Compensation insurance	7,646				7,646
8610.18 Other payroll related benefits	573				573
8610.22 Consulting and Management Fees	61,500				61,500
8610.23 Legal	30,000				30,000
8610.24 Accounting /Audit Fees	123,000				123,000
8610.43 Food	1,538				1,538
8610.46 Office and Administrative Supplies	20,000				20,000
8610.62 Repairs and Maintenance Grounds	-				0
8610.69 Other	25,000				25,000
8610.74 Depreciation - Equipment	2,500				2,500
8610.75 Rental/lease equipment	9,200				9,200
8610.80 Utilities	-				0
8610.82 Insurance	20,500				20,500
8610.83 Licenses and Taxes	-				0
8610.85 Telephone and communications	-				0
8610.86 Dues and Subscriptions	19,475				19,475
8610.87 Outside Trainings	15,375				15,375
8610.88 Travel	15,375				15,375
8610.89 Recruiting	10,250				10,250
8610.90 Other Direct Expenses	31,775				31,775
8870.00 Interest on Debt Service	269,494	269,494			
8890.00 Foundation	500,000			500,000	
8890.00 Stay Vertical	46,500			46,500	
8890.00 Golden Health Grant Awards	100,000			100,000	
9010.00 Gain on Sale of Asset	0				0
9060.00 Income, Gains and losses from investments	(250,000)				(250,000)
9160.00 Property Tax Revenues	(1,098,672)				(1,098,672)
9260.01 Rent Hospital Asset amortized	(1,200,000)		(1,200,000)		
9260.02 MOB Rents Revenue	(227,181)		(227,181)		
9260.03 Child Advocacy Rent revenue	(5,777)		(5,777)		
9400.00 Miscellaneous Income	(15,000)				(15,000)
9520.62 Repairs and Maintenance Grounds	0		0		
9520.72 Depreciation	36,045		36,045		
9520.80 Utilities - Electrical, Gas, Water, other, Phone	684,000		684,000		
9520.82 Insurance	2,000		2,000		
9521.75 MOB rent expenses	233,024		233,024		
9522.75 Child Advocacy Expenses	5,000		5,000		
Revenues	(5,494,233)	(2,697,603)	(1,432,958)	0	(1,363,672)
Expenses	5,753,077	3,273,431	960,069	646,500	873,078
	258,845	575,828	(472,889)	646,500	(490,594)

	Medical		12,852
	Dental		990
		Visits	<u>13,842</u>
MIX		Medi/Medi	6.000%
MIX		MediCal	65.000%
MIX		MediCare	16.000%
MIX		Commercial	7.000%
MIX		Self Pay	6.000%
Visits		Medi/Medi	771
Visits		MediCal	9,344
Visits		MediCare	2,056
Visits		Commercial	900
Visits		Self Pay	771
Gross Charge		Medi/Medi	(173,498)
Gross Charge		MediCal	(1,868,760)
Gross Charge		MediCare	(462,668)
Gross Charge		Commercial	(157,430)
Gross Charge		Self Pay	(134,943)
4083.49	Urgent care Gross Revenues	V	<u>(2,797,298)</u>
4083.60	Contractual Adjustments	V	122,225
Net/Visit	Medi/Medi		(177,016)
Net/Visit	MediCal		(2,144,995)
Net/Visit	MediCare		(171,598)
Net/Visit	Commercial		(104,354)
Net/Visit	Self Pay		(77,110)
		Net Patient revenue V	<u>(2,675,073)</u>
4083.90	Flu shot, Lab income, physicals	F	(1,020)
4083.91	Medical Records copy fees	F	(510)
4083.92	Other - Plan Incentives	F	(21,000)
	Total Other Revenue		<u>(22,530)</u>
			<u>(2,697,603)</u>
7083.09	Other salaries and wages	See Labor	<u>863,097</u>
	Total taxes and benefits		<u>240,011</u>
	Labor related costs		<u>1,103,108</u>

7083.20	Medical - Physicians	V Dir	623,422
7083.22	Consulting and Management fees	F Dir	135,000
7083.25	Registry Nursing personnel	F Dir	2,500
7083.26	Other contracted services	V Dir	112,750
7083.29	Other Professional fees	F Dir	7,500
7083.36	Oxygen and Other Medical Gases	V Dir	2,132
7083.38	Pharmaceuticals	V Dir	91,350
7083.41	Other Medical Care Materials and Supp	V Dir	13,653
7083.44	Linens	V Dir	2,731
7083.48	Instruments and Minor Medical Equipn	V Dir	15,838
7083.74	Depreciation - Equipment	F Dir	150,476
7083.45	Cleaning supplies	F FAC	13,195
7083.62	Repairs and Maintenance Grounds	F FAC	7,866
7083.72	Depreciation - Bldgs & Improvements	F FAC	311,017
7083.80	Utilities - Electrical, Gas, Water, other	F FAC	124,338
8870.00	Interest on Debt Service	FAC	269,494
7083.43	Food	V OH	1,092
7083.46	Office and Administrative supplies	V OH	11,469
7083.69	Other purchased services	V OH	179,040
7083.81	Insurance - Malpractice	V OH	40,354
7083.85	Telephone and Communications	V OH	13,653
7083.86	Dues and Subscriptions	F OH	2,538
7083.87	Outside Training	V OH	6,553
7083.88	Travel costs	V OH	5,461
7083.89	Recruiting	F OH	26,903
	Non labor expenses		<u>2,170,323</u>
	Total Expenses		<u>3,273,431</u>
	Net Expenses over Revenues		<u><u>575,828</u></u>

Mark Twain Health Care District 6/30/2020
Rental Financial Projections Rental
1

9260.01 Rent Hospital Asset amortized (1,200,000)
0
Rent Revenues (1,200,000)

9520.62 Repairs and Maintenance Grounds 0
9520.80 Utilities - Electrical, Gas, Water, othe 684,000
9520.72 Depreciation 36,045
9520.82 Insurance 2,000
Total Costs 722,045

Net (477,955)

9260.02 MOB Rents Revenue (227,181)
9521.75 MOB rent expenses 233,024

Net 5,843

9260.03 Child Advocacy Rent revenue (5,777)
9522.75 Child Advocacy Expenses 5,000

Net (777)

(1,432,958)
960,069

Summary Net (472,889)

Mark Twain Health Care District
General Administration Financial Projections

6/30/2020

Admin

1

9060.00	Income, Gains and losses from investments	(250,000)
9160.00	Property Tax Revenues	(1,098,672)
9400.00	Miscellaneous Income	(15,000)
	Summary Revenues	<u>(1,363,672)</u>

8610.09	Other salaries and wages	382,304
8610.10	Payroll taxes	23,817
8610.12	Vacation, Holiday and Sick Leave	5,735
8610.13	Group Health & Welfare Insurance	57,346
8610.14	Group Life Insurance	612
8610.15	Pension and Retirement	9,558
8610.16	Workers Compensation insurance	7,646
8610.18	Other payroll related benefits	573
	Benefits and taxes	<u>105,286</u>
	Labor Costs	<u>487,590</u>

8610.22	Consulting and Management Fees	61,500
8610.23	Legal	30,000
8610.24	Accounting /Audit Fees	123,000
8610.43	Food	1,538
8610.46	Office and Administrative Supplies	20,000
8610.62	Repairs and Maintenance Grounds	-
8610.69	Other	25,000
8610.74	Depreciation - Equipment	2,500
8610.75	Rental/lease equipment	9,200
8610.80	Utilities	-
8610.82	Insurance	20,500
8610.83	Licenses and Taxes	-
8610.85	Telephone and communications	-
8610.86	Dues and Subscriptions	19,475
8610.87	Outside Trainings	15,375
8610.88	Travel	15,375
8610.89	Recruiting	10,250
8610.90	Other Direct Expenses	31,775
	Non-Labor costs	<u>385,488</u>
	Total Costs	<u>873,078</u>
		<u>(490,594)</u>

**Mark Twain Health Care District
Projects, Grants and Support**

6/30/2020
Admin
1

Project grants and support 646,500

8890.00	Foundation	500,000
8890.00	Stay Vertical	46,500
8890.00	Golden Health Grant Awards	<u>100,000</u>
	Project grants and support	646,500

Mark Twain Health Care District

Labor Budget for FYE 6/30/20

		0.0765	0.0020	0.1500	0.002	0.0200	0.002		0.0150	0.0250			
Title	Work Area	FTE	Gross Pay	SS& MCR	Other Tax	Health, Dental Vision	Life	Work Comp	Other	1099 Comp	Accrued PTO	Pension	Gross & Benefits
Administrative Assistar	Outpatient Clinic	1.00	39,520	3,023	79	5,928	63	790	59		593	988	51,044
Billing	Outpatient Clinic	0.50	23,400	1,790	47	3,510	37	468	35		351	585	30,223
Health Center Manage	Outpatient Clinic	1.00	124,800	9,157	250	18,720	200	2,496	187		1,872	3120	160,801
Creditialing	Outpatient Clinic	0.50	22,880	1,750	46	3,432	37	458	34		343	572	29,552
RN	Outpatient Clinic	1.00	108,160	8,274	216	16,224	173	2,163	162		1,622	2704	139,699
Medical Assistant	Outpatient Clinic	6.13	242,093	10,857	484	36,314	387	4,842	363		3,631	6052	305,024
FNP	Outpatient Clinic	1.00	176,800	9,911	354	26,520	283	3,536	265		2,652	4420	224,740
Dental Assitant	Outpatient Clinic	1.00	39,520	3,023	79	5,928	63	790	59		593	988	51,044
Psychologist	Outpatient Clinic	0.12	13,124	1,004	26	1,969	21	262	20		197	328	16,951
X- Ray Tech	Outpatient Clinic	1.00	72,800	5,569	146	10,920	116	1,456	109		1,092	1820	94,028
Bookkeeper	Admin	1.00	37,024	2,832	74	5,554	59	740	56		555	926	47,820
Administrative Clerk	Admin	1.00	40,560	3,103	81	6,084	65	811	61		608	1014	52,387
HR Manager	Admin	1.00	76,960	5,887	154	11,544	123	1,539	115		1,154	1924	99,402
Executive Director	Admin	1.00	218,400	10,514	437	32,760	349	4,368	328		3,276	5460	275,892
Maint	Admin	0.15	9,360	716	19	1,404	15	187	14		140	234	12,089
MD Family Practice	Outpatient Clinic	0.76								150,400			
MD Family Practice	Outpatient Clinic	1.00								197,400			
MD	Outpatient Clinic	0.74								139,590			
Dentist	Outpatient Clinic	0.30								64,272			
Dental Hygeniest	Outpatient Clinic	0.75								71,760			
Outpatient Clinic			-	-	-	-	-	-	-	623,422			623,422
			-	-	-	-	-	-	-	623,422			623,422
Outpatient Clinic			863,097	54,359	1,726	129,465	1,381	17,262	1,295		12,946	21,577	1,103,108
Admin			382,304	23,052	765	57,346	612	7,646	573		5,735	9,558	487,590
			1,245,401	77,411	2,491	186,810	1,993	24,908	1,868	-	18,681	31,135	1,590,698
				6.2%	0.2%	15.0%	0.2%	2.0%	0.2%		1.5%	2.5%	
			.09	.10	.10	.13	.14	.16	.18		0.12	0.15	



