MARK TWAIN
HEALTH CARE DISTRICT

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

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

Wednesday, May 27, 2026

9:00am

Agenda

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

Mark Twain Health Care District Mission Statement

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

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

2. **Roll Call:**

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

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

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

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

   A. Un-Approved Minutes:

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

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

6. **Murphys Senior Center**
   - **Longevity and Lifestyle Conference** ……Steve Shetzline

7. **MTHCD Reports:**

A. President's Report:.……Ms. Reed

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

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

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

D. Chief Executive Officer's Report:……..……..……..Ms. Gillespie

- General Comments:
  - MTMC Foundation - 75th Anniversary Challenge – Action
  - Discussion Regarding Proposed Costs for West Wing Furnishings and Medical Equipment – Action

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

- Construction Updates:

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

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

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

Bi-Annual Review Policies (no changes to policy content)
ABI
Appointment Notification
Bioterrorism Threat
Consent for Treatment BH 1.0
Consent and Information Sharing-Children
Drug Free Workplace
Emerging Infectious Disease
Patient Engagement and Re-engagement

Exposure Control Plan
Liquid Nitrogen
Medical Records Forms and Fees
Medical Records Release
Medical Record Transfer
(Medication Contract)
Security And Retention of Medical Records
Patient Engagement and Re-engagement
Patient Medical Record Content
Scope of Services
Standardized Procedure for Childhood Periodic Health Screening

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

- Encounter Report – April 2026:
- Clinect – April 2026

8. Committee Reports:

A. Ad Hoc AED for Life: ……...…..Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph
- Review AED placement program regarding potential expansion into CPR, AED, and Basic First Aid training services. – Action

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

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

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

- Proposed Changes to Personnel Manual: Public Comment – Action

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

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

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

- Financial Statements – April 2026: Public Comment – Action
- Presenting first draft of 2026-2027 MTHCD budget

9. Board Comment and Request for Future Agenda Items:

- Announcements of Interest to the Board or the Public:

10. Next Meeting:

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

11. Adjournment:

Public Comment – Action**:**

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Board of Directors Meeting
Time: May 27, 2026, 09:00 AM Pacific Time (US and Canada)

Join Zoom Meeting
https://zoom.us/j/98772818798?pwd=mkEgIaVazbnRT74sLGJTamWuJWgvYE.1

Meeting chat link
https://zoom.us/launch/jc/98772818798
View meeting insights with Zoom AI Companion
https://zoom.us/launch/edl?muid=61646c0d-0680-487e-ac29-2dc711579cb6
Meeting ID: 987 7281 8798
Passcode: 538886
One tap mobile
+16694449171,,98772818798#,,,,*538886# US
+16699006833,,98772818798#,,,,*538886# US (San Jose)
Join by SIP
• 98772818798@zoomcrc.com
Join instructions
https://zoom.us/meetings/98772818798/invitations?signature=OA5aItTORaoSM1S1lWm96zzuqpiA0xo96BcdvNLxJN4

MARK TWAIN
HEALTH CARE DISTRICT

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

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

Wednesday April 22, 2026

8:00am

Unapproved Minutes

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

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

   Meeting called to order by Ms. Hack at 8:05 AM.

2. **Roll Call:**

Member	In Person	Via Zoom/Phone	Absent	Time of Arrival
Lori Hack	☒			
Richard Randolph	☒			
Patricia Hettinger			☒	

Quorum: Yes

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

   Motion to approve agenda by Mr. Randolph
   Second: Ms. Hack
   Ayes: 2
   Nayes:0

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

Hearing none.

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

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

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

A. Un-Approved Minutes:

- Finance Committee Meeting – February 25, 2026: – Action

  Motion to approve consent agenda by Mr. Randolph
  Second: Ms. Hack
  Ayes: 2
  Nayes: 0

- Finance Committee Meeting – March 25, 2026 was Cancelled

6. **Chief Executive Officer's Report**:……..……Ms. Gillespie

- General Comments: See attached CEO report -
  Attended ribbon cutting for HHSA Mobile Medical Unit
  Continued school and community partnerships; youth mental health focus
  Active in CSDA and ACHD; board nomination progressing
  Participating in ACHD councils for statewide collaboration

- Construction in Progress Updates:……Ms. Gillespie

  - Both construction projects are progressing.
  - Parking expansion completing July with solar canopy
  - West Wing addition completing July; temporary staff relocations beginning May 4th

- MTMC Walkway Update:……Ms. Gillespie

  - New bids are in; will be presented at the June Board Meeting

7. **Real Estate Review:**…….Mr. Randolph
   No report

8. **<u>Accountant's Report:</u>**……..……Ms. Hack / Mr. Wood

- Restating January 2026 Financial Statements – Including Perspective Payment System (PPS) Reconciliation: Public Comment – Action
  Mr. Wood discussed the fact that the financials presented and approved by the Board for January were restated due to a reconciliation of the process for accounting for PPS payments from prior periods and the allocation of such payments to the financials. These allocations impact mostly on the balance sheet and reflect deferred revenue and accounts receivable changes now that all payment memos have been reviewed and allocated to the years in which they were earned as compared to the monthly revenues for current accounts receivables. After his presentation of the reconciliation process, Mr. Wood presented amended January 2026 financials. The Motion was made to approve the newly restated financials and note that the corrections are made for January.
  Motion to Approve by: Mr. Randolph
  Second: Ms. Hack
  Ayes: 2
  Nays: 0

- Restating February 2026 Financial Statements - Including PPS: Public Comment – Action
  Mr. Wood presented for the first time the February financials to the Committee as the March meeting had been cancelled. Mr. Wood confirmed that all prior PPS payments are reconciled appropriately and that the February financials reflect correct allocations for all revenues. Additionally, the balance sheet reflects the correct assumptions regarding the deferred revenue and receivables. The motion was made to approve the financials as presented.
  Motion to Approve by: Mr. Randolph
  Second: Ms. Hack
  Ayes: 2
  Nays: 0

- Presenting March 2026 Financial Statements: Public Comment – Action

The March District financials were presented to the Board, and the revenues compared to expenses for the District were favorable, with a surplus year to date of $882,329. Clinic revenues year to date totaled $652,671 and compared to expenses remained favorable and exceeded the budget year to date. Clinic encounters increased by 500 compared to last month. The balance sheet remains strong with a good return on investments. Ms. Hack questioned whether the unapplied cash on hand was being allocated as it has risen from about $100,000 to $1M over the past several months. Her opinion was that this represents too large of an unknown allocation compared to revenues. Mr. Wood indicated he would take that question back to Mr. Hoenbrink to reconcile this outstanding amount to a lower number. The motion was made to approve the financials with the expectation that the unallocated funds would be addressed in the future financial analysis.

Motion to Approve by: Mr. Randolph

Second: Ms. Hack
Ayes: 2
Nays: 0

9. **Treasurer's Report:**……Ms. Hack
No report

10. **Comments and Future Agenda Items**:

Hearing none.

11. **Next Meeting:**

Next Finance Committee Meeting – May 27, 2026 at 8am.

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

Motion to adjourn by Mr. Randolph
Second: Ms. Hack
Ayes: 2
Nays:0
Time: 8:54 AM

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.

Topic: MTHCD Finance Committee Zoom Meeting

Time: Apr 22, 2026 08:00 AM Pacific Time (US and Canada)

Join Zoom Meeting

https://zoom.us/j/98960795029?pwd=GKeShqyJbmkGnPwcBFDpoH0K7SgOlk.1

Meeting ID: 989 6079 5029

Passcode: 051841

One tap mobile

+16699006833,,98960795029#,,,,*051841# US (San Jose)

+16694449171,,98960795029#,,,,*051841# US

Join by SIP

• 98960795029@zoomcrc.com

Join instructions

https://zoom.us/meetings/98960795029/invitations?signature=PCPqiBooicuBR55buRoPG2ggr1WZBRi6PXqqKJdOEzk

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

Wednesday, April 22, 2026
9:00 AM

Unapproved Minutes

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

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

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

   The meeting was called to order by Ms. Reed at 9:04 AM.

2. **Roll Call:**

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

Quorum: Yes

3. **Approval of Agenda:** Public Comment – Action
   Motion to Approve: Ms. Vermeltfoort
   Second: Mr. Randolph
   Ayes: 5
   Nays: 0

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

   Hearing None.

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

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

A. Un-Approved Minutes:

- Finance Committee Meeting Minutes for February 25, 2026: Action

  Motion to approve: Ms. Hack
  Second: Ms. Vermeltfoort
  Ayes: 3
  Nays: 0

- Finance Committee Meeting for March 25, 2026 was Cancelled

- Board of Directors Meeting Minutes March 25, 2026: Action

  Motion to approve: Ms. Hack
  Second: Ms. Vermeltfoort
  Ayes: 3
  Nays: 0

6. **Mark Twain Medical Center:**……..……Doug Archer / CJ Singh

- **Sterile Processing Department:** Presentation – Action

Doug Archer and CJ Singh presented the need for SPD renovation and equipment replacement at Mark Twain Medical Center.

  - Board approved $750,000 total: $500,000 reallocation from walkway project funds plus $250,000 new OR/ surgery refresh

Motion to Approve: Ms. Vermeltfoort
Second: Mr. Randolph
Ayes: 3
Nays: 0
Approved $750,000 total funding

- **75th Anniversary Challenge:** Public Comment – Action
  - If Common Spirit contributes, MTHCD will match their amount up to $75,000 maximum, letter to be drafted by CEO.

Motion to Approve: Ms. Hack
Second: Ms. Vermeltfoort
Ayes: 3
Nays: 0
Approved match up to $75,000.

7. **MTHCD Reports:**

A. President's Report:……Ms. Reed

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

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

- Hospital implementing proactive sepsis prevention measures with compression devices
- Swing bed services remain priority for improving patient outcomes and reducing readmissions
- Community board seeking new member to replace Tim Oskey

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

D. Chief Executive Officer's Report:……..……...……..Ms. Gillespie

- General Comments: See attached CEO Report-

Attended ribbon cutting for HHSA Mobile Medical Unit
Continued school and community partnerships; youth mental health focus
Active in CSDA and ACHD; board nomination progressing
Participating in ACHD councils for statewide collaboration

- General Election – Nov. 3, 2026:

- MTMC Walkway Project: New bids are in; will be presented at the June Board Meeting
  - See Attached proposal outline

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

- Construction Updates:
  - Both construction projects are progressing.
  - Parking expansion completing July, Solar Canopy estimate July/ August completion.
  - West Wing addition completing end of July; temporary staff relocations beginning May 4th

- Policies – Valley Springs Health & Wellness Center: None at this time

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

- Quality – March 2026:

Patient satisfaction remains high across all departments
Survey improvements expected to increase response rates and provide more timely feedback

- Clinect – March 2026:

March had highest patient visit total at 3,485 despite significant staff illness

8. Committee Reports:

A. Ad Hoc AED for Life:……..……..…..Ms. Gillespie / Ms. Vermeltfoort / Mr. Randolph
No report.

B. Ad Hoc Community Engagement:……...…….……..Ms. Gillespie / Ms. Reed / Mr. Randolph
No report.

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

- Habitat for Humanity - Hard Hats & Heels Gala June 12, 2026:
  $15,000 donation Public Comment – Action

  Motion to Approve: Ms. Vermeltfoort
  Second: Mr. Randolph
  Ayes: 3
  Nays: 0

- Doris Barger Golf Tournament – MTMC Foundation - Women's Health Programs:
  $7,500 donation in support of women's breast cancer awareness and health education activities. Public Comment – Action

  Motion to Approve: Mr. Randolph
  Second: Ms. Sellick
  Ayes: 3
  Nays: 0

- Ragin Cajun Festival – Calaveras & Amador Hospice:
  $3,000 donation Public Comment – Action

  Motion to Approve: Ms. Hack
  Second: Ms. Sellick
  Ayes: 3
  Nays: 0

- Calaveras County Fair & Jumping Frog Jubilee:
  $1,500 donation to support the Miss Calaveras County Scholarship Pageant.
  $500 donation to support community service initiatives Public Comment – Action

  Motion to Approve: Ms. Vermeltfoort
  Second: Ms. Hack
  Ayes: 3
  Nays: 0

D. Ad Hoc Personnel Committee:……Ms. Gillespie / Ms. Reed / Ms. Vermeltfoort
No report.

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

- Policies Were Presented for 30-day Review on March 25, 2026:
  - Policy No. 3 Term of Office:
  - Policy No. 4 Officers of the District:

- Policy No. 9 (New) Exit Interview:
- Policy No. 13 Appointments to the District Board:
- Policy No. 14 Conduct Related to Elections:
- Policy No. 19 Public Records Request:

Board approved policies with amendment to Policy #9 changing exit interview reporting from summary to individual reports

- Resolution 2026 – 02 District Policies # 3, 4, 9, 13, 14, & 19 – Action
  Motion to Approve: Mr. Randolph
  Second: Ms. Vermeltfoort
  Ayes: 3
  Nays: 0

F. Ad Hoc Real Estate:……..Ms. Gillespie / Mr. Randolph
No report.

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

- Restating January 2026 Financials from Perspective Payment System (PPS) Reconciliation: Action

  Mr. Wood discussed the fact that the financials presented and approved by the Board for January were restated due to a reconciliation of the process for accounting for PPS payments from prior periods and the allocation of such payments to the financials. These allocations impact mostly on the balance sheet and reflect deferred revenue and accounts receivable changes now that all payment memos have been reviewed and allocated to the years in which they were earned as compared to the monthly revenues for current accounts receivables. After his presentation of the reconciliation process, Mr. Wood presented amended January 2026 financials. The Motion was made to approve the newly restated financials and note that the corrections are made for January.

Motion to Approve: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 3
Nays: 0

- Restating February 2026 Financials from Perspective Payment System (PPS) Reconciliation: Action

  Mr. Wood presented for the first time the February financials to the Committee as the March meeting had been cancelled. Mr. Wood confirmed that all prior PPS payments are reconciled appropriately and that the February financials reflect correct allocations for all revenues. Additionally, the balance sheet reflects the correct assumptions regarding the deferred revenue and receivables. The motion was made to approve the financials as presented.

Motion to Approve: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 3
Nays: 0

- Presenting March 2026 Financial Statements: Public Comment – Action

The March District financials were presented to the Board, and the revenues compared to expenses for the District were favorable, with a surplus year to date of $882,329. Clinic revenues year to date totaled $652,671 and compared to expenses remained favorable and exceeded the budget year to date. Clinic encounters increased by 500 compared to last month. The balance sheet remains strong with a good return on investments. Ms. Hack questioned whether the unapplied cash on hand was being allocated as it has risen from about $100,000 to $1M over the past several months. Her opinion was that this represents too large of an unknown allocation compared to revenues. Mr. Wood indicated he would take that question back to Mr. Hoenbrink to reconcile this outstanding amount to a lower number. The motion was made to approve the financials with the expectation that the unallocated funds would be addressed in the future financial analysis.

Motion to Approve: Mr. Randolph
Second: Ms. Vermeltfoort
Ayes: 3
Nays: 0

9. Board Comment and Request for Future Agenda Items:

- Announcements of Interest to the Board or the Public:
  - Children's Advocacy Center - Children's Memorial Flag Raising & Light of Hope April 24, 2026:
  - Commissioner for District 2 Parks and Recreation – Dog Park

10. Next Meeting:

- May 27, 2026 at 8:00am for Finance Committee and 9:00am for BOD

11. Adjournment: Public Comment – Action

Ms. Sellick left at 11:49AM
Motion to adjourn by Ms. Vermeltfoort
Second: Ms. Hack
Ayes: 4
Nays: 0
Time: 11:52 AM

Jessica Gwaltney is inviting you to a scheduled Zoom meeting.
Topic: MTHCD Board Of Directors Meeting
Time: Apr 22, 2026 09:00 AM Pacific Time (US and Canada)
Join Zoom Meeting
https://zoom.us/j/99444859610?pwd=Es6dJkMFpYB2AvoZbHyme8Ig34prX3.1
Meeting ID: 994 4485 9610
Passcode: 666252

One tap mobile
+16694449171,,99444859610#,,,,*666252# US
+16699006833,,99444859610#,,,,*666252# US (San Jose)

Join by SIP
• 99444859610@zoomcrc.com
Join instructions

https://zoom.us/meetings/99444859610/invitations?signature=MKqvYP1bNgY32niDhCBIVskG-H13btM66EBX-gafPyQ

POLICY NO. 23

REQUESTS FOR PUBLIC FUNDS, COMMUNITY GRANTS AND SPONSORSHIPS

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

B. The community's health needs are served not only by traditional acute care hospitals, but also by a broad array of other health-related programs and initiatives. These include local health and wellness programs, community-based clinics, health provider educational programs, and other programs and organizations that promote physical, emotional and psychological well-being. Areas of consideration may include, but are not limited to, Behavioral Health, Dental, Rehabilitation, Women's Issues, Children's needs, Student Scholarships in human health care related studies, Senior programs, Telehealth technology and Community Services.

C. POLICY: The District shall have a Golden Health Community Grants and Sponsorship program, as finances allow, to address identified community health care needs as envisioned by the Mission Statement and the Strategic Plan. In conjunction with setting the District's annual budget each year, the District shall determine the amount to be budgeted to help fund these grant and sponsorship needs. It is the District's policy not to sponsor fundraising events. The District shall advertise a Call for Grant and Sponsorship Requests. Information regarding the availability of Community Grant funding and the application process will be posted on the District's website and publicized appropriately so that eligible applicants may make timely applications. The final decision regarding grant and sponsorship recipients shall be made by the District Board.

D. GRANT and SPONSORSHIP REQUESTS:

1. Requirements:

   a. All Grant and Sponsorship requests must be submitted in writing on the MTHCD Golden Health Community Grant and Sponsorship Form and must be filled out in accordance with instructions provided. Completed Golden Health Community Grant and Sponsorship Request Forms shall be returned to the District Grants Committee by mail or email within the specified time frame.

   b. Requests for Grant and Sponsorship applications will go out in February. Grant and Sponsorship applications will be reviewed and recipients will be selected in March. All applicants will receive notification letters of grant awards or denials in April. Recipients will receive grant awards in April and press releases will follow.

   c. When requesting Grant funding for health care related equipment, requestors should consider service contract pricing, warranty pricing, supplemental equipment pricing, training, and related expenses, etc. to arrive at the total estimated price. Copies of price quotes should be attached to the request form

   d. When requesting Sponsorship funding for health fairs, health education and training projects, etc. requestors should provide complete information about the event/project and how it relates directly to providing health-related services to people in this District.

e. The District shall have the option to sponsor student scholarships in human health-related fields of higher learning, health education classes or other community services, at its own discretion, outside of the above sponsorship process, as deemed appropriate.

2. Processing Grant and Sponsorship Requests

a. Once Grant requests are received, they will be reviewed by the District Grants Committee and recommendations will be made to the MTHCD Board for approval.

b. The Grants Committee will assess the grant applicant's ability to effectively administer the project being funded.

c. The Grants Committee may make pre-award site visits to assess the appropriateness of grant requests. Visits may be unannounced.

d. Those items marked as urgent need will have priority consideration when reviewing grant opportunities.

e. Requests for emergency or interim funding that fall outside the normal grants application cycle may be presented to the Board for Approval after review and recommendation by the Board President and Executive Director, or the Grants Committee.

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

g. Grant and Sponsorship notification letters for awards and denials shall be provided to all applicants. This information will be tracked and recorded in a database by the District Administrative Assistant or Executive Director.

3. Approved Grants and Sponsorship Requests

a. The Grants Committee shall notify the applicant and the District Finance Committee of the grant or sponsorship award.

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

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

E. ACCOUNTABILITY:

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

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

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

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

Policy No. 23 Revised and Board Approved on: June 21, 2017

MARK TWAIN
HEALTH CARE DISTRICT

P.O. Box 95
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GOLDEN HEALTH COMMUNITY GRANTS APPLICATION

Name of Group or Individual: The Murphys Senior Center

Address: Po. O. Box 1911, Murphys, Ca 95247

Provide your federal non-profit description or other organization structure: 38 3801414

Contact Person: Steve Shetzline

Telephone Number: 209 915 2450 Fax Number: none

Email Address: stayverticalcalaveras@gmail.com Website: murphyscenter.com

Description of Project, Including Purpose, Goals, Timelines and Target Population *(add pages if necessary)*:
Please see attachment #1

Amount Requested: $19,835 Total Cost of Project *(attach budget)*: $ 23,615 (attachment #2)
(Wages and Salaries are not eligible.)

Other Sources of Funding: The Murphys Senior Center will provide all wages and salaries related to this project.

Please describe how this grant will impact the health of the community within the scope of the MTHCD health priorities *(add pages if necessary)*: Please see attachment #3

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

BELOW IS FOR DISTRICT USE:

Received by: _____ Date: _____

Reviewed Date: _____

Denied Date: _____

Date Board Approved: _____

Policy No. 23 Revised and Board Approved on June 21, 2017

Longevity & Lifestyle Conference Attachment #1

Description

A day long conference highlighted with experts in various aging fields. These science, medical and legal experts will inform care providers, health care professionals and residents of current gerontological research and aging trends which will lead to wholesale changes in the way providers, professionals and residents think and feel about their lives and how they live them. There is no longer just **RE**tirement, only **RE**training of our thoughts and feelings toward how we age.

Purpose

To improve lifestyle choices leading to increased life expectancy and a higher quality of life.

Goal

To fundamental change the way ageing is understood leading to wholesale improvements in lifestyle choices.

Measurable Objective #1

To provide expert level knowledge on growing older focusing on the latest scientific, medical and legal information.

Measurable Objective #2

Convene a first ever Calaveras Longevity Workgoup dedicated to the assessment, review, and creation of local programs for older adults.

Measurable Objective #3

Develop an older adult focused event in Calaveras bringing the Northern California ageing sector together to participate in a weekend long festival featuring senior concerts, education, volunteering, socialization, music, vendor discounts, etc.

Timelines

Measurable Objective #1: Completed by 10/15/2026
Measurable Objective #2: Completed by 12/31/2026
Measurable Objective #3: Completed by 12/31/2027

Target Population

The science, medical and legal experts will inform senior care professionals and residents changing how they view the last 30 years of their lives. Our target population is evenly distributed between both populations.

Project Budget (Attachment #2)

Date	4/7/2026
Project Title	Longevity & Lifestyle Aging Conference
Project Date	15-Oct-26
Organization Name	Murphys Senior Center
Contact Person	Steve Shetzline
Title	Executive Director
Phone Number	209-915-2450
Email	stayverticalcalaveras@gmail.com
Mailing Address	PO Box 1911, Murphys, Ca 95247

Personnel Costs	Hourly Rate	Total Hours	Total Cost
Event Staff (INKIND)	$ 19.00	$ 120.00	$2,280
Executive Director (INKIND)	$ 30.00	$ 50.00	$ 1,500.00
			$ -
		Total Salaries and Wages	$ 3,780.00
		Staff Benefits	$ -
		In-kind	($3,780)
		Total Personnel	$ -

Item Description	Item Quantity	Per Unit Cost	Total Cost
Venue & Food		$ 13,314.75	$ 13,315.00
Dr. Selena Bartlett		$5,000	$ 5,000.00
3 Expert Presenters on Aging		$ 3,000.00	$ 3,000.00
Marketing and Promotional Materials		$ 2,300.00	$ 2,300.00
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		BUDGET TOTAL	$ 19,835.00

Budget Justification
Please provide a brief description of each budget item and why it is necessary for the project, and how it will contribute to achieving the projects objectives.
Staff- will perform all event tasks including outreach, recuritment, marketing, registration, etc. for the event. **Venue and Food**- Venue rental, continental breakfast and a boxed lunch at Ironstone Vineyards for 200 people. **Dr. Selena Barlett-** Airfare, accomodations and speaking Fee for Dr. Selena Barlett, PhD BSc BPharm. Professor Selena Bartlett is a neuroscientist and global leader in brain health, neuroplasticity, and resilience. With over 30 years of research experience, including The University of California, Berkeley her work focuses on how life experiences shape the brain and how we can change it using neuroplasticity. Through her scientific research, books, and the Thriving Minds podcast, she translates cutting-edge neuroscience into practical tools that help people thrive across the lifespan. Her keynote, Aging Vitally, offers a powerful reframe of aging as a period of growth, adaptability, and purpose. Professor Bartlett challenges outdated narratives of decline and presents a compelling vision of aging as a dynamic and vital stage of life. Drawing on the latest neuroscience, she demonstrates how brain plasticity continues throughout life and how connection, sleep, movement, and environment profoundly influence cognitive health and emotional wellbeing. Audiences leave with practical tools to enhance vitality, maintain independence, and cultivate meaning in later life. **Additional Expert Speakers TBD**- regional and national ageing experts providing legal, medical and scientific information based on current best practices. **Marketing & Promotional Materials**- Event promotion including local print and broadcast media. In addition, a local marketing campaign involving a mailing to local residents and outreach to local private and non-profit businesses.

Attachment #3

The 2026 Longevity & Lifestyle Conference will impact the health of Calaveras County by addressing many of the MTHCD health priorities. This project supports MTHCD and MTMC by providing an incredible training opportunity for staff of both organizations. Our regionally and nationally recognized presenters will provide an essential update on current ageing theory and advances in gerontology. In addition, staff will be provided with the opportunity to dialogue with other local providers to develop new local health interventions for Older Adults in Calaveras County, which addresses a second MTHCD priority, "Providing Health Access to Calaveras County". Not only will this conference support MTHCD priorities but MTHCD will have their fall prevention program "Stay Vertical Calaveras" highlighted during the event with a demonstration of helpful exercises to develop balance and strength. Further support of MTHCD priorities will be presented through conference speakers emphasizing real life skills to increase individual mental health and access to Behavioral Health programs.


Murphy's
SENIOR CENTER

Bunch
Every Thursday at 12:00 PM

Stay Vertical Calaveras

Our Current Programming

Low Impact Aerobics & Chair Fitness

Several Different Days Each Week

Strength Training & Movement

Several Different Days Each Week

Line Dancing

Beginner and Intermediate Classes

Caregiver Support (Lifeboats)

3rd Monday each month at 3:00PM

Games

Pinochle, Mahjong, Cribbage & Mexican Train

Needle Arts

Bring Your Own Project

Device Help

One on One Assistance by Appointment

Specialized Art Classes

Card Making, Wire Bead Art, Alcohol Ink Art

What's new so far?