MARK TWAIN HEALTH CARE DISTRICT

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Agenda Item: Financial Reports (as of April, 2019)
Item Type: Action
Submitted By: Rick Wood, Accountant
Presented By: Rick Wood, Accountant

BACKGROUND:

The April 30, 2019 financial statements are attached. This presentation provides a comparison against the three previously completed years, the previous month, and a Year-to-Date comparison to the 2018/2019 budget.

- Ten months into the current fiscal year, with the exception of the items related to the revenues from the new lease, the District appears on track with the Budget.
- For the May Finance Committee meeting, the “Minority Interest” for April 2019 had not yet been provided to the District. This information, along with the Umpqua investment numbers, have now been updated in the financials for the May Board meeting.
- Like the revenue section, expenses are tracking well compared to Budget.
- The Valley Springs Clinic expenses will continue to be broken out at the bottom of the statement. As this continues to grow, we will add a separate page for this report.
- The Balance Sheet shows a strong cash position, and the expected growing debt related to the new clinic.
- The Investment & Reserves Report is taking shape, and will become a very handy report once the Reserves are funded.

Mark Twain Health Care District
Profit & Loss
Through April 30, 2019

Revenues	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 30-Apr	Year-to-date 2018/2019	Budget 2018/2019	Actual vs Budget
District Taxes	905,711	935,421	999,443	82,667	827,032	992,000	83.37%
Rental Revenue	319,089	319,039	313,039	26,587	241,916	728,633	33.20%
Land Rental Revenue	5,777	5,777	5,296	481	4,814	5,777	83.33%
MOB Rental Revenue	214,814	217,159	219,794	18,794	171,114	227,181	75.32%
Lease Interest Income	3,698	1,982	2,428	0	0	397,712	0.00%
Intrest and Other Income	2,696	4,423	5,045	3,090	21,866	120,000	18.22%
Total Revenue	1,451,785	1,483,801	1,545,045	131,619	1,266,742	2,471,303	51.26%

Expenses	Actual 2015/2016	Actual 2016/2017	Actual 2017/2018	Actual 30-Apr	Year-to-date 2018/2019	Budget 2018/2019	Actual vs Budget
Salaries, wages				22,382	178,816	220,000	81.28%
Payroll Expense	33,587	68,794	235,531	1,753	8,810	16,184	54.44%
Benefits			663	513	513	5,300	9.68%
Insurance	14,889	16,578	17,043	1,250	16,151	20,000	80.75%
Legal Fees	44,309	15,195	20,179	1,138	12,189	60,000	20.32%
Audit	10,790	13,945	18,090		13,635	11,500	118.57%
Operational Consulting	262,634	392,908	332,287		22,969	60,000	38.28%
Accounting Services	805	1,304	1,141	2,189	51,177	70,000	73.11%
Community Education & Marketing	11,949	10,895	5,488	4,000	6,238	20,000	31.19%
Medical office rent	215,243	220,659	226,237	19,332	193,319	233,024	82.96%
Depreciation and amortization	85,769	35,556	26,582	2,032	20,308	36,045	56.34%
Valley Springs Rental		11,198	57,593	0	2,184	5,000	43.68%
Board Stipends				500	2,900	6,000	48.33%
Dues & Subscriptions	12,343	12,554	14,731	0	12,365	19,000	65.08%
Outside Training/Conferences	2,906	1,920	3,030	0	9,821	15,000	65.48%
Travel, Meals & Lodging	7,983	6,758	17,363	544	7,033	15,000	46.88%
Office Supplies & Expense	1,365	4,310	19,685	393	14,329	30,000	47.76%
Other Misc Expenses	10,958	65,595	28,745	21	3,364	5,000	67.27%
Utilities	559,265	387,974	0	381	8,634	675,000	1.28%
Grants & Sponsorships	154,969	74,159	47,413	8,000	70,889	635,000	11.16%
Valley Springs Clinic				9,079	55,609	50,000	111.22%
Debt Service				0	21,608	88,772	24.34%
Total Expenses	1,429,764	1,340,302	1,071,801	73,508	732,861	2,295,825	31.92%
Excess of revenues over expenses	22,021	143,499	473,244	58,112	533,881	175,478	304.24%

Valley Spring Clinic Expenses

Marketing	248	1,042
Office Supplies & Expenses	0	2,644
OP Consultant	2,579	23,701
IT/EMR	0	3,675
Physician/Provider Recruiting	6,000	24,000
Admin.	253	546
Total - Valley Springs Clinic Expenses	9,079	55,608

Mark Twain Healthcare District

BALANCE SHEET

As of April 30, 2019

	TOTAL	
	AS OF APR 30, 2019	AS OF APR 30, 2018 (PY)
ASSETS		
Current Assets		
Bank Accounts		
100.30 Umpqua Bank Checking	126,697.69	168,710.74
100.40 Money Market - Umpqua	92,313.18	770,806.08
100.50 Stockton Bank of	356,133.85	100.00
100.60 Five Star Bank	16,367.52	
100.70 Five Star Bank - MMA	962,600.33	
100.80 Five Star Bank - Valley Springs Health & WC Checking	16,339.24	
Total Bank Accounts	\$1,570,451.81	\$939,616.82
Accounts Receivable		
1200 Accounts Receivable	-259,000.52	54,673.64
Total Accounts Receivable	\$ -259,000.52	\$54,673.64
Other Current Assets		
101.00 Umpqua Investments	632,039.52	705,034.65
103.00 CalTRUST	251,221.85	
115.05 Due From Calaveras County	231,324.18	282,998.50
130.00 Prepaid Expenses		
130.20 Prepaid Malpractice	2,894.61	1,293.61
130.30 Other Prepaid Expenses	0.00	-700.71
130.40 Prepaid Valley Springs Clinic	146,061.87	
Total 130.00 Prepaid Expenses	148,956.48	592.90
Total Other Current Assets	\$1,263,542.03	\$988,626.05
Total Current Assets	\$2,574,993.32	\$1,982,916.51
Fixed Assets		
150.00 Land and Land Improvements		
150.10 Land	1,189,256.50	1,189,256.50
150.20 Land Improvements	150,307.79	150,307.79
Total 150.00 Land and Land Improvements	1,339,564.29	1,339,564.29
151.00 Buildings and Improvements		
151.10 Building	2,123,677.81	2,123,677.81
151.20 Building Improvements	2,276,955.79	2,276,955.79
151.30 Building Service Equipment	168,095.20	168,095.20
Total 151.00 Buildings and Improvements	4,568,728.80	4,568,728.80
152 CIP		
152.1 CIP Consulting Services	4,646.25	
152.10 Fixed Equipment	698,156.25	698,156.25
152.92 CIP - VS Clinic Land Costs	1,135,346.37	467,289.38
160.00 Accumulated Depreciation	-5,338,267.00	-5,315,033.00
Total Fixed Assets	\$5,059,440.22	\$1,758,705.72
Other Assets		

	TOTAL	
	AS OF APR 30, 2019	AS OF APR 30, 2018 (PY)
170.00 Minority Interest in MTMC	14,442,031.50	14,556,736.00
180.00 Bond Issue Costs		
180.10 Bond Issue Costs	141,088.00	141,088.00
180.20 Accumulated Amortization	-141,088.00	-141,088.00
Total 180.00 Bond Issue Costs	0.00	0.00
180.30 Intangible Assets	0.00	0.00
180.50 Land Lease Legal Fees	28,081.11	28,081.11
180.55 Accumulated Amortization-LLLF	-26,970.11	-25,842.11
180.60 Capitalized Lease Negotiations	399,702.79	323,586.92
Total 180.30 Intangible Assets	400,813.79	325,825.92
Total Other Assets	\$14,842,845.29	\$14,882,561.92
TOTAL ASSETS	\$22,477,278.83	\$18,624,184.15
LIABILITIES AND EQUITY		
Liabilities		
Current Liabilities		
Accounts Payable		
2000 Accounts Payable	593,347.01	0.00
Total Accounts Payable	\$593,347.01	\$0.00
Other Current Liabilities		
200.00 Accts Payable & Accrued Expenses		
200.10 Other Accounts Payable	5,692.34	6,035.16
200.40 Accrued Utilities	34,449.00	33,793.70
Total 200.00 Accts Payable & Accrued Expenses	40,141.34	39,828.86
210.00 Deide Security Deposit	2,275.00	2,275.00
211.00 Valley Springs Security Deposit	1,000.00	2,000.00
220.10 Due to MTMC - Rental Clearing	21,092.44	52,731.28
226 Deferred Rental Revenue	38,393.35	38,289.91
24000 Payroll Liabilities	10,402.04	12,180.66
Total Other Current Liabilities	\$113,304.17	\$147,305.71
Total Current Liabilities	\$706,651.18	\$147,305.71
Long-Term Liabilities		
250.00 Notes Payable - Long Term		
250.10 USDA Loan - VS Clinic	2,749,201.32	0.00
Total 250.00 Notes Payable - Long Term	2,749,201.32	0.00
Total Long-Term Liabilities	\$2,749,201.32	\$0.00
Total Liabilities	\$3,455,852.50	\$147,305.71
Equity		
290.00 Fund Balance	648,149.41	648,149.41
291.00 PY - Minority Interest MTMC	19,720,638.00	19,720,638.00
3000 Opening Bal Equity	0.03	0.03
3900 Retained Earnings	-1,479,669.97	-1,373,588.30
Net Income	132,308.86	-518,320.70
Total Equity	\$19,021,426.33	\$18,476,878.44
TOTAL LIABILITIES AND EQUITY	\$22,477,278.83	\$18,624,184.15

**Investment & Reserves Report
30-Apr-19**

Reserve Funds	Minimum Target	12/31/2018 Balance	2019 Allocated	2019 Interest	4/30/2019 Balance	Annual Funding Goal
Valley Springs HWC - Operational Reserve Fund	2,200,000	0	0	0	0	0
Capital Improvement Fund	12,000,000	0	0	0	0	0
Technology Reserve Fund	1,000,000	0	0	0	0	0
Lease & Contract Reserve Fund	3,000,000	0	0	0	0	0
Loan Reserve Fund	1,300,000	0	0	0	0	0
Reserves & Contingencies	19,500,000	0	0	0	0	0

CalTRUST	4/30/2019	2019 Interest Earned	Annualized Rates	Duration
Valley Springs HWC - Operational Reserve Fund	0	0		
Capital Improvement Fund	0	0		
Technology Reserve Fund	0	0		
Lease & Contract Reserve Fund	0	0		
Loan Reserve Fund	0	0		
Total CalTRUST	251,222	1,222	2.54% - 2.73%	1 Year or Less
Five Star				
General Operating Fund	16,368	147.46		
Money Market Account	962,600	7,600.33		
Valley Springs - Checking	16,339	14.24		
Total Five Star	995,307	7,762.03	2.44%	1 Year or Less
Umpqua Bank				
Checking	126,698	0.00		
Money Market Account	92,313	285.16		
Investments	632,040	12,512.74	1.60%	
Total Savings & CD's	851,050	12,797.90		
Bank of Stockton				
	356,134	0	0.00%	1 Year or Less
Total in interest earning accounts	2,453,713	21,782		
Potential Unrealized Loss		0		
Total Without Unrealized Loss		21,782		

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

Mark Twain Healthcare District

JOURNAL

April 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
04/11/2019	Journal Entry	11452		Loan Draw #8	100.50	100.50 Stockton Bank of	\$556,695.18	
				Loan Draw #8	250.10	250.10 Notes Payable - Long Term:USDA Loan - VS Clinic		\$556,695.18
							\$556,695.18	\$556,695.18
04/30/2019	Journal Entry	11455		April 2019 Rental pymt from DH/MTMC	100.30	100.30 Umpqua Bank Checking	\$38,545.42	
				April 2019 Rental pymt from DH/MTMC	550.10	550.10 Rental Revenue		\$23,200.00
				April 2019 Rental pymt from DH/MTMC	550.30	550.30 MOB Rental Revenue		\$15,345.42
							\$38,545.42	\$38,545.42
04/30/2019	Journal Entry	11456		Payroll Tax Expense	66000	66000 Payroll Expenses	\$860.38	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$11,084.99	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,437.36
				Net Pay	100.60	100.60 Five Star Bank		\$7,513.26
				EDD/IRS	24000	24000 Payroll Liabilities	\$3,588.02	
				EDD/IRS	100.60	100.60 Five Star Bank		\$3,588.02
				EDD/IRS	24000	24000 Payroll Liabilities	\$849.34	
				Net Pay	100.60	100.60 Five Star Bank		\$849.34
				Payroll Tax Expense	66000	66000 Payroll Expenses	\$881.92	
				Direct Deposit Fee	66000	66000 Payroll Expenses	\$5.25	
				Total Wages	65000	65000 Salaries and Benefits	\$11,297.42	
				EDD/IRS	24000	24000 Payroll Liabilities		\$4,508.23
				Net Pay	100.60	100.60 Five Star Bank		\$7,676.36
							\$28,572.57	\$28,572.57
04/30/2019	Journal Entry	11457		April 2019 Rent - Resource Connection	550.10	550.10 Rental Revenue		\$750.00
				April 2019 Rent - Resource Connection	100.30	100.30 Umpqua Bank Checking	\$750.00	
							\$750.00	\$750.00
04/30/2019	Journal Entry	11458		To accrue 1 month property tax per budget	115.05	115.05 Due From Calaveras County	\$82,667.00	
				To accrue 1 month property tax per budget	560.10	560.10 District Tax Revenue		\$82,667.00
					220.10	220.10 Due to MTMC - Rental Clearing	\$2,636.57	
				depreciate 1 month	550.10	550.10 Rental Revenue		\$2,636.57
				depreciate 1 month	735.72	735.72 Depreciation & Amortization:D & A - Buildings	\$1,938.00	
				depreciate 1 month	160.00	160.00 Accumulated Depreciation		\$1,938.00
				amortize 1 mo	710.81	710.81 Insurance:Insurance - D & O	\$1,250.00	
				amortize 1 mo	130.20	130.20 Prepaid Expenses:Prepaid Malpractice		\$1,250.00
				amortize 1 mo	735.75	735.75 Depreciation & Amortization:Amortization of	\$94.00	

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT #	ACCOUNT	DEBIT	CREDIT
				amortize 1 mo	180.55	Intangible 180.55 Intangible Assets:Accumulated Amortization-LLLF		\$94.00
							\$88,585.57	\$88,585.57
04/30/2019	Journal Entry	11460	April 2019	District Share of MTMC Investment gain	750.03	750.03 Minority Interest MTSJ Ops		\$218,618.50
			April 2019	District Share of MTMC Investment gain	750.04	750.04 Minority Interest MTSJ Invest		\$28,395.00
			April 2019	District minority interest	170.00	170.00 Minority Interest in MTMC	\$247,013.50	
							\$247,013.50	\$247,013.50
TOTAL							\$960,162.24	\$960,162.24

Mark Twain Healthcare District

BILL PAYMENT LIST

April 2019

DATE	NUM	VENDOR	AMOUNT
100.50 Stockton Bank of			
04/11/2019	1008	Diede Construction, Inc.	-522,864.10
Total for 100.50 Stockton Bank of			\$ -522,864.10
100.60 Five Star Bank			
04/02/2019	15280	Condor Earth Technologies, Inc.	-9,898.00
04/02/2019	15281	Streamline	-200.00
04/02/2019	15282	AT&T 795-2997749	-45.59
04/02/2019	15283	Best Best & Krieger, LLP	-4,132.50
04/02/2019	15284	Cheryl Duncan Consulting	-3,635.75
04/02/2019	15285	Outlet Tek	-160.50
04/02/2019	15286	Calaveras Public Utility District	-1,257.30
04/02/2019	15287	City of Angels	-170.40
04/02/2019	15288	California Special District Assn	-1,752.76
04/02/2019	15289	Kirk Stout	-530.00
04/02/2019	15290	Calaveras County Chamber of Commerce	-5,000.00
04/02/2019	15291	MTMC Nutritional Services	-124.00
04/02/2019	15292	Arnaudo Bros., L.P.	-19,331.89
04/02/2019	15293	Helen Foraker Advertising	-247.50
04/02/2019	15294	Van Lieshout, Patrick	-12,000.00
04/03/2019	15295	PG&E 46578486352 VS Clinic # 10	-109.74
04/03/2019	15296	PG&E 46995152991 VS Clinic # 9	-250.86
04/03/2019	15297	Calaveras County Building Department	-1,250.52
04/03/2019	15298	California Department of Public Health	-113.00
04/03/2019	15299	Streamline	-200.00
04/03/2019	15300	Talibah Al-Rafiq	-134.04
04/04/2019	15301	Merry X Ray	-2,000.00
04/09/2019	15302	J.S. West	-474.83
04/09/2019	15303	Tribble and Ayala	-69.00
04/09/2019	15304	AT&T 248 134-7000	-37.36
04/09/2019	15305	AT&T 457-7	-4.64
04/09/2019	15306	AT&T OneNet	-1,020.04
04/09/2019	15307	Calaveras Telephone	-467.52
04/09/2019	15308	PG&E 74021406306 SAFMC	-448.11
04/09/2019	15309	PG&E 39918320076 Cancer	-276.40
04/09/2019	15310	PG&E 71068388090 Pain Mgmt	-587.09
04/09/2019	15311	PG&E 89195984003 Cancer/Infusion	-566.29
04/09/2019	15312	Suburban Propane-Ortho	-355.18
04/04/2019	ACH 5	Umpqua Bank	-2,172.09
04/11/2019	15313	Outlet Tek	0.00
04/11/2019	15314	Campora Propane	-259.55
04/11/2019	15315	PG&E 2306121143-1 ortho	-546.65
04/11/2019	15316	Calaveras Power Agency	-18,660.03
04/11/2019	15317	Cal.net-Motherlode	-29.06
04/11/2019	15318	Outlet Tek	-40.00