Constitution Course

February 12th, 19th & 26th

Art Classes

Wire & Bead Art/April 21st
1:00PM Alcohol
Ink Art/April 27th 3:30 PM

BINGO

February 7th / 2:00 PM,
April 25th / 2:00 PM,
June 19th / 4:00 PM

Book Club

1st Wednesday / each month at 3:30 PM

Coffee Group

Last Wednesday / each month at 8:00 AM (next on June 24th)

Casino Trips

Chicken Ranch/March 17th
Black Oak Casino/May 13th

Beginner Line Dancing

Fridays / 10:00 – 11:00 AM

Bunco

June 24th

Community Food Pantry

Pantry Hours: Monday – Friday, 9:00 AM to 3:00 PM

There is no age requirement, and no one is turned away.

Don’t Know What to Donate? Need An Idea?

Try our Meal in a Bag Program!

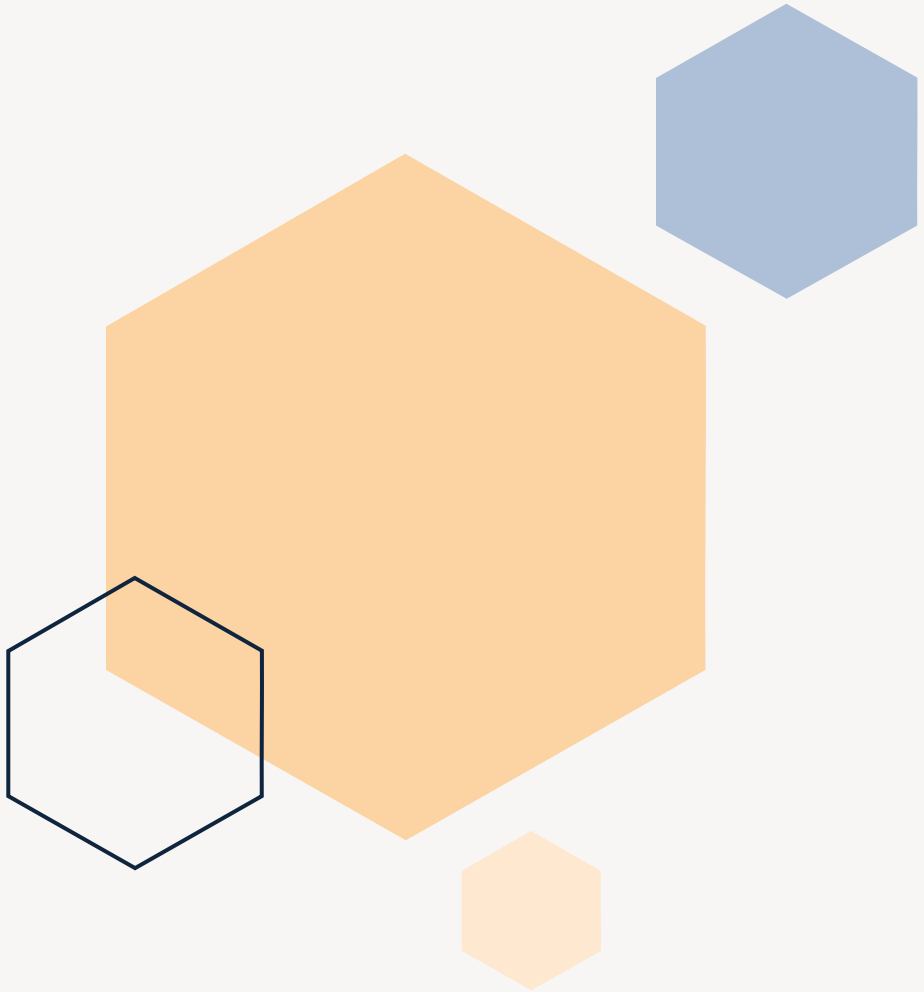

Murphy's
SENIOR CENTER
LONGEVITY & LIFESTYLE
CONFERENCE
COMING
SOON
OCTOBER 15, 2026

KEYNOTE SPEAKER:

Professor Selena Bartlett

Professor Selena Bartlett, an internationally recognized neuroscientist, educator, and thought leader in brain health, neuroplasticity, and human resilience.

At the heart of her work is a simple but powerful idea: the brain remains adaptable throughout life. Her work shows that how we live each day and how we connect, move, rest, and engage with the world directly shapes brain health, energy, and purpose over time.



Also featured, Inspirational Speakers on aging well, caregiving, mental health, exercise, socialization and elder abuse.

Long Term Goals:

Expanded Conference

- More Speakers
- More Resources
- Interactive Sessions and Workshops

Assessment and Development of County-wide Programs

- How Do We Reach a Greater Audience
- Activities/Courses Offered in More Communities

A Large Community Event Highlighting Older Adults

- Annual Senior Recognition
- Mentoring
- Volunteering

How Do We Make Things Happen?

Murphys Senior Center Thrift Store




Donations from Local Groups

Our Pantry Freezer is 100% privately funded by generous donors including ***Faith Lutheran Church*** and the ***Angels Murphys Rotary.*** It is regularly stocked with chicken, beef and pork allowing the option of fresh protein for our community.

Donations!!! Time, Monetary and/or Resources.

When our community gives, we all grow.

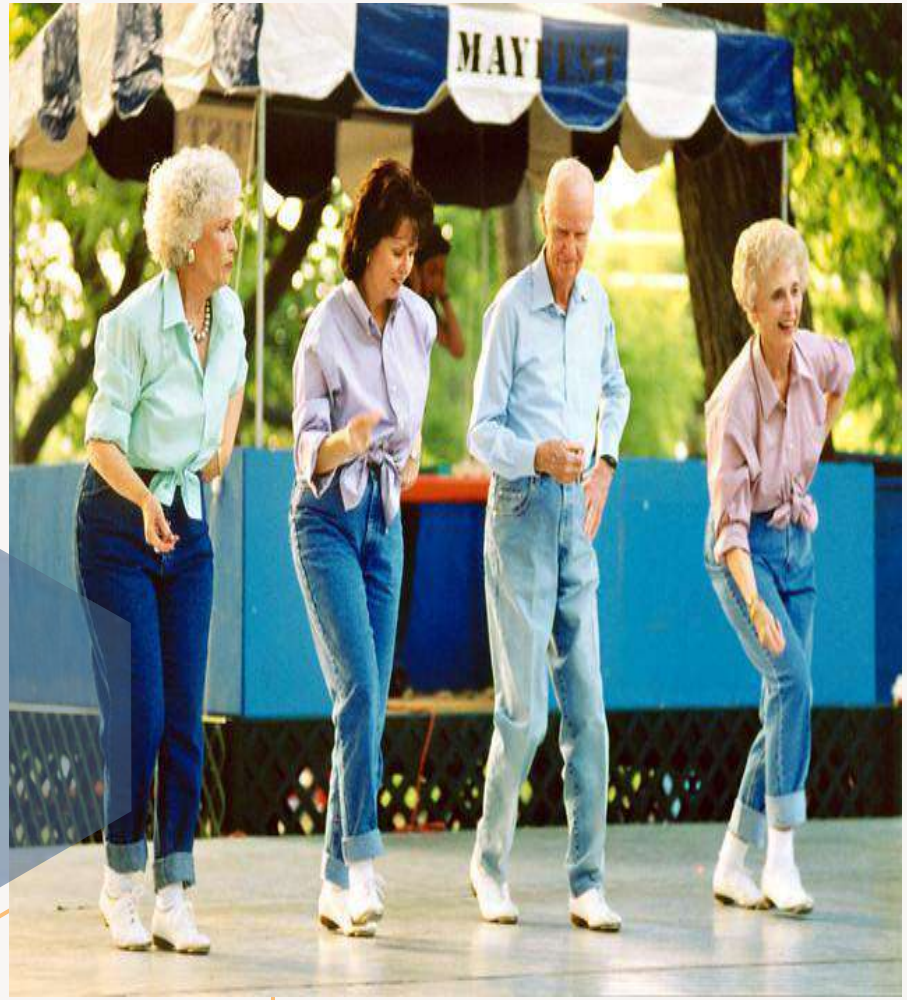
Summary

"There is no power for change greater than a community discovering what it cares about."

What kind of ideas do YOU have?

What would YOU like to see happening?

WE WANT TO HEAR FROM YOU !!



MARK TWAIN
HEALTH CARE DISTRICT

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

CEO Report to the Board of Directors for date: May 2026

Community Health and Outreach to enhance Community Engagement and build public trust:
HHSA: Continuing to collaborate on Veteran program and possibly BH counseling at Valley Spring school locations. **Board of Supervisors**: Attend bi-weekly meetings for knowledge & networking **Habitat for Humanity**: Attended Habitat for Humanity Board and Finance meeting and continued community partnership discussions. **MTMC:** Participated in MTMC Seismic Zoom meeting discussions. Participate in CEO/CEO meetings with Doug Archer for any MTMC & MTHCD items **CCOE:** Participating in ongoing CCOE networking with County BHSA staff regarding early intervention Behavioral Health services in schools **Calaveras Chamber Events: attend** various events throughout county **County Collaboration:** MACT discussions, County mitigation committee, CSDA Calaveras committee
Website design: Finalizing VSHWC website, including updated provider information and community resources, with anticipated launch around early June 2026.
Paycom: Continued coordination with Anthem regarding Open Enrollment for Medical and Dental Benefits. 2 payroll cycles in and very successful, beginning implementation on on-boarding, terminations, hiring process through Indeed.
Finance: Working closely with Kristine Slocum, Dr. Smart, and Rick Wood on development of the 2026/2027 Budget. Input from Dental, Behavioral Health, Clinic Admin and Kelly H on revenue
Grants: Continued collaboration with CalRHT/HCAI grant writer to establish framework for multiple grant submissions. Discussions with Dr. Smart on how we will approach, submit and partner with outside grant writer once process opens up. Considering all 3 grants approx. $1m - $1.5m ask Training logs are completed weekly and submitted to the Chamber for grant reimbursement funding, with training hours continuing to increase. We have submitted over 1,200 hours for reimbursement.

EV Charging Stations: Grant still pending; continuing discussions regarding contract and licensing agreement revisions.No ETA yet on timeframe

Construction/Facilities: Weekly Zoom meetings continue with West Wing contractor and South Parking. Both projects going very well. A little scope creep on both sides….NC Solar starting to ramp up on the solar contract for the parking structure.

Quality of Care – Enhance patient experience through surveys:

Clinect: Continued partnership with Clinic Manager, Quality Assurance Team, and Clinect to improve patient survey participation and response rates. Still not where I would like to see our return rate so continued process improvement here.

Workforce management to improve employee satisfaction, engagement and retention:

District Office:

- Continued collaboration across departments regarding budgeting, benefits coordination, and operational planning. The 3 of us working very nicely together on many current areas as we approach the end of current FY. Looking for process improvements across the District.
- Attended HR webinar regarding workforce and compliance updates.

VSHWC:

- Continued partnering with Clinic Manager on interviews and staffing support. Current on performance reviews. 2 recent terminations. 3 resignations.
- Continued coordination with Pacific Companies on recruitment of 2 Doctors. Have had a couple of candidates but not a perfect fit yet.

Summary:

- Finalizing VSHWC website with anticipated launch in early June 2026.
- Continued weekly coordination meetings with West Wing contractor and South Parking Structure teams as project work advances.
- Continued collaboration on Veterans Program partnership opportunities with BHSA and county representatives.
- Ongoing participation in grant development, community partnerships, CCOE and Behavioral Health collaboration efforts throughout the county.
- Workforce management is a top priority at both locations. In the last 8 months, we have improved with interviews, performance reviews and “in the moment” coachings to properly develop and retain great staff.

- Continued operational coordination related to employee benefits, budgeting, grants, and organizational planning initiatives.

RESOURCE PARTNERSHIP

May Agenda

IN PERSON MEETING:

THURSDAY MAY 28, 2026 3:00PM-4:30PM

SEQUOIA ROOM 509 E ST. CHARLES ST. SAN ANDREAS, CA 95249

VIRTUAL MEETING:

MICROSOFT TEAMS MEETING JOIN:
HTTPS://TEAMS.MICROSOFT.COM/MEET/297563471175005?P=JSW4WZFVYZZXXGSDNW
MEETING ID: 297 563 471 175 005
PASSCODE: FZ9VC3FH

Introductions and Program Updates

- Program and staffing updates

Committee Updates

- No updates

Presentations

- Resource Connection
  - Crisis Center Resources
- CalAsian Chamber of Commerce
  - Digital Literacy Program

Next Meeting

June 25, 2026 3:00PM-4:30PM

Working Cart #189244996

Items: (18)
Subtotal: N/A
Estimated taxes: N/A
Estimated Shipping & Handling : N/A
Estimated Total*: N/A
***Taxes and Shipping & Handling are estimated.**

Account #61737571
MARK TWAIN HEALTH CARE DISTRICT
PO BOX 95
SAN ANDREAS, CA 95249-0095

Ship To #61737572
VALLEY SPRINGS HEALTH & WELLNESS CENTER
51 WELLNESS WAY
VALLEY SPRINGS, CA 95252

PO	Date	Created By
W.Expansion List	05/18/2026	TTIATERRA

Line	Item #	Description	Mfr	Mfr #	Stock	UOM	Price	Qty	Total
3	468279	DISPENSER, 1000ML (12/CS)	McKesson MedSurg	53-1000	Stocked	EA	N/A	18	N/A
	Arrives from your local warehouse.								
5	915581	DISPENSER, TOWEL C-FOLD/MULTI S/S	ESSENDANT CO/LAG	BOB262	Non-Stock	EA	N/A	8	N/A
	Delivery typically takes 2-4 weeks.								
6	855128	CABINET, SHARPS LOCK WALL 5QT W/2KEYS (2/CS)	McKesson MedSurg	2263	Stocked	EA	N/A	6	N/A
	Arrives from your local warehouse.								
7	939592	PILLOW, LTD RUSBL MOIST-RESISTFUL BLU 20X26 (12/C	McKesson MedSurg	41-2026-LTD	Stocked	CS	N/A	1	N/A
	Arrives from your local warehouse.								
8	487457	HAMMER, TAYLOR PERCUSSION OG STD 7 1/2"	McKesson MedSurg	43-2-010	Stocked	EA	N/A	8	N/A
	Arrives from your local warehouse.								
10	959363	STAND, MOBILE CLASSIC F/BP MONITOR	WELCH ALLYN INC.	7000-MS3	Stocked	EA	N/A	1	N/A
	Arrives from your local warehouse.								
11	1266933	DIAGNOSTIC SET, CHARGER DESKTOP NT4 W/OTOSCOPE K180 LED	MIDMARK CORPORAT	A-879-24-420-166	Non-Stock	EA	N/A	6	N/A
	Delivery typically takes 2-4 weeks.								
12	1086667	WALLBOARD, F/EN200 TIP DISPENSER (1/BX)	MIDMARK CORPORAT	X-095-12-006-166	Regionally Stocked	BX	N/A	6	N/A
	Backordered, 0 stocked, balance ships as available								
13	1086683	DIAGNOSTIC SET, OPHTH/OTO WALLLED EN200/BETA400/BETA/200	MIDMARK CORPORAT	A-095-12-208-166	Non-Stock	EA	N/A	6	N/A
	Delivery typically takes 2-4 weeks.								
15	1092030	LAMP, EXAM LED PROCEDURE CHAIRKIT	MIDMARK CORPORAT	253-015	Non-Stock	EA	N/A	6	N/A
	Delivery typically takes 2-4 weeks.								
16	711378	DISPENSER, GLV TRPLE HORIZ STACK CLR 11X14 1/4X3 1	BOWMAN MFG CO /M	GP-330	Non-Stock	EA	N/A	6	N/A
	Delivery typically takes 2-4 weeks.								
17	1094090	TABLE, EXAM BARR FREE BASE ONLY W/PELVIC TILT/SCALE/RECEP	MIDMARK CORPORAT	626-003	Non-Stock	EA	N/A	6	N/A

	Delivery typically takes 2-4 weeks.								
18	1090852	TOP, UPHOLSTERED PREMIUM F/626EXAM TABLE DARK LINEN 28"	MIDMARK CORPORAT	002-2000-856	Non-Stock	EA	N/A	6	N/A
	Delivery typically takes 2-4 weeks.								
19	1237216	DEVICE, DIG VITAL SIGNS W/TOUCH SCREEN/BP/TEMPRL SCANNER	MIDMARK CORPORAT	4-000-0550	Stocked	EA	N/A	6	N/A
	Arrives from your local warehouse.								
20	761364	MOUNT, WALL F/IQ VITALS MONITOR	MIDMARK CORPORAT	3-009-0003	Non-Stock	EA	N/A	6	N/A
	Delivery typically takes 2-4 weeks.								
21	946237	MONITOR, BP SPO2 W/ CONTINUOUSPROFILE	WELCH ALLYN INC.	67NXTX-B	Non-Stock	EA	N/A	1	N/A
	Delivery typically takes 2-4 weeks.								
23	1223689	WASTECAN, STEP-ON SQ METAL RED20QT	McKesson MedSurg	16-35270	Stocked	CS	N/A	6	N/A
	Backordered, 4 stocked, balance ships as available								
24	1223678	WASTECAN, STEP-ON SQ METAL WHT32QT	McKesson MedSurg	16-35266	Stocked	CS	N/A	6	N/A
	Arrives from your local warehouse.								

ORDER SUMMARY

Cart Number	189244996
PO Name	W.Expansion List
Items (18)	$117,391.51
McKesson Choice Rewards	$0.00
Estimated Total*	**$117,391.51**

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: **Artificial Intelligence (AI) Usage Policy**	REVIEWED: 2/23/26
SECTION:	REVISED:
EFFECTIVE: 4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: This policy outlines the acceptable, safe, and ethical use of Artificial Intelligence (AI) tools—including Generative AI (GenAI), machine learning, and AI-powered scribes—within **Valley Springs Health & Wellness Center.**

Objective:

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

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

Required Equipment: Approved AI Tool, phone, computer

Procedure:

1. Purpose and Scope

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

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

2. Data Privacy and Confidentiality (HIPAA Compliance)

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

3. Human Oversight and Accountability

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

4. Prohibited AI Usage

Employees are prohibited from:

- Using AI for making final, unreviewed diagnostic or treatment decisions.
- Inputting patient information into unauthorized, "public-facing" Generative AI.

- Using AI to generate fraudulent documentation.
- Allowing AI to communicate directly with patients without human supervision.

5. Transparency and Patient Consent

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

6. Bias Mitigation and Safety

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

7. Training and Compliance

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

8. Policy Review

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Incident Reporting and Investigation Policy	REVIEWED: 4/6/26
SECTION:	REVISED:
EFFECTIVE: 4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Incident Reporting and Investigation

Objective: To ensure timely reporting, investigation, and resolution of incidents and near misses to promote patient safety, regulatory compliance, and continuous improvement.

Response Rating: Everyone

Required Equipment:

Procedure:

1. Report incidents immediately to a supervisor.
2. A yellow paper Incident Report will be completed as soon as possible, preferably within 24 hours.
3. Completed reports will **NOT** be copied, provided to a patient or outside entity, will not be removed from the premises, will not be referred to or loaded into a patient chart, will not be destroyed.
4. Completed incident reports will be given to the Clinic Manager.
5. The Clinic Manager and Medical Director shall review Incident reports quarterly.
6. Any Incident reports needing action or PIP will be presented at the QAPI Meeting where the team reviews incidents and determines investigation level.
7. Root cause analysis performed for significant events.
8. Corrective actions tracked to completion.

Confidentiality:

All reports are handled confidentially and protected under applicable quality improvement and peer review protections.

Training

Employees receive incident reporting training during orientation and annually thereafter.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Information Security Policy	REVIEWED: 3/6/26
SECTION:	REVISED:
EFFECTIVE: 3/25/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Information Security Policy

Objective: The purpose of this policy is to protect the confidentiality, integrity, and availability of patient, employee, and organizational information in compliance with HIPAA and other applicable regulations.

Response Rating: This policy applies to all employees, contractors, volunteers, and vendors who access or use Valley Springs Health & Wellness Center information systems, including electronic health records, computers, phones, scanners, printers, network resources, and payment processing devices.

Required Equipment:

Procedure:

Information Security Oversight

Valley Springs Health & Wellness Center partners with **RJ-Pro IT Services** to manage and monitor the clinic's information technology infrastructure, cybersecurity protections, and system security. RJ-Pro provides oversight of network security, device management, system monitoring, and incident response in coordination with clinic leadership.

Access Control

- Access to electronic systems and patient information is limited to authorized personnel based on job responsibilities.
- Each user is assigned to a unique login and password.
- Passwords must not be shared and must follow established complexity requirements.
- Users must log out or lock workstations when leaving them unattended.

Patient Information Protection

- All Protected Health Information (PHI) must be handled in accordance with HIPAA privacy and security requirements.
- Staff may only access patient information necessary to perform their job duties.
- Patient information must not be discussed in public areas or shared with unauthorized individuals.

Device and Network Security

- All clinic computers, phones, scanners, and printers are managed and secured by RJ-Pro IT Services.
- Security software, encryption, and system updates are maintained and monitored through the clinic's IT services.
- Personal devices may not be connected to the clinic network unless approved by administration and IT.

Credit Card Payment Security

- Credit card payment terminals used at reception are secured devices used only for authorized clinic transactions.
- Payment terminals must remain in designated locations and may not be removed, tampered with, or connected to unauthorized equipment.
- Staff should visually inspect credit card devices regularly for signs of tampering or unusual attachments.
- Cardholder information must never be written down, stored, or retained outside of the approved payment processing system.
- Any suspected device tampering or security concern must be reported immediately to clinic leadership and RJ-Pro IT Services.

Remote Access Security

- Remote access to clinical systems is permitted only for authorized staff and providers when necessary to perform job duties.
- All remote access must occur through secure, approved connections and devices managed or authorized by the clinic and RJ-Pro IT Services.
- Users accessing clinic systems remotely must follow the same security standards required for onsite access, including password protection and safeguarding of patient information.
- Patient information must not be accessed through public or unsecured networks unless protected through secure connections approved by IT.

Email and Internet Use

- Clinic email systems are to be used for business purposes only.
- Staff should not open suspicious emails, attachments, or links.
- Any suspected phishing attempts or suspicious activity must be reported immediately.

Physical Security

- Workstations must be positioned to prevent unauthorized viewing of patient information.
- Printed documents containing patient information must be secured and disposed of in designated shredding containers when no longer needed.
- Access to restricted areas containing sensitive information must be controlled.

Data Backup and Disaster Recovery

- Valley Springs Health & Wellness Center maintains secure system backups to protect against data loss or system failure.
- **RJ-Pro IT Services performs nightly backups of clinic systems and data** to ensure information can be restored if necessary.
- Backup systems are monitored and maintained by RJ-Pro IT Services to ensure reliability and security.
- In the event of a system outage, cyber incident, or disaster, the clinic will work with RJ-Pro IT Services to restore systems and data as quickly as possible to maintain continuity of patient care and operations.

Incident Reporting

Any suspected or confirmed security incident, including lost devices, unauthorized access, phishing attempts, payment device tampering, or potential data breaches, must be reported immediately to clinic leadership and RJ-Pro IT Services.

Training

All staff will receive training on information security, HIPAA privacy, and cybersecurity awareness upon hire and periodically thereafter.

Policy Compliance

Failure to comply with this policy may result in disciplinary action, up to and including termination, in accordance with clinic policies.

Review

This policy will be reviewed periodically and updated as necessary to ensure continued compliance with regulatory requirements and cybersecurity best practices.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Risk Management	REVIEWED: 2/02/26
SECTION:	REVISED:
EFFECTIVE: 2/28/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Valley Springs Health & Wellness Center (VSHWC) is committed to maintaining a culture of safety and accountability through proactive risk management practices. VSHWC will identify potential risks, implement appropriate mitigation strategies, and continuously monitor outcomes to ensure high-quality, compliant, and sustainable healthcare services for the community.

Objective: To establish a structured and proactive framework for identifying, evaluating, mitigating, and monitoring risks that may impact the VSHWC. The policy supports safe patient care, operational effectiveness, regulatory compliance, financial stewardship, and protection of the Clinic and District's reputation and assets.

Response Rating: This policy applies to all Clinic operations, including clinical and non-clinical services, employees, contractors, volunteers, medical staff and leadership. The policy encompasses operational, clinical, financial, regulatory, environmental, cybersecurity, and strategic risks.

Definitions:

Risk: The possibility that an event will occur and adversely affect objectives.
Risk Appetite: The level of risk the District and/or Clinic is willing to accept in pursuit of its mission.
Incident: An event that results in or could result in harm, loss, or regulatory exposure.
Near Miss: An event that could have resulted in harm but did not.
Mitigation: Actions taken to reduce likelihood or impact of risk.
Corrective Action: Steps implemented to prevent recurrence of identified issues.

Procedure:

1. Governance and Roles

The CEO holds ultimate responsibility for implementation of the risk management program. The Medical Director and Clinic Manager are responsible for identifying and managing risks within their areas. All employees share responsibility for reporting hazards, incidents, and compliance concerns.

2. Risk Categories

VSHWC manages risks across multiple categories including:

- Clinical and Patient Safety Risks
- Operational Risks
- Financial Risks
- Regulatory and Legal Risks
- Strategic Risks
- Reputational Risks
- Environmental and Workplace Safety Risks
- Cybersecurity and Information Security Risks.

3. Risk Identification

Risks are identified through incident reporting, internal audits, patient complaints, staff feedback, regulatory inspections, environmental safety rounds, performance data review, and leadership evaluations. Employees are encouraged to report risks without fear of retaliation.

4. Risk Assessment Methodology

Identified risks are evaluated using a standardized assessment considering likelihood of occurrence and potential impact. Risks are categorized as Low, Moderate, or High priority. High-risk issues require prompt mitigation planning and leadership review.

5. Risk Mitigation and Controls

VSHWC implements mitigation strategies including policy development, staff education, workflow redesign, technology safeguards, supervision, monitoring controls, and insurance coverage. Corrective actions are documented and tracked until resolution.

6. Incident Reporting and Investigation

All incidents and near misses must be reported promptly according to VSHWC procedures. Investigations may include root cause analysis to identify contributing factors and prevent recurrence. Corrective actions are monitored for effectiveness.

7. Compliance and Regulatory Alignment

The Risk Management Program aligns with applicable federal, state, and local requirements including HIPAA, OSHA, CMS Conditions of Participation, California Health and Safety Code, labor regulations, and applicable public agency laws.

8. Monitoring and Reporting

Risk management activities are reviewed regularly by leadership. Significant risks and trends are reported to the Board of Directors at least biennially. Metrics and trend analysis are used to support continuous improvement.

9. Education and Training

All employees receive risk management and compliance education during orientation and annually thereafter. Leadership staff receive additional training related to incident response, safety practices, and regulatory compliance.

10. Documentation and Record Retention

VSHWC maintains documentation of incidents, investigations, corrective actions, and risk assessments in accordance with applicable record retention requirements and confidentiality standards.

11. Insurance and Claims Management

The Mark Twain Health Care District maintains appropriate insurance coverage to mitigate financial exposure. Claims and potential claims are reported promptly to insurance carriers and managed in coordination with legal counsel when necessary.

12. Continuous Improvement

Risk management is an ongoing cycle of identification, assessment, mitigation, monitoring, and improvement. Lessons learned from incidents and audits are incorporated into operational and policy improvements.

This policy shall be reviewed at least biennially and updated as necessary to reflect regulatory changes, operational needs, and organizational priorities.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Communication with Persons with Limited English Proficiency	REVIEWED: 11/9/18; 2/12/20; 5/04/21; 5/3/22; 6/05/23; 5/7/24; 5/14/25; 4/6/26
SECTION: Civil Rights	REVISED: 2/12/20; 4/6/26
EFFECTIVE: ~~6/25/25~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Communication with Persons with Limited English Proficiency

Objective: The Clinic will take reasonable steps to ensure that persons with Limited English Proficiency (LEP) have meaningful access and an equal opportunity to participate in our services, activities, programs and other benefits. The policy of The Clinic is to ensure meaningful communication with LEP patients/clients and their authorized representatives involving their medical conditions and treatment. The policy also provides for communication of information contained in vital documents, including but not limited to, waivers of rights, consent to treatment forms, financial and insurance benefit forms, etc. All interpreters, translators and other aids needed to comply with this policy shall be provided without cost to the person being served, and patients/clients and their families will be informed of the availability of such assistance free of charge.
Language assistance will be provided through use of competent bilingual staff, staff interpreters, Language Line Solutions, or in person interpreters as needed, providing interpretation or translation services, or technology and telephonic interpretation services. All staff will be ~~provided~~provided with notice of this policy and procedure, and staff that may have direct contact with LEP individuals will be trained in effective communication techniques, including the effective use of an interpreter.
The Clinic will conduct a regular review of the language access needs of our patient population, as well as update and monitor the implementation of this policy and these procedures, as necessary.
Response Rating:

Required Equipment:

Procedure

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

2. Obtaining a Qualified Interpreter
   Clinic Manager, (209) 772-7070 is responsible for:
   a. Maintaining an accurate and current list showing the name, language, phone number and hours of availability of bilingual staff and/or the contact information of the 24-hour interpreter service (provide the list~~);~~).
   b. Contacting the appropriate bilingual staff member to interpret, if an interpreter is needed, if an employee who speaks the needed language is available and is qualified to ~~interpret;~~interpret.

c. Obtaining an outside interpreter if a bilingual staff or staff interpreter is not available or does not speak the needed language. The Clinic has made arrangements with Language Line Solutions to provide qualified interpreter services. Language Line Solutions is available 24 hours a day, 365 days a year. There are 3 rolling tablets stations with Language Line access programmed on the device. Language Line Solutions contact and access information can be found on the Emergency Contacts list found at all phones in the Clinic.

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

e. Where the patient requires a sign language interpreter, Clinic staff will contact the patient's insurance carrier to determine what resources are made available to the insured and will schedule those resources as needed. It is understood that a patient accessing same day care does not allow the Clinic to schedule a sign language interpreter through their insurance carrier as there is no lead time to obtain assistance. When this occurs, the Clinic will contact Language Line Solutions and utilize their video conferencing technology to access an American Sign Language interpreter, in the event a live interpreter is needed, the Clinic Manager will need at least 3 days' notice (if possible) to arrange for an interpreter to come to the clinic..

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

3. Providing Written Translations

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

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

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

4. Providing Notice to LEP Persons

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

5. Monitoring Language Needs and Implementation

   On an ongoing basis, the Clinic will assess changes in demographics, types of services, or other needs that may require reevaluation of this policy and its procedures. In addition, the Clinic will regularly assess the efficacy of these procedures, including but not limited to mechanisms for securing interpreter services, equipment used for

the delivery of language assistance, complaints filed by LEP persons, feedback from patients and community organizations.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: PPD Test Results	REVIEWED: 2/1/19; 11/23/20; 8/25/21; 5/02/23; 5/7/24; 4/6/26
SECTION: Patient Care	REVISED: 4/6/26
EFFECTIVE: ~~5/29/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: PPD Test Results

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

Response Rating:

Required Equipment:

Procedure:

1. At the time the PPD is placed, the patient will be directed to return to the Clinic no sooner than 48 and no later than 72 hours after placement.

2. The patient's reporting paperwork will be retained in a "tickler file" as a reminder to staff that results are pending for the test.

3. The patient will be reminded to bring their immunization card with them when they return to have their test read.

4. The patient will not be registered for the PPD read visit.

5. The patient will be placed in an examination area or treatment room immediately upon arriving to have their test read.

6. The RN will be notified immediately that a patient is waiting to have a PPD read. Only Clinic practitioners and/or RNs will read PPDs placed at the Clinic.

7. The PPD will be read by a physician, nurse practitioner, physician assistant or registered nurse only. The registered nurse may be the Clinic's scheduled RN.

8. The results of the test will be recorded on the immunization card and the patient's medical record. A completed copy may be provided to the patient.
    a. Patients with a positive result will be held in the Clinic to see the provider for immediate follow-up. The patient will be registered in the EMR for the follow-up appointment.

9. There is no charge to the patient when the PPD is read and the results recorded.

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PPD Test Results
Policy Number 166

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY~~: Standardized~~: Standardized Procedures for Mid-level Practitioners (NP, PA)	REVIEWED: 9/8/19; 3/30/21: 7/26/22; 9/11/23; 2/6/26
SECTION: Standardized Procedures	REVISED:
EFFECTIVE: ~~9/27/23~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

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~~Open Evidence. The use of this resource will be reviewed annually. https://www.openevidence.com/

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~~: 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~~: Annually
   c. Follow-up~~: Areas~~: 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~~: management of acute/episodic conditions, trauma, chronic conditions, infectious disease contacts, routine gynecological problems, contraception, health maintenance exams and ordering medication.

Medical Directors/Supervising Physician

_____ _____

Medical Director Date

Mid-Level Practitioner

_____ _____

Mid-level Practitioner Date

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Mid-level Practitioner Date

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Mid-level Practitioner Date

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Withdrawal of Care	REVIEWED: 6/1/19: 3/30/21;3/24/22; 2/24/23; 4/01/24; 4/6/26
SECTION: Patient Care	REVISED: 3/30/21; 03/07/23; 4/6/26
EFFECTIVE: ~~4/24/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Withdrawal of care

Objective: To ensure appropriate management of the process of withdrawing care from a Clinic patient, a Clinic provider (a physician, nurse practitioner, and/or physician assistant under physician supervision) may terminate the doctor-patient relationship with a patient for any non-discriminatory reason after providing said patient with written notice of their decision.

Response Rating:

Required Equipment: None

Procedure

1. To avoid an allegation of abandonment, once a practitioner undertakes to treat a patient, he or she must continue to provide care unless:
   a. Patient's condition is such that care is no longer reasonably required; and/or
   b. The patient terminated the practitioner-patient relationship; and/or
   c. The practitioner gives written notice of withdrawal of care and allows sufficient time (a minimum of 30 days) for the patient to employ another provider; and/or
   d. The practitioner agreed to only treat a specific ailment or ~~injury, or~~injury or agreed to treat at a certain time or place.
2. To avoid an allegation of abandonment, the provider may not discontinue care if:
   a. If the practitioner is aware that no other practitioners are available to provide the needed care to the patient, care may not be withdrawn; and/or
   b. If the patient is in an acute phase of their treatment; and/or
   c. The patient is a member of a pre-paid health plan; and/or

d. The sole reason for the termination is the patient's diagnosis of HIV/AIDS

3. Practitioner who wishes to terminate the Physician-Patient relationship with a Clinic patient will ~~complete the~~make a Withdrawal of Care ~~Worksheet~~ request and submit to the Clinic Manager.

4. A Withdrawal of Care ~~Worksheet~~ request will be reviewed by the supervising physician and/or Medical Director and Clinic Leadership. Request will be approved by the Medical Director, or the Medical Director may re-assign the patient to an alternate Clinic provider. To resolve the matter and to prevent the dismissal from practice being unexpected, it is preferred that the practitioner speak with the patient regarding the issue(s) promoting the recommendation for Withdrawal of Care prior to completing the ~~Worksheet~~request.

5. If the patient's relationship with the Clinic is to be terminated, a letter must be sent to the patient, indicating reason for withdrawal of care (see Withdrawal of Care worksheet). This letter is created by the Clinic Manager or Designee.

6. Letter will contain:

   a. Advice to patients with chronic conditions that they need ongoing medical attention (stress appropriate urgency)

   b. Medication requirements

   c. Reinforce previous health care recommendations

   d. Recommend contacting insurance carrier for referral to alternate physician. Offer contact phone numbers to facilitate patient's efforts to find an alternate practitioner.

   e. Confirmation that provider will be available to render care for urgent concerns for the next 30 days.

7. Objectively document termination of patient care in the medical record, including a copy of both the Withdrawal of Care ~~worksheet~~ request and the letter to the patient

8. Letter will be sent by mail.

   A. A copy of the letter must be maintained in the medical record.

   B. If the letter is not received by the patient and is returned to the Clinic, the returned, unopened letter will be maintained in the Clinic record and a second copy of the letter will be sent to the patient via regular mail.

   C. Notation of the second letter will be maintained in the patient's medical record.

9. Notify appointment schedulers/document in chart that the patient will no longer be seen in the practice, to avoid scheduling appointments for that patient after the 30-day period.

10. Document in the alerts/notes section of the EMR that the patient will no longer be seen in the practice.

11. Should Clinic or District leadership identify a patient who is disruptive, non-compliant or a risk to other patients, this information will be brought to the attention of the patient's Primary Care Physician and that physician will be asked to dismiss the patient from care utilizing this policy.

    a. Patients who threaten other patients and/or staff or are deemed an imminent risk to the safety of other patients and/or Clinic staff members will be dismissed from the Clinic immediately, with follow-up to the patient's insurance carrier within 24 hours of their dismissal.

    b. Local law enforcement will be contacted, and a report made regarding patients who are dismissed due to imminent risk or threat.

Resource:

- Dixon, Laura A. JD, RN (April 2012). "Terminating Patient Relationships". Retrieved 3/12/15 from hppt://thedoctors/com.
- Walden, Roselyn MSN, FNP-BC (May 2012). "Dismiss a Problem Patient in 10 Safe Steps". Retrieved 3/12/5 from hppt://clinicaladvisor.com
- Julie Brightwell, JD, RN, Director, Healthcare Systems Patient Safety, and Richard Cahill, JD, Vice President and Associate General Counsel, The Doctors Company (Sept 08,2021) "Terminating Patient Relationships". https://www.thedoctors.com/articles/terminating-patient-relationships/

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

POLICY: ABI	REVIEWED: 8/27/24; 4/6/26
SECTION:	REVISED:
EFFECTIVE: ~~9/25/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: ABI~~: ABI

Objective: To identify the process for performing and ABI

Response Rating: This guideline applies to nursing and medical staff

Required Equipment: Microsoft Surface Pro Tablet, 4 limb cuffs (Wireless R & L ankle, regular arm, large arm cuff - extra), charger, micro-USB power cord

Policy:

Peripheral Artery Disease (PAD) is a common manifestation of atherosclerotic vascular disease.
The arteries in the legs or arms become narrowed or blocked. PAD incidence increases with age and in the presence of known cardiovascular risk factors (e.g., smoking and diabetes). People with PAD are at an increased risk of heart attack, stroke, poor circulation, and leg pain.
ABI evaluates PAD using the Ankle Brachial Index (ABI). The ABI compares systolic blood pressure measured at the ankle with systolic blood pressure measured at the arm. A low ABI can be a strong PAD indicator and risk circulatory problems.
Arterial stiffness occurs because of biological aging and Arteriosclerosis. As a result, the arteries become thick and stiff, sometimes restricting blood flow to the organs and tissues.
Arterial stiffness is associated with an increased risk of cardiovascular events such as heart attack and stroke. However, depending on the cause, arterial stiffness may be treated and prevented. An ABI evaluates Arterial Stiffness using Pulse Wave Velocity (PWV), Peripheral Augmentation index (AI), and Central Aortic Systolic Pressure (CASP).

1. There are a few contraindications for an Ankle-Brachial Index (ABI) test, including:
   a. Deep vein thrombosis
      The American Heart Association recommends avoiding compression of the extremity if there is known or suspected deep vein thrombosis. This is because compression of the extremity could break and embolize a thrombus.
   b. Severe leg pain
      The ABI test requires significant pressure to be applied to the leg, which can cause significant pain for the patient. This pain could be related to leg ischemia, fracture/swelling, or wounds.
   c. Inability to remain supine
      The patient must be able to remain supine for the duration of the examination.
   d. Occlusive sphygmomanometer cuff
      The use of an occlusive sphygmomanometer cuff may worsen the extremity injury.
   e. Painful, slow healing wounds or ulcers
      Painful, slow healing wounds or ulcers on the lower limbs may be a contraindication.

The ABI test can also be inaccurate in some cases, as it can't always pinpoint the exact location of narrowing within a blood vessel.

2. Based on a **referral from the PCP,** an ABI is ordered and scheduled, with qualifying diagnosis codes:
   93922 ICD Coding

   ICD-10 codes to support the billing (dependent on LCD)
   E10.51 - Type 1 diabetes mellitus with diabetic peripheral angiopathy without gangrene
   E10.59 - Type 1 diabetes mellitus with other circulatory complications
   E11.51 - Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene
   E11.59 - Type 2 diabetes mellitus with other circulatory complications
   I25.83 - Coronary atherosclerosis due to lipid rich plaque
   I25.84 - Coronary atherosclerosis due to calcified coronary lesion
   I70.209 - Unspecified atherosclerosis of native arteries of extremities, unspecified extremity
   I70.219 - Atherosclerosis of native arteries of extremities with intermittent claudication, unspecified extremity (This code covers atherosclerosis marked by pain, tension, and weakness after walking and no symptoms while at test)
   I70.25 - Atherosclerosis of native arteries of other extremities with ulceration
   I70.269 - Atherosclerosis of native arteries of extremities with gangrene, unspecified extremity
   I703.9 - Peripheral vascular disease, unspecified (This code covers intermittent claudication and peripheral angiopathy not otherwise specified)
   L79.809 - Non-pressure chronic ulcer of other part of unspecified lower leg with unspecified severity
   L79.909 - Non-pressure chronic ulcer of unspecified part of unspecified lower leg with unspecified severity
   M79.661 - Pain in right lower leg
   M79.662 - Pain in left lower leg
   M79.671 - Pain in right foot
   M79.672 - Pain in left foot
   N18.3 - Chronic Kidney Disease, stage 3
   N18.4 - Chronic Kidney Disease, stage 4
   N18.5 - Chronic Kidney Disease, stage 5
   N18.6 End stage renal disease
   HCC Codes that crosswalk with the above ICD-10 Codes
   HCC 108 - Peripheral vascular disease (.299)
   HCC 18 - Diabetes with vascular complication (.368)

3. Staff must be trained ~~on~~in performing an ABI and have their competency signed ~~off,~~off prior to performing this test independently.

Procedure:

1. Charging - Cuffs: Plug in all cuffs at the end of the day to charge. Each cuff will show an orange light while charging and will turn green when it is fully charged. The large arm cuff does not have a yellow or green light. It shows a battery indicator while charging and it will show fully charged when completed.

2. Connection: The device needs to be more than 10 feet away from other Bluetooth devices, cellphones, Apple watches, X-ray machines, MRIs and Wi-Fi routers to eliminate interferences.

3. Checking cuff connection: Open computer settings and go to Bluetooth to ensure Bluetooth is still on. NEVER turn off Bluetooth, as cuffs will not connect. Open software device settings to check Bluetooth connection. Click on “Start Test”, turn on each of the indicated cuffs and click on start test to check connection. If any of the cuffs show not connected, click the specific cuff and click on “Re-assign” to establish connection. Save and exit when done.

4. Adding a new patient:

a. Click on “Add New Patient” and input first and last name, date of birth and gender. No other ~~fields are~~field is required except EMR ID when using our Cloud software.
b. ABI contraindications need to be selected. If “no” is selected on all, then an ABI test can be performed. If one “yes” is selected, the test cannot be performed.
c. Visit form and Clinical Context: There are no required fields on this page.
d. Symptoms, Risk Factor and Treatment selections are optional. To select, click on the hand to activate buttons and then select.
e. ICD-10 codes can be looked up and input to reflect on the report. This is optional.

5. Patient Set Up Page
   a. Patient positioning: Patient should be lying down flat or at a 45-degree angle. Legs are supported horizontally. Arms are straight, palms facing upward. ~~Patient~~Patients should not speak or move during measurement.
   b. Arm cuff selection: Select which cuffs you will be applying to the patient based on their circumstance. Regular cuffs (default) or “Large” cuff (patient with arm circumference greater than 13.6”).
   c. Select Missing Extremity: One leg or arm can be bypassed if needed. Bypass extremity if it is missing or if it has an implantable device. If one arm is bypassed, then always use the Black Arm cuff on the available arm. It does not matter which arm is being bypassed, the Black Arm cuff is always used on a one arm measurement.

6. Device Placement – Cuff Placement:
   a. All cuffs are labeled according to the extremity, except the left arm cuff, that cuff is labeled ARM.
   b. Each cuff has a blue arrow that should be placed according to software instructions.
   c. On both arms, the blue arrows face DOWN towards the wrist on the brachial artery. The end part of the cuff should be an inch from the bend of the ~~elbow~~elbow, and the arm cuffs should be snug.
   d. On both ankle cuffs, the blue arrows should face DOWN towards the DP artery. The end part of the cuff should be an inch above the ankle bone. The top of the finger should fit in between the skin and the cuffs on the proximal end of the cuff. The cuff will be looser on the distal end.

7. Running the ABI Test:
   a. ABI test will run: Once cuffs are placed, click on “Continue”.
   b. A message will appear to turn on the ABI cuffs. Only turn on the cuffs showing on the screen. For a standard measurement, Black Arm cuff (left arm) and left and right ankle cuffs (in no particular order).
   c. Click on the button once on each and make sure the cuff screen reflects a ~~solid ‘-~~solid -0-‘ and then click on OK. The cuff will time out after30 seconds if “OK” is not clicked.
   d. If the ‘-0~~-‘ is-~~‘is flashing or displays “LOP”, it means the batteries are “Low on Power” and your test will fail.
   e. If the screens display ‘0-0’ you double clicked it. Please turn off the cuffs and turn them back on to display ~~only ‘-~~only -0-‘.
   f. The left arm and two ankle cuffs will inflate and take the measurement. Once completed, the cuffs will shut down and redirect you to the patient setup page. This page shows the right arm cuff and two ankle cuffs.
   g. Before turning on the cuffs, follow instructions to rotate the blue arrows on the two ankle cuffs medially to the PT arteries and rotate the feet laterally outwards.
   h. Turn on the right arm cuff and two ankle cuffs, check for a ‘-0~~-‘ on-~~‘on each and click “Continue”.

i. The right arm cuffs and two ankle cuffs will take the measurement. Once completed, the cuffs will shut down and populate the results.
j. Results can be viewed and discussed with the patient or a report can be printed.
k. Click on “Database” at the top left corner to go back to the software database for next patient input.

8. What ~~is~~are the diagnostic criteria for ABI?
A value below 0.9 is considered diagnostic of PAD. Values less than 0.5 suggests severe PAD. Individuals with such severe disease may not have sufficient blood flow to heal a fracture or surgical wound; they should be considered for revascularization if they have a non-healing ulcer.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Appointment Notification	REVIEWED: 11/12/18; 2/12/20; 4/2/20;5/29/21; 8/30/22; 9/7/238/22/24; 4/6/26
SECTION: Admitting	REVISED: 2/12/20; 4/2/20: 8/30/22; 9/11/23
EFFECTIVE: ~~9/25/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Appointment Notification

Objective: Clinic EMR will automatically contact all patients who have a scheduled appointment at least 24 hours prior to the appointment day/time and remind those patients of their scheduled appointment to reduce no shows, improve communication with the patient, and to most accurately predict the next day's schedule.

Response Rating:

Required Equipment:

Procedure

1. Clinic EMR will contact medical patients with scheduled appointments to provide reminders of that appointment.
2. Patients will be asked to confirm that the time and date of the scheduled appointment are still convenient for them. In the event the patient would like to reschedule the appointment, they will be prompted to call the office.
3. In the event an appointment is canceled, that appointment will be made available for other patients who may need to see the physician or mid-level practitioner.
4. Notations will be made in the EMR documenting when contact has been made. The documentation can be reviewed by generating reports from the EMR Communicator functions.
5. Two days prior to dental clinic days, designated Dental staff will contact dental patients with scheduled appointments to provide a reminder of that appointment.
6. If an appointment slot becomes available, designated staff will refer to the dental appointment wait list and will contact the next patient on the list, offering the now available appointment slot. Staff will continue down the list until they identify a patient who wants to utilize the appointment slot.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Bioterrorism Threat	REVIEWED: 8/29/19; 2/25/20; 5/04/21; 5/3/22; 5/02/23; 9/7/23; 8/22/24; 4/6/26
SECTION: Safety and Emergency Planning	REVISED: 2/25/20
EFFECTIVE: ~~9/25/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Bioterrorism Threat

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

Response Rating:

Required Equipment:

Procedure:

1. In the case of a biological threat:

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

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

POLICY: Consent and Information Sharing-Children	REVIEWED: 1/12/2022; 7/25/23; 8/6/24; 5/6/26
SECTION: Behavioral Health	REVISED: 5/6/26
EFFECTIVE: ~~8/28/24~~5/27/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Consent and Information Sharing-Children

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

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

Required Equipment:

Procedure:

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

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

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

PROCEDURES

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

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

1.2 In California, two statutes (California Family Code§ 6924 and Health & Safety Code § 124260) give minors the right to consent to mental health treatment. If a minor meets the criteria under either statute, the minor may consent to his or her own treatment. If the minor meets the criteria under both, the provider may decide which statute to apply.

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

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

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

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

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

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

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

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

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

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

3. Sharing Information

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

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

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

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

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

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

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

4. Acting when there is a Risk of Harm

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

CALIFORNIA MINOR CONSENT AND CONFIDENTIALITY LAWS*

MINORS OF ANY AGE MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
PREGNANCY	"A minor may consent to medical care related to the prevention or treatment of pregnancy," except sterilization. (Cal. Family Code § 6925).	The health care provider is not permitted to inform a parent or legal guardian without the minor's consent. The provider can only share the minor's medical information with them with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).
CONTRACEPTION	A minor may receive birth control without parental consent. (Cal. Family Code § 6925).	
ABORTION	A minor may consent to an abortion without parental consent. (Cal. Family Code § 6925; *American Academy of Pediatrics v. Lungren,* 16 Cal.4th 307 (1997)).	The health care provider is not permitted to inform a parent or legal guardian without the minor's consent. The provider can only share the minor's medical information with them with a signed authorization from the minor. (*American Academy of Pediatrics v. Lungren,* 16 Cal.4th 307 (1997); Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).
SEXUAL ASSAULT[1] SERVICES [1]For the purposes of minor consent alone, sexual assault includes acts of oral copulation, sodomy, and other crimes of a sexual nature.	"A minor who [may] have been sexually assaulted may consent to medical care related to the diagnosis,…treatment and the collection of medical evidence with regard to the …assault." (Cal. Family Code § 6928).	The health care provider must attempt to contact the minor's parent/guardian and note in the minor's record the day and time of the attempted contact and whether it was successful. This provision does not apply if the treating professional reasonably believes that the parent/guardian committed the assault. (Cal. Family Code § 6928). Both rape and sexual assault of a minor are considered child abuse under California law and must be reported as such to the appropriate authorities by mandated reporters. The child abuse authorities investigating a child abuse report legally may disclose to parents that a report was made. (See Cal. Penal § 11167 and 11167.5.)
RAPE[2] SERVICES FOR MINORS UNDER 12 YRS[3] [2]Rape is defined in Cal. Penal Code **§ 261**. [3]See also "Rape Services for Minors 12 and Over" on page 3 of this chart	A minor under 12 years of age who may have been raped "may consent to medical care related to the diagnosis,…treatment and the collection of medical evidence with regard" to the rape. (Cal. Family Code § 6928).	

MINORS OF ANY AGE MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
EMERGENCY MEDICAL SERVICES* *An emergency is "*a situation . . . requiring immediate services for alleviation of severe pain or immediate diagnosis of unforeseeable medical conditions, which, if not immediately diagnosed and treated, would lead to serious disability or death*" (Cal. Code Bus. & Prof. § 2397(c)(2)).	A provider shall not be liable for performing a procedure on a minor if the provider "reasonably believed that [the] procedure should be undertaken immediately and that there was insufficient time to obtain [parental] informed consent." (Cal. Bus. & Prof. Code § 2397).	The parent or guardian usually has a right to inspect the minor's records. (Cal. Health & Safety Code §§ 123110(a); Cal. Civ. Code § 56.10. *But see exception at endnote* ([EXC.])).
SKELETAL X-RAY TO DIAGNOSE CHILD ABUSE OR NEGLECT* * The provider does not need the minor's or her parent's consent to perform a procedure under this section.	"A physician and surgeon or dentist or their agents . . . may take skeletal X-rays of the child without the consent of the child's parent or guardian, but only for purposes of diagnosing the case as one of possible child abuse or neglect and determining the extent of." (Cal. Penal Code § 11171.2).	Neither the physician-patient privilege nor the psychotherapist-patient privilege applies to information reported pursuant to this law in any court proceeding.
MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	**LAW/DETAILS**	**MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?**
INFECTIOUS, CONTAGIOUS COMMUNICABLE DISEASES (DIAGNOSIS, TREATMENT)	"A minor who is 12 years of age or older and who may have come into contact with an infectious, contagious, or communicable disease may consent to medical care related to the diagnosis or treatment of the disease, if the disease… is one that is required by law…to be reported…." (Cal. Family Code § 6926).	The health care provider is not permitted to inform a parent or legal guardian without the minor's consent. The provider can only share the minor's medical information with them with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).
SEXUALLY TRANSMITTED DISEASES (PREVENTIVE CARE, DIAGNOSIS, TREATMENT)	A minor 12 years of age or older who may have come into contact with a sexually transmitted disease may consent to medical care related to the prevention, diagnosis or treatment of the disease. (Cal. Family Code § 6926).	