DATE	NUM	VENDOR	AMOUNT
04/11/2019	15319	Dr. Randall Smart	-512.90
04/16/2019	15320	Aspen Street Architects	-4,329.08
04/16/2019	15321	AT&T 754-9362	-946.56
04/16/2019	15322	PG&E 11152462708 SOMO	-1,188.87
04/16/2019	15323	Cejka Search	-6,000.00
04/16/2019	15324	PG&E 42630399709 Hospital	-13,043.38
04/16/2019	15325	Suburban Propane-Ortho	-332.11
04/16/2019	15326	Peggy Stout	-61.59
04/16/2019	15327	La Contenta Plaza	-1,270.52
04/16/2019	15328	Calaveras Mentoring Foundation	-1,500.00
04/16/2019	15329	Murphys Senior Center	-5,000.00
04/17/2019	15330	Dr. Randall Smart	-232.00
04/17/2019	15331	City Signs	-12,748.69
04/17/2019	15332	Cal.net-Motherlode	-14.53
04/17/2019	15333	Henry Schein Dental	-14,944.00
04/25/2019	15334	Mobile Modular	-383.84
04/25/2019	15335	Best Best & Krieger, LLP	-8,359.90
04/25/2019	15336	Ebbetts Pass Gas Services	-676.63
04/25/2019	15337	Your Type Graphic Design	-99.74
04/25/2019	15338	Calaveras County Water District	-793.80
04/25/2019	15339	California Special District Assn	-1,697.76
04/25/2019	15340	Susan Atkinson	-250.56
04/30/2019	15341	Calaveras County Public Works	-207.54
04/30/2019	15342	San Andreas Sanitary District	-7,620.43
04/30/2019	15343	Condor Earth Technologies, Inc.	-1,125.25
04/30/2019	15344	AT&T 795-2997749	-38.86
04/30/2019	15345	Ann Radford	-100.00
04/30/2019	15346	Debbie Sellick	-100.00
04/30/2019	15347	Lin Reed	-100.00
04/30/2019	15348	Susan Atkinson	-100.00
04/30/2019	15349	Talibah Al-Rafiq	-100.00
04/30/2019	15350	City of Angels	-170.40
04/30/2019	15351	Calaveras Public Utility District	-1,524.60
04/30/2019	15352	Mark Twain Medical Center Foundation	-2,500.00
04/30/2019	15353	Van Lieshout, Patrick	-12,000.00
04/30/2019	15354	Murphys Senior Center	-3,000.00
Total for 100.60 Five Star Bank			\$ -191,631.73

Mark Twain Healthcare District

TRANSACTION REPORT

March 2019

DATE	TRANSACTION TYPE	NUM	NAME	MEMO/DESCRIPTION	ACCOUNT	SPLIT	AMOUNT	BALANCE
03/31/2019	Bill	Mar 2019 6507	Umpqua Bank	Office supplies purchased	740.89 Miscellaneous:Office Supplies and Expense	2000 Accounts Payable	287.88	287.88
03/31/2019	Bill	Mar 2019 6507	Umpqua Bank	NARHC Dues	740.86 Miscellaneous:Dues & Subscriptions	2000 Accounts Payable	500.00	787.88
03/31/2019	Bill	Mar 2019 6507	Umpqua Bank	Travel - Flight and Hotel Stay	740.88 Miscellaneous:Travel, Meals & Lodging	2000 Accounts Payable	1,130.93	1,918.81
03/31/2019	Bill	Mar 2019 6507	Umpqua Bank	Calaveras County	840.95 New Valley Springs Clinic:Admin. - New Valley Springs Clinic	2000 Accounts Payable	253.28	2,172.09
TOTAL							\$2,172.09	

**Mark Twain Health Care District
List of Renters and Leases
April 30, 2019**

5/15/2019

Name	Contract Date	Commencement Date	CPI Increase Date	Increase Rate (%)	Lease Term	Expire Date	MOB Suite	Location	District Pays Utilities	Type	Monthly Rent	Sq Ft Rate	CAM	Total	Sq Ft.	Comments	
							First Floor	704 Mountain Ranch Rd, Building E									
<u>Medical Office Building Subleases</u>																	
Stockton Cardiology	8/15/2007	8/14/2017	8/14/2019	2.0	3 years	8/14/2020	101	see above	N	Office	\$ 2,896.09	2.27	\$ 552.50	\$ 3,448.59	1,276	Current thru 4/2019	
Multi-Specialty Clinic	9/1/2012	9/1/2017	9/1/2019	3.0	5 years	9/1/2022	102	see above	Y	Clinic	\$ 2,798.65	2.19	\$ 552.50	\$ 3,351.15	1,276	Current thru 4/2019	
San Andreas FMC	7/1/2014	7/1/2014	7/1/2019	CPI	5 years	7/1/2019	103 / 104	see above	Y	Clinic	\$ 7,456.93	3.24	*	\$ 7,456.93	2,304	Current thru 4/2019	
San Andreas FMC	7/1/2014	7/1/2014	7/1/2019	CPI	5 years	7/1/2019	105	see above	Y	Office	\$ 3,984.84	2.42	\$ 552.50	\$ 4,537.34	1,644	Current thru 4/2019	
Total MOB lease Income											\$ 17,136.51	\$ 1,657.50	\$ 18,794.01	6,500			
<u>Valley Springs Rental</u>																	
Resource Connection	3/1/2018	3/1/2018	2/1/2019		3 years	3/1/2021	N/A	1934 Highway 26	Y	Office	\$ 750.00	N/A	N/A	\$ 750.00		Current thru 4/2019	
<u>Hospital Lease Agreement w/Corporation</u>																	
Mark Twain Medical Center	1/1/1990	1/1/1990			30 years	12/31/2019		768 Mountain Ranch Rd	Reimburse	Hospital	\$ 23,200.00		N/A	\$ 23,200.00			
<u>Office Lease</u>																	
San Andreas Medical and Professional Offices (Armaudo Bros)	3/1/2007	3/1/2007		3.0	20 years	2/28/2027	First Floor	704 Mountain Ranch Rd, Building E	N	Office	\$ 16,438.50		\$ 2,893.39	\$ 19,331.89	6,500	Rent increases 3% each year.	
<u>Land Lease</u>																	
Jake Koplen	5/3/1994	5/3/1994			50 years	5/2/2044		Parcel 5, 700 Mountain Ranch Road, MOB Bldgs A,B,C	Y	Land	\$ 481.42		N/A	\$ 481.42	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.	
San Andreas Medical and Professional Offices (Armaudo Bros.)	5/20/2004	5/20/2004			50 years	5/19/2054		Parcel 3, Building E (MOB Property)	N	Land	\$1 / Yr.		N/A	\$1 / Yr.	N/A	At term of lease Improvements (buildings) become District property. May terminate lease after 35 years and purchase Improvements.	

* CAM Charges included in rent

Mark Twain Health Care District

Policy No. 2

Basis of Authority; Roll of the Board of Directors:

2.1 The Board of Directors (~~add in the new names of the operational and community boards when determined by the new lease~~) shall have and exercise all the powers of a health care district as set forth in the Local Health Care District Act. Specifically, the Board of Directors shall be empowered as follows:

A. To control and be responsible for the management of all operations and affairs of the District, including its rights and responsibilities as lessor under the ~~1989~~ 2019 hospital lease with the Mark Twain ~~St. Joseph's Health Care Corporation,~~ Medical Center as amended. ~~The corporation is currently known as Mark Twain Medical Center.~~

B. To make and enforce all rules and regulations necessary for the administration, government, protection, and maintenance of hospitals and other facilities under District jurisdiction.

C. To retain a ~~Executive Director~~ **Chief Executive Officer** and to define the powers and duties of such appointee.

D. To delegate certain powers to affiliated or subordinate organizations in accordance with their respective bylaws.

E. To approve or disapprove all ~~constitutions, policies, bylaws, rules and regulations~~ including amendments thereof, of all affiliated or subordinate organizations.

F. To adopt resolutions and ordinances establishing policies or rules for the operation of this District and any of its facilities. Such resolutions and ordinances policies shall be kept in a separate book or file and shall be available for inspection at all times. Such resolutions and ordinances shall be considered to be a part of these Policies.

~~G. To do any and all other acts and things necessary to provisions of abide by these Policies or of the Local Health Care District Act.~~

~~H. G.~~ To designate by ~~resolution~~ policy, persons who shall sign checks drawn on the funds of the District.

~~I. H.~~ To negotiate or enter into agreement with independent contractors, including physicians and paramedical personnel.

~~J. To appoint members of the Board of Trustees of Mark Twain Medical Center (add in the new names of the operational and community boards when determined by the new lease) and to exercise such other powers as is prescribed in the bylaws of said corporation.~~

2.2. **BOARD OF DIRECTORS; NUMBERS AND QUALIFICATIONS.** The Board of Directors shall consist of five (5) members, each of whom shall be a registered voter residing in the District. The Board shall conduct a biennial self-assessment of its effectiveness.

Changes are in Yellow

Mark Twain Health Care District

Policy No. 11

Minutes, Resolutions and Closed Session Minutes Book:

The Secretary shall cause to be kept, at the principal office of the District, ~~a book of minutes~~ of all meetings of the Board of Directors, showing the time and place, whether regular or special, and if special, how authorized, the notice given, the names of the Directors present, and a statement of the vote of the Directors on all motions and resolutions.

Pursuant to the Brown Act, the District Board may, ~~by resolution~~, designate a clerk or other officer or employee of the District who shall attend each closed session of the District Board and keep and enter in ~~a minute book~~, a record of topics discussed, and decisions made at the meeting. ~~Any minute book~~ made pursuant to this Policy is not a public record subject to inspection and shall be kept confidential. The ~~minute book~~ record shall be available only to members of the District Board, the ~~Executive Director~~ Chief Executive Officer (CEO) and General Counsel, or to a court of general jurisdiction wherein the District is located, if a violation of the Brown Act is alleged to have occurred at a closed session. Such a minute book may, but need not, consist of a written record of the closed session.

All resolution and ordinances adopted by the Board shall be numbered consecutively, starting new at the beginning of each year.

Approved May 27, 2015

Policy Committee Reviewed May 7, 2019

Changes are in Yellow

Mark Twain Health Care District

Policy No. 17

Authority and Responsibility of The ~~Executive Director~~ **Chief Executive Officer (CEO)** Contracts and Bidding:

17.1 AUTHORITY AND RESPONSIBILITY OF THE ~~EXECUTIVE DIRECTOR~~ **CHIEF EXECUTIVE OFFICER (CEO).** The Board of Directors shall employ or contract for the services of an ~~Executive Director~~ **Chief Executive Officer (CEO)** who, subject to such policies as may be adopted, and such orders as may be issued by the Board of Directors, or by any of its committees to which it has delegated power for such action, shall have the responsibility, as well as the authority, to function as the chief executive officer of the District, translating the Board of Directors' policies into actual operation. The ~~Executive Director~~ **Chief Executive Officer (CEO)** shall report to the Board and serve at its pleasure.