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
AIDS/HIV TESTING AND TREATMENT	A minor 12 and older is competent to give written consent for an HIV test. (Cal. Health and Safety Code § 121020). A minor 12 and older may consent to medical car related to the prevention, diagnosis and treatment of HIV/AIDS. (Cal. Family Code § 6926).	The health care provider is not permitted to inform a parent or legal guardian without the minor's consent. The provider can only share the minor's medical information with them with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).
RAPE SERVICES FOR MINORS 12 and OVER	"A minor who is 12 years of age or older and who is alleged to have been raped may consent to medical care related to the diagnosis or treatment of the condition and the collection of medical evidence with regard to the alleged rape." (Cal. Family Code § 6927).	The health care provider is not permitted to inform a parent or legal guardian without the minor's consent. The provider can only share the minor's medical information with them with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11). RAPE Rape of a minor is considered child abuse under California law and mandated reporters, including health care providers, must report it as such. Providers cannot disclose to parents that they have made this report without the adolescent's authorization. However, adolescent patients should be advised that the child abuse authorities investigating the report may disclose to parents that a report was made.

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
OUTPATIENT MENTAL HEALTH SERVICES[4]/ SHELTER SERVICES [4]This section does not authorize a minor to receive convulsive therapy, psychosurgery or psychotropic drugs without the consent of a parent or guardian.	Two statutes give minors the right to consent to mental health treatment. If a minor meets the criteria under either statute, the minor may consent to his or her own treatment. If the minor meets the criteria under both, the provider may decide which statute to apply. There are differences between them. See endnote ** for more on these differences: Family Code § 6924 "A minor who is 12 years of age or older may consent to mental health treatment or counseling on an outpatient basis or to residential shelter services, if both of the following requirements are satisfied: (1) The minor, in the opinion of the attending professional person, is mature enough to participate intelligently in the outpatient services or residential shelter services. AND (2) The minor (A) would present a danger of serious physical or mental harm to self or to others without the mental health treatment or counseling or residential shelter services, or (B) is the alleged victim of incest or child abuse." (Cal. Family Code § 6924.) Health & Safety Code § 124260 "[A] minor who is 12 years of age or older may consent to [outpatient] mental health treatment or counseling services if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the mental health treatment or counseling services." (Cal. Health & Saf. Code § 124260.)	MENTAL HEALTH TREATMENT: The health care provider is required to involve a parent or guardian in the minor's treatment unless the health care provider decides that such involvement is inappropriate. This decision and any attempts to contact parents must be documented in the minor's record. (Cal. Fam. Code § 6924; 45 C.F.R. 164.502(g)(3)(ii).) For services provided under Health and Safety Code § 124260, providers must consult with the minor before deciding whether to involve parents. (Cal. Health & Saf. Code § 124260(a).) While this exception allows providers to inform and involve parents in treatment when appropriate, it does not give providers a right to disclose medical records to parents without the minor's authorization. The provider can only share the minor's medical records with parents with a signed authorization from the minor. (Cal. Health & Saf. Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11, 56.30; Cal. Welf. & Inst. Code § 5328. *See also endnote*([EXC]).) SHELTER: Although minor may consent to service, the shelter must use its best efforts based on information provided by the minor to notify parent/guardian of shelter services.

MINORS 12 YEARS OF AGE OR OLDER MAY CONSENT	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
DRUG AND ALCOHOL ABUSE TREATMENT • This section does not authorize a minor to receive replacement narcotic abuse treatment without the consent of the minor's parent or guardian. • This section does not grant a minor the right to refuse medical care and counseling for a drug or alcohol related problem when the minor's parent or guardian consents for that treatment. (Cal. Family Code § 6929(f)).	"A minor who is 12 years of age or older may consent to medical care and counseling relating to the diagnosis and treatment of a drug or alcohol related problem." (Cal. Family Code §6929(b)).	There are different confidentiality rules under federal and state law. Providers meeting the criteria listed under 'federal' below must follow the federal rule. Providers that don't meet these criteria follow state law. **FEDERAL**: Federal confidentiality law applies to any individual, program, or facility that meets the following two criteria: 1. The individual, program, or facility is federally assisted. (Federally assisted means authorized, certified, licensed or funded in whole or in part by any department of the federal government. Examples include programs that are: tax exempt; receiving tax-deductible donations; receiving any federal operating funds; or registered with Medicare.)(42 C.F.R. §2.12); **AND** 2. The individual or program: 1) Is an individual or program that holds itself out as providing alcohol or drug abuse diagnosis, treatment, or referral; **OR** 2) Is a staff member at a general medical facility whose primary function is, and who is identified as, a provider of alcohol or drug abuse diagnosis, treatment or referral; **OR** 3) Is a unit at a general medical facility that holds itself out as providing alcohol or drug abuse diagnosis, treatment or referral. (42 C.F.R. §2.11; 42 C.F.R. §2.12). For individuals or programs meeting these criteria, federal law prohibits disclosing any information to parents without a minor's written consent. One exception, however, is that an individual or program may share with parents if the individual or program director determines the following three conditions are met: (1) that the minor's situation poses a substantial threat to the life or physical well-being of the minor or another; (2) that this threat may be reduced by communicating relevant facts to the minor's parents; and (3) that the minor lacks the capacity because of extreme youth or a mental or physical condition to make a rational decision on whether to disclose to her parents. (42 C.F.R. §2.14). **STATE RULE**: Cal. Family Code §6929(c). Parallels confidentiality rule described under "Mental Health Treatment" at page 4 above. *See also exception at endnote ([EXC]).*

MINOR 15 YEARS OF AGE OR OLDER	LAW/DETAILS	MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?
GENERAL MEDICAL CARE	"A minor may consent to the minor's medical care or dental care if all of the following conditions are satisfied: (1) The minor is 15 years of age or older. (2) The minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration of the separate residence. The minor is managing the minor's own financial affairs, regardless of the source of the minor's income." (Cal. Family Code § 6922(a).)	"A physician and surgeon or dentist may, with or without the consent of the minor patient, advise the minor's parent or guardian of the treatment given or needed if the physician and surgeon or dentist has reason to know, on the basis of the information given by the minor, the whereabouts of the parent or guardian." (Cal. Family Code § 6922(c). *See also exception at endnote (EXC)).*
MINOR MUST BE EMANCIPATED (GENERALLY 14 YEARS OF AGE OR OLDER)	**LAW/DETAILS**	**MAY/MUST THE HEALTH CARE PROVIDER INFORM A PARENT ABOUT THIS CARE OR DISCLOSE RELATED MEDICAL INFORMATION TO THEM?**
GENERAL MEDICAL CARE for EMANCIPATED YOUTH	An emancipated minor may consent to medical, dental and psychiatric care. (Cal. Family Code § 7050(e)). *See* Cal. Family Code § 7002 for emancipation criteria.	The health care provider is not permitted to inform a parent or legal guardian without minor's consent. The provider can only share the minor's medical information with them with a signed authorization from the minor. (Cal. Health & Safety Code §§ 123110(a), 123115(a)(1); Cal. Civ. Code §§ 56.10, 56.11).

Endnotes:

* There are many confidentiality and consent rules. Different rules apply in different contexts. This chart addresses the rules that apply when minors live with their parents or guardians. It does not address the rules that apply when minors are under court jurisdiction or in other special living situations. Further, the confidentiality section focuses on parent and provider access. It does not address when other people or agencies may have a right to access otherwise confidential information.

** In addition to having slightly different eligibility criteria, there are other small differences between Health and Safety Code §124260 and Family Code § 6924. For example, the two laws both allow "professional persons" to deliver minor consent services but the two laws define "professional person" differently. Also, there is a funding restriction that applies to Health and Safety Code §124260 but not to Family Code § 6924. (See Cal. Family Code 6924, Cal. Health & Saf. Code § 124260 and Cal. Welf. & Inst. Code § 14029.8 and look for more information on www.teenhealthlaw.org.).

EXC: Providers may refuse to provide parents access to a minor's medical records, where a parent normally has a right to them, if "the health care provider determines that access to the patient records requested by the [parent or guardian] would have a detrimental effect on the provider's professional relationship with the minor patient or the minor's physical safety or psychological well-being." Cal. Health & Safety Code §

123115(a)(2). A provider shall not be liable for any good faith decisions concerning access to a minor's records. Id.

https://www.careinnovations.org/wp-content/uploads/2017/10/CA_Minor_Consent__Confidentiality_Laws.pdf

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

POLICY: Consent for Treatment BH 1.0	REVIEWED: 5/23/23; 8/22/24; 4/6/26
SECTION: Behavioral Health	REVISED: 6/14/23; 8/23/24
EFFECTIVE: ~~9/25/24~~4/22/26	MEDICAL DIRECTOR: Dr. Smart

Subject~~: Consent~~: Consent for Treatment 1.0

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

Response Rating: This guideline applies to the VSHWC IBH service

Required Equipment:

Procedure:

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

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

To be valid, consent must be:

- Voluntarily given, without any misrepresentation or fraud

- Given by a person who is capable of making service decisions

- Informed (meaning the person has been given sufficient information about the service and any implications of giving the consent.)

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

PROCEDURES

1. Patient Consent

   1.0 The Integrated Behavioral Health Therapeutic Agreement and Informed Consent Paperwork will be reviewed and signed at reception.

   1**.1** The IBH provider will verbally provide information regarding IBH services, reporting laws, and limits to confidentiality to the patient.

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

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

2. Acknowledgement and Consent for Minors

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

https://www.careinnovations.org/wp-content/uploads/2017/10/CA_Minor_Consent__Confidentiality_Laws.pdf

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Drug Free Workplace	REVIEWED: 5/12/22; 5/2/23; 9/7/23; 8/22/24; 4/6/26
SECTION: District	REVISED:
EFFECTIVE: ~~9/25/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: 3001 **DRUG AND ALCOHOL ABUSE**

Objective:
It is the intent of the DISTRICT to maintain a workplace that is free of drugs and alcohol and to discourage drug and alcohol abuse by its employees. Employees who are under the influence of a drug or alcohol on the job comprise the DISTRICT's interests and endanger their own health and safety and the health and safety of others. Substance abuse in the workplace can also cause several other work-related problems, including absenteeism and tardiness, substandard job performance, increased workloads for co-workers, behavior that disrupts other employees, and inferior quality in service.

Response Rating: Mandatory

Required Equipment:

Procedure:
PROHIBITION OF DRUGS AND ALCOHOL

All employees are prohibited from manufacturing, cultivating, dispensing, selling, arranging for the sale, purchasing, distributing, possessing, or using illegal drugs, alcohol, or other unauthorized or intoxicating substances any time an employee is: (1) on DISTRICT property (including parking areas and grounds): (2) conducting or performing DISTRICT business (regardless of location); (3) operating or responsible for the operation, custody or care of DISTRICT equipment or other property; or (4) responsible for the safety of others in connection with, or while performing, DISTRICT-related business.

Included within this prohibition are lawful controlled substances that have been illegally or improperly obtained. This policy does not prohibit the possession and proper use of lawfully prescribed drugs taken in accordance with the prescription, except when it poses a safety concern. Please see below for more information.

DEFINITIONS

1. Drugs

Any chemical substance which produces physical, mental, emotional, or behavioral changes in the user. For proposed of this policy, the word "Drugs" includes, but is not limited to: Alcohol, Marijuana metabolites

(whether prescribed or not), Cocaine metabolites, Amphetamines (amphetamine, methamphetamine, MDMA, MDA), Opioids (codeine, heroin, morphine, oxycodone, oxymorphone, hydrocodone, hydromorphone), Phencyclidine (PCP), and prescription medications (among other things).

2. Alcohol

Alcohol is a drug. It is a central nervous system depressant. Alcohol is the major intoxicating ingredient in beer, wine, and distilled liquor.

3. Illegal Drugs

Any drug which is not legally obtainable, or which is legally obtainable but has not been legally obtained. The term includes prescribed drugs not legally obtained and prescribed drugs not being used for prescribed purposes as well as other substances as indicated under Section A (Drugs). Marijuana, including all forms thereof, is an illegal drug regardless of its legal status in California, as it remains an illegal drug under federal law.

4. Intoxicating Substance

Any substance which produces physical, mental, emotional, or behavioral changes in the user, including, but not limited to, glue, paint thinner, aerosols, chemical substances used in manufacturing, look-alikes, or designer drugs.

5. Reasonable Suspicion

Reasonable suspicion includes a suspicion that is based on specific personal observations such as an employee's manner, disposition, muscular movement, appearance, behavior, speech, or breath odor; information provided to management by an employee, by law enforcement officials, by a security service, or by other persons believed to be reliable; or a suspicion that is based on other surrounding circumstances.

PROCEDURES

PRE-EMPLOYMENT TESTING

The DISTRICT will test all job applicants as part of the pre-employment process, to identify those applicants whose current use of intoxicating substances could interfere with their prospective job performance. All applications for employment will contain a statement to prospective applicants advising them that the selection procedure includes taking and passing a pre-employment urine drug screening which includes testing for the presence of drugs or other intoxicating substances, which will be administered after an offer of employment has been made. However, the offer of employment is conditioned on taking and passing the pre-employment drug screening.

1. Applicants who are referred for a pre-employment urine drug screening will be required to sign consent forms authorizing the testing for intoxicating substances

and the release of the test results to the DISTRICT.

2. Any applicant who refuses to sign the consent form(s) or to submit to testing will be treated the same way as an applicant who failed to pass testing and will have their conditional offer of employment rescinded.

3. Test results are confidential and will not be released except to appropriate DISTRICT personnel, the applicant upon written request, or pursuant to Court Order.

4. Testing will be conducted by a clinical laboratory licensed by the State Department of Health Services, or a public health laboratory certified by the State.

5. Applicants whose test result are negative for drugs will be deemed to have passed that portion of their pre-employment process.

6. Test results indicating a presence of an intoxicating substance will automatically require a re-analysis of the original sample.

7. If the re-analysis reflects a negative indication, the applicant will be deemed to have passed that portion of the pre-employment process.

8. If the re-analysis results in a second indication of the presence of an intoxicating substance, the applicant will not be considered for employment by the DISTRICT for at least a period of six (6) months after the date of the test results, at which time applicant will need to submit a new application.

9. Applicants who are taking medication prescribed by a physician will have so indicated on the examination form, and any positive indications related to the presence of that medication will not prohibit employment, provided the applicant can perform the essential functions of the position sought with or without reasonable accommodations, on a case-by-case basis. A medical evaluation may be requested.

REASONABLE SUSPICION DRUG AND ALCOHOL TESTING

Any employee may be required to submit to a physical examination and/or urine, blood, breath, or other designated medical or chemical tests for evidence of drug and/or alcohol use. This testing shall be mandatory if any two of the following has a reasonable suspicion that the employee is working in an impaired condition or otherwise engaging in conduct that violates this policy:

1. CEO; or

2. Human Resources Manager; or

3. Clinic Manager; or

4. Designated Manager.

Whenever a member of the DISTRICT management develops a reasonable suspicion that a DISTRICT employee is in violation of any provision of this Policy, said manager shall immediately provide a written report summarizing the basis for his or her reasonable suspicion to the Human Resources Manager or CEO.

The employee will be asked about the observed behavior and offered an opportunity to give a reasonable explanation. If the employee is unable to reasonably explain the behavior, he or she will be asked to take a drug test in accordance with the procedures outlined herein. If the employee refuses to cooperate with the administration of the drug test, the refusal will be handled in the same manner as if the employee failed to pass the test. Immediate suspension can be considered.

The employee suspected of such violation shall be transported to the testing facility and tested at the DISTRICT's expense, then transported home. The DISTRICT in its sole discretion, shall determine when the employee may resume his or her duties.

SEARCHES

A. All DISTRICT premises, property, equipment, vehicles, furniture, and lockers are subject to the control of the District and may be searched at any time if the CEO, Human Resources Manager, Clinic Manager, or any other person authorized by the CEO has a reasonable suspicion that a violation of this policy has occurred. Accordingly, employees have no right to privacy in any DISTRICT property. Because any search of DISTRICT property might result in the discovery of an employee's personal possessions, all employees are encouraged to refrain from bringing into the workplace any item of personal property that they do not wish to reveal to the DISTRICT. Searches of work-related property may be conducted by the following persons:

1. CEO; or

2. Human Resources Manager; or

3. Clinic Manager; or

4. Any investigator hired by the DISTRICT; or

5. Law enforcement personnel; or

6. Any other person authorized by the CEO.

B. All searches, other than a body search, will be conducted in the presence of the following persons:

1. The employee who is authorized to use the property, equipment, or

furniture to be searched or is suspected of violating this policy,

2. One or more of the following: CEO, Human Resources Manager, Clinic Manager, or any other person authorized by the CEO.

C. Failure to cooperate with a search shall constitute a violation of this policy.

EMPLOYEES' REPORTING REQUIREMENTS – LEGAL DRUGS

For many job positions, an employee's use of a legal drug can pose a significant risk to the safety of the employee, fellow employees, and the public. Any employee who feels that, has been informed that, or reasonably should be aware that their use of a legal drug may endanger the safety of the employee or any other person, pose a risk of significant damage to DISTRICT property or equipment, or substantially interfere with the employee's job performance or the efficient operation of the DISTRICT's business or equipment must report such drug use to his/her manager prior to reporting to work. (The employee is not required to disclose his or her medical condition that necessitates the prescription.) Such disclosures will be treated confidentially and will not be revealed to others unless there is an important work-related reason to do so to determine whether it is advisable for the employee to continue working.

Any employee who observes a violation of this policy or has reason to suspect that a violation of this policy has occurred must immediately report said observation or suspicion to DISTRICT management for appropriate action.

DISCIPLINARY ACTION

An employee bringing onto the DISTRICT'S premises or property, including parking lots, having possession of, being under the influence of, or possessing in the employee's body or urine in any detectable amount, or using, consuming, transferring, manufacturing, selling or attempting to sell or transfer any form of illegal drug or other unauthorized or intoxicating substance while on DISTRICT business or at any time during the hours between the beginning and ending of the employee's work day, whether on duty or not, and whether on DISTRICT property or not, is subject to discipline including discharge or suspension without pay from employment, even for the first offense.

An employee who is under the influence of alcoholic beverages at any time while on DISTRICT business or at any time during the hours between the beginning and ending of the employee's workday is subject to discipline including discharge or suspension without pay from employment, even for the first offense.

EFFECT OF CRIMINAL CONVICTION

An employee who is convicted under a criminal drug statute for a violation occurring in the workplace or during any DISTRICT related activity or event will be deemed to have violated this policy. Furthermore, the employee must notify the DISTRICT of any such conviction within five days after any such conviction.

LAW ENFORCEMENT

If deemed necessary or appropriate, the DISTRICT may summon law enforcement personnel for assistance.

EMPLOYEE ASSISTANCE

Employees who have a problem with drugs, alcohol or other personal problems are encouraged to seek voluntary treatment and rehabilitation before a violation of this policy is discovered. Please contact Human Resources for a referral to a confidential assistance to employees who suffer from alcohol, drug abuse and/or other personal or emotional problems.

No employee will be discriminated against based on his/her participation in a program for the treatment of drug and/or alcohol abuse or other personal and/or emotional problem. Volunteering for treatment or rehabilitation will not however, necessarily affect discipline where violation of this policy has been first independently determined.

OTHER WORKING PERSONS

Concerns regarding reasonable suspicion for any other persons working on the Clinic or District premises, who are not employees, including: contractors, vendors, volunteers, students, or independent contractors, are to be referred to the CEO.

_____ _____

Employee Signature Date

_____

Employee Name (Printed)

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Emerging Infectious Disease	REVIEWED: 9/07/22; 9/18/23; 10/10/24; 4/6/26
SECTION: Infection Control	REVISED: 9/19/23
EFFECTIVE: ~~10/23/24~~4/22/26	MEDICAL DIRECTOR: Randy Smart, MD

Subject~~: Emerging~~: Emerging Infectious Disease

Objective: VSHWC seeks to create and maintain a safe environment within its clinic and community and is committed to high standards and compliance with all applicable laws and regulations being prepared for the management of future Infectious Disease Outbreaks/Pandemics.

Response Rating: This Policy and Procedure applies to the following current and future facility staff, regardless of clinical responsibility or patient contact, who provide any care, treatment, or other services for the facility and/or its patients:

- facility ~~employees;~~employees.
- licensed ~~practitioners;~~practitioners.
- other contracted repair or maintenance persons
- students, trainees, and ~~volunteers;~~volunteers.
- and individuals who provide care, treatment, or other services for the facility and/or its patients, under contract or other ~~arrangement~~arrangements.
- These requirements **do not apply** to individuals who provide services 100% remotely, including fully remote telehealth or payroll services.

Required Equipment: PPE, Soap, water, sterile gloves, and approved ~~disinfectant~~disinfectants.

Procedure: The Clinic will follow all current guidelines for Infectious disease outbreaks regarding safety requirements as put forth by the CDC, Federal and State authorities.

**Refer to the Infection Control Policy

Implementation:

VSHWC will utilize resources, supplies and information updates and coordinate with community resources including Calaveras, Amador and Tuolumne County Public Health Department, California Department of Health, Calaveras County Office of Emergency Service, CDC, FEMA, Department of Homeland Security (contacts ~~are located in~~are in the Emergency Operations Binders Tab 7).

VSHWC will also utilize Quest, Yosemite Pathology and Mark Twain Medical Center for lab processing

and/or lab draws or testing as may be required.

The VSHWC Clinic will monitor any updates on new Infectious disease threats to the local community through emergency service, CDPH resources and communications, and take action to protect our staff and patient population, while maintaining the ability to provide healthcare services safely for the community.

Key Concepts in This Guidance for Pandemic Contagious and/or Respiratory Infections (I.E. Covid-19):

- **Limit how germs can enter the facility.** Cancel elective procedures, use telemedicine, when possible, limit points of entry and manage visitors, screen patients for contagious respiratory symptoms, encourage patient respiratory hygiene using alternatives to ~~facemasks~~face masks (e.g., tissues to cover cough).
- **Isolate symptomatic patients as soon as possible.** Set up separate, well-ventilated triage areas, place patients with suspected pandemic, infectious disease or confirmed COVID-19, in private rooms with door closed. Use specific rooms at ends of halls near doorways to have patients enter through side doors
- **Protect healthcare personnel.** Emphasize hand hygiene, install barriers to limit contact with patients at triage, cohort similarly infected (I.E. COVID-19) patients, limit the numbers of staff providing their care, prioritize respirators for aerosol-generating procedures, implement PPE optimization strategies to extend supplies.
- **Consider increasing cleaning intervals for community areas, like patient waiting room and reception countertops and chairs.**
- Identify infectious rooms with signs, allowing time between patients in the isolation rooms, spray with hospital grade disinfectant (I.E. Lysol Pro), allowing the room to sit for an extended period, prior to being wiped down using normal cleaning protocol.
- Educate Staff and provide current and updated information, including the Medical Director's guidance.
- Utilize Transmission Mitigation Guidelines Guide, created during the COVID-19 pandemic by the Medical Director, to determine levels of severity and actions to implement.

Patient Care:

Measures should be implemented before patient arrival, upon arrival, throughout the duration of the patient's visit, and until the patient's room is cleaned and disinfected. It is particularly important to protect individuals at increased risk for adverse outcomes from transmissible pathogens (e.g. older individuals with comorbid conditions), including HCP who are in a recognized risk category.

- **Before Arrival**
  - When scheduling appointments for routine medical care (e.g., annual physical, elective minor procedures), instruct patients to call ahead and discuss the need to reschedule their appointment if they develop symptoms of a respiratory infection (e.g., cough, sore throat, fever[1]) on the day they are scheduled to be seen.
  - When scheduling appointments for patients requesting evaluation for a respiratory infection, use nurse-directed triage protocols to determine if an appointment is necessary or if the patient can be managed from home.

        - If the patient must come in for an appointment, instruct them to call beforehand to inform triage personnel that they have symptoms of a respiratory infection (e.g., cough, sore throat, fever[1]) and to take appropriate preventive actions (e.g., follow triage procedures, remain in car as instructed and call upon arrival; wear a facemask upon allowed entry and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions).
- **Upon Arrival and During the Visit**
    - Consider limiting points of entry to the facility.
    - Take steps to ensure all ~~persons~~people with symptoms of COVID-19 or other respiratory infection (e.g., fever, cough) adhere to respiratory hygiene and cough etiquette, hand hygiene, and triage procedures throughout the duration of the visit.
        - Post signs and posters at the entrance and in strategic places (e.g., waiting areas) to provide patients and HCP with instructions (in appropriate languages) about hand hygiene, respiratory hygiene, and cough etiquette. Instructions should include how to use tissues to cover nose and mouth when coughing or sneezing, to dispose of tissues and contaminated items in waste receptacles, and how and when to perform hand hygiene.
        - Provide supplies for respiratory hygiene and cough etiquette, including alcohol-based hand rub (ABHR) with 70-95% alcohol, tissues, and no-touch receptacles for disposal, at healthcare facility entrances, waiting rooms, and patient check-ins.
        - Ensure rapid safe triage and isolation of patients with symptoms of suspected COVID-19 or other respiratory infection (e.g., fever, cough).
        - Prioritize triage of patients with respiratory symptoms.
        - Triage personnel should have a supply of facemasks and tissues for patients with symptoms of respiratory infection. These should be provided to patients with symptoms of respiratory infection at check-in. Source control (putting a facemask over the mouth and nose of a symptomatic patient) can help to prevent transmission to others.
        - Ensure that, at the time of patient check-in, all patients are asked about the presence of symptoms of a respiratory infection and history of travel to areas experiencing transmission of COVID-19 or contact with possible COVID-19 patients.
        - Isolate the patient in an examination room with the door closed. If an examination room is not readily ~~available~~available, ensure the patient is not allowed to wait among other patients seeking care.
            - Identify a separate, well-ventilated space that allows waiting patients to be separated by 6 or more feet, with easy access to respiratory hygiene supplies.
            - In some settings, patients might opt to wait in a personal vehicle or outside the healthcare facility where they can be contacted by mobile phone when it is their turn to be evaluated.
            - Patients with respiratory symptoms may be instructed to wait in their vehicles outside the facility and call upon arrival for further instructions.
    - Incorporate questions about new onset of respiratory symptoms into daily assessments of all admitted patients. Monitor for and evaluate all new fevers and respiratory illnesses among patients. Place any patient with unexplained fever or respiratory symptoms on appropriate Transmission-Based Precautions and evaluate.

Additional considerations during periods of community transmission:

- Explore alternatives to face-to-face triage and visits.
- Learn more about how healthcare facilities can Prepare for Community Transmission
- Designate an area at the facility (e.g., an ancillary building or temporary structure) or identify a location in the area to be a "respiratory virus evaluation center" where patients with fever or respiratory symptoms can seek evaluation and care.
- Cancel group healthcare activities (e.g., group therapy, recreational activities).
- Postpone elective procedures and non-urgent outpatient visits.