The ~~Executive Director~~ **Chief Executive Officer (CEO)** shall have the authority to approve non-capital expenditures of up to \$5,000 without prior Board approval, in conformance with the District Board's approved budget allocations.

17.2 CONTRACTS AND BIDDING. The District's procurement of goods and services shall comply with the bidding requirements under Health and Safety Code Section 32132. **The CEO can execute all contracts up to \$100K without Board approval provided all contracts are listed in the following Board Meeting packet. Contracts exceeding \$100k will need Board approval.**

Board Approved May 27, 2019

Policy Committee Reviewed May 7, 2019

Changes in Yellow

Mark Twain Health Care District

Policy No. 18

Compensation of The ~~Executive Director~~ Chief Executive Officer (CEO):

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

A. The following information or data should be considered in the Board's decisions regarding the Chief Executive Officer (CEO) compensation:

1. The salaries and duties of executive directors/chief executive officers of comparable health care districts throughout California;
2. The salaries of comparable positions at similar for-profit and non-profit organizations.

Board Approved May 27, 2015

Policy Committee Reviewed May 7, 2019

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

POLICY: Flat Rate Fee Program	REVIEWED: 11/12/18
SECTION: Admitting	REVISED:
EFFECTIVE: 3/27/19	MEDICAL DIRECTOR:

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
 - Tetanus and/or flu shot; antibiotic and/or ketorolac injection; (*vaccines other than tetanus or flu are additional*)

-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.
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. The signed form will be scanned into the EMR and the original returned to the patient for their records.

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

POLICY: Late Arriving Unscheduled Patients	REVIEWED: 4/28/19
SECTION: Operations	REVISED: 3/27/17; 7/10/18
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Late Arriving Patients

Objective: To ensure effective operation of the Clinic and to reduce unnecessary overtime costs, the Clinic will not schedule patient appointments after 5:30pm and will not register patients for care after 5:30pm unless the patient has a medical emergency. Patients will be expected to arrive at the Clinic promptly relative to their appointment time.

Response Rating: Mandatory

Required Equipment: None

Procedure:

1. The Clinic electronic scheduling module will support the scheduling of physical examinations, appointments for acute illness, follow-up, and health maintenance visits.
2. Patients will be expected to arrive promptly for their appointments.
 - a. If a patient arrives more than 10 minutes late for their appointment, they will be treated as a walk-in patient and worked in to the schedule.
 - b. Patients will be advised that tardiness will be tracked and, if habitual, will affect the patient's ability to schedule appointments in the future.
2. Adult and Child comprehensive physical examinations will not be scheduled after 5:00pm. Sports physicals may be performed after confirmation with the practitioner.
3. Patients arriving at the Clinic without an appointment after 5:30pm will be assessed by the registered nurse on duty who will:
 - a. Document of chief complaint
 - b. Take and document vitals signs

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

4. The registered nurse, licensed vocational nurse, or medical assistant will consult with the practitioner and present chief complaint and vital signs information.
5. Patients with urgent medical complaints will be seen by the practitioner
 - a. Acute chest pain
 - b. Acute abdominal pain
 - c. Active labor
 - d. Disabling headache
 - e. Fever
 - i. Temp >100 in an infant younger than 2 months
 - ii. Temp >101 for any patient
 - iii. Temperatures in infants younger than 4 months should be obtained rectally.
 - f. Uncontrollable vomiting
 - g. Uncontrollable bleeding
 - h. Possible fracture
 - i. Head trauma
 - j. Shortness of breath
 - k. Altered mental status
6. Patients whose complaints are not deemed medically urgent will be scheduled for an appointment on the following day.
7. Patients requesting medication refills will be scheduled for an appointment on the following day.
8. Patients requesting physician “school notes” will have their medical record researched to determine whether they were seen by a Clinic practitioner during the timeframe in question. If the patient was seen, the previously provided note will be re-printed. If the patient was not seen, the Clinic will decline to provide a “school note”.

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

POLICY: Standardized Procedures for Mid-level Practitioners (NP, PA)	REVIEWED: 4/28/19
SECTION: Standardized Procedures	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

General Policy Component

Development and Review

The use of these Standardized Procedures is agreed on by the supervising physician and the mid-level provider(s) jointly. A copy of these policies and procedures along with the proper signature/s of approval will be kept with the reference book used in the clinic.

The standardized procedures will be those found in Up-to-Date. The use of this resource will be reviewed annually.

Scope and Setting of Practice

1. Mid-level providers may perform the following functions within their scope of practice and consistent with their experience and credentialing: assessment, management, and treatment of episodic illnesses, chronic illness, contraception, and the common mid-level functions of health promotion, and general evaluation of health status (including but not limited to ordering laboratory tests, imaging studies, and physical therapy, recommending diets, and referring patients for specialty consultation when indicated.
2. Standardized procedure functions are to be performed at the Clinic located at:

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

Consulting physicians are available to the mid-level providers in person or by telephone.

3. Physician consultation should be obtained as specified in the individual protocols and under the following circumstances:
 - a. Emergent conditions requiring prompt medical intervention after initial stabilizing care has been started.
 - b. Acute decompensation of patient condition.

- c. Problem that is not resolving as anticipated.
- d. History, physical, or lab findings inconsistent with the clinical picture.
- e. Upon request of the patient, mid-level provider, nurse or supervising physician.

Qualifications and Evaluation

1. Each mid-level practitioner performing standardized procedure functions at the Clinic must be currently credentialed by the Clinic medical staff for privileges. In addition, each mid-level provider shall apply for his or her own furnishing number and/or DEA number, as applicable.
2. Evaluation of the mid-level providers' competence in performance of the standardized procedures shall be done in the following manner and in compliance with established Clinic personnel policy:
 - a. Initial: Within ninety (90) days from the date of hire the Clinic's Medical Director and Office Manager shall review the mid-level provider for competence through feedback from colleagues, physicians and chart review along with other documented standards of performance.
 - b. Routine: Annually
 - c. Follow-up: Areas requiring increased proficiencies as determined by the initial or routine evaluation, or at an appropriate interval as determined by the clinic's management.

Authorized Mid-Level Provider(s)

Mid-level practitioners who have signed a supervision agreement with a Clinic Medical Director or supervising physician are authorized under this protocol within their level of competency.

Protocols

The standardized procedure protocols developed for use by the mid-level provider are designed to describe the following circumstances: management of acute/episodic conditions, trauma, chronic conditions, infectious disease contacts, routine gynecological problems, contraception, health maintenance exams and ordering medication.

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

POLICY: Expedited Partner Therapy for STDs	REVIEWED: 1/22/19
SECTION: Patient Care	REVISED:
EFFECTIVE	MEDICAL DIRECTOR:

Subject: Expedited Partner Therapy for Sexually Transmitted Diseases

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

Response Rating:

Required Equipment:

Procedure:

1. Clinic patients will be screened for sexually transmitted diseases.
 - a. Yearly at physical examinations
 - b. During the course of well woman examinations for patients above the age of 21
 - c. Earlier than age 21 for patients that participate in risky behavior
 - d. More frequently than once a year for patients that participate in risky behavior
 - e. Upon patient presentation to the Clinic with symptoms consistent with recognized sexually transmitted diseases.
2. Post treatment test-of-cure will be done 4-6 weeks after onset of treatment.
3. EPT is authorized for chlamydia, gonorrhea or other sexually transmitted infections as determined by the California Department of Public Health (CDPH).
4. Treatment may be conducted by physicians, nurse practitioners, certified nurse midwives and physician assistants.

Reference:

California Health & Safety Code § 120582.

<https://www.cdc.gov/std/ept/default.html> (referenced 1/11/19)

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

POLICY: Co-Signature of Mid-Level Medical Records	REVIEWED: 11/30/18
SECTION: Medical Staff	REVISED:
EFFECTIVE	MEDICAL DIRECTOR:

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

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

Response Rating: Mandatory

Required Equipment:

Procedure:

1. A list of the patients treated by each mid-level practitioner will be developed at the end of each clinic day and be treated as a log upon which review of the medical record will be documented.
2. The Supervising Physician(s) will be presented with the list no later than the morning of the next business day.
3. The Supervising Physician(s) will review the clinic note for a random **10%** of patients listed, ensuring proper care was rendered and that said care was appropriately documented.
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 the daily log that the mid-level practitioner(s) was counseled regarding their patient care.
5. The co-signature logs will be stored centrally, in a locked area, 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: COMMUNICABLE DISEASE REPORTING	REVIEWED: 11/30/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Communicable Disease Reporting

Objective: To comply with State and CDC Communicable Disease Reporting.

Response Rating: Mandatory

Required Equipment: Morbidity Report Form

1. REPORTING GUIDELINES

After diagnosing a patient with a reportable disease or condition, the provider or designee will follow the instructions given on the “Confidential Morbidity Report” (CMR) for specific reporting guidelines. The Clinic will refer to the CDC List of Nationally Notifiable Medical Conditions to ensure all designated conditions are reported to State agencies (<https://wwwn.cdc.gov/nndss/conditions/notifiable/2018/infectious-diseases/>)

2. CONDITIONS TO BE REPORTED IMMEDIATELY

The following conditions should be reported immediately by telephone to (209) 754-6460. In light of existing outbreaks and the potential for epidemics, the Calaveras County Health Department has included those diseases marked with an asterisk (*) as being of utmost importance and are requesting that these diseases be reported immediately by telephone.