- **Hand Hygiene**
  - HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.
  - HCP should perform hand hygiene by using ABHR with 70-95% alcohol or washing hands with soap and water for at least 20 seconds. If hands are visibly soiled, use soap and water before returning to ABHR.
  - Healthcare facilities should ensure that hand hygiene supplies are readily available to all personnel in every care location.
- **Personal Protective Equipment**
  Clinic management should select appropriate PPE and provide it to HCP in accordance with OSHA PPE standards (29 CFR 1910 Subpart I) external icon. HCP must receive training on and demonstrate an understanding of:

  - W~~w~~hen to use PPE
  - ~~what~~What PPE is necessary
  - H~~h~~ow to properly don, use, and doff PPE in a manner to prevent self-contamination
  - H~~h~~ow to properly dispose of or disinfect and maintain PPE
  - T~~t~~he limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses. Facility has policies and procedures describing a recommended sequence for safely donning and doffing PPE. The PPE recommended when caring for a patient with known or suspected COVID-19 includes:

- **Respirator or Facemask**
  - Put on a respirator or (N95) facemask (if a respirator is not available) before entry into the patient room or care area.
  - N95 respirators or N95 facemasks that offer a higher level of protection should be used instead of a regular facemask when performing or present for an aerosol-generating procedure, even if performing the aerosol-generating procedure outside. Disposable respirators and facemasks should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator or facemask.
- **Eye Protection**

- Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the ~~patient~~patient's room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.

- **Gloves**
  - Put on clean, non-sterile gloves upon entry into the patient room or care area.
    - Change gloves if they become torn or heavily contaminated.
  - Remove and discard gloves when leaving the patient room or care ~~area, and~~area and immediately perform hand hygiene.
- **Gowns**
  - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.
  - If there are shortages of gowns, they should be prioritized for:
    - aerosol-generating procedures
    - care activities where splashes and sprays are anticipated
    - high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP. Examples include:
      - device care or use
      - wound care

3. Patient Placement

- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization. If hospitalization is not medically necessary, home care is preferable if the individual's situation allows.
- As a measure to limit HCP exposure and conserve PPE, facilities could consider designating entire units within the facility, with dedicated HCP, to care for known or suspected Covid-19 or alternate pandemic-infected patients. Dedicated means that HCP are assigned to care only for these patients during their shift.
  - Determine how staffing needs will be met as the number of patients with known or suspected infection rate increases and HCP become ill and are excluded from work.
  - During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use). Risk of transmission from eye protection and facemasks during extended use is expected to be very low.
    - HCP must take care not to touch their eye protection and respirator or facemask.
    - Eye protection and the respirator or facemask should be removed, and hand hygiene performed if they become damaged or soiled and when leaving the unit.
  - HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).

- Patients should wear a ~~facemask~~face mask to contain secretions during transport. If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Personnel entering the room should use PPE as described above.
- Whenever possible, perform procedures/tests in the patient's room.

Collection of Diagnostic Respiratory Specimens

- When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 or infectious patient, the following should occur:
    - HCP proximate to the patient or performing the test should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
    - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection.
    - Specimen collection should be performed in a normal examination room with the door closed or in the patient's vehicle as dictated by triage and existing protocols.
    - Clean and disinfect procedure room surfaces promptly and allow the room to air out, unutilized, for a minimum of three hours.
    - Any test or procedure that will cause aerosolization should be performed outside whenever possible

Generalized NON-Covid Infection Control:

During any identifiable infectious disease every attempt should be made to follow the guidance of CDC, California Department of Public Health, Calaveras County Department of Public Health.

1. Wash hands with soap and water:

a. Before coming on duty
b. Before and after direct and indirect patient contact.
c. Before and after performing any body functions, such as blowing your nose or using the toilet
d. After direct or indirect contact with **any** bodily fluids (urine, blood. sputum)
e. Before and after catheter insertions, blood draws, dressing changes and other sterile procedures
f. Before and after caring for a patient with known or suspected infection
g. After completing your shift

2. Other guidelines:

a. Clean under your fingernails with brush before and after working in a high-risk situation
b. Avoid personal hand creams while working, as it may interfere with antiseptic solutions
c. Always wash hands before and after wearing sterile gloves
d. Between patients, it is acceptable to use alcohol-based hand sanitizers if your hands are not visibly dirty, however it is understood that handwashing with soap and water for a minimum of 20 seconds is preferred

3. Disinfectant Guidelines:

   a. Utilize manufacture prepared disinfectant solutions or wipes while those products are available.
   b. Make fresh disinfectant solution if needed according to manufacturer directions should manufacturer--prepared disinfectant solutions or wipes not be available
   c. Mark disinfectant solution with name and date prepared, your initials and expiration date
   d. Never add fresh disinfectant solution to an already prepared solution

4. Guidelines for medical equipment coming in contact with body fluid

   a. Clean article according to manufacture guidelines.

REFERENCE: CDC Guidelines (on-line), California Department of Public Health, Calaveras County Department of Public Health

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

POLICY: Patient Engagement and Re-engagement	REVIEWED: 1/12/2022; 2/22/23; 7/25/23; 4/7/26
SECTION: Behavioral Health	REVISED: 7/25/23
EFFECTIVE: ~~8/23/23~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Patient Engagement and Re-engagement

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

Response Rating: This Guideline applies to all IBH personnel.

Required Equipment:

Procedure:

1. Referrals to IBH

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

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

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

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

1.5 When IBH staff is not available to conduct a WHO, the PCP submits a "behavioral health referral". Behavioral Health staff will contact the patient/family and schedule a behavioral health consultation.

2. Communication with Patients

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

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

2.3 When telephone and/or portal contact is not possible or following 3 failed attempts to contact a patient by phone, IBH staff will close the referral and notify the PCP.

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

3. Missed Appointments (See No-Show Policy)

3.1 When a patient misses an ~~appointment, patients~~appointment, patients will be automatically contacted via the Electronic Health Record's "no-show" campaign.

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

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

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Exposure Control Plan	REVIEWED: 3/1/19; 2/18/20; 5/21/21;5/3/22; 6/05/23; 4/6/26
SECTION: Infection Control	REVISED: 2/18/20; 5/21/21; 5/06/24
EFFECTIVE: ~~5/29/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Exposure control plan

Objective: *To ensure compliance with OSHA and FOSHA blood borne pathogen and universal precaution standards.* *The OSHA standard for preventing needlestick injuries includes four key components. First is the use of safer medical devices to reduce healthcare workers' unnecessary exposure to sharp objects. Second, the standard requires the use of specialized sharps bins for the disposal of sharp waste. Third, facilities must develop exposure control plans. Last, facilities must maintain an exposure incident log.*

Response Rating: Mandatory

Required Equipment:

Procedure:

1. Exposure determination

    a. OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. The job classifications in this category are nurse practitioners, physician assistants, registered nurses, licensed vocational nurses, medical assistants, radiology technicians.

2. Tasks and procedures that may expose employees to blood borne pathogens

    a. The scope of occupational tasks and procedures that may expose Clinic employees to blood borne pathogens is rapidly changing. This is intended to be a general guideline against which all tasks can be measured.

    b. Any tasks and procedures that could be reasonably anticipated to provide contact with the employee's skin, eye, mucous membrane, or blood with potential infectious materials are included. Potentially infectious material means:

The following human body fluids: blood, semen, vaginal secretions, cerebrospinal fluid, synovial (joint) fluid, pleural (chest cavity) fluid, peritoneal (abdominal cavity) fluids, amniotic fluid,

saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV or HCV-containing culture medium.

3. Compliance methods

a. Universal precautions

i. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. See universal precautions policy.

ii. All blood or other potentially infectious materials shall be considered infectious regardless of the perceived status of the source individual.

b. Engineering and work practice controls

i. Engineering and work practice controls shall be utilized to eliminate or minimize exposure to employees.

ii. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized.

iii. The following engineering controls shall be utilized:

- Disposable sharps waste containers

iv. The above controls shall be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- Sharps containers shall be checked with each use and changed when three-quarters (3/4) full or every 90 days, whichever comes first.

c. Hand washing facilities

i. See hand washing and glove use policies.

ii. Hand washing facilities or hand sanitizers are available to the employees who incur exposure to blood or other potentially infectious materials. These facilities shall be readily accessible after incurring exposure and ~~are located in~~are in each patient care area.

d. Eyewash station

i. The eyewash station will be easily accessible and unobstructed for ease of use to employees who are performing those tasks that may result in splashes of hazardous chemicals to the eye.

ii. The employee will be able to access the eyewash station within 10 seconds of exposure. The eyewash station will operate with a one-hand movement to initiate water flow. Hot water will not be available to the station. Once water flow has been initiated, the station will operate hands free with water flowing from both sides to the face and with sufficient force for the water to meet in the middle.

iii. The employee will flush eyes for 15 minutes holding both eyelids open.

iv. The eyewash station will be inspected weekly for ease of access, one hand movement water flow initiation, and hands-free operation. The inspection will last no less than 3 minutes.

e. Needles

i. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, sheared, or purposely broken. They shall be immediately discarded into a labeled sharps container easily accessible to personnel and close to the area of their use. The containers shall comply with OSHA regulations.

ii. OSHA allows an exception if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then recapping or removal of the needle must be done using a mechanical device or a one-handed technique.

f. Containers for reusable sharps

i. Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate, hard-sided containers for the purpose of moving the item(s) from the patient care area to the designated sterilization area.

ii. Those containers should be sealable, puncture resistant, labeled with a biohazard label, and leak proof. The containers shall comply with OSHA regulations.

g. Work area restrictions

i. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, handle contact lenses. Food and beverages are not to be kept in

refrigerators, freezers, shelves, cabinets, or on countertops or bench tops where blood or other potentially infectious materials are present.

ii. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

iii. All procedures shall be conducted in a manner that minimizes splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

h. Specimens

i. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

ii. The container used for this purpose shall be labeled or color-coded in accordance with the requirements of the OSHA universal precautions.

iii. Primary containers that contain specimens which could puncture the container or are contaminated shall be placed within a secondary container which is puncture resistant and prevents leakage during the handling, processing, storage, transport, or shipping.

iv. Refrigerators or other storage areas where specimens are kept shall not contain food or drink. They shall be labeled in compliance with the OSHA universal precautions.

i. Contaminated equipment

i. Equipment that has been contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping.

ii. Decontamination shall be performed as necessary unless the decontamination of the equipment is not feasible.

j. Personal protective equipment

i. All personal protective equipment used at this facility shall be provided without cost to employees.

ii. Personal protective equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment shall be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions and for the duration of time, which the protective equipment shall be used.

iii. Protective clothing shall be provided to employees within the work area where exposure is reasonably expected to potentially infectious materials.

iv. All personal protective equipment shall be cleaned, laundered, and disposed of by the employer at no cost to employees. The employer at no cost to employees shall make all repairs and replacements.

v. All garments, which are penetrated by blood, shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area.

vi. Gloves shall be worn where it is reasonably anticipated that employees shall have contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves shall be available in every patient care area. Specialized gloves, powderless or hypoallergenic gloves shall be made available to any employee requesting them. They shall be kept in an area central to the employees' workspace.

vii. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves shall be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

viii. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye/nose, or mouth contamination can reasonably be anticipated. This shall include work procedures that require pouring of potentially infectious liquids.

ix. Appropriate protective clothing, such as gowns, aprons, or similar outer garments that are impervious to liquids are to be worn whenever splashes, spray, splatter or droplets of blood or other potentially infectious materials may be ~~generated~~generated, and skin or clothing contamination can be reasonably anticipated.

k. Contaminated work surfaces, containers, and glass

i. All contaminated work surfaces shall be decontaminated after completion of procedures and immediately, or as soon as feasible, after any spill of blood or other potentially infectious materials, as well as at the end of the day if the surface may have become contaminated since the last cleaning.

ii. All bins, pails, cans, and similar receptacles shall be inspected and decontaminated monthly and as needed when there is evidence of leakage of waste onto the surface of the container. The Clinic staff shall assume responsibility and documentation of this shall be maintained.

iii. Any broken glassware, which may be contaminated, shall not be picked up directly with their hands. Broken glass clean up shall be accomplished using a broom and dustpan.

l. Regulated waste disposal

i. All contaminated sharps shall be discarded as soon as feasible in a sharp's container. Sharps containers ~~are located in~~are in each area in which sharps are used with potentially infectious materials.

m. Waste handling

i. Waste that contains blood or other potentially infectious materials shall be placed in bags that confirm to the OSHA universal precautions in construction and color coding or labeling. They shall not be compressed and shall be collected and disposed in a manner consistent with the hazardous waste regulations of the state and federal government.

n. Hepatitis B vaccine

i. All employees who have been identified as having exposure to blood or other potentially infectious materials shall be offered the Hepatitis B vaccine, at no cost to the employee.

ii. The vaccine shall be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

o. Employee tuberculosis protocol

i. Employee training

a. Upon employment all employees will be trained in TB transmission, symptoms, medical surveillance, and therapy.

ii. Employee surveillance

a. Upon employment, the Clinic offers PPD skin test at no charge to employees

- The PPD skin test is also immediately offered to any employee who is exposed to known or suspected TB patients.
- The PPD skin test is administered to any employee that presents with TB symptoms.
- The PPD skin tests are administered once as an initial baseline screen, annually for all employees, every six months for workers with known exposure.

- The physician/nurse practitioner will promptly evaluate any employee who has a positive PPD test.
- Any employee that has active TB will be placed under the care of a physician, local health department or physician of employee's choice (as circumstances dictate). The medical director will remain informed of the employee's TB status through frequent updates provided by the selected healthcare provider.
- Document exposures on the OSHA form 300, 300A, and 301.

b. Unless under the care of a providing physician, all TB test results should be CONFIDENTIALLY returned to the Clinic Manager

4. Post-exposure evaluation and follow-up

A. Post-exposure evaluation

1. When the employee incurs an exposure incident, it shall be reported to the physician who shall ensure that a personal accident/incident form and OSHA forms 300, 301A, and 301 are completed and that the physician or nurse practitioner sees the employee immediately. The following information must be included on the OSHA forms:

   - Name and SSN of employee
   - Date and description of incident
   - Type of PPE worn (or not worn)

2. All employees who incur an exposure incident shall be offered post-exposure evaluation and follow-up in accordance with the OSHA standards.

3. Testing should occur as soon as possible. The employee will be tested for HBV, HCV, HIV/AIDS. If the employee declines to be tested, they must sign a statement indicating their refusal to be tested and their serum should be saved for 90 days.

B. Interaction with health care professionals

1. The physician shall provide a written opinion for the following post-exposure instances:

   - When the employee is sent to obtain the Hepatitis B vaccine.
   - Whenever the employee is sent to a health care professional following an exposure incident.

2. The written opinion shall be limited to:

   a. Documentation of the ~~incident;~~incident.

   b. Identification and documentation of the source, unless prohibited by ~~law;~~law.

c. Determination of need for the employee to receive the Hepatitis B vaccine and if the employee has received the ~~vaccine;~~vaccine.

d. That the employee has been informed of the results of the evaluation; and

e. Instruction that should be given to the employee regarding any medical conditions that could result from exposure to blood and/or other potentially infectious materials.

3. The employee shall be provided a copy of this written opinion within 15 days of the completion of the evaluation.

C. Training

1. Training for all ~~employee~~employees shall be conducted prior to initial assignment to tasks where occupational exposure may occur and annually thereafter.

2. Training shall include the following explanation of:

- The OSHA universal precautions for blood borne pathogens
- Epidemiology and symptomology of blood borne diseases
- Modes of transmission of blood borne pathogens
- This exposure control plan
- Procedures that might cause exposure to blood or other potentially infectious materials at the Clinic.
- Personal protective equipment available at the Clinic
- Who should be contacted, and follow-up procedures concerning an exposure incident, post-exposure evaluation.
- Signs and labels used at the facility
- Hepatitis B vaccine program at the Clinic

3. The training shall provide an opportunity for interactive questions and answers by a person knowledgeable in the subject matter.

D. Record keeping

1. Medical records

a. Shall contain requirements for documentation of incidents.
b. Records cannot be disclosed without consent.
c. Records must be maintained throughout employment plus thirty (30) years.

2. Training

a. Dates, attendance, and SSN of attendees shall be documented.

b. Records shall be maintained for a minimum of three (3) years.

5. Needlestick safety and prevention act

A. Annually, the Clinic will review the Exposure Control Plan to ensure that it reflects changes in technology that will help eliminate or reduce exposure to blood borne pathogens.

B. The Clinic will involve non-managerial workers in evaluating and selecting safety engineered devices-, in the event of a safety issue or change of device.

1.

C. The Clinic will maintain a sharps injury log that ensures employee privacy and contains, at a minimum, the type and brand of device involved in the incident, if known; the location of the incident; and a description of the incident.

PUBLIC LAW 106–430—NOV. 6, 2000 114 STAT. 1901

https://www.govinfo.gov/content/pkg/PLAW-106publ430/pdf/PLAW-106publ430.pdf

Safe Needles: It's the Lawhttps://starwellnessusa.com/wp-content/uploads/2015/03/Needlestick-Safety-Prevention-Act.pdf

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Liquid Nitrogen	REVIEWED: 03/02/2020; 11/20/20; 7/26/22; 7/25/23;7/30/24; 4/6/26
SECTION:	REVISED:
EFFECTIVE: ~~8/28/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Liquid Nitrogen

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

Response Rating: Mandatory

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

Procedure:

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

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

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

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

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

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

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

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

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

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

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

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

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Records Forms ~~And~~and Fees	REVIEWED: 4/1/19; 3/8/20; 5/4/20; 8/2/21; 1/04/23; 4/01/24; 4/6/26
SECTION: Medical Records	REVISED: 3/8/20; 5/4/20
EFFECTIVE: ~~4/24/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Medical Records Forms and Fees

Objective: To cover the costs of document production and printing, in some instances fees will be assessed to complete forms on behalf of the patient and to provide copies of some documents.

Response Rating:

Required Equipment:

Procedure:

1. The following forms will be completed at the patient's request during the office visit
   a. Personal disability insurance forms (income, mortgage, credit)
   b. Supplemental forms related to State or Federal disability insurance
      1. Initial forms will be completed without charge
      2. Supplemental or secondary forms will be completed at a cost of $10 per form, due and payable at the time the form is brought to the Clinic.

2. Completed forms will be scanned into the patient's medical record

3. Patients requesting copies of their medical record may be charged for those copies unless those copies are requested and transmitted via the Patient Portal:

   a. Copies of current laboratory results will be provided at no charge.
   b. Copies of the medical record being sent to a referral physician will be sent at no charge.
   c. Copies of the medical record being sent when the patient is moving their care to another practice will be sent at no charge.
   d. Copies of the patient's immunization card will be provided at a cost of $5, due and payable at the time the copy is made.
   e. Copies of the patient's medical record, for the patient's use and not for transfer to another physician, will be provided at a cost of $0.25 per page but not to exceed $25.00, due and payable at the time the copy is made.
   f. A current signed medical records release form must be submitted at the time of the request and payment.

4. Subpoenas will be managed as follows:
    a. Subpoena received Clinic or District Office
        1. If received at the District Office, subpoena is forwarded to the Clinic via fax to 209-772-1011
    b. Clinic Manager takes possession of the subpoena via the Clinical Inbox
    c. Clinic Manager will CEO advise of subpoena
    d. Clinic Manager will advise Medical Director of subpoena (when/if the Medical Director isn't the CEO)
    e. Medical Director reviews the medical record as soon as possible and advises Clinic Manager that the review has been completed, which authorizes the release process to proceed
    f. Clinic Manager responds to the subpoena using Aathena~~a~~Net chart export functionality (secure faxing)
    g. Clinic Manager documents that subpoena has been responded to and notifies CEO/Medical Director of same

5. A fee of $35.00, payable in advance, will be collected for each subpoenaed record and will be logged upon receipt and deposited into the Clinic's bank account per policy.

6. Patient requests for medical records will be forwarded to the medical records office and responded to by the Medical Records Clerk.

    a. Exceptions will be processed in the Clinic
    b. Exceptions will be limited ~~to:~~to immunization card, most recent lab results, most recent physical examination report, most recent discharge/visit summary

7. A medical records release form will be required for each request.

8. All requests will be logged upon receipt and all records sent, released, or mailed will be logged when leaving the Clinic.

9. Funds collected for records copies will be logged upon receipt and deposited into the Clinic's bank account per policy.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Records Release	REVIEWED: 4/1/19; 12/30/20; 9/29/21; 1/12/23; 4/01/24; 4/6/26
SECTION: Medical Records	REVISED: 1/12/23; 4/01/24
EFFECTIVE: ~~4/24/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Release of medical records

Objective: To ensure that authorization for release of patient medical information is valid, requirements for patient authorization under the Confidentiality of Medical Information Act will be followed.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. To be valid, authorization for a provider to release patient medical information must be:
   a. In writing.
   b. Executed by a signature that serves no purpose other than to execute the authorization.
   c. Signed and dated by one of the following:
      1. The patient.
      2. The legal representative of the patient, if the patient is a minor.
      3. The legal representative of the patient, if the patient is an adult with a guardian.
   d. The limitations, if any, on the types of medical information to be disclosed.
   e. The name of the health care provider that may disclose the medical information.
   f. The name of the person or entities authorized to receive the medical information.
2. The designated employee will give a medical records release form to the person requesting records.
3. The form must be completed and signed before a witness, who will also sign the document.
4. The signed, completed document will be kept in the medical record and the requested records will be released to persons requesting them or their designee.
5. A copy of the signed, completed request form will accompany the records being sent.
6. Any requests for Behavioral Health records, even with a signed release, must be reviewed by the Behavioral Health Provider prior to records being released by the requestor.

7. ~~In the event that~~If a person without an ROI is requesting medical records for a deceased patient, they can only be released under the following conditions:

a. The requesting party shall present a copy of the death certificate.
b. The requesting party will, in addition, present a copy of either a document stating that the requester is the executor of the will or a copy of a trust showing the requester as a recipient of all or a portion of the trust.
c. If these items are not available, the requestor will be provided with a release form to be filled out and notarized. When the form is returned, the requester may obtain a copy of the medical records.
d. All forms received will be scanned into the deceased patient's chart

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Medical Record Transfer	REVIEWED: 4/1/19; 12/31/20; 9/29/21; 1/05/23; 4/01/24; 4/6/26
SECTION: Medical Records	REVISED: 4/01/24
EFFECTIVE~~: 4~~4/22/26~~/24/24~~	MEDICAL DIRECTOR: Randall Smart, MD

Subject~~: Transfer~~: Transfer of medical records

Objective: A patient or his/her representative is entitled to ~~access to~~access the patient's health record. Record transfers shall be ~~done~~ completed upon appropriate request.

Response Rating:
Required Equipment:
Procedure:

1. A release of information form will be signed and dated by the patient or their legal representative.

2. Release of information will include the patient's name, date of birth, and destination of the records.

3. Confidentiality of records will be stressed to all patients or legal custodians who hand carry records.

4. Records will not be transferred without a patient or legal representative signature, except by law for continuity of care, to local Public Health, coroner offices, etc. (telephone requests from medical offices, insurance companies or other parties will not be accepted).

5. At no time will records be transferred or released if there is a question regarding legality and/or legitimacy of the requesting individual.

6. The medical records personnel will be responsible for monitoring the transfer of records.

7. When records are being transferred to an entity other than an affiliated Clinic or recognized health care entity (continuity of care), a charge will be made to the patient. The copied records will not be released until ~~—~~payment has been received.

~~7.~~

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https://www.miec.com/knowledge-library/california-confidentiality-of-medical-information-act/#:~:text=Mandatory%20disclosure%20of%20information,by%20subpoena%20or%20discovery%20request **Published on:** September 14, 2020

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=56.10.&lawCode=CIV *(Amended by Stats. 2022, Ch. 993, Sec. 1.5. (SB 1184) Effective January 1, 2023.)*

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Security And Retention o~~O~~f Medical Records	REVIEWED: 7/1/19; 7/1/20; 8/2/21; 1/04/23; 4/01/24; 4/6/24
SECTION: Medical Records	REVISED: 7/1/20
EFFECTIVE: ~~4/24/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Security and retention of medical records

Objective: Patient medical records will be maintained in an Electronic Medical Record application (EMR). Should downtime processes be required, all paper medical records in the Clinic shall be kept in a secure locked location until they can be scanned into the EMR.

Response Rating: Mandatory

Required Equipment:

Procedure:

1. The Clinic will utilize an Electronic Medical Record (EMR) to record patient demographics, problem list, medication list, and documentation of treatment rendered.

2. Should the EMR be unavailable due to downtime of the system, power failure or other unexpected event, paper forms will be used to document patient demographics, problem list, medication list, and treatment rendered.

3. Any paper records generated will be stored in the secure, locked location (drawer, cabinet, desk) located in the receptionist work area until Clinic staff can scan those paper records into the EMR.

4. After being scanned into the EMR, the paper records will be forwarded to the Administrative Medical Assistant to ensure claims are created for each patient encounter.

5. Medical records may be handled only by providers involved in the care of the patient, designated Clinic employees and employees of copy services who have signed authorizations to duplicate records.

6. Medi-Cal Medical and Dental programs require patient records, including radiographs, must be retained for a minimum of 10 years after the last date of service.

7. Back-up functionality is maintained by the electronic medical record vendor(s) to ensure access to historical medical and dental records.

8. Should the practice disengage from an EMR, a copy of the legacy medical and/or dental records will be obtained, stored on the local server, and made available via the new software for patient care and patient access.

MARK TWAIN HEALTH CARE DISTRICT CLINICS
MEDICATION CONTRACT

I, _____, agree to the following rules and conditions regarding refills of prescribed medications.

The medication(s) covered by this agreement include:

MEDICATION	DOSE	DIRECTIONS	QUANTITY PER MONTH
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1. I will limit my dose of medications to the dose prescribed. I will discuss any future changes in my dose with my provider.
2. I am responsible for my medications. Lost, misplaced, or stolen prescription medications will not be replaced.
3. Refills will be made only at the prescribed level. No early refills will be authorized.
4. No refills will be authorized after hours, on holidays or on weekends.
5. I will obtain all refills for these medications only at _____

   pharmacy (telephone number _____).
6. I will request all refills through _____ during these hours:

   _____
7. I understand that my provider may stop prescribing narcotic medications or change the treatment plan if I do not show any improvement in pain from narcotic medications or my level of activity has not improved.
8. Other: _____
9. I understand that failure to comply with any of these conditions or failure to make regular follow-up appointments with my primary care provider or treating physician may result in termination of prescriptions for the medications listed above. I am aware that my physician may discharge me from his/her practice, and that my health plan may discharge me for narcotic fraud or abuse.