- a. Anthrax (human or animal)
- b. Botulism (infant, foodborne, wound)
- c. Brucellosis, human
- d. Cholera
- e. Ciguatera fish poisoning
- f. Dengue virus infection
- g. Diphtheria
- h. Domoic Acid Poisoning (Amnesic Shellfish Poisoning)
- i. Escherichia Coli 0157:H7 Infection
- j. Flavivirus infection of undetermined species
- k. Hemolytic Uremic Syndrome
- l. Influenza, novel strains (human)
- m. *Measles (Rubeola)
- n. *Meningococcal Infections
- o. Novel virus infection with pandemic potential

- p. Paralytic Shellfish Poisoning
- q. Plague (Human or Animal)
- r. Rabies (Human or Animal)
- s. Scomboroid Fish Poisoning
- t. Shiga toxin (detected in feces)
- u. Smallpox (Variola)
- v. Tularremia, human
- w. Viral Hemorrhagic Fevers
- x. Yellow Fever
- y. Zika virus
- z. Occurrence of any unusual disease
- aa. Outbreaks of any disease

For outbreaks of any disease the report should specify if institutional and/or open community.

3. CONDITIONS TO BE REPORTED WITHIN ONE (1) WORKING DAY

- a. Amebiasis
- b. Babesiosis
- c. Campylocacteriosis
- d. Chickenpox
- e. Chikungunya virus
- f. Cryptosporidiosis
- g. Encephalitis, specify etiology: Viral, Bacterial, Fungal, Parasitic
- h. *Foodborne Disease
- i. Haemmophilus Influenza Invasive Disease, all serotypes
- j. Hantavirus infection
- k. *Hepatitis A (acute infection)
- k. Human Immunodeficiency Virus (HIV), acute infection
- l. Listeriosis
- m. Malaria
- n. Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic
- n. *Pertussis (Whooping Cough)
- o. Poliovirus Infection
- p. Psittacosis
- q. Q Fever
- r. Relapsing Fever
- s. Salmonellosis (other than typhoid fever)
- t. Shigellosis
- u. Streptococcal Infections (Outbreaks of any type and Individual cases of food handlers and dairy workers only).
- v. Syphilis
- w. Trichnosis
- x. *Tuberculosis/Tuberculosis suspect
- y. Typhoid Fever, cases and carriers
- z. Vibrio Infections

- aa. West Nile Virus (WNV) Infection
- bb. Yersiniosis

4. CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS:

- a. Anaplasmosis
- b. Brucellosis, animal
- c. Chancroid
- d. Chlamydial Infections
- e. Coccydiomycosis
- f. Colorado Tick Fever
- g. Creutzfeldt-Jacob disease and other transmissible Spongiform Encephalopathies
- h. Cyclosporiasis
- i. Cysticercosis ot taeniasis
- j. Ehrlichiosis
- k. Giardiasis
- l. Gonococcal Infections
- m. Hepatitis B (specify acute case or chronic)
- n. Hepatitis C (specify acute case or chronic)
- o. Hepatitis Delta (D) (specify acute or chronic case)
- p. Hepatitis Em acute infection
- q. Legionellosis
- r. Leprosy (Hansens Disease)
- s. Leptospirosos
- t. Lyme Disease
- u. Mumps
- v. Respiratory Syncytial Virus (report a death of a patient less than five years of age)
- w. Rickettsial Diseases (non-Rocky Mountain Spotted Fever), including Typhus and Typhus-like illnesses
- x. Rocky Mountain Spotted Fever
- y. Rubella (German Measles)
- z. Rubella Syndrome, Congenital
- aa. Tetanus
- bb. Tulaemeia, animal

5. NON-COMMUNICABLE DISEASES AND CONDITIONS TO BE REPORTED WITHIN SEVEN (7) CALENDER DAYS.

The following conditions should be reported within seven (7) calendar days from the time of identification:

- a. Alzheimer's Disease and related conditions
- b. Disorders characterized by lapses of consciousness
- c. Cancer

6. FOLLOW-UP PROCEDURES

The provider will notify the Clinic Manager and the staff who have been in contact with these patients and recommend follow-up procedures.

7. INTERNAL DOCUMENTATION

A copy of all reporting documents is kept on file in the Medical Director's Office.

DRAFT

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

POLICY: DOMESTIC VIOLENCE REPORTING SUSPICIOUS INJURY REPORTING	REVIEWED: 11/310/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Domestic Violence Reporting-Suspicious Injury Reporting

Objective: To ensure compliance with California Penal Code regarding the reporting of injuries from a deadly weapon and/or assaultive or abusive behavior. This includes suspected spousal/partner or intimate violence.

Policy: Health Care providers, which include but are not limited to physicians, physician assistants, nurse practitioners, nurses and other health care professionals are required to report Domestic Violence/Suspicious Injuries as directed by Penal Code 11160, 11161.9, 11165, 11162.5, 11162.7, 11163, and 11163.2.

Acuity Rating: Mandatory

Applies to: all Personnel and Practitioners

Procedure:

1. California mandates reporting of suspected criminal acts such as the following:
 - a. Any wound or other injury inflicted by his or her own act or inflicted by another where the injury is by means of a knife, firearm, or other deadly weapon.
 - b. Any wound or other physical injury inflicted upon the person where the injury is the result of abusive or assaultive behavior.
 - c. Assaultive or abusive behavior is defined to include a long list of criminal offenses, among which are murder, manslaughter, torture, battery, sexual battery, incest, assault with a deadly weapon, rape, spousal rape, and abuse of spouse or cohabitant.
2. When the health care provider suspects that domestic violence is involved with a patient, the health care provider or designee is required to telephone the appropriate law enforcement agency, complete a Suspicious Injury Report in compliance with Penal Code Section 11160.

Elder/Dependent Adult Abuse

California law mandates that any case of suspected elder/dependent abuse shall be reported to the appropriate law enforcement agency and/or Adult Protective Service.

Child Abuse

California Law manages any case of suspected child abuse, neglect or exploitation of children shall be reported to the appropriate law enforcement agency and to the Child Protective Service of Kern County.

Expired Patient

A report must be made even if the person has expired, regardless of whether or not the injury contributed to the death and even if evidence of conduct of the perpetrator was discovered during an autopsy.

APPROPRIATE LAW ENFORCEMENT AGENCIES

Emergency

XXX Police

XXX Police Department

XXX County Sheriff's Department

911

(XXX) XXX-XXXX

(XXX) XXX-XXXX

(XXX) XXX-XXXX

Patient Referrals

Patient who have suffered domestic violence will be given information and referral to:

XXX

Internal Documentation

A copy of the reporting documentation, incident report and supporting documents, is kept in a secure file in the Clinic Director's office.

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

POLICY: ELDER OR DEPENDENT ADULT ABUSE REPORTING	REVIEWED: 11/20/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR

Subject: Elder and Dependent Adult Abuse Reporting

Objective: To comply with California Law, any health care provider, providing services at the Clinic who suspects, observes, or is told of the abuse of an elder or dependent adult must report to the appropriate law enforcement agency and/or Adult Protective Services.

Acuity Rating: Mandatory

Procedure:

1. Definitions:

- a. Elder-any person residing in the State of California, 65 years of age or older. In addition, an individual with physical conditions or limitations such as that of the senior adult target group but is younger than 65 years of age will also be designated as “elderly” for abuse intervention purposes.
- b. Dependent Adult-any person residing in the State of California, between the ages of 18 and 64, who has physical and/or mental limitations which restrict his or her ability to carry out normal activities or to protect his or her rights including, but not limited to person who has physical or developmental disabilities or whose physical or mental abilities have diminished because of age.
- c. Mandated reporters-include care custodians, health practitioners, employees of Adult Protective Services Agencies, and other employees of local law enforcement agencies.

2. Reporting Contacts:

Adult Protective Services
Calaveras County Department of Human Services
1-209-754-6677 or 1-844-690-5137 (after hours call 911)
509 E. St. Charles St., San Andreas 95249 (for SOC 341 to be completed and mailed within two working days or fax 1-209-754-3293

Calaveras County Sheriffs Department
1054 Jeff Tuttle Drive; San Andreas

3. Reporting Requirements:

- a. **Physical or sexual abuse**-mandated reporters are to telephone the appropriate law enforcement agency immediately if physical or sexual abuse is suspected, observed or if they are told of the abuse. A completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate, using the online reporting form.
- b. **Non-physical abuse**-All reports of non-physical abuse should be submitted by telephone and a completed Report of Suspected Dependent Adult/Elder Abuse must be sent to Adult Protective Service or the Ombudsman Program as appropriate within two (2) working days using the online reporting form.
- c. **Information regarding abuse from a third party**-The report of Suspected Dependent Adult/Elder Abuse Form should also be used to record information received from a third party through a telephoned report of abuse. The shaded sections on the form are to be completed when a third party telephone report of abuse is received.

4. Failure to Report:

Any person knowingly failing to report, when required, an instance of elder or dependent adult abuse is guilty of a misdemeanor punishable by imprisonment in the county jail for a maximum of six months

5. Types of Reportable Abuse:

Mandated reporters are required to report the following types of physical/sexual abuse as per the California Welfare and Institutions Code Section 15610.63:

- a. Assault as defined in Section 240 of the Penal Code.
- b. Incest, as defined in Sec 285 of the Penal Code.
- c. Battery as defined in Section 242 of the Penal Code.
- d. Sodomy, as defined in Section 286 of the Penal Code.
- e. Assault with a deadly weapon or force likely to produce great bodily injury, as defined in Section 245 of the Penal Code.
- f. Oral copulation as defined in Sec 288a of the Penal Code.
- g. Unreasonable physical restraint or prolonged or continual deprivation of food or water.
- h. Penetration of a genital or anal opening by a foreign object, as defined in Section 289 of the Penal Code.
- i. Sexual assault, which means any of the following:
 - i. Sexual battery as defined in Sec 243.4 of Penal Code
 - ii. Rape as defined in Sec 261 of the Penal Code.
 - iii. Rape in concert, as defined in Sec 264.1 of the Penal Code.
 - iv. Use of a physical or chemical restraint or psychotropic medication, without authorization, or for a purpose other than that for which it was ordered, including but not limited to, staff or caretaker convenience, for punishment, or for a period beyond that for which it was ordered.

6. Abuse that is Permissible to Report:

Mandated reporter may report the following types of abuse:

- a. Neglect-Negligent failure of any person having the care or custody of an elder or dependent adult to exercise a “reasonable person” degree of care, including failure to:
 - i. Assist in personal hygiene, or in the provision of food, clothing or shelter.
 - ii. Provide medical care for physical and mental health needs (except that a person/victim who voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment shall not be deemed neglected or abused).
 - iii. Prevent malnutrition.
 - iv. Protect from health and safety hazards.
- b. Intimidation-Deliberately subjecting a person to fear, agitation, confusion, severe depression, or other forms of serious emotional distress through threats, harassment, or other forms of intimidating behavior.
- c. Fiduciary Abuse-A situation in which any person who has care or custody of, or who stands in a position of trust to an elder or suspected adult, takes, secretes, or appropriates money or property to any use or purpose not in the due and lawful execution of his or her trust.
- d. Abandonment-Desertion or willful forsaking of an elder or dependent adult by anyone having care or custody under circumstances in which a reasonable person would continue to provide care and custody.
- e. Isolation - Includes intentional acts committed for the purpose of preventing, and that actually serve to prevent, an elder or dependent adult from receiving mail or telephone calls.
 - i. Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller or meet with the visitor where the statement is false or contrary to the wishes of the elder or dependent adult, and is made for the purpose of limiting contact with family, friends, or concerned persons.
 - ii. False imprisonment.
 - iii. Physical restraint for the purpose of preventing the elder of dependent adult from meeting with visitors.

7. Internal Documentation:

A copy of all reporting documents is kept on file in the Clinic-Manager’s office. Do not file reports in patient record.

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

POLICY: Medical Director Direction of Practitioners in the Clinic	REVIEWED: 11/30/18
SECTION: Medical Staff	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Direction of Practitioners in the Clinic

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

Response Rating:

Required Equipment:

Procedure

1. Medical Supervision
 - a. The Medical Director, or the designee, shall handle all problems concerning medical patient management, which are beyond the scope and capabilities of the attending practitioner or support staff.
 - b. The Medical Director, or the designee, has the following responsibilities:
 1. Be on site on a routine basis and receive reports on the patients by Clinic Director, a medical assistant, nurse and/or the practitioner on duty.
 2. Review and/or co-sign charts as indicated for supervision of appropriate care to Clinic patients.
 3. Be available for consultations regarding patient management
 4. Perform Peer Review and provide feedback to practitioner(s).
 - c. The Medical Director, Nurse Practitioner, and Clinic Director are responsible for recommending and approving policies and procedures. They will meet on a regular basis through QAPI meetings, but not less than quarterly to discuss any problem areas, review and revise policies and procedures, review and recommend new equipment, review charts/peer review of

selected patients and identify areas to assist in educational activities of clinic for physicians, mid-level practitioners and other staff personnel.

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

2. Medical Director

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

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

POLICY: MEDICAL STAFF CREDENTIALING AND GOVERNANCE	REVIEWED: 11/30/18
SECTION: MEDICAL STAFF	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Medical Staff Appointment Credentialing Process

Objective: It is the policy of this facility to require a review of credentials and references for all medical staff prior to granting privileges to ensure that patients are cared for by qualified, competent staff, and to assure that all employees meet applicable state licensing requirements for their positions.

Response Rating:

Required Equipment:

Procedure:

1. Prior to medical staff appointment, each applicant’s credentials from their medical staff application shall be verified by **XXX**, under the direction of the Executive Director and Medical Director.
2. The following information will be required from the practitioner to complete the credentialing process:
 - a. Medical School/Internship OR Nurse Practitioner program OR physician assistant program
 - b. Board Certifications
 - c. Residency
 - d. Hospital Affiliation(s)
 - e. Personal references
 - f. State licensure
 - g. DEA/BNDD
 - h. Work history
 - i. Any legal or litigation actions, past and present
3. **XXX** and/or their designee will be responsible for submitting completed insurance plan credentialing packets to payors with whom the District has contracts to ensure providers are recognized and accepted by those plans. This may include online application submissions (CAQH) as well as paper application submission.

By-Laws:

Article IV: Responsibilities

The Governing Body assumes the responsibility for establishing the overall goals and objectives for the Clinic. Among these goals are:

1. Deliver and maintain the highest quality care to its patients.
2. Provide for the safety and welfare of patients and staff.
3. Develop policies and procedures that will result in accreditation by regulatory agencies.
4. Assure the hiring and training of competent personnel through credentialing and orientation process.
5. Encourage the staff to take part in appropriate continuing education.
6. Acknowledge its fiscal responsibilities for controlling the cost to patients.
7. Periodically evaluate its methods as to improve services offered to the community.
8. Assure that the Clinic is integrated into the medical community.
9. Monitor the results of the Quality Assurance/Performance Improvement program.
10. Approve all professional consulting or service agreements.
11. Exercise general supervision of construction of all improvements of and acquisition of new equipment.

Monitoring of these goals will be accomplished through the activities of the Medical Executive Committee at the Clinic.

Article V: Administration

The Medical Director of the Clinic is appointed. The Medical Director is appointed and may be terminated by the Mark Twain Health Care District Board of Directors.

The Executive Director shall be responsible for:

1. Overall operation of the facility as defined within the Policy and Procedure Manual.
2. The operation of the facility within the applicable local, regional, state, and federal laws.
3. For the central utilization and conversion of the physical and financial assets of the Clinic and recruitment and director of the facility staff assisted by the WSHCD Board of Directors.

4. Assisting the Governing Body in formulating policy pertaining to the operation and growth of the Clinic.

Article VI: Medical Staff

After completing the credentialing process, the Board of Directors shall grant clinical privileges to professional staff under Medical Staff By-Laws as approved by the governing body.

All applications for privileges on the Medical Staff shall be in writing and addressed to the Board of Directors. The application shall contain full information concerning the applicant's education, licensure, and professional experience. Following verification of the completeness of the application, the application will be presented to the Governing Board of Directors for verification and appointment.

After approval and completion of an Independent Contractor's contract, the Governing Body shall in the exercise of its overall responsibility, assign to the Medical Staff reasonable authority for insuring appropriate professional care to the Clinic's patients.

Article VII: Reduction, Suspension, or Denial of Privileges of Staff Membership

1. If any member of the Medical Staff makes or exhibits acts, statements, demeanor, or professional conduct, either inside or outside the Clinic, which is reasonably likely to be:
 - a. Detrimental to patient safety or to the delivery of care of an acceptable quality within the Clinic;
 - b. Display disruptive behavior or conduct to the Center and/or its operations;
 - c. Violation of the Clinic or Medical Staff rules and regulations or policies

Privileges may be suspended by action of the Medical Executive Committee with approval of the Governing Body.

2. The Medical Director shall have authority to rescind immediately the Medical Staff membership status and all or any portion of the clinical privileges of the physician to protect health, safety, and/or patient's welfare.
3. The Director shall have the authority to provide for alternative medical coverage of the patients of the suspended physician still in the Clinic at the time of the suspension. The wishes of the patient shall be considered in selecting an alternative physician and treatment plan.
4. Each Medical Staff member is subject to automatic suspension under the following conditions:
 - a. The Practitioner's license, certificate, or other legal credential authorizing him/her to practice in the State of California is revoked;
 - b. The Practitioner's Drug Enforcement Agency (DEA) or other controlled substance number is revoked or suspended;
 - c. In the event the Practitioner receives notification that the policy or professional liability

insurance, or an accepted alternative, of a physician has been cancelled, terminated, without renewal, or reduces its coverage, limits, or extent of financial guarantees, to below approved limits;

- d. Practitioner fails to provide required information and/or signatures pages for contracts insurance companies required to service the patient population of the Clinic.

Article VIII: Officers

General Information:

1. Officers of the Medical Staff Committee shall include the Medical Director, Administrative staff, and members and/or officers of the Governing Body.
2. The Medical Executive Chair shall call, preside at, and be responsible for the agenda of all general meetings of the medical staff.

Duties of the Medical Staff Committee:

1. The Director shall serve as the Chief of the Medical Staff, and in this capacity shall:
 - a. Act in coordination and cooperation with the Governing Body in all matters of mutual concern within the Clinic.
 - b. The Medical Executive Chair shall call, preside at, and be responsible for the agenda of all general meetings of the medical staff.
 - c. Be responsible for enforcing or assuring the enforcement of staff rules, regulations, and policies, for implementing sanctions where indicated: for the medical Staff's compliance with procedural safeguards in all instances where corrective action has been requested against a physician.
 - d. Represent the views, policies, needs, and grievances of the Medical Staff to the Governing Body.
 - e. Receive and interpret to the staff the policies and report to the Governing Body the performance of the staff in providing an acceptable level of care.
 - f. Be responsible for ensuring that the staff maintains an adequate educational program.
 - g. Act as spokesman for the Medical Staff in its external professional and public relations.
 - h. Appoint an acting Director in his/her absence.

Article IX: Medical Staff Committees

Committees of the staff shall either be standing committees or special committees assigned by the Governing Body. Standing Committees are those described in the By-Laws. Special committees are those the Director or Governing Body from time to time, may create on an ad hoc basis for a function expected to be completed within a three month period. Since, by design, the Medical Staff is quite small, and the actual total patient care number is not great, committees will be kept to a minimum in number, will be multi-functional, and may, if needed, meet in combination at the same time. All committee chairmen shall be appointed by Governing Body President, in cooperation with the Director. The Chairman of the Committee may, additionally, appoint

more members subject to the approval of the Director and/or Governing Body.