Signed: _____ Date: _____

Provider: _____ Date: _____

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Patient Medical Record Content	REVIEWED: 7/1/19; 2/18/21; 2/09/22; 2/02/23; 4/01/24; 4/6/26
SECTION: Medical Records	REVISED:
EFFECTIVE: ~~4/24/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Medical record content

Objective: A medical record shall be maintained on all clinic patients and shall contain the information outlined in this policy. Clinic staff will sign any handwritten entry made legibly with their name and title using ink. The medical record will be completed and filed within 48 hours of the patient encounter and will be available during business hours to members of the Medical Staff.

Response Rating:

Required Equipment:

Procedure:

Information outlined below will be noted in the patient's medical record at the time of the Clinic visit.

1. Specific patient identification
    a. Name
    b. Current address
    c. Age and date of birth
    d. Gender (sex)
    e. Date of service
    f. Signed consent for treatment (authorization for treatment)
    g. Name of primary care physician (if applicable)
2. Problem list
    a. Medication list
    b. Social history
    c. Family history
    d. Medical history
3. Patient's vital signs and weight, BMI, growth charts

4. Relevant history of the illness or injury, including duration of symptoms and, on all injuries, date, location, time, and details of occurrence.

5. Appropriate physical examination

6. Diagnostic impression

7. All medications given, including dose, time, site, route and signature of individual who administered the medications.

    a. In the case of immunizations, the lot number and expiration date of vaccine

8. Clinical observations, including results of treatment(s)

9. Reports of procedures, tests, and results

10. Record of last menstrual period on all female patients

11. Immunization record, when last received tetanus toxoid booster, if applicable.

12. History of allergies

    a. Food
    b. Medication
    c. Environmental

13. Referral information to and from outside agencies

14. Diagnostic and therapeutic orders

15. Reconciled listing of routine medications

16. Education provided

17. Provider signatures will consist of a minimum of the staff member's first initial and full last name, followed by the appropriate title (example: MD, DO, FNP, PNP, PA, RN, LVN, CNA, MA or ERT).

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Scope of Services	REVIEWED: 11/8/18; 10/14/20; 8/25/21; 7/06/23; 8/6/24;4/6/26
SECTION: Civil Rights	REVISED:
EFFECTIVE: ~~8/28/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Scope of Services

Objective: The Clinic's scope of services shall include, but not be limited to, the following list of services:

Response Rating:

Required Equipment: None

Procedure:

Services shall be rendered to anyone, regardless of sex, race, color, creed, age, national origin, handicap, or ability to pay for services rendered.

Professional:

A physician and/or a physician assistant (PA, PA-C) or family nurse practitioner (FNP) shall staff the Clinic during posted working hours to provide medical services within the scope of his/her training.

Medical staff will be available to perform:

Complete medical histories

Physical examinations (pre-employment, sports, school, health maintenance)

Assessment of health status, routine laboratory and diagnostic testing

Treatment for common acute and chronic health problems and medical conditions

Laboratory:

Point-of-care testing, under a CLIA Certificate and California Laboratory license will be provided for some modalities.

Unaffiliated laboratories will provide reference laboratory services.

Unaffiliated laboratories will provide pathology laboratory services.

X-Ray:

Plain film x-rays are performed in the Clinic and overread by a radiologist.

Patients requiring other testing modalities will be referred to the service provider authorized by their insurance coverage.

Medical Procedures:

Minor surgical procedures and basic diagnostic procedures shall be performed within the scope of the medical staff's training; including but not limited to minor laceration repairs, IV hydration, IV antibiotic therapy, splinting, and medical stabilization of medical emergencies for transfer to high acuity facilities.

Pharmacy:

The Clinic will provide stock pharmacy items according to the Clinic formulary.

Prescriptions will be submitted to the patient's pharmacy via ePrescribe.

Higher Level of Care:

Referral for medical causes when the Clinic is operating will be provided on an as needed basis.

Hospitals used for transfer of patients requiring a higher level of care include:

Mark Twain Medical Center

Discharge Instructions:

All patients will be given written notes instructions, and explanations of the treatment they received in the Clinic, as well as written follow-up instructions.

Policies and Procedures:

Written policies and procedures and medical protocols/Standardized Procedures governing the services of the Clinic providers are developed, executed, and annually evaluated by the Medical Committee and the Governing Body. The Committee will consist of the Medical Director, physician assistants/nurse practitioners, Clinic Manager, ~~Executive Director~~CEO and any other assigned personnel.

MARK TWAIN HEALTH CARE DISTRICT
RURAL HEALTH CLINICS
POLICY AND PROCEDURES

POLICY: Standardized Procedure for Childhood Periodic Health Screening	REVIEWED: 6/1/19: 3/30/21; 7/26/22; 7/25/23; 8/6/24; 4/6/26
SECTION: Standardized Procedures	REVISED: 3/30/21; 7/25/23; 4/6/26
EFFECTIVE: ~~8/28/24~~4/22/26	MEDICAL DIRECTOR: Randall Smart, MD

Subject: Standardized orders for Childhood Periodic Health Screening

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

Response Rating:

Required Equipment:

Procedure:

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

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

*Sensory screening (Snellen eye test, audiometry)

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

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

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

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

References:

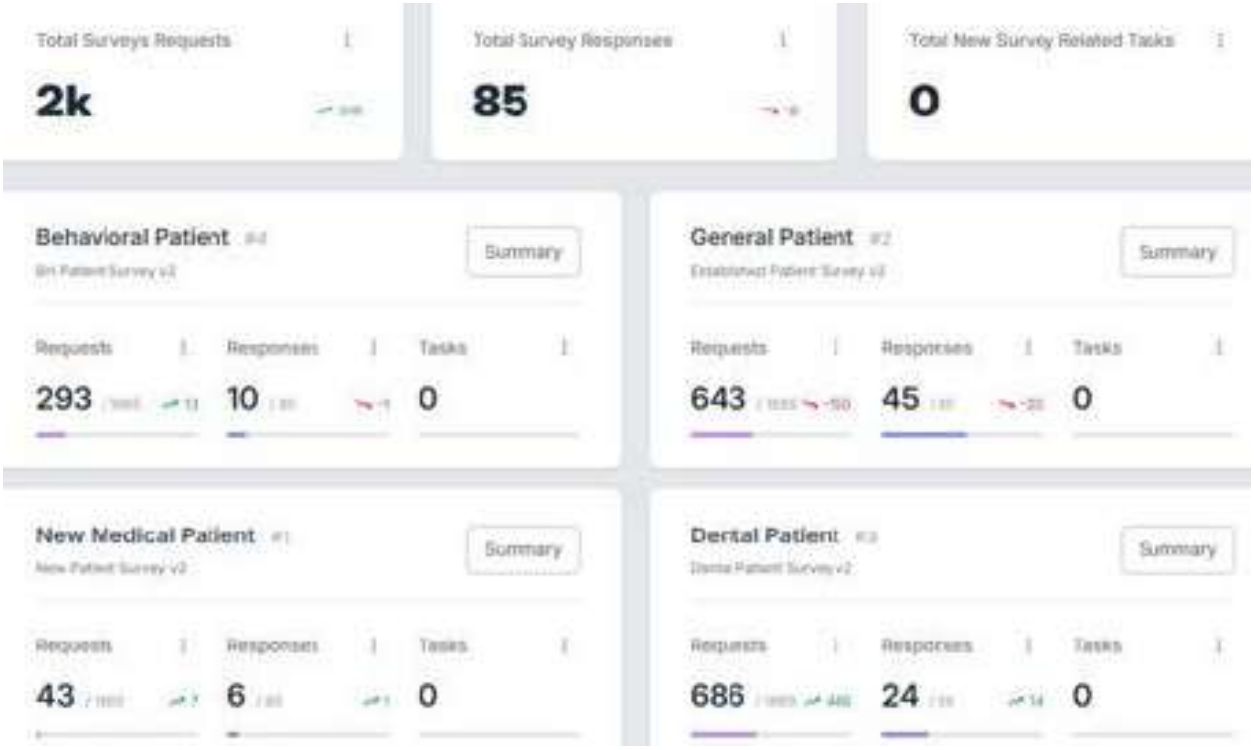
California Department of Health Care Services/ Bright Futures Periodicity Schedule (2021). CHDP Periodicity Schedule for health assessment requirements by age groups. Children's Medical Services. Retrieved from

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

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

Signature: Randy Smart, MD – Medical Director Date

														Census	MTD	Fiscal YTD	Historical							
Quality Metric'	**Jul-25**	**Aug-25**	**Sep-25**	**Oct-25**	**Nov-25**	**Dec-25**	**Jan-26**	**Feb-26**	**Mar-26**	**Apr-26**	**May-26**	**Jun-26**	**Total**	Fiscal YTD	Payor Mix	Fiscal YTD	Payor Mix							
Patient Visits Total	2704	2427	2719	2882	2379	2630	2724	2934	3485	3346			28230	28230										
Medi-Cal	1816	1610	1944	2079	1716	1940	1980	2100	2421	2414			20020	20020	72%	71%	71%		**DOWN 503 CLOSED 3 DAYS /PROVIDERS OFF & ILLNESS					
Medicare	378	360	356	325	263	305	338	355	456	376			3512	3512	11%	12%	12%							
Cash Pay	15	11	8	8	24	13	18	13	17	9			136	136	0%	0%	0%							
Commercial	495	446	411	470	376	372	388	466	591	547			4562	4562	16%	16%	16%							
Pediatrics 0-16 yrs	398	343	429	425	402	409	444	527	635	630			4642											
Behavioral Health	605	560	624	573	461	519	517	561	641	687			5748											
Dental	484	415	654	765	737	754	744	745	882	845			7025											
Main	1615	1452	1603	1544	1181	1357	1463	1628	1962	1814			15619											
Total Empanelled Patients	6566	6632	6675	6773	6840	6947	7067	7169	7134	7158														
Total New Patients SEEN	97	82	135	120	91	98	155	131	120	123			1152											
Total New Pt's REGISTERED	70	110	75	123	82	111	140	116	114	105			1046											
Robo Doc Calls	*0	23	36	64	37	26	23	32	55	44			340											
Incident Reports																								
Patient Satisfaction																								
Peer Review/Fallouts																								
Employee turnover																								
Wait time for appointments																								
Patient No-shows	273	219	303	354	238	302	308	275	374	372														
Monthly % of NO Shows	9%	8%	10%	11%	9%	10%	10%	8%	9%	10%														
Employee Satisfaction																								
1=All Financial data in Finance Report																								
* Line # 21-B School out for summer																								
* LINE 21 G School closed for X-Mas break																								



Response rate: Total 4%; BH 4%; Dental 4%; General Medical 7%; New Patient 14%

MEDICAL:

How would you rate your overall experience with your provider?			How would you rate your overall experience with our office?		
Poor	0	0%	Poor	0	0%
Not Good	0	0%	Not Good	0	0%
Acceptab	1	3%	Acceptab	0	0%
Good	0	0%	Good	3	9%
Excellent	33	97%	Excellent	31	91%

Dental:

How would you rate your overall experience with our office?			Please rate your dentist's personal manner (courtesy, respect,sensitivity, friendliness)?		
Poor	0	0%	Poor	0	0%
Not Good	0	0%	Not Good	0	0%
Acceptab	0	0%	Acceptab	1	5%
Good	0	0%	Good	1	5%
Excellent	4	100%	Excellent	18	90%

Behavioral Health:

My BH Provider acts professionally, empathetically, and with care.		
Agree	10	100%
Disagree	0	0%
About the	0	0%
I have nc	0	0%
N/A-I did	0	0%

I am treated considerately and respectfully by VSHWC staff.		
Agree	8	100%
Disagree	0	0%
About the	0	0%
I have nc	0	0%
N/A-I did	0	0%

Outlook

AED Committee / Action item for May 2026 Board Meeting

From Richard Randolph <rrandolph@mthcd.org>
Date Fri 5/15/2026 11:09 AM
To Darrie Gillespie <dgillespie@mthcd.org>; Jessica Gwaltney <admassist@mthcd.org>
Cc J Vermeltfoort <jvermeltfoort@mthcd.org>; garyjohanna1@gmail.com <garyjohanna1@gmail.com>

A quorum of the AED Committee met to discuss the possibility of expanding the services provided for under the charter of this committee.

The original intent was to identify, both public and private organizations, where the placement of an AED would be of medical benefit of the residents of Calaveras.

As of today, 42 AED units have been awarded and placed into service.

Note: We have also identified another 40 units that had already been placed into service prior the our grants program.

We have now placed public services announcement in local news outlets in an attempt to identify any additional groups or locations that would benefit from a device. Only 1 additional response has been received.

Given this, we would like to explore the expansion of the services supported by the MTHCD to included certified training cover Basic First Aide, CPR and AED. Cost data will be provided at our next presentation to the board.

Sent from my iPad

Executive Summary – Personnel Manual Revisions

The following summarizes the key highlighted revisions and updates contained in the May 27, 2026 Personnel Manual for Board review and discussion. These updates primarily address employee classifications, overtime compliance, compensation language clarification, holiday eligibility, vacation accrual clarification, and employee benefit enhancements.

- **Employee Classification Changes:** The manual updates the definition of full-time and part-time employment effective July 1, 2026. Employees hired on or before July 1, 2026 will remain classified as full-time at 20+ hours per week. Employees hired after July 1, 2026 will be considered full-time only if regularly scheduled for 30+ hours per week. Corresponding part-time classifications were updated accordingly.
- **Part-Time Benefit Eligibility Clarification:** The revised language clarifies that certain prorated leave accruals and partial benefits are available only when minimum hour thresholds are met, depending on the employee's hire date and scheduled hours.
- **Compensation Language Revision:** The manual removes language stating the District will always maintain compensation comparable to the community standard, as legal counsel advised this may create an unrealistic or enforceable expectation.
- **Overtime Compliance Update:** The overtime section now specifically incorporates California overtime law requirements, including time-and-a-half and double-time rules, workday/workweek definitions, and pre-approval requirements for overtime work.
- **Holiday Benefit Revision:** The manual clarifies the District's paid holiday schedule and confirms eligibility for regular full-time employees. The policy includes seven paid holidays, including either Christmas Eve or the day after Christmas at the CEO's discretion.
- **Vacation Accrual Clarification:** Language was added to clarify that regular full-time employees working fewer than 40 hours weekly will receive prorated vacation accruals based on their scheduled percentage of a 40-hour workweek.
- **Insurance and Dental Benefit Updates:** The policy confirms that eligible regular full-time employees may participate in District-sponsored health insurance benefits, with dependent premiums partially subsidized at 40%. Additionally, beginning July 1, 2025, the District provides dental insurance coverage for full-time employees at District expense, with dependent coverage partially subsidized.

Overall, these revisions are intended to improve legal compliance, clarify employee eligibility standards, strengthen operational consistency, and ensure the Personnel Manual accurately reflects current District employment practices and benefit structures.

MARK TWAIN
HEALTH CARE DISTRICT

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

PERSONNEL MANUAL

LAST UPDATED AND BOARD APPROVED

ON

~~**July 26, 2023 BOD Approved**~~
~~**November 15, 2023 BOD Approved**~~
~~**Jan 24, 2024 BOD Approved**~~
May 27, 2026

Mark Twain Health Care District Mission Statement

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

Table of Contents

Nothing contained in or implied by this manual creates or shall be deemed to create or constitute a contractual obligation to employees on the part of DISTRICT. The policies, procedures, and guidelines contained in this manual are subject to change at any time and do not create any right to be employed by DISTRICT.

INTRODUCTORY POLICIES

1000 INTRODUCTION

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

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

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

1001 INTEGRATION CLAUSE AND THE RIGHT TO REVISE

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

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

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

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

1002 Employment At Will Status

DISTRICT employees are employed on an at-will basis. Employment at-will may be terminated with or without cause and with or without notice at any time by the employee or DISTRICT. Nothing in this handbook shall limit the right to terminate at-will employment. No manager or employee of DISTRICT has any authority to enter into an agreement for employment for any specified period of time or to make an agreement for employment on other than at-will terms. The "employment at-will" relationship can only be changed by an agreement, in writing, specifically modifying this relationship, signed by the Chief Executive Officer or President of the Board with approval of the full Board.

1003 Equal Employment Opportunity

The DISTRICT is an equal opportunity employer and makes employment decisions on the basis of merit. The DISTRICT wants to have the best available individuals in every job. DISTRICT policy prohibits unlawful discrimination based on sex (including pregnancy, childbirth, breastfeeding or related medical conditions), race, religion (including religious dress and grooming practices), race, color, gender (including gender identity and gender expression), national origin (including language use restrictions and possession of a driver's license issued under Vehicle Code section 12801.9), ancestry, physical or mental disability, medical condition, genetic information, marital status, registered domestic partner status, age, sexual orientation, military and veteran status or any other basis or any other characteristic (or combination thereof) made unlawful by federal, state or local laws. Discriminatory practices also can include a perception of another employee who has any of those characteristics or is associated with a person who has or is perceived as having any of those characteristics. All such discrimination is unlawful.

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

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

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

1004 Harassment Discrimination And Retaliation Prevention

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

complaints of discrimination or harassment or who participate in workplace investigations.

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

Harassment Prevention

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

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

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

All such conduct violates DISTRICT policy.

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

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

Non-Discrimination

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

Anti-Retaliation

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

management, employees or co-workers.

Working with the Public

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

Complaint Process

It is important that workers inform the DISTRICT as soon as possible about any prohibited harassment because nothing can be done to remedy the situation if the DISTRICT does not know that it exists. If you believe that you have been the subject of harassment, discrimination, retaliation or other prohibited conduct, you are required to report it to the Chief Executive Officer, or any other supervisor, as soon as possible after the incident. If the Chief Executive Officer is not available or if the complaint is regarding the Chief Executive Officer, the reporting party should notify Human Resources (HR) Dept who will notify the Board President). If you need assistance with your complaint, or if you prefer to make a complaint in person, contact the Chief Executive Officer, any supervisor, or the Board President if the complaint concerns the CEO. Please provide all known details of the incident or incidents, names of individuals involved and names of any witnesses. It would be best to communicate your complaint in writing, but this is not mandatory.

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

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

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

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

Investigation Process

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

Complaints will be:

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

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

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

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

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

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

Further Information

You also should be aware that the Federal Equal Employment Opportunity Commission and the California Civil Rights Department investigate and prosecute complaints of prohibited

harassment, discrimination and retaliation in employment. If you think you have been harassed or discriminated against or that you have been retaliated against for resisting, complaining or participating in an investigation, you may file a complaint with the appropriate agency. The nearest office can be found by visiting the agency websites at www.crd.ca.gov and www.eeoc.gov.

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

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

1005 Reasonable Accommodation

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

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

An applicant, employee or intern who requires an accommodation of a religious belief or practice (including religious dress and grooming practices, such as religious clothing or hairstyles) should contact Chief Executive Officer and discuss the need for an accommodation. If the accommodation is reasonable and will not impose an undue hardship, the DISTRICT will make the accommodation.

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

EMPLOYMENT POLICIES AND PRACTICES

2000 HIRING PROCESS

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

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

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

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

2001 CATEGORIES OF EMPLOYMENT

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

Regular Employees

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

Regular Full-Time Employees

~~Regular full-time employees work a schedule of 20 hours or more per week.~~

For any employees hired on or before July 1, 2026, "regular full-time employees" are those who are regularly scheduled to work a schedule of 20 hours or more per week.

For any employees hired after July 1, 2026, "regular full-time employees" are those who are regularly

scheduled to work a schedule of 30 hours or more per week

Regular Part-time Employees

~~Regular part-time employees work less than 20 hours per week~~

For any employees hired on or **before July 1, 2026**, "regular part-time employees" are those who are regularly scheduled to work a schedule of less than 20 hours per week. After 90 days of employment, regular part-time employees may be eligible for partial benefits as more fully set forth in this handbook. Pro rata accrual of leave (if applicable) may begin on the employee's hire date, but only if he or she is working 20 hours or more per week

For any employees hired **after July 1, 2026**, "regular part-time employees" are those who are regularly scheduled to work a schedule of less than 30 hours per week. After 90 days of employment, regular part-time employees may be eligible for partial benefits as more fully set forth in this handbook. Pro rata accrual of leave (if applicable) may begin on the employee's hire date, but only if he or she is working 30 hours or more per week.

Temporary Employees

Temporary employees work for a set hourly wage to handle a specific project or to temporarily augment or substitute for regular staff. A temporary employee is not entitled to retirement or health insurance benefits or paid time-off (unless otherwise required by law or specifically approved by the Board); however, other provisions of this manual shall apply to temporary employees. There is no guaranteed number of hours of work for temporary employees.

2003 JOB DUTIES

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

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

2004 OFFICE SECURITY

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

2005 TIMEKEEPING AND PAY DATES

Each non-exempt employee will maintain a time sheet. All absences, both authorized and unauthorized, shall be recorded. The time sheet must be submitted to the Chief Executive Officer or his/her designee for verification and signature. The signed timesheet will become part of the

DISTRICT's payroll records. Failure to provide accurate time sheets will lead to disciplinary action.

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

2006 PERSONNEL RECORDS

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

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

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

~~2007 COMPENSATION~~

~~*Rates of Pay*~~

~~DISTRICT shall endeavor to ensure that, when resources permit, the rate of pay for any position shall be comparable to the prevailing rates of similar positions in the community. Further, DISTRICT shall endeavor to ensure that pay relationships among positions within the DISTRICT are equitable, and that common criteria, including job performance, are applied uniformly to determine compensation levels for individual staff members.~~

OMIT – BBK states it is not a realistic standard to always meet.

Salary Increases

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

Payroll Deductions

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

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

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

2008 OVERTIME

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

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

2009 PERFORMANCE AND SALARY REVIEWS

Performance reviews will be conducted at the following times:

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

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

- Ability to meet all performance criteria including accuracy, timeliness and completeness;
- Teamwork/Interpersonal Relations;
- Attendance;
- Adherence to policies and procedures;
- Dependability;
- Flexibility;

- Accuracy of work completed in a specific amount of time;
- Attitude; and
- Willingness to devote time which may be required to meet established timeframes and/or special projects.

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

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

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

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

2010 CONFLICTS OF INTEREST

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

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

2011 DISCIPLINARY ACTION

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

Oral Warning

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

Written Warning

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

Performance Improvement Plan

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

Termination

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

Immediate Administrative Leave

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

Suspension

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

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

2012 TERMINATION OF EMPLOYMENT

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

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

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

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

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

STANDARDS OF CONDUCT

3000 PROHIBITED CONDUCT:

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

- Falsifying employment records, employment information, or other DISTRICT records;
- Recording the work time of another employee or allowing any other employee to record your work time, or falsifying any timecard, either your own or another employee's;
- Theft, deliberate or careless damage or destruction of any DISTRICT property, or the property of any employee or client;
- Removing or borrowing DISTRICT property without prior authorization;
- Unauthorized use of DISTRICT equipment, time, materials, or facilities;
- Provoking a fight or fighting during working hours or on DISTRICT property;
- Carrying firearms or any other dangerous weapons on DISTRICT premises at anytime;
- Engaging in criminal conduct whether or not related to job performance;
- Causing, creating, or participating in a disruption of any kind during working hours on DISTRICT property;
- Insubordination, including but not limited to failure or refusal to obey the orders or

instructions of a supervisor or member of management, or the use of abusive or threatening language toward a supervisor or member of management;

- Using abusive language at any time on DISTRICT premises;
- Failing to notify the Manager or Chief Executive Officer when unable to report to work;
- Unreported absence of three (3) consecutive scheduled workdays;
- Failing to obtain permission to leave work for any reason during normal working hours;
- Failing to observe working schedules, including rest and lunch periods;
- Failing to provide a physician's certificate when requested or required to do so;
- Sleeping or malingering on the job;
- Making or accepting personal telephone calls deemed excessive in duration during working hours, except in cases of emergency;
- Working overtime without authorization;
- Wearing disturbing, unprofessional or inappropriate styles of dress or hair while working;
- Violating any safety, health, security or DISTRICT policy, rule, or procedure;
- Committing a fraudulent act or a breach of trust under any circumstances; and
- Committing of or involvement with any act of unlawful harassment discrimination or retaliation of another individual.

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

3001 DRUGFREE WORKPLACE POLICY

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

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

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

Violation of this policy will be grounds for disciplinary action, up to and including termination. Additionally, employees who are involved in off-the-job illegal drug activity might be

considered to be in violation of this policy.

3002 CONFIDENTIALITIES

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

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

3003 MEDIA CONTACTS

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

OPERATIONAL CONSIDERATIONS

4000 MEAL AND REST PERIODS

Rest Breaks

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

The Employee will be relieved of all duty during employee's rest break periods. Employee is free to come and go as employee pleases and is free to clock out and leave the premises. Employee

is expected to return to work promptly at the end of any rest break and clock back in.

Number of Rest Breaks

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

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

Timing of Rest Breaks

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

Meal Period

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

Timing of Meal Period

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

Meal periods are scheduled by any employee's Manager.

Second Meal Period

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

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

Timing of Second Meal Period

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

Recording Meal Periods

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

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

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

4001 PERSONAL USE OF SUPPLIES AND TELEPHONES

Materials, Supplies, and Equipment

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

Telephones

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

4002 REIMBURSEMENT OF WORK EXPENSES

Definition

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

Transportation

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

Travel

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

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

4003 HEALTH AND SAFETY

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

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

4004 USE OF CELL PHONE WHILE DRIVING ON DISTRICT BUSINESS

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

4005 USE OF ELECTRONIC MEDIA

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

managed facility.

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

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

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

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

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

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

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

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

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

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

4006 USES OF SOCIAL MEDIA

The following is the DISTRICT's Use of Social Media policy. The absence or lack of explicit reference to a specific site does not limit the extent of the application of this policy. Where no specific policy or guideline exists, employees should use their professional judgment, rely on common sense, and take the most prudent action possible.

In general, the DISTRICT views positively employee use of social media, including, among others, social networking sites (e.g., Facebook and Instagram), personal Web sites, Weblogs, Wiki forums,

and content-sharing sites (e.g., YouTube and Flicker). If an employee chooses to identify as a DISTRICT employee on such Internet venues, some readers may view the employee as a DISTRICT representative or spokesperson. In light of this possibility, the DISTRICT requires that employees observe the following guidelines when referring on the Internet to the DISTRICT, its programs or activities, products, services, clients, and/or other DISTRICT employees.

- Be clear and write in first person. Make it obvious in your writing that you are speaking for yourself and not on behalf of the DISTRICT. If you choose to comment on DISTRICT matters that are public, such as posting reviews of DISTRICT products or services on social media sites, you must clearly state that you are an employee of DISTRICT.