Medical Executive Committee

1. The Medical Executive Committee shall consist of the Executive Director, the Clinical Director, members of the Quality Improvement committee, physician/nurse/practitioner, assigned members of the Governing Board and any other member assigned by the Executive Director or Governing Board.
2. The Medical Executive Committee shall:
 - a. Represent and act on behalf of the Medical Staff, subject to such limitations imposed by those rules.
 - b. Coordinate the activities and general policies of the Clinic.
 - c. Review and act upon committees if requested by the Governing Body.
 - d. Review and adopt measures to improve the quality of care in the Clinic, including coordination of the Quality Assurance Plan and its activities.
 - e. Implement policies of the staff.
 - f. Recommend action to the Governing Body on matters of medical-administration nature.
 - g. Ensure that the staff is kept abreast of the accreditation(s) programs of the Clinic.
 - h. Review periodically all information available regarding the performance and clinical competence of staff members and other practitioners with clinical privileges and, as a result of such reviews, make recommendations for reappointment and renewal or changes in clinical privileges.
 - i. Take all reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of all members of the staff, including initiation of or participation in staff corrective or review measures when warranted.

The Medical Executive Committee shall meet at least once quarterly and maintain a permanent written record of its proceeding and actions.

Annual Staff Meetings

A staff meeting including all the Medical Staff, nursing staff, support staff, and Governing Body will be held annually to discuss goals, plans, and accomplishments of the previous year. Date and time will be determined by the Governing Body and Executive Director/Administrator.

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

POLICY: ANIMAL BITE-REPORTING	REVIEWED: 11/30/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Animal Bites

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

Response Rating: Mandatory

Required Equipment: Calaveras County Animal Bite Report Form

Procedure

1. All animal (mammal) bites must be reported to the Calaveras County Animal Control as soon as possible.
2. Mammals include but are not limited to: dogs, cats, raccoons, bats, horses, cows, possums, skunks, squirrels and foxes.
3. **ALL** animal bites will be reported to the Animal Control Office. This includes animals owned by the victim.
4. Bites to the patient's face, head, or neck, requires a report to the Animal Control by telephone immediately followed by a mailed report.
5. All other animal bites will be reported as soon as possible by completing the Animal Bite Report Form on the Calaveras County Animal Control website: XXXXXXXXXXXX
6. If the animal bite is not to the face, head or neck, but the animal is running loose and may not be located later, telephone the Calaveras County Animal Control immediately for pick up. (XXX)-XXX-XXXX 8AM-5PM or fax (XXX) XXX-XXXX after hours
7. Reports will be completed as follows:
 - a. Reports will be completed online at <https://XXXX> by the attending nurse.
 - b. Report will be printed and scanned into the patient's electronic medical record.
 - c. After scanning, the report will be sent to the Clinic Manager.
 - d. Mail report to designated address.

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

POLICY: MOTOR VEHICLE ACCIDENT REPORTING	REVIEWED: 11/20/18
SECTION: Mandatory Reporting	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Motor Vehicle Accident Reporting

Objective: To ensure all injuries caused by a motor vehicle accident are reported to appropriate agencies.

Response Rating:

Required Equipment:

Procedure:

1. Upon registration, if patient report they were in any type of Motor Vehicle accident, the following information will be recorded on Motor Vehicle Accident Report form:
 - a. Patient name
 - b. Date of birth
 - c. Type of motor vehicle
 - d. Location of accident
 - e. Who was involved in the accident
 - f. Law Enforcement Agency contacted
2. All motor vehicle accidents will be reported to appropriate law enforcement agency regardless of the patient stating they already reported the accident.
3. If patient sustained injuries from a motor vehicle accident (car, truck, motorcycle, pedestrian), patient will be given a copy of the treatment notes to attach to the DMV Report of Traffic Accident.

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

POLICY: Electronic Protected Health Information (ePHI)	REVIEWED: 11/19/18
SECTION: Medical Record	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Electronic Protected Health Information (ePHI)

Objective:

Response Rating: Mandatory

Required Equipment:

Definition: Electronic protected health information (ePHI) refers to any protected health information (PHI) that is covered under Health Insurance Portability and Accountability Act of 1996 (HIPAA) security regulations and is produced, saved, transferred or received in an electronic form. The following are examples of PHI: Names, Address, Social Security number, Family History, Telephone number, Fax number, Account numbers, Medical Record numbers, Dates (birthday, discharge, admission), Certificate/license numbers, Vehicle ID, Personal Assets, Device identifiers, Biometric (finger or voice print), Photographs, Any unique identifying number, code or characteristic.

Procedure:

1. Electronic Protected Health Information, (herein referred to as **ePHI**), must be protected at all times from deliberate, accidental or incidental disclosure to any unauthorized entity or person.
2. Access to **ePHI** will only be granted to those Clinic employees who have a specific “**need to know**” to fulfill their work responsibilities. Employees who are granted access to **ePHI** will have reviewed and acknowledged the necessary training in information security and policies and procedures pertaining to Protected Health Information.
3. Requests for access to **ePHI** by external Health Care entities will be submitted in writing and will be granted by the Executive Director (“Director”) or his/her representative. If medical circumstances exist that make this impractical or detrimental to a patient, verbal confirmation by either the Director or his/her representative will suffice.
4. As a general rule of thumb, **ePHI** should **not** be transferred electronically but rather by registered mail, return receipt requested or transferred directly by the patient. If it must be transferred electronically, it must be transmitted utilizing a District approved encrypted email system with a return receipt requested. Additionally, all electronic transmissions will contain a District approved disclaimer which is intended to provide an additional level of awareness to the recipient that they may be in possession of a document containing **ePHI** and as such are responsible for safeguarding that information until it is destroyed.

5. The use of external storage devices by Clinic employees is totally discouraged and not permitted unless approved by the Director or his/her representative. All such devices pose a serious threat to **ePHI** and as such will be disposed of in a manner consistent to ensure that all data has been removed and that the device is rendered totally unreadable.
6. All **ePHI** data stored on the Clinic's server will be backed-up on a weekly basis using either magnetic tape or other approved means. Once the back-up is complete, it will be transferred to the District Office where it will be stored in a fire proof safe until such time that it is replaced by the most current version. After this occurs, the replaced back-up will be returned to the clinic where it will be stored in a secure area with the server until it is ready to be erased and reused.
7. All workstations will be configured so that user inactivity of 10 minutes or more will require that the user re-enter their password to log back into the workstation.
8. Users may access patient information only as it relates specifically to the user's workplace roles and responsibilities.
 - a. Users may not access personal information within the Clinic EMR or healthcare partner, vendor, and/or payor website
 - b. Users may not access information regarding family members or friends within the Clinic EMR or healthcare partner, vendor, and/or payor website access
 - c. Users seeking PHI regarding themselves will utilize the patient portal or the current medical records request form and follow Clinic policy regarding completion and submission of the request.
 - d. Users seeking PHI regarding family members or friends will utilize the patient portal or the current medical record request form and follow Clinic policy regarding completion and submission of the request, assuming the user is legally allowed access to the requested information.
9. Employees who fail to comply with these obligations and responsibilities, shall be subject to disciplinary action up to and/or including termination.

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

POLICY: EMPLOYEE HEALTH	REVIEWED: 11/30/18
SECTION: Workforce	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Employee Health

Objective: Prior to starting work and annually thereafter, employees and contractors will ensure completion of minimum Employee Health processes to ensure a well workforce.

Response Rating:

Required Equipment:

Procedure:

1. The following minimum procedures will be completed and documented in the confidential health file prior to the employee and/or contractor's first day of work.
 - a. Post-offer physical examination.
 - b. Two-step PPD skin test or chest x-ray if prior PPD was positive.
 - c. Proof of Hepatitis B vaccinations or laboratory results (titers) to demonstrate immunity.
 - i. If patient is not immune, Clinic will provide Hepatitis B vaccinations at cost to the Clinic or, if the employee wishes to decline the vaccination, sign a declination statement.
2. The following minimum procedures will be completed and documented in the confidential health file annually for employees and contractors:
 - a. PPD skin test or chest x-ray if prior PPD was positive.
3. Clinic provided flu shots for employees and contractors are encouraged but optional.
4. PPD skin test will be repeated annually and documented in the confidential health file.

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

POLICY: BILLING PERSONNEL - ORGANIZATION	REVIEWED: 11/30/18
SECTION: ADMINISTRATIVE	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: The Clinic Manager, Billing Supervisor, and District Executive Director will be the liaisons between the EMR vendor and the medical staff. Billing procedures are delivered according to policies and procedures that have been authorized by the Governing Body.

Objective:

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

Response Rating:

Required Equipment:

Procedure:

1. Billing hours are 8:00am – 5:00pm, Monday through Friday.
2. Evaluation of billing procedures will be performed. The following methods may be used to determine quality and appropriateness of billing procedures:
 - a. Quality Assurance Program
 - b. Patient needs satisfaction (verbal and/or written)
 - c. Monthly receivable report and monthly accounts payable report
 - d. Collection by Insurances report
 - e. Census reports
3. The Clinic Manager will meet with the Billing Supervisor on at least a monthly basis to discuss mutual concerns.

4. The Billing Supervisor or their designee is responsible for submitting claims from the EMR using the missing slips, claims on hold, and manager hold “buckets”.
5. The Billing Supervisor or their designee will work closely with the Medical Director to ensure providers complete medical record documentation timely and completely with the goal of providing an accurate, detailed record of care and proposed follow-up course of care complete with diagnosis and procedure codes as appropriate.
6. The Billing Supervisor or their designee will ensure timely follow-up of billing related correspondence, including balance due correspondence to self-pay patients with an open balance and will document actions taken within the appropriate data capture fields in the EMR’s billing functionality.
7. The Billing Supervisor or their designee will work closely with the Director of Clinic Operations, the Clinic Director and District Accounting Department to identify and audit credit balance accounts and will bring those accounts to the attention of the Clinic Director and Executive Director for review and follow-up, including the issuance of a refund check via the District Accounting Office or a requested “take back” requested of the insurance payor.

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

POLICY: ORGANIZATION OF NURSING PERSONNEL	REVIEWED: 11/30/18
SECTION: Workforce	REVISED:
EFFECTIVE:	MEDICAL DIRECTOR:

Subject: Organization of nursing personnel

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

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

Response Rating:

Required Equipment:

Procedure:

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

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

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