- Even if critical, be transparent, honest, and respectful, regardless of whether your Internet postings concern the DISTRICT, other employees, clients, and/or other affiliated entities and individuals.

- Employees may NOT use social media for personal use during work hours. Refer to DISTRICT policies regarding Use of Electronic Media.

- Information published on the Internet should comply with our policies regarding confidentiality and disclosure of proprietary information. Thus, employees must not disclose confidential and/or proprietary information about customers, clients, employees, or other affiliated entities or individuals without the individual's/entity's express written consent. Such information includes personal health and financial information and related proprietary information and documents, such as trade secrets, customer lists, launch and release dates, promotional materials, and/or pending reorganizations.

- Employees must not use social media to post or display comments that are vulgar, threatening, intimidating, harassing, or a violation of our policies against discrimination or harassment, or those that defame the DISTRICT, its employees, customers, clients, or other affiliated individuals or entities. See the DISTRICT's Policy Against Harassment.

- Our logos and trademarks and other proprietary information/marks may not be used for any commercial purpose without written consent and/or for any other purpose that violates this policy.

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

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

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

EMPLOYEE BENEFITS

5000 HOLIDAYS

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

5001 VACATION

Employees who are regularly scheduled to work at least 30 hours per week are eligible to accrue vacation time based on their length of employment with the DISTRICT as follows:

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

~~Employees working more than 20 and less than 40 hours per week will earn a prorated amount of vacation based on percentage of 40-hour week.~~

Regular full-time employees who are regularly scheduled to work less than 40 hours per week, and regular part-time employees who are regularly scheduled to work less than 30 hours per week, will accrue vacation on a prorated basis according to their regularly scheduled hours as a percentage of a 40-hour workweek.

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

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

An employee with a minimum of 300 hours of vacation accrual may request a pay out of 1 week (40 hours) annually each January

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

Required Use of Vacation Before Unpaid Leave

You are required to take accrued and unused vacation before taking unpaid leave or having unpaid absences unless the absence is due to pregnancy-related disability or is not considered an unpaid leave under the California Family Rights Act. If you are absent for a reason that qualifies you for Paid Family Leave (PFL) or because of a disability that qualifies you for State Disability Insurance (SDI) benefits, please contact the Chief Executive Officer to discuss coordination of your benefits.

5002 INSURANCE BENEFITS

Health Insurance

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

Dental

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

Disability Insurance

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

Unemployment Compensation

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

Social Security

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

Workers' Compensation

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

5003 SICK LEAVE

The DISTRICT provides paid sick leave to eligible employees as required by California law. Employees cannot be discriminated or retaliated against for requesting or using accrued paid sick time.
If you have any questions about paid sick leave, please contact Human Resources or the Chief Executive Officer

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

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

Sick Pay Amount (5003 SICK LEAVE Cont.)

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

Eligible employees may accrue and use up to forty (40) hours, or five (5) days, of paid sick leave per calendar year. Unused accrued sick leave will carry over into the following year in accordance with California law; however, employees may not accrue more than eighty (80) hours, or ten (10) days, of paid sick leave at any time
The DISTRICT does not pay employees for unused paid sick time. If an employee separates from employment and returns less than one year later, any accrued and unused sick leave will be reinstated.

Qualifying Reasons for Paid Sick Leave

Paid sick time can be used for the following reasons:

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

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

- A child defined as a biological, foster or adopted child; a stepchild; or a legal ward, regardless of the age or dependency status of the child. A "child" also may be someone for whom you have accepted the duties and responsibilities of raising, even if he or she is not your legal child.
- A "parent" is defined as a biological, foster or adoptive parent; a stepparent; or a legal guardian of an employee or the employee's spouse or registered domestic partner. A parent may also be someone who accepted the duties and responsibilities of raising employee when employee was a minor child, even if he or she is not your legal parent.

- A spouse.
- A registered domestic partner.
- A grandparent.
- A grandchild.
- A sibling.
- A designated person. For purposes of this policy, a “designated person” is any person identified by the employee at the time the employee requests paid sick leave. Employees can identify a “designated person” once every 12-month period, measured from the time the employee first makes a designation.

Use of Paid Sick Leave

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

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

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

Incremental Use

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

Paid Sick Leave and Workers' Compensation Benefits

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

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

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

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

5004 BEREAVEMENT LEAVE

Regular employees shall be granted up to five (5) days of absence per year due to death of a member of the employee’s or spouse’s family, such as a spouse, registered domestic partner, parent, grandparent, sibling, child. An employee with such a death in the family may take up to (5) days off. Three of those days will be with pay, and the remainder of the five days can be taken as unpaid leave.

unless the employee wishes to substitute as vacation. Leave may be taken on a continuous or intermittent basis and must be completed within three (3) months of the death.

5005 JURY DUTY OR WITNESS LEAVE

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

5006 UNPAID LEAVE OF ABSENCE (NON-MEDICAL)

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

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

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

5007 WORKERS' COMPENSATION

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

1. Immediately report any work-related injury to the Manager, Human Resources or Chief Executive Officer. Seek medical treatment and follow-up care if required.

2. Complete a written Employee's Claim Form (DWC Form 1) and return it to the Chief Executive Officer

3. Provide DISTRICT with a certification from your health care provider regarding the need for workers' compensation disability leave and your ability to return to work from the leave.

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

DISTRICT's ability to operate safely and efficiently during the leave, and there are no equivalent or comparable positions available, then the employee would not be entitled to reinstatement.

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

5008 – PREGNANCY DISABILITY LEAVE

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

- Duration of pregnancy disability leave will be determined by the advice of the employee's physician, but employees disabled by pregnancy may take up to four months (or 17 1/3 weeks). Part-time employees are entitled to leave on a pro rata basis. The four months of leave includes any period of time for actual disability caused by the employee's pregnancy, childbirth, or related medical condition. This includes leave for severe morning sickness and for prenatal care.
- The DISTRICT will also reasonably accommodate medical needs related to pregnancy, childbirth, or related conditions or temporarily transfer you to a less strenuous or hazardous position (where one is available) or duties if medically needed because of your pregnancy.
- Employees who need to take pregnancy disability must inform the Manager, Human Resources or Chief Executive Officer when a leave is expected to begin and how long it will likely last. If the need for a leave, reasonable accommodation, or transfer is foreseeable, employees must provide reasonable advance notice at least 30 days before the pregnancy disability leave or transfer is to begin. Employees must consult with the Manager or Chief Executive Officer regarding the scheduling of any planned medical treatment or supervision in order to minimize disruption to the operations of the DISTRICT. Any such scheduling is subject to the approval of the employee's health care provider;
- If 30 days' advance notice is not possible, notice must be given as soon as practical;
- Failure to give reasonable advance notice may result in delay of leave, reasonable accommodation, or transfer; Pregnancy leave usually begins when ordered by the employee's physician. The employee must provide the Manager, Human Resources or Chief Executive Officer with a written certification from a health care provider for need of PDL, reasonable accommodation or transfer. The certification must be returned within 15 calendar days. Failure to do so may, in some circumstances, delay PDL leave, reasonable accommodation or transfer. The certification indicating the need for disability leave should contain:
    - A statement that the employee needs to take pregnancy disability leave because she is disabled by pregnancy, childbirth or related medical condition.
    - The date on which the employee became disabled due to pregnancy.
    - The probable duration of the period or periods of disability.

- If the employee needs a reasonable accommodation or transfer, a medical certification is sufficient if it contains all of the following: a description of the requested reasonable accommodation or transfer; a statement that describes the medical advisability of the reasonable accommodation or transfer because of pregnancy; and the date on which the need for reasonable accommodation or transfer became/will become medically advisable and the estimated duration of the reasonable accommodation or transfer.

- Leave returns will be allowed only when the employee's physician sends a release.

- During any unpaid leave, an employee will be required to use accrued sick time (if otherwise eligible to take the time) during pregnancy disability leave. An employee will be allowed to use accrued vacation (if otherwise eligible to take the time) during a pregnancy disability leave; if an employee is receiving SDI benefits, the employee has the choice whether to use accrued leave to supplement those benefits to equal her full pay; and

- Leave does not need to be taken in one continuous period of time and may be taken intermittently, as needed and supported by medical certification. Leave may be taken in increments of one hour. If intermittent leave or leave on a reduced work schedule is medically advisable the employee may, in some instances, be required to transfer temporarily to an available alternative position that meets the employee's needs. The alternative position need not consist of equivalent duties but must have the equivalent rate of pay and benefits. The employee must be qualified for the position. The position must better accommodate the employee's leave requirements than her regular job. Transferring to an alternative position can include altering an existing job to better accommodate the employee's need for intermittent leave or a reduced work schedule.

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

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

5009 – LACTATION ACCOMMODATION POLICY

The DISTRICT provides accommodations to lactating employees who need to express breast milk during work hours in accordance with applicable law. The DISTRICT will provide the employee with the use of a room or other location (not a bathroom) for employees to express breast milk in

private that is in close proximity to the employee's work area, shielded from view, and free from intrusion. Such space will meet the requirements of the California Labor Code including a surface to place a breast pump and personal items, a place to sit, access to electricity, a sink with running water, and a refrigerator for storing breast milk.

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

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

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

5010 REPRODUCTIVE LOSS LEAVE

The DISTRICT provides Reproductive Loss Leave to eligible employees.

Reproductive Loss Event

A reproductive loss event is any of the following:

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

Eligibility

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

Timing and duration of leave

An eligible employee may take up to five days' leave for each reproductive loss event. Reproductive Loss Leave does not need to be taken on consecutive days but must be completed within three months of the date of the event. This means employees can choose to take all five

days at once or break up the days over a longer period, as long as their leave is completed within three months.

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

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

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

Confidentiality and No Retaliation

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

5011 California CFRA Leave

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

Eligible Employees

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

Qualifying Reasons for CFRA Leave

CFRA leave may be used for the following reasons:

- To care for or bond with a newborn child.
- To care for or bond with a child placed with the employee and/or the employee's registered domestic partner for adoption or foster care.
- To care for an immediate family member (spouse, parent, registered domestic partner, child or registered domestic partner's child, sibling, grandparent, grandchild, or designated person) with a serious health condition. For purposes of this policy, "designated person" means any individual related by blood or whose association with the employee is the equivalent of a family relationship. An employee may identify the designated person at the time the employee requests leave. The District limits an employee to one designated person per 12-month period for family care and medical leave.
- For the employee's serious health condition that makes the employee unable to perform his

or her job (except pregnancy, which is covered under PDL and does not run concurrently with CFRA).

- For a qualifying military exigency (emergency) related to the covered active duty or call to covered active duty of a spouse, domestic partner, child, or parent in the United States armed forces.

Duration of Leave

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

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

Procedure

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

1. Thirty (30) days' notice of the need to take CFRA leave (if foreseeable) or notice as soon as practicable in the case of unforeseeable leave.

2. Medical certification supporting the need for leave within fifteen (15) calendar days of the DISTRICT's request for the certification. Failure to do so may result in delay of the commencement of leave or denial of a leave request.

3. Periodic reports as deemed appropriate during the leave regarding the employee's status and intent to return to work.

4. A return-to-work release before returning to work if the leave was due to the employee's serious health condition.

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

Compensation.

While receiving wage replacement benefits. For any period of time that an employee is eligible for and receiving any type of wage replacement benefits (i.e., disability benefits, SDI, PFL, and/or workers' compensation benefits), the employee is not required to use accrued sick leave or vacation in connection with his or her Family and Medical Leave. The employee may, however, choose to supplement these forms of wage-replacement payments with accrued paid leave on a pro rata basis, so long as the employee's pay does not exceed their normal wage. Should an employee desire to supplement SDI benefits with accrued sick and/or vacation leave, the DISTRICT will integrate benefits with paid leave.

While on otherwise unpaid leave. If an employee is on Family and Medical Leave for his or her own serious health condition and is not receiving any wage replacement benefits from another source, the employee must use any available sick leave and vacation during the leave. (See Pregnancy Disability Leave policy for rule applicable to employees disabled by pregnancy). If an employee is on Family and Medical Leave to care for a family member or bond with a new baby (and is not receiving paid parental leave), the employee must use all available vacation during the leave and, at the employee's choice, may use available sick leave. Once all sick leave and vacation is exhausted (or if the employee has the choice and elects not to use it), Family and Medical Leave

will continue on an unpaid basis for the remainder (if any) of the available 12 weeks. Any family and medical leave, whether paid, unpaid, or a combination thereof, will be counted toward the 12-week leave entitlement. During any period of unpaid leave, employees will not continue to accrue sick leave, vacation, or any other forms of paid time off and will not be paid for holidays that occur during the leave.

Benefits.

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

Military Qualified Exigency Leave.

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

Procedures.

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

Reinstatement.

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

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

If an employee fails to report to work promptly at the end of the Family and Medical Leave and fails to obtain approval for an additional personal leave of absence, the DISTRICT will treat the

failure to return as a voluntary resignation.

5012 Reporting Time - Pay Policy

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

5013 Crime victims leave

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

5014 Guard, Reserves, or Naval Militia

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

5015 Organ Donation

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

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

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

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

employee, immediately prior to taking such leave, is entitled to participate in such group health plan.

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

Bone marrow and organ donation leave is not to be taken concurrently with any leave taken under the Federal Family and Medical Leave Act or the California Family Rights Act.

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

5016 Time off to Vote

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

5017 Employee Dress Code

MARK TWAIN HEALTH CARE DISTRICT

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

General guidelines for all staff:

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

•**Visible body piercings:** Jewelry shall not compromise direct patient care activities, infection control, or the covered personnel's job duties or safety. Spikes, intradermal piercings, chains and tongue bars/balls must be removed. If removed, clear or skin-colored spacers may be worn. No lip, mouth, chin or cheek piercings. Septum piercings are not allowed. One facial piercing is allowable: a small nose stud (no rings), or a small eyebrow stud or ring. Body piercings must be small, maintain a professional appearance and be kept clean and disinfected on a regular basis. Earrings may be worn, no more than 2 per ear. Earrings may not be large, as to cause a safety or infection control issue when providing direct patient care: i.e.: long dandling earrings that could be pulled out. Jewelry that is construed to be offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are not allowed. Ear gauges may be no larger than 22mm (5/8"). A solid black or skin colored plug may be worn. Ear gauges also must be kept clean and disinfected on a regular basis.

Tattoos and body art: Tattoos on the arms, hands, exposed (lower) legs and ankles are generally acceptable with the following exceptions: All tattoos that are construed as offensive, racist, political in nature, represent gangs, death, violence or sex, including nudity are to be covered with makeup, bandage or material tattoo covers. No facial or neck tattoos are to be visible. Any questions

regarding the interpretation of this requirement shall be decided by management.

Perfume, Aftershave and Deodorant:

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

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

Inappropriate Attire:

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

Medical Providers and Managers:

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

Cultural Hair Compliance Exemption:

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

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

- Staff may wear solid, coordinating scrubs, pants, and shirts. Black scrub pants may be worn with a solid, coordinating scrub top of another color.
- A similar solid color sweater, sweatshirt (no hoodies) or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe and low heeled.

Health Information Services/Medical Billing:

- HIM/Billing staff may wear business or business casual attire.

- HIM/Billing staff may wear solid, coordinating scrubs, pants, and shirts.
- A similar solid color sweater, sweatshirt (no hoodies) or jacket (without logos), or VSHWC or District logo sweatshirt may be worn for warmth.
- Shoes should be comfortable, closed toe (if working in patient care areas) and low heeled.

Mark Twain Health Care District Mission Statement

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

This Institution is an Equal Opportunity Provider and Employer

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

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

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

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

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

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

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

Date:_____

_____ _____

Print Employee's Name Employee Signature

Mark Twain Health Care District Board Approved May 27, 2026

MARK TWAIN
HEALTH CARE DISTRICT

P. O. Box 95
San Andreas, CA 95249
(209) 754-4468 Phone
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Agenda Item: **Financial Reports for April 2026**

Type: **Action**

Submitted By: **Rick Wood, Accountant & Kristine Slocum**

Presented By: **Rick Wood, Accountant & Kristine Slocum, Finance Manager**

BACKGROUND:

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

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Mark Twain Health Care District
Direct Clinic Financial Projections

4/30/26

	Actual Month	Y-T-D Actual	2025/2026 Budget
Total Other Revenue	**968,883**	**8,713,778**	**9,329,487**
Labor related costs	**(594,737)**	**(4,135,222)**	(5,185,829)
Net Expenses over Revenues	**(91,909)**	**561,380**	**(857)**

Mark Twain Health Care District
Annual Budget Recap

	04/30/26 Actual Y-T-D	2025 - 2026 Annual Budget				
		Total District	Clinic	Rental	Projects	Admin
Revenues	12,874,586	12,371,680	9,317,487	1,164,193	0	1,890,000
Total Revenue	12,874,586	12,371,680	9,317,487	1,164,193	0	1,890,000
Expenses	(11,647,330)	(11,691,847)	(9,330,344)	(874,700)	(661,000)	(825,803)
Total Expenses	(11,647,330)	(11,691,847)	(9,330,344)	(874,700)	(661,000)	(825,803)
Surplus(Deficit)	1,227,255	679,833	(12,857)	289,493	(661,000)	1,064,197

Historical Totals

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

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

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

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

Mark Twain Health Care District
Direct Clinic Financial Projections

4/30/26 **VSHWC**

		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2025/2026 Budget
4083.49	Urgent care Gross Revenues	884,068	1,179,454	295,386	133.41%	7,072,542	10,278,607	3,206,065	145.33%	10,608,813
4083.60	Contractual Adjustments	(107,694)	(210,571)	(102,877)	195.53%	(861,551)	(1,564,829)	(703,278)	181.63%	(1,292,326)
	Net Patient revenue	776,374	968,883	192,509	124.80%	6,210,991	8,713,778	2,502,787	140.30%	9,316,487
						0				
4083.90	Flu shot, Lab income, physicals					0				
4083.91	Medical Records copy fees					0				1,000
9108.00	Other - Plan Incentives & COVID Relief					0	-			12,000
			0			0	0			13,000
	Total Other Revenue	**777,457**	**968,883**	**191,426**	**124.62%**	**6,210,991**	**8,713,778**	**2,502,787**	**140.30%**	**9,329,487**
7083.09	Other salaries and wages	(347,765)	(518,888)	(171,123)	149.21%	(2,782,119)	(3,498,411)	(716,291)	125.75%	(4,173,179)
7083.10	Payroll taxes	(25,040)	(40,721)	(15,681)	162.62%	(200,321)	(275,281)	(74,961)	137.42%	(300,481)
7083.12	Vacation, Holiday and Sick Leave	(20,866)	0	20,866	0.00%	(166,927)	0	166,927	0.00%	(250,391)
7083.13	Group Health & Welfare Insurance	(23,882)	(33,066)	(9,184)	138.45%	(191,055)	(331,440)	(140,385)	173.48%	(286,583)
7083.14	Group Life Insurance					0	0			
7083.15	Pension and Retirement	(10,433)	0	10,433	0.00%	(83,463)	0	83,463	0.00%	(125,195)
7083.16	Workers Compensation insurance	(2,083)	(2,062)	22	98.96%	(16,667)	(30,090)	(13,423)	180.54%	(25,000)
7083.18	Dental Insurance	(2,083)	0	2,083	0	(16,667)	0			(25,000)
	Total taxes and benefits	(84,388)	(75,848)	8,539	89.88%	(675,100)	(636,811)	38,289	94.33%	(1,012,650)
	Labor related costs	(432,152)	**(594,737)**	(162,584)	137.62%	**(3,457,219)**	**(4,135,222)**	(678,003)	119.61%	(5,185,829)
7083.05	Marketing	(1,875)	0	1,875	0.00%	(15,000)	(1,673)	13,327	11.16%	(22,500)
7083.20.01	Medical - Physicians	(53,221)	(131,665)	(78,444)	247.39%	(425,768)	(910,333)	(484,565)	213.81%	(638,652)
7083.20.02	Dental - Providers	0	0	0		0	(25,575)	(25,575)		
7083.20.03	Behavioral Health - Providers	(35,707)	(28,963)	6,744	81.11%	(285,653)	(278,656)	6,997	97.55%	(428,480)
7083.22	Consulting and Management fees	(3,750)	(11,729)	(7,979)	312.77%	(30,000)	(38,617)	(8,617)	128.72%	(45,000)
7083.23	Legal - Clinic	0	(6,594)	(6,594)		(6,667)	(19,805)	(13,138)	297.07%	
7083.25	Registry Nursing personnel	0								
7083.26	Other contracted services	(54,167)	(10,691)	43,476	19.74%	(433,333)	(641,549)	(208,216)	148.05%	(650,000)
7083.27	Other- IT Services	(3,500)	(10,011)		286.03%	(42,000)	(139,025)			(42,000)
7083.29	Other Professional fees	(5,000)	(3,734)	1,266	74.67%	(40,000)	(53,088)	(13,088)	132.72%	(60,000)
7083.36	Oxygen and Other Medical Gases	(100)	(97)	3	97.08%	(800)	(879)	(79)	109.88%	(1,200)
7083.38	Pharmaceuticals	0		0		0	0	0		
7083.41.01	Other Medical Care Materials and Supplies	(23,333)	(53,807)	(30,474)	230.60%	(186,667)	(312,296)	(125,629)	167.30%	(280,000)
7083.41.02	Dental Care Materials and Supplies - Clinic	(37,500)	(12,714)	24,786	33.90%	(300,000)	(157,263)	142,737	52.42%	(450,000)
7083.41.03	Behavioral Health Materials	(417)	(1,767)	(1,350)	424.01%	(3,333)	(5,551)	(2,217)	166.52%	(5,000)
7083.41.04	O.U.R. Veterans Materials and Supplies		(854)				(2,454)			
7083.44	Linens	0			#DIV/0!				#DIV/0!	
7083.48	Instruments and Minor Medical Equipment	0		0	#DIV/0!	0	0	0	#DIV/0!	
7083.62	Repairs and Maintenance Grounds	(5,417)	(4,927)	490	90.96%	(43,333)	(22,112)	21,222	51.03%	(65,000)
7083.72	Depreciation - Bldgs & Improvements	(55,000)	(55,000)	0	100.00%	(440,000)	(550,000)	(110,000)	125.00%	(660,000)
7083.74	Depreciation - Equipment	(12,500)	(12,500)	0	100.00%	(100,000)	(125,000)	(25,000)	125.00%	(150,000)
7083.45	Cleaning supplies	(12,500)		12,500		0	0	0	#DIV/0!	(150,000)
7083.80	Utilities - Electrical, Gas, Water, other	(6,250)	(6,338)	(88)	101.41%	(50,000)	(63,778)	(13,778)	127.56%	(75,000)
7083.43	Food	(833)	(1,584)	(751)	190.08%	(6,667)	(13,319)	(6,652)	199.78%	(10,000)
7083.46	Office and Administrative supplies	(3,567)	(2,991)	576	83.86%	(28,533)	(40,560)	(12,026)	142.15%	(42,800)
7083.69	Other purchased services	(3,708)	(68,986)	(65,278)	1860.31%	(29,667)	(184,925)	(155,258)	623.34%	(44,500)
7083.81	Insurance - Malpractice	0	(4,050)	(4,050)		0	(40,502)	(40,502)		
7083.82	Other Insurance - Clinic	0	0	0		0	(27,390)	(27,390)		
7083.83	License renewals	(750)	(307)	443	40.92%	(6,000)	(9,044)	(3,044)	150.74%	(9,000)
7083.85	Telephone and Communications	(3,500)	(4,672)	(1,172)	133.48%	(28,000)	(36,842)	(8,842)	131.58%	(42,000)
7083.86	Dues, Subscriptions & Fees	(750)	(3,080)	(2,330)	410.61%	(6,000)	(9,921)	(3,921)	165.36%	(9,000)
7083.87	Outside Training	(2,000)	(743)	1,257	37.15%	(16,000)	(12,905)	3,095	80.65%	(24,000)
7083.88	Mileage - VSHWC	(4,125)	(4,884)	(759)	118.39%	(33,000)	(57,767)	(24,767)	175.05%	(49,500)
7083.89	Recruiting	(6,083)	(2,925)	3,159	48.07%	(48,667)	(31,892)	16,775	65.53%	(73,000)
8870.00	Interest on Debt Service	(21,490)	(20,446)	1,045	95.14%	(171,922)	(204,455)	(32,533)	118.92%	(257,883)
8895.00	Let's All Smile	0	0	0	0.00%	0	0	0		
	Non labor expenses	(357,043)	(466,055)	(109,012)	130.53%	(2,777,010)	(4,017,176)	(1,240,166)	144.66%	(4,284,515)
	Total Expenses	(789,195)	(1,060,792)	(271,597)	134.41%	(6,234,229)	(8,152,398)	(1,918,169)	130.77%	(9,470,344)
	Net Expenses over Revenues	**(11,738)**	**(91,909)**	**(80,171)**	**259%**	**(23,238)**	**561,380**	**584,618**	**271.1%**	**(857)**

Mark Twain Health Care District
Rental Financial Projections

Rental

4/30/26

		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2025/2026 Budget
9260.01	Rent Hospital Asset amortized	72,000	0	(72,000)	0.00%	576,000	720,000	144,000	125.00%	864,000
	Rent Revenues	72,000	**0**	**(72,000)**	**0.00%**	**576,000**	**720,000**	**144,000**	**125.00%**	**864,000**
9520.62	Repairs and Maintenance Grounds		0			0	0			
9520.80	Utilities - Electrical, Gas, Water, other	(28,000)	(79,014)	(51,014)	282.19%	(224,000)	(476,591)	(252,591)	47.00%	(336,000)
9521.80	Utility Reimbursements- MTMC	0	10,290				100,270			
9520.85	Telephone & Communications	(625)	0	625	0.00%	(5,000)	0	5,000	0.00%	(7,500)
9520.72	Depreciation	(19,167)	(18,907)	260	98.65%	(153,333)	(189,070)	(35,737)	123.31%	(230,000)
9520.82	Insurance									
	Total Costs	**(47,792)**	**(87,631)**	**(39,839)**	**183.36%**	**(382,333)**	**(565,391)**	**(183,058)**	**147.88%**	(573,500)
	Net	24,208	(87,631)	(111,839)	-361.99%	193,667	154,609	(39,058)	125.26%	**290,500**
9260.02	MOB Rents Revenue	23,704	23,408	(296)	98.75%	189,631	267,673	78,042	141.15%	284,446
9521.75	MOB rent expenses	(25,000)	(23,781)	1,219	95.12%	(200,000)	(214,029)	(14,029)	107.01%	(300,000)
	Net	(1,296)	(373)	923		(10,369)	53,643	64,013	-517.33%	**(15,554)**
9260.03	Child Advocacy Rent revenue	1,312	844	(468)	64.33%	10,498	8,441	(2,057)	80.41%	15,747
9522.75	Child Advocacy Expenses	(100)	(675)	(575)	0.00%	(800)	(15,675)	(14,875)	0.00%	(1,200)
	Net	1,212	169	(1,043)	13.95%	9,698	(7,234)	(16,932)	-74.59%	**14,547**
	Total Revenues	97,016	34,542	(62,474)	35.60%	776,129	1,096,384	320,255	141.26%	1,164,193
	Total Expenses	(72,892)	(112,087)	(39,195)	153.77%	(583,133)	(795,096)	(211,962)	136.35%	(874,700)
	Summary Net	**24,124**	**(77,545)**	(101,670)	-321.44%	192,995	301,288	108,293	156.11%	**289,493**

Mark Twain Health Care District
Projects, Grants and Support
4/30/2026

		2022/2023 Budget	2023/2024 Budget	2024/2025 Budget	2025/2026 Budget	Month to-Date Budget	Actual Month	Actual Y-T-D	Actual vs Budget
	Project grants and support	(85,000)	(177,900)	(634,500)	(661,000)	(440,667)	(284,903)	(373,581)	58.88%
8890.00	Miscellaneous (TBD)		(100,000)	(500,000)	(500,000)	(333,333)	(265,000)	(296,740)	59.35%
8890.01	AED for Life		(40,000)	(40,000)	(40,000)	(26,667)		(9,083)	22.71%
8890.02	Stay Vertical Calaveras	(35,000)	(37,900)	(64,500)	(64,500)	(43,000)	(7,403)	(55,258)	85.67%
8890.03	Doris Barger Golf			(2,500)	(4,000)	(2,667)	(7,500)	(7,500)	300.00%
8890.04	San Andreas Rotary Club-Hospice						(3,000)	(3,000)	
8890.05	Steps to Kick Cancer								
8890.06	Office of Education (Med. Science)			(25,000)		0			0.00%
8890.07	Veterans Support								
8890.08	Foundation								
8890.09	Friends of the Calaveras County Fair			(2,500)	(2,500)	(1,667)	(2,000)	(2,000)	80.00%
8890.10	Community Grants	(50,000)			(50,000)	(33,333)			
8890.11	Calaveras Senior Center Meals								
8890.12	High school ROP (CTE) program								
	Project grants and support	**(85,000)**	**(177,900)**	**(634,500)**	**(661,000)**	**(440,667)**	**(284,903)**	**(373,581)**	**58.88%**

Mark Twain Health Care District
General Administration Financial Projections **4/30/26** **ADMIN**

		Monthly Budget	Actual Month	Variance $$$	Variance %	Y-T-D Budget	Y-T-D Actual	Variance $$$	Variance %	2025/2026 Budget
9060.00	Income, Gains and losses from investments	24,167	36,356	12,190	150.44%	193,333	361,264	167,930	186.86%	290,000
9160.00	Property Tax Revenues	125,000	125,000	0	100.00%	1,000,000	1,250,000	250,000	125.00%	1,500,000
9010.00	Gain on Sale of Asset									
9101.00	Gain and Loss on Sale of Asset						-			
9400.00	Miscellaneous Income		0			0	5,613			
5801.00	Rebates, Sponsorships, Refunds on Expenses		0			0	0			
5990.00	Other Miscellaneous Income		0			0	0			
9108.00	Other Non-Operating Revenue-GRANTS		6,548			76,721	76,721			100,000
9205.03	Miscellaneous Income (1% Minority Interest)		(9,192)			0	(93,733)			
	Summary Revenues	149,167	158,712	9,546	106.40%	1,270,054	1,599,864	329,810	125.97%	**1,890,000**
8610.09	Other salaries and wages	(33,864)	(81,284)	(47,419)	240.03%	(270,914)	(397,784)	(126,870)	146.83%	(406,371)
8610.10	Payroll taxes	(2,262)	(6,218)	(3,956)	274.90%	(18,095)	(25,498)	(7,403)	140.91%	(27,144)
8610.12	Vacation, Holiday and Sick Leave	(2,032)	0	2,032	0.00%	(16,255)	0	16,255	0.00%	(24,382)
8610.13	Group Health & Welfare Insurance	(1,262)	0	1,262	0.00%	(10,096)	0	10,096	0.00%	(15,144)
8610.14	Group Life Insurance	-	0			0	0			
8610.15	Pension and Retirement	(1,016)	0	1,016	0.00%	(8,127)	(736)	7,391	9.06%	(12,191)
8610.16	Workers Compensation insurance	(339)	0	339	0.00%	(2,709)	0	2,709	0.00%	(4,064)
8610.18	Other payroll related benefits	(42)	0			(339)	(36)			(508)
	Benefits and taxes	(6,953)	(6,218)	734	89.44%	(55,621)	(26,271)	29,351	47.23%	**(83,433)**
	Labor Costs	(40,817)	(87,502)	(46,685)	214.38%	(326,535)	(424,054)	(97,519)	129.86%	**(489,804)**
8610.22	Consulting and Management Fees	(2,500)	(1,600)	900	63.99%	(20,000)	(14,127)	5,873	70.63%	(30,000)
8610.23	Legal	(4,167)	(1,735)	2,432	41.63%	(26,667)	(19,111)	7,556	71.67%	(50,000)
8610.24	Accounting /Audit Fees	(3,750)	(4,591)	(841)	122.42%	(30,000)	(40,178)	(10,178)	133.93%	(45,000)
8610.05	Marketing	(2,083)	0	2,083	0.00%	(16,667)	(2,596)	14,071	15.58%	(25,000)
8610.46	Office and Administrative Supplies	(1,083)	(1,419)	(335)	130.94%	(8,667)	(18,866)	(10,200)	217.69%	(13,000)
8610.62	Repairs and Maintenance Grounds	-	(605)	(605)	0.00%	0	(6,800)	(6,800)		
8610.69	Other- IT Services	(1,000)	(3,403)	(2,403)	340.28%	(8,000)	(23,433)	(15,433)	292.92%	(12,000)
8610.82	Insurance	(7,500)	0	7,500	0.00%	(60,000)	(68,024)	(8,024)	113.37%	(90,000)
8610.86	Dues, Subscriptions & Fees	(3,333)	(820)	2,513	24.60%	(26,667)	(22,839)	3,828	85.65%	(40,000)
8610.87	Outside Trainings	(1,250)	(126)	1,124	10.08%	(10,000)	(15,083)	(5,083)	150.83%	(15,000)
8610.88	Travel	(833)	(35)		4.18%	(6,667)	(554)			(10,000)
8610.89	Recruiting	(833)	0	833	0.00%	0	(502)	(502)		(10,000)
8610.90	Other Direct Expenses	(500)	(500)	0	100.00%	(4,000)	(4,900)	(900)	122.50%	(6,000)
8610.95	Other Misc. Expenses	-	0			0	0	0		
	Non-Labor costs	(28,833)	(14,832)	13,203	51.44%	(217,333)	(237,103)	(25,882)	109.10%	(346,000)
	Total Costs	(69,650)	(102,334)	(33,482)	146.93%	(543,869)	(661,157)	(123,401)	121.57%	(835,804)
	Net	79,516	**56,379**	(23,936)	70.90%	726,186	**938,707**	206,409	129.27%	**1,054,196**

Mark Twain Health Care District
Balance Sheet
As of April 30, 2026

	Total
ASSETS	
Current Assets	
Bank Accounts	
1001.10 Umpqua Bank - Checking	69,715
1001.20 Umpqua Bank - Money Market	6,447
1001.30 Bank of Stockton	212,954
1001.45 Five Star Bank - MTHCD Checking NEW	441,803
1001.50 Five Star Bank - Money Market	540,035
1001.60 Five Star Bank - VSHWC Checking	295,953
1001.65 Five Star Bank - VSHWC Payroll	196,403
1001.90 US Bank - VSHWC	316,821
1001.98 Calaveras Wellness Foundation	73,964
1820 VSHWC - Petty Cash	400
Total Bank Accounts	**2,154,495**
Accounts Receivable	
1201.00 Accounts Receivable	36,130
Total Accounts Receivable	**36,130**
Other Current Assets	
1003.10 CalTRUST Operational Reserve Fund	35,022
1003.20 CLASS Operational Reserve Fund	2,999,308
1004.10 CLASS Lease & Contract Reserve Fund	1,951,996
1004.20 CLASS Loan Reserve Fund	2,389,130
1004.30 CLASS Capital Improvement Reserve Fund	2,883,507
1004.40 CLASS Technology Reserve Fund	294,050
1004.50 Community Programs Reserve Fund	113,294
1004.60 Lease Termination Reserve Fund	556,251
1150.05 Due from Calaveras County	503,458
1160.00 Lease Receivable	162,790
1205.50 Allowance for Uncollectable Clinic Receivables	113,346
1205.51 Cash To Be Reconciled	802,555
1300.00 Prepaid Expense (USDA)(MTMC rent)	168,151
1300.10 General Prepaid	26,459
Total Other Current Assets	**12,999,316**
Total Current Assets	**15,189,941**
Fixed Assets	
1200.00 District Owned Land	286,144
1200.10 District Land Improvements	150,308
1200.20 District - Building	2,123,678
1200.30 District - Building Improvements	2,276,956
1200.40 District - Equipment	718,485
1200.50 District - Building Service Equipment	168,095
1220.00 VSHWC - Land	903,112
1220.05 VSHWC - Land Improvements	1,691,262
1220.10 VSHWC - Buildngs	5,894,714
1220.20 VSHWC - Equipment	958,963
1221.00 Pharmacy Construction	3,536
1250.12 CIP - Sunrise Pharmacy	98,358
1250.13 CIP - Dental Expansion	900,155

1250.14 CIP - West Wing Expansion	451,151
1250.15 CIP - Technology Reserve	45,020
1250.16 CIP - District Refresh	99,851
1521.20 CIP - Buildings - BHCiP	1,032,823
1600.00 Accumulated Depreciation	-10,270,922
Total Fixed Assets	**7,531,690**
Other Assets	
1710.10 Minority Interest in MTMC - NEW	287,137
1810.60 Capitalized Lease Negotiations	275,129
1810.65 Capitalized Costs Amortization	9,932
Total Intangible Assets	**285,061**
2219.00 Capital Lease	5,237,347
2260.00 Lease Receivable - Long Term	841,774
Total Other Assets	**6,651,319**
TOTAL ASSETS	**29,372,950**
LIABILITIES AND EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000.00 Accounts Payable (MISC)	558,329
Total 200.00 Accts Payable & Accrued Expenes	**558,329**
2001.00 Other Accounts Payable (Credit Card)	1,780
Total 200.00 Accts Payable & Accrued Expenes	**1,780**
2010.00 USDA Loan Accrued Interest Payable	79,740
2021.00 Accrued Payroll - Clinic	99,585
2022.00 Accrued Leave Liability	90,344
2100.00 Deide Security Deposit	2,275
2110.00 Payroll Liabilities - New Account for 2019	51,444
2110.10 Valley Springs Security Deposit	2,385
2140.00 Lease Payable - Current	168,699
2200.00 Due to Calaveras Wellness Foundation	73,964
2260.00 Deferred Rental Revenue	518,643
2265.00 Deferred Settlement Revenue	437,752
2271.00 Deferred Hospital Lease Rent	92,000
Total Other Current Liabilities	**1,616,832**
Total Current Liabilities	**2,176,941**
Long-Term Liabilities	
2129.00 Other Third Party Reimbursement - Calaveras County	250,000
2130.00 Deferred Inflows of Resources	203,473
2210.00 USDA Loan - VS Clinic	6,477,960
2240.00 Lease Payable - Long Term	117,960
Total Long-Term Liabilities	7,049,393
Total Liabilities	**9,226,334**
Equity	
2900.00 Fund Balance	648,149
2910.00 PY - Historical Minority Interest MTMC	19,720,638
3000 Opening Bal Equity	
3900.00 Retained Earnings	-1,449,427
Net Income	1,227,255
Total Equity	20,146,616
TOTAL LIABILITIES AND EQUITY	**29,372,950**

Investment & Reserves Report
30-Apr-26

Reserve Funds	Minimum Target	6/30/2025 Balance	2025/2026 Allocated	2025/2026 Interest	4/30/2026 Balance
Valley Springs HWC - Operational Reserve	2,200,000	1,880,723	0	68,585	1,949,308
Lease, Contract, & Utilities Reserve	1,700,000	1,889,091		62,905	1,951,996
Loan Reserve	2,000,000	2,306,536	0	82,594	2,389,130
Capital Improvement	3,000,000	2,790,842	0	92,665	2,883,507
Technology Reserve	250,000	284,589		9,462	294,050
Community Programs Reserve	250,000	109,648		3,645	113,294
Lease Termination Reserve	3,250,000	538,361		17,890	556,251
Reserves & Contingencies	12,650,000	9,799,790	0	337,745	10,137,535

Reserves	4/30/2026	2025-2026 Interest Earned
Valley Springs HWC - Operational Reserve	35,022	985
Total Cal-Trust Reserve Funds	**35,022**	**985**
Valley Springs HWC - Operational Reserve	1,949,308	68,585
Lease & Contract Reserve	1,951,996	62,905
Loan Reserve	2,389,130	82,594
Capital Improvement	2,883,507	92,665
Technology Reserve Fund	294,050	9,462
Community Programs Reserve	113,294	3,645
Lease Termination reserve	556,251	17,890
General Operating Fund	1,022,381	0
Total CA-CLASS Reserve Funds	**11,159,916**	**337,745**

CA CLASS		Interest Rate
Prime	4,111,362	**3.69%**
Enhanced	7,048,554	**3.74%**
Total	**11,159,916**	

Five Star			
General Operating - NEW	1,320,424	492	
Money Market Account	540,035	21,822	**3.87%**
Valley Springs - Checking	295,432	103	
Valley Springs - Payroll	201,055	94	
Total Five Star	**2,356,946**	**22,511**	

Umpqua Bank		
Checking	34,162	0
Money Market Account	6,447	0.49
Investments	0	0
Total Savings & CD's	**40,610**	**0.49**
Bank of Stockton	**212,954**	**23**
Total in interest earning accounts	**13,805,447**	**361,264**
Beta Dividends 2		
Umpqua Rebate		**5,613**
Total Without Unrealized Loss		**366,877**

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

Mark Twain Health Care District						
Annual Budget Recap						
	2026 - 2027 Annual Budget					
	Total District	Clinic	Rental	Projects	Admin	
Revenues	16,505,130	13,553,038	1,162,092	0	1,790,000	
Total Revenue	16,505,130	13,553,038	1,162,092	0	1,790,000	
Expenses	(14,272,052)	(12,256,355)	(924,888)	(176,400)	(914,409)	
Total Expenses	(14,272,052)	(12,256,355)	(924,888)	(176,400)	(914,409)	
Surplus(Deficit)	2,233,078	1,296,683	237,204	(176,400)	875,591	

	Mark Twain Health Care District					
	Direct Clinic Financial Projections					
			Thru February 2026			
			2025/2026			
			Actual	**Actual**	**2025/2026**	**2026/2027**
			Month	**Y-T-D**	**Budget**	**Budget**
4083.49	Urgent care Gross Revenues		1,102,339	7,896,382	10,608,813	15,450,007
4083.60	Contractual Adjustments		(169,500)	(1,137,974)	(1,292,326)	(1,909,968)
	Net Patient revenue		932,839	6,758,409	9,316,487	13,540,038
4083.90	Flu shot, Lab income, physicals					
4083.91	Medical Records copy fees				1,000	1,000
4083.92	Other - Plan Incentives				12,000	12,000
			0	0	13,000	13,000
	Total Other Revenue		**932,839**	**6,758,409**	**9,329,487**	**13,553,038**
7083.09	Other salaries and wages		(341,981)	(2,634,091)	(4,173,179)	(4,923,076)
7083.10	Payroll taxes		(30,364)	(206,877)	(300,481)	(348,418)
7083.12	Vacation, Holiday and Sick Leave				(250,391)	(300,308)
7083.13	Group Health & Welfare Insurance		(34,479)	(262,248)	(286,583)	(427,088)
7083.14	Group Life Insurance					
7083.15	Pension and Retirement				(125,195)	(147,692)
7083.16	Workers Compensation insurance		(2,062)	(25,967)	(25,000)	(25,000)
7083.18	Dental Insurance				(25,000)	(25,000)
	Total taxes and benefits		(66,904)	(495,091)	(1,012,650)	(1,273,506)
	Labor related costs		**(408,885)**	**(3,129,182)**	(5,185,829)	(6,196,582)
7083.05	Marketing	Web Updates, News Ads, Swag Items	0	(1,414)	(22,500)	(18,500)
7083.20	Medical - Physicians		(112,134)	(645,067)	(638,652)	(1,174,058)
7083.20	Dental - Providers				0	0
7083.20	Behavioral Health - Providers		(25,438)	(224,987)	(428,480)	(498,368)
7083.22	Consulting and Management fees	CHC, K. Hohenbrink	(1,558)	(24,308)	(45,000)	(76,500)
7083.23	Legal - Clinic		(5,681)	(13,211)		(40,000)
7083.26	Other contracted services	Olympic, Alarms, Athena, Signal Service, AJreserv,	(22,428)	(628,930)	(650,000)	(1,500,000)
7083.27	Other - IT Services	RJ Pro, Cisco, UBEO, AMS	(15,701)	(112,074)	(42,000)	(95,000)
7083.29	Other Professional fees	MedEx, Radiologica, Novarad	(3,721)	(37,789)	(60,000)	(75,000)
7083.36	Oxygen and Other Medical Gases	Modesto Welding	(49)	(685)	(1,200)	(1,200)
7083.41.01	Other Medical Care Materials and Supplies	McKesson, Scrub Allow., IUDs, Amazon	(25,768)	(231,141)	(280,000)	(380,000)
7083.41.02	Dental Care Materials and Supplies - Clinic		(18,154)	(124,193)	(450,000)	(450,000)
7083.41.03	Behavioral Health Materials and Supplies	Includes OUR Veterans	(417)	(4,253)	(5,000)	(5,800)
7083.62	Repairs and Maintenance Grounds	Landscaping, Todd	(4,032)	(14,972)	(65,000)	(75,000)
7083.72	Depreciation - Bldgs & Improvements		(55,000)	(440,000)	(660,000)	(726,000)
7083.74	Depreciation - Equipment		(12,500)	(100,000)	(150,000)	(165,000)
7083.80	Utilities - Electrical, Gas, Water, other	Alpine, PGE, CPPA, MedPro, garbage, water Distr.	(4,884)	(51,617)	(75,000)	(115,000)
7083.43	Food	Staff lunch, Donuts	(799)	(9,606)	(10,000)	(27,000)
7083.46	Office and Administrative supplies		(2,701)	(34,686)	(42,800)	(50,000)
7083.69	Other purchased services	Nuance, Medstatix, Clark, Storage unit, Proscreening, Shred-It	(44,130)	(63,761)	(44,500)	(49,500)
7083.81	Insurance - Malpractice		(4,050)	(32,402)	0	0
7083.82	Other Insurance - Clinic		0	(27,390)	0	0
7083.83	License Renewal/Reimb	UpToDate, Staff Dues, Business License	(740)	(8,738)	(9,000)	(22,000)
7083.85	Telephone and Communications	Spruce, Language Line, AT&T	(3,617)	(29,869)	(42,000)	(46,000)
7083.86	Dues, Subscriptions & Fees		(150)	(5,552)	(9,000)	(12,500)
7083.87	Outside Training	BLS, Training travel	(2,356)	(11,362)	(24,000)	(67,000)
7083.88	Mileage - VSHWC		(7,761)	(45,210)	(49,500)	(55,000)
7083.89	Recruiting	Curative, Employment Ads	0	(16,768)	(73,000)	(90,000)
8870.00	Interest on Debt Service		(20,446)	(143,119)	(257,883)	(245,346)
8895.00	Let's All Smile				0	0
	Non labor expenses		(394,214)	(3,083,101)	(4,134,515)	(6,059,773)
	Total Expenses		(803,099)	(6,212,283)	(9,320,344)	(12,256,355)
	Net Expenses over Revenues		**129,740**	**546,126**	**9,143**	**1,296,683**

	Mark Twain Health Care District				
	Rental Financial Projections				
		Thru February 2026			
		2025/2026			
		Actual Month	**Actual Y-T-D**	**2025/2026 Budget**	**2026/2027 Budget**
9260.01	Rent Hospital Asset amortized	72,000	576,000	864,000	864,000
	Rent Revenues	**72,000**	**576,000**	**864,000**	**864,000**
9520.62	Repairs and Maintenance Grounds				
9520.80	Utilities - Electrical, Gas, Water, other, Phone	(50,304)	(388,488)	(336,000)	(336,000)
9520.85	Telephone & Communications			(7,500)	0
9520.72	Depreciation	(18,907)	(151,256)	(230,000)	(301,116)
9520.75	Capitalized Costs Amortization Expense				
9520.82	Insurance				
	Total Costs	(69,211)	(539,744)	(573,500)	(637,116)
	Net	**2,789**	**36,256**	**290,500**	**226,884**
9260.02	MOB Rents Revenue	24,434	220,286	284,446	287,964
9521.75	MOB rent expenses	(23,781)	(166,467)	(300,000)	(285,372)
	Net	**653**	**53,818**	**(15,554)**	**2,592**
9260.03	Child Advocacy Rent revenue	844	6,753	15,747	10,128
9522.75	Child Advocacy Expenses		0	(1,200)	(2,400)
	Net	**844**	**6,753**	**14,547**	**7,728**
9260.04	Sunrise Pharmacy Revenue	0	0		
7084.41	Sunrise Pharmacy Expenses	0	0		
		97,278	803,039	1,164,193	1,162,092
		(92,992)	(706,211)	(874,700)	(924,888)
	Summary Net	**4,286**	**96,827**	**289,493**	**237,204**

Mark Twain Health Care District						
Projects, Grants and Support						
			Thru February 2026			
			2025/2026			
			Actual	**Actual**	**2025/2026**	**2026/2027**
			Month	**Y-T-D**	**Budget**	**Budget**
	Project grants and support		(11,448)	(85,468)	(661,000)	
8890.00	Miscellaneous (TBD)		(15)	(31,725)	(500,000)	(63,400)
8890.01	AED For Life		(4,608)	(9,083)	(40,000)	(45,000)
8890.02	Stay Vertical		(6,825)	(44,660)	(64,500)	(48,000)
8890.03	Doris Barger Golf				(4,000)	(7,500)
8890.04	San Andreas Rotary Club-Hospice				0	(3,500)
8890.05	Steps to Kick Cancer					
8890.06	Office of Education (Med. Science)					(2,500)
8890.07	Veterans Support				0	(5,000)
8890.08	Foundation				0	(500,000)
8890.09	Friends of the Calaveras County Fair				(2,500)	(2,500)
8890.10	Community Grants				(50,000)	(10,000)
8890.11	Calaveras County Senior Meals				0	(10,000)
8890.12	High school ROP (CTE) program					
8890.00	Calaveras Mentoring Program				0	
8890.00	Auditor Adjustment					
	Project grants and support		**(11,448)**	**(85,468)**	**(661,000)**	**(697,400)**

Mark Twain Health Care District						
General Administration Financial Projections						
			Thru February 2026			
			2025/2026			
			Actual	Actual	2025/2026	2026/2027
			Month	Y-T-D	Budget	Budget
9060.00	Income, Gains and losses from investments		34,643	287,592	290,000	290,000
9160.00	Property Tax Revenues		125,000	1,000,000	1,500,000	1,500,000
9010.00	Gain on Sale of Asset					
9108.00	Other Non-Operating Revenue - Grants			63,757	100,000	
9400.00	Miscellaneous Income			5,613		
5801.00	Rebates, Sponsorships, Refunds on Expenses					
9205.03	Miscellaneous Income (1% Minority Interest)		(22,461)	(80,460)		
	Summary Revenues		**137,182**	**1,276,502**	**1,890,000**	**1,790,000**
8610.09	Other salaries and wages		(30,713)	(284,297)	(406,371)	(354,805)
8610.10	Payroll taxes		(1,803)	(17,090)	(27,143)	(27,143)
8610.12	Vacation, Holiday and Sick Leave				(24,382)	(21,643)
8610.13	Group Health & Welfare Insurance				(15,144)	(50,182)
8610.14	Group Life Insurance					
8610.15	Pension and Retirement			(679)	(12,191)	(10,644)
8610.16	Workers Compensation insurance				(4,064)	(3,548)
8610.18	Other payroll related benefits			(36)	(508)	(444)
	Benefits and taxes		(1,803)	(17,805)	(83,432)	(113,604)
	Labor Costs		**(32,515)**	**(302,102)**	**(489,804)**	**(468,409)**
8610.05	Marketing	Ads, Business cards, Swag		(2,596)	(25,000)	(25,000)
8610.22	Consulting and Management Fees	Payroll fees, Faircloth	(1,390)	(12,132)	(30,000)	(50,000)
8610.23	Legal	Best, Best & Krieger	(1,032)	(17,377)	(50,000)	(50,000)
8610.24	Accounting /Audit Fees	CSDA, JWT, Bank Adj.	(1,066)	(33,661)	(45,000)	(50,000)
8610.43	Food			(58)		(5,000)
8610.46	Office and Administrative Supplies		(1,351)	(15,581)	(13,000)	(24,000)
8610.62	Repairs and Maintenance Grounds		(208)	(6,085)	0	(12,500)
8610.69	Other- IT Services	Rj Pro, QB, T-Mobile	(8,262)	(18,663)	(12,000)	(30,000)
8610.82	Insurance	Alliant, Stocking Cozzi		(68,024)	(90,000)	(105,000)
8610.83	Licenses and Taxes					
8610.85	Telephone and communications					
8610.86	Dues, Subscriptions & Fees	ACHD, Amazon, Zoom, McAfee, Adobe, CSDA Dues, Streamline	(150)	(21,881)	(40,000)	(40,000)
8610.87	Outside Trainings	ACHD, CSDA, Study.com	(1,005)	(11,325)	(15,000)	(25,000)
8610.88	Travel			(100)	(10,000)	(15,000)
8610.89	Recruiting		(198)	(347)	(10,000)	(8,500)
8610.90	Other Direct Expenses	Board Stipends	(500)	(3,900)	(6,000)	(6,000)
8610.95	Other Misc. Expenses	MTMC Property Assessment				
	Non-Labor costs		(15,163)	(211,730)	(346,000)	(446,000)
	Total Costs		(47,678)	(513,832)	(835,804)	(914,409)
	Net		**89,503**	**762,671**	**1,054,196**	**875,591